Improving Adult Community Mental Health Services in Manchester

Information for the general public
July 2012

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Why we reviewed our Adult Community Mental Health Services (CMHS)

Our Community Teams are a crucial part of the services we provide. In fact, the vast majority of the adults that we care for (98%) live in the community, supported by our dedicated Community Mental Health Teams (CMHTs) and Assertive Outreach Teams (AOTs). These teams work closely with individual service users to enable them to continue managing their mental health in their own homes, perhaps with additional support from our outpatient, social inclusion and recovery services or other teams.

Clearly, people cared for in their community are able to maintain crucial networks with family and friends – and this helps with their long-term recovery. This is an important consideration for any organisation seeking to improve the health and life chances of their service users and is part of the reason that the Trust places ‘recovery’ at the heart of all that it does.

As part of the review of our services, the Trust undertook an exercise which cross-matched these services as currently delivered with the mental health needs of the City of Manchester.

This mapping of the mental health needs of the people of Manchester made clear that there is more need for our services in some areas than in others.

Once again, we are keen to reflect this by concentrating our resources – and the correct staff skills mix – in the most appropriate place. This is the key to being able to deliver the right level and type of care, in the right place at the right time.

We already know how skilled our CMHTs are in supporting people – the compliments they receive from those who use our services and their families are testament to that:

“Many thanks for looking after me over this very serious crisis that I have been in for such a long time you have been a star to me you are the best person in the world I will never forget what you have done for me, you are one in a million.”

“I just want to say a massive thank you from the bottom of my heart. You will never understand how much I appreciate your help. Thank you for being there for me. I will never forget you.”

What we are seeking to do is maintain and improve upon that quality of care by reconfiguring the way in which we have delivered these services to date.

Dr Sean Lennon, Medical Director
Adrian Childs, Director of Nursing & Therapies
Stuart Hatton, Chief Operating Officer
• Profiled staffing resources across the teams – which demonstrated an imbalance between available resources and rising demand /levels of acuity in some areas of the City.

• Profiled the medical workforce – highlighting inappropriate skill mixes in some areas of the city, compared with the identified needs of the local population.

As part of this review, we discovered that there were many different entry points across the City into our current care system. Feedback from our engagement activity also told us that the system was too complicated to access and that few teams follow the same model, making it difficult for users to navigate.

The Trust is committed to providing joined-up, end-to-end care pathways for all service users. Recognising the need for help is already difficult enough for some sufferers of mental illness. We want a system that is understandable, accessible, effective and open to all.

How we intend to improve our Community Mental Health Services

The review and feedback from staff, service users and carers has made it clear that we could provide a more innovative and holistic approach, and a care pathway tailored to individual need by restructuring the way in which we deliver our community mental health services for adults.

With this in mind, we are proposing to:

• Establish six new Community Area Teams – two in the north of the city, two in the central area and two in the south – to reflect GP practices, Clinical Commissioning Groups and local Council boundaries

• Ensure the size and make-up of each team reflects levels and types of service need for that area of the City – but allow each team to offer access to a full range of adult services. Each team will work closely with GPs, Manchester City Council and community leaders to provide the highest quality of care.

• Introduce a role within community teams that is equivalent to the inpatient Modern Matron1. We have called this role Community Governance and Professional Lead. Our community staff believe that this role would add real benefit to our community services.

• Transfer those service users for whom we currently coordinate care, but do not directly deliver it, to our Community Review Team. Case-loads vary considerably across our Community Teams and we anticipate that the needs of over 300 individuals would be better served by our Community Review Team. We are therefore proposing to double the size of this team to accommodate this transfer.

• Implement our Gateway Function Service (GFS) currently being piloted in Central Manchester to help make it easier for people to be referred into our services. The GFS team currently handles all referral calls from Central Manchester, undertakes an initial assessment and then refers people to the appropriate Trust service, including those provided by our Community Teams. If more appropriate, a referral might be made to alternative options such as primary care (e.g. GPs) or third sector providers (including charities and not-for-profit organisations). The purpose of the GFS team is to make it quicker and easier for people to receive the appropriate type and level of care, without having to face a number of assessments over a period of days.

Of course, any changes to the way in which we deliver services to the people of Manchester are monitored regularly to ensure that the Trust is continuing to provide the best care for that area of the City – as well as responding to changing needs. The Gateway Function Service currently

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1 Matrons are the role models and leaders of high quality standards on inpatient wards, challenging any deficits in clinical standards, ward cleanliness, and the quality of the patient environment.
being piloted, for example, will be reviewed once the pilot is completed and adapted as necessary before being rolled out across the City.

Restructuring in this way also helps us to deliver examples of national best practice, such as the principles of ‘stepped care’. The idea behind this is that care should be ‘flexed’ between appropriate healthcare professionals to ensure that individual service users receive the correct levels and types of care throughout their period of treatment. The stepped care principles are designed to help individuals access relevant services as their needs change, focusing on recovery and re-integration into the local community.

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.

What the benefits of the changes will be
We believe that the changes we are proposing will have the following benefits:

- A better experience for service users with quicker access to the 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.

- Closer integration between the Trust, local GPs, service users and carers so that people can access the right level/type of care when and where it is needed.

- Easier and more efficient movement along the individual care pathway, encouraging recovery and re-integration as appropriate.

- Access to the right level of community mental health services and professionals matched to the needs of the population in each area: North, Central, South.

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

The changes will also allow us to:

- Continue to improve the quality of the Adult Community Health Services delivered to the local population.

- Facilitate the transfer of service users between teams and among appropriate healthcare professionals to ensure their needs are met at the right time by the right people.

- Give staff greater opportunity to use their therapeutic skills to aid and assist service users’ recovery.

For our health and social care providers, the changes will:

- Enable staff of all professions to use their combined skills and experience to improve the health of our service users.

- Help to ensure consistent quality of service across the City, by developing the new role of Community Governance and Professional Lead for the community.

The Trust is committed to developing a recovery-focused approach to care. We have already been awarded national demonstrator site status and are now sharing our learning with others. Re-integration into the community, greater independence and choice for service users, and appropriate ‘stepped’ care to meet individual needs are key to this approach.

What we are doing next
Manchester Mental Health and Social Care Trust provides a range of mental health, wellbeing, social care and public health services to the people of Manchester. It is one of only five social care Trusts in the UK.

We care for more than 11,500 people each year through our community mental health services, inpatient and outpatient services.

Like all other NHS organisations across the UK, we need to demonstrate that we are delivering high quality care to the people who use our services in a way that gives real value for money.

The changes proposed here are likely to save around £1.9 million. This saving will be achieved by an overall reduction in the number of posts required (currently anticipated as being in the region of 38 posts). The Trust will minimise any impact on staff by redeploying skilled individuals in vacant positions across other areas of the Trust. To increase redeployment opportunities, a Voluntary Redundancy Scheme has been set up specifically for this purpose.

We are currently exploring these possibilities with our staff to assess the potential impact of the proposed changes and flesh out further details of how the service might best be delivered in the future. We are also actively engaging with partners, service users and community groups across the City to obtain further feedback. A comprehensive list of briefing sessions and presentations is available on our website: www.mhsc.nhs.uk.