
**Manchester City Council
Report for Resolution**

Report to: Health and Wellbeing Overview and Scrutiny Committee – 12
January 2012

Subject: Review of Adult Community Mental Health Services

Report of: Manchester Mental Health and Social Care Trust

Summary

Purpose of Report is to:

1. Appraise the Overview and Scrutiny Committee of the proposed changes to the provision of Community Mental Health Services
2. Confirm the activities undertaken as part of the engagement process

Recommendations

1. To note the engagement activities undertaken by the Trust, the Trust's response to feedback received;
 2. To note improvements and benefits to service users.
 3. To note the degree of support by service users and carers for pathway based approach
 4. To note the degree of support by staff for the pathway based approach
 5. To support the proposed service improvements in implementing the new model for Adult Community Mental Health Services.
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Wards Affected: All Wards

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Background documents (available for public inspection):

None

Documents listed are appendices to the report:-

Appendix A: Stepped Care Model

Appendix B: Report following Engagement Activities on Community Services Review

Appendix C: Improving Adult Community Mental Health Services in Manchester -
Information for the general public

Appendix D: Improving Adult Community Mental Health Services in Manchester –
Information for you

Appendix E: Keeping you in the know: Where we are up to with our Adult Mental
Health Community Services Review

Introduction

The purpose of this report is to:

- Apprise the Overview and Scrutiny Committee of the proposed changes to the provision of Community Mental Health Services;
- Confirm the activities undertaken as part of the wider engagement process with a variety of stakeholders.

Context

The Trust has developed a strategy for its mental health and social care services for 2011-2014 in Manchester – known as the ‘3D’ Strategy - the **D**esign, **D**evelopment and **D**elivery of our services for the years to come – which will enable us to show that our services can match the best in the country. It is a very wide ranging programme and will touch every part of the service we provide – from primary care to inpatient and specialist services. This will enable us to adopt best practice and make smoother pathways for those we care for who move between primary care, community, social care services and hospital care. It has the full support of our doctors, nurses and other staff and is an integral part of improving care for a vulnerable group of people in our city.

The Trust’s 3D Strategy operates from the principle that the service user is at the centre of our service development plans and provision, and the approach taken is based on:

- The **philosophy** of the ‘**Recovery**’ model in mental health, widely regarded as leading to a better quality of user experience, engagement and outcome, **delivered via**
- a **stepped care structure** of services as shown in Appendix A, ensuring we match level of need with level of service response, **and**
- clear **care pathways** for users to move through this structure of services or be maintained at the appropriate step.

The main practical changes to mental health services as identified within the Strategy are:

- A stepped care model¹, as above, for mental health services, with appropriate care pathways in place for each step of the model;
- Clear and seamless relationships between primary and secondary care mental health services, based on a new structure of community teams;
- Improved arrangements for urgent care, with a focussed home treatment service, and an integrated acute liaison service;
- Improvements to the quality of inpatient services, provided from two sites, including clearer care pathways and a dedicated rehabilitation ward;
- Services focussed on recovery², and on reconnecting people with the life of their communities.

¹ **Stepped care model** – those needing our services will access them at the relevant point – moving ‘up’ if they need more specialised care and moving ‘down’ the pathway as their need for support lessens

- The changes overall will impact on most areas of our services allowing us to adopt best practice models³ and ensure improved support, care and treatment for our service users.

Background

As part of the 3D Programme, the Trust has been reviewing a number of the services that it provides with a view to ensuring that these services are of high quality and meet the needs of the service users. This paper focuses on changes in community services, OSC members may recall receiving a paper in relation to Inpatient Reconfiguration (IPR) which is a separate piece of work and is currently being implemented.

Changes to the organisation of Community Mental Health Services (CMHS) are driven by a number of factors including:

- A desire to improve the quality of CMHS delivered to the local population
- Concerns raised by local GPs regarding access to acute care and barriers in relationships between primary and secondary care which may impact on quality of service provision
- Evidence from within the Trust that acute care services (e.g. Crisis Resolution and Home Treatment Teams (CRHTs)) are having to deal with a significant amount of non-urgent work because of difficulties with access to less urgent services
- Difficulties and delays experienced transferring patients between existing teams both internally within the Trust and externally (e.g. early intervention)
- A recent internal review of team functioning in adult Community Mental Health Teams (CMHTs)
- A number of Serious and Untoward Incidents highlighting the difficulties experienced by patients with complex problems such as personality disorder in accessing services
- The opportunity to develop a more coherent, tiered approach to mental health services within the City following the recent transfer of Primary Care Mental Health Services (PCMHS) into the Trust and development of Improving Access to Psychological Therapy (IAPT) services.
- Frustration amongst staff that they do not have the opportunities to use their therapeutic skills owing to perceived lack of dedicated time and supervision

² **Recovery** – will mean something different to each of our service users. What we are committed to doing is working with them to identify what this means in terms of their own individual goals and then helping them to work towards achieving these goals.

³ **Best practice models** – Models which have been developed to shape a standard, best quality approach of doing things that can be used throughout our Trust services, thus ensuring a consistency of approach within teams offering a similar service to our service users.

Current Community Mental Health Services Provision

At present the Trust provides a variety of community mental health services:

- Adult CMHTs –8 teams (2 South, 4 Central and 2 North)
- Assertive outreach teams – presently 3 teams
- Community review team
- Outpatients services – patients only seen in outpatients by doctors
- Psychological and specialist services including complex primary care psychology, psychotherapy, eating disorders, psychosexual services and specialist affective disorders
- Primary Care Mental Health Services
- Adult day services e.g. Mainway, Victoria Road, Start

Proposed Future of Community Services Provision

Following the review of community services, we wish to change the model of delivering services to provide the following service and clinical improvements:

- Improved relationships with primary care and closer links to GPs and other referrers through services organised and identified to support a specific area
- Improved integration between and within both primary and secondary care mental health services based on a stepped care model
- Improving experience and outcomes for patients (consistency of service, access to treatment, appropriate discharge back to the GP)
- Matching community service resource to the overall mental health needs of the population of Manchester
- Better alignment of resources to population needs in the different areas of the City.
- Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward
- Enabling staff of all professions to use skills to the maximum benefit and addressing skill shortages when identified
- Development of a Community Matron role drawn from all disciplines to ensure consistent quality of service in CMHS across the city
- Development of a Gateway role to liaise with GPs to ensure referrals go to the right part of the service

It is proposed to deliver services along pathways of care, which support a stepped care model from steps 0-4 (shown at Appendix A). The principal care pathways in community mental health care will be:

- Primary Care Mental Health Pathway (PCP) including NHS commissioned services provided by third sector partners – Steps 0-2
- Intake and Treatment Pathway (I&T) - Step 3
- Recovery and Rehabilitation Pathway (R&R) - Step 3
- Social Support Pathway (where a person meets FACS criteria (Critical and Substantial aspects) and is deemed not to have severe and enduring MH problems).

The Trust does not provide services at Step 5 as these are provided as part of the Specialist Commissioning arrangements.

The above will cover all of our present community mental health services. We believe that pathways of care could also be developed for other relevant pathways which might include alcohol and/or drug misuse; eating disorders and complex cases such as personality disorder. We will look at these other areas once those for our immediate services have been implemented.

In the stepped care model the least intensive intervention that is appropriate for an individual is typically provided first, and people can step up or down the pathway according to their changing personal needs and progress in their treatment and personal recovery. Service users may begin their journey at any step of the pathway. Timely referral to higher or lower steps will be determined by individual need.

The change in Adult community services proposes the creation of six community team areas for the City. Staff in the primary care service will work in conjunction with secondary care staff in each of the six areas to ensure that local services are seamless and to enhance the link between secondary care services, GP commissioners, primary care based services and where possible, the localities within the City Council. These area teams will be organised and managed through a single management structure (for each area team). This will improve communication; facilitate close working and quicker transfer of patients between services along the agreed care pathways as appropriate.

To determine the configuration of adult community services (the six area teams) and to establish a revised secondary care infrastructure a comprehensive and thorough approach has been undertaken, including:

- Mapping of the mental health needs of Manchester's population with the Joint Health unit;
- Identification of the GP practice population figures with appropriate adjustments for mental health need;
- An analysis of the GP referrals 'accepted' to community mental health teams over a 3-year period;
- Profiling of staffing resources adjusted to reflect the resource envelope over the next 4 years;
- Profiling of the medical workforce through the current re-alignment work within Adult mental health services.

These revised teams will have joint leadership arrangements between the Team Manager and an identified Community Consultant Psychiatrist. There will also be support from a senior practitioner who may come from any professional background. Teams will also have dedicated administrative support and a range of community practitioners.

Mapping of Mental Health Needs

A joint piece of work with the Joint Health Unit of the City Council was completed which established the needs across the city and then following adjustment for this

need a calculation on the number of accepted referrals to Community Mental Health Teams/Assertive Outreach Teams was used as the measure of demand. This information then influenced the distribution of the resources' to the areas based on the information available for the past two years. This will assist the Trust to achieve the best match possible between available resource and population need so that we will be in a position to ensure that the most resource is available for the areas with the greatest need.

The Trust has agreed that this information on population need has to remain accurate and has committed to review the initial allocation of resources across the area teams after the first year of delivery and at least every two years following that. This may result in further changes to the allocation of resources across those teams. In addition the Joint Health Unit has agreed to continue to support this process of review.

Service Improvements and Benefits to Service Users and Carers

The shift to a pathway based model of service delivery should enable the Trust to deliver the following benefits:

- Improve the experiences of our service users by making it easier to access the Trust services they need, wherever they live in the city, and making it easier for them to move back into the care of their GP when their mental health has sufficiently improved
- Will let us best meet a person's mental health care need throughout their contact with community services (steps 0-3 only). The new structure will make it easier for people to move from step 0 to 1, 2 or 3 when needed, and make it equally easy to move from 3 to 2, 1 and then 0 as their recovery progresses.
- Improved relationships with primary care and closer links to GPs through services organised and identified to support a specific area
- Improved integration between and within both primary and secondary care mental health services based on a stepped care model
- Matching community service resource to the overall needs of the population of Manchester
- Better alignment of resources to population needs in the different areas of the City.
- Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward
- Enabling staff of all professions to use skills to the maximum benefit and addressing skill shortages when identified
- Development of a Community Matron role drawn from all disciplines to ensure consistent quality of service in CMHS across the city

Delivery of Service Model

The pathway based changes mean that that the Trust will provide its community based services in a more effective manner and will require fewer overall staff in adult community mental health services. The Community Services Review does reduce the level of resource in CMHTs but overall there is an increase of available resources

in the community through the full implementation of the Primary Care Mental Health Service at Steps 0-2. The Trust believes that as a result of the work completed as part of the Improving Access to Psychological Therapies (IAPT) resources which became available in 2011 and the needs mapping and analysis of skill mix, that resources will be better targeted, more cohesive and responsive with more service users treated at primary care level. When fully implemented these changes will save around £1.9 million which is approximately 10% of the available adult mental health resource. This saving will be achieved by an overall reduction of approximately 46 posts. The Trust has been managing the vacancy position to support workforce changes for some months and it is planned that the full-time equivalent reduction will be achieved through redeployment of staff and the disestablishment of vacant posts wherever possible. In addition, the number of service users managed in the former CMHTs will be reduced through a staff expansion of the Community Review team and the transfer of 320 service users in residential or independent hospital care.

Section 75 Partnership Agreement

Each of the 6 area teams will have the full range of professionals available to it and the reduction in Whole Time Equivalent (WTE) is being managed appropriately to support such an outcome and ensure that contractual obligations with commissioners are met. Within our overall resources we have also taken account of the need to maintain (and if possible increase) the number of social workers so that we are able to fulfil our responsibility for the provision of an Approved Mental Health Professional (AMHP) role as delegated to the Trust under the S75 Partnership Agreement with Manchester City Council. We are satisfied we will continue to comply under these arrangements and aim to increase the number of substantively employed social workers beyond the position inherited in 2010.

Current Status of the Community Services Review

The current status of the community review is that the staff consultation has been completed with the Trust feedback to staff having been disseminated. The wider engagement process with Service Users, Councillors, GPs and Service User and Carer Groups has also concluded and the report from this engagement is attached as Appendix B. Further information on the themes arising from this engagement work will be described further in the following sections.

The Engagement document sent to Councillors is attached as Appendix C

Analysis of Feedback and Trust's Response

Staff Consultation

The Trust consulted formally with those staff directly affected by these proposals, information was also shared with other trust staff not directly affected.

We held nine dedicated staff sessions across the Trust attended by a total of 149 staff of which 126 were directly affected staff.

Overall there was support for the proposed stepped care model and the development of the pathways approach to service provision. There was also widespread support

for the development of the new roles of “matron” and gateway role; both were seen as a positive development.

The main themes raised as issues within the staff consultation were:

1. Service Model
2. Data and Mapping
3. Resources
4. Integration of Assertive Outreach Teams
5. New Roles: “Matron” and Gateway Function
6. Caseloads
7. Undertaking this project for financial reasons
8. Process
9. Infrastructure and Estates.

