

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 November 2018

Subject: Manchester Mental Health Transformation Programme

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

Summary

This paper provides the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper covers an update on progress made since January 2018, or 22 months since the acquisition, of the transformation programme, organisational change and development.

Recommendations

The Health Scrutiny Committee to note the contents of this report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	GMMH are leading the way in terms of apprenticeships and supporting apprentices across the organisation (significantly above other north west providers).
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The development of Improving Access to Psychological Services (IAPT) has and will continue to be informed by an equality impact assessment to ensure service expansion and service offer reaches out to all communities and enables recovery
A liveable and low carbon city: a destination of choice to live, visit, work	

A connected city: world class infrastructure and connectivity to drive growth	
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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.

-On 30th January 2018, the Health Scrutiny Committee received a report on 12 month progress of the transformation of services since the acquisition of services by Greater Manchester Mental Health NHS Foundation Trust

1.0 Introduction

The intention of this paper is to provide the Health Scrutiny Committee with a progress report at 22 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.

2.0 Background

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.

The outcome a 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 (GMMH).

This paper provides an update to the board on current service delivery for the trust, the progress made in the transformation programme and summarises where future service development is required.

In summary, the changes made have resulted in the expansion of some services and pathways of care (highlighted in section 3). Key performance indicators for these services (outlined in section 4) are showing increased access to services with reductions in waiting times. The mental health care services in Manchester are enabling people in need of acute mental health inpatient care to receive this within the city or within Greater Manchester, thus reducing the need for the use of out of area beds. Commissioners and GMMH believe that consistent improvements in performance will continue to be seen in the new calendar year when the new models of care will be fully operational and when patients will begin to experience the difference in service offer, as outlined in section 3.

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 - the safe transition of services and the transformation of services in line with the Mental Health Improvement (MHIP) Programme/specifications, and placed based care.

The priority MHIP pathways, which form the current scope of the transformation programme, and are within the NHS 2 year contract awarded in 2017 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

In addition to the transformation programme agreed with MHCC, GMMH are also undertaking service developments aligned to Greater Manchester (GM) transformation workstreams, including:

- The development of 'Core 24' compliant Mental Health Liaison Services in acute trusts, ensuring specialist 24/7 mental health expertise is available in A&E departments and wards in acute trusts for the provision of assessments, interventions, care planning and training/advice.
- The provision of a Children and Young People's 'All Age RAID' /Mental Health Liaison Service in Acute Trusts, as an extension to existing Liaison Services which are for people aged 16 years +.
- The development of a Specialist Perinatal Community Mental Health Team for Greater Manchester to safely and effectively meet the needs of mothers with serious mental illness and their infants in a community setting using a recovery model. This service is delivered by GMMH.
- The delivery of a homelessness trailblazer project to improve access and assessment for homeless people in Manchester.

3.0 The transformation programme – A summary of achievement

GMMH have delivered transformation via a series of Transformation Working Groups (TWG). Each TWG is focussed on delivering the priority areas for clinical transformation and service Improvement. 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
- Acute Care Pathway, including:
 - Access to Services/Single Point of Contact (SPOC) TWG
 - Enhanced Community Mental Health Team(s) (CMHT)TWG
 - Home Based Treatment TWG
- Urgent Care, including:
 - Mental Health Liaison into Acute Trusts TWG
 - Section 136 Facility TWG
- Reduction in Out of Area Placements, including:
 - Adult Acute and PICU Inpatient Out of Area Placements (OAP) TWG
 - Rehabilitation Pathway TWG
- Community Engagement TWG

