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 – 30 January 2018

Subject: Manchester Mental Health Transformation Programme

Report of: Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning

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Summary

This paper provides the Health Scrutiny Committee with a 12 months 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 covers an update on the transformation programme, organisational change and development, work with Greater Manchester Combined Authority and transformation plans for the coming year.

Recommendations

Health Scrutiny Committee to note the contents of this report.

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.

On 2nd March 2017, the Health Scrutiny Committee received a report on the plans and progress at that time regarding Manchester Mental Health Services; post acquisition.

On 10th October 2017, the Health Scrutiny Committee received a report on 'Improving access to Psychological Therapies' (IAPT), the progress that had been made and plans moving forward.

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1. Introduction

The intention of this paper is to provide the Health Scrutiny Committee with a progress report at 12 months following the acquisition of Manchester Mental Health Services, on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH).

The paper provides an overview of the achievements delivered to date through the clinical transformation programme and the plans for the coming year. The paper also covers an update on organisational change and development within the Trust necessitated by the substantial acquisition of clinical services, as well as work with Greater Manchester Combined Authority to improve mental health services in the city.

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 had been subject to enhanced monitoring, external reviews and had 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. The CCG Governing Bodies and Manchester City Council supported this.

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 Care 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 for Manchester Mental Health Services. GMW, formally acquired the Manchester Services on the 1st January 2017 and became Greater Manchester Mental Health NHS FT.

In advance of the acquisition and in line with regulatory requirements, GMW adopted a revised constitution, which was approved by the Board of Directors in October 2016 and the Council of Governors in November 2016. The new constitution, which went live on 1st Jan 2017, made provision for 3 Manchester seats on the Council of Governors which is more than any of the other boroughs served by the Trust and reflects the size of the Manchester population. Alongside this, there was a concerted recruitment of Trust members, which resulted in over 2000 residents signing up, making Manchester the single largest constituency. These members then elected 3 representatives to sit on the Council of Governors.

The diagram below provides an overview of the key milestones from March 2016 to January 2018.

Key Milestones:

2.3 Clinical Transformation Programme

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 deliverables for transformation, these centred upon; the delivery of the national mental health standards/indicators, Mental Health Improvement Pathways (MHIP), Placed Based Care (One Team) and Manchester Commissioners understanding of the current challenges faced by service users in Manchester.

MHIP is aimed at enabling providers to understand what part they play in the wider pathway of care. It supports providers to integrate their provision, communicate effectively with their local communities and ultimately ensures that people get the right help at the right time.

MHIP specifications are now built into the GMMH contract and, alongside the delivery of national targets, inform the basis of the GMMH clinical transformation priorities. 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

Manchester Commissioners also produced a Service Development Improvement Plan (SDIP) for the 2017/18 contract, which outlined the required transformation and outcomes. Moving forward all elements of clinical transformation will be within the 2018/19 contract.

Soon after acquisition, Transformation Working Groups (TWG's as listed below) were established to address the priority areas for clinical transformation and service improvement as identified by Manchester Commissioners, Manchester City Council (MCC) and NHS England. Membership of each TWG includes clinicians, operational managers, GMMH corporate teams, service users and carers and where appropriate external stakeholders and partners.

The TWG's are as follows:

- Improving Access Psychological Therapies (IAPT) TWG
- Mental Health Liaison into Acute Trusts TWG
- Section 136 Facility TWG
- Access to Services/Single Point of Contact (SPOC) TWG
- Enhanced Community Mental Health Team(s) (CMHT)TWG
- Home Based Treatment TWG
- Adult Acute and PICU Inpatient Out of Area Placements (OAP) TWG
- Rehabilitation Pathway TWG
- Community Engagement TWG

3. Progress of Clinical Transformation

This section provides an overview of what the initial findings were at acquisition stage in each clinical area and progress to date for each of Transformation Working Groups.

3.1 Improving Access to Psychological Therapies (IAPT) including Step 4

In October 2017, the Committee received a report of the progress being made to improve these services in Manchester, this report can be viewed at:
www.manchester.gov.uk/meetings/meeting/3088/health_scrutiny_committee

3.1.1 Summary of Progress to Date

Objective	Progress To date
To develop and introduce a clinical model that is sustainable and clinically effective	• Undertook extensive stakeholder engagement to develop agreed clinical model • Delivered on organisation change to implement agreed model by Feb/March 2018 • Implemented a revised pathway at Step 2 with our partner agency Self-help services. • Secured additional £245K to increase capacity to achieve 17% prevalence • Secured additional £791K for North Manchester pilot to ensure at least 20% of those service users with a common mental health problem and a co-morbid Long term condition accessed the service.
To achieve and continuously improve against performance measures	• Implemented more robust systems of monitoring performance to ensure key quality indicators are achieved. • Continued improvement towards achievement of the referral to treatment 18-week target and improved 6-week access to services • Further improved performance will be achieved post implementation of the revised clinical model by the summer of 2018
To manage the waiting list	• Post-acquisition discovered significant waiting list at Step 4. GMMH funded non- recurrent £451K to clear this, which will be achieved later in Spring/summer 2018 • Waiting list management system for IAPT services reviewed • Establishment of a booking system for patients who can now choose when they want to see a therapist.
To have accommodation and IM and T systems that are fit for purpose	▪ GMMH has committed additional capital investment; circa £486K (£170K of this is from the MHCC) to support enhanced access to services by providing IAPT therapy rooms in clinical hubs in the North and Centre of the city. ▪ North Staff Base: Clayton Health Centre increased its size in June 2017 accommodating circa 50 staff ▪ North Therapy Hub: Harpurhey Wellbeing Centre due to be operational during the summer of 2018 providing 10 dedicated clinical consultation rooms ▪ Central Staff Base and Therapy Hub: Chorlton House (the former Manchester Services Trust Head Quarters) now converted to provide a clinical base for IAPT. ▪ South services: Premises have been identified in

