
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 29 October 2015

Subject: Cost Improvement Plans (CIP) Proposals for 2015/16 of
Manchester Mental Health and Social Care Trust

Report of: Manchester Mental Health and Social Care Trust

Summary

This report provides Members with information on the Manchester Mental Health and Social Care Trust's proposals to meet one of its statutory responsibilities, which is to achieve a balanced budget.

As a result of extensive deliberation, the Trust Board has concluded that this cannot be achieved without impacting directly on some of Trust's services.

It is recognised that this will affect service users, their families/carers and some staff members. The proposals in this report have not been taken lightly; however, are necessary if the Trust is to make progress towards the achievement of its statutory responsibility.

The total savings target for 2015/16 is £6.9million. The conventional approach to efficiency savings has resulted in a saving of £3.1million towards this figure. This has been achieved through efficiencies within the Trust's corporate and management functions.

The proposed services for retraction are those which have been identified as not meeting the 'core' criteria which is explained further within this paper.

The retraction of the services will impact on some 664 people (including those on a waiting list) and 29 staff and will result in a total saving of £1.5million. The Trust has written to the service users on active caseloads to advise them of this paper and held briefing meetings with affected staff and union representatives.

The Trust will be re-investing £200k to enable a different service offering to be provided with a focus on supporting individuals towards their recovery, achieving their personal goals and maintaining their own health and well-being. The Trust plans to undertake a public consultation exercise to gain views on how best to re-invest this money.

The proposals in this paper are supported by the Manchester Clinical Commissioning Groups' Citywide Commissioning Team.

Recommendations

The Committee is asked to:

- Note the contents of this report
 - Consider and comment on the proposed changes
 - Note the Trust's proposed approach to undertake a public consultation regarding the re-investment
 - Consider and comment on the proposed approach.
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Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Not Applicable

1.0 Introduction

1.1 This document is intended to:

- Apprise the Health Scrutiny Committee of the Trust's Cost Improvement Plans (CIP) for 2015/16, the process undertaken to determine the priorities and the resulting impact on some of the Trust's services;
- Ask the Health Scrutiny Committee to consider and comment on the Trust's proposals;
- Note the Trust's approach to undertake a public consultation process in order to seek wider views regarding the re-investment monies;
- Ask the Health Scrutiny Committee to consider and comment on the Trust's proposed approach.

1.2 In order for the Trust to work towards the achievement of its statutory financial responsibilities, the Trust has considered efficiency savings, management/re-organisation and estates related savings. However, it has not been possible to achieve the expected level of savings without affecting some service areas in the form of service retractions.

1.3 The total savings target for the Trust, this year, is projected to be almost £6.9million. The proposed service retractions will result in a total saving of £1.5million. The Trust Board has approved a re-investment of £200k from these savings. It is planned for the £200k re-investment to enable a different service offering to be provided with a focus on supporting individuals towards their recovery, achieving their personal goals and maintaining their own health and wellbeing. The Trust will be undertaking a public consultation exercise to gain views regarding how best to re-invest this money.

1.4 The Trust is planning to retract the following services:

- Benchmark
- The Chronic Fatigue Service
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support Service (IPS)
- Perinatal liaison post
- The Psychosexual Service
- Specialist Affective Disorders Service.
- Station Road Community Rehabilitation – now considered a service change in light of Creative Support's notification to cease service provision – further explanation given in section 5.0.

1.5 The retraction of the services will impact on some 664 people (including those who are on a waiting list) which represent 4% of the people who are supported by the Trust. This will impact on about 29 staff (20.6 whole time equivalent (wte)) which represents 1.7% of the Trust workforce headcount (1.3% of total wte). There will be limited redeployment opportunities for those staff who do not have a nursing or medical qualification.

1.6 The proposals within this paper are supported by the Manchester Citywide Commissioning Team who have commissioning responsibility for Mental Health services on behalf the 3 Manchester Clinical Commissioning Groups.

1.7 Manchester City Council (MCC) has also been involved in this work and MCC representatives are part of the Trust's working group along with Manchester Citywide Commissioning Team representatives.