Table 1

Clinical Transformation Work Streams	Link to MHIP	Services in Scope	Timescales for delivery – GMMH to input
Improving Access to Psychological Therapies (IAPT) including: Step 4 Psychology	Integrated Care Pathway for Common Mental Health problems	Primary Care Psychological Therapies	Transformation programme complete, now business as usual with routine operational and performance management.
Acute Care Pathway (ACP) including: <ul style="list-style-type: none"> ▪ Single Point of Contact (SPOC) ▪ Home Based Treatment (HBT) ▪ Enhanced Community Mental Health Team(s) (CMHT) 	Access to Services which enables effective triage and access to right care	Gateway Team Primary Care Hub 3 Home Based Treatment Teams 6 Adult CMHT's 3 Older Adult CMHT's	Enhanced Community Model to be fully operational November 2018.
Urgent Care including: Mental Health Liaison into Acute Trusts Section 136 Facility	Integrated Pathway for Acute crisis	3 Liaison and Emergency Department Mental Health Teams	Liaison transformation ongoing in line with GM programme. S136 suite at NMGH opened 2 nd July 2018.
Reduction in Out of Area Placements (OAP's) including: Acute inpatient Care, Psychiatric Intensive Care Unit Rehabilitation Pathway and reduction in OAP's.	Integrated Pathway for rehabilitation from psychosis and severe and enduring mental health problems	Adult Inpatient Wards Psychiatric Intensive Care Wards Rehabilitation Wards and Community Provision	Progressing in line with trajectory to eliminate OAPs by 2021.
Community Engagement including: <ul style="list-style-type: none"> • Enabling co-production • The Manchester Wellbeing Fund • Community Wellbeing Hub 	To confirm the mental health offer within the LCO Stakeholder and service user engagement	CMHT's Recovery Services	

A positive outcome of the acquisition process has been a shared understanding and position between MHCC and GMMH of what services and KPI's should be delivered from the block contract following acquisition. This has enabled an analysis of gaps between what was required to deliver the stretch targets and service expansion outlined in the Mental Health 5 Year forward view, and how this expansion and new resource dovetails with the transformation programme.

Commissioners have monitored delivery of transformation as part of the contract process and the detail of what has been delivered as a result of these working groups is outlined below:

3.1 Improving Access to Psychological Therapies (IAPT)

3.1.1 Summary of Progress to Date

Objective	Progress to date
<p>Revised clinical model developed with stakeholders which meets prevalence requirements for Manchester.</p>	<p>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. The refurbishment of Harpurhey Day Centre to enable the provision of a range of groups and activities to support health and wellbeing in the local community.</p> <p>Redesigned the pathway to optimise early opportunities to facilitate self-management & secondary prevention.</p> <p>Stepped care 'IAPT Plus' model to improve patient flow through the pathway, manage resources more efficiently & meet the needs of service users more effectively.</p> <p>Delivered a Citywide single point of access to Step 2 & Step 3, ensuring easy access for service users and referrers, consistent triage / assessment and referral to the most appropriate service in a timely way.</p> <p>Working in partnership with Third Sector providers.</p> <p>Providing a sustainable solution to achieve consistent performance against the range of national and local metrics.</p> <p>Implementation of a waiting list initiative to address historical long waits in former Step 4.</p> <p>Business case developed and approved to meet 19% prevalence in 2019/20, in line with the national target.</p> <p>Invested in a new clinical recording system that is easier for staff to use and supports the efficiency of clinical delivery.</p> <p>Capital works have taken place to utilise Chorlton House as an IAPT Hub, ensuring improved access for service users.</p> <p>Invested £850K in the redesign of Harpurhey to develop the community wellbeing hub, with provision of 10 dedicated IAPT counselling rooms alongside the continued provision of a range of groups and activities to support health and wellbeing in the local community.</p> <p>The IAPT Division and Estates have sourced an appropriate property,</p>

well placed within the south locality.
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3.1.2 Summary of Impact and Outcomes:

- In the last year we have seen a 26% increase in the number of people receiving help from Manchester IAPT services.
- An overall reduction of waiting times by 13% and recovery rates improving by 24% meaning more people being seen sooner and with better outcomes.
- Sustained improvement against the 18 week wait target, August position is 94.9% against 95% target.
- Improved accessibility via the single point of access – improving the experience for service users and more effective referral pathways for GPs.
- Increased provision of clinical venues across the city to ensure easier access for service users and promoting care closer to home
- All service users on Step 4 waiting list to be offered therapy by January 2019.
- Mobilisation of business case, all posts now recruited to and staff in post by early 2019.