Staff were generally positive about the proposed service model and the new roles of Matron and gateway role. Areas of concern included the loss of community posts and the need to find savings of £1.9m.

The Trust received 24 individual written responses as part of the formal staff consultation processes and has undertaken a thematic analysis of that feedback which has been in the form of:

- E-mails from staff since the commencement of engagement in October 2011 onwards;
- Frequently asked questions through the consultation meetings
- Written responses received from staff and their staff side representatives
- Feedback from formal staff sessions

Engagement Activities Undertaken by the Trust

Under the requirements of Section 242 of the NHS Act 2006 for involvement in service change the Trust has involved users and carers in considering the pathway proposals and the overall changes. This is part of the wider engagement process commenced in September 2011 when initial contact was made with a range of service user and carer engagement groups including the Manchester Link Mental Health Watchdog. This stage of the process concluded on the 8th December 2011 following a meeting convened at the specific request of service users and carers in North Manchester.

Prior to the commencement of the engagement activities, a communications and engagement plan was developed in order to ensure a robust and structured approach. The plan, which sets out specific activities to communicate, inform, listen and engage with key stakeholders, followed a similar format to that used with the Inpatient Pathway Redesign and Day Services Modernisation programmes.

The basic aims of the wider engagement process were:

- to develop a level of awareness and understanding of the impact of the proposed changes on service users and carers,
- to seek general feedback on the proposed changes,
- to manage any potential anxieties or concerns of individual service users who are getting support from community services,
- to seek suggestions from our stakeholders on how to improve adult community mental health services further.

We sent out initial letters to all our service users (4,000 approx.) who are currently under the care of a community mental health team or assertive outreach services.

We undertook a series of engagement activities with a variety of stakeholders to seek their feedback on the Community Services Review in a number of ways including meetings with current service users and carers, established service user and carer groups, representatives from the community and voluntary sector, presentation sessions at GP forums plus individual feedback forms from individual service users and carers.

We spoke to lots of people and organisations regarding the Community Services Review and what this means for individual service users, their carers and GPs as referrers to our services. We have talked to more than 150 service users and carers at different meetings over a six-week period.

Table 1 summarises who gave us feedback and how we got this feedback.

Table 2 lists all the meetings and/or focus forums where the CSR proposals were discussed.

Table 1: Feedback to the Wider Engagement Exercise – Where did this come from?

Who from?	In what format?		
	<i>Individual feedback forms</i>	<i>In writing or by e-mail</i>	<i>At meetings and/or focus groups</i>
<i>Service Users</i>	✓ 13 people	✓ 2 people	✓
<i>Carers</i>	✓ 4 people		✓
<i>Service User and Carer Forums</i> - Manchester Carers' Forum - Manchester Users Network - South Manchester Users Group - Rethink Manchester Carers in Action - Making Mental Health Positive Online Support Group		✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓
<i>Other Stakeholders:</i> - General practitioners (GPs) ^{*1} - Manchester City Councillors ^{*2} - Other health professionals		✓ 3 people ✓ 1 person ✓ 4 people	✓ ✓
<i>Voluntary Sector</i> - Breakthrough UK Ltd - HARP - Manchester Local Involvement Network (LINK) ^{*3} - Manchester Alliance for Community Care - Manchester LINK Health Watchdog Group	✓	✓ ✓	✓ ✓ ✓ ✓

Notes:

^{*1} Manchester General Practitioners (GPs) – individual responses from three GPs including Dr Carolyn Chew-Graham, Prof of Primary Care at the University of Manchester Health Sciences and Dr Ruth Thompson, Lead GP for Mental Health Commissioning plus collective responsible from Local Medical Committee

^{*2} Manchester City Councillors – individual response received from Councillor Alistair Cox plus verbal feedback from Councillor G Evans and Councillor E Newman

^{*3} Meeting held between Trust Chief Executive and Chief Operating Officer with Manchester LINK representatives in September 2011.

Table 2: Meetings and focus events at which CSR Proposals were discussed

Meeting or Focus Forum	No of attendees	Date
Trust Service Users and Carers Conference	90	14 October 2011
Trust Service User and Carer Forum ^{*4}	30	24 October 2011
Listening exercise with diverse communities at Welcome Centre (Cheetham Hill)	30	8 November 2011
Mechanics Institute (f)	11	9 November 2011
Mechanics Institute (f)	9	21 November 2011
Millennium Windrush Centre (f)	2	28 November 2011
Benchill Community Centre (f)	No attendees	29 November 2011
Harpurhey Day Centre (f)	15	1 December 2011
Rethink Manchester Carers in Action (f)	12	9 November 2011
South Manchester Users Group at Hall Lane Day Centre (f)	14	14 November 2011
Manchester Users Network meeting (f)	14	16 November 2011
Manchester Carers Forum (f)	5	16 November 2011
Bridges Day Unit	8	18 November 2011
North Manchester (f) ^{*5} at request of Manchester Users Network	7	7 December 2011

Notes:

(f) – denotes a focus group meeting about CSR proposals

^{*4} This is a monthly forum meeting and CSR has been discussed at the November and December meetings.

^{*5} This meeting was organised at the request of Manchester Users Network.

Copies of the engagement documents produced by the Trust for the general public and healthcare professionals are enclosed as Appendices C and D respectively.

Feedback from our Stakeholders

The main themes raised by users and carers and other stakeholders were:

1. Continuity of care
2. Ability to move people ‘up’ and ‘down’ the stepped care model in a timely manner
3. Number of pressures that our service users are facing
4. GP engagement with mental health issues
5. Ability to deliver new model of service with reduced number of posts
6. Changes only being made to save money
7. Pathways supporting the stepped care model
8. Do not fully understand what the changes will mean for me as a service user or a GP
9. Involvement of the voluntary sector partners in restructuring of community mental health services.
10. Individual concerns about current provision

Each of the themes and the Trust's response is given below in this report in the section: **How the Trust has and will respond to this Feedback.**

Throughout this engagement process, the Trust listened to the current frustrations of service users and carers regarding the current service provision and has been noted in the wider engagement report (attached as Appendix B). These were:

In relation to current experiences, service users and carers repeatedly shared their concerns around the current referral system. Many people told the Trust that there is sometimes a long delay between the first presentation with a GP to the initial contact with mental health services. Service users and carers also told the Trust that the different teams providing adult community mental health services do not always communicate as effectively as they should resulting sometimes in further delays. Not being able to get the help that is needed at the right time was continually raised as a source of great frustration for the majority of service users and carers who shared their views with the Trust.

Strong feelings were also shared at every meeting in relation to the response of some GPs when it comes to mental health issues and in some instances the attitude of GPs towards people with mental health problems.

Some service users and their carers also expressed their frustrations about access to primary care mental health services. Some told us about how they had been referred inappropriately but then discharged from the services and referred back to their GP. It was felt that there needs to be better awareness of primary care mental health services generally, better communication between different community mental health services and quicker access into the services when people need them.

There was lots of feedback from service users and carers around a perceived lack of communication and liaison across different adult community mental health services. People told us that parts of the system, for example assertive outreach services and community mental health teams do not always appear to be joined up, sometimes causing delays and frustration for service users and their carers.

A frustration consistently raised by service users and carers was that they sometimes feel that they are 'cut off' from important help and support when they are discharged back to their GP. It was frequently felt that there is a lack of awareness and knowledge of the invaluable role played by local organisations including self-help groups in the community and voluntary sector in maintaining good mental health and well-being.

How the Trust has and will respond to this Feedback

The analysis of the feedback from both the staff consultation and the wider engagement exercises contained a number of similarities. Each of the themes and the Trust's response to these themes is described below.

1. Continuity of care
2. Ability to move people 'up' and 'down' the stepped care model in a timely manner
3. Number of pressures that our service users are facing
4. GP engagement with mental health issues
5. Ability to deliver new model of service with reduced number of posts
6. Changes only being made to save money
7. Pathways supporting the stepped care model
8. Do not fully understand what the changes will mean for me as a service user or a GP
9. Involvement of the voluntary sector partners in restructuring of community mental health services
10. Individual concerns about current support.

Our response to the feedback

The feedback following engagement with a wide range of stakeholders including GPs, service users, carers, voluntary sector groups and Manchester City Councillors is described in further detail along with our response.

1. Continuity of care

Feedback: Some individual service users raised a concern about the possible change of their care co-ordinator, nurse or consultant with whom they have regular contact and have built up a good trusting relationship. Some concerns were expressed about the potential impact that this may have on their mental health. Some individuals also queried whether their care co-ordinator will have enough time to spend with them.

Queries were raised about the integration of the Assertive Outreach Services (AOS) within the planned area teams and how AOS would continue to support those who needed this type of support.

Response: As part of our work in moving to the new area teams, we will be keeping all service users and their carers involved and informed along the way. For a large number of our service users, they will not experience any changes in the services that they are currently receiving. For those who may be receiving support from a different professional or team, we will make these changes over an appropriate timeframe, e.g. 3 months. This process will involve a robust handover of care between the professionals with the service user involved at every stage.

The planned changes should not impact on how much time a care co-ordinator spends with a service user. We are keen to ensure that there is a consistent

approach to a person's care within each step of the stepped care model⁴ with a focus on recovery⁵.

Further work on integration of the AOS within the planned area teams needs to be undertaken with the AOS function continuing to be delivered. This work has already commenced at the first of a series of community implementation workshops involving AOS and other community staff. The AOS service users will continue to receive the level of support required to meet their needs and we will keep them involved and informed of any developments.

Breakthrough UK Ltd noted the Trust's commitment to minimise the impact on an individual's support.

The Trust recognises the importance of continuity of care at the right step of the stepped care model for its service users and their carers.

2. Ability to move people 'up' and 'down' the stepped care model in a timely manner

Feedback: One of the main issues raised in nearly all of the meetings with service users and carers was the efficiency of the stepped care model in ensuring that people would receive the right level of support at the time when this was needed. Service users and carers acknowledged that the proposed improvements would be good and recognised that this would as a result of links between the different parts of the services. Some others did query whether people would move 'up' and 'down' the stepped care model in a timely manner. In addition some comments were received regarding the delays between first presentation with a GP and then initial contact with mental health services.

Response: It is hoped following full implementation of the stepped care model that there will be a timely response to any referral to mental health services with appropriate assessment being completed to determine the most appropriate service or team to meet the service user's mental health needs. We are keen to minimise any delays following first presentation with a GP and will be working closer with our GP colleagues to address any issues that arise to avoid these happening on an ongoing basis.

The criteria for 'moving up and down' the stepped care model will be part of the pathways which are in the process of being developed. This criteria will be made explicit so that all those contributing to the stepped care model are clear how and

⁴ **Stepped care model** – those needing our services will access them at the relevant point – moving 'up' if they need more specialised care and moving 'down' the pathway as their need for support lessens

⁵ **Recovery** – will mean something different to each of our service users. What we are committed to doing is working with them to identify what this means in terms of their own individual goals and then helping them to work towards achieving these goals.

when a service user should be either stepped up or down so that they can get the support for their current needs.

3. Number of pressures that our service users are facing

Feedback: A significant element of the feedback received in many of the meetings related to 'cuts' and the anxieties that this is creating for service users and carers. Concerns were expressed about the other pressures that service users are facing in terms of cuts to welfare rights service at the same time as being assessed as to whether to move off incapacity onto Employment Support Allowance (ESA) or even Job Seekers Allowance (JSA) and potential cuts within the voluntary sector services and within the wider context of public spending cuts. There was also some concern expressed about the timing of the changes being made in community mental health services and how they fit with the already planned relocation of inpatient beds in Summer 2012.

Response: We do recognise that for a number of service users that they may be feeling pressures due to service changes and cuts being made due to the current economic climate. As a health and social care organisation, we work in partnership with Manchester City Council and do take the opportunity to flag up concerns of our service users in appropriate forums and meetings where possible.

We have regular meetings with a number of voluntary sector organisations and see how best we can work with them and support them if they are experiencing any changes to their services.

These service changes do not have any impact on the already planned relocation of inpatient beds in Summer 2012. The proposed timetable for the changes to the adult community mental health services is from mid-January 2012 to April 2012 with appropriate phasing thus allowing changes to be made over an appropriate time period.

4. GP engagement with mental health issues

Feedback: This was an issue that generated a very strong feeling from almost all of the service users and their carers who attended the different meetings and focus groups. Most of the service users in particular raised concerns about their GPs' knowledge and understanding of mental health issues and found it difficult to talk to their GP about their mental health needs. Many of the service users and carers also told us that they hoped that the Gateway function would help to address GP knowledge, understanding and attitude towards mental health generally. Some carers and voluntary sector representatives raised their concerns about GPs' ability and willingness to be part of this process and queried what work is being done to change their mindset about mental health issues and improve their skills levels.

