

Greater Manchester Mental Health and Wellbeing Strategy

1 April 2016



Compelling Vision

GM Mental Health and Wellbeing Strategy

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities.

Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well being of GM residents.

GM Vision: Aims

- We propose a whole system approach, that includes involvement from the independent and third sector, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers and services that maximise independence and choice.
- The GM strategy aims to build on existing best practice to lift patients' experience of care and support through the development & application of national and GM standards relating to access and care delivery.
- We will simplify the provider system and bring together commissioning across GM focused on the delivery of agreed GM level outcomes and standards to deliver, deeper integration, needs based pathway models, pooled budgets and more community-based recovery-focussed models of support.
- Children and Young People's mental health forms an integral part of our overall strategy. We will use the opportunities through devolution to collectively respond to the challenges outlined within Futures in Mind and in doing so transform the provision of services for the young people in GM
- We will support and develop our GM workforce to work in new ways to deliver our vision recognising their importance to delivering a sustainable whole system approach to mental health
- Greater integration across mental and physical health and social care services within each of the ten GM localities as well as across the wider GM conurbation. These will be patient, carer and family focused, accessed in a consistent, simple way. We will invest in community and crisis support to reduce the requirement for acute and long term care.
- Develop Prime Provider models to improve pathway design, capacity and efficiency for specialist services
- We will promote employment for people with mental health problems and provide timely and effective support to help people stay in employment through building on the current GM Mental Health and Employment Programme of activity.
- We will support those most vulnerable in society to help reduce the risk of developing poor mental health, and those with existing mental health conditions from deteriorating further. In doing this we will build on GMs existing approach to supporting people with complex needs with a particular focus on looked after children, child sexual exploitation, those with learning difficulties and disabilities.
- Ensure our focus on mental health is integrated with Local Care Organisations
- Through the implementation of the GM strategy, address the wider financial impact of poor mental health on the wider public sector system and deliver against the £146m potential financial benefits identified

