



North, Central and South Manchester
Clinical Commissioning Groups



Greater Manchester
Mental Health
NHS Foundation Trust

Manchester City Council Report for information

Report to:	Health Scrutiny Committee – 2 March 2017		
Subject:	Manchester Mental Health Transformation Programme		
Report of:	Bev Humphrey Craig Harris Hazel Summers	Chief Executive Executive Nurse DASS	GMMH CCG's MCC

Summary

This paper provides the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper also describes the planned transformation programme over the next two/three years in line with the Manchester Locality Plan and the Greater Manchester Mental Health Strategy.

Recommendations

Health Scrutiny Committee to: Note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

None

1. Introduction

The intention of this paper is to provide the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, since the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper also describes the planned transformation programme over the next two/three years in line with the Manchester Locality Plan and the Greater Manchester Mental Health Strategy.

2. Background

2.1 Manchester Mental Health and Social Care Trust

For over a decade, Manchester Mental Health and Social Care NHS Trust (MMHSCT), the main provider of mental health services in Manchester has been subject to enhanced monitoring, external reviews and has faced a number of significant challenges. In January 2015, the Board of Directors of MMHSCT agreed that the Trust was unsustainable in its current form and approved the Trust Development Authority (TDA) recommendations to enter the Transaction Approval Process.

After concluding a comprehensive options appraisal, and taking into account the emerging Greater Manchester Devolution agenda, the NHS TDA (now NHS Improvement) decided that the services currently managed by MMHSCT should transfer to the management of a different provider. The decision was taken in the best interests of service users, and with a view to achieving financial sustainability. This was supported by the CCG Governing Bodies and Manchester City Council. Unlike traditional transactions, the approach to finding a solution for MMHSCT involved a competitive procurement process and the development of a comprehensive Acquisition Proposal by interested providers. The acquisition process was limited to two providers who already provided mental health services in the Greater Manchester region, Greater Manchester West and Pennine NHS Foundation Trusts.

2.2 Acquisition of Manchester Mental Health and Social Care Trust (MMH&SCT)

The outcome of this competitive process saw the selection of Greater Manchester West Mental Health NHS Foundation Trust (GMW) as the preferred acquirer of MMHSCT. In turn, GMW submitted a Full Business Case and commenced the transition/transformation process. The diagram below provides an overview of the key milestones from September 2016 to January 2017.

Diagram One



2.3 Transformation Working Groups (TWG's)

To secure the acquisition, GMW proposed a number of key Clinical Transformation priorities to address the requirements of the Commissioner Specification for mental health services in Manchester.

The commissioner specification outlined a series of key expectations from the transformation, to be centred on the delivery of the national mental health standards/indicators, the **Mental Health Improvement Pathways (MHIP)** and placed based care (One Team), and commissioners understanding of the current challenges faced by service users in accessing the right mental health care.

MHIP 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.

The MHIP specifications are within the GMMH contract and, alongside delivery of national targets, inform the basis of the clinical transformation priorities referenced. The priority MHIP pathways within the contract are:

- An Integrated Care Pathway for Common Mental Health Problems
- An Integrated Care Pathway for Acute Crises
- An Integrated Care Pathway for Rehabilitation from Psychosis and Longer-Term Care

Access to Services to enable effective triage and access to the right MHIP Care Pathway and care The Transformation Working Groups (TWG's) have been established to address the priority areas for clinical transformation and service improvement as identified by Manchester Commissioners, Manchester City Council (MCC) and NHS England. Manchester CCG and MCC Commissioners have produced a Service Development Improvement Plan (SDIP) for the 2017/18 contract, which outlines the required transformation and actions in year. Table one below provides a summary of the groups that are established and outlines the connection between service improvement and the MHIP pathways:

Table 1

Clinical Transformation Work Streams	Link to MHIP	Services in Scope
Improving Access to Psychological Therapies (IAPT) including: <ul style="list-style-type: none"> ▪ Step 4 Psychology 	Integrated Care Pathway for Common Mental Health problems	Primary Care Psychological Therapies
Urgent Care including: <ul style="list-style-type: none"> ▪ Home Based Treatment ▪ Mental Health Liaison into Acute Trusts ▪ Section 136 Facility 	Integrated Pathway for Acute crisis	3 Home Based Treatment Teams 3 Liaison and Emergency Department Mental Health Teams
Reduction in Out of Area Placements (OAP's) including: <ul style="list-style-type: none"> ▪ Acute inpatient Care, ▪ Psychiatric Intensive Care Unit ▪ Rehabilitation Pathway and reduction in OAP's. 	Integrated Pathway for rehabilitation from psychosis and severe and enduring mental health problems	Adult Inpatient Wards Psychiatric Intensive Care Wards Rehabilitation Wards and Community Provision
Acute Care Pathway (ACP) including: <ul style="list-style-type: none"> ▪ Single Point of Contact (SPOC) ▪ Enhanced Community Mental Health Team(s) (CMHT) 	Access to Services which enables effective triage and access to right care Development and implementation of Care Act Carers offer	Gateway Team Primary Care Hub 6 Adult CMHT's 3 Older Adult CMHT's
Community Engagement including: <ul style="list-style-type: none"> ▪ Neighbourhood Development within the One Team model ▪ Prevention and Sustainability Strategy ▪ Implementing asset based approaches ▪ LCO 	To confirm the mental health offer within the LCO Stakeholder and service user engagement	CMHT's Recovery Services