2.0 Background

2.1 Cost or efficiency improvement is a recognised feature of annual planning in all NHS organisations. The Trust includes plans for efficiency savings as part of its planning cycle and where possible seeks to do this with a view to both the next annual planning round and longer term. However, as with most NHS organisations, the 2014/15 'round' was challenging for the Trust as it was unable to achieve its full saving plans. The unmet amount (£2million) was carried forward to 2015/16 and along with the necessary provision to meet the non-recurrent costs means a significant savings target is required. Some of the non-recurrent costs relate to redundancy costs from Manchester City Council contract reductions (£2.2million).

2.2 The Trust's CIP Programme for 2015/16 is £6.9million which represents 7% of the Trust's total income of £104million. The 2015/16 CIP figure comprises £2.0million from 2014/15 CIP, the in-year requirement of £4.3million and a further £0.6million efficiency saving from a specific 'risk share' approach to out-of-area beds as agreed with Manchester Clinical Commissioning Groups.

2.3 During 2014/15, the Trust's senior managers and clinical leaders explored the opportunities for making the savings expected for 2015/16 but it quickly became clear that the conventional approach to this could not deliver the full required savings.

2.4 The Trust has already achieved some of its CIP Programme for 2015/16 by making efficiencies within its corporate and management functions which total £3.1million. The proposals being presented in this paper to the Health Scrutiny Committee total £1.5million which relate to the service retractions rather than conventional efficiency savings. However, the Trust still has a financial gap of £2.3million to address.

2.5 As reported at previous Health Scrutiny Committee meetings on 29th January and on 1st October 2015, the Trust's future as an independent organisation is no longer viable due to its financial challenges and therefore the Trust is working with the NHS Trust Development Authority regarding the most sustainable organisation form to ensure the continuation of mental health services provided by the Trust within Manchester.

2.6 It should be noted the Trust's financial position has been discussed with the Trust Development Authority and it is recognised that required financial savings:

- Could not be achieved through the disestablishment of the Trust alone and
- Are necessary to ensure financial sustainability in the longer term, a prerequisite of any re-procurement or transfer of mental health services to another organisation.

2.7 The Trust therefore has had to consider the retraction of the following services to contribute to the delivery of the expected financial savings:

- Benchmark
- The Chronic Fatigue Service
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support Service (IPS)
- Perinatal liaison post
- The Psychosexual Service
- Specialist Affective Disorders Service
- Station Road Community Rehabilitation¹.

3.0 Approach for Identifying Trust’s ‘Core Services’ and Associated Criteria

3.1 Within the Trust, discussions took place with full engagement of senior clinical and managerial groups² to identify which of the Trust’s current portfolio of services could be considered as ‘core services’ as opposed to those that might be deemed ‘non-core’. This was with the ultimate aim of applying such definitions to each ‘service line’ of the ‘block contract’³, with Manchester Clinical Commissioning Groups, within the Trust to identify where service retractions might be applied.

3.2 It is important to note that for Trust services, the methodology did not include consideration of the relative ‘profitability’ of a service line to the Trust, but the relative importance of a service to the community/service users. It should be acknowledged that this was a challenging and difficult process for clinical and other staff involved as the implications of it were obvious.

3.3 The outcome of the discussions resulted in the following ‘ranked’ statements for ‘core services’:

General Statement – Core services are those which:	Implications/presentation – people who:
Are essential for user, carer or community safety	<ul style="list-style-type: none"> • Present immediate risk to themselves or others. • Present possible risk to ‘vulnerable people’, that is related to child or adult safeguarding. • National Eligibility Criteria (formerly known as FACS)

¹ Now considered a service change in light of Creative Support’s notification to cease service provision – further explanation given in section 5.0.

² The groups include a) Transformation Programme Board – 7 clinical lead psychiatrists, Medical and Nurse Directors, Heads of Social Work and Occupational Therapy, Chief Pharmacist, Clinical Director of Psychological Therapies and Executive Members; b) Senior Management Board – senior clinical managers (mainly nursing staff) and other non-clinical managers plus executives and c) Leadership Forum which is a large group of team, ward and other clinical and non-clinical leaders.

³ A block contract is an arrangement whereby a NHS provider is paid an annual fixed fee by a Healthcare commissioner for providing a defined range of services.