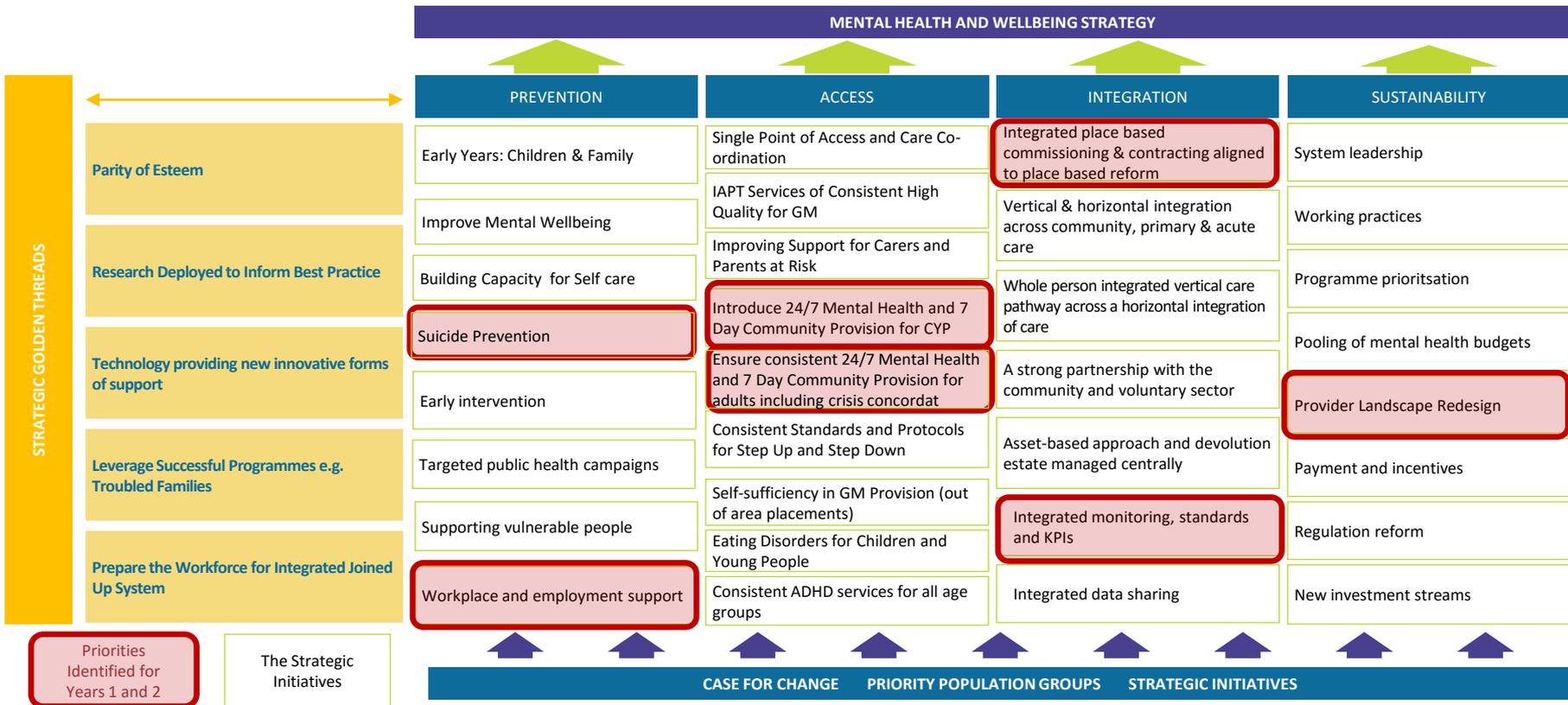


Compelling Vision

Strategic Plan on a Page

CHARACTERISTICS TO UNDERPIN VISION

PREVENTION	Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
ACCESS	Responsive and clear access arrangements connecting people to the support they need at the right time
INTEGRATION	Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations
SUSTAINABILITY	Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles



Current Position

- By 2020/21 the GM health and social care system faces an estimated financial deficit of £2bn demonstrating the need for radical transformation.
 - Costs to the wider health care system of our current approaches are significant:
 - Poor mental health makes physical illness worse and raises total health care costs by at least 45% for each person with a long-term condition.
 - This suggests between 12% and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year (GM, between £420m and £1.08bn).
 - Transforming mental health (along with physical health) services has the ability to contribute significantly to the £2bn projected financial deficit for Health and Social Care in GM by 2021
 - There are 3,981 people in GM in contact with mental health services for every 100,000 of the population compared to 2,176 nationally.
 - At the current estimated rate of prevalence, there will be 34,973 people living with dementia in Greater Manchester by 2021
 - £615m is spent on mental health services across Greater Manchester, with a wide variance across localities. This is made up of:
 - LA spend (£97.05m).
 - CCG Learning Disability spend (£38.3m).
 - CCG MH Specialist Commissioning (£76.5m) (which includes specialist units).
 - CCG MH Spend (£403.4m) - Approximately £30.1m of this is spent on out-of-area inpatient treatment (7.27% total CCG spend) including acute admissions due to capacity shortfalls and longer terms placements with complex needs
 - The wider economic cost to GM of mental health is approximately £3.5bn (see page 21 for breakdown)
 - In addition to the above, further costs are incurred within the GM economy as a consequence of poor mental health. These include the wider costs of mental health associated with unemployment, children with conduct disorder, alcohol and substance misuse and suicides. The impact of these costs on the GM economy are presented in the economic case on pages 23 onwards.
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System Challenges

- The provider landscape is complex with 5 Adult and Children's Mental Health NHS Providers, many independent and voluntary sector providers and a range of specialist mental health services provided outside of GM.
- The commissioning landscape is fragmented. 10 LA's, 12 CCG's and an estimated 82 Mental Health and Wellbeing Programmes, dedicated expertise and capacity is scarce and it is therefore difficult to achieve focus, shared solutions and shared priorities.
- There is variability in service provision and outcomes across GM and a lack of consistent and accurate data on activity and outcomes. KPIs are outdated, which makes it difficult to accurately evaluate performance across GM. Social care and Housing are underrepresented in service provision leading to higher health activity and costs. Reforming social care to improve information, prevention, personal budgets, choice and control will yield benefits across the whole service.
- A lack of mental health expertise in GP surgeries and wider primary care and A&E departments is consistently reported and delays getting access to the right care.
- Improving the mental health of GM residents, and providing reliable access to early help redressing the balance towards early intervention and prevention will improve family circumstances, help people find and keep good work, improve school attainment and strengthen communities.
- Lack of integration with wider public services
- There is a lack of out of hours, 24/7 crisis care services for children and young people, and inconsistent delivery for adults.
- Services for children and young people and their families and carers, are inconsistent, misaligned and disrupted by transition points. Young teenage people are often caught in between services and often don't meet thresholds
- Mental health problems in children and young people are associated with educational failure, family disruption, disability, offending and antisocial behaviour, demands on social services and the youth justice system. If left untreated this can create distress not only in the children and young people, but for their families and carers, continuing into adult life and affecting the next generation.
- Mental Health problems are often part of a wider set of complex issues for individuals and families. For example:
 - Mental health problems consistently arise with the families we are supporting through our Troubled Families Programme,
 - 68% of the clients on our Working Well Programme (aimed at supporting long term unemployed into sustainable employment) highlight mental health as an issue
 - 18% of secondary care patients in Manchester are not in stable accommodation, mental health problems can be a cause and effect of housing issues
- Mental Health and wellbeing affects some of our serving personnel, regular and reservists, ex serving personnel and their families. Improvements in identification, data collection and assessment of need are required to support effective outcomes based commissioning at a local level

