

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 7 September 2022

**Subject:** Greater Manchester Mental Health – Manchester Services Summary Report

**Report of:** Associate Director of Operations, Greater Manchester Mental Health, NHS Foundation Trust

### Summary

This report provides a summary of the services provided by Greater Manchester Mental Health and provides an overview of the activity across the footprint in Manchester.

### Recommendations

The Committee is recommended to note the summary of this report and advise of any further information that is required.

**Wards Affected:** Not applicable

**Environmental Impact Assessment** - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

No impact, not applicable.

**Equality, Diversity and Inclusion** - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

This paper provides details regarding accessibility of mental health services, including access to services in times of distress and MH crisis. This paper also provides details as to future plans to improve accessibility for Manchester residents.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Recruitment opportunities as a large Mental Health provider for the local community and additional roles and transformation across the City of Manchester with a VCSE collaboration approach in community transformation which supports service users' access and improvement in their wellbeing.
A highly skilled city: world class and home grown talent sustaining the city's economic success	New recruitment opportunities across the city through GMMH and VCSE partnerships. Home grown talent developed through close working relationships with local universities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Community transformation in conjunction with our primary care and VCSE colleagues will improve accessibility to our services for our service users in the community. Collaborative approaches in service development with all stakeholders for our services allows overcoming of barriers for our service users with complex social issues.
A liveable and low carbon city: a destination of choice to live, visit, work	GMMH are members of the GM Health and Social Care Partnership Sustainability Leads Network to create a liveable and low carbon city Greater Manchester wide.
A connected city: world class infrastructure and connectivity to drive growth	Developing relationships as a large Mental Health provider with external partners including our VCSE sector, GMP, NWAS and primary care to improve connectivity to provide collaborative care for services user in the City of Manchester.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

## 1. Introduction

This paper will provide an update on the Greater Manchester Mental Health NHS Foundation Trust services providing an overview of the activity across the footprint of Manchester. The paper will include an overview on:

- Mental Health Crisis Services
- Community Services including actions taken from a recent CQC inspection and regulation 29a notice within 2 x CMHT's.
- Inpatient Service provision and update on the Healthier Patient Pathways Programme

## 2. Mental Health Crisis Services

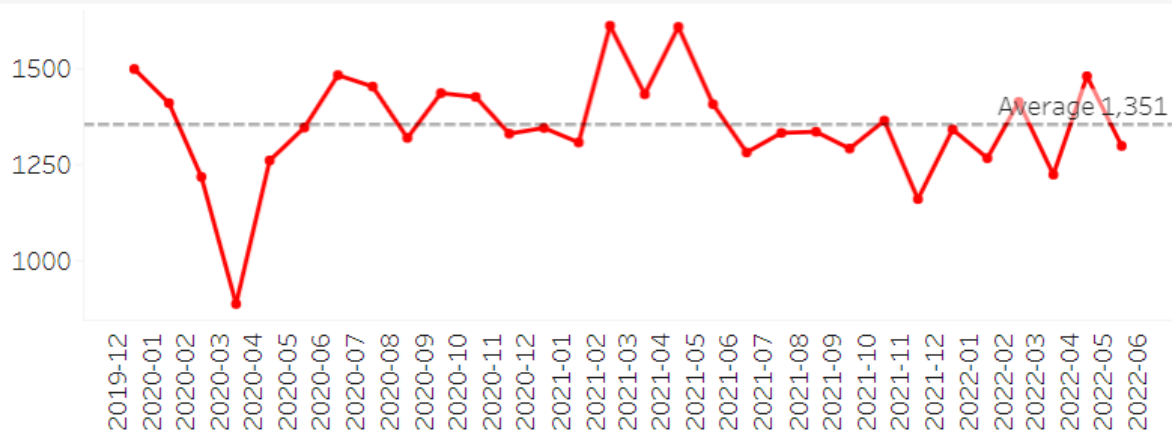
GMMH have implemented a GM agreed Crisis Pathway Model within Manchester which includes:

- Core 24 (A nationally agreed staffing model) Mental Health Liaison Teams at all 3 Manchester Acute Hospitals.
- An established 24/7 helpline (0800 number) linked to NHS 111 Clinical Assessment Service and the North West Ambulance Service (NWAS).
- Access to Crisis Cafés options specifically overnight.
- Mental Health Crisis beds that are accessible 24/7 and delivered in partnership with VCSE.
- 24/7 Home Based Treatment Teams that adhere to national fidelity models and offer a "Home First" option.
- An Urgent and Emergency Care centre at North Manchester that manage the most complex of cases in crisis, aligned to A&E but in more comfortable/less clinical spaces.
- Available local in-patient beds if required and an Independent Sector contract to keep patients within Greater Manchester.
- Twice daily clinical huddles to manage NWAS demand and long waiters in collaboration with GMMH, PCFT, NWAS and GMP.
- GMP weekend response cars with plans for a 7 day service for Winter.
- Section 136 suite provision shared across all GMMH localities.

### 2.1 Mental Health Liaison Services

The 3 x Mental Health Liaison teams across the three Manchester Acute Hospital sites continue to receive on average 1,317 referrals per month across the City. The analysis of the data demonstrates that during lockdown, numbers of referrals had decreased. Since the easing of restrictions there has been a rise to pre pandemic levels. This rise has been below the increased trend rise of the acute hospitals growth in Emergency Department (ED) attendance and national trend. Figure 1 – Manchester ED Attendance – Manchester Care Group – December 2019 – June 2022

## Referrals By Month



Service developments listed above have supported patients into more appropriate pathways and acute hospital partners in minimising the attendance to ED's. Overall the demand for services for people in a Mental Health Crisis has increased.

## 2.2 Helpline Activity

In line with the NHS Long Term Plan, it was identified a requirement for 24/7 freephone helpline, to increase access to the crisis benchmark improvement outline in the NHS Long Term Plan.