	Sharston and funding for this has been included in the business case to MHCC. ▪ Carried out an audit of all IT infrastructure and made significant upgrades to existing systems and equipment ▪ Secured internal Trust investment of £300K to deliver and implement PCMIS, an IAPT specific clinical information and appointment system in October 2017.

Next Steps:

Working with Step 2 Partners, Self-Help services, GMMH have produced a business case to further develop the service to reach the required prevalence of 19% in 2018/19. Alongside this there are further long term plans to innovatively achieve the increasing prevalence targets by utilising the wider health, social care and voluntary 3rd sector providers.

3.2 Access to Services/Single Point of Contact

3.2.1 Initial Findings

The access to services team, known as Gateway is an administrative team, which has continued to function with additional monitoring processes in place. The current model is not clinically led, but all referrals are allocated based on a clinical algorithm.

3.2.2 Summary of Progress to Date

The work of this group was placed on hold pending the outcome of other clinical transformation work streams. The group recommenced its work in November 2017 and is now developing an options appraisal on a future clinically led Single Point of Contact (SPOC) service model, so that all referrals into the service are signposted to a SPOC team which is clinically led rather than through an administrative team (which it is currently). This work will be completed in February 2018.

A positive change since acquisition has seen all primary care referrals for service users with a mild to moderate common mental health problem being directed straight to the IAPT clinical team rather than via the established SPOC. This system has reduced the number of steps in the referral process and thus delivered a more streamlined service for service users and referrers.

Next Steps:

In recognition that the needs within communities are different, the model will account for local variances. It will draw upon existing strengths and assets within the local communities, and will work to break down barriers and reduce stigma in neighbourhoods. Furthermore, the new model will support enhanced communication, improved responsiveness and offer timely feedback to primary care services and GP surgeries.

The TWG is currently working with primary care representatives and GP's to develop the model. The GP federation have already sought views from GPs across the city on how systems can be improved.