3.1.3 Next Steps:

A workshop was held on 16th October 2018 facilitated by MHCC with 3rd sector partners to explore how GMMH can work together and in partnership to deliver the required future prevalence targets of 25% by 2021.

3.2 Acute Care Pathway (ACP)

Improving access and moving health provision into the community, supporting care closer to home and providing the best treatment in the right place at the right time is fundamental. This is enabled by transformation of the acute care pathway to provide accessible, locality-based services that will promote improved interface and Multi-Disciplinary team working between Primary Care, CMHT, HBT and inpatient services.

3.2.1 Summary of Progress to Date

Objective	Progress to date
Acute Care Pathway (ACP) including: <ul style="list-style-type: none"> • Single Point of Contact (SPOC) • Home Based Treatment (HBT) • Enhanced Community Mental Health Team(s) (CMHT) 	<ol style="list-style-type: none"> 1. <u>Single Point of Contact (SPOC)</u> <ul style="list-style-type: none"> • Delivery of a clinically-led single point of contact which will ensure service users are directed to the correct service in a timely manner. • Workshops held to identify improvements to the model, included representation from General Practice, the GP Federation, Primary Care and GMMH staff. • Task and finish groups have now been established to implement improvements, including timely feedback to referrers and rapid access to clinical advice, improved clinical information gathering and revision of the duty system. 2. <u>Home Based Treatment (HBT)</u> <ul style="list-style-type: none"> • Provision of a seamless urgent care pathway between inpatient

services and the CMHTs. This pathway supports service users to receive care and treatment in the least restrictive environment and avoid hospital admission. Additionally, the model promotes facilitation of early discharge and a corresponding reduction in length of stay.

- Organisational change process has been followed for staff to integrate gatekeeping functions and night time practitioners into HBT, providing an additional 14 staff.
- Established 3 Home Based Treatment Teams aligned to Divisions, with the capacity to provide up to 3 home visits per day. From November 2018 all 3 Teams operate over 24 hours, 7 days per week.

3. Enhanced Community Mental Health Teams (CMHTs)

- The Trust has developed an enhanced community model (ECM). This includes the provision of a 7-day stepped care CMHTs, offering care and support to those service users with severe and enduring mental illness.
- Consulted over 400 staff and commenced organisational change to deliver the ECM. Teams integrated into CMHTs to ensure a service that is responsive to individual's needs.
- Daily planning meetings introduced which will ensure a rapid effective intervention responsive to service user's needs, including the capacity for increased support and up to 3 visits per week from familiar staff.
- The CMHTs are aligned to the neighbourhood model of the Manchester Local Care Organisation.
- Improved work with service users and carers to promote recovery focused care.
- Increased number of physical healthcare workers in each team, thus improving physical health and interventions offered.
- Enhanced the support offered to service users who are being transitioned back to primary care through the offer of a comprehensive review of needs.
- Developed and agreed an agile working procedure for staff and invested over £300K in mobile devices to allow staff to work flexibly, improve efficiency and improve the clinical offer for service users.
- Early Intervention Services relocated to new accommodation in North and Central Manchester to be nearer the community they serve.
- Completed a review of all community accommodation, to improve access to service users and provide care closer to their homes, recommendations now being progressed.
- Strengthened liaison with GPs via lead consultant delivering GP practice visits in all divisions and regular updates to LMC.
- Developing model to provide an identified link worker for GP practices with the role of the link worker clearly articulated, to improve communication and outcomes for service users.
- Dedicated time on a weekly basis to enable GPs to discuss

	<p>individual cases with consultants. It is anticipated this will be in place by December 2018.</p> <ul style="list-style-type: none"> • First Episode in Psychosis services (Early Intervention Services) now integral to Manchester services within GMMH, following transfer of services from RDASH and are funded to meet NICE concordat care and the 2 week waiting time requirements in line with the national requirements. • Working with Self Help Services and Turning Point to incorporate the Sanctuary and Crisis Point crisis beds into the Acute Care Pathway.
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3.2.2 Summary of Impact and Outcomes:

i. Access to Services – Single Point of Contact (SPOC)