Specific strengths of this service as highlighted previously:

- Available to all people in a mental health crisis or requiring specific support recognising the increased prevalence of mental health problems across the population because of the pandemic (specifically those who did not access services in times of crisis and have deteriorated).
- The helpline provides a directory of services, helping to signpost and connect people with the appropriate VCSE services that can offer support and reducing pressure on primary and secondary care where appropriate.
- Enabling direct access to GMMH Home Based Treatment services for Manchester residents experiencing a crisis where the level of need indicates.
- The Helpline provides beyond mental health crisis and provides a response for people with substance misuse problems and children and young people.
- There are an average of 525 calls per week to the helpline with each call lasting on average around 15 - 29 minutes.

### 2.21 Partnership Working

In partnership with the Northwest Ambulance Service (NWAS) and Greater Manchester Police (GMP), the GMMH helpline as of October 2021 has participated in twice daily mental health safety huddles. The huddles provide partner agencies with specialist mental health advice and insight for service users that may phone 999 or 111 for an urgent response. 441 service users that reside in Manchester that have called 999 or 111 in times of mental health distress or crisis, requiring police and an ambulance response have been supported by these huddles and received a

health response. The GMMH helpline practitioners have supported this piece of work by providing alternative crisis support avoiding delays in crisis care for our service users and has avoided unscheduled A&E attendance.

### 2.3 Access to Crisis Cafés

The crisis cafes offer practitioner led out of hours access to our service users who experience a mental health crisis as an alternative to attending A&E providing therapeutic intervention and mental health advice by qualified practitioners and VCSE partners. The Crisis Café provides an integrated approach to deliver Seamless Services and supports collaboration with all system partners including NNAS, GMP and VCSE.

The 3 Cafes which predominantly support Manchester residents are:

- No 93 Community Centre in Harpurhey.
- Manchester Crisis Point – in partnership with Turning Point and includes access to 8 Crisis Bed provision.
- Trafford Crisis Café – in partnership with Blu Sci.

The below represents all service user that have attended a Crisis Café in month across the City of Manchester.

Month	No attending 2 x Mcr Crisis Café
Jan-22	216
Feb-22	172
Mar-22	193
Apr-22	214
May-22	226
Jun-22	186
Jul-22	211

### 2.4 Access to Mental Health Crisis beds 24/7 as an alternative to Mental Health inpatient admission and delivered in partnership with VCSE

The GM responding to crisis model has proposed all localities can operate and offer a 24/7 service offer. GMMH has progressed this initiative with partners in Manchester and has provided an increase and alternative option for those people who require a brief crisis mental health admission with additional support.

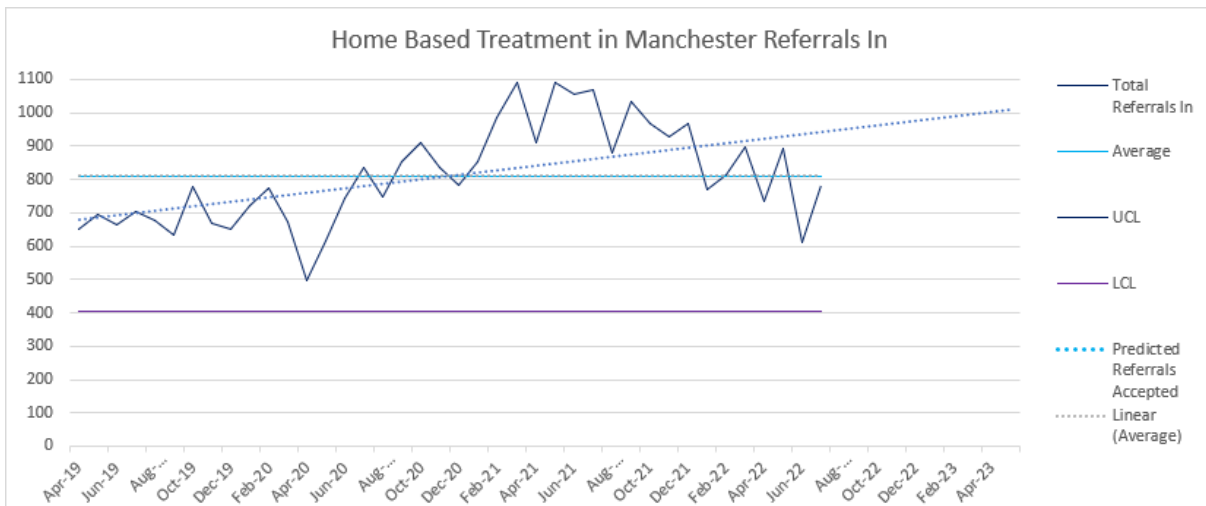
Manchester have introduced 9 crisis beds for Manchester residents, supported 24/7 collaboratively with Turning Point staff and GMMH Home Based Treatment teams. These beds are regularly used with a length of stay of under 7 days to ensure service users are supported through their crisis, enabled to live within the community and ensure ongoing capacity across the system.

### 2.5 24/7 Home Based Treatment Teams that adhere to national fidelity models and offer a “Home First “option

Our home-based treatment teams operate locally in North, Central and South Manchester, in line with core fidelity national standards. The home-based treatment services in Manchester provide:

- Direct link to the GMMH Helpline enabling rapid escalation and response.
- Collaborative working with Mental Health Liaison Services to gatekeep admission to Hospital.
- Manage and support the Crisis Cafés across Manchester.
- Systematic in-reach into the GMMH MH in-patient bed base to support early discharge and alternatives to a MH in-patient admission.
- Support to services user in our CMHTs requiring 7-day support to prevent crisis admission.

The home-based treatment teams in Manchester continue to see an upward trend in the number of referrals into the teams.



\*Anomalies showing during COVID19 lockdown period where spikes below the lower quartile and above upper quartile as a direct result of lockdown restrictions and easing of restrictions noted.