3.3 Enhanced Community Mental Health Teams

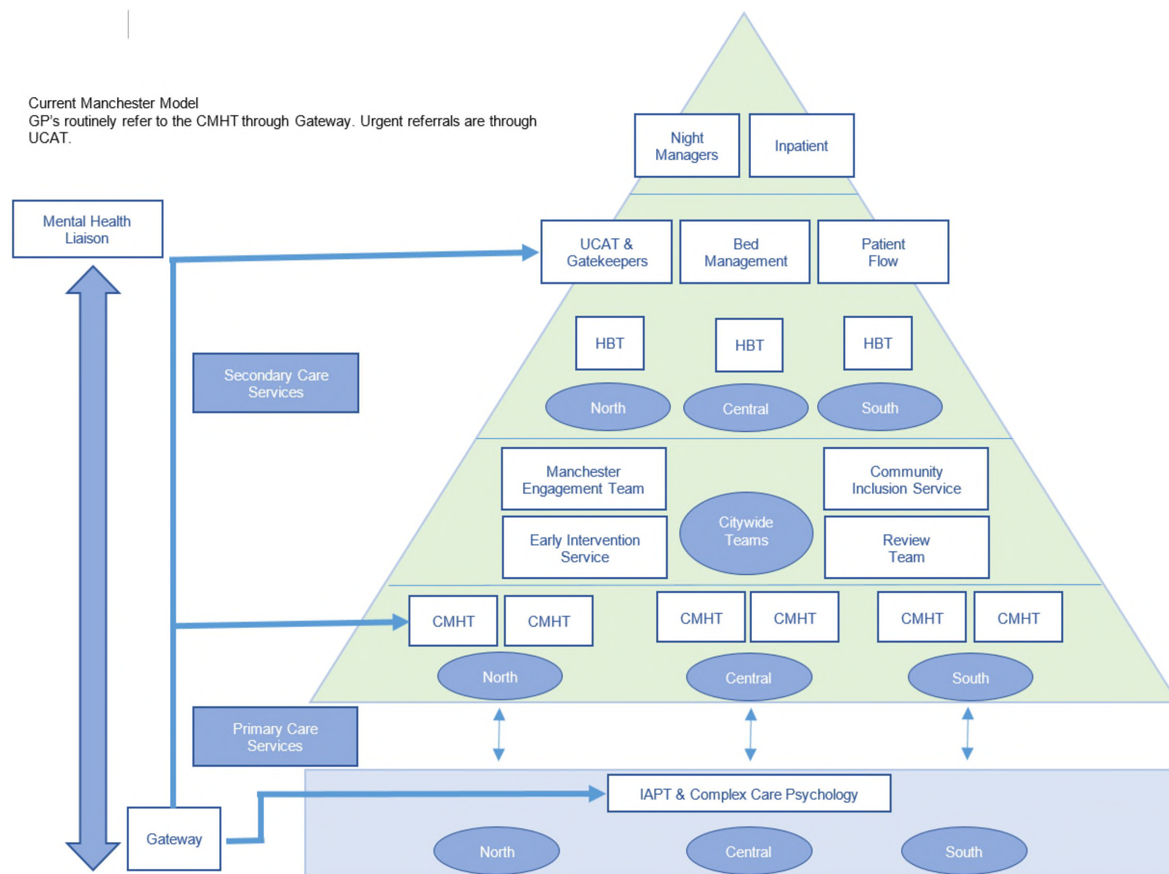
3.3.1 Initial Findings

The acquisition of the Manchester Mental Health Services has provided the opportunity to undertake a focussed review of the Community Mental Health Services across Manchester. Initial findings indicated that the CMHT clinical pathway was fragmented and not in line with national best practice, this has led to duplication of assessments and fragmented care provision.

There was limited capacity to provide frequent visits for those Service Users who required this level of support. The service does not operate a 7day per week service, thus not offering comprehensive support for those Service Users showing early signs of relapse or recovering from a crisis episode. In addition, the local teams confirmed that Service Users remained under the teams care for longer than was clinically required resulting in 'bottlenecks' in the clinical pathway and impacting on the ability to respond to new and urgent referrals.

Teams offered limited assessment and care for physical health care. Furthermore, Consultant Psychiatrists were unable to work in the teams on a daily basis due to the demand of their outpatient workload. The clinical model was not standardised across all the teams. Health and social care clinicians did not have a consistent approach in their role and function, with limited provision for those Service Users attending treatment clinics and reduced multi-disciplinary team input into to each CMHT.

A diagram of the current acute care pathway model in Manchester is below and demonstrates its complexities:



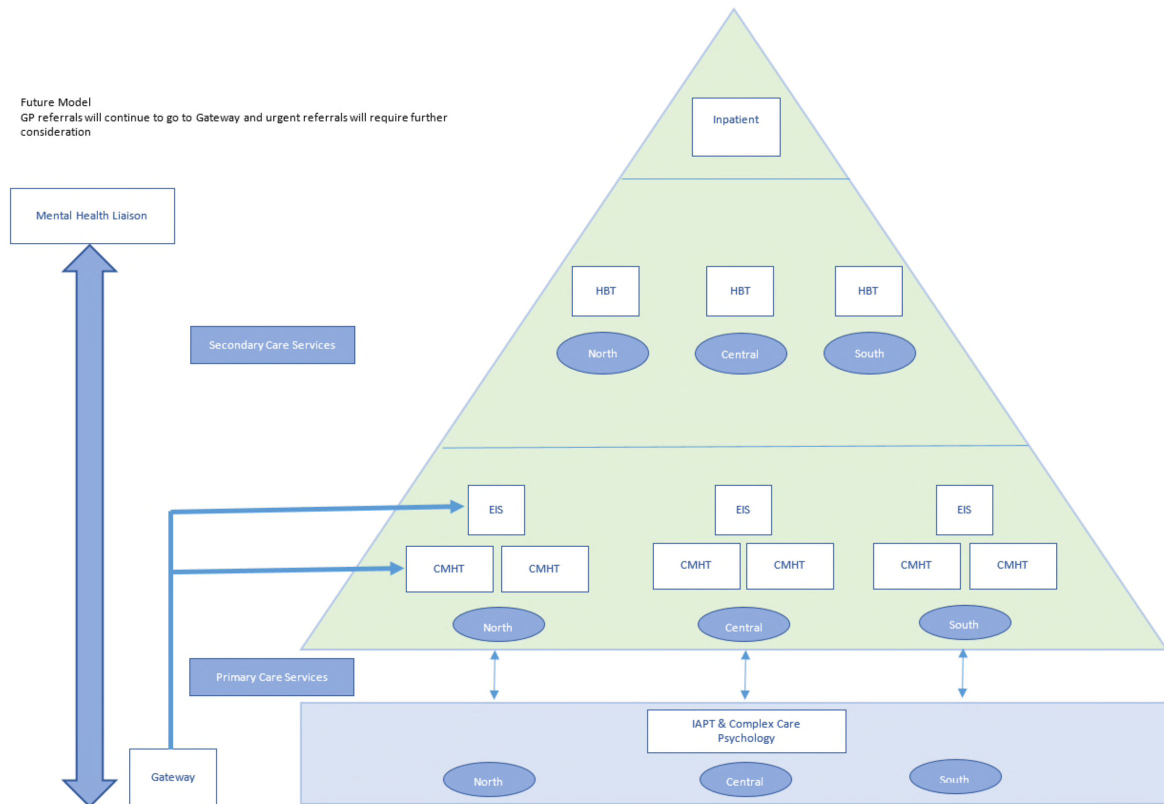
An effective acute care pathway will bring about positive outcomes for service users and carers, providing care closer to home and where possible aligned to the neighbourhood model.

