

## Manchester Health and Wellbeing Board Report for Resolution

**Report to:** Health and Wellbeing Board – 2 November 2016

**Subject:** Manchester Mental Health and Social Care Trust transfer to Greater Manchester West NHS Foundation Trust.

**Report of:** Hazel Summers, Strategic Director Adult Social Care

John Harrop, Acting Chief Executive, Manchester Mental Health and Social Care Trust

Beverley Humphrey, Chief Executive, Greater Manchester West NHS Foundation Trust

Craig Harris, Executive Nurse & Director Citywide Commissioning & Quality, Manchester's North, Central & South NHS Clinical Commissioning Groups

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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, following a competitive selection process managed by the Trust Development Authority, now NHS Improvement (NHSI).

### Recommendations

The Health and Wellbeing Board is requested to:

- i) Note the process overall and achievement of the timescales to date.
- ii) Recognise that services in Manchester are highly valued by those people who use them.
- iii) Note the expected improvements and opportunities available from the integration of the two NHS Trusts.

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### Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The transformation of Mental Health Services in Manchester will contribute to all of the Board's Strategic Priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving	

Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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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 briefly 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 (MMHSCT). Its services will, subject to final approvals, transfer to Greater Manchester West (GMW), as announced at the end of July 2016.

## 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 viz:

“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.”

### 3.0 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. 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 is available to them.

3.3 There is fragmentation in the current mental health services in the city, evidenced by consistent use of out of area acute in patient care, 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.

#### **4.0 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. The Trust Board formally requested TDA support for a different 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.

4.5 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 January 1<sup>st</sup> 2017.

#### **5.0 Current Position**

5.1 As the preferred provider GMW has now completed their process of 'due diligence' to fully understand the quality, financial and other information relating to the Trust and all required information was provided ahead of schedule, to meet the timescale above.

5.2 Currently, as 'preferred provider' GMW have no operational responsibilities within the Trust and will not have until the actual transfer of services expected to be early in 2017. However, both Trusts are realistic about the need to ensure good planning for the transfer and are working closely together.

5.3 Several key actions are still required before the transfer can be approved and these are underway and include:

- Staff consultation
- The preparation of the business case for approval by the GMW Board and NHSI.
- Secretary of State approval
- Staff engagement and communication

## **6.0 Service Quality and Performance**

- 6.1 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 surveys demonstrating this.
- 6.2 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.
- 6.3 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 and the transaction process has added further oversight to support it in case the process itself results in performance challenges. None have occurred to date.

## **7.0 Expected improvements as a result of the transfer**

- 7.1 There will be a Single Mental Health System. The transaction that is currently planned to be operational from January 2017 will produce one Foundation Trust delivering all specialist mental health services for the City of Manchester's residents, from highly specialised tertiary forensic care to primary care based psychology and mental wellbeing services. These services are currently split between MMHSCT, GMW and RDASH.
- 7.2 Integral to this organisational transaction is a service transformation plan that will deliver the priorities of the National Five Year Forward View for Mental Health for Manchester ahead of the national 2020 target timescales. This also totally supports the highest priorities of the agreed Greater Manchester Mental Health and Wellbeing Strategy.
- 7.3 Those service priorities reflect the fact that Manchester has high levels of Mental Health morbidity and excessive premature mortality, whilst having some of the poorest access to specialist mental health services in the North West and Greater Manchester. The transformation plans will deliver:
- Single Point of Contact integrated with Manchester's Neighbourhood teams
  - Self-sufficiency for acute admissions and an end to the high levels of expensive Out of Area Treatments.
  - 24/7 specialist home based treatment to prevent admissions and facilitate supported discharge for all ages.
  - Fully developed RAID services in A&E departments that are Core 24 compliant and supported by full Psychiatric Liaison Care across acute hospital wards and appropriate and modern Section 136 facilities.
  - Redesigned pathways for complex rehabilitation services and a repatriation of

residents in expensive individual private sector placements.

- Achievement of new national access standards for IAPT and Early Intervention and greater support for troubled families, housing and worklessness issues.
- Creation of a Social Asset Fund to stimulate co-ordinated input from the Third Sector.

- 7.4 This Mental Health transformation plan for the City locks into the GM wide MH Workstream. Organisationally and in terms of Governance for Manchester, the Mental Health services for the City will sit within the developing LCO. This will include the inpatient beds, urgent care services and all community and social care services for adults and older people with mental health problems. Only the specialist tertiary services commissioned by NHSE would sit outside of the LCO but would still be provided by GMW. This will deliver a model of Vertical Excellence and Horizontal Integration. In its commitment to improve and ensure consistent clinical standards it also reads straight across to the aspirations of the Single Hospital Service for the City and is designed to assist with the pressures on their urgent care systems.