## 2.6 Urgent and Emergency Care centres that manage the most complex of cases in crisis, aligned to A&E but in more comfortable/less clinical spaces

In support and responding to the COVID pandemic, GMMH explored a model which supports acute partners, GMMH and service-users to timely specialist assessments without affecting the capacity of the Emergency Department to treat the most physically unwell patient.

The model incorporates best practice principles advocated via the Cambridge and Peterborough vanguard sites and includes access to services via NHS 111, 999 and NWS to prevent further escalation and an unscheduled ED presentation.

The Mental Health Urgent Care Centres are co-located on the acute footprint and separate from the busy ED's with a clinical area whereby more complex mental

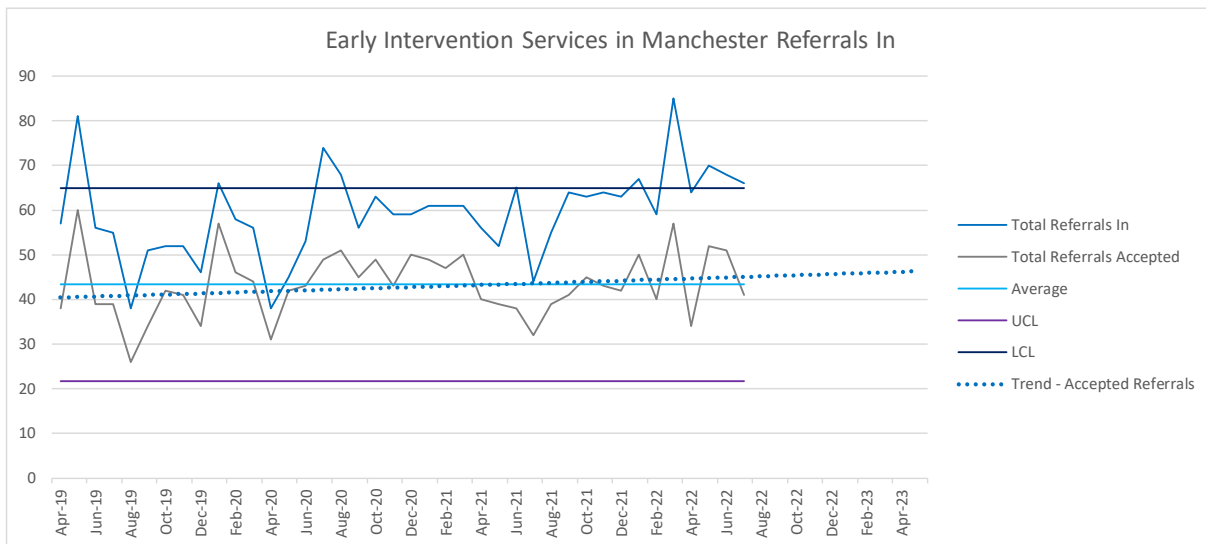
health cases can be diverted benefiting the service-users/carers experience. The 3 sites for Manchester Acute Hospitals are:

- North Manchester General Hospital: A&E and North MHLS have implemented an urgent care “The Green Room”.
- MRI – Dedicated rooms to support service users in distress. GMMH are engaged within the Project Red redesign and discussion.
- Building to commence at South Manchester, Wythenshawe Hospital Site to support replication of the NMGH site Mental Health urgent care area. Completion expected December 2022.

### 3. Community Services

#### 3.1 Early Intervention in Psychosis (EIT)

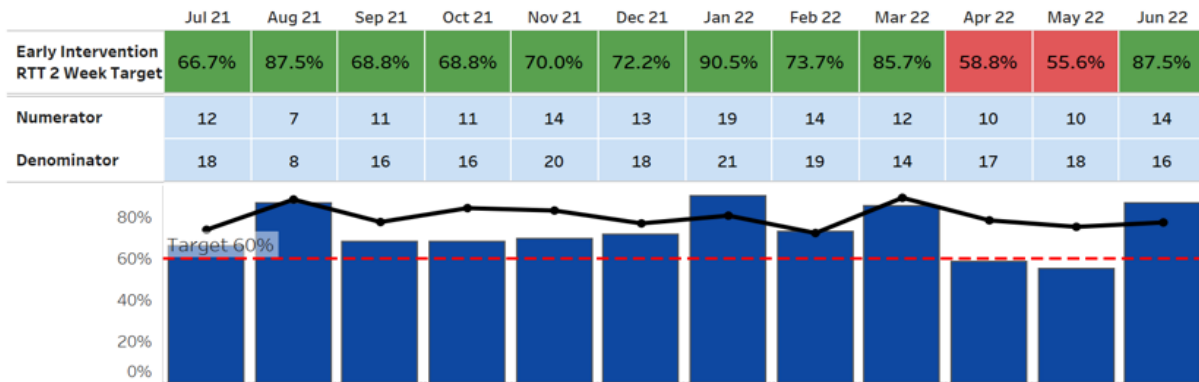
The early intervention teams have seen an increased trajectory of the number of referrals into the service. This increased referral rate has increased challenge to the service. It has however maintained positive performance in regards to access in to the service for new referrals within two weeks.



\*Anomalies in April 19 and April 2022 reflected in data of increased referrals into the teams which are above upper quartile trajectory.

The figure below shows the Early Intervention Referral to Treatment (RTT) 2-week target for Manchester services.