- SPOC receives and processes over 1400 referrals per month.
- Providing a simplified system, understood by GPs and Primary Care.
- Improved clinical overview of referrals to ensure service users receive the right care, in the right place at the right time.
- The IT system interfaces with the primary care CCG system and the Local Authority system MiCare.

ii. Home Based Treatment:

- Providing 3 HBTs, aligned to Divisions, with clear MDT working with CMHTs and inpatient services, ensuring a seamless care pathway between services for service users.
- From the 5th November HBT will provide a 24/7 service offering up to 2 home visits per day, thus offering a genuine alternative to inpatient admission.
- Between April 2017 and July 2018 there was a 60% increase in HBT referrals.
- It is anticipated that the transformed HBT offer will contribute towards:
 - Reduced number of inpatient admissions
 - Reduced length of stay in hospital
 - Reduced number of readmissions
 - Reduced number of out of area placements
 - Reduced number of service users who are known to services who present at A&E.

iii. Community Mental Health Teams:

- Integrated service that is more accessible and easier to navigate for service users, with less transition points and therefore fewer assessments
- Consistent clinically led care pathways leading to better outcomes for service users.
- Daily MDT planning meetings support identification of at risk service users and allow responsive support.
- Service users receive more intensive support at times of greater need from familiar staff
- CMHTs aligned to LCO neighbourhoods to ensure effective inter-agency working.
- In the last year 774 service users in Adult CMHTs with identified poorer health outcomes have benefited from enhanced physical healthcare provision.
- There has been a 50% reduction in consultant caseloads from January to September 2018 and 60% waiting list reduction in the same period. This has

released consultant clinical capacity to provide greater input to service users under the CMHTs with a higher acuity of need.

- Rapid re-access to CMHTs for patients who are deteriorating/ relapsing and improved link for GPs to contact Consultant Psychiatrists for support and advice.
- Provision of accessible services close to where service users reside.
- Strengthened relationships between GPs and mental health specialists to improve service user care and experience.
- People in crisis who have non-clinical but significant support needs receive crisis support and are diverted away from A&E.

3.2.3 Next Steps:

The process of embedding the new system within a culture of quality across all Community Teams is ongoing and it is anticipated that changes will take time to fully embed within teams. Plans for the delivery of a 7-day CMHT service and a full evaluation of the Transformation Programme are being considered. Furthermore, teams are engaged at a strategic and local level with the LCO to consider what the mental health offer will be going forward.

3.3 Urgent Care

Mental Health Liaison into Acute Trusts

Delivery of 'Core 24' compliant Mental Health Liaison Services ensures service users receive timely access to care and treatment from mental health professionals when presenting within acute trusts.

Section 136 Facility

A Section 136 suite is a dedicated mental health unit for the reception and assessment of service users detained by the police under Section 136 of the Mental Health Act (1983). Prior to July this year the city of Manchester did not have a dedicated Section 136 facility.

3.3.1 Summary of Progress to Date

Objective	Progress to date
To develop a clinically effective and sustainable model of care delivery as an interim position, pending GM transformation funding to ensuring compliance with Core 24	<ul style="list-style-type: none"> • Identified internal investment and Transformation Fund to recruit additional staff to provide more timely assessments and interventions and support achievement of 24/7 coverage at each hospital site and not just A&E. • Senior clinical leadership secured at each site to inform service development and ensure services are clinically led and operationally partnered. • Worked with stakeholders to co-produce a revised model for service delivery of a single liaison team at each hospital site. • Engaged with Greater Manchester Police, North West Ambulance Service and other stakeholders to inform and develop the clinical model, with a focus on supporting those who frequently attend.

Standards.	<ul style="list-style-type: none"> • Led on the co-production of a GM wide business case for the delivery of 'Core 24' compliant liaison services across GM, including the three core Manchester hospitals. Phasing and release of funding agreed as follows: <ul style="list-style-type: none"> ➢ MRI – September 2018 ➢ NMGH – September 2019 ➢ Wythenshawe – April 2020 • Mobilised service development at MRI
GMMH to deliver a fully operational Section 136 Suite at the NMGH site	<ul style="list-style-type: none"> • Opened first Section 136 facility for city of Manchester at NMGH on 2nd July 2018. Capital build completed and additional staff recruited to support service. • The suite is aligned to the Psychiatric Assessment Ward, SAFIRE Unit at Park House. The Police Triage Helpline has been transferred to SAFIRE Unit to ensure experienced staff can support and advise police.