2.4 Support for Areas of Transformation

To support this, a CCG budget of £340k has been allocated to the delivery of the Mental Health Grants programme; the three objectives of the mental health grants programme are:

1. To increase the social inclusion within their neighbourhoods of people with serious and enduring mental health problems
2. To increase the take-up of IAPT programme services among communities which finds them difficult to access

3. To increase the level of support offered to people with mental health problems who find it difficult to access existing services in their neighbourhoods

Grants have also been allocated to 35 community organisations and the projects are in the process of either, set up, or are in the early days of delivery. GMMH are in the process of facilitating connections between the services delivered by the grant holders and their mental health services, to help fulfil the objectives of the grants programme. This grants programme is being administered by MACC on behalf of the CCG's and MCC.

2.5 Areas for Transition and Associated Work Programmes

In addition to the work within the Transformation Working Groups, there are a number of other transition areas that are being taken forward:

- Transfer of the Early Intervention of Psychosis Service (EIS) from Rotherham, Doncaster and South Humberside NHS Trust to GMMH on the 1st April 2017
- Transfer of the North Manchester Liaison Service from Pennine Care NHS Trust to GMMH on the 1st July 2017
- Temporary opening of McColl Ward, a 14 bedded male ward in Salford, (4, of these beds are already being provided in Salford, thus providing an additional 10 beds) to support; care closer to home and reduce out of area placements. Proposed opening Spring 2017
- Perinatal Care: GMMH is commissioned to provide a Regional Mother and Baby unit (based at Laureate house, Wythenshawe Hospital) which holds the specialism of Perinatal Mental Health Care. The lead commissioner for Mental Health Services is supporting the Trust to submit a bid to the GM Health & Wellbeing Partnership for Transformation funding to implement a Greater Manchester Perinatal Community Mental Health Team and a pathway for Improving Access to Psychological Therapies. This will also see the involvement of other stakeholders (Clinical and Operational) in Pennine Care Foundation Trust and 5 Boroughs. The bid is due for submission at the end of March.

3. Initial Findings and Current Position

This section provides an overview of the initial findings regarding Inpatient services, Psychological provision and the IT infrastructure staff are working with. This section also summarises how Transformation and Transition are to be taken forward.

3.1 Initial Findings: Out of Area Placements

Manchester have 147 available Adult Acute beds which include a mixture of single sex and mixed sex wards over two sites, Park House in North Manchester and Laureate House South Manchester.

A review of the Manchester admissions for the year 2016 highlighted the following:

- Total admissions in the calendar year of 2016
 - 769 admissions to Adult Acute and PICU beds
 - 420 of the admissions were to the Manchester Wards
 - 389 of the admissions were Out of Area Placement's.
 - 50.6% of admissions were sent out of area

- Out of Area Placements
 - On average, there were 30 patients in Out of Area Placements at any one day
 - The out of area placements on any day, has ranged from 19 to 52

- Financial Impact of Out of Area Placements:
 - Total expenditure for the calendar year was circa £8.8M, this includes private sector and NHS beds some of which were outside of the North West.
 - 7,184 bed nights have been used in the private sector. (By comparison the number of bed nights used in the private sector within Bolton Salford & Trafford Service for this period was: 193 bed nights)

3.2 Initial Findings: Improving Access to Psychological Therapies (IAPT)

The acquisition of the Manchester Mental Health Services by the former GMW Trust and subsequent transition has provided the opportunity to review the current IAPT provision. The initial findings are that the service has not achieved any of the expected targets for 2015/16 and from initial findings; the service is unlikely to achieve this year's targets either.

Below is a summary of some of the key targets IAPT services are expected to deliver in 16/17 and table two provides an overview of the position as at month eight and confirms that no targets were achieved in 15/16.