A query was raised on how improved relationships with GPs would be achieved. There was strong support for closer working with GPs in developing the pathways which would help 'minimise diagnostic overshadowing, (Under-estimating the significance of the emotional disturbances because of the presence of significant cognitive deficits), which is a big issue for people with mental health conditions'.

One GP welcomed the Trust providing a short presentation about adult community mental health services available in Manchester and providing guidance regarding referrals, management and follow-up of their patients.

Response: We hope that the gateway role will assist in us building closer day-to-day working relationships with our GP colleagues and have regular conversations about potential referrals, any mental health related issues and assist them in signposting their patients to the right part of the stepped care model. Our medical doctors are hoping to participate and contribute to the GP educational forums where joint discussions can take place about a range of mental health related topics including risk assessments and presentations about Trust's changes and planned service improvements.

The Trust is already working with the lead GP for mental health commissioning and is keen to work more closely with the 3 GP Commissioning Consortia and the Mental Health Clinical Board on mental health services for Manchester.

5. Ability to deliver new model of service with reduced number of posts

Feedback: This matter was raised consistently at all of the meetings with service users, carers and other stakeholders. The different people that attended the various meetings and events queried how the service improvements including quality and experience could be delivered with less staff resources and whether they would get the same service or help when they need it. Queries were raised how these proposed improvements would work in addition to the relocation of the beds from Central to North Manchester and that there was increased need for good care co-ordination. Some of the service users and carers also accepted however that there are problems and misgivings with the current system and urged the Trust to resolve these issues as part of the review.

Some views were expressed that there was not enough community staff to meet current demands and queried how the Trust would achieve the expected improvements with less staff numbers. A number of people asked for more specific information about the 46 posts that will be lost.

Response: The Trust is no different from any other public sector organisation that is facing the challenges of the current economic climate and the requirement to deliver significant efficiency savings. The implications of this for the Trust, equates to around £5m per year for the next five years.

Whilst recognising the financial challenges facing public sector organisations, the Trust is very clear that the main drivers of the Community Services Review (CSR) are about clinical improvements. These improvements include the standardisation of best practice⁶ and the development of a pathways based approach and introduction of a

⁶ **Best practice** – Using models which have been developed to shape a standard, best quality approach of doing things that can be used throughout our Trust services, thus ensuring a consistency of approach within teams offering a similar service to our service users.

stepped care model that can be made in community services. These changes will improve services for our service users and carers.

With regard to the level of resources in the community area teams, the Trust believes that through improving the quality of the service delivered by working in more effective ways including placing the service user at the heart of their package of care, improving links between primary and secondary care services, improvements in the responsiveness of highly skilled staff to support service users when required and the delivery of a more responsive service to GPs, that we will be able to support the same number of service users as we currently do.

The CSR does reduce the level of resource in CMHTs but overall there is an increase of resources available in the community through the full implementation of the Primary Care Mental Health Service at Steps 0-2. The Trust believes that as a result of the work completed as part of the needs mapping and analysis of skill mix that resources will be better targeted more cohesive and responsive with more service users treated at primary care level.

6. Changes only being made to save money

Feedback: Many of the service users thanked the Trust for being honest about the need to make savings. A number of people however indicated that these changes were being made purely to save money and were another means of 'cost-cutting'. Some views were expressed that there should be no reduction in mental health services and queried how much the community services review and re-organisation cost. Some service users did indicate that they did not understand why the Trust was referring to these changes as service improvements.

Others welcomed the Trust's open and honest approach about the cost savings.

Response: In addition to the information already included in section 5 above, it should be noted that the savings relate to community mental health teams only and do not take account of the overall increase in funding through the full implementation of the Primary Care Mental Health Service which equates to an additional resource of £2.5m.

There are no additional costs associated with the re-organisation of the services

7. Pathways and new roles supporting the stepped care model

Feedback: There was a considerable amount of support in the majority of the meetings around the stepped care model and recovery focussed approach. Many of the service users and carers welcomed the stepped care model with the focus being on recovery and 'stepping up or down' a person's support depending on their needs and the proposed new roles – gateway working and community matron. In addition, the notion that future available resources are targeted to where they are most needed was welcomed.

Some people queried whether a person would have to move up and down the stepped care model in a linear way (in terms of going through each of the steps before getting support at step 4 when support from crisis resolution and home treatment team may be needed if someone is in crisis). In addition, some people were clear that they wanted a qualified mental health professional to be assessing them and determining what part of the stepped care model could best meet their current needs with input from the service user and/or their carer as appropriate.

Some respondents' commented that improvements were potentially ageist if only provided to those up to the age of 65 years old and the importance of having a smooth transition from current service arrangements to the those under the stepped care model.

There were queries raised about who would have access to the gateway role and whether this would be accessible directly by service users and carers.

A lot of queries were raised as to how people would 'step up' again if they have been stepped down back to the care of their GP particularly in a crisis situation.

Some suggestions have been made about what the focus of the community matron role should be including:

- promote and develop partnerships with voluntary sector;
- to address any individual tensions arising out of the proposed pathways;
- to have facilitative skills in working with referrers and GPs;
- to support community services in their dual diagnosis work and practice development;

Response: The Trust is delighted with the positive feedback received on the pathways and proposed new roles from a large number of people during our engagement work with service users, carers, voluntary sector organisations and GPs.

The community mental health services model is applicable for all ages and to date we have completed the work in relation to services provided by the Adult Care Group.

The arrangements for a service user who may need to 'move up or down' the stepped care model are being developed with the community staff and others who contribute to the pathways as part of the implementation work. If a service user is receiving support at step 0 and then requires support from the inpatient team (at step 4), it is not expected that the service user will go through steps 1,2 and 3 before reaching step 4. The approach will be to place the service user at the most appropriate step to meet their current mental health needs.

In terms of access to the gateway role, it is envisaged that this role will be mainly accessed by GPs to support them in accessing the right part of the mental health services for their patients and to liaise with them on mental health issues. It is not envisaged that service users or carers will have direct access to the gateway role.

8. Do not fully understand what the changes will mean for me

Feedback: Some people indicated that they would have liked more information about the proposed changes and indicated that the level of information provided about the proposed changes was inadequate and were of the view that loss of 46 community posts appeared to be a very significant reduction in staff. Some service users who received individual letters did let us know that our letter to them did not provide them with enough information and wanted further information provided to them.

Response: We have noted the views expressed by some people that the level of information provided was inadequate. We will be responding directly to these individuals with a copy of this report plus more background information along with the offer of us providing them more information and a meeting to discuss any ongoing issues that they may have.

9. Involvement of the voluntary sector partners in restructuring of community mental health services

Feedback: In our discussions with voluntary sector partners including Manchester Carers' Forum, HARP and Manchester Alliance for Community Care, they highlighted the importance of their involvement and partnership working in delivering the stepped care model, particularly steps 0, 1 and 2. They were keen to point out that they are already providing services in these steps.

Response: We recognise the importance of working together with the voluntary sector partners who will be contributing and delivering some steps of the stepped care model. We have regular meetings with these partner agencies and are keen to continue these meetings on an ongoing basis and work with them in developing the care pathways.

10. Individual concerns about current support

Feedback: Two responses were received from individuals regarding their concerns about current support that they are getting as either service users or carers.

Response: For these particular individuals, we will be looking further into the issues raised under the Trust's complaint processes to establish why they feel that they are not getting the most appropriate support within current service provision, how we can further improve existing services and avoid any similar complaints being made when we put the new service model in place.

The Trust is committed to sharing the feedback received with all respondents and other key stakeholders and how the Trust has already responded or will be responding to the feedback.

A report will be produced and distributed to all the voluntary sector groups, BME communities, GPs, Councillors, Trust staff, other stakeholders including NHS Manchester and North West Strategic Health Authority. It will be made available on the Trust's website and be presented at a future Trust Board meeting.

Next Steps

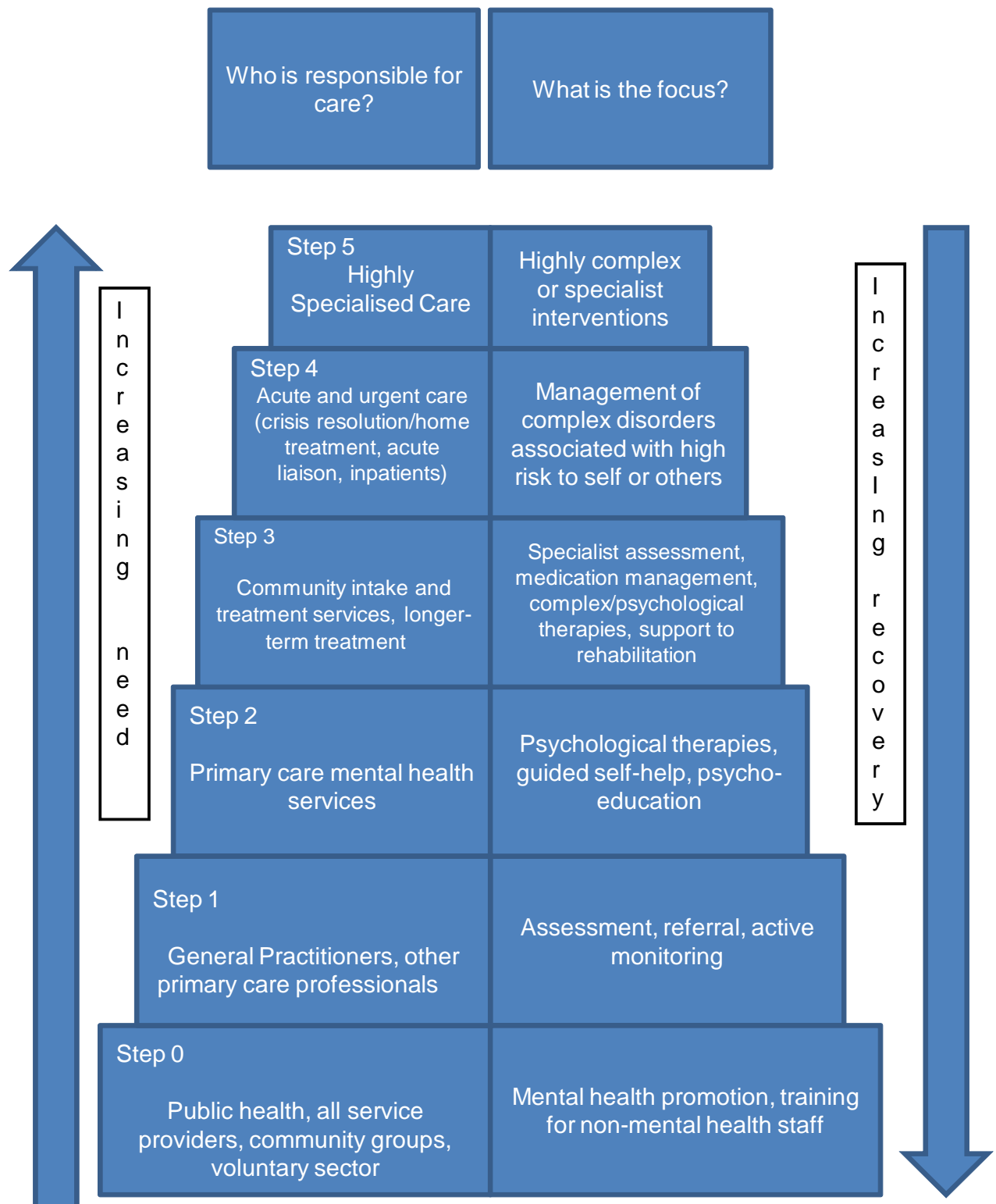
Subject to OSC Committee being satisfied that the appropriate level of engagement has taken place regarding this project, the Trust would be undertaking the following:

- Distributing a report for **all** stakeholders regarding the feedback received during the further engagement process and how the Trust will respond to this feedback – already completed;
- Distribution of information leaflet to all 4,000 service users who get support from Trust's community services plus other stakeholders (as mentioned above) which summarises the main issues raised with the Trust – in process of being completed
- Continue the engagement activities throughout the implementation of the new six community area teams which will involve holding regular workshops with staff and service users and carers who have expressed an interest in being involved in the implementation phase.
- Continue to work with service users and carers through the implementation phase
- Work with NHS Manchester and 3 Manchester GP Commissioning Consortia to ensure that they are able to reach their appropriate decision-making processes in relation to this project;
- Continue the ongoing engagement and communication with all stakeholders.

Recommendations

1. To note the engagement activities undertaken by the Trust, the Trust's response to feedback received;
2. To note the clinical improvements and benefits to service users.
3. To note the degree of support by service users and carers for pathway based approach
4. To note the degree of support by staff for the pathway based approach
5. To support the proposed service improvements in implementing the new model for Adult Community Mental Health Services.

Appendix A: The Stepped Care Model



Appendix B



Manchester Mental Health
and Social Care Trust



**Report following Engagement Activities on
Community Services Review**

(Engagement period: 3rd October 2011 to 8th December 2011)

Report Produced by:

Maeve Boyle, 3D Programme Manager/IPR Project Director

Patrick Cahoon, Associate Director – Service User and Carer Engagement

20th December 2011

Together we are better

What is this Report About?