3.3.2 Summary of Impact and Outcomes:

- Provision of specialist mental health assessment with an effective care plan at first presentation.
- Positive impact on A&E performance and wait times.
- Ensured re-attendances are reduced by providing enhanced care plans for frequent attenders at A&E in order that they receive appropriate care and support.
- Reduced re-attendance for Identified cohort of frequent attenders at A&E, as below:
 - North Manchester – 38%
 - Central Manchester – 37%
 - Trafford and South Manchester – 27%
- Dedicated place of safety, rather than detention in an inappropriate setting, therefore resulting in improved patient experience.
- Reduction in the length of time people in distress wait for an assessment, intervention and treatment.
- Reduction in the time and resources needed by police and acute trusts by diverting people in crisis away from busy A&E departments to a therapeutic space.
- There have been over 80 referrals in the first 9 weeks of operation.

3.3.3 Next Steps:

A presentation is being prepared for the Greater Manchester Combined Authority and the Mayor's Office on the Manchester urgent care system and progress and next steps following acquisition. This will be delivered by the Executive Director of Nursing for MHCC and the Executive Director of Operations for GMMH.

Service developments will be mobilised at NMGH and Wythenshawe in line with the agreed GM phasing.

3.4 Reduction in Out of Area Placements

Out of Area placements continue to be a pressure across GM. In Manchester findings show that this is in part due to an increase in demand for Adult Acute and

PICU beds, a higher Length of Stay (LoS) with up to 50% of beds used for patients with LoS in excess of 50 days against the national average of 28-30 days.

3.4.1 Summary of Progress to Date

Objective	Progress To date
<p>Reduction in Out of Area Placements (OAPs) including:</p> <ul style="list-style-type: none"> • Acute inpatient care • Psychiatric Intensive Care Unit (PICU) • Rehabilitation pathway 	<p>GMMH has instigated a number of developments, including:</p> <ul style="list-style-type: none"> • Appointed a Strategic Lead for Patient Flow Development and Delivery in June 2017 • Executive Director of Operations for GMMH is leading a Greater Manchester wide OAPs workstream which is accountable to, and reports into the GM Adult Mental Health Delivery Board. • A 10 point action plan has been developed to eliminate OAPs by 2021 which includes: <ol style="list-style-type: none"> 1. Whole system collaboration 2. Agreed GM definition and trajectory 3. Patient flow data set and monitoring arrangements 4. Standards of acute care pathway fidelity 5. A GM Bed Bureau 6. Responding to crisis 7. Collaborative community housing options 8. Learning from other areas 9. Evaluation with service users, their families and friends 10. Costs and system to reduce OAPs • Robust systems are now in place to monitor patient flow. • Weekly performance monitoring meeting chaired by the Director of Operations to review use of all OAPs including costs, supported by a weekly report to the Executive Management Team • Weekly reports for local leadership teams to support the management of patient flow. • Daily capacity reports are provided to the Associate Director of Operations from services with plans to create capacity built into the day's contingency planning with all clinical staff supported by a daily conference call led by the Associate Director regarding current capacity, contingency and plans. • Bed management procedures have been reviewed and updated to Include weekly action focussed bed management meetings chaired by the Strategic Lead in which all patient discharge plans are reviewed to identify barriers to discharge and progress actions • The Bed Management Bureau, which is being planned will provide a patient flow and capacity management system, retaining a 24 hour overview of bed capacity and demand to support optimum bed usage efficiency with no service