General Statement – Core services are those which:	Implications/presentation – people who:
	– Critical
Meet the needs of people in acute mental health crisis	<ul style="list-style-type: none"> • Are known or who are new to services and present in acute mental health crisis. • Are already designated, following assessment, as ‘detained’ under the Mental Health Act. • National Eligibility Criteria – Critical/Substantial
Support users with the most complex and disabling conditions	<ul style="list-style-type: none"> • Have symptoms which have been assessed to be: • Complex • Treatment resistant • Show impaired functioning • National Eligibility Criteria – Substantial

4.0 Service Retractions

4.1 The Trust acknowledges that there will be an impact on some of its service users, their carers/families and staff by the proposed service retractions. The services selected for retraction are those which best align to the non-core criteria (as summarised in section 3.0).

4.2 For each of the services, the following information is provided: service description; number of service users and staff affected; impact for service users, their family/carers and for staff and the proposed mitigation. A high-level summary is also provided in Appendix 1.

Services that Support Recovery

The following services have been identified for retraction:

- Benchmark
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support.

Service Description:

All of the services offer time limited, structured and goal focussed creative well being activities to support people to build strategies for self management of their wellbeing. Activities provided by Start and Studio 1 including ceramics, mosaics, painting, drawing, photography, textiles, and mixed media. Green Wellbeing and Benchmark offers a similar service with horticultural and woodworking activities respectively.

The Individual Placement and Support Service support people to find and prepare for work and provide time-limited ongoing support to the employers and employees. These services are generally seen as complementary to ‘core’ services, in that they provide individual and group interventions that promote recovery and wellbeing and are often part of the service user’s journey working towards independence. These services are generally well received by service users and often feature positively in service users’ stories.

Impact for Service Users, Carers and Staff:

Table 1 summarises the active caseload⁴, associated workforce and financial impact for these service components.

There are currently 261 service users who will be affected. The majority of service users (91% - 237) are also in receipt of 'core' services and have a care coordinator⁵ or another Trust lead professional involved in their care.

Service users do not present to these services with high levels of risk to themselves or others. Where any risk issues are identified, the care coordinator would be involved in working with the service user to maintain their safety. The main focus of these services is not risk management or reduction, although it is acknowledged that personal wellbeing and safety is a positive outcome of working in a recovery focussed way.

18 (15.16wte) staff would be affected directly by these service retractions. They are predominately from art, education and employment backgrounds and finding suitable redeployment opportunities within the Trust may be difficult. There are some staff who work across the Manchester City Council funded services in Community Inclusion Service and the visual arts services. Attempts will be made to redeploy staff into funded posts wherever possible.

Table 1: Active Caseload, Workforce & Financial Impact

Service	Number of Service Users	Numbers in receipt of 'core' services	Workforce Impact (wte)		Financial Impact (£k)
Benchmark	31	27	2	2.00	85
Creative Wellbeing	144	127	11	8.16	331
Green Wellbeing	14	12	1	1.00	49
Individual Placement and Support Service	72	71	4	4.00	137
Total	261	237	18	15.16	602

Managing the Impact and Mitigation Plan:

The engagement with these services is time limited. It is expected that the majority of service users will be supported to complete their programme of engagement prior to the service ceasing.

⁴ Active Caseload is based on the information available at this point in time. Further validation of the caseloads will be undertaken including appropriate closing of any cases on the Trust's clinical system following discharge from services.

⁵ The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. A CPA care co-ordinator (usually a nurse, social worker or occupational therapist) is a person who oversees the development and management of the care plan in conjunction with a service user.

In the event where individuals have been unable to complete their programme the care coordinator would work with the service user to explore alternatives within the broader community i.e. voluntary, education or 3rd sector.

It is important to note that care coordination will continue to be provided in line with the Care Programme Approach⁶. All service users involved in the affected services would be involved in a detailed review of their care. This will include a review of the impact on the carer through a carer's assessment.

The positive experiences are recognised. Service users will be supported to complete the programmes as far as possible to minimise any negative impact on their experience.

