

Manchester City Council Report for Resolution

Report to: Health Scrutiny Committee – 8 September 2016

Subject: Mental Health Services in Manchester

Report of: Hazel Summers, Strategic Director Adult Social Care;
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Prevention Control, Director of City Wide Commissioning &
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Commissioning, Quality & Safeguarding Team
Manchester's North, Central & South NHS Clinical
Commissioning Groups and John Harrop, Deputy Chief
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Summary

Within the broader context of the Greater Manchester Mental Health Strategy and the transformation of mental health services through the Locality Plan, this report sets out the process for the transfer of services provided by Manchester Mental Health and Social Care Trust to a specialist Mental Health Foundation Trust, greater Manchester West within the Greater Manchester footprint, following a competitive selection process managed by the Trust Development Authority.

Recommendations

Health Scrutiny is requested to:

- Note the process overall and achievement of the timescales set to date.
- Recognise that services in Manchester are highly valued by those people who use them.
- Comment on the transition process

Wards Affected: All

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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.

Greater Manchester Mental Health and Wellbeing Strategy

Manchester Locality Plan

1. Introduction

- 1.1 This report sets out both the Greater Manchester and local context, through the development of the Greater Manchester Mental Health Strategy and Manchester's Locality Plan for the transaction of mental health services provided by the Manchester Mental Health and Social Care Trust in Manchester. It sets out the current arrangements with MMHSCT which will transfer to a new provider. The new provider, Greater Manchester West, was announced at the end of July 2016 as a result of a competitive process managed by NHS Improvement (previously the Trust Development Authority)

2. Background

- 2.1 The mental health of citizens in Manchester is integral to its success as the effects of poor mental health and wellbeing are to the detriment of individuals, the social cohesion of their communities and the economic growth of the city. Mental health is a significant issue for Manchester – for people affected by, and living with, mental health problems as well as organisations delivering services. Manchester, through its Locality Plan has a clear vision of improving services and becoming more sustainable for the future.

2.2 Greater Manchester Mental Health Strategy

Greater Manchester made a clear commitment as part of devolution to develop the current provision of Mental Health services across the conurbation. As a result the Greater Manchester Mental Health Strategic Partnership Board developed a system wide, all age Mental Health Strategy with a vision to:

“Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well-being of GM residents.”

- 2.3 The strategy brings together and draws on all parts of the public sector, focused on community, early intervention and prevention and the development of resilience. Improving child and parental mental health and wellbeing is recognised as key to the overall future health and wellbeing of Greater Manchester communities and therefore forms a significant focus for the strategy.
- 2.4 Through implementation of new approaches, services will be much more closely integrated within each of the ten GM localities as well as across the wider GM conurbation and will be accessed in a consistent, simple way. This

will see integration within the place bringing social care, primary care and mental health provision together at the community level. It will also see mental health providers collaborating formally across GM around specialist provision. The commissioning and provider landscape will be transformed to deliver stronger outcomes, deeper integration, needs based pathway models, pooled budgets and more community based models of support.

2.5 The GM Mental Health Strategy clearly signals the need for system leadership across both commissioning and providers and provides the basis for this future collaborative approach. It is structured around the following four areas

- **Prevention** - Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
- **Access** - Responsive and clear access arrangements connecting people to the support they need at the right time.
- **Integration** - Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations.
- **Sustainability** - Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles.

2.6 Within these four pillars of the strategy, 32 strategic initiatives have been identified, the implementation of which will transform services in GM. Seven of these have been specifically identified as priority initiatives to be implemented early:

1. Suicide prevention
2. Workplace and employment support
3. Introducing 24/7 mental health services and 7 day community provision for children and young people
4. Consistent implementation of the 24/7 mental health service and 7 day community provision for adults across GM
5. Integrated place based commissioning and contracting aligned to place based reform
6. Integrated monitoring, standards and key performance indicators
7. Provider landscape redesign

2.7 Delivering the strategy

The implementation governance for delivering the GM Mental Health Strategy was signed off by the GM HSC Strategic Partnership Board on 29 April and outlined below:

- **Mental Health System Integration Executive** – This group has been established, is independently chaired by Stephen Michael, and has taken on the role of redesigning the system, focused on implementation of the

new models of care and to set out a road map for new service patterns which can achieve the Mental Health ambition as quickly as possible.