The principles of the new enhanced acute care pathway model include:

- Timely access for service users and clearly defined clinical care pathways
- Clinically led, operationally partnered and academically informed services
- Accreditation to Royal College of Psychiatrists standards
- Improved physical health outcomes for service users
- Greater clarity for service users and partner agencies regarding the functions of teams
- Supporting clinicians to have the ability to transition service users back to primary care when clinically indicated

Listening and engagement events were established immediately after acquisition and have been ongoing with key stakeholders since January 2017. These have culminated in the development of a 'blueprint for the redesign of community services in Manchester' which was presented to stakeholders in October and November 2017, and detailed exciting plans for the redesign of the Manchester acute care pathway.

The proposed model for the acute care pathway in Manchester which simplifies the system and ensures service user pathways are based on localities is as follows:



3.4 Home Based Treatment

3.4.1 Initial Findings

Also addressed during the work conducted on the delivery of an acute care model for Manchester was Home Based Treatment Teams (HBTT).

Initial findings indicated that the HBTT clinical pathway was also fragmented and not in line with national best practice. There was poor communication across teams, leading to a duplication of assessments. Service Users remained under the care of HBTT's for longer than was clinically required (often linked to a lack of alternative provision, given that CMHT's had limited capacity to offer a realistic positive alternative). This resulted in 'bottlenecks' in the clinical pathway and therefore there was limited capacity to provide up to two visits per day for those Service Users who required support that is more intensive. In addition, the service does not operate a 24hour/7day per week service, thus not offering a true alternative to hospital admission.

The delivery of a new acute care pathway for Manchester demonstrated in the diagram above will also address the issues in delivering HBT.

3.4.2 Summary of Progress to Date on Enhanced Community Mental Health Teams and Home Based Treatment Teams

Objective	Progress To date
The Development and introduction of a Community Model that is based on best practice, straightforward to navigate with services being locality based.	• Conducted numerous workshops and listening events including clinicians, operational staff, service users, carers and stakeholders to agree the model to deliver services in the future. • Developed a waiting list initiative to address the high numbers of patients on consultant caseloads and securing funding of £729k to implement this. • Undertaken a Peer Review of Health and Social Care Clinics and implemented its findings. • Completed Length of Stay review of community service users to ensure the model can meet these needs. • Completed a review and developed an action plan to improve treatment clinics to ensure this includes high quality physical health care assessment, securing £614k to recruit 12 staff dedicated to this work in localities. • Reviewed the referral criteria for CMHTs to improve accessibility and understanding.
Develop the infrastructure within community teams to ensure they have the means to deliver a modern and responsive service	• Commenced a full estates strategy based on the requirement for enhanced teams within each locality. • Completed an audit of IT and upgraded equipment.

Next Steps:

Formal staff consultation with over 300 staff will commence in January 2018 to implement this model, with a phased programme of organisational change, which will conclude in October 2018.

3.5 <u>Mental Health Liaison Service (RAID Core 24)</u>

3.5.1 Initial Findings

The acquisition of the Manchester Mental Health Services has provided the opportunity to undertake a focussed review of the Liaison/RAID services based within the acute hospitals across Manchester. Initial findings showed that of the three Liaison teams based in Manchester, two were being delivered by different providers, were not working together. All three sites operated separate Ward Liaison Teams and Emergency Department Liaison Teams with different management arrangements and hours of operation.

The Emergency Department Liaison Teams were experiencing significant pressure to avoid breaches in A&E waits.

RAID Core 24 Liaison services:

Delivery of Core 24 compliant services will ensure Service Users receive timely access to care and treatment from mental health professionals. evidences shows that these services help to improve support for; mental capacity act and mental health act issues within the acute hospitals, the interface between mental health, acute care and other key stakeholders and Service User and carer/family experience. ‘Core 24’ services also reduce the number of breaches in A&E and reduced length of stay on acute inpatient wards by promoting a consistent approach and continuity of care across the acute hospital sites, with dedicated teams at each. The teams assist with discharge planning for complex cases to reduce length of stay, for patients with significant mental health disorders e.g. dementia. These services also improve the knowledge of mental disorders of acute staff through training and access to specialist practitioners.

Liaison teams are often the first point of contact for mental health service users and therefore, play an important role in ensuring service users receive the right care, within the right team, at the right time.

3.5.2 Summary of Progress to date

Objective	Progress To date
To develop a clinically effective and sustainable model of care delivery.	▪ Transferred North Manchester Liaison service from Pennine Care into GMMH on the 1st July 2017 ▪ Secured internal funding to increase the medical resource for North Manchester Liaison ▪ Utilised £330K of Transformation funds to increase staffing resource in the three Manchester liaison services ▪ Conducted a number of staff stakeholder engagement events with emergency department and ward liaison teams; attended by service users and carers and representatives from the urgent care pathway ▪ Co-produced a revised model for service delivery of a single liaison team on each hospital site. ▪ Commenced organisational change to deliver the single team model (commenced in January 2018) ▪ Conducted an initial scoping exercise of current accommodation for the teams and a detailed estates strategy is being implemented to support the future clinical model ▪ Audited all IT equipment, upgraded and provided new equipment as required

To further develop the clinical model to ensure compliance with Core 24 Standards of care delivery for effective liaison services in Mental Health systems	• Led on the co-production of a GM wide business case with Pennine Care Foundation Trust for the delivery of 'Core 24' liaison services across GM, including the three core Manchester Hospitals

Next Steps:

To continue work on the implementation plan agreed across GM to develop and implement fully compliant Core 24 services in all A and E departments in GMMH.

