



**Greater Manchester
Mental Health**
NHS Foundation Trust

**Clinical Transformation Plans
Manchester**

Shaping the best mental health care in Manchester

Meeting the
needs of our
communities



Improving Lives

OUR SHARED WAY AHEAD...

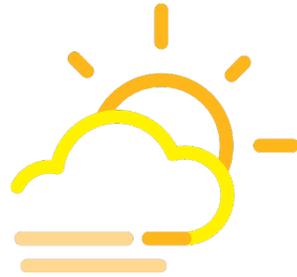
Clinical Service Transformation in Manchester

In January 2017, following a robust procurement process, the statutory mental health and social care services across the city of Manchester became part of Greater Manchester Mental Health (GMMH) NHS Foundation Trust (formerly known as GMW).

Manchester services now form part of a large specialist mental health trust which also provides inpatient and community services across Bolton Salford and Trafford, as well as a range of specialist services serving wider populations.

GMMH embarked on an ambitious two-year programme of clinical service transformation to improve the mental health outcomes for people receiving our services and to support the wider mental wellbeing of Manchester citizens.

To make this transformation a success we have put in place a clear programme structure, which sets out the priority work-streams and ensures that all interested parties are able to influence the design and implementation of service models.



A number of Transformation Working Groups (TWGs) have been set up. These include:

1. **Improving Access to Psychological Therapies (IAPT)**
2. **Acute Care Pathway**
 - Access to services (single point of contact)
 - Developing an enhanced Community Mental Health Team
3. **Urgent Care**
 - Implementing 24/7 Home-Based Treatment Teams
 - Provision of Mental Health Liaison Services in general hospitals
 - Provision of a dedicated 136 Suite facility
4. **Reduction of Out of Area Placements (OAPs)**
 - Acute and Psychiatric Intensive Care Unit
 - Rehabilitation OAPs and developing the rehab pathway
5. **Community Engagement**

EACH TWG involves clinicians, managers, service users and carers. These groups focus on different parts of the system and, whilst each is working to slightly different timescales, they are all linked and sequenced to achieve improved outcomes for service users.

A number of transformation priorities have been produced and over the next few pages we will explain how each one will be achieved...

1 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

These services work with people who have mild to moderate mental health conditions and are an essential part of every local mental health system.

The Department of Health has set national targets for 'referral to treatment' waiting times as well as targets for the overall numbers of people seen by these services, and targets for the rates of recovery through treatment.

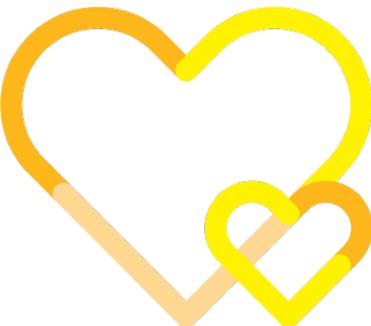
Manchester has a large and growing population and the targets have been difficult to achieve but, with support from commissioners, expertise from clinical staff, and

...with support from commissioners, clinical staff, and collaboration with service users and carers, we are making steady progress...

collaboration with service users and carers, we are making steady progress towards reaching them.

How we will transform services:

- Service user and carer co-production via the TWGs
 - Introduction of a new clinical information system
 - Weekly senior leadership meetings, which help to highlight and address key areas that are affecting efficient clinical provision
 - Staff and service user surveys to allow feedback on experiences of changes and to ensure relevant support is available
- Staff engagement sessions throughout the process
- Development Days with clinical staff to inform and influence the clinical model
- Year Two: review, monitor and evaluate



2 THE ACUTE CARE PATHWAY

This priority has two sub-groups

1. Access to services:

To ensure that efficient and prompt access to services is the norm and that service users access the correct clinical service.

Aims include:

- Reduced waiting lists
- Clear pathways
- Improved experience
- Improved Referral to Treatment times
- Reduction in duplication

How we will achieve this:

- Service user and carer involvement via TWGs
- This group will commence work when the other work-streams have agreed their models
- The model will be informed by GPs, service users and staff feedback
- Staff engagement workshop to influence and inform the service model

2. Enhanced Community Mental Health Teams:

This sub-group aims to develop a seven-days-a-week service and improve relationships with other parts of the system.

It will also review the delivery of the clinical model to ensure that service users receive correct intervention for their care needs.

The group will provide clarity for referrers and improve relationships with Primary Care and other stakeholders.

Care plans will be co-produced with service users and carers, promoting independence choice and encouraging resilience.

Teams will be aligned to the diverse needs of the neighbourhoods.

There will be regular planning meetings to review at risk service

users, agree increased visits, identify service users for weekend visits and support and guidance for care co-ordinators.

How we will achieve this:

- Service user and carer involvement via TWGs
- Regular operational and transformation meetings to action agreed areas of work
- A series of workshops with senior managers and clinicians to review areas such as:
 - Multi-Disciplinary Working
 - How to create capacity
- Development Days and focus groups with clinical staff to inform and influence the model
- Work towards Royal College of Psychiatrists accreditation

3 URGENT CARE

This priority has three sub-groups to look at how mental health teams and other services support people in a crisis.