The GM Mental Health System Integration Executive will be drawn together from across the whole GM system, including health and social care, commissioners, voluntary sector and partners. The chairs of each of the groups taking forward specific strategic initiative will also be members of the group (and may fulfill a dual role as representatives of specific organisations and leads for strategic initiatives) to which they will also be accountable for progress

- **A series of groups responsible for the delivery of allocated priorities and strategic initiatives** –The GM Mental Health System Integration Executive will use existing groups where appropriate but will establish new groups where they do not already exist. To ensure the System Integration Executive is focused on priorities, each working group will develop a clear workplan against which progress will be reported to the Executive for oversight.
- **GM Mental Health Partnership Network** – This network provide engagement with the wider GM system impacting on the provision of mental health and wellbeing services. As part of this role the network will have specific responsibility for the communication and engagement, increasing awareness of mental health and wellbeing across GM public, private and voluntary sectors.
- **Service user and family engagement group** – This will build on the existing user engagement group established through the crisis care work with a refreshed membership to ensure it covers all aspects of the strategy.

3. Locality plan

3.1 Manchester's Locality Plan focuses on three key pillars for future sustainability:

- **Single Commissioning Function** - integrate spending across health and social care, single line of accountability, reducing duplication
- **Single Hospital Service** - more consistent and complementary acute services, improving quality and delivering efficiencies
- One Team Care Model delivered through a **Local Care Organisation (LCO)** - delivering expanded, integrated out of hospital, community and social care services, leading to better services and outcomes

3.2 Within the Plan there is also a key transformation priority which focuses on mental health and this section draws out the key components. The overarching approach to good mental health and wellbeing must take account of the needs of people, at their different stages of life and ensure that the services and support available to them is:

- Preventative, ideally avoiding the need for intervention from specialist practitioners by effective public health programmes in communities and workplaces
 - Accessible at the times needed to prevent worsening of symptoms and especially to intervene early in crises.
 - Integrated into the needs arising from and affecting physical health
 - Responsive to need and 'recovery' focused ensuring people are supported and encouraged to return to active working lives, where relevant
 - Clear in its pathways of care for all users of services through children's transition to adult services and pathways to more intensive and restrictive settings where necessary
- 3.3 The system needs to ensure that it is effective, efficient, based on best practice and outcome focused so that services are sustainable and provided as close to the users community as possible. These principles drive the ambition of the city in its development of mental health services which require close collaboration between all stakeholders including health and social care providers, the third sector, GMP, housing and the Department of Work and Pensions (DWP). The role of carers cannot be underestimated and their full engagement in all our plans is crucial to their success.
- 3.4 The costs to the health care system of our current approaches are significant; poor mental health makes physical illness worse and raises 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 this results in between 12 per cent and 18 percent cent of all NHS or GM expenditure, between £420m and £1.08bn. The more conservative of these figures equates to around £1 in every £8 spent on long-term conditions.
- 3.5 There is fragmentation in the current mental health services in the city, evidenced by consistent use of out of area acute in patient care, and out of area hospital based rehabilitation care, and long waits for psychological therapy. The Mental Health Improvement Programme (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. The Mental Health Improvement Programme is 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, and thus enables the best value for money. Weaving the MHIP specifications with the 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.
- 3.6 The One Team approach proposes that mental health services will be fully integrated in the future arrangements for the provision of community services.

It will be key for delivering integrated mental health provision. Many people with physical health conditions also have mental health problems. Currently physical and mental health treatments tend to be delivered, as separate health services. Care for large numbers of people with long-term conditions will be improved by integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. This will also allow us to provide MH training and awareness to all neighbourhood teams and community services to ensure the chance of stigma is reduced.

3.7 Supporting Complex Dependency and Worklessness

Support will be provided to people with a range of complex needs by working collaboratively across local services to deliver the right support at the right time. The provision of mental health support as part of packages of support through the expansion of Working Well, and the Confident and Achieving Manchester programme will strengthen our ability to ensure all residents are able to benefit from the City's economic growth.

- 3.8 The links between employment, wellbeing and mental health are well established therefore, access to therapeutic interventions at the right time is critical to keep people in or return to work.