MRI will be the first hospital in Manchester to come online and achieve 'Core 24' compliance, with services commencing in September 2018.

Further Manchester Hospital sites will be delivered in line with the release of GM funding, with NMGH coming online in 2019 and Wythenshawe in 2020.

3.6 Delivering a Section 136 Suite

The Section 136 Suite is a dedicated mental health suite for the reception and assessment of those Service Users arrested by the Police under Section 136 of the Mental Health Act (1983) who the police believe may have a mental health need.

3.6.1 Initial Findings

Manchester does not currently have a dedicated section 136 suite. Service Users arrested and detained on section 136 of the Mental Health Act are currently taken for assessment to one of the Manchester Accident and Emergency Departments or the Police Custody Suite.

As such the development of a dedicated purpose built suite was identified as a key priority. The 136 suite will enhance privacy and dignity, ensure service users receive care from highly skilled staff in the right environment and significantly improve the interface between mental health teams and other agencies.

3.6.2 Summary of Progress to Date

Objective	Progress To date
GMMH to deliver a fully operational 136 Suite at the NMGH site in June 2018	• Undertaken a full options appraisal, NMGH was chosen as the preferred new build site • Developed a business case to fund the preferred option • Secured capital funding of £500K to support the new build • Established a commissioning project team/group to oversee the delivery of the capital build

	• Developed a clinical and operational model for the delivery of the new 136 suite • Commenced a recruitment process for new staff to operate the suite • Worked with MHCC to secure revenue funding to operationalise the new service • GMMH and MHCC have also worked with Baroness Hughes, Deputy Mayor (GM) in further developing proposals for Manchester

Next Steps:

Furthermore, and in addition to the plans in North Manchester, GMMH are also currently exploring options for utilisation of a second 136 suite with Manchester University NHS FT, GMP and MHCC. This could be achieved without the need for investment in new build by providing additional support and infrastructure to the existing 136 suite at Trafford General Hospital.

3.7 Acute and Psychiatric Intensive Care Units (PICU) Provision, including Patient Flow Management and Out of Area Placements (OAP's)

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. There are a further 18 Psychiatric Intensive Care beds (PICU), giving a combined total of 165 beds available.

3.7.1 Ward Environments: Initial Findings

A review of the inpatient environments identified areas of concern. Dormitory provision exists on some wards in both the North and South sites, posing significant privacy and dignity issues for Service Users. Restricted space on both sites means that there is a lack of therapeutic space on most wards. In addition, the observation of patients can be problematic due to the environmental construction of the wards.

Environments were in a poor state of repair, with some poor lighting, décor and flooring. Glazing was not to the expected standard, thus increasing risk to service users. There were poor kitchen and clinic facilities, with poor quality and badly damaged furniture in inpatient areas.

3.7.2 Summary of Progress to Date

Objective	Progress To date
To ensure all ward environments, both Adult wards, Later life wards and PICU, are fit for purpose	• Reviewed all inpatient environments and identified areas for improvement. • Furniture and fittings were replaced on 13 wards, identified as needing significant investment and at a cost of £700K • A systematic programme of maintenance

	upgrades has been implemented including, painting, decorating, and new lighting of ward areas. • Feasibility work is being progressed to identify solutions to provide fit for purpose, therapeutic accommodation • An options appraisal will be presented to the GMMH Board in February 2018 which includes the elimination of dormitories as a priority

3.7.3 The Management of Patient Flow (including Out of Area Placements) Initial Findings:

An in depth review of all adult inpatients and those who are placed in out of area beds (OAPS) took place in February 2017 and involved a review of 210 service users. This included 169 service users that were identified as being in inpatient beds (4 service users who were on leave) and additional service users (41) who were also placed in a bed that was out of area. There is significant pressure and an increasing demand for adult mental health in-patient beds. The findings of this work showed that the average length of stay for Manchester Service Users was beyond national average and significant numbers of Service Users were waiting to be transferred to alternative placements and therefore no longer required the in-patient bed.

A further in depth review continued and in October 2017 it was established that, due to significant challenges in the system:

- The last 12 months has seen a 10% increase in demand for adult in-patient admissions for Manchester residents
- A significant number of service users are admitted with a length of stay of less than 72 hours, indicating there is an enhanced need for alternative provision for those Service Users requiring a crisis admission
- Up to 44% of service users in inpatient beds in Manchester have a length of stay of over 50 days, outside the national average of 30 days. Further analysis demonstrated that the majority of the Service Users staying 50 days or more, no longer required an acute inpatient bed.