1. Home Based Treatment:

Another crucial element of urgent care is the access to, and availability of, home-based care teams which can provide intensive support for people whilst they are unwell.

The transformation work around Urgent Care will ensure that people receive the most appropriate treatment response when they most need it.

HBTs will operate 24 hours a day, seven days a week and will be fully functioning and multi-disciplinary



How we will achieve this:

- Engage with service users and carers to inform and implement a new clinical model
- Provision of workshops to review current models with senior clinical and managerial staff
- Development Days with clinical teams to inform and influence new clinical models
- TWGs to review demand and capacity to inform clinical models and skill mix required to deliver a 24/7 service

- Development of pathways between HBT and other areas of the service
- Task and finish groups with operational managers and clinical staff to agree areas such as: Multi-Disciplinary working, therapeutic interventions, working towards Royal College of Psychiatry Accreditation for HBT.

2. Core 24/7 RAID Informed Liaison:

This group is considering how mental health services operate in A&E departments and in acute hospital settings.

There are detailed guidelines and standards from the Department of Health which describe the level of support that should be in place to ensure people receive responsive care.

The aim is to:

- Promote consistent approach and continuity of care across the acute hospital sites, with dedicated teams
- Work with partners to assist with discharge planning for patients with mental health disorders
- Improve response times to individuals with mental health needs in acute hospital wards
- Comply with the crisis concordat ➤

➤ How we will achieve this:

- Engage with service users and carers to agree clinical models
- Task and finish groups with service clinicians and managers to address areas such as: standard documentation, multi-disciplinary working to deliver a new model
- Development Days and focus groups for teams to influence clinical models
- Standardisation of documentation and recording systems
- Ensure appropriate accommodation for the teams
- Engagement via Development Days with acute trusts, Greater Manchester Police, North West Ambulance Service and other stakeholders to inform and develop a new clinical model
- Prepare and work towards Royal College of Psychiatrists accreditation for liaison services



3. Section 136 Suite:

A Section 136 Suite is a dedicated mental health suite for the reception and assessment of service users detained by the police under Section 136 of the Mental Health Act (1983).

Developing a dedicated mental health Section 136 Suite will provide an appropriate place of safety for people suspected as suffering from mental health problems. **It will:**

- Improve timeliness of the assessment, intervention and treatment for Section 136, by high-skilled mental health professionals
- Enable closer working with partners, reducing time and resources needed by police and acute trusts
 - Enhance patient privacy and dignity

- Ensure an environment that meets the guidance of the Royal College of Psychiatry (2011 and 2013) guidance
- Comply with the crisis concordat

How we will achieve this:

- Service user and carer involvement via TWGs
- Feasibility studies will be conducted to identify areas for possible build of facility
- An options appraisal will be completed to confirm the most suitable location for the facility
- A business case for this work will be submitted for approval
- A focus group with clinical staff will be set up to inform and influence the clinical model and how this will be delivered
- It is anticipated the build of the facility will start in October to December 2017.
- Monitor and evaluate in year two



4 REDUCTION OF OUT OF AREA PLACEMENTS

Out of Area Placements

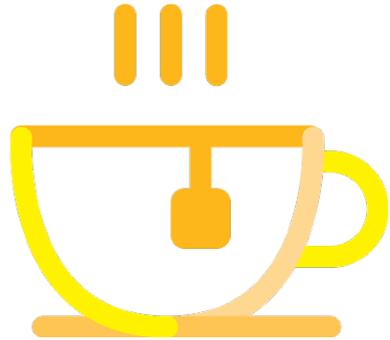
Too many people have been placed outside of their home district for in-patient treatment and this can be unsettling and cause problems about maintaining contact with family and friends.

The main priorities are:

- Care and treatment to be made available as near as possible to where a service user resides
- Family and carers to be enabled to maintain contact and provide support to service users
- Ensure robust bed management/discharge co-ordination working across health and social care
- Work harmoniously with other elements of the care pathway, eg, alternatives to hospital admission
- Ensure timely allocation of Care Co-ordinators who will maintain regular contact with the service user in hospital

How we will achieve this:

- Service user and carer involvement via TWGs
- A number of task and finish groups, involving frontline staff to address key areas of concern
- Review of bed management procedures Trust-wide and



authorisation for the use of out of area placements

- Review Trust-wide purpose and function of bed management meetings
- Focus group with key staff involved in bed management to influence the model of delivery
- Provision of Development Days for ward / MDT teams to influence future clinical model
- Comprehensive review of out of area placements - the systems and processes involved in identify issues
- Comprehensive review of inpatient service users to identify issues or themes that can inform the clinical model
- Work towards Royal College of Psychiatrists accreditation for acute inpatient care



➤ Rehabilitation Pathway

The Trust is working across the Manchester Mental Health Services, with other Rehabilitation service providers and commissioners, to ensure high quality rehab services are available.