### Early Intervention RTT 2 Week Target

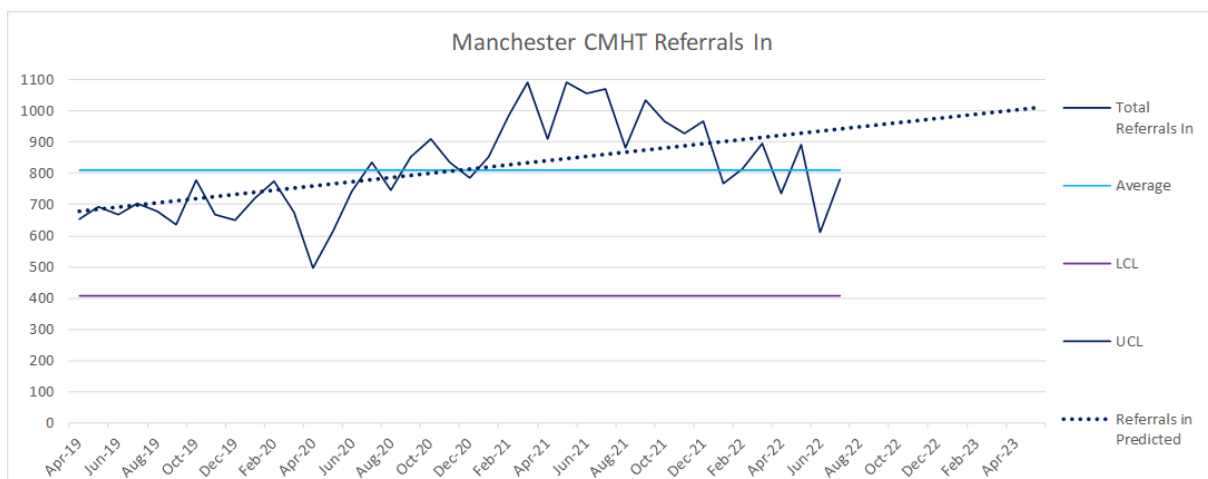


The service did not achieve its target in April and May 2022. This was due to a high number of DNA appointments in March and early April 2022 which required follow up and intervention in April and May appointment slots. This additional request impacted upon the capacity across the teams resulting in the service missing its target. The service has now cleared its backlog and returned to previous months performance. This does highlight the challenge services are experiencing with current demand.

### 3.2 Adult Community Mental Health Teams (CMHTs)

**3.2.1 Demand:** The CMHT team continues to see high numbers of referrals into our Community Mental Health Teams across Manchester.

The community teams are undergoing intensive quality improvement projects to deliver Best Care, Every Day to our service users. The initial priority areas are focusing on allocation of care coordinators, access times and the care programme approach. The teams continue to have challenges with the recruitment of qualified clinical staffing to support, this is a national trend.



\*Anomalies showing during COVID19 lockdown period where spikes below the lower quartile and above upper quartile as a direct result of lockdown restrictions and easing of restrictions noted.



\*\* GMMH have engaged with our partners Manchester City Council to agree the process for safeguarding referrals into the CMHTs across Manchester as part of the Section 75 agreement. This is reflected in the change in SPC chart.

### 3.22 CQC Inspection

GMMH had commenced a task and finish group in March 2022 after identifying challenges within its Central Manchester Community Mental Health Teams (x 2 teams of 6 in Manchester and 15 within GMMH) and to support a response for improvement.

On the 5<sup>th</sup> April, an unannounced CQC inspection took place of these 2 teams and the subsequent issue of a formal warning notice for improvement issued. An organisational action plan has been developed in response to 3 main areas of concern that impact on patient safety. These were:

1. The Trust do not have systems and processes in place to effectively monitor patients who are waiting for assessment and treatment. The risk management process of patients waiting for assessment and treatment is not robust to ensure all patients are safe.
2. The Trust do not have systems and processes in place to ensure that all patients have an up-to-date risk assessment and that risks within the teams are managed effectively.
3. The Trust do not have systems and processes in place to ensure that all safeguarding alerts are acted upon promptly.

GMMH have identified strategic actions to address the areas of concern:

- a) An immediate response to the CQC findings with a detailed action plan with smart timescales.
- b) A medium-term resilience plan to support our community mental health teams.
- c) Longer term Community Transformation of our Community Mental Health Teams in line with the NHS National Long-Term Plan.

### Immediate Response

The actions to support improvement built upon the quality improvement programme that had been initiated with CMHT's prior to the inspection in March 2022. This work has subsequently been expanded to include all CMHT's with in Manchester with immediate progress on the concerns below:

#### Concern 1:

- The additional dedicated Leadership resource remains in place to support the Central and South Manchester CMHT's with the delivery of the action plan.
- Trajectories have been developed to support a reduction of outstanding assessments and improve performance against 28 day routine referral to assessment targets and maintenance of regular contact with individuals supported under CPA level care by the end of July 2022.

- The number of individuals who have waited more than 4 weeks for initial assessment has reduced each week from the beginning of June 2022 in line with the trajectories for all teams. There has been a 72% reduction in the number of individuals waiting more than 28 days for initial contact with adult of working age CMHTs across Manchester since May 2022, reducing from 402 individuals to 114 individuals.
- All of the 43 individuals currently waiting more than 28 days for initial contact within the central and south CMHT's have been triaged as requiring a routine medical review. Work is ongoing to scope options for reducing waiting times for medical appointments.
- Whilst the North Manchester CMHT's are meeting the target of offering individuals newly referred into the service an initial assessment within 28 days they continue to have 71 individuals who have been awaiting initial assessment for more than 28 days and further work is being undertaken to understand the reasons for this and agree actions to make further improvements in this area.
- The number of individuals who are supported under CPA who have not been contacted in the last 28 days has significantly reduced across central and south CMHT's in line with the trajectories and is monitored weekly. This has been supported by the introduction of unallocated hub models within these teams to enable coordination and monitoring of contacts for individuals supported by the team whilst awaiting allocation. The North CMHT's have adopted a different approach to supporting individuals awaiting allocation which was initially successful but has not enabled the contacts to be maintained at the required frequency. The unallocated hub model is now being adopted by the North CMHT's based on the learning from the Central and South CMHT's, in order to support sustained improvement in this area.
- The number of individuals awaiting allocation of a care coordinator within the north and central teams has not reduced due to ongoing recruitment and retention challenges, however systems and processes have been developed to ensure these individuals are supported by the teams whilst awaiting allocation as described above. The recruitment and retention issues within community mental health teams is on the divisional risk registers across Manchester. This is routinely monitored via the Senior Leadership Team's within the divisions.
- Temporary realignment of workforce from within the Care group into all of the Adult of Working Age CMHT's across Manchester has been facilitated as mitigation for the identified recruitment and retention risks and to support delivery against the action plan and cover vacancies within the teams.
- A Recruitment and Retention task and finish group has been established for Manchester CMHT's to develop targeted recruitment and retention initiatives
- A further process mapping event has been undertaken for all CMHT's across the trust in relation to the referral, triage and assessment process including a review of information provided to teams to deliver safe and effective monitoring of those waiting for assessment. The outputs from the process mapping have been utilised to develop a core CMHT SOP to support a standardised approach across all adults of working age CMHT's in GMMH. An implementation plan for the SOP is currently being developed in two phases with a workshop planned for 1<sup>st</sup> September 2022. The need to fully engage on