This report summarises the feedback that we received as part of our engagement work with a wide range of people regarding the Adult Community Mental Health Services. The feedback is grouped under different thematic areas along with the Trust's response to this feedback and how the Trust will intend to respond to it.

A summary of the proposed changes along with the main benefits for service users, carers and healthcare providers is included in Appendix 1.

Listening to your Feedback

How we got your feedback?

We were keen to engage with our staff (in addition to consulted staff¹) and others including service users and carers who have an interest in our future model for Adult community mental health services, as part of a wider engagement process. This wider engagement process commenced in September 2011 when initial contact was made with a range of service user and carer engagement groups including the Manchester Link Mental Health Watchdog. This stage of the process concluded on the 8th December 2011 following a meeting convened at the specific request of service users and carers in North Manchester.

Prior to the commencement of the engagement activities, a communications and engagement plan was developed in order to ensure a robust and structured approach. The plan, which sets out specific activities to communicate, inform, listen and engage with key stakeholders, followed a similar format to that used with the Inpatient Pathway Redesign and Day Services Modernisation programmes.

The basic aims of the wider engagement process were:

- to develop a level of awareness and understanding of the impact of the proposed changes on service users and carers,
- to seek general feedback on the proposed changes,
- to manage any potential anxieties or concerns of individual service users who are getting support from community services,
- to seek suggestions from our stakeholders on how to improve adult community mental health services further.

We spoke to lots of people and organisations regarding the Community Services Review and what this means for individual service users, their carers and GPs as referrers to our services. We have talked to more than 150 service users and carers at different meetings over a six-week period.

We sent out initial letters to all our service users (4,000 approx.) who are currently under the care of a community mental health team or assertive outreach services.

We undertook a series of engagement activities with a variety of stakeholders to seek their feedback on the Community Services Review in a

¹ Consulted staff is the group of staff who is directly affected by the proposals and currently working in one of the Adult Community Mental Health Teams or Assertive Outreach Services.

number of ways including meetings with current service users and carers, established service user and carer groups, representatives from the community and voluntary sector, presentation sessions at GP forums plus individual feedback forms from individual service users and carers. Table 1 summarises who gave us feedback and how we got this feedback. Table 2 lists all the meetings and/or focus forums where the CSR proposals were discussed.

Table 1: Feedback to the Wider Engagement Exercise – Where did this come from?

Who from?	In what format?		
	<i>Individual feedback forms</i>	<i>In writing or by e-mail</i>	<i>At meetings and/or focus groups</i>
<i>Service Users</i>	✓ 13 people	✓ 2 people	✓
<i>Carers</i>	✓ 4 people		✓
<i>Service User and Carer Forums</i>			
- Manchester Carers' Forum		✓	✓
- Manchester Users Network			✓
- South Manchester Users Group		✓	✓
- Rethink Manchester Carers in Action		✓	✓
- Making Mental Health Positive Online Support Group		✓	
<i>Other Stakeholders:</i>			
- General practitioners (GPs) *1		✓ 3 people	✓
- Manchester City Councillors *2		✓ 1 person	✓
- Other health professionals		✓ 4 people	
<i>Voluntary Sector</i>			
- Breakthrough UK Ltd	✓		
- HARP		✓	✓
- Manchester Local Involvement Network (LINK) *3			✓
- Manchester Alliance for Community Care			✓
- Manchester LINK Health Watchdog Group		✓	✓

Notes:

*1 Manchester General Practitioners (GPs) – individual responses from three GPs including Dr Carolyn Chew-Graham, Prof of Primary Care at the University of

Manchester Health Sciences and Dr Ruth Thompson, Lead GP for Mental Health Commissioning plus collective responsible from Local Medical Committee

*² Manchester City Councillors – individual response received from Councillor Alistair Cox plus verbal feedback from Councillor G Evans and Councillor E Newman

*³ Meeting held between Trust Chief Executive and Chief Operating Officer with Manchester LINK representatives in September 2011.

Table 2: Meetings and focus events at which CSR Proposals were discussed

Meeting or Focus Forum	No of attendees	Date
Trust Service Users and Carers Conference	90	14 October 2011
Trust Service User and Carer Forum ^{*4}	30	24 October 2011
Listening exercise with diverse communities at Welcome Centre (Cheetham Hill)	30	8 November 2011
Mechanics Institute (f)	11	9 November 2011
Mechanics Institute (f)	9	21 November 2011
Millennium Windrush Centre (f)	2	28 November 2011
Benchill Community Centre (f)	No attendees	29 November 2011
Harpurhey Day Centre (f)	15	1 December 2011
Rethink Manchester Carers in Action (f)	12	9 November 2011
South Manchester Users Group at Hall Lane Day Centre (f)	14	14 November 2011
Manchester Users Network meeting (f)	14	16 November 2011
Manchester Carers Forum (f)	5	16 November 2011
Bridges Day Unit	8	18 November 2011
North Manchester (f) ^{*5} at request of Manchester Users Network	7	7 December 2011

Notes:

(f) – denotes a focus group meeting about CSR proposals

^{*4} This is a monthly forum meeting and CSR has been discussed at the November and December meetings.

^{*5} This meeting was organised at the request of Manchester Users Network.

We are really pleased that all these people provided us with constructive and helpful feedback regarding both their thoughts and views around the proposed changes as well as their current experiences of adult community mental health services.

In relation to current experiences, service users and carers repeatedly shared their concerns around the current referral system. Many people told the Trust that there is sometimes a long delay between the first presentation with a GP to the initial contact with mental health services. Service users and carers also told the Trust that the different teams providing adult community mental health services do not always communicate as effectively as they should resulting sometimes in further delays. Not being able to get the help that is needed at the right time was continually raised as a source of great frustration for the majority of service users and carers who shared their views with the Trust.

Strong feelings were also shared at every meeting in relation to the response of some GPs when it comes to mental health issues, and in some instances the attitude of GPs towards people with mental health problems.

Some service users and their carers also expressed their frustrations about access to primary care mental health services. Some told us about how they had been referred inappropriately but then discharged from the services and referred back to their GP. It was felt that there needs to be better awareness of primary care mental health services generally, better communication between different community mental health services and quicker access into the services when people need them.

There was lots of feedback from service users and carers around a perceived lack of communication and liaison across different adult community mental health services. People told us that parts of the system, for example assertive outreach services, community mental health teams do not always appear to be joined up, sometimes causing delays and frustration for service users and their carers.

A frustration consistently raised by service users and carers was that they sometimes feel that they are 'cut off' from important help and support when they are discharged back to their GP. It was frequently felt that there is a lack of awareness and knowledge of the invaluable role played by local organisations including self-help groups in the community and voluntary sector in maintaining good mental health and well-being.

Feedback received during our engagement exercise with you

We asked 3 questions to gain feedback on your issues and concerns which were:

Q1 Do the planned improvements to community mental health services affect you?
YES / NO

If yes, please let us know in what way?

Q2 What concerns do you have about these improvements?

Q3 Finally if you have any further comments or issues that you would like us to consider, please let us know in the box below.

Your Feedback to Us

We have identified the following main themes raised as feedback to us:

1. Continuity of care
2. Ability to move people 'up' and 'down' the stepped care model in a timely manner
3. Number of pressures that our service users are facing
4. GP engagement with mental health issues
5. Ability to deliver new model of service with reduced number of posts
6. Changes only being made to save money
7. Pathways supporting the stepped care model

8. Do not fully understand what the changes will mean for me as a service user or a GP
9. Involvement of the voluntary sector partners in restructuring of community mental health services
10. Individual concerns about current support.

Our response to the feedback

The feedback following engagement with a wide range of stakeholders including GPs, service users, carers, voluntary sector groups and Manchester City Councillors is described in further detail along with our response.

1. Continuity of care

Feedback: Some individual service users raised a concern about the possible change of their care co-ordinator, nurse or consultant with whom they have regular contact and have built up a good trusting relationship. Some concerns were expressed about the potential impact that this may have on their mental health. Some individuals also queried whether their care co-ordinator will have enough time to spend with them.

Queries were raised about the integration of the Assertive Outreach Services (AOS) within the planned area teams and how AOS would continue to support those who needed this type of support.

Response: As part of our work in moving to the new area teams, we will be keeping all service users and their carers involved and informed along the way. For a large number of our service users, they will not experience any changes in the services that they are currently receiving. For those who may be receiving support from a different professional or team, we will make these changes over an appropriate timeframe, e.g. 3 months. This process will involve a robust handover of care between the professionals with the service user involved at every stage.

The planned changes should not impact on how much time a care co-ordinator spends with a service user. We are keen to ensure that there is a consistent approach to a person's care within each step of the stepped care model² with a focus on recovery³.

Further work on integration of the AOS within the planned area teams needs to be undertaken with the AOS function continuing to be delivered. This work has already commenced at the first of a series of community implementation workshops involving AOS and other community staff. The AOS service users will continue to receive the level of support required to meet their needs and we will keep them involved and informed of any developments.

² **Stepped care model** – those needing our services will access them at the relevant point – moving 'up' if they need more specialised care and moving 'down' the pathway as their need for support lessens

³ **Recovery** – will mean something different to each of our service users. What we are committed to doing is working with them to identify what this means in terms of their own individual goals and then helping them to work towards achieving these goals.

Breakthrough UK Ltd noted the Trust's commitment to minimise the impact on an individual's support.

The Trust recognises the importance of continuity of care at the right step of the stepped care model for its service users and their carers.

2. Ability to move people 'up' and 'down' the stepped care model in a timely manner

Feedback: One of the main issues raised in nearly all of the meetings with service users and carers was the efficiency of the stepped care model in ensuring that people would receive the right level of support at the time when this was needed. Service users and carers acknowledged that the proposed improvements would be good and recognised that this would be a result of links between the different parts of the services. Some others did query whether people would move 'up' and 'down' the stepped care model in a timely manner. In addition some comments were received regarding the delays between first presentation with a GP and then initial contact with mental health services.

Response: It is hoped following full implementation of the stepped care model that there will be a timely response to any referral to mental health services with appropriate assessment being completed to determine the most appropriate service or team to meet the service user's mental health needs. We are keen to minimise any delays following first presentation with a GP and will be working closer with our GP colleagues to address any issues that arise to avoid these happening on an ongoing basis.

The criteria for 'moving up and down' the stepped care model will be part of the pathways which are in the process of being developed. This criteria will be made explicit so that all those contributing to the stepped care model are clear how and when a service user should be either stepped up or down so that they can get the support for their current needs.

3. Number of pressures that our service users are facing

Feedback: A significant element of the feedback received in many of the meetings related to 'cuts' and the anxieties that this is creating for service users and carers. Concerns were expressed about the other pressures that service users are facing in terms of cuts to welfare rights service at the same time as being assessed as to whether to move off incapacity onto Employment Support Allowance (ESA) or even Job Seekers Allowance (JSA) and potential cuts within the voluntary sector services and within the wider context of public spending cuts. There was also some concern expressed about the timing of the changes being made in community mental health services and how they fit with the already planned relocation of inpatient beds in Summer 2012.

Response: We do recognise that for a number of service users that they may be feeling pressures due to service changes and cuts being made due to the current economic climate. As a health and social care organisation, we work in partnership with Manchester City Council and do take the opportunity to flag up concerns of our service users in appropriate forums and meetings where possible.

We have regular meetings with a number of voluntary sector organisations and see how best we can work with them and support them if they are experiencing any changes to their services.

These service changes do not have any impact on the already planned relocation of inpatient beds in Summer 2012. The proposed timetable for the changes to the adult community mental health services is from mid-January 2012 to April 2012 with appropriate phasing thus allowing changes to be made over an appropriate time period.

4. GP engagement with mental health issues

Feedback: This was an issue that generated a very strong feeling from almost all of the service users and their carers who attended the different meetings and focus groups. Most of the service users in particular raised concerns about their GPs' knowledge and understanding of mental health issues and found it difficult to talk to their GP about their mental health needs. Many of the service users and carers also told us that they hoped that the Gateway function would help to address GP knowledge, understanding and attitude towards mental health generally. Some carers and voluntary sector representatives raised their concerns about GPs' ability and willingness to be part of this process and queried what work is being done to change their mindset about mental health issues and improve their skills levels.

A query was raised on how improved relationships with GPs would be achieved. There was strong support for closer working with GPs in developing the pathways which would help 'minimise diagnostic overshadowing, (Under-estimating the significance of the emotional disturbances because of the presence of significant cognitive deficits), which is a big issue for people with mental health conditions'.

One GP welcomed the Trust providing short presentation about adult community mental health services available in Manchester and providing guidance regarding referrals, management and follow-up of their patients.