3.7.4 Summary of Progress to Date

Objective	Progress To date
To utilise the findings from the review and develop next steps for Manchester, GMMH and the wider GM footprint in relation to patient flow and the management of OAPs.	• Appointed a Strategic Lead for patient Flow for GMMH • Secured internal funding to appoint three operational mangers for the inpatient services to support patient flow • Established a Trust Wide Patient Flow/OAPs forum with senior operational and clinical leadership • To link the work of this group to the wider GM OAPs group

	• Implemented a more robust system for monitoring patient flow, which includes regular reporting on admissions, discharges, readmissions, length of stay, delayed transfers of care and out of area placements • Established a system of routine reviews of all Out of Area Placements, to facilitate earlier discharge plans and/or repatriation where clinically appropriate • In October 2017, an additional 8 beds on Griffin Ward in Prestwich were opened for female Service Users aged 18 years to 25 years • In October 2017, an additional 6 beds were introduced on McColl Ward in Salford, creating 14 beds in total for Manchester residents • Working collaboratively with MHCC and MCC on appropriate community placements

Next Steps:

To continue to implement the estates strategy for the inpatient environments in The Manchester services of GMMH.

To continue to implement the actions as set out by the Trust wide patient capacity and flow steering group, the wider GM Steering group and the GMCA Adult Mental health Board in order to manage the use of OAPs across the whole GMMH footprint.

However, one of the most significant factors contributing to the pressure for acute beds is the current community and home based treatment system as described in section 3.3 and implementation of this new community model will have an impact on the need for inpatient admissions.

3.8 <u>Enhancing the Rehabilitation Pathway</u>

3.8.1 Initial Findings

The acquisition of the Manchester Mental Health Services provided the opportunity to review the Rehabilitation Services across Manchester.

Manchester has a significantly higher number of Rehabilitation beds than other GMMH district services and in particular a high proportion of locked rehabilitation services. 90% of the beds are male with no dedicated female provision, all female contracted beds are provided in mixed gender community rehabilitation services. There was no clear rehabilitation pathway for females leading to the increased likelihood of requiring an out of area placement to meet their needs.

Services are provided by GMMH and a number of private and 3rd sector providers. Approximately a third of service users within the pathway were delayed transfers of

care, with many waiting for accommodation or social care packages. As a result the use of OAPs is significant.

3.8.2 Summary of Progress to Date

Objective	Progress To date
To develop an effective service user pathway in the rehabilitation services for both male and female service users. To include improved clinical models and fit for purpose accommodation	• Held a number of workshops with all providers and service users to develop a shared understanding of each service and the challenges they face. • The workshops have had excellent engagement across the pathway from all providers and very positive service user engagement • Reviewed and implemented a monitoring system for delayed transfers of care • Commenced involvement in the joint MCC and Health funding panels to establish a thorough understanding of any issues which delay and impact on rehabilitation service users • Established a specialist Rehabilitation Division within GMMH, enhancing the priority of rehabilitation as a specialism across GMMH • Shadow arrangements with MHCC developed for service reviews of 3rd sector contracts to ensure standards across all services.

Next Steps:

To continue to work with the commissioners and other providers to develop the female pathway for service users in need of rehabilitation models of care. To link this to the development of the male pathway to ensure seamless and effective care models for all who require the service.

3.9 <u>Community Engagement</u>

GMMH is focussed on ‘place and person’ as an integral part of each neighbourhood and not on the organisation; working collaboratively with all service users, service user groups, carers, and other stakeholders to embed services within neighbourhoods; facilitate community engagement; and utilise community assets.

Our aim was to develop and introduce a social asset fund of 500k per annum for the first three years, for investment in local Manchester communities in order to:

- Increase awareness and reduce the stigma associated with mental ill health
- Promote mental wellbeing
- Promote self-care and peer support
- Increase the resilience of local communities to mental ill health.

3.9.1 Initial Findings

MHSCT had some structures in place to enable Service User engagement. This was mainly delivered through a monthly 'User and Carer Forum' which had an established membership and structure and which was functional in linking services with a wide cross section of user and carer groups. There were also a number of user groups linked directly to services such as the Manchester Psychological Services User Movement (MPSUM) and a user group at Victoria Park Day Centre. However, responsibility for user and carer engagement in Manchester services was primarily driven centrally, or corporately.

A number of user groups had developed separately to the Trust, such as the Manchester User Network and the Charter Alliance. Members of these groups no longer attended the 'User and Carer Forum' but they maintained a focus on issues around the Trust's service provision and potential developments and actively campaign around areas of concern.

The Trust was also part of the Mental Health Provider Engagement Group (MHPEG). Relationships with various VCSE groups were in place through joint working and a formal sub-contract with Manchester Mind was in place for the provision of Assertive Outreach services and other support.