	<p>users being admitted to an OAP unnecessarily.</p> <ul style="list-style-type: none"> • GMMH have invested in a provider wide bed management system (IPFM system and central hub) • Expansion of acute and rehabilitation beds for the city and GM to match 17/18 bed capacity and demand including: <ul style="list-style-type: none"> ➤ McColl Ward 14 bedded male Acute Ward based in Meadowbrook Unit Salford - Opened in 2016 leading into the transition between MMHSC and GMW. ➤ Griffin Ward 8 bedded female 18 to 25 year olds based at Prestwich opened October 2017. ➤ Beech Range in Levenshulme with Home group non-profit making organisation - 8 bedded step down unit, opened July 2018. ➤ Maryfield Court with ASC Health Care, GMMH and Bolton, Salford, Manchester and Trafford CCG's - 13 bedded male acute unit in Whalley Range. ➤ Reviewed and adapted the model of care at Bramley Street Community Rehabilitation Service to provide 6 male step down beds in Lower Broughton Salford. ➤ Ongoing review of Turning Point Crisis Beds provided in Manchester. ➤ Contract with Priory Heath care for 10 adult acute beds at Priory Cheadle which was extended and increased to 15 beds in August 2018. ➤ Development of an Implementation Plan to pilot an Enhanced Supported Housing Model with Creative Support is in progress and GMMH are developing links with housing and commissioning stakeholders. ➤ GMMH are working with housing providers to develop options for ongoing support in the community. ➤ Reduction in Delayed Transfers of Care and Delayed Discharges.
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3.4.2 Summary of Impact and Outcomes:

All measures implemented will contribute to a reduction in the number of OAPs. This will result in significant benefits to service users and carers, including:

- The right care, in the right place, at the right time.
- Continuity of care from a dedicated Care Coordinator who is known to service user and who can facilitate effective discharge planning.
- Service user can retain contact with family, carers and friends and continue to access local networks / provision.
- Care and treatment made available as near as possible to where service users reside to improve local care pathways and ensure access to local networks and provision.

- Increased opportunities to engage in local communities promoting recovery.

This will also result in system-wide benefits, including:

- Release of resources and investment in local service infrastructure.
- Strengthens local provision and increases choice.
- Improved ability to manage service providers and oversee the quality of care.
- Accurate and current data supports scrutiny and better management of patient flow.

The number of occupied bed nights for reportable OAPs in Manchester has reduced from 1271 in April 2018 to 519 in July 2018, a reduction of 59%. The bed bureau will support patient flow and inpatient and community clinical teams, over a 24-hour basis.

All wards at Braeburn House have now been assessed by the Royal College of Psychiatrists for AIMS Standards for Rehabilitation. One Ward has had Accreditation confirmed. The other two wards are also nearing their accreditation status.

3.4.3 Next Steps

To review and consolidate current developments in order to model demand and capacity across GM and implement a sustainable community offer.

3.5 Community Engagement

GMMH are delivering a Person and Community Centred Approach across the 12 designated Manchester neighbourhood in line with the four pillars of the Manchester LCO's integrated neighbourhood model: promoting healthy living; building on vibrant communities; keeping people well in the community; and supporting people in and out of hospital. The Trust is 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.

In July 2018, following extensive consultation, GMMH launched a refreshed user Engagement Strategy and more extensive user engagement structures are being implemented in Manchester on a locality model to give more direct input to operational service delivery. The Trust has also successfully delivered the first year of the Manchester Wellbeing Fund which is a three year programme to invest 500k annually in 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

This programme has established neighbourhood level budgets according to deprivation profiles and decision making around funding proposals is shared with users, carers, and community representatives.