the development of the SOP has meant the implementation of phase one is now planned for September 2022.

- Benchmarking of staffing resources across the trust CMHT's has been completed and a draft Capacity and Demand tool for CMHT's has been developed by GMMH Business Intelligence. There is no recognised national tool to support mental health trusts with this.
- We continue to engage with other providers across the country to learn from others, however to date there has been limited information made available to influence our future proposal for an effective and sustainable model of care in the community. Engagement nationally will continue.

### Concern 2:

- Monitoring of completion of CPA Reviews, Care Plans and Risk assessments continues to be undertaken weekly in the Care Group CMHT performance meeting. This continues to be an area requiring further improvement
- Trajectories for completion of Risk Assessments and CPA reviews have been developed to support achievement of 95% compliance for both of these core interventions.
- Compliance with 12 monthly CPA reviews is now at 85% and over for the central and south CMHT's.
- Additional support is being provided for senior staff new to the teams to embed the utilisation of MaST in supervision to support the monitoring of care plan and risk assessment completion for individual practitioner caseloads.
- The Trust wide Clinical risk assessment workshop took place on 25<sup>th</sup> July and a Quality Improvement Collaborative has been established to progress with the identified ideas for change. The first meeting of the group took place on 12<sup>th</sup> August with draft terms of reference agreed and monthly meetings arranged.
- A task and finish group has been established overseen by the Associated Director of Operations to progress further areas identified for improvement in telephony systems and processes within Manchester.

### Concern 3:

- A comprehensive and detailed review of all open safeguarding referrals was completed.
- Identification of a data quality issue of needing to close historical referrals.
- Work continues to review and close the remaining historical open safeguarding referrals. This is monitored twice weekly with an overall reduction achieved.
- Safeguarding process and procedure developed to support teams with clear escalation pathway for any cases likely to breach agreed timescales implemented.
- A number of historic and current safeguarding referrals continue to remain open longer than the target 28 days due to the requirement for ongoing clinical interventions to safeguard individuals and manage risks.

There has been system wide requests for support with this work namely with:

- Reduce the number of safeguarding referrals by an agreement with Manchester City Council to align safeguarding referrals to CMHT's to those other localities (Bolton, Salford, Trafford and Wigan) where only open cases are investigated by the CMHT's.
- Development and progress of shared care responsibilities with Primary Care and Mental Health Trusts.
- Development of a longer term Living Well collaboration for Manchester residents.

This immediate plan is reviewed weekly by the Chief Operating Officer and reported in to Trust Wide Executive Forum Quality Improvement Committee and GMMH Board.

On 12<sup>th</sup> July the Chief Operating Officer met with Councillor Tom Robinson alongside colleagues from MCC and the CCG to give a detailed update on the approach being taken to address the concerns. A report on the position has also been presented by the Chief Operating Officer at the Manchester Shadow Provider Collaborative Board meeting on 21<sup>st</sup> July.

The detailed action plan is being shared each month with colleagues within MCC and the CCG.

### Resilience for the CMHT's

The immediate actions are to be completed over the Summer however in addition to the action plan referenced above and identified by the CQC within the Central Manchester CMHT's, GMMH has recognised that further support is required to enable CMHT's to remain resilient and maintain safe and effective service provision whilst the overarching Community Transformation project continues to be progressed in line with the Mental Health Long Term Plan.

The Trust has engaged with Operational and Clinical Leads and staff side representatives to scope areas for inclusion within this resilience plan which will address key areas including:

- **Capacity & Demand:** Review current resources and response to demand and explore options for a Caseload Weighting Tool.
- **Model of Care Coordination:** Review sustainability of current model of care and explore alternative ways of working to deliver care within a new framework and key worker role.
- **Workforce:** Review sustainability of current model of care and explore alternative ways of working to deliver care within a new framework and key worker role.
- **Shared Care:** Improve CMHT systems for 'stepping down' and discharging patients who no longer require secondary care, including a consistent GM wide approach to deliver shared care with Primary Care services.
- **Leadership Support:** Provide a meaningful support programme that alongside training and supervision, includes mentorship for all new leaders across community mental health teams.

- **Risk Management:** Review the risk management documentation for community mental health teams supporting a lean, high quality and reportable procedure. Full implementation of the Management & Supervision Tool (MaST).
- **Learning from Incidents:** Review the risk management documentation for community mental health teams supporting a lean, high quality and reportable procedure.

Additional Senior Leadership resource has been employed to Lead this Resilience plan and work directly with the staff within the CMHT's. The trust will continue to work with partners to scope how the wider system can support the resilience of the CMHT's. We are looking to have the resilience plan agreed in September 2022 with implementation thereafter.