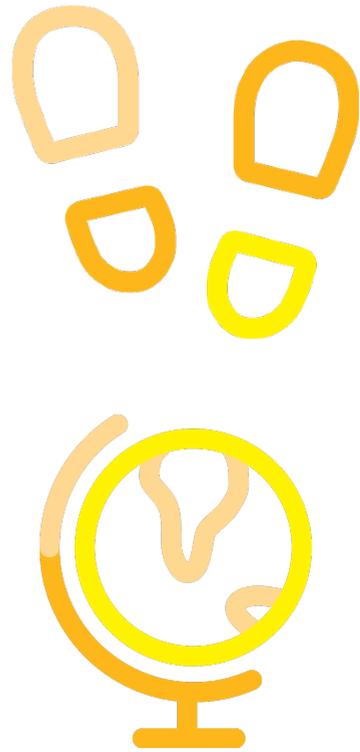
The focus is to develop the rehabilitation services to ensure individuals who require ongoing care receive the most appropriate service; delivering efficient and effective use of the resources available whilst achieving the best outcomes possible for those individuals and their carers/families.

The rehabilitation care pathway will be reviewed, to ensure:

- Care in the right place at the right time; maximising the likelihood of recovery with a multi-disciplinary approach
- Care and treatment provided in modernised environments that reflect individualised diversity and needs closer to where a service user resides
- Clear multi-disciplinary treatment plans to focus on individual recovery
- Ensuring the physical health and wellbeing of service users is appropriately managed

How we will achieve this:

- Engage with service users on a co-produced model of care for rehabilitation services.
- Establish links with other rehab providers



- Hold workshops with all the rehab services (including the other rehab providers) to address areas such as; an agreed bed management process, developing care pathways and improving working relationships
- Review all existing rehabilitation out of area placements
- Develop agreed procedures and governance arrangements to ensure a true pathway for rehabilitation
- Work towards the Royal College of Psychiatrists' National Accreditation for rehab services

5 COMMUNITY ENGAGEMENT

This work-stream is focused on how we can help people to manage in the community by supporting community groups and activities that contribute to mental wellbeing.

This emphasis on self-care and prevention should ultimately reduce demand for more specialist interventions and will also contribute to General Practice and

primary care services by increasing the number of support options.

We will invest via a Community Asset Fund and recognise that there are exciting opportunities for collaboration with voluntary sector partners and community groups.

This workstream will also support the Trust's engagement with the 'One Team' neighbourhood model and the emerging Local Care Organisation.

CO-PRODUCTION

The two-year Transformation Programme is being 'co-produced' through active participation from all staff, users, carers, and other stakeholders.

There have already been a number of listening events with clinical staff and 'road shows' to engage with users and carers.

These opportunities will continue throughout and there are workshops planned under each priority.

There are also dedicated roles for users and carers.

Transformation will identify ways of improving how different teams work together when a person's mental health changes and they require different levels of support.

Actions to deliver the new clinical models for each of the TWGs includes the following:

- Involvement of service users

- Engagement workshops with staff
- Development Days for members of staff relevant to the transformation workstream. These will help influence and develop the future clinical models for their speciality
- Implement agreed clinical models
- In year one, an evaluation framework will be developed for each speciality. The evaluation will be undertaken in year two
- In year two, monitor and review the impact and effectiveness of these clinical models
- Developing and implementing operational procedures to support revised clinical models

THE TIMELINE:

JANUARY to
MARCH 2017

APRIL to
SEPTEMBER 2017

LISTENING
ENGAGING
AND SCOPING



PLANNING
AND
CO-PRODUCTION



FEEDBACK

GMMH Chief Executive Bev Humphrey and Director of Operations Deborah Partington presented a report to Manchester City Council's Health and Scrutiny Committee.

Councillors gave some good feedback about the Trust's plans for improving services. Here are some of the comments...

I am really pleased to see the GMMH emphasis on work in communities and neighbourhoods. The grants for communities are really exciting and I notice in my ward that work has already started...

Councillor
Joanna
Midgley,
*Chorlton
Park*

OCTOBER 2017 to
MARCH 2018

APRIL 2018
ONWARDS

IMPLEMENTATION
AND
MONITORING

EVALUATION
AND
NEXT STEPS

I am pleased about the additional sourcing of beds and the positive affect that will have on reducing out of area care

Councillor Basil Curley,
Charlestown

Councillor Chris Willis,
Woodhouse Park

It is fantastic to see such enthusiasm and determination to improve mental health provision in Manchester

The plans are clear and candid. The attempt to reduce out of areas and other details on services is very welcome

Councillor Eddy Newman,
Woodhouse Park



Please do get involved and have your say.

If you'd like to get in touch with a member of our Transformation Team please call: **0161 358 2184**.

If you have any questions, CEO Bev Humphrey wants to hear from you. You can tellbev@gmmh.nhs.uk

Join us on our journey at:

www.gmmh.nhs.uk

Twitter: [@GMMH_NHS](https://twitter.com/GMMH_NHS)