3.9 Children and Young People's Mental Health

The numbers of children in the UK affected by mental illness has risen particularly fast in the past 10 years. An estimated one in 10 children and young people suffer from a diagnosable mental health disorder. These problems are a significant personal, social and economic burden not only on the children and young people themselves, but also their families, carers and the community. The early detection of mental health problems through all stages of a child's life is crucial. The antenatal period and early years represent vital development stages when problems with child development, speech and behaviour can arise. We will ensure that there is:

- Intervention to make a difference both for individuals and populations at this time will help to avoid social and health problems in later years.
- Access to appropriate support in teenage years is a priority, with access to appropriately resourced and trained staff in education settings and wherever young people may seek help.
- Development of pathways of care through a common point of access for all agencies supporting children and young people in Manchester will help all children access the right support in the quickest way possible.

- 3.10 The emphasis will be on the prevention and emergence or escalation of mental ill health by:

- active health promotion/support and early intervention within the community

- access to the right age appropriate support in the right place at the right time by an appropriately skilled and informed workforce delivering evidence-based interventions
- ensure the early detection and on-going treatment of physical health problems, through GP screening; in addition to the mental health support available to all our children and young people

3.11 For those young people already in receipt of CAMHS services and approaching adulthood we must ensure a timely appropriate and planned transition to adult mental health services through integrated pathways. Bringing the parts of peoples care together without them noticing the join.

4. Manchester Mental Health and Social Care Trust (MMHSCT) Transaction of services

4.1 Manchester Mental Health and Social Care Trust was formed in 2002 as one of only 5 'Care Trusts' in the country. The Care Trust model allowed for the provision of integrated health and social care organisations and so the Trust was formed from the Mental Health Units of the three acute trusts and the social care services for adults of working age.

4.2 The Trust made preparations throughout 2009 to 2013 to apply for Foundation Trust status and when it was clear that achieving this aim would not be possible, informed the NHS Trust Development Authority (TDA), now NHS Improvement (NHSI) that it wished for an alternative arrangement for the sustainability of the services so that the greatest benefit could be maintained for service users, their carers and staff.

4.3 In recognition of the long term sustainability required, a mental health case for change prospectus was presented to the Trust Development Authority (TDA) for consideration. On the 29th January 2015, MMHSCT provided an update of an agreement with the TDA, 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 TDA support for such an approach to be adopted in Manchester. Since that date MMHSCT, the CCGs, Manchester City Council, NHS England and the GM Health and Social Care Partnership Team have been working with the TDA to progress the transaction process. A detailed options appraisal was undertaken which has determined that the best transaction solution to ensure value for money and ongoing stability and sustainability of service delivery would be for a local NHS mental health provider to acquire services currently provided by MMHSCT.

4.4 On behalf of the Secretary of State, the TDA (now NHS Improvement) is the vendor for the assets and liabilities of Manchester Mental Health and Social Care NHS Trust (MMHSC). Following the detailed options appraisal and drawing upon GM Devolution principles, the transaction process being run by the TDA in accordance with statutory requirements was not through an open competition to all potential service providers but was a ring-fenced competition

between the two main specialist mental health providers in GM: Greater Manchester West Foundation Trust and Pennine Care Foundation Trust as any other approach would lead to further fragmentation. It should also be noted that whilst the rules of the competition are governed by statute, emphasis has been placed on how the two bidders would collaborate to support the delivery of the GM model post this transaction. Therefore, this transaction should be viewed both as a necessary step to ensure the sustainability of mental health services (both for the people who access the services and also the staff who currently work for MMHSCT) and importantly, it should also be viewed as the first phase of the wider transformation of mental health services across GM.

4.5 The bids were assessed in June and included examination of quality and safeguarding as well as financial sustainability. Services users and staff were involved in the assessment of the bids. The NHS Improvement Board announced that Greater Manchester West Foundation Trust (GMW) had won the bid at the end of July and it is expected that the transaction process will be completed by spring 2017. It is expected that GMW will work to a new service delivery model aligned to the Greater Manchester Mental Health Strategy, the Locality Plan, Mental Health Improvement Plan (MHIP) care pathways and the One Team. Within this context, Clinical Commissioning Groups and Manchester City Council have developed a specification, which set out the commissioner requirements in relation to the transaction process. The commissioner specification outlined the need:

- for a safe transfer of services
- to ensure that Manchester's dedicated and skilled workforce and their knowledge of the needs of service users in the city is harnessed to achieve the best possible Mental Health Service for Manchester
- for the delivery of a dynamic, innovative and effective Mental Health Service which sits well in a city which is looking to support all its citizens in achieving social and economic independence and to give the best level of support to those vulnerable people who are not always able to take full advantage of potential opportunities without a degree of intervention.

