



**Manchester Mental Health & Social Care Trust  
 Mental Health Services in Manchester**

**Introduction**

It is rapidly approaching the first anniversary following publication of the report “Mental Health Service in Manchester” by John Boyington. The purpose of this report is to revisit the recommendations in the report in order to outline progress made and importantly signal areas where further work needs to be done.

Immediately following publication of the report, the leaders of the PCT, Local Authority and Care Trust began developing a high level action plan. This was used as a means of agreeing and tracking action via the respective Boards and the Overview and Scrutiny Mental Health Sub-Committee established to oversee the work. The action plan has been regularly updated (last update April 2009).

	<b>Recommendation</b>	<b>Action Taken</b>	<b>Status</b>	<b>RAG</b>	<b>Comments</b>
1.	Our primary recommendation is for a concerted period of three – five years for leadership and management especially within the Care Trust so that the changes now being brought into effect can be sustained for long enough for them to be properly embedded beyond the point of no return.	<ul style="list-style-type: none"> <li>• Substantive CEO and Executives now in place at the Care Trust.</li> <li>• In the process of recruiting Director of Social Care and Inclusion at the Care Trust. Interviews will be early July 2009.</li> <li>• Interim Director of Adult Social Care at Manchester City Council.</li> </ul>	Delivered		<p>All the actions for this recommendation are completed</p> <ul style="list-style-type: none"> <li>• Interim appointment made to Director of Social Care and Inclusion post</li> </ul> <p>Permanent appointment now made to post of Strategic Director of Adult Social Care, Manchester City Council.</p>

2.	<p>The current vacancies within the Care Trust for both Clinical leads for Medicine and Nursing are essential to a concerted approach to management and leadership. We recommend even at this late stage in these processes that as full engagement as possible is achieved across the partner organisations in the final appointment procedures for these two posts.</p>	<ul style="list-style-type: none"> <li>• Appointments made to these key posts, full and inclusive engagements of all stakeholders in the process.</li> </ul>	Delivered		<p>All the actions for this recommendation are completed</p>
3.	<p>The focus of the Care Trust, Local Authority and Joint Commissioning Executive Team should now firmly be a reserve utilisation and not overall availability.</p>	<ul style="list-style-type: none"> <li>• Agreement by all parties.</li> </ul>	Delivered		<p>All the actions for this recommendation are completed</p>
4.	<p>In partnership, the Care Trust and the PCT/ LA need to agree a set of key performance indicators covering the whole mental health system in Manchester. Such indicators need to be jointly monitored and assessed, and at the core of performance management/ governance arrangements for these organisations.</p>	<ul style="list-style-type: none"> <li>• Joint Performance Metrics agreed and are now embedded.</li> <li>• Ongoing review underway.</li> <li>• Regular reports are brought to the Joint Commissioning Executive</li> </ul>	Delivered		<p>All the actions for this recommendation are completed</p>
5.	<p>The Care Trust needs to strengthen its clinical leadership mechanisms and their resourcing to enable clinical leadership and accountability to be fully and effectively integrated into the Trusts business.</p>	<ul style="list-style-type: none"> <li>• Medical Director and Director of Nursing appointed and in post.</li> <li>• These Directors are developing strategies for Medical and Nursing Leadership and engagement.</li> <li>• Progress includes:             <ul style="list-style-type: none"> <li>- Establishment of regular Medical and Nursing leadership forums.</li> </ul> </li> </ul>	Delivered		<p>There is ongoing work to develop and strengthen clinical engagement with professional champions being developed</p>

		<ul style="list-style-type: none"> <li>- Review of Medical and Nursing roles and responsibilities which will result in revised arrangements published shortly.</li> <li>- A range of new posts at different levels across all professional groups.</li> <li>- Revised medical leadership structure.</li> </ul>			
6.	The PCT/ LA needs to strengthen its mechanisms for clinical engagement in the commissioning process to ensure that it is embedded throughout the whole system.	<ul style="list-style-type: none"> <li>• Clinical engagement sub group established as part of JCE</li> <li>• Clinical Excellence Group developed clear mental health plan.</li> <li>• 3 clinical GP advisors are actively involved in the commissioning agenda leading on specific work streams with mental health.</li> <li>• There have been a variety of broader clinical engagement forums for specific mental health commissioning work streams in line with agreed work programme</li> </ul>			The Joint Commissioning Executive will develop a clear clinical engagement plan focusing on urgent care and Primary Care in the first instance. This will result in a clinical congress, inaugural session December 2009.
7.	Both the Trust and the PCT/ LA need to review their current levels of engagement with colleagues working with the University of Manchester as a mechanism of influencing improved operational and commissioning practices and processes.	<ul style="list-style-type: none"> <li>• MMHSCT now formal member of the Manchester Academic Health Science centre.</li> <li>• Links made with Social Care academics at Manchester University (Personal Social Services Research Unit - PSSRU).</li> <li>• Good links with Manchester Business School via all parties.</li> </ul>			Links with university significantly strengthened reporting significant progress