Specialist Psychological Services

Following consideration of all the Trust's psychological services in relation to the criteria for 'core' services, the following specialist services have been identified for service retraction:

- Chronic fatigue / pain service
- Specialist affective disorders
- Psychosexual service.

Service Description:

The three services serve a defined group of people and do not meet the Trust's criteria for 'core' mental health services. The Chronic Fatigue Service provides mindfulness group and individual therapy for service users with a range of long term conditions. The specialist affective disorders service provides treatment for service users who are already within secondary care services and have treatment resistant affective disorders. The Psychosexual Service provides services for adults with a wide range of sexual dysfunction.

Impact for Service Users, Carers and Staff:

Table 2 summarises the active caseload, associated workforce and financial impact for these service components. The total number of people that this will affect will be 403 noting that this includes a total waiting list of 246 for the Chronic Fatigue and Psychosexual Services. 11 (5.41wte) staff would be affected directly by these service retractions.

Table 2: Active Caseload, Workforce & Financial Impact

Service	Number of Patients	Workforce Impact (headcount) (wte)		Financial Impact (£k)
Specialist Affective Disorders	20*	5	2.60	175
Chronic Fatigue Service	60	3	1.61	93
Psychosexual Service	77	3	1.20	99
Total	157	11	5.41	367

Note: * Includes some non-Manchester patients

⁶ The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

Managing the Impact and Mitigation Plan:

All service users within Specialist Affective Disorders service will continue to be treated within secondary care services and have a care coordinator who is actively involved in their care.

Psychosexual and Chronic Fatigue Services will cease and there will be no replacement service available. It is expected that the majority of service users who are on the active caseload will be supported to complete their programme of engagement prior to the service ceasing.

A service for referrals of people with transgender and gender identity needs has not been provided by the Trust since April 2014 due to changes in referral management arrangements. However the Psychosexual Service still has a very small number of service users open to the service, who were previously referred with such needs. For this cohort, it is proposed that their intervention will either be concluded before the service ceases or that they will be referred on to other services with the agreement of Commissioners.

A validation exercise will be undertaken regarding the waiting lists for the Chronic Fatigue Service and Psychosexual Service.

Service users who present in a crisis will be assessed for support through the urgent care pathway.

Where possible, staff will be redeployed into funded establishments to retain skill and expertise within the organisation. It is recognised that this may be difficult due to the reduced level of provision in the area of expertise. Where therapists have a nursing or medical qualification this may be more straightforward.

Perinatal Liaison Post

Description:

The Perinatal liaison nurse offered advice on referrals between the Trust's Psychiatric Referral, Assessment and Management of Mothers and Babies Service (PRAMMBS) service and maternity services in North, South and Central Manchester as well as offering education to other Health Professionals. This post will result in a saving of £45k.

Impact for Service Users, Carers and Staff:

No direct impact has been identified on service users as the Perinatal Liaison Nurse did not hold a caseload or provide direct clinical care or treatment. Advice will continue to be offered to health professionals by the perinatal psychiatrist and Psychiatric Referral, Assessment and Management of Mothers and Babies Service (PRAMMBS) inpatient services.

5.0 Station Road – Community Rehabilitation

5.1 As indicated earlier, this service had been one of the services that had been identified for service retraction. However, the Trust recently received correspondence from Chief Executive of Creative Support notifying the Trust that they have decided to withdraw their services from 43 Station Road and will be seeking to de-register the service with the Care Quality Commission.

5.2 The Community Rehabilitation Scheme provides the following accommodation:

- Main house which is a 24 hour staffed residential care home (5 places)
- Cluster houses, within 2 miles of the main house
 - o 2 Shared 2 bedroom Houses move on supported tenancies (4 places)
 - o 2 Shared 3-4 bedroom Houses long stay supported tenancies (7 places)
 - o 1 bedroom house move on supported tenancy (1 place).

5.3 There are 13 service users in total with 2 currently in the main house and the remaining in the cluster houses. All the service users have a care coordinator who is actively involved in their care.

5.4 Work has already commenced to explore with the registered social landlord of the 4-bedroom house to establish if they are willing to take on the housing management which would mean that the service users in these houses would remain and only have a change of landlord. For the other service users the care coordinator with the Station Road staff will be working to move on those that need to move, for those that can stay alternative care packages will be commissioned where appropriate.