Priority Initiatives for Early Implementation

What we will have in place by January 2017

By January 2017

How will the system look different

- GM will be working towards the standards set out in the Crisis Concordat.
- There will be a reduction in need for Section 136 powers which when needed will be used consistently across all 10 LAs in GM through a better understanding of 'places of safety' and introduction of street triage support.
- We will have agreed an approach for Place based commissioning and provision at locality level with increased collaboration between providers for specialist services. Integrated commissioning approach based on outcomes aligned with GM commissioning standards framework. Social Care and Housing will be fully engaged in commissioning and delivery.
- We will develop links with the Centre for Mental Health and Safety to inform systematic reduction in suicide across GM.
- We will have established formal provider collaboration to achieve self-sufficiency in GM.
- Enhanced GM wide suicide prevention strategy
- The PHE Workplace Charter will be signed by all public sector agencies in GM.
- Increased integration of RAID into acute services and A&E facilities across GM.
- Create fit for purpose governance arrangements responsible for delivering the GM wide all-age mental health strategy.
- GM Children and Young People outcomes and standards developed and agreed.
- We will have identified leaders and champions to deliver this strategy and they will have produced delivery plans for each of the initiatives.
- Developed a GM wide approach to commissioning services for armed forces families aligned to the GM Commissioning Strategy and informed by a GM Joint Strategic Needs Assessment

How we will measure success:

1. Number of employers signed up to the PHE Workplace Charter.
2. Increased number of patients referred to Raid services.
3. Reduction in the requirement for S136 powers used and evidence of consistent application across GM.
4. Increased focus on prevention through wider implementation of Connect 5 and 5 Ways to well Being

Anticipated Financial Benefits

High level financial savings will be achieved through better commissioning, simplified provider landscape, earlier intervention through RAID and a focus on resilience in the workplace and community.

Priority Initiatives for Early Implementation

What we will have in place by January 2018

By January 2018

How will the system look different

- A single system, with clear leadership and partnership working across all public sector organisations.
- We will simplify the provider landscape across GM including the integration with social care and housing by rolling out integrated place-based commissioning using a prime-provider model, with routine outcome measures.
- Consistent GM wide implementation of 24/7 crisis care and community support for adults including full implementation of GM Crisis Care concordat.
- Development and implementation of 24/7 crisis care support for children and young people providing easy access to services that are responsive and provide appropriate help across all GM.
- Established and published the “citizens deal” with a set of all age standards or citizens rights for commissioners to use as a floor that no GM services can fall below.
- Strategic partnership arrangements with positive and mature engagement between the private, public, community, voluntary sector and social enterprises.
- Implementation and application of standards for Children and Young People’s services, focused on young people’s perspectives and expectations building on the national work, Young Minds, and work already taking place in GM.
- All acute provision (acute beds, PICU, active rehabilitation, LA alcohol and drugs services and residential care) will be within GM, and patients will only be sent out of area for inpatient or outpatient services in exceptional specialist circumstances.
- Wider implementation of the PHE Workplace Charter on mental health across private sector in GM delivered in collaboration with the LEP and local Universities and organisations commissioned by GM public sector organisations.

How we will measure success:

1. Improved quality across the Sector (patient satisfaction, reduced serious untoward incidents, and reduced never events, e.g. a reduced suicide rate).
2. Improved access and reduced waiting times.
3. Consistent standards across Greater Manchester

Anticipated Financial Benefits

High level financial savings will be achieved through removal of Out of Area placements and reduced spend in high-end acute settings and reduced unemployment because of mental health.