## Community Transformation

The Community Transformation project commenced in March 2020 to deliver the Key National Mental Health Long-Term Plan Deliverables and Targets for Community Mental Health by 2023/24. This program is multifaceted and includes the development of Primary Care Network Mental Health Practitioner roles, the development and roll out of Living Well models of care across all GMMH localities and the development of specialist core teams.

Manchester have successfully implemented Year one of the PCN practitioner programme, progressed year 2 recruitment with alternative roles in several PCN's and the development of the Living Well Model Business Case with an aim of commencing recruitment in October 2022 subject to agreement of the model. The design and development of the specialist core teams which will replace the current CMHT model is currently being designed with all Manchester system partners, including MCC, VCSE partners and additional VCSE leadership. This programme will support the longer-term sustainability of a comprehensive and responsive community mental health offer across the health and social care system.

There have been other community developments which have included significant Perinatal service and Eating Disorder service expansion and identification of a dedicated Personality Disorder pathway for Manchester.

The Trust already supports a small Community Transformation team to lead this work.

### 3.3 Primary Care

Across the Manchester locality there are 14 Primary Care Networks and during 2021/22 and 2022/23, in line with the NHS Long Term Plan and a 3 year transformation programme, work has been progressing to deliver integrated services in Primary care, as a result the progress can be summarised as below:

- 2021/22: 12.0 WTE Mental Health Practitioners were recruited and commenced in post.

- 2022/23: 3.0 WTE Trainee Associate Psychological Practitioners (TAPPS), 2.0 WTE Band 7 Mental Health Practitioners and 1.0 WTE Band 6 Mental Health Practitioner were appointed for Manchester PCN's.

A break down with the currently local position is below and continues to progress in line with the programme timescales.

Status	Primary Care Network	Locality	Appointed ARRS Role Year 21/22	Appointed ARRS Role Year 22/23
<b>MANCHESTER PCN SLA'S</b>				
	City Centre and Ancoats	North Manchester	Band 7 MHP	Band 7 MHP
	Miles Platting and Newton Heath	North Manchester	Band 7 MHP	Band 6 MHP
	Clayton, Beswick & Openshaw	North Manchester	Band 7 MHP	N/A
	Cheetham Hill and Crumpsall	North Manchester	Band 7 MHP	N/A
	Higher Blackley, Harpurhey and Charlestown	North Manchester	N/A	N/A
	Hulme, Moss Side, Rusholme & City South	Central Manchester	Band 7 MHP	N/A
	Ardwick & Longsight	Central Manchester	Band 7 MHP	N/A
	Gorton & Levenshulme	Central Manchester	Band 7 MHP	N/A
	West Central Manchester	Central Manchester	Band 7 MHP	N/A
	Robert Derbyshire (Better Health)	Central Manchester	Band 7 MHP	N/A

	Northenden and Brookland's	South Manchester	Band 7 MHP	Band 5 TAPP
	Wythenshawe	South Manchester	Band 7 MHP	Band 5 TAPP
	Didsbury, Chorlton Park and Burnage	South Manchester	Band 7 MHP	Band 5 TAPP
	Withington and Fallowfield	South Manchester		Band 7 MHP

### 3.4 Later Life Services in Manchester

#### 3.41 Extending Care Home Services

A pilot for rapid nursing assessments of people in 24-care settings for permanent residency or within the discharge to assess service took place across South Manchester. This pilot was funded by winter pressure monies to improve access to our services and integrate our services with our third-sector stakeholders. This pilot is currently being reviewed to identify the feasibility of continuing with this service to further develop this model to further improve accessibility and integration of our services in Later Life services in Manchester.

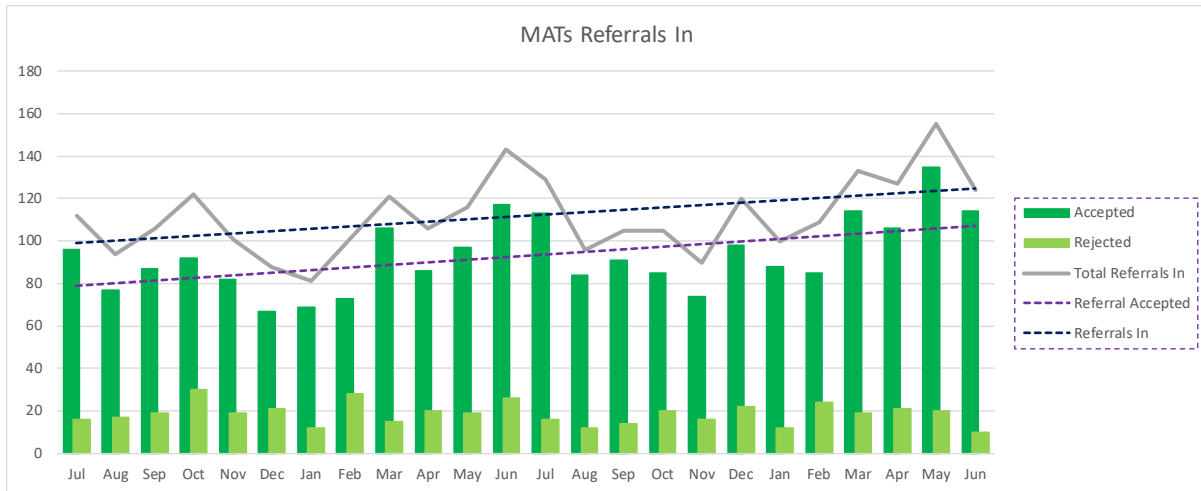
#### 3.42 Prevention of Depression

GMMH is currently engaged in a pilot to support the reduction in the number of older people developing depression in Manchester. This initiative is in collaboration with VCSE partners and will review the role of admiral nurse to minimise carer burnout and depression also.