5.5 Care coordinators will support the applications for personal budgets to purchase individual care packages where appropriate. Care coordinators would support the identification of and applications for alternative accommodation.

5.6 As a result of receiving this notification, the Trust is now in the process of now exploring alternative redeployment opportunities for the nursing and support worker staff in line with the Trust's organisational change policy. No redundancies are anticipated due to the skill mix of the staff. Training and development will be provided as a matter of course.

5.7 The expected CIP savings of £511k, which is part of £1.5m, is still expected to be achieved.

6.0 Public Consultation Process

6.1 The Trust is committed to conducting a meaningful public consultation and will be clear on what aspects members of the public can influence. In keeping with this, the HSC and consultees are, through this process, being informed how the Trust Board reached its decision on the identified service retractions and specifically being consulted on how the re-investment should be used.

6.2 The Trust plans to inform and liaise with all affected service users of the Trust's decision to retract the services from an identified date and to carry out a public consultation which will consult solely on the re-investment of £200k of the CIP savings.

6.3 The proposed options for re-investment are currently being developed and will have a strong focus on supporting individuals toward recovery, achieving their personal goals and maintaining their own health and wellbeing. Staff, service users and carers will be involved in developing the proposed options.

Pre-Engagement Work

6.4 The key aspects of pre-engagement activities that have been completed to date are:

- Consideration of the proposals by the Trust's Clinical and Professional Leads at Transformation Programme Board which is a formal sub-committee of the Trust Board and by the Trust Board;
- Sharing of proposals with health and local authority Commissioner officers and Manchester Joint Clinical Commissioning Committee which is a formal sub-committee of the Manchester Clinical Commissioning Groups;
- Briefing meetings with affected staff and staff side union representatives prior to the proposals being available in the public domain;
- Writing out to all service users on active caseloads to advise them of this paper and to confirm that if and when the proposals are implemented that individual contact will be made with them during November to discuss the best available options – a copy of the letter is provided in Appendix 2.

Communications, Consultation and Engagement Process

6.5 The Trust has developed a communications plan and will be ensuring that the public consultation is carried out as a meaningful exercise and that consultees will have a real opportunity to shape and influence the options regarding the £200k re-investment monies.

6.6 Within this plan, the key aspects include:

- Sharing of proposals with the public, service users and other stakeholders, for example, GP practices, City Councillors, voluntary sector groups, with the opportunity to comment;
- Public meetings and events in each locality of the City;
- Offer to attend key groups who are likely to have a particular interest in the service re-investment proposals such as Manchester Carers Forum, Manchester Alliance for Community Care, Manchester MIND, Manchester Users Network, South Manchester User's Group and the citizen groups⁷ ;
- Making proposals available in 'easy read' format and both in hard copy format as well as on-line;
- Staff briefings;
- Media relations;
- A wide range of mechanisms to capture responses such as online response form, e-mail address and freepost.

Impact Assessments – Equality and Service

6.7 As part of considering the proposals, an initial equality impact and service impact assessments have been undertaken. The key considerations from these assessments are summarised below.

⁷ The four citizen groups are: a) The Learning Disability Partnership Board, b) The Physical Disability Partnership Board, c) The Visually Impaired Steering Group and d) The Deaf and Hard of Hearing Steering Group.

6.8 The Adult Social Care and Inclusion Division senior leadership team has considered the 9 protected characteristics⁸ and has identified there will be a disproportionate impact in relation to the disability characteristic⁹ which is inevitable due to the nature of the service. Appropriate consideration has been given on how to minimise this impact as part of the Trust’s impact assessment framework.

6.9 In relation to the specialist psychological services, it has been identified that there is no disproportionate impact in relation to any of the 9 protected characteristics. As indicated earlier, the Trust has not been accepted any referrals for those with transgender and gender identity needs since April 2014.