3.9.2 Summary of Progress to Date

Objective	Progress To date
To establish a 'One team working model' of community engagement.	• Established a baseline of mental health integration with 'One Team working models' and a programme governance structure. • Closer working arrangements are developing between GMMH community teams and local integrated Health and Social Care models • Developing relationships and engagement with the LCO programme and the One Team operational structures • Improving stakeholder relationships with the wider community, working in partnership with statutory agencies, VCSE organisations and user and carer groups has continued • The introduction of the Wellbeing Fund, which has been launched and is built around the 12 designated neighbourhoods across the city. It will build on local assets and is informed by the combined perspective of GMMH staff, Service Users, carers, and community members • Pre-acquisition held 10 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' • GMMH have participated in the CCG Mental Health grants programme and operational links have been identified for each of the projects funded. • The Trust has also started a community development scheme based around the Harpurhey Wellbeing Centre, which will result in the refurbishment of the centre to deliver IAPT services alongside community groups and other wellbeing activities. • GMMH was also successful in winning the North Manchester Community Links for Health contract, which is £1.2m p.a. and involves the delivery of wellbeing interventions for people referred by GPs. This service went live in December 2017 and is called 'Be Well'.
To enable co-production	• There has been a focussed approach to enable a model of co-production, which places service users and carers at the centre of decision-making. T • Involved recruiting users and carers to sit on the TWG's in line with the Trust's 'User Engagement Strategy'. • User and carer reps are supported to attend meetings and report into the monthly Manchester User and Carer, which now includes GMMH governors and links to the trust-wide Care Hub meeting. • This co-production approach has also informed the model for the three Wellbeing Fund Locality groups and makes decisions on the use of the Wellbeing fund. • The group members make informed decisions based on locality asset maps, which have been developed within the Trust, combined with their local knowledge.

Next Steps:

The Wellbeing Fund is a three-year programme and as it develops it will increase opportunities for user/carer and wider community involvement in the way mental health issues are supported in communities, building resilience and challenging the stigma around mental illness.

4.0 Update on Organisational Change and Development

This section provides an overview of the organisational change process that has been implemented; it describes the redesign of corporate services and the alignment of clinical structures.

4.1 Organisational Change and Development

The corporate services functions were identified as a priority for restructure prior to transfer.

Following transfer the first phase (phase one) of the corporate restructure commenced in February 2017 resulting in an organisational change process, which resulted in the disestablishment of 11 sub-director positions following the implementation of the new sub-director structure.

The second phase of the corporate service restructure included the redesign of the senior clinical management structures to provide a fit for purpose management hierarchy to lead the combined organisation.

The second phase (phase two) of the restructure commenced in April 2017 and concluded in May 2017. This phase of the restructure aligned the corporate services structures to meet the needs of the combined organisation and released savings by disestablishing a number of posts. Sixty posts were disestablished and a number of posts redesigned to meet future needs.

The restructure and reduction in posts was delivered through redeployment, natural turnover and voluntary redundancies. In total 36 staff left the Trust through the voluntary redundancy scheme in phase 2. No compulsory redundancies were required.

The new corporate services and senior clinical management structures have been implemented from 1st July 2017 and all corporate staff have been relocated onto the Prestwich site from October 2017.

The third phase of restructure supported the redesign of local clinical and operational leadership.

The organisational structure which existed in MMHSCT pre-acquisition was based on services being managed across a city wide footprint. Community and In-patient services were managed separately and therefore did not clinically interface in a seamless way. This resulted in disjointed and fragmented service delivery, silo working and challenges for service users who were unable to access the existing pathways in a timely way.

Following extensive staff consultation with all those affected. In September 2017, GMMH implemented a new organisational structure. For Manchester this established three locality based divisions in the North, Central and South of the City.

The new structure is supported by a Lead Consultant and Head of Operations in each division, who work in partnership to ensure services are clinically led, operationally partnered and academically informed. Senior Leadership Teams (SLT's) are in place and are responsible and accountable for care pathways within their respective divisions. These new leadership teams are also responsible for supporting the delivery of clinical transformation across all Manchester services.

4.2 Leadership and Organisational Development

Organisational development activities have been central to the transformational work and leadership development has been a key priority. In line with the planned approach, the leadership activities commenced in September following the completion and implementation of the new corporate and clinical senior management structures.

The Senior Leaders Group has been in place since the completion of the Phase one redesign. The group includes Board Directors and all sub board roles from corporate, clinical and operational services. This models the GMMH clinically led, operationally partnered, academically driven ethos. Leadership Development activities started with this group followed by Network Leadership Development sessions and further planned Senior Leadership Team interventions.

This work is being led through the HR/Organisational Development team and supported by external organisational development specialists.

The longer-term leadership strategy is currently being developed and has been informed by the feedback, outcomes and identified needs from the initial leadership events to ensure the design of programmes meet the network needs.

Alongside the leadership development activities a Trust-wide coaching network is currently, being developed to increase the coaching capacity within the organisation and help further embed a coaching culture.

4.3 Our Shared Values

Another key priority following transfer was the development of the new Trust shared values. Both predecessor organisations had developed a set of Trust values which resonated with the workforce and Service Users so the aim in developing shared values was to build on the sound work already in place and connect the wider workforce, Service Users and carers in the refreshing of the values.

Following extensive staff and service user involvement, the new Trust values were launched in September 2017. The values have been publicised and promoted across the Trust using the new Trust branding launched at the same time. The values were embedded into the staff value awards in October 2017 and are currently being embedded within the HR/OD processes including the appraisal process, which will be relaunched with the new values. The new Trust values are:

- We inspire hope
- We work together
- We are caring and compassionate
- We value and respect
- We are open and honest

4.4 Staff Health and Wellbeing

Staff Health and Wellbeing is a high priority across GMMH. Following transfer in January/February 2017 the Trust ran a series of Staff Health, Wellbeing and Safety

roadshows to both promote the support available for staff and take feedback from staff on areas for improvement.