All our community staff have had additional training and support in the management of depression and the formulation of psychological interventions to meet any identified need. This innovation supports and facilitate change and has led to the recruitment and volunteer development post and peer mentors for the service.

#### 3.43 Memory Assessment Teams (MATs)

The demand into the MATs team for Manchester services continues to increase within teams. The chart below highlights the increased trend and demand whilst recognising continued performance ensuring any referral for assessment receives a diagnosis and treatment within 12 weeks of referral. (National Target)



Below demonstrates the performance against the MATS RTT target for Manchester services.

	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
<b>MATS Diagnosis within 12 weeks</b>	82.9%	81.3%	76.4%	69.3%	74.2%	81.1%	89.4%	81.5%	92.4%	83.8%	78.3%	80.9%
<b>Numerator</b>	58	78	55	70	66	73	42	53	61	57	54	76
<b>Denominator</b>	70	96	72	101	89	90	47	65	66	68	69	94

### 3.5 Buzz Manchester Health & Well Being Service

Buzz Neighbourhood Health Workers continue to engage with thousands of Manchester residents and has allocated over the last year **£121,429** of the community development budget to projects across the city, by issuing start up grants whilst supporting groups to apply for sustainable funding, notably from the GMMH Manchester Wellbeing Fund.

The Wellbeing Fund continues to operate and has offered 704 grants worth £1.4million to local communities in Manchester since it commenced in 2017. Some examples of these grants for local communities include:

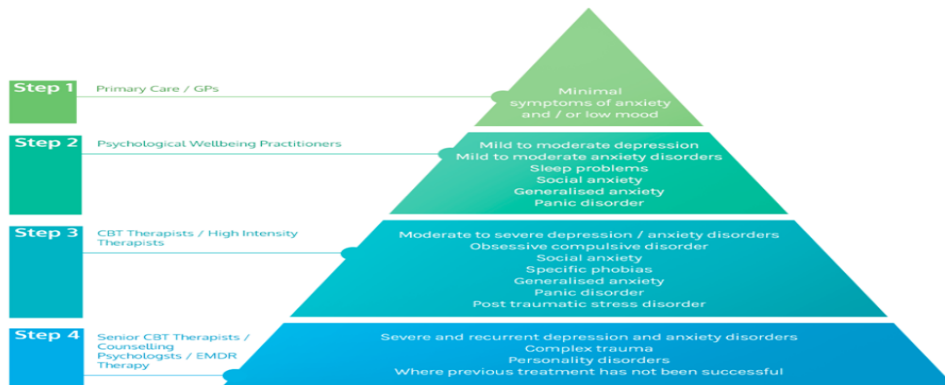
- Debdale Bowling group – Started out with a small grant for refreshments, the group has expanded and now has refurbished the local green and buildings.
- Singing groups have been established initially one through Lockdown now several across Manchester with 100’s of participants.
- Manchester Urban Diggers – initially a small grant to open up an allotment site, now running numerous projects.

GMMH was formally notified by Manchester City Council (MCC) of their intention to TUPE the buzz service over to MCC’s new community development service. There is currently no formal agreement of which staff will be in scope within the transfer. A GMMH steering group has been established to oversee the TUPE in line with the Trust Organisational Change policy.

### 3.6 Improving Access to Psychological Therapies (IAPT)

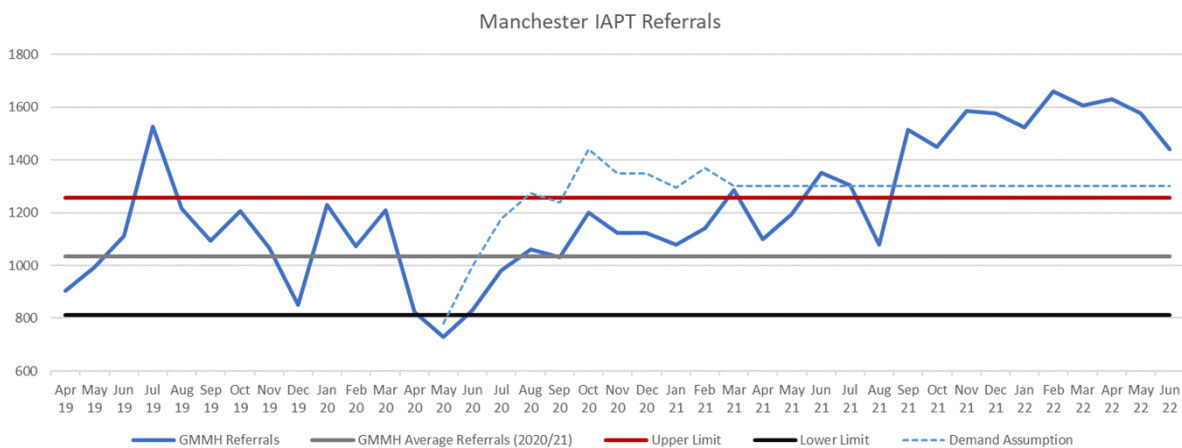


The GMMH Manchester IAPT Services have seen a high level of referrals at Step 2 (SHS) since May 2020. This has led to an increased number of referrals at Step 3 and 3+. The diagram highlights the differing levels within IAPT services.



The figure below shows the Manchester referrals received into GMMH. In 21/22 was 1412 per month, compared to 1037 in 20/21. However, comparing the 21/22 average with the Jan-June period of 22/23 demonstrates a further increase to 1566 per month, indicating the demand has increased and been sustained.

### IAPT Referrals Received



Discussions with locality leaders and SHS (Step 2 provider) around the current increased referral flow to GMMH continue. Manchester continues to deliver compliant performance on RTT at 6 and 18 weeks, and we are closely monitoring the effect that the continued higher referrals will have on the delivery of these. Recovery and Reliable Improvement rates at Step 3 have continued to improve also. The service has also recently launched the GMMH Post Covid Syndrome service in Manchester, accepting referrals and working with people who have covid related issues.

