

Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	Mental Health Transformation Programme	Programme RAG	
Programme SRO	Tom Hinchcliffe, Deputy Place Lead	Date/Version/Author	Caroline Cain, Interim Deputy COO, GMMH
Programme overview, aim and outcomes.	In 2024/25, a Manchester system wide recovery plan has been developed that will focus on improving outcomes for people in Manchester presenting with a range of MH problems. This includes reducing patients in acute beds who are clinically ready for discharge, improving flow and providing a greater oversight of patients who are in Out of Area Placements. In the longer term the programme will develop the future model for mental health services in the community, with a focus on prevention, early intervention and the primary/secondary care interface will be developed and linked to the GMMH clinical strategy.		
Benefits / measures of success – linked to aim	Work is taking place to articulate the benefits as measurable outcomes for service users that will be in line with: 1) Reduce out of placements by 33% by end of March 2025 2) Reduce long of stay for people clinical ready for discharge to improve patient flow working with system partners including VCSFE by end of Nov 2024 3) Develop a home first model to reduce the No. of people requiring specialist placements/supported accommodation by end of March 2025, 4) Review the provision of Mental Health Liaison Teams to be able to respond to people who present at AED 5) Work collaboratively to develop an early intervention and prevention strategy based on population need 6) Workforce modelling to reflect the demand and needs of the people with a serious mental illness 7) Implementation of the Community Mental Health Transformation model of care.		

Overall Programme progress summary

- The recovery plan has been developed, SRO identified and further work to agree the governance architecture, agree patient, system and organisational outcomes and project support.
- Programme includes nine workstreams covering resourcing, clinical leadership, housing, step-down capacity, the CMHT model, the primary/secondary care interface, the panel and MADE processes and the CERN pathway. Many of these workstreams are already underway and the plan will provide a single view of all improvement and transformation work and also link with existing governance for GM and GMMH wide transformational schemes that impact the Mcr system and flow so not to lose sight but nor duplicate (eg North View, CMHT transformation).
- System-wide strategy board established, chaired by DPL and bringing together GMMH, MCC ASC, ICB commissioners, NHSE. Weekly meetings commenced 10 July.
- Operational structures being reviewed to align with this model.
- Additional programme support sourced from central ICB MH commissioning team. In place 26 June and embedded in Manchester system.
- Additional resource in GMMH/Manchester control room identified and STAR process underway to agree funding.

Issues / Challenges highlighting any for discussion at PCB

Time to deliver is a risk as the CRFD and OAPS improvement trajectory is expected by 30.3.25
 Need to identify how best to use UEC capacity/discharge funding to support mental health
 Senior leadership changes in GMMH create a risk. Need to maintain executive level oversight over coming months.
 ICB funding constraints for acute inpatient services commissioned through the NWBB which may result in a reduced bed based and further increase in OAPS
 Housing is a significant barrier, with a lack of accommodation options (including supported) for people with complex needs. Programme of medium/long term work

Locality Performance Oversight metrics	Target	Latest	Change	Programme comments
• Inappropriate adult acute mental health Out of Area Placement (OAPs) bed days	31	4,515 (Mar 24)	▼	31 is a GM wide target
• Long length of stay for adults (MH patients over 60 days)	0	55.6% (Mar 24)	▼	See highlight reports (slide 5)
• CRFD improvement trajectory	40.7	tbc		Trajectory agreed in principle, performance improvement plan under development

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Recover Plan workstreams	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables
Agree recovery programme aims and objectives, improvement programmes/projects and governance	End Aug	Tom Hinchcliffe / Bernie Enright, NB, SW, LS, BH	CRFD improvement trajectory to be agreed and performance improvement plan to be developed (Mcr recovery plan) OAPS improvement trajectory to be agreed and performance improvement plan to be developed (Mcr recovery plan) Programme scope and governance to be agreed All to be agreed through system partner governance Identification of project resources to support delivery Agree approach to service user and carer involvement		CRFD improvement trajectory agreed OAPS improvement trajectory agreed Programme scope and governance to be agreed Performance improvement plan for CRFD and OAPS included in overarching Mcr recovery plan Governance started to be developed SRO agreed Enhanced Recovery Team – Phase 1 work commenced October 2024.
Integrated Discharge Team (inc OAPS clinical oversight)	End Aug	Tom Hinchcliffe / Bernie Enright, NB, SW, LS, BH	Agree an IDT model and agreed outputs Funding and recruitment options confirmed STAR form complete		Model agreed Hosting/ employment arrangements agreed Costs provided by GMMH. To be approved by ICB CMO
ICB CMHT review (post Shanley)	TBC	ICB	Scope to be developed and agreed Leadership to be agreed		
Housing Address housing as barrier to discharge	TBC	James Williams / Martin Oldfield (MCC)	Identification of suitable sufficient accommodation to move on those CRFD where housing is a barrier to discharge. Updates to be provided at GM MADE		
Additional bed capacity	Aug 24	Fiona Meadowcroft / Juliet Eadie / Sandy Bearing	Identification of appropriate beds for step down to reduce CRFD and improve flow and reduce OAPS Mobilisation of capacity		Willows Green identified for 20 beds CQC registration in the process of being changed from acute to step down beds Patients being identified
Purpose for admissions	TBC	DR, ZD,BH,NB	Establish a purpose for admission group, identify improvement objectives and delivery plan. Review and improve S12 and AMPH access		Weekly review of liaison activity completed to identify variation Review undertaken on MHA on admission by CW