7.0 Key Milestone Dates

7.1 The key milestone dates have been drawn up with the consideration of the following factors and are summarised in the Table 3:

- Health Scrutiny Committee does not have any fundamental concerns regarding the Trust’s proposed approach to the public consultation exercise;
- Trust Board gives initial approval to the proposals at its October 2015 meeting with acknowledgement that the Health Scrutiny Committee’s view is being sought and that final approval can only be given at following Trust Board meeting (26th November 2015);
- Trust Board gives final approval for the proposals at the November meeting having received the outcome of the Health Scrutiny Committee (HSC) meeting held on 29th October 2015.

Table 3: Key Actions and Milestone Dates (October 2015 to June 2016)

Description of Key Actions	End Date
Communication with service users who are currently in receipt for affected services	19.10.15
Staff briefing sessions for each service component	20.10.15
Presentation of proposals to HSC for comment and decision-making as to whether proposals represent a substantial variation.	29.10.15
Presentation of proposals to Trust Board Part I for initial approval and with acknowledgement of the HSC viewpoint being sought & feedback to be provided at November Trust Board meeting	29.10.15
Presentation of proposals to Joint Clinical Commissioning Committee	30.10.15
Seek TDA approval for voluntary redundancy scheme	30.10.15
Communication with service users who are on the waiting list following validation of the waiting list	07.11.15

⁸ The 9 protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

⁹ Disability Characteristic – A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

Description of Key Actions	End Date
Contact made with individual service users throughout November 2015 to inform them of the best options for them and consider how best to minimise any impact of service retractions	30.11.15
Finalisation of proposals in the form of public consultation documents for final approval and sign-off at November 2015 Trust Board (Part 1) including feedback from HSC meeting held on 29.10.15	26.11.15
Agree with Manchester Commissioners the most appropriate point in time to stop accepting any new referrals for the affected services as part of forward planning of exit strategy for these services and to minimise impact on service users.	31.12.15
Presentation of proposals to 3 Manchester Clinical Commissioning Groups as part of the Public Consultation Process	TBC
Commencement of Public Consultation including engagement activities	01.12.15
Commencement of voluntary redundancy scheme for affected staff	01.12.15
Digest of feedback from public consultation for review by Trust Board at Feb 2016 meeting	25.02.16
Communicate the Trust Board's decision to all affected stakeholders including service users and affected staff	26.02.16
Commence implementation of any mitigation plans for individual service users	26.02.16
Meet with staff side representatives as pre-staff consultation (as per Trust policy)	26.02.16
Commence implementation of service changes/retractions	04.03.16
Commencement of staff consultations	04.03.16
Provide feedback to HSC and CCG Boards for information purposes only	At first available HSC meeting after 26.02.15
Full delivery of service retractions	17.06.16

9. Summary

9.1 This report provides Members with information on the Manchester Mental Health and Social Care Trust's proposals to meet one of its statutory responsibilities, which is to achieve a balanced budget.

9.2 As a result of extensive deliberation, the Trust Board has concluded that this cannot be achieved without impacting directly on some of Trust's services.

9.3 It is recognised that this will affect service users, their families/carers and some staff members. The proposals in this report have not been taken lightly, however,

are necessary if the Trust is to make progress towards the achievement of its statutory responsibility.

9.4 The total savings target for 2015/16 is £6.9million. The conventional approach to efficiency savings has resulted in a saving of £3.1m towards this figure. This has been achieved through efficiencies within the Trust's corporate and management functions.

9.5 The proposed services for retraction are those which have been identified as not meeting the 'core' criteria which has been explained further within this paper.

9.6 The retraction of the services will impact on some 664 people (including those on a waiting list) and 29 staff and will result in a total saving of £1.5million. The Trust has written to the service users on active caseloads to advise them of this paper and held briefing meetings with affected staff and union representatives.

9.7 The Trust will be re-investing £200k to enable a different service offering to be provided with a focus on supporting individuals towards their recovery, achieving their personal goals and maintaining their own health and well-being. The Trust plans to undertake a public consultation exercise to gain views on how best to re-invest this money.

9.8 The proposals in this paper are supported by the Manchester Clinical Commissioning Groups' Citywide Commissioning Team.

10. Recommendations

10.1 The Committee is asked to:

- Note the contents of this report
- Consider and comment on the proposed changes
- Note the Trust's proposed approach to undertake a public consultation regarding the re-investment
- Consider and comment on the proposed approach.