3.5.1 Summary of Progress to Date

Objective	Progress To date
<p>To deliver a 'One Team' working model of community engagement.</p>	<ul style="list-style-type: none"> • The Community Engagement Transformation Working Group has continued to meet monthly with GMMH staff, VCSE, and user and carer reps. • Closer working arrangements are developing between GMMH community teams and the LCO Integrated Neighbourhood Teams with dedicated link workers established for each. • Enabling Co-production: this has involved recruiting and supporting service users and carers to participate in the Transformation Steering Group and all the TWGs in line with the Trust's volunteering and user engagement strategy. These representatives have reported to the monthly Manchester User and Carer Forum around Transformation and linked into other user groups across the city. Reps also developed and facilitated a Recovery Academy 'Enabling Co-production' module. Since the refresh of the User Engagement Strategy (July) new structures for user engagement have been developed with service users and carers based on the three Manchester divisions and these are due to go live in January 2019. • The Manchester Wellbeing Fund (MWF) was launched in October 2017 with a total annual budget of £500k and is planned to run for three years. The MWF has established 12 neighbourhood budgets with 4 funding bands corresponding to deprivation levels. It is a small grants model (up to £5k per proposal) and its objectives are to build community capacity to promote mental wellbeing and challenge stigma around mental illness. Decisions are made through 3 locality groups which meet monthly and comprise GMMH staff, users, carers, and community reps. The model aims to build on existing community assets and is a collaborative (and co-productive) process rather than a competitive one. • GMMH are developing a community wellbeing hub in Harpurhey at 93 Church Lane and are finalising a long term lease with MCC prior to investing c.£850k in the refurbishment of the building to provide 10 dedicated IAPT counselling rooms alongside a range of groups and activities to support health and wellbeing in the local community. The anticipated opening of the new centre is June 2019 and groups previously operating at the base have been temporarily relocated to Harpurhey Neighbourhood Project. • Continued delivery of asset mapping and community health and wellbeing service (Buzz) in line with the '5-Ways to Wellbeing'. • GMMH have continued to participate in the CCG Mental Health grants programme and operational links have been identified for each of the projects funded.

	<ul style="list-style-type: none"> GMMH are delivering 'Be Well', 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.
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3.5.2 Summary of Impact and Outcomes:

- The Community Engagement workstream has facilitated user and carer involvement in the Transformation programme with 22 individuals engaging in the groups and around 250 hours being contributed to meetings.
- Service user and carer reps have gained confidence and skills in working with GMMH staff and vice versa. Manchester reps have made key contributions to the refresh of the Trust User Engagement Strategy and the delivery of the Enabling Co-production course on the Recovery Academy.
- Over 70 projects have been funded through the MWF across all neighbourhoods in the city with key themes around physical activity, creative arts, horticulture, peer support and mental health awareness.
- Numerous volunteering opportunities have been created and hundreds of hours of activity have been delivered across a diverse range of Manchester communities. Innovative projects have been created which build confidence and support the self-management of mental wellbeing through non-clinical activities.
- The neighbourhoods with a stronger range of VCSE groups are fully committed for 2018-19 but several neighbourhoods with less community activity still have resources to allocate and GMMH are actively promoting proposals.
- GMMH have undertaken an extensive engagement programme with community groups and service users at the Wellbeing Centre including holding an innovative 'design competition' which brought service users and staff together on the decision making panel for the selection of the preferred architects. Subsequent workshops with users have determined the detail of the layout and furnishing of the new centre and the resulting model will establish an accessible and welcoming community hub in the heart of North Manchester.
- The changes entailed in this programme have, however, caused anxiety amongst some of the user groups and GMMH are committed to maintaining supportive relationships with them through ongoing meetings.

3.5.3 Next Steps

To embed the Community Engagement approach as 'business as usual' across GMMH services in Manchester and ensure continuing alignment with the MLCO integrated neighbourhood model. Continue to enable co-production by supporting users, carers and community reps to become shared decision makers in their care and service delivery models in line with the Trust User Engagement Strategy. Ensure further engagement with VCSE groups via the MWF and other partnership structures to build community capacity and resilience around mental wellbeing.

4.0 Performance

Monthly Performance and Quality Meetings are held with the Trust, and it is evident from a commissioning perspective at these meetings, that the Trust has a strong desire and determination to improve the performance and quality of the services Manchester people receive. This commitment to improvement is also evident following the Care Quality Commission's inspection of the Trust in December 2017, when the Trust received an overall 'Good' rating and a specific rating of 'Outstanding' for services being well led. The inspection team were struck by how well the leadership team at GMMH had brought the Manchester services into the trust and improved them. Following the acquisition in January 2017, Manchester has begun to see improvements against a number of mental health key performance indicators.

More people are accessing psychological therapy for common mental health conditions such as depression and anxiety. Between April to July 2018, 5,125 people accessed treatment, compared to 4280 in the same period last year. Based on current performance, Manchester is forecast to deliver psychological treatment to 15,000 people this financial year, which represents 17% of people estimated to have a common mental health condition. This will be an improvement against the 2017-18 achievement of 15.6% and the 14% achievement in 2016-17.