5.0 Financial Implications

5.1 The transformation of mental health services is a key element of Manchester's Health and Social Care Locality Plan. The Locality Plan reflects the five year strategy for investment in mental health services through a single commissioning function and pooled budget arrangements. The Council's total budget for Mental Health and Wellbeing Services in 2016/17 is £20m. The CCGs hold contracts with MMHSCT and other organisations for mental health services totalling £113m.

5.2 The Council currently has a partnership arrangement (under an agreement under s.75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000) with MMHSCT for the delivery of certain local authority health related functions including in relation to community care assessment and management. . The agreement

also provides for the delivery of a Community Inclusion Service focused on moving people within secondary mental health services towards and maintaining independent living within communities and being placed on a path to work. The Council also contracts with MMHSCT to deliver a range of public health services that have been redesigned following the 2014/15 budget consultation process. These include: the Wellbeing Service which will focus on community asset building and one to one support for individuals to improve their health; the Physical Activity on Referral Service (PARS) which will provide tailored exercise programmes for people with long term conditions; the Oral Health Improvement service which will prioritise work with schools and early years providers and finally the Dual Diagnosis Service which will provide support to people with mental health and substance misuse problems. Alongside the MCC budget above, the CCGs hold contracts with MMHSCT of c£70m which is a significant part of the total CCG budget on Mental Health across the city of £113m. The total budget for these arrangements between MCC and MMHSCT is £7.4 m as shown below:

Adult Social Care	Budget £000
Provision as per section 75 agreement above	4,084
Community inclusion service	728
Total	4,812
Public Health	
Wellbeing Service	2,600
Total	7,412

- 5.3 Although not relevant to this transaction it is worth noting that the Council also spends £12.3 million on externally commissioned care services (not provided by MMHSCT) such as supported accommodation and Registered Care as well as £450k on Childrens Mental Health services resulting in a total budget within MCC on Mental Health and Wellbeing Services of £20m.
- 5.4 Once the acquisition/transaction is complete the Council's current agreements with MMHSCT will transfer to the selected acquirer/mental health foundation trust and will form part of the plans for the wider GM strategy and Locality Plan. It is not expected that there will be any increased costs for the current services payable to the new provider. However, there may also be investment requirements through exploring bids from transformation funding. Currently the investment case is being developed to support the transformation plans set out in the Locality Plan.

6.0 Current Position

- 6.1 As the preferred provider, during August, GMW began the process of 'due diligence' to fully understand the quality, financial and other information relating to the Trust. NHSI have set a very challenging timescale for this exercise which is due to be completed by mid-September. To date all required information has been provided, ahead of schedule, to meet that timescale.
- 6.2 During this period of due diligence, GMW have no operational responsibilities

within the Trust and will not have until the actual transfer of services expected to be early in 2017.

- 6.3 The transaction process is led by NHSI and since the identification of GMW as the preferred provider all parties are now involved in developing an integrated plan to ensure there is a clear process for the safe transfer of services from MMHSCT to GMW. There are however some critical actions and approvals required before this can happen.

In outline these are:

- Staff consultation
- Completion of due diligence
- The preparation of the business case for approval by the GMW Board and NHSI.
- Secretary of State approval

- 6.4 It is also essential that staff and service users are kept fully up-to-date with the progress of the plan and there is a smooth transition, in due course, between the two Trusts. These actions are contained in detailed staff engagement and communication plans which have been developed into a single plan between the two organisations.

6.5 Service Quality and Performance

- 6.6 MMHSCT operational performance and quality are of paramount importance and as with other NHS organisations there continues to be areas of challenge. Overall however, for the majority of services quality and performance is very good as can be seen in the public Trust Board meeting reports. In particular, service user views about the services they receive are very positive with recent, independent reporting showing that:

- The CQC national patient survey scores for the trust continue to be positive for the 4th year running. For 2015 there were a number of areas where service users continue to feedback a positive experience. These areas include service users feeling that care and services were well organised, getting help in a mental health crisis, service users knowing who was in charge of their care during any changes and service users reporting that the Trust involved a member of their family or someone else close to them as much as they would like. Trust scores in general were more or less the same as those received by the 55 other mental health trusts in England and were comparable to scores received by neighbouring mental health trusts in the North of England.
- The 2015/16 carer audit, shows that 89% of carers felt that they were treated with dignity and respect by Trust staff. 96% of carers felt involved in making decisions regarding the care and treatment provided to the person they cared for. 82% of carers rated the overall quality of care provided by the Trust was good to excellent and 84% of carers would recommend Trust services to others in similar caring roles.