Appendix 1: High-level summary of Impact for Service Retractions

(Note: Station Road included here for completeness – now considered a service change in light of Creative Support’s notification to cease service provision)

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
Withdrawal of Trust Staff from Station Road	Cessation of Partnership with Creative Support in providing a community rehabilitation facility	<p>Alternative safe and effective placements would be a critical factor prior to the retraction of the Trust staff</p> <p>All service users are supported on an ongoing basis by the Review Team.</p> <p>Individual patient reviews will be conducted as part of the next iteration impact assessment to better understand:</p> <ul style="list-style-type: none"> - any risk and/or safety issues; - support requirements of individual and/or carers/family - patient experience 	511	10.65	<p>Alternative placements would have to be sought for a minimum of 5 service users who receive care in the ‘core’ house.</p> <p>Increase the extent of the involvement of the Review Team care coordinators.</p>	13

¹⁰ FYE – Full Year Effect – Monies that would be saved in a full financial year.

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
		outcomes.				
Creative Wellbeing Services - Studio One & Start	Cessation of 'socially inclusive visual art' service in Manchester	<p>Lack of service may impact on individual's well-being and slow down their recovery from illness</p> <p>Impact on patient experience through loss of service by those using the service</p> <p>Need to validate range and uptake of services (including attendance and activity levels) to identify suitable alternatives.</p>	331	8.16	<p>Need to explore potential scope for re-provision of services by the Voluntary sector and/or signposting service users to existing community 'arts' projects/initiatives.</p> <p>Need to explore whether other provisions, funded by MCC and CCGs, are available to mitigate against the loss of this service.</p> <p>Requirement of resource directory of alternative services to enable appropriate</p>	<p>Current open caseload = 144</p> <p>127 (88%) on CPA or receiving care – not on CPA¹¹.</p>

¹¹ Receiving care – not on CPA – indicates that a person is supported by other Trust services, for example, psychology or outpatients and does not have a care coordinator.

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
					<p>sign-posting and/or referrals by care coordinators.</p> <p>Need to establish if any adverse impact on accommodation providers e.g. withdrawal of rental income.</p>	
Green Wellbeing Service	Cessation of horticultural activities to support and build wellbeing.	<p>Lack of service may impact on individual's well-being and slow down their recovery from illness</p> <p>Impact on patient experience through loss of service by those using the service</p> <p>Provides opportunity for consideration of supporting access to a non-MH service provision in a non-hospital base.</p> <p>Individual patient reviews</p>	49	1.0	<p>No scope for re-provision of service by other Trust services</p> <p>Potential scope to consider services offered by other public or voluntary agencies in a more appropriate community setting.</p> <p>Need to explore whether other provisions, funded by MCC and CCGs, are</p>	<p>Current open caseload = 14</p> <p>12 (86%) are on CPA or receiving care – not on CPA</p>

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
		will be conducted as part of the next iteration impact assessment to better understand support requirements of individual and/or carers/family.			available to mitigate against the loss of this service.	
Benchmark	Cessation of woodworking activities to support and build wellbeing.	<p>Lack of service may impact on individual's well-being and slow down their recovery from illness</p> <p>Impact on patient experience through loss of service by those using the service</p> <p>Individual patient reviews will be conducted as part of the next iteration impact assessment to better understand support requirements of individual and/or carers/family.</p>	85	2.0	<p>No scope for re-provision of service by other Trust services</p> <p>Potential scope to consider services offered by other public or voluntary agencies in a more appropriate community setting.</p> <p>Need to explore whether other provisions, funded by MCC and CCGs, are available to mitigate against the loss of this service.</p>	<p>Current open caseload = 31</p> <p>27 (87%) are on CPA or receiving care – not on CPA</p>