Table Two

Service Targets	Current Target 16/17	15/16 Final Position	Position against the 16/17 Target at Month 8
Prevalence met	15%	8.8%	7.87%
Referral to Treatment (RTT)	75% 95%	Not available	54.4% 83.1%
Reliable Improvement	60%	53.8%	43%
Recovered	50%	39.2%	36.2%

Prevalence: NHS England's prevalence met target is set at a citywide level. On the basis of a calculated 613,405 people within the unified weighted population, of whom 88,398 are estimated to be experiencing an anxiety disorder and/or depression, 13,260 (15%) are currently expected to enter treatment.

In 2015/16 the city wide IAPT provision for the three Manchester CCG's achieved 8.8% prevalence met. (7,780 entered treatment rather than the 13,260 required).

Recovery: The expectation is that IAPT services will achieve a minimum of 50% recovery rates. The effectiveness of local IAPT services is measured using an indicator, which is focused on recovery of patients completing a course of treatment in IAPT services.

Referral to Treatment (RTT): The expectation is that IAPT services will achieve a minimum of Referral to Treatment access rate of 75% within 6 weeks and 95% within 18 weeks.

Reliable Improvement: The expectation is that IAPT services will achieve a minimum of 60% reliable improvement rate.

3.3 Initial Findings: Patient Environments

A review of the patient environments has identified areas of concern, such as:

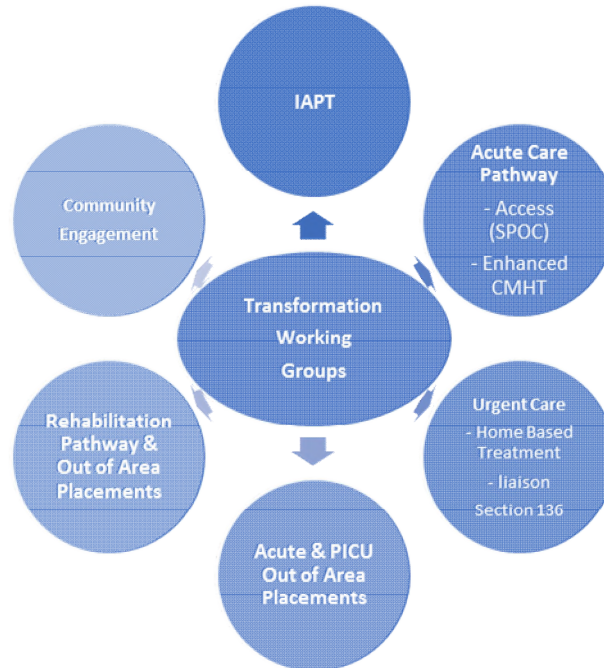
- A number of inpatient wards which have dormitories are not sufficient in the longer term for modern inpatient mental health facilities
- In some areas there is lack of therapeutic space
- It has been highlighted that some of the environments are in a poor state of repair, e.g. poor lighting, décor and flooring, glazing not to standard in certain areas, poor kitchen and clinic facilities etc
- There is a need to improve the damaged furniture available for patients
- There can be difficulties in maintaining observation of patients due to the environmental construct of some of the wards
- Outpatients Departments have been poorly maintained which has led to some privacy and dignity issues
- The initial scoping of the IT Infrastructure has identified a clinical record system that is not fit for purpose and hardware that insufficient capability to provide efficient support to the staff.

3.4 Current Position: Transformation Working Groups

Each Transformation Working Group held their first meeting during the month of February and the first week of March. Membership includes senior clinical, operational staff, service users and carers; terms of reference for the groups are agreed. Collaboratively developed project plans for each group are in place and monthly meetings established. In addition, a number of task and finish groups have also been established to undertake focused pieces of work to ensure the timely delivery of the desired outcomes and improvements. Diagram two below details Transformation Working Groups.

Transformation Working Groups:

Diagram Two



The work of all the Transformational Working Groups is scheduled to take place over the next two-years.

3.4.1 CCG and MCC Support

As the Mental Health Improvement Pathways (MHIP) have undergone significant engagement already, the Commissioners are supporting GMMH in their further engagement and co-production plans in the design of the new delivery model for services in the city. GMMH's transformation programme has clear programme management processes, which outline stages of scoping, design, implementation and review. The Commissioners will review and seek advice as to whether the proposed new service delivery models (at completion of the design stage) constitutes a change in service offer and thus whether further consultation is required. The transformation programme is a two-year programme and each priority pathway will be working to different timescales within this period.

3.5 Current Position: Transition Workstreams

Each Transition Workstream has been progressing respective pieces of work. Membership of these varies dependent on the specific work involved but always includes senior clinical and operational staff plus key staff from current 'Host Trusts' and Commissioners.