Appendix 1 gives an overview of the vision and strategy alignment of the plans

## **8.0 Summary**

- 8.1 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.
- 8.2 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.
- 8.3 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.
- 8.4 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.

## **9.0 Health and Wellbeing Board is requested to:**

- Note the process overall and achievement of the timescales to date.
- Recognise that services in Manchester are highly valued by those people who use them.
- Note the expected improvements and opportunities available from the integration of the two NHS Trusts.

## Taking Charge of our Health and Social Care in Greater Manchester: The Plan

- Radical upgrade in population health prevention - Start Well, Live Well, Age Well
- Transforming community based care and support - with new models of integrated care closer to home
- Standardising acute hospital care - including single shared services to improve outcomes and productivity
- Standardising clinical support and back office services
- Enabling better care - partly by creating innovative organisational forms and new approaches to commissioning contracts and payments

### Mental Health and Wellbeing Strategy Strategic Principles

- Prevention
- Access
- Integration
- Sustainability

### CCG Commissioning Intentions – Manchester Locality Plan ‘A Healthier Manchester’

1. ‘One Team’ – integrated, accessible community-based services
2. Focus on people and place and not organisation
3. Clinical excellence
4. Emphasis on prevention, self-help and personal responsibility
5. Professional, flexible and skilled staff
6. Strong partnerships and collaborative working between public, third sector and community groups – unlocking the potential of the communities
7. Reduced fragmentation and duplication
8. Right care, right time, right place
9. Clinically safe and affordable services.

PREVENTION	CCG INTENTION	ACCESS	CCG INTENTION	INTEGRATION	CCG INTENTION	SUSTAINABILITY	CCG INTENTION
Integration of Well-being Services in each of 12 neighbourhoods	1, 2, 4, 8	Establish a SPOC for all mental health referrals across localities to provide a clear point of contact for all	1, 2, 7, 8	Locate Mental Health Services in each of 12 neighbourhoods.	1, 2, 4, 5, 6, 8	Redesign of Acute Care Pathway	1, 3, 7, 8, 9
Deliver compliant IAPT and Early Intervention Service	1, 2, 3, 4	Deliver compliant IAPT and Early Intervention service and targets achieved	1, 2, 3, 4	Deliver seamless services in line with MHIP Pathways and required KPIs	1, 3, 5, 6, 7, 8, 9	Provide a comprehensive rehabilitation pathway	1, 3, 7, 8, 9
Focusing on student population, Manchester’s student population, provide immediate access to IAPT and Early Intervention Services	1, 2, 4, 8	Implement compliant RAID/Liaison services (RAID acts as SPOC for seamless access to services)	3, 4, 5, 6, 8, 9	Implement compliant RAID/Liaison Services (RAID acts as SPOC for seamless access to services)	3, 4, 5, 6, 8, 9	Improve acute bed management by use of GM “Bed Bureau” (including GMW services)	8, 9
Raise mental health awareness and promote “Mental Health is Everybody’s Business”	1, 2, 4, 6	Identify designated clinical link to each GP	1, 5, 7, 8	Integrate our local RADAR offer into specialist mental health service delivery	3, 6, 8, 9	Significantly reduce the number of OATs	8, 9
Formalise links with Education, Universities and Employment support organisation.	1, 2, 6	Provide 24/7 Mental Health, including effective home based treatment and 7-day Community Service	1, 2, 3, 8, 9	Care coordination and navigation with multi-disciplinary input	2, 4, 7, 8, 9	Provide recovery-focused services in line with One Team approach	3, 4, 8
Deliver Working Well Talking Therapy Service in localities	2, 4, 6	Continue to lead and develop the Greater Manchester work underpinned by agreed Crisis Concordat	2, 3, 8, 9	Develop shared IT system and data to support delivery of shared outcomes	1, 6, 7	Develop and support workforce to enable successful delivery of the integrated new care model	3, 5
Implement our National Triangle of Care (2 start gold service) to support Families and Carers	2, 4, 6, 8	Implement agreed step up and step down protocols with primary care and specialist services	4, 7, 8, 9	Develop formal and informal partnerships with third sector organisation and support third sector and community growth via our Community Asset Fund	1, 2, 6	Develop formal and informal partnerships with third sector organisation and support third sector and community growth via our Community Asset Fund	1, 2, 6
				Co-location and shared use of premises and community assets	1, 3, 6, 7, 8	Review of estate and back office functions	8, 9
				As prime provider of specialist services, develop clear pathways into specialist services	3	Reduce prescribed drugs costs	9