Response: We hope that the gateway role will assist in us building closer day-to-day working relationships with our GP colleagues and have regular conversations about potential referrals, any mental health related issues and assist them in signposting their patients to the right part of the stepped care model. Our medical doctors are hoping to participate and contribute to the GP educational forums where joint discussions can take place about a range of mental health related topics including risk assessments and presentations about Trust's changes and planned service improvements.

The Trust is already working with the lead GP for mental health commissioning and is keen to work more closely with the 3 GP Commissioning Consortia and the Mental Health Clinical Board on mental health services for Manchester.

5. Ability to deliver new model of service with reduced number of posts

Feedback: This matter was raised consistently at all of the meetings with service users, carers and other stakeholders. The different people that attended the various

meetings and events queried how the service improvements including quality and experience could be delivered with less staff resources and whether they would get the same service or help when they need it. Queries were raised how these proposed improvements would work in addition to the relocation of the beds from Central to North Manchester and that there was increased need for good care co-ordination. Some of the service users and carers also accepted however that there are problems and misgivings with the current system and urged the Trust to resolve these issues as part of the review.

Some views were expressed that there was not enough community staff to meet current demands and queried how the Trust would achieve the expected improvements with less staff numbers. A number of people asked for more specific information about the 46 posts that will be lost.

Response: The Trust is no different from any other public sector organisation that is facing the challenges of the current economic climate and the requirement to deliver significant efficiency savings. The implications of this for the Trust, equates to around £5m per year for the next five years.

Whilst recognising the financial challenges facing public sector organisations, the Trust is very clear that the main drivers of the Community Services Review (CSR) are about clinical improvements. These improvements include the standardisation of best practice⁴ and the development of a pathways based approach and introduction of a stepped care model that can be made in community services. These changes will improve services for our service users and carers.

With regard to the level of resources in the community area teams, the Trust believes that through improving the quality of the service delivered by working in more effective ways including placing the service user at the heart of their package of care, improving links between primary and secondary care services, improvements in the responsiveness of highly skilled staff to support service users when required and the delivery of a more responsive service to GPs, that we will be able to support the same number of service users as we currently do.

The CSR does reduce the level of resource in CMHTs but overall there is an increase of resources available in the community through the full implementation of the Primary Care Mental Health Service at Steps 0-2. The Trust believes that as a result of the work completed as part of the needs mapping and analysis of skill mix that resources will be better targeted more cohesive and responsive with more service users treated at primary care level.

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Others welcomed the Trust's open and honest approach about the cost savings.

Response: In addition to the information already included in section 5 above, it should be noted that the savings relate to community mental health teams only and do not take account of the overall increase in funding through the full implementation of the Primary Care Mental Health Service which equates to an additional resource of £2.5m.

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A lot of queries were raised as to how people would 'step up' again if they have been stepped down back to the care of their GP particularly in a crisis situation.

Some suggestions have been made about what the focus of the community matron role should be including:

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- to address any individual tensions arising out of the proposed pathways;
- to have facilitative skills in working with referrers and GPs;

- to support community services in their dual diagnosis work and practice development;

Response: The Trust is delighted with the positive feedback received on the pathways and proposed new roles from a large number of people during our engagement work with service users, carers, voluntary sector organisations and GPs.

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The arrangements for a service user who may need to ‘move up or down’ the stepped care model are being developed with the community staff and others who contribute to the pathways as part of the implementation work. If a service user is receiving support at step 0 and then requires support from the inpatient team (at step 4), it is not expected that the service user will go through steps 1,2 and 3 before reaching step 4. The approach will be to place the service user at the most appropriate step to meet their current mental health needs.

In terms of access to the gateway role, it is envisaged that this role will be mainly accessed by GPs to support them in accessing the right part of the mental health services for their patients and to liaise with them on mental health issues. It is not envisaged that service users or carers will have direct access to the gateway role.

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9. Involvement of the voluntary sector partners in restructuring of community mental health services

Feedback: In our discussions with voluntary sector partners including Manchester Carers’ Forum, HARP and Manchester Alliance for Community Care, they highlighted the importance of their involvement and partnership working in delivering the stepped care model, particularly steps 0,1 and 2. They were keen to point out that they are already providing services in these steps.

Response: We recognise the importance of working together with the voluntary sector partners who will be contributing and delivering some steps of the stepped care model. We have regular meetings with these partner agencies and are keen to

continue these meetings on an ongoing basis and work with them in developing the care pathways.

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Feedback: Two responses were received from individuals regarding their concerns about current support that they are getting as either service users or carers.

Response: For these particular individuals, we will be looking further into the issues raised under the Trust's complaint processes to establish why they feel that they are not getting the most appropriate support within current service provision, how can we further improve existing services and avoid any similar complaints being made when we put the new service model in place.

Other Feedback

We received some suggestions on how we could improve our services further. Some examples of these suggestions are:

- Community Mental Health Services support line;
- Standardisation of community visits to be one hour as a minimum;
- Self-referrals to be accepted where people are unwilling or unable to access services via their GPs;
- Improving accessibility by providing information in terms of what services (including peer support groups and non-statutory organisations) are available;
- Regular review of changes involving service users and carers;
- Open days for service users to meet up with staff to discuss what is working well and what isn't when changes are made;
- Improvements to A&E liaison services were required;
- Crisis contact cards in terms of whom to contact in case things start to go wrong;
- Role of trained volunteers in befriending/supporting those who are 'stepped down' back to GPs;
- Direct referrals to crisis resolution and home treatment teams by primary care mental health services.

We will be looking at which of these suggestions we can put in place as part of our work in improving our community mental health services and will keep all parties and stakeholders informed about progress on these suggestions.

Next Steps

- Distribution of this document with all stakeholders including Trust Board, Manchester City Council's Health and Wellbeing Overview and Scrutiny Committee and to all contributors who provided the Trust with invaluable feedback;
- Making this report available on the Trust's website
- Distribution of information leaflet to all 4,000 service users who get support from Trust's community services plus other stakeholders (as mentioned above) which summarises the main issues raised with the Trust – a copy of this leaflet is included as Appendix 2

- Development of Implementation plans based on the outcome of the staff consultation and wider engagement process and comments received.
- Clarifying the role of the Modern Matron and the Gateway function
- Continued engagement with all affected staff, service users and carers.

Planned Timeframe for Implementation

At this stage, the indicative timeframe for implementation to commence is mid-January 2012 with a phased introduction up to April 2012. We will be working very hard to ensure that any changes for an individual service user are managed in the best way with full involvement of the service user and carer as appropriate.

The Trust will be implementing the Community Services Review following the development of the Implementation Plan based upon the outcome of the consultation exercise.

Ongoing Engagement

The Trust will be working with all affected staff, service users and carers throughout the implementation of this project to ensure that it is achieved with minimal impact to these services as much as possible. The Trust will continue to engage and communicate with all interested parties throughout the duration of this project.

Annex 1 – Appendix B

Brief summary of proposed changes to Adult Community Mental Health Services

We want to make sure that wherever someone lives in the city they are able to access our Adult Community Mental Health Services that will best meet their needs as easily as possible.

We know that, across the city, there are areas of greater need for Trust services. We want to make sure that our services are where they are needed and so that we can make sure our services do match the areas of need we have:

- Mapped the mental health needs of Manchester's population;
- Identified the GP practice population figures with appropriate adjustments for mental health need;
- Analysed GP referrals 'accepted' to community mental health teams over a 3-year period;
- Profiled staffing resources
- Profiled the medical workforce.

The final number and skill mix of practitioners in a team will vary according to the identified mental health need of the geographical area the team serves.

We propose to introduce a role within community teams that is equivalent to the inpatient Modern Matron⁵.

Our services will be organised and rearranged through a single management structure to make it easier for our service users to move from GP care to our services when needed, and back again.

When we have our new services in place we will make sure we are continuing to provide the best care for that area by reviewing this regularly to make sure we can respond to changing needs.

We plan to make these changes to our Adult CMHS because we want to:

- Continue to improve the quality of Adult CMHS delivered to the local population
- Improve the links between GPs (primary care) and the Trust (secondary care) making it easier for people who need support with their mental health to receive the care we provide
- Improve the transfer of service users between teams and externally to ensure their mental health needs are met at the right time by the right people
- Give our staff the opportunity to use their therapeutic skills more effectively to aid and assist our service users' recovery.

Main benefits for our service users and carers

The changes we plan will have the following benefits:

⁵ Matrons are the role models and leaders of high quality standards on inpatient wards, they challenge any deficits in clinical standards, ward cleanliness, and the quality of the patient environment. They are visible and recognisable on the wards and address patient and carer complaints as soon as they arise, they support ward managers and their staff in their development needs and provide expert advice on patient care.

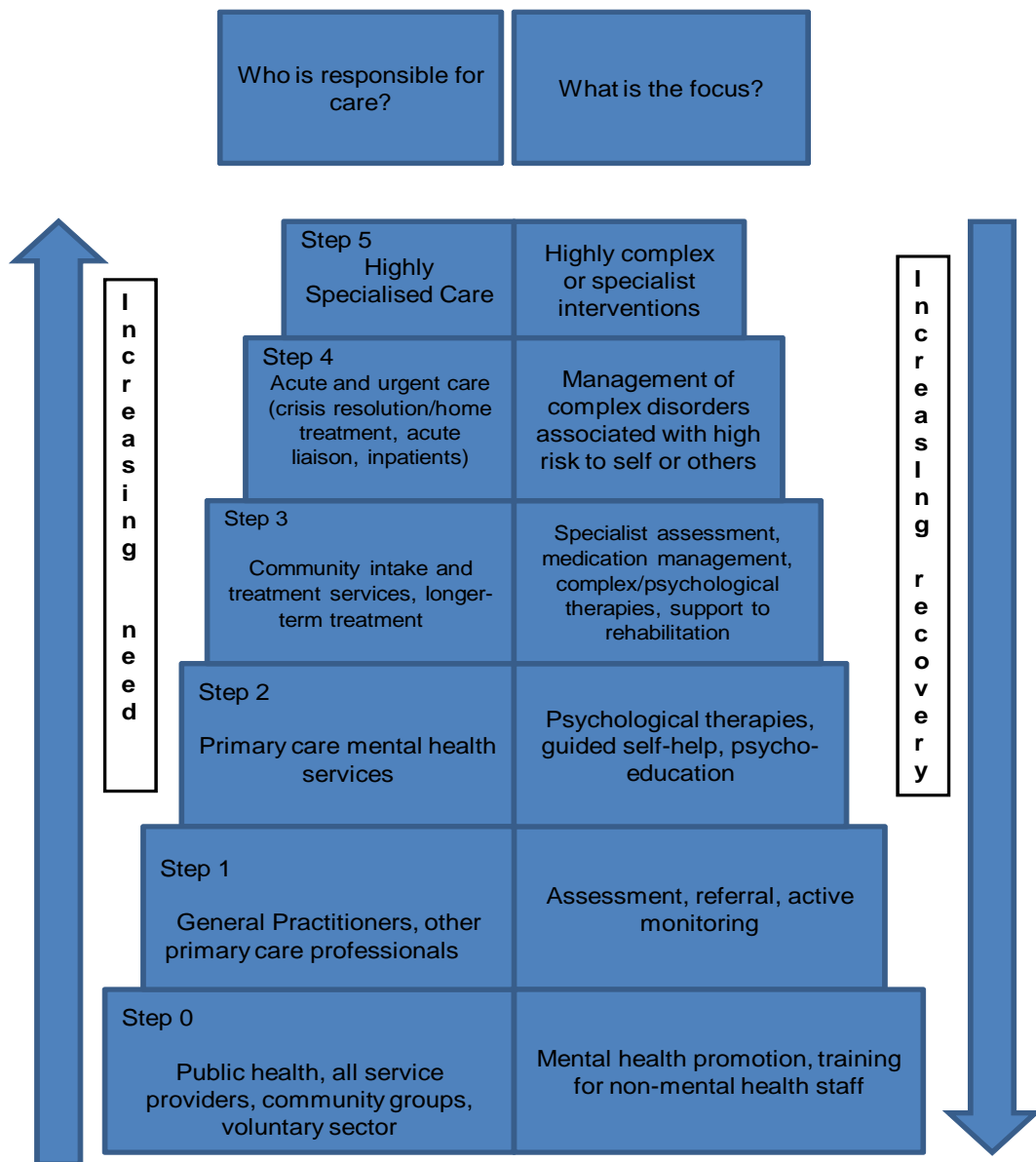
- Improving the experiences of our service users by making it easier to access the Trust services they need, wherever they live in the city, and making it easier for them to move back into the care of their GP when their mental health has improved
- Improved relationships between us (the Trust) and local GPs based on the stepped care model – see the diagram on next page – so that people have the best care when they need it.
- Using the stepped care model (see diagram below) will let us best meet a person's mental health care need throughout their contact with community services (steps 0-3 only). The new structure will make it easier for people to move from step 0 to 1, 2 or 3 when needed, and make it equally easy to move from 3 to 2, 1 and then 0 as their recovery progresses.
- Having the right level of CMHS to match the needs of the population in a particular area
- Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward.