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
Individual Placement and Service	Withdrawal of 4 specialist employment workers who assist with service users identifying and maintaining employment.	Scope for re-provision of this service to be a core part of Community Area Teams functionality with wider number of service users supported.	137	4.0	Limited scope for any viable alternatives to access services such as Recovery and Connect due to proposed MCC cuts. Requirement of resource directory of alternative services to enable appropriate sign-posting and/or referrals by care coordinators.	Current open caseload = 72 71 (99%) on CPA or receiving care – not on CPA.
Perinatal nurse liaison service	No offer of nurse liaison service in the Perinatal period	None – no nurse liaison service has been provided for a period of time. Advice will be offered by Perinatal consultant and inpatient services.	45	0.74	Minimal impact – Person no longer in post and vacant post has been removed from Trust budget	Not applicable – did not carry a caseload
Chronic Fatigue Service	Withdrawal of service providing mindfulness based group and individual therapy for	Impacts on activities of daily living, mobility, ability to work, ability to engage in social activities as a focus of this service is to enable service users to re-engage with these activities.	93	1.61	Potential increase of referrals to IAPT services where the concurrent problem relates to anxiety and/or depression.	Active Cases = 60 and waiting list of 54

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
	service users with a range of long-term conditions including chronic fatigue and chronic pain.	Case mix reviews will be conducted as part of the next iteration impact assessment to better understand: - the activity and any and/or safety issues; - support requirements of individual; - patient experience outcomes.				
Affective Disorders	No offer of specialist tertiary assessment, psychological interventions and help and advice for patients, relatives and referring clinicians	Service users are already open to secondary care services where risk can be managed. Main risk impact will be from continued risks within secondary care due to continued complex conditions not responding to usual secondary care treatment.	175 (Potential loss of income £20-25k pa for referrals received from out-of-area)	2.6	No scope for re-provision of this tertiary service by other Trust services	Current open caseload = 14 Active cases include non-Manchester patients.
Psychosexual Service	No offer of specialist	Case mix reviews will be conducted as part of the	99	1.6	No scope for re-provision of this	Active Cases = 77 and waiting list of

Service Component	Service Impact	Quality Impact	Financial Impact (£k) (FYE) ¹⁰	Workforce Impact (WTE)	Activity Impact	No of Service Users
	assessment and treatment for all forms of sexual dysfunctions.	next iteration impact assessment to better understand: <ul style="list-style-type: none"> - the activity, risks and any and/or safety issues; - support requirements of individual; - patient experience outcomes. 			unique service by other Trust services	192

Appendix 2: Copy of Letter sent to Service Users on Active Caseloads

Manchester Mental Health & Social Care Trust
Chorlton House
70 Manchester Road
Chorlton-Cum-Hardy
Manchester
M21 9UN

19th October 2015

Email: mentalhealth.servicechanges@mhsc.nhs.uk

Dear

As you will be aware, the NHS faces some tough challenges in the coming years so we are looking at how we might continue to provide a quality service to our patients/service users and carers within the finite resources that are available to Manchester Mental health and Social Care Trust. This is of course in the context of rising demand and costs.

Therefore, we are writing to let you know that we are proposing to make changes to some of our services. The services involved are:

- Benchmark
- Creative Wellbeing – Start and Studio 1
- Chronic Fatigue Service
- Green Wellbeing
- Individual Placement and Support Service
- Peri-natal Liaison post
- Psychosexual Service
- Specialist Affective Disorders (SSAD).

On 29th October 2015 the Trust, supported by our commissioners, will present a paper to Manchester City Council's Health Scrutiny Committee setting out our proposals to retract some of our services. We are proposing to do this so that we can make best use of the resources available to us and to continue to provide services for those people who are most in need and most at risk.

Please be assured that we are committed to working with you and if our proposals affect the service you are currently receiving from those listed then we will contact you individually during November 2015 to inform you of the best available options for you.

If you would like more information, please speak to your healthcare worker or contact mentalhealth.servicechanges@mhsc.nhs.uk.

A copy of the Health Scrutiny Committee papers will be available online after 21st October on link: http://www.manchester.gov.uk/meetings/committee/92/health_scrutiny_committee.

The Health Scrutiny Committee Meeting takes place on 29th October 2015 can be viewed online at:

http://www.manchester.gov.uk/meetings/meeting/2427/health_scrutiny_committee/attachment/17867

Yours sincerely

Dr JS Bamrah
Medical Director

Carol Harris
Acting Director of Operations