### 4. Inpatient Service provision - GMMH Healthier Patient Pathways Programme

Following significant Capacity Challenges for Inpatient Hospital Admission beds, the GMMH Chief Operating Officer commissioned a deep dive review in April 2021. The following points were highlighted:

- 7th highest position nationally for the use of beds.
- Joint highest in the North West for bed occupancy.
- Averaged more admissions per month, when nationally benchmarked.
- Consistently admitted more people than discharged.
- LOS increasing in all divisions, barring Bolton.
- Increasing OAPS (23 and a further 20 locally monitored) above the IS contract and NWBB (North West Bed Bureau).

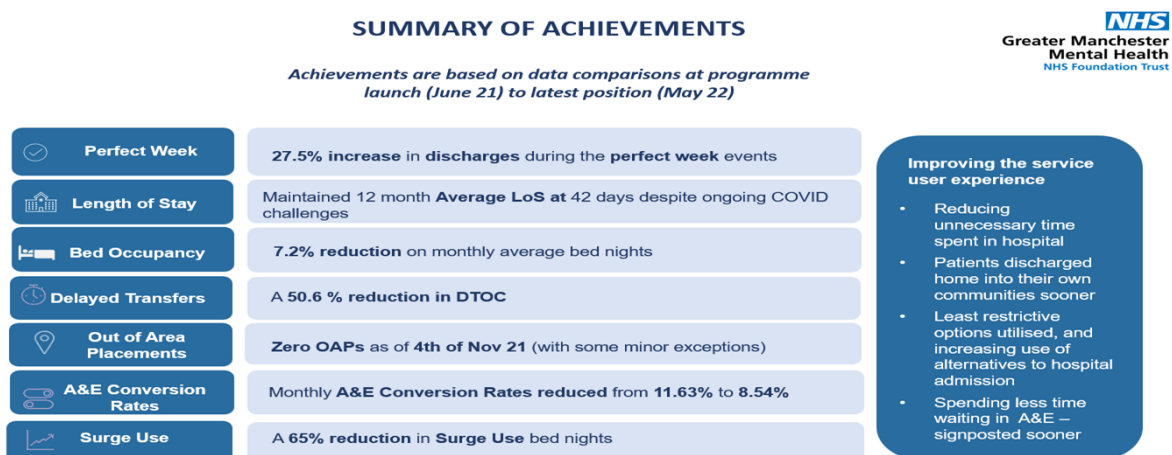
From this deep dive a Program Board and Governance structure was designed to deliver improved systems, approaches and outcomes in relation to GMMH bed capacity and flow and to:

- Improve patient, carer, and staff experience
- Ensure that each day adds value to the patient
- Provide safe care at the right place, at the right time, utilising least restrictive principles
- Eliminate Out of Area Placements and provide care closer at home
- Deliver the safest care, in the least restrictive environment
- Build and Strengthen relationships with system wide partners
- Improve staff well-being and motivation
- Timely resolution of challenges and effective use of staff time

Themes and workstreams developed to deliver the outcomes were:

- A patient flow system to support the delivery of Best Care Every Day
- Reducing Delays in Hospital (DTCO)
- Improving pathways when the first point of contact is A&E & urgent care
- Delivering Pathway Excellence
- Releasing Time to Care

### Outcomes from the Programme:



At the time of writing this report, there are 24 DTCO for Manchester residents. There continues to be areas of challenge for delayed discharges which have required:

- Focussed work regarding people who have LD and/or Autism
- Complex Needs placements for MH and Complex Dementia
- Review of the market to increase accessibility of services based on current needs of service users, specifically supported living placements.
- A review and a revise of the funding panel processes for Manchester.
- We are working with MCC and Turning Point to provide a team to support people who are able to move on from supported living placements into independent tenancies to free up capacity for current inpatients who are delayed awaiting placements.
- Additional Patient Flow led meetings with CMHT Service Managers to undertake essential action to remove barriers to discharge.
- Discharge Scheme services have continued to be commissioned from third party stakeholders and VCSE providers to provide pre-discharge housing support, tenancy support, quick access to funds for deep clean, food vouchers and temporary hotel accommodation and minor repairs/household essential items.

#### 4.1 Park House Rebuild

Plans for the replacement of Park House, to be called North View, are moving on apace. The demolition of the Manchester Foundation Trust buildings on the site is almost complete, with the land being transferred to Greater Manchester Mental Health Trust to begin construction work within the next few weeks. The construction is anticipated to take around 23 months, followed by a 3-month commissioning period to prepare the building for occupation, with the opening scheduled for Autumn 2024. The build is also enabling a system review of it's current rehab provision to repatriate this capacity within the community and develop peoples independence within a community setting.

The North View development programme is governed by a Project Board, with 11 workstreams, including Design, Clinical/Operational, Digital. These report monthly into the Project Delivery Group, which is accountable to the Project Board, with diverse representation on all the workstreams, ensuring appropriate technical expertise, user involvement and experience to ensure that the potential of the building and all the services delivered within it are maximised. In addition to membership and engagement through the workstreams, views of service users and staff are sought through conversations, workshops, on-line polls, and workbooks on issues as diverse as the layout of the bedrooms, shape of door handles, uses of technology for service users on wards. Information on progress is available to staff, service users and the public on the Improving Health in North Manchester pages of the intranet and internet.

### 5. Priorities

Priorities agreed within the development of the GMMH 2022/2023 Business Plan are:

1. Winter Planning
2. Expansion of provider collaborative approach
3. Park House new build development

4. Workforce recruitment, retention, and expansion
5. Community Transformation
6. Adult Acute Mental Health Care & Crisis Care
7. Development of a new Housing Strategy.

## 6. Recommendations

The Health and Scrutiny Committee are asked to:

- Note the summary of this report.
- Advise of any further information required.