The benefits for healthcare providers

- Enabling staff of all professions to use all their skills to improve the health of our service users
- Development the role of a Modern Matron for the community to ensure consistent quality of service in CHMS across the city.
- Improved integration between and within both primary and secondary care mental health services based on a stepped care model
- Improving experience and outcomes for patients (consistency, access to treatment, appropriate discharge back to the GP)
- Matching community service resource to the overall needs of the population of Manchester.

Better alignment of resources to population needs in the different areas of the City.
Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward.

Diagram: Stepped Care Model



What are the gateway and community matron roles?

These roles are new for the Trust and we are working with our staff to see how the proposed gateway function would operate and also how the role of modern matron would work in the community. We see these roles as important in making it easier for your doctor to refer you to our services for care and treatment – making it quicker for you to have the care you need as soon as possible – by working more closely with GPs (through the gateway role) and having high quality of service within each of the teams (community matron).

What do you mean by ‘community help’?

To help you reach your recovery goals we will help you find out more about what’s happening in your local area within the various community, voluntary and peer support groups so you can feel part of where you live, learn new things (or perhaps do things again that you have not done since school, such as art) and make new friends.

Why is working with my doctor important?

People wanted to know more about how we will work with their doctor (your General Practitioner – GP) to make sure they are listened to when they talk about their mental health needs. We will help GPs understand mental illness more so that they can help people like you who come to them for help, and may need our support.

Your views count

What you and your carers say is really important to us in helping improve our services and so we are making sure we listen more, act when it will make a positive difference and tell you what we have done.



Keeping you in the know

Where we are up to with our Adult Mental Health Community Services Review

December 2011



If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5259 or e-mail linkworkers.mentalhealth@nhs.net. If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk.

Together we are better





Manchester Mental Health **NHS**
and Social Care Trust

Improving Adult Community Mental Health Services in Manchester

Information for the general public

7 October – 7 November 2011

If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail: linkworkers.mentalhealth@nhs.net. If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk

Together we are better

What this document is about

We provide a range of mental health, wellbeing, social care and public health services to the people of Manchester.

We provide a range of services to 10,500 people each year through our community mental health services, inpatient and outpatient services.

Like all other health trusts we need to show that we are delivering high quality care to the people who use our services in a way that gives real value for money.

We are focused on recovery¹ and helping our service users to identify and achieve their own goals for this. Our approach to recovery has been recognised nationally and we are now sharing our learning with others.

Recovery underpins all that we do and the vast majority of the adults that we care for remain in the community, supported by our dedicated Community Mental Health Teams (CMHTs). The CMHTs work in conjunction with people to enable them to continue managing their mental health in their own homes, perhaps with additional support from our outpatient, day services or other teams.

We are currently reviewing our Community Mental Health Teams for adults (people aged under 65) to improve what we do and this document explains how we will do it and what we will achieve.

This document outlines:

- How we are telling people about these changes
- How we plan to provide Adult CMHS to meet the population of the City of Manchester's identified mental health needs in the future
- The benefits for our service users and carers
- The benefits for healthcare providers including our staff, as well as the local GP population
- What this means financially.

We would really like to hear your views on these plans – please see page 5.

Dr Sean Lennon – Medical Director

Adrian Childs – Director of Nursing & Therapies

Stuart Hatton – Chief Operating Officer

¹Recovery – will mean something different to each of our service users. What we are committed to doing is working with them to identify what this means in terms of their own individual goals and then helping them to work towards achieving these goals.

How we are telling people about these changes

We have written to the service users who use our community mental health services about these changes, as well as GPs, MPs, councillors and a number of community and mental health care groups in the city. We are also arranging to meet and talk to various mental health interest groups as we want to gather as many views as possible.

How we plan to provide Adult CMHS

We want to make sure that wherever someone lives in the city they are able to access the Trust services that will best meet their needs as easily as possible.

We know that, across the city, there are areas of greater need for Trust services. We want to make sure that our services are where they are needed and so that we can make sure our services do match the areas of need we have:

- Mapped the mental health needs of Manchester's population;
- Identified the GP practice population figures with appropriate adjustments for mental health need;
- Analysed GP referrals 'accepted' to community mental health teams over a 3-year period;
- Profiled staffing resources
- Profiled the medical workforce.

The final number and skill mix of practitioners in a team will vary according to the identified mental health need of the geographical area the team serves.

We propose to introduce a role within community teams that is equivalent to the inpatient Modern Matron².

Our services will be organised and rearranged through a single management structure to make

² Matrons are the role models and leaders of high quality standards on inpatient wards, they challenge any deficits in clinical standards, ward cleanliness, and the quality of the patient environment. They are visible and recognisable on the wards and address patient and carer complaints as soon as they arise, they support ward managers and their staff in their development needs and provide expert advice on patient care.

it easier for our service users to move from GP care to our services when needed, and back again.

When we have our new services in place we will make sure we are continuing to provide the best care for that area by reviewing this regularly to make sure we can respond to changing needs.

We plan to make these changes to our Adult CMHS because we want to:

- Continue to improve the quality of Adult CMHS delivered to the local population
- Improve the links between GPs (primary care) and the Trust (secondary care) making it easier for people who need support with their mental health to receive the care we provide
- Improve the transfer of service users between teams and externally to ensure their mental health needs are met at the right time by the right people
- Give our staff the opportunity to use their therapeutic skills more effectively to aid and assist our service users' recovery.

The benefits for our service users and carers

The changes we plan will have the following benefits:

- Improving the experiences of our service users by making it easier to access the Trust services they need, wherever they live in the city, and making it easier for them to move back into the care of their GP when their mental health has improved
- Improved relationships between us (the Trust) and local GPs based on the stepped care model – see the diagram opposite – so that people have the best care when they need it.
- Using the stepped care model will let us best meet a person's mental health care need throughout their contact with community services (steps 0-3 only). The new structure will make it easier for people to move from step 0 to 1, 2 or 3 when needed, and make it equally easy to move from 3 to 2, 1 and then 0 as their recovery progresses.
- Having the right level of CMHS to match the needs of the population in a particular area

- Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward.

The benefits for healthcare providers

- Enabling staff of all professions to use all their skills to improve the health of our service users
- Development the role of a Modern Matron for the community to ensure consistent quality of service in CHMS across the city.
- Improved relationships with primary care and closer links to GPs through services organised and identified to support a specific area.

Financial aspects

These changes when fully implemented are likely to save around £1.9 million. This saving will be achieved by an overall reduction of approximately 46 posts. It is planned that the full-time equivalent reduction will be achieved through redeployment of staff and the disestablishment of vacant posts wherever possible.

We have started a period of consultation with the affected staff (3 October – 7 November 2011).

Please let us know your views

You can let us know what you think about our plans to for community services by writing to:

General Manager: Mike Sinnott
e-mail: mike.sinnott@mhsc.nhs.uk

Or e mail:
communityservicesreview@mhsc.nhs.uk

Or you can complete the feedback form on page 5 and send it to:

Freepost RSCY-XTEK-JGXX

Communications Team (Public)

Manchester Mental Health and Social Care Trust

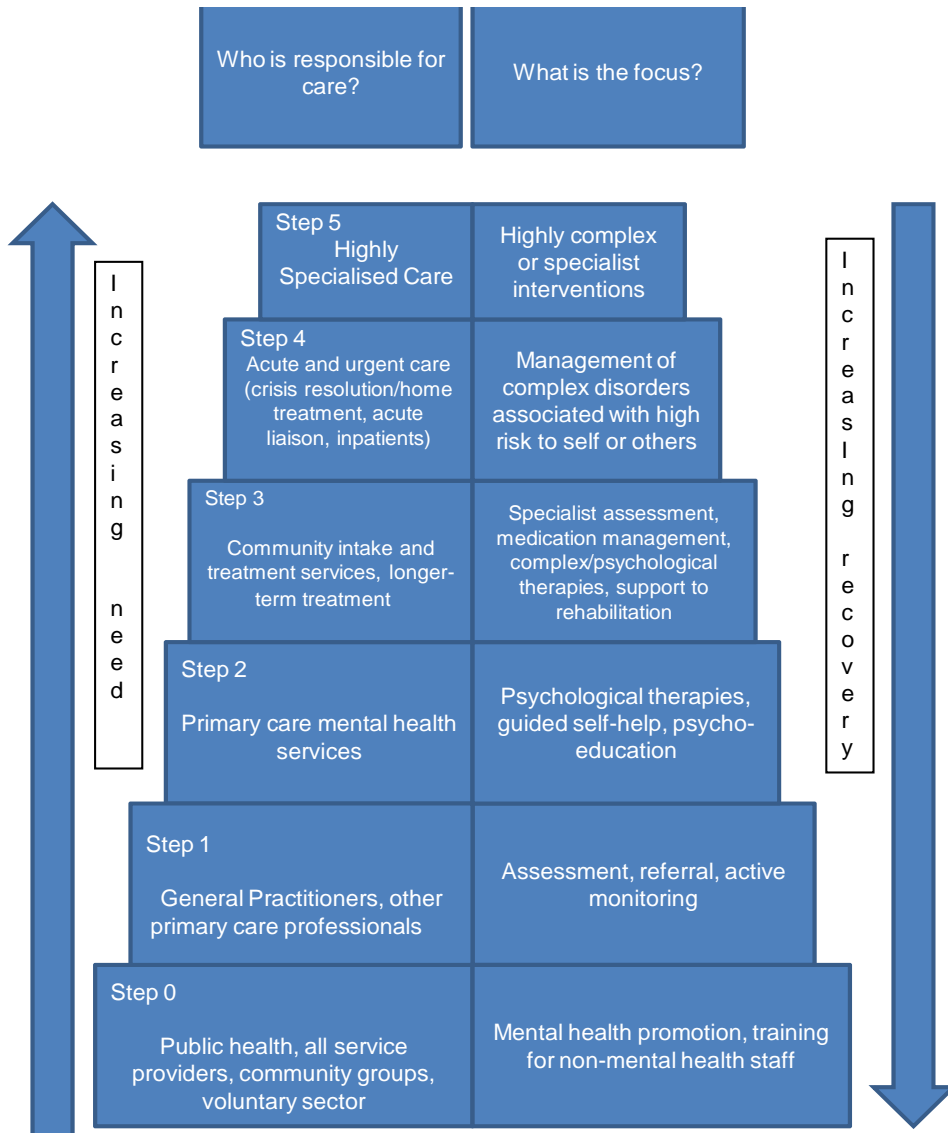
Chorlton House

70 Manchester Road

Chorlton-cum-Hardy

Manchester, M21 9UN.

The Stepped Care Model





Improving Community Mental Health Services in Manchester – Feedback Form

Thank you for taking the time to read the attached document (*Improving Community Mental Health Services in Manchester – Information for the general public*). Please use this form to tell us what you think about the change presented in this document.

If you have any questions about filling in this form, you can contact the Trust's Communications Team on 0161 882 1124 or by e mail to: communications.admin@mhsc.nhs.uk. **If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail linkworkers.mentalhealth@nhs.net.** If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk

Please return your form by Monday, 7th November 2011 to: Freepost RSCY-XTEK-JGXX, Communications Team (Public), Manchester Mental Health and Social Care Trust, Chorlton House, 70 Manchester Road, Chorlton-cum-Hardy, Manchester, M21 9UN.

All responses to this document will be anonymised and treated as confidential.

Question 1

Do the planned improvements to community mental health services affect you? (See page 3 (to be checked on final version) of the document). Please circle your answer as appropriate.

YES / NO

If yes, please let us know in what way?

Question 2

What concerns do you have about these improvements?

Finally if you have any further comments or issues that you would like us to consider, please let us know in the box below.

About you

The Trust monitors diversity and equality in all its processes. Please complete this section to help us ensure we have feedback from a wide range of people.

Please select one of the answers in each question by putting ticking the box.

What is your age group?

- Under 21 21 – 44
45 – 64 65 and over

Are you?

- Male Female

Do you consider yourself to have a disability?

- Yes No

What is your ethnic group? (please tick)

- Asian/Asian British, Bangladeshi
- Asian/ Asian British, Indian
- Asian/Asian British, Pakistani
- Asian, other
- Black /Black British, African
- Black /Black British, Caribbean
- Black/Black British, other
- Chinese
- Mixed, White & Asian
- Mixed, White & Black African
- Mixed, White & Black Caribbean
- Mixed, other
- White British
- White Irish
- White, other
- Other Ethnic background
- Unknown/Not declared

What is the first part of your postcode (eg M21)? _____

Do you consider yourself to be a user of mental health services in Manchester?

- Yes No

Do you have a caring responsibility for someone who uses mental health services in Manchester?

- Yes No

Do you represent a local community group or interest group?

- Yes No

If yes, which one?

Would you like to be involved in other opportunities/communications about this review and other mental health service improvement projects?