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Workstream	Timescale	Lead	Actions and Deliverables	RAG	Progress against key deliverables and general update (linked to overall project objective)
Streamline processes	July 24	Christian Walsh (NHSE) / Bronwen Maxwell	<p>Funding and recruitment options to be confirmed, and recruitment started.</p> <p>Rapid, safe and appropriate discharge for patients back to community, with access to primary care and community resources. For patients in OAPs, the first stage may be repatriation into a local bed.</p> <p>Following discharge, patients will be handed over to an identified care co-ordinator in the CMHT to manage ongoing care.</p>	TBC	TBC
CMHT effectiveness	Ongoing	Carol Harries, Bridget Hughes	<p>Test of change, Waiting list management, unallocated hub, recruitment and sustainable service offer, CMHT transformation, CPA review, timely support to inpatients (CAA)</p>		<p>Unallocated hub operational, reduction in waiting lists and unallocated cases evidenced, CMHT transformation proposal in development, Tests of change underway to inform transformation</p> <p>SOP development October 2024.</p>
Review of patient flow processes inc 3 Tier Multi Agency Discharge Event (MADE) process to enable easier identification and management of complex cases.	Immediate action	Tom Hinchcliffe	<p>Review of MADE structures (local and GM) to ensure fit for purpose</p> <p>Review of patient flow oversight process</p> <p>Introduction of complex case panels</p> <p>Involvement of Rehab Division in all delayed discharges</p>		<p>GM MADE review commenced</p> <p>Changes implemented to local MADEs</p> <p>Internal GMMH PTLs now chaired by AMD</p> <p>Rehab division represented at internal flow and MADE events</p> <p>Long LOS meetings in place to offer advice and support</p> <p>Complex case panels in place</p> <p>Enhanced Recovery Team – Phase 1 work commenced October 2024.</p>
Primary/Secondary Care interface Review of escalation/secondary prevention/intermediate care approach, and work with primary care on primary/secondary interface.	End Q3	Fiona Meadowcroft / Sarah Follon	<p>Assessment of the possibility to use Willows Green to provide up to 20 additional beds in Manchester, as step down and transfer CRFD.</p> <p>GMMH discharge co-ordinator to support.</p> <p>Identification of other possible stepdown beds across GM.</p>	TBC	TBC
Develop CERN pathway	TBC	Nishan Bhandary (GMMH)	<p>Agree scope, timescales, and deliverables</p> <p>Consider links to GMMH clinical strategy</p>		

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GMMH inpatient reform	Dec 24	AK, BH, NB, Swil, SG, DG	Ensure inpatient services are fit for purpose and in line with best practice, reducing unwarranted variation Effective systems and process Delivery of the 10 discharge initiatives best practice principles in inpatient MH care	Green	Healthy patient pathway launched GMMH clinical strategy commenced Clinical senate launched Clinical director for inpatients recruited Head of ops for inpatients and matron recruited Link to North View (model of care and transformation)
CMHT transformation		CMHT trans team, MCC	Deliver community transformation work inc Living Well	Green	Community transformation work underway governed through Community transformation board
Strategic PICU review	TBC	MH, GC, SW	Agree and deliver the GMMH strategic PICU review in line with NAPICU guidelines to reduce unwarranted variation, ensure PICUs delivered as per national best practice.	Blue	Initial data collection complete Clinical leads identified Scoping meeting agreed for Mid August
UEC/ Discharge and capacity schemes	Aug 24	TH,SW,BH,PT	Review of current schemes for effectiveness Agree funding for 24/25 to include appropriate inflationary uplifts Funding to be reviewed in ligh of actovoty levels in GMMH wide schemes and Shortfall in NWBB.		Evaluation of schemes complete Mcr system submitted fundings to GM for 24/25 (short fall remains for MH schemes and Mcr activoty levels)
Funding applications and panel processes			Review panel process, identify improvements required in applications sent for funding, agree funding application and panel improvement objectives with agreed timescales		Review undertaken on MHA on admission by CW

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Early Intervention in Psychosis	April 25	BH	Ensure team is fit for purpose and operating and commissioned in line with NICE guidelines to reach level 3 compliance as per national expectations. Investment in EIT service to be agreed		Gap in funding identified Improvement plan to reach level 3 NCAP rating developed Identification of patients awaiting transfer to CMHT
Delivery of GMMH Improvement and Financial Sustainability plan (linked to NOF 4 and exit criteria)	April 25	KH,SR,BH ,NB,JF	Improvement and financial sustainability plan developed		Improvement plan reports through System Improvement Board FSP plans developed
Crisis service developments: GM/ GMMH Wide 111 press 2 MH ambulances Mh practitioners in control room Home Based treatment team Right Care, Right Person	April 25 September 24	DR, ZD, ICB, NWAS	Delivery of GM Crisis service business case Helpline developments to support 111 press 2 MH ambulance recruitment and launch with NWAS Mobilise practitioners in NWAS EOC Review of HBTT in line with core fidelity and Royal college quality standards Delivery of S136 improvement plan Successful go live 30 th September 2024		111 press 2 went live April 24 MH ambulances went live May 24 MH practitioners in EOC test of change – now complete Review of historical investment into S136 services underway (GMMH and ICB) – ongoing. S136 improvement plan developed Right Care, Right Person, implemented. Daily huddles GMMH, daily partner huddles to continue 2 weeks post go live.
Patient Flow processes	August 24 and ongoing quarterly	DW, BH,NB, SG	Review of patient flow oversight process : Review effectiveness of new system quarterly Introduction of complex case panels Involvement of Rehab Division in all delayed discharges		Revised processes inc MADE and PTL Weekly All 60+ LOS reviewed and actions MADE meeting including LA and ICB colleagues. NWBB/OAPS meeting reviewed and actions CO/CRFD and all Manchester patients in other GMMH beds reviewed. OAPs meeting chaired by ICB Enhanced Recovery Team – Phase 1 work commenced October 2024.