In total, during 2015/16, 5991 entry and exit questionnaires were completed by service users across the Trust.

- 96% of service users who stated that mental health staff took enough time to listen to them and explain what would happen and how they would help upon entry to services
- 92% of service users said that the treatment they had received had met their needs
- 96% of service users said they found staff to be helpful
- 96% rated the overall quality of their care as good to excellent
- 92% would recommend the Trust to friends and family if they needed similar help

6.7 Between April 2015 and March 2016, out of 1724 service users asked, 1609 (93%) indicated that they always felt safe whilst staying on one of the Trust's inpatient wards. The patient/service reported performance is of critical importance and demonstrates some very important measures. They, along with the CCG and nationally reported figures in the Trust Board report give assurance that in many areas the Trust performs well. It is recognised that there remain a number of challenges with the system in which the Trust operates and these will continue to require attention.

6.8 It is essential therefore that throughout this period of transition, the quality and performance standards are maintained. The approach being taken is to ensure that for the vast majority of staff, those who provide the 'front-line' clinical care and service delivery, the transaction generates very little, if any, additional demands. The corporate functions on which the required information depends have been organised to provide the recovery information within the given timescales and where relevant have been supported by small numbers of short-term additional staffing. To date this has proven successful and is expected to be sufficient for the rest of the process.

6.9 Monitoring and Governance

Oversight of performance and quality continues to be a Trust responsibility until the point of transfer. Within the Trust, the existing monitoring and assurance processes continue to operate. As part of the governance of the transaction process being overseen by NHSI, there is a Clinical Quality Oversight Group. This group keeps track on key performance measures too and should there be any issues of concern resulting from the transaction process itself, provide support to address them. None have occurred to date.

6.10 Next Steps

The due diligence process is scheduled for completion in mid-September so that GMW can produce their reports and full business case for their own Board processes and for NHSI during October through to December. As stated previously, the current timeline indicates a completion and transfer to GMW early 2017. It should be noted that there is considerable complexity in the

next steps toward that completion and so it is possible the timeline could be adjusted.

Until the point of transfer, MMHSCT remain the accountable organisation for all aspects of its services.

7.0 The Future

- 7.1 It has been recognised and well documented that MMHSCT is unsustainable in its present form and the proposed acquisition is supported by the Trust Board, and is consistent with the Greater Manchester devolution plans for mental health services.
- 7.2 Combining the services and expertise of the two Trusts will create many opportunities for service users and staff. It will also allow for a greater efficiency of 'back office' functions allowing for a higher proportion of its resource to be directed to front-line services and care. It is recognised by the Executive Teams of both Trusts that they will be better together.
- 7.3 Investment will be more straightforward as GMW, as a Foundation Trust, can provide capital resources not available to MMHSCT. Service pathways will be clearer as GMW already provide service to Manchester residents. Opportunities for research and staff career developments will be improved due to the combined greater scale of services and specialties. These are distinct benefits of the proposal.
- 7.4 Both Trusts are working closely together now to ensure full staff communication and engagement and to achieve the earliest date possible for transfer of the services.

8.0 Commissioner Perspective

MCC and the CCGs will work with MMHSCT and GMW initially to safely transition the current services but also to work on the transformation programme set out in the Locality Plan. This will include, for example work on key priorities such as integrating community mental health teams with the twelve neighbourhood teams through the One Team and focusing on early therapeutic interventions. There may be investment requirements through exploring bids from transformation funding. Currently the Investment case is being developed to support the transformation plans set out in the GM Strategy and the Locality Plan. As members are aware the Locality Plan is the vehicle that will pull the key strands for transformation within the context of Health and Social Care Integration.

9.0 Health Scrutiny Committee is requested to:

- Note the process overall and achievement of the timescales set to date.
- Recognise that services in Manchester are highly valued by those people who use them.
- Comment on the transition process.