- Yes No

If yes, please provide your contact details (these will only be used for the purposes of contacting you regarding Trust service improvement projects):

Thank you for completing this feedback form. Please return it (by Monday, 7th November 2011) to:

Freepost RSCY-XTEK-JGXX

Communications Team (Public)

Manchester Mental Health and Social Care Trust

Chorlton House

70 Manchester Road

Chorlton-cum-Hardy

Manchester M21 9UN



Manchester Mental Health **NHS**
and Social Care Trust

Improving Adult Community Mental Health Services in Manchester – Information for you

7 October – 7 November 2011

If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail linkworkers.mentalhealth@nhs.net. If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk

Together we are better

What this document is about

Manchester Mental Health and Social Care Trust provides a range of mental health, social care and public health services to the people of Manchester.

We provide a range of services to a caseload of approximately 10,500 people each year through our community services, inpatient and outpatient services.

As part of the NHS drive to improve the quality and efficiency of healthcare services, we have a responsibility to review all our services to ensure we consistently deliver high quality care and do so in a way which maximises value for money.

We are very much focused on recovery¹ and helping our service users to identify and achieve their own goals for this. Our approach to recovery has been recognised nationally and we are now sharing our learning with others.

Recovery underpins all that we do and the vast majority of the adults that we care for remain in the community, supported by our dedicated Community Mental Health Teams (CMHTs). The CMHTs work in conjunction with them to enable them to continue managing their mental health in their own homes, perhaps with additional support from our outpatient, day services or other teams.

We are currently reviewing our Community Mental Health Services for adults (people aged under 65) as we believe we can improve on our already excellent practice to give service users a better, more seamless service.

This document explains how we want to improve our community mental health services for adults to:

- Enable us to better meet the needs of our service users
- Improve our relationships with primary care and work more closely with General Practitioners (GPs)
- Improve the way primary care (GPs) and secondary care (the Trust) work together
- Make sure we are meeting the overall needs of the population of Manchester
- Make sure resources are in the right areas to meet the needs of the different areas of the city

¹Recovery – will mean something different to each of our service users. What we are committed to doing is working with them to identify what this means in terms of their own individual goals and then helping them to work towards achieving these goals.

- Support staff of all disciplines to utilise their skills to the maximum benefit of service users.

This document outlines:

- The reasons behind the review of Adult Community services
- The future service model for providing Adult Community services to meet the population's (Manchester City) identified needs
- The benefits and impact of this change for our service users and carers
- The benefits and impact of this change for staff and how we are consulting with those affected by the proposed changes.

We have written to the service users who use our community mental health services about these changes, are circulating this document to GPs, MPs, councillors and community and mental health care groups in the city. We are also arranging to meet and talk to various interest groups as we want to gather as many views as possible.

We look forward to hearing from you.

Sean Lennon – Medical Director

Adrian Childs - Director of Nursing & Therapies

Stuart Hatton -Chief Operating Officer

Reasons for the review

In recent months, the Department of Health have published a range of key strategy documents which set out its proposals for reforms in the NHS, public health and adult social care. These include:

- *“Equity and excellence: liberating the NHS”* (July 2010) which sets out the long term vision for the NHS;
- *“Healthy lives, healthy people”* (November 2010), the public health strategy for England;
- *“A vision for adult social care: capable communities and active citizens”* (November 2010) describes the direction for adult social care - this particularly focuses on personalised services and outcomes;
- *“No health without mental health”* (February 2011), an explicitly outcomes-driven approach to the improvement of mental health, and mental health services.

These new policies build on previous initiatives such as QIPP (Quality, Improvement, Prevention, Productivity). This requires all NHS providers to release savings by generating greater efficiency whilst at the same time improving patient experience and clinical outcomes.

In light of these national and local changes we are now reviewing all services and how we deliver them – looking at the journey a service user might make, for example the next steps following referral to us by their GP – and how we can best meet their needs along the pathway.

It is also timely to review these services now, as we received a number of community services into our Trust on 1 April 2011 (including the primary care mental health teams and some of the new IAPT (Improving Access to Psychological Therapies services) which has extended the mental health pathway in the community for which we are responsible and enables us to make service improvements. These include:

- Ensuring a clear and rapid response to referrals from primary care
- Providing earlier support for users and, where appropriate, avoiding the need for individuals to come into specialist secondary care services
- Ensuring secondary care teams only see users whose individual needs require a complex multi-disciplinary approach
- Improving pathway management to ensure that users presently supported in secondary care services can, where appropriate, return to primary care based support as quickly as possible.

How we plan to provide community mental health care

We aim to ensure that there is a more equitable level of service across the City, and improved care pathways for service users. Manchester's population is diverse in terms of age, income, stability and life opportunities across the City. This affects the level of demand on existing services and therefore, to more closely align these resources with the demands that services face, we want to distribute differently all of the available resources, including those within secondary care.

This resource distribution will then be reviewed at regular intervals so that we continue to respond to changing needs.

Our Clinical Strategy 2011-2014 sets out how we will develop services to best meet the mental health needs of the local community. The Strategy agreed by the Trust Board, seeks to implement services which are based in local communities to meet that community's needs with appropriate and available resources matched to local need. A copy can be found at the following link:

<http://www.mhsc.nhs.uk/media/2255/Agenda%20Item%2011%203D%20Strategy.pdf> or go to the Trust's sites and follow the links: www.mhsc.nhs.uk > About the Trust > Trust Board > Board papers > 2011 > March > Agenda item.

Implementation of this strategy is being supported by the '3D' Programme (Design, Development and Delivery) which, with the involvement of frontline staff, is determining how we move from the present set of services to our new pathway-based services to deliver our agreed vision.

As part of the 3D work, we have been discussing the reorganisation of community mental health services (CMHS). Changes to the organisation of CMHS are driven by a number of factors including:

- A desire to improve the quality of CMHS delivered to the local population
- Improving the links between GPs (Primary care) and the Trust (secondary care) making it easier for their patients to receive the care we provide
- The need to improve the transfer of patients both between teams and externally
- Giving our staff the opportunity to use their therapeutic skills more effectively

Benefits of the changes

Following the review of community services, we wish to change the model of delivering services to deliver the following benefits:

- Improved relationships with primary care and closer links to GPs through services organised and identified to support a specific area
- Improved integration between and within both primary and secondary care mental health services based on a stepped care model

- Improving experience and outcomes for patients (consistency, access to treatment, appropriate discharge back to the GP)
- Matching community service resource to the overall needs of the population of Manchester
- Better alignment of resources to population needs in the different areas of the City. Dedicated Consultant time for each community team and as a result dedicated Consultant time for each inpatient ward
- Enabling staff of all professions to use skills to the maximum benefit and addressing skill shortages when identified
- Development of a Community Matron role drawn from all disciplines to ensure consistent quality of service in CHMS across the city.

Our proposed service model

It is proposed to organise services on pathways of care, which support a stepped care model (shown at Appendix 1).

This shows how we will meet an individual's need throughout their contact with community services (steps 0-3 only).

Primary Care MH Pathway (PCP) (Steps 0 to 2 of Stepped Care Model)

This pathway will integrate our transferred primary care mental health services (including IAPT and third sector providers) with the specialist secondary care services into a coherent, cohesive and high quality service dedicated to particular areas of the City.

Staff in the primary care service will work in conjunction with secondary care staff to ensure that local services are seamless. Features of these include:

- Most people's needs will be met within this pathway.
- This pathway will encompass IAPT services and also NHS commissioned services delivered by third sector providers.
- The primary care pathway will incorporate the new (National Institute for Health and Clinical

Excellence) NICE² guidance on management of common mental health conditions.

- Support will be provided to GPs through explicit local treatment guidelines which take into account NICE and other best practice guidance.
- Staff within the primary care service will be familiar with options of self-care and non-statutory services for users. They will also foster relationships with partners (outside the Trust) who can assist individuals with benefits and welfare advice, activity, work and accommodation needs.
- There will be a tiered approach to care within the primary care service. Appropriate supervision and case discussion opportunities will be built in so that staff are supported and service users can be 'stepped up and down' the pathway in line with their individual needs.
- A key innovation will be the establishment of a Gateway Worker role. They will oversee the 'stepping up and down' of service users to and from primary care and other pathways.

Intake and Treatment Pathway (Step 3)

The majority of service users with more complex needs will be assessed and treated in this pathway. Features of this service will include:

- Teams will work with people with personality disorder whose needs are significant.
- Referrers and service users will receive a prompt response to a referral
- Early and expert assessment of needs and formulation of an immediate management plan, access to relevant specialists (working together as a multi-disciplinary team)
- Access to structured and evidence-based packages of care, access to CPA and care coordination where relevant.
- It is expected that most episodes of care would be completed within 12 months with an

² This new NICE guideline focuses on primary care. It draws on existing NICE guidelines and makes new recommendations on how patients are assessed, and when and how they are referred to other services for treatment. The guideline also provides clear advice to managers and commissioners on how to develop referral and care pathways in their local area.

option to extend this to 18 months or longer where a specific piece of therapeutic work requires it.

- Teams delivering this pathway would be familiar and confident in the assessment and management of complex and severe mental health problems and significant risk.
- Individual service users will be prepared for discharge from the outset, with a clear focus on the achievement of manageable and meaningful goals. It is anticipated that most service users will be stepped back to step 0 or 1; some individuals may need further support from the Trust's primary care service (step 2) for a time-limited period. Some service users' needs will be sufficiently complex and longstanding that they require further input from teams delivering the Recovery and Rehabilitation Pathway.

Recovery and Rehabilitation (R&R) Pathway (within Step 3):

The R&R Pathway will provide longer term care for service users with complex and longstanding needs, often with considerable levels of risk to themselves and/ or other people. It is also for service users in low and medium secure facilities when their recovery dictates discharge back to local services. Features of this service will include:

- Staff will work with service users to identify and achieve measurable and meaningful Recovery based goals with an aspiration for them to move on from the Trust's care at a time that is right for them.
- Staff in R&R care will foster links with local secure services (low and medium), other providers of rehabilitation and long stay care within the city, and with staff delivering the above I&T and PCP Pathways.
- There will be formal evaluation of each service user's care in the 3rd year of each cycle of R&R care to determine whether the Trust continues to be the most appropriate provider of care.
- This pathway will be delivered to service users living in the community and those using the Trust's inpatient and community based residential rehabilitation services to ensure that care is coherent and comprehensive.

Our proposed service structure

The change in Adult community services proposes the creation of six community areas for the City. Staff in the primary care service will work in conjunction with secondary care staff in each of the six areas to ensure that local services are seamless. These will be organised and rearranged through a single management structure to enhance the link between secondary care services, GP commissioners, primary care based services and where possible, the localities within the City Council. This will improve communication; facilitate close working and quicker transfer of patients between services along the agreed care pathways as appropriate.

To determine the proposed configuration of adult community services ('area teams') and to establish a revised secondary care infrastructure a comprehensive and thorough approach has been undertaken, including:

- Mapping of the mental health needs of Manchester's population;
- Identification of the GP practice population figures with appropriate adjustments for mental health need;
- An analysis of the GP referrals 'accepted' to community mental health teams over a 3-year period;
- Profiling of staffing resources adjusted to reflect the resource envelope over the next 4 years;
- Profiling of the medical workforce through the current re-alignment work within Adult mental health services.

The final number and skill mix of practitioners in a team will vary according to the identified mental health need of the geographical area the team serves. The final size of each team will be determined using the results of the needs based mapping exercise across the City population, undertaken as part of 3D and in response to comments through this consultation.

We propose to introduce a role within community teams that is equivalent to the inpatient Modern Matrons³.

³ Matrons are the role models and leaders of high quality standards on inpatient wards, they challenge any deficits in clinical standards, ward cleanliness, and the quality of the patient environment. They are visible and recognisable on the wards and address patient and carer complaints as soon as they arise, they support ward managers and their staff in their development needs and provide expert advice on patient care.

Financial aspects

These changes when fully implemented are likely to save around £1.9 million. This saving will be achieved by an overall reduction of approximately 46 posts. It is planned that the full-time equivalent reduction will be achieved through redeployment of staff and the disestablishment of vacant posts wherever possible.

We have started a period of consultation with the affected staff (3 October – 7 November 2011).