There has been a gradual improvement in the length of time people wait for therapy. In 2017-18, 92% of patients who accessed treatment waited less than 18 weeks, compared to 85% in 2016-17. Improvements have continued into 18/19, with performance up to July at 94% (target 95%). Recovery rates have also shown a slight improvement. Between April and July, 43% of people recovered following their treatment, compared to a recovery rate of 38% in 2017-18.

Throughout the most part of 2017-18, the number of out of area placements for people requiring admission to an inpatient bed remained consistently high. The start of 2018-19 has seen a significant drop in people being sent outside of Greater Manchester, reducing from a total of 1271 out of area bed nights occupied by 33 people in April to only 51 bed nights occupied by 7 people in August.

Manchester consistently performs well against the First Episode in Psychosis standard, despite the increase in referrals and caseloads. In July 2018, 87.5% of people experiencing a first episode of psychosis were treated with a NICE approved care package within two weeks of referral (target 53%)

There has been a significant reduction in A&E attendances for those patients with mental health who use the A&E most frequently. Through collaboration between the mental health and the acute Trusts, a total of 100 patients were identified as 'frequent attenders', who visited A&E a total of 2,143 times in 16/17. During 17/18, these patients received specialist multi-agency support, resulting in a 34% reduction in A&E attendances for these 100 frequent attenders, above the national 20% reduction target.

Manchester's first ever Section 136 Suite opened in early July 2018. The new suite will improve patient care and will mean many of the patients detained under s136 will no longer have to go to A&E, helping to reduce waiting times.

There has been an improved incident reporting culture within the trust. In April 17, there were 458 incidents reported across GMMH, of which 97% resulted in low or no harm, compared to 2,913 incidents reported in March 18 of which 99% resulted in low or no harm.

5.0 Challenges

GMMH continue to experience particular challenges in relation to workforce and the recruitment of skilled mental health professionals. As can be seen above service developments have resulted in the requirement to recruit a significant number of staff of varying skill mix, professions and levels. GMMH continue to engage in workforce discussions at a GM and national level and explore innovative solutions. The Trust has recently developed a new workforce strategy.

Significant organisational change and development has been implemented within GMMH over the last 22 months, with the redesign of corporate services, the alignment of clinical and operational leadership structures and service level redesign. A process of developing our shared values and organisational culture will now be fundamental.

6.0 Summary and Next Steps

Year two of the two/three year programme to transform the clinical system in Manchester is coming to an end. Significant progress has been made, with many key performance indicators seeing a positive upward trend. Other improvements will be achieved following the large scale organisational changes that are coming to an end. Service users, carers, staff, and other stakeholders remain involved in all elements of transformation and a strategy is being developed to ensure their onward engagement for when transformation becomes part of the Trusts normal business.

Corporate support from the trust for Manchester services continues to be extensive with a wholesale programme to improve and upgrade IT systems and infrastructure planned, and with the introduction of a new IM&T patient information system planned for December 2019. To date GMMH has committed £1.6m to improve the Manchester systems. GMMH is also investing in a capital programme, which will make essential improvements to the community team premises.

The next steps in focus are:

- Allowing full implementation of the service developments listed in this paper and to realise consistent performance achievements in reducing waiting times, increasing access and reduction in out of area placements, and service user experience.
- To explore how to best align GMMH provided services with third sector and other providers to reduce fragmentation in pathways of care and improve the patient experience
- To better align social care and health commissioning for mental health.
- Seek improvements in psychology waiting times for people with complex need and for people seeking support and diagnosis for ADHD and ASD.

6.1 Transformation Working Groups

Each Transformation Working Group is now coming to the end of the second year of work that agreed and planned the changes needed and laid the foundations for change. Transformation will be embedded within the Trust normal business framework, supported by the existing quality and governance structure.

6.2 Timeline for Evaluation

Milestones	Timeframe
Evaluation and next steps	January 2019 to March 2019

7.0 Recommendations

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