In addition, the employee assistance programme available across the predecessor GMW services was rolled out to all staff across Manchester services. This increased the access for wellbeing services including the on-line employee assistance support and increased access to psychological therapy support and fast-track physiotherapy support.

The Staff Health and Wellbeing Strategy action plan is being rolled out across the wider organisation ensuring local activities can be developed based on identified staff needs.

5. Care Quality Commission (CQC) Inspection

5.1 CQC Update

On 6th and 7th December 2017, the CQC carried out a provider level 'well-led' inspection within GMMH. This was announced on the 31st August 2017. To inform this inspection the CQC undertook unannounced inspections in five of the nine Trust's core services (including Manchester services).

The core services inspected were:

- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units
- Substance misuse services
- Child and adolescent mental health wards
- Long stay / rehabilitation mental health wards for working age adults.

These visits took place from September to November 2017. There were no improvement notices issued and initial feedback has been positive. Feedback from the CQC reflected GMMH awareness of areas for improvement and actions were already in place to address these and reflect the transformation plan in Manchester for example.

The formal feedback from this CQC inspection is expected in February 2018 and this will be shared with key stakeholders.

Previous inspection results of the two organisations are set out below for information:

	GMW (June 2016)	**MMHSCT (Feb 2015)**
Safe	Requires Improvement	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Requires Improvement
Well Led	Good	Requires Improvement
Trust Rating	Good	Requires Improvement

A single CQC inspection will be provided in February 2018

5.2 CQC Community Patient Survey

The CQC published the 2017 Community Mental Health Patient Survey in November. This was the first report for GMMH, so there are no comparisons to previous years' results in the report. The results relate to care and treatment from 1st September 2016 to the 30th November 2016 (prior to the acquisition). Each question is scored to show if GMMH is performing 'about the same', 'better' or 'worse' compared to other Trusts. The Trust had a 21% response rate (171 response) compared with a 26% national response rate.

Of the ten areas the questionnaire examines, GMMH scored 'better' results in the questions related to reviewing care, which looks at how involved Service Users are in their care. In the other nine sections, the Trust performed 'about the same' with the majority of scores in the upper range (a positive position).
Service Users rated GMMH highest in relation to:

- ✓ Agreeing with someone what care they will receive
- ✓ Being involved in discussing how their care is working
- ✓ Feeling that decisions were made together
- ✓ Being told who is in charge of organising their care and explaining reasons if there are changes
- ✓ Checking how they were getting on with medication
- ✓ Being treated with dignity and respect.

Areas to explore for improvement:

- ✓ Information that can be understood in relation to new medicines.
- ✓ Being more involved in agreeing care.
- ✓ Help and advice with finding support for finding or keeping work and financial advice/benefits.

The CQC survey does not provide a breakdown of the results between Bolton, Salford, Trafford and Manchester and, given the small sample size, this would be unreliable. As such, Quality Health Ltd were commissioned by GMMH to undertake an extended survey sample of 3000. This data is still being analysed. This will be considered at the Trusts Operational Leadership Committee and the Care Hub with service user and carer representatives to inform; local action plans for improvement and celebrate areas of good practice in each division whilst also sharing learning trust wide.

6.0 MHCC and MCC Support

Manchester Health and Care Commissioning (MHCC) partnership between Manchester City Council and NHS Manchester CCG continue to work very closely with GMMH in managing the NHS contract, monitoring the transformation plan requiring assurance and oversight for delivery within agreed timescales. MHCC continue to work in partnership to secure investment to deliver the 5 Year Forward View and Parity of Esteem for mental health as well as the Greater Manchester Mental Health Strategy. There is also joint working in preparation for mental health being delivered in the LCO in the forthcoming years.

7. Summary

The strategic plan to transform mental health services in Manchester has been making steady progress and key milestones such as the tender award, the acquisition of MMHSCT, and the establishment of GMMH have all been successfully achieved. The two to three year programme to transform the clinical system is also well underway and co-ordinated so that priority workstreams and organisational change can be sequenced to best effect. Already progress has been made in some key performance indicators and other improvements will be achieved following the large scale organisational changes that are now in progress and service users, carers, staff, and other stakeholders are involved in all elements of transformation.

Manchester is now a key constituent of the Trust with over 2000 Manchester residents becoming members and electing representatives to the Council of Governors. Corporate support for Manchester services has been extensive with a wholesale programme to improve and upgrade IT systems and infrastructure, to date GMMH has committed £1.6m to improve the Manchester systems. This is in addition to cost of the introduction of new clinical information systems which is also planned in 2019. GMMH is also investing in a capital programme, which will make essential improvements to the built environment and deliver new schemes to the highest standards.

8. Next Steps

8.1 Transformation Working Groups

Each Transformation Working Group is now coming to the end of the first year of work that agreed and planned the changes needed and laid the foundations for change. The coming year will now focus on the implementation of the new clinical models, following the required staff consultation. The new models will ensure, service user, carer and staff and stakeholder co-production throughout. Throughout the year, implementation will be closely monitored to ensure the identified benefits are realised and evaluated.

8.2 Timeline for Implementation and Evaluation

Milestones	Timeframe
Implementation and monitoring	March 2018 to December 2018
Evaluation and next steps	September 2018 to March 2019

9. Recommendations

The Overview and Scrutiny Committee is asked to note the contents of this report.