Please let us know your views

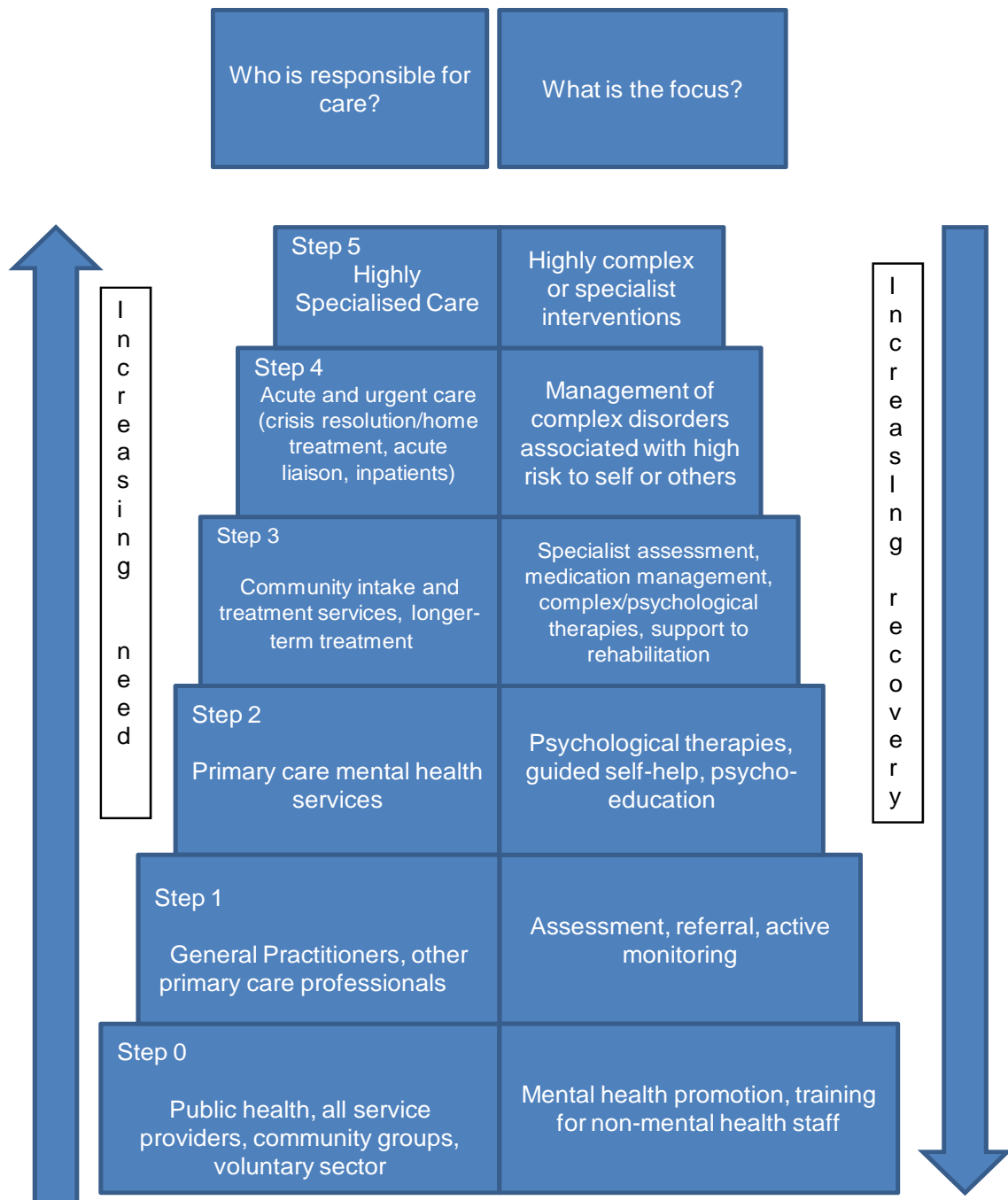
You can let us know what you think about our plans to for community services by writing to:

General Manager: Mike Sinnott
e-mail mike.sinnott@mhsc.nhs.uk

Or e mail:
communityservicesreview@mhsc.nhs.uk

Or you can complete the feedback form on page 8 and send it to:

Freepost RSCY-XTEK-JGXX
Communications Team
Manchester Mental Health and Social
Care Trust
Chorlton House
70 Manchester Road
Chorlton-cum-Hardy
Manchester, M21 9UN.





Improving Community Mental Health Services in Manchester – Feedback Form

Thank you for taking the time to read the attached document (*Improving Community Mental Health Services in Manchester – Information for you*). Please use this form to tell us what you think about the change presented in this document.

If you have any questions about filling in this form, you can contact the Trust's Communications Team on 0161 882 1124 or by e mail to: communications.admin@mhsc.nhs.uk. **If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail linkworkers.mentalhealth@nhs.net.** If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk

Please return your form by Monday, 7th November 2011 to: Freepost RSCY-XTEK-JGXX, Communications Team, Manchester Mental Health and Social Care Trust, Chorlton House, 70 Manchester Road, Chorlton-cum-Hardy, Manchester, M21 9UN.

All responses to this document will be anonymised and treated as confidential.

Question 1

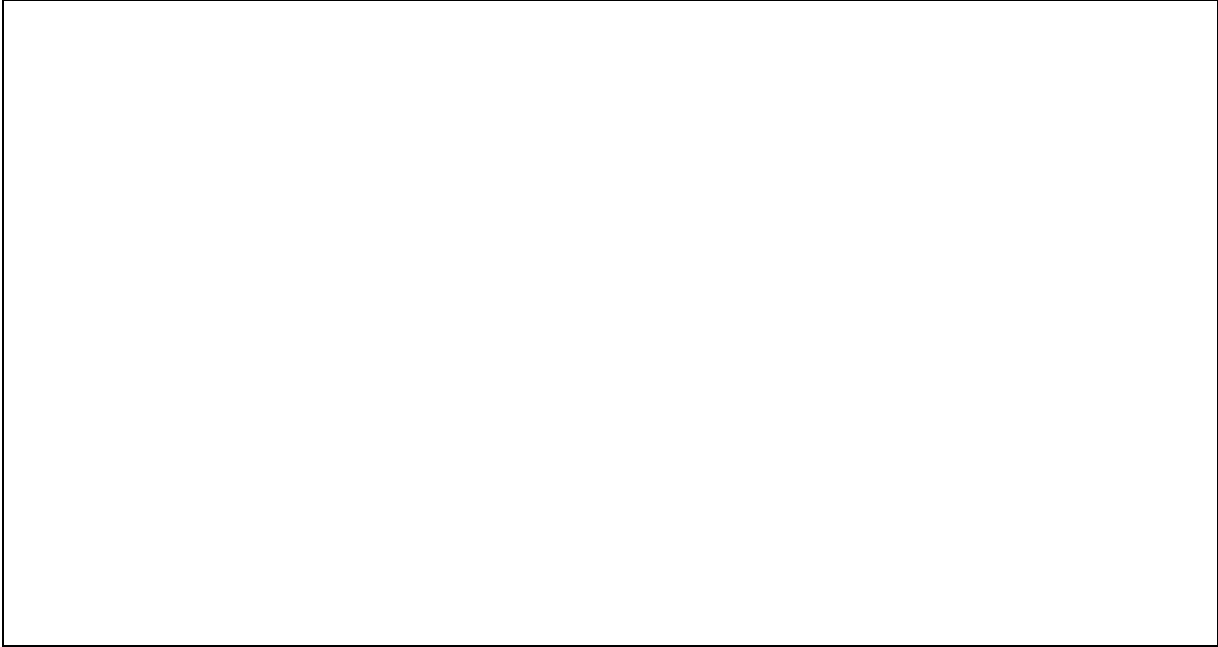
Do the planned improvements to community mental health services affect you? (See page 3 (to be checked on final version) of the document). Please circle your answer as appropriate.

YES / NO

If yes, please let us know in what way?

Question 2

What concerns do you have about these improvements?



Finally if you have any further comments or issues that you would like us to consider, please let us know in the box below.



About you

The Trust monitors diversity and equality in all its processes. Please complete this section to help us ensure we have feedback from a wide range of people.

Please select one of the answers in each question by putting ticking the box.

What is your age group?

- Under 21 21 – 44
45 – 64 65 and over

Are you?

- Male Female

Do you consider yourself to have a disability?

- Yes No

What is your ethnic group? (please tick)

- Asian/Asian British, Bangladeshi
- Asian/ Asian British, Indian
- Asian/Asian British, Pakistani
- Asian, other
- Black /Black British, African
- Black /Black British, Caribbean
- Black/Black British, other
- Chinese
- Mixed, White & Asian
- Mixed, White & Black African
- Mixed, White & Black Caribbean
- Mixed, other
- White British
- White Irish
- White, other
- Other Ethnic background
- Unknown/Not declared

What is the first part of your postcode (eg M21)? _____

Do you consider yourself to be a user of mental health services in Manchester?

- Yes No

Do you have a caring responsibility for someone who uses mental health services in Manchester?

- Yes No

Do you refer people with mental health issues to our services?

- Yes No

Do you represent a local community group or interest group?

- Yes No

If yes, which one?

Do you work for the NHS?

- Yes No

If yes, please can you circle in which capacity?

- GP
- Primary care health professional
- Acute care health professional
- Mental Health worker
- Other – please state: _____

Would you like to be involved in other opportunities/communications about this review and other mental health service improvement projects?

Yes No

If yes, please provide your contact details (these will only be used for the purposes of contacting you regarding Trust service improvement projects):

Thank you for completing this feedback form. Please return it (by Monday, 7th November 2011) to:

***Freepost RSCY-XTEK-JGXX
Communications Team
Manchester Mental Health and Social Care Trust
Chorlton House
70 Manchester Road
Chorlton-cum-Hardy
Manchester
M21 9UN***

What are the gateway and community matron roles?

These roles are new for the Trust and we are working with our staff to see how the proposed gateway function would operate and also how the role of modern matron would work in the community. We see these roles as important in making it easier for your doctor to refer you to our services for care and treatment – making it quicker for you to have the care you need as soon as possible – by working more closely with GPs (through the gateway role) and having high quality of service within each of the teams (community matron).

What do you mean by 'community help'?

To help you reach your recovery goals we will help you find out more about what's happening in your local area within the various community, voluntary and peer support groups so you can feel part of where you live, learn new things (or perhaps do things again that you have not done since school, such as art) and make new friends.

Why is working with my doctor important?

People wanted to know more about how we will work with their doctor (your General Practitioner – GP) to make sure they are listened to when they talk about their mental health needs. We will help GPs understand mental illness more so that they can help people like you who come to them for help, and may need our support.

Your views count

What you and your carers say is really important to us in helping improve our services and so we are making sure we listen more, act when it will make a positive difference and tell you what we have done.

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For more information: www.mhsc.nhs.uk/services/community-services.aspx



Keeping you in the know

Where we are up to with our Adult Mental Health Community Services Review

December 2011



Together we are better

Keeping you updated is important to us

We are writing to you to let you know where we are up with our Adult Community Mental Health Services review.

Mike Sinnott wrote to you in October letting you know that we want to make these services better for you. We want to:

- **Improve how we work with local GPs (your doctor) to make it easier for people who need our help to get what they need as quickly as possible**
- **Make sure our teams are based in the areas where they are most needed.**
- **Make it easier for the people who need us to access our services when they need them, and as they get better move back into the care of their GP.**
- **Use the Stepped Care model to help people get more support when they need it**
- **Have a dedicated consultant for each community team**


As part of looking at how we could do this we have spoken to more than **150 service users and carers** at different meetings over the last six weeks. They told us that they are glad that we are looking more at **recovery***, that we are looking at how we can **see people more quickly, improve how we work with doctors** and how we might **make things better** and they told us where they wanted to know more.

We also talked about the **'Stepped Care Model'** which people think is a very good idea. Using this will make it much easier for people to get more help if they become unwell and also help them get back into their community life as they become better.

In this leaflet, we have listed some of the questions that we have been asked a lot and our answers to these questions. If you have any more questions please speak to your care co-ordinator, visit the Trust website at www.mhsc.nhs.uk (search for community services review) or contact either of one of us – our contact details are below

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Patrick Cahoon
Associate Director – Service
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 *Recovery - this will mean something different to each of our service users. We are committed to working with them to identify what this means in terms of their individual goals and then helping them work towards achieving them.

Carers – how will the Trust work with them in the future?

We will continue to work with carers to get the best care for their family member who is service user of our mental health services. We are looking at how we can make this better, listen more and still keep information about the service user confidential when they want us to. Your views as a carer are important to us and are most welcome.

What do you mean by stepped care model – 'stepping up' and 'stepping down'?

At the moment, some people face a number of assessments as they move into different parts of mental health services which can mean answering the same questions over and over again. The Stepped Care Model will mean that service users will have an initial assessment which we will build upon if the service user needs results in them being 'stepped up'. The assessment information will be reviewed on a regular basis to ensure it is accurate. This means people will not need to 'start again' in providing us with information – the stepped care approach will make this easier and improve the service user's experience of our services.

Are the proposals only about saving money?

We are considering how best to ensure that our current service users are getting the 'right' service for them as part of their recovery. We will be working jointly with service users to ensure that they are in the right part of the stepped care model.

We will save money – £1.9m – by making these improvements. But it is not all about saving money as we are committed to improving the quality of our services and will do this by working more effectively and making sure our teams and resources are focused in the areas of the city where they are needed, with a skill mix in the teams that means you will not have to move around as much.

We will have six community mental health teams (instead of the current 11) and we will reduce the number of staff by 46. We will be working closely with those staff who have to move from community mental health services as a result of this service improvement to find them a role in our other services as far as possible.