		<p>Care agreed and currently being recruited to.</p> <ul style="list-style-type: none"> <li>• Robust Section 75 Agreement currently being developed.</li> <li>• Stakeholder plan re Commissioning Strategy</li> </ul> <p>Transformation plan to revitalise all care pathways provided at the Care Trust. This will incorporate organisational development for specific teams.</p>			
9.	Both the Trust and the PCT/ LA need to invest in an effective infrastructure for User and Carer engagement and to work in partnership to avoid duplication of effort and make efficient use of User and carer time and capacity.	<ul style="list-style-type: none"> <li>• See points outlined for Recommendation 8.</li> <li>• Trust wide User and Carer Forum continues to develop and is well attended.</li> </ul>	Delivered		<p>There is going to be a review of user and carer participation within the JCE and a mapping exercise of different forums and groups. There will also be appointments of user and carer champions within the JCE structure and a user and carer congress in 2010.</p>
		<ul style="list-style-type: none"> <li>• User/carer representative role on subgroups</li> <li>• User/carer engagement is a strong element of the new JCE structure with a specific engagement and improvement sub group.</li> <li>• Specific user/carer engagement forums have been developed across a range of mental health commissioning work streams.</li> <li>• User and Carer Engagement strategy is ongoing.</li> </ul>			
		<ul style="list-style-type: none"> <li>• Trust is holding a Service User and Carer Effectiveness day in October 2009</li> </ul>			

10.	The Independent Sector needs to be proactively engaged in commissioning and operational discussions and decisions about patient pathways and access criteria and pathway training initiatives.	<ul style="list-style-type: none"> <li>JCE has restructured and has a provider forum as part of its sub structure. This represents the plurality of provision across the health economy.</li> <li>Extensive consultation is currently taking place on the proposed new model for Primary Care Mental Health Services.</li> </ul>	Significant progress		This will be picked up routinely in the provider forum and the Strategy and Delivery group within the PCT
11.	Social care mechanisms should be reviewed to ensure that they are fully integrated within the Care Trust and the Commissioning structure and process. This should include management and accountability systems for ensuring that social care statutory responsibilities are met and targets are delivered.	<ul style="list-style-type: none"> <li>A report recommending actions to effectively integrate Social Care and Mental Health delivered.</li> <li>MMHSCT leading on the delivery of an action plan to take forward the recommendations which includes the development of a robust Section 75 agreement.</li> </ul>	Significant progress		Will be completed December 2009.  Revised Management structure for integrated social care provision within main services.
		<ul style="list-style-type: none"> <li>Newly approved post of Professional Head of Social Care.</li> </ul>	Delivered		Appointment now made to this post. Postholder formally starts 5 <sup>th</sup> October
		<ul style="list-style-type: none"> <li>Independent Review underway of commissioning arrangements and a series of recommendations of ways to strengthen current arrangements.</li> <li>Integrated performance metrics and performance management in place.</li> </ul>			See also action 8 and 12 comments.
12.	The Local Authority need to review the resources available to them to ensure that they are able to hold to account the exercise of joint arrangements in both commissioning and provision.	<ul style="list-style-type: none"> <li>Two new Section 75s to be developed. These will clarify roles and responsibilities between LA/PCT for Joint Commissioning and with MMHSCT for delivery of services.</li> </ul>	Significant progress		First draft of Section 75 agreement for delivery of services completed and out for consultation. Section 75 for