4. The First Eight Weeks

GMMH has implemented the Transformational Work based on the four strategic principles for improved mental health and wellbeing in Greater Manchester. Within the first eight weeks of the acquisition, the following progress achieved against these principles, to date:

Prevention:

- Prior to acquisition we held ten roadshows/listening events for service users and carers within the Manchester Neighbourhoods
- Continued delivery of asset mapping and community health and wellbeing service (Buzz) in line with the '5-Ways to Wellbeing'
- Development of the community asset fund investment model and networking with Voluntary Community and Social Enterprise Sector (VCSE)
- Introducing strategy of co-production of service transformation

Access:

- Secured additional CCG recurrent investment to expand City Wide IAPT Services
- Secured CCG additional recurrent investment for North Manchester IAPT Services Pilot for Long Term Conditions
- Implemented weekly senior leadership meeting for IAPT services, to progress delivery of revised clinical model and delivery of an accessible service
 - Implemented a remedial action plan to address prevalence targets
 - Developing a trajectory to ensure all targets are met by March 2018
- Implemented weekly senior leadership meeting for CMHT services, to progress delivery of revised clinical model and delivery of an accessible service.

Sustainability:

- Successful transfer of all Manchester staff into GMMH
- The former Manchester Mental Health and Social Care is now part of GMMH, which is financially viable Trust.
- Welcome sessions undertaken with Manchester staff
- Development of GMMH shared vision and values
- Reviewed all inpatient and outpatient environments, identified areas for environmental improvement to enhance service user and staff experience.
 - A phased plan of investment has been approved
 - Intermediate phase will also require the development of a major investment programme to fully refurbish certain patient areas
- Implemented a bed management meeting three times per week, to monitor admissions and discharges, reduce and repatriate out of area placements.
 - Senior clinical staff have conducted face-to-face reviews of all Out of Area Placements resulting in discharge plans being agreed where

appropriate; weekly visits to those who remain in OAP will continue from now on.

- All Adult inpatients within the Manchester service have also had a detailed review, to identify clinical needs and ensure all have discharge plans in place.
- Reviewed, identified and invested in IT hardware required to support clinical delivery.
- Approval of dedicated resource to be a member of Multi agency safeguarding hub (MASH)
- Director of Nursing and Quality has become a member on the Manchester Safeguarding Board

Integration:

- Establish baseline of mental health integration with One Team working models and programme governance
- Developing relationships and engagement with the LCO programme and the One Team operational structures
- Wider stakeholder relationship building with statutory agencies, VCSE organisations and user and carer groups

5.Next Steps

5.1 Transformation Working Groups

Each Transformation Working Group has a detailed two years' work programme that includes:

- Scoping current provision
- Review of clinical models
- Consult and agree revised clinical models as required
- Implement revised clinical models
- Service User, Carer and staff co-production throughout
- Key stakeholder engagement throughout
- Identification of benefits to be realised
- Trajectory development towards goals to be achieved
- Monitor and evaluation of changes made
- Development of a 'benefit tracker' that will monitor progress of achievements against the expected outcomes of the Transformation Programme.

5.2 Local Care Organisation (LCO)

GMMH is a key partner contributing to the developments of the LCO:

- Key staff at all levels being identified and ensure appropriate involvement
- Contributing to the development of the LCO Governance and organisational form

- Contributing to a response to the procurement process
- Engaging in key working groups around Urgent Care and High Impact Primary Care
- Alignment and integration of operational service delivery to the One Team Neighbourhood Model
- Involvement and contribution to the delivery of the One Team Prevention Programme.

5.3 Timeline for Developments

Table Three

Milestones	Timeframe
Listening, engaging and scoping	January to March 2017
Planning and co-production	April to September 2017
Implementation and monitoring	October to March 2018
Evaluation and next steps	April to December 2018

6 Adult Social Care and Safeguarding

The City Council continues to work closely with GMMH in;

- Ensuring that the Council's delegated statutory care management and assessment related functions and other associated legislation are delivered as stated within the Section 75 - Mental Health agreement.
- Maintaining and improving good practice; ensuring assessment and service provision under the Care Act 2014 are in line with policy and meet the Local Authority's statutory duties.
- Providing individuals with the resources, information, skills, networks and support to manage their own condition as far as possible and to help them access resources including pre-employment, seeking employment which will enable people to connect with their communities and rebuild their lives
- Maximising the person's ability to look after themselves and promote participation in social, leisure and educational activities with a strong emphasis of social inclusion;
- Responding to and managing safeguarding adult investigations, making safeguarding personal whilst identifying and protecting children and vulnerable adults at risk, whether those identified are members of service user's family or not;

6. Recommendations

The Scrutiny Committee is asked to:

- Note the contents of this report.