		<ul style="list-style-type: none"> <li>• LA restructure has now got clearly defined responsibilities at Assistant Director's level for Commissioning and delivery of services.</li> <li>• Section 75 agreements will clarify roles and responsibilities between LA/PCT for joint Commissioning and with MMHSCT for delivery of services.</li> <li>• New JCT structure has clear accountability lines and specific resources for which new job descriptions have been written.</li> <li>• A plan has been agreed that will transfer all of Social Care Commissioning over the next 18 months from MMHSCT to the JCE. A joint Project Manager will be appointed to deliver this programme of change.</li> </ul>			<p>commissioning will be drafted once work has been completed on transferring all social care commissioning from MHSCT to the JCT. A joint project manager has been recruited (21/09/09) to deliver this significant programme of change and roles within JCT have been reviewed to ensure capacity to take on this work. Will be complete December 2009.</p>
13.	<p>The Care Trust adopts a shadow Council of Governors modelled on Foundation Trust requirements. This would be an approach to bridging the perceived stakeholder deficit in its current operation. Stakeholders in the Shadow Council should be drawn from Users and Carers, Clinicians, Commissioners, Local Authority, University of Manchester, nominees from local MP's and representatives of the third sector. The Shadow Council would sit in support of the Trust Board and provide a level of</p>	<ul style="list-style-type: none"> <li>• Foundation Trust preparation/ application timetable now agreed with SHA and underway.</li> </ul>	Delivered		<p>All aspects of Foundation Trust application on track and 1<sup>st</sup> submission to SHA on 30<sup>th</sup> Sept 09.</p>
		<ul style="list-style-type: none"> <li>• MMHSCT will launch staff and public membership drive in Oct 09 as well as commencing public consultation. Aiming for Governor elections in Feb/March and a shadow Council of Governors from April 10.</li> </ul>	Significant progress		<p>Staff membership:                      4 staff groupings including one for Social Care and Therapies.                      Extensive informal internal consultation</p>
		<ul style="list-style-type: none"> <li>• Board Development Programme underway with assistance from Deloitte.</li> </ul>	Delivered		

	Stakeholder engagement needed to provide effective governance and accountability in the Care Trust's management.	<ul style="list-style-type: none"> <li>Membership sub-group and work plan established.</li> </ul>	Delivered		<p>carried out.</p> <p>Adoption of staff and seconded staff members commences 28<sup>th</sup> Sept.</p> <p>Public consultation commences on 26.10.09 with large scale Community Roadshow in City Centre based on Anti-Stigma public health message as well as FT application. Detailed consultation and engagement programme developed for Oct – Jan.</p> <p>Shadow Board of Governors for appointed members to start in Spring 2010 with public members as soon as sufficient membership to hold elections.</p>
14.	The PCT should nominate a senior Mental Health Commissioning lead at Director level with a clear client manager role focused both on the Care Trust and the Local Authority.	<ul style="list-style-type: none"> <li>Debbie Nixon is Director of Commissioning and lead for Boyington Plan.</li> <li>Debbie Nixon is the client manager for MMHSCT</li> </ul>	Delivered		All the actions for this recommendation are completed



15.	We recommend that the full introduction of PBC be delayed for a year to enable to system improvements, adequate pre-planning and selected piloting to take place.	<ul style="list-style-type: none"> <li>• PBC not leading on mental health in 2009/10</li> <li>• PBC however important stakeholder and clinical engagement plans will strengthen this role.</li> <li>• Clear plan and clinical congress to be delivered by Autumn 2009.</li> </ul>	Significant progress		This will be covered in the proposed restructure of the commissioning directorate within the PCT
16.	The North West SHA needs to adopt an active role in relation to performance monitoring and encouraging more positive working relationships in Manchester. As part of this process, the SHA should work closely with the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission with regard to the performance monitoring in retaliation to our recommendations.				
17.	In order to create an environment for rebuilding trust and confidence, we recommend the setting of a Strategic Service Alliance Agreement between the Care Trust and the PCT. LA with the incentives conditional upon delivery of staged improvements over a two year term of the SSAA.	<ul style="list-style-type: none"> <li>• Leadership group established – meets regularly to oversee the development and implementation and monitoring of The Boyington Action Plan.</li> <li>• Mental Health Improvement Action Plan which is updated and shared with respective Boards, governing bodies, OSC, SHA.</li> </ul>	Delivered		All the actions for this recommendation are completed.
18.	We recommend that the PCT, Local Authority and Care Trust in Manchester now work together to prepare an action plan to deliver the recommendations of this report.	<ul style="list-style-type: none"> <li>• Action plan developed, implemented and monitored.</li> </ul>	Delivered		