Report to: Health and Wellbeing Board

Date: 27 June 2019

Executive Member / Councillor Wills Executive Member for Adult Social Care and

Reporting Officer: Population Health

Pat McKelvey, Head of Mental Health and Learning Disabilities

Subject: Tameside and Glossop Mental Health Strategy Update

Report Summary: This report provides an update on the Tameside and Glossop Mental Health Strategy for adults and older people, outlining

progress against the three key priorities. These are to

Increase opportunities to keep people well in the community

Increase opportunities to get support before and during a

• Make effective use of secondary care.

The Board will also be given a presentation on the Neighbourhood Mental Health Development. Claire Maw, the Interim Manager of the Neighbourhood Mental Health Team, will tell the Board about how mobilisation of the Neighbourhood Mental Health Team is

progressing. The presentation can be found in Appendix 1.

Recommendations: That the Health and Wellbeing Board recognises the progress

towards achieving the ambitions in the mental health strategy and

notes next steps.

Corporate Plan: Links to mental health ambitions across all three life courses

Policy Implications: None

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer) The investment outlined in this proposal is congruent with both national and local MH Strategy and recurrent budgets are incorporated in to the CCGs financial plans including the recurrent consequences of GM Transformation funding included in this business case. It is important that the model is delivered within the budgets identified and performance is closely monitored to ensure the outcomes are in line with both qualitative and quantitative expectations.

A degree of caution must be exercised regarding the planned timeline for implementation as difficulties in recruitment and retention could impede pace of development and resources must be flexed accordingly to allow for this whilst continuing pursuing the wider development.

Legal Implications: (Authorised by Borough Solicitor) It is important to ensure outcomes are measured to show that the fiduciary duty to the public purse is met, to focus on priorities and deliver services in effective and efficient way that demonstrates value for money. Further that the rationale behind the strategy is being applied consistently and fairly to those who require this assistance.

Risk Management: Risks are managed by programme leads. A key risk that is being managed is workforce. The growth of new mental health services

across Greater Manchester has resulted in the lack of availability

of specialist mental health staff.

Access to Information: The report is to be considered in public.

Background Information: The background papers relating to this report can be inspected by

contacting Pat McKelvey, Head of Mental Health and Learning

Disabilities, Commissioning.

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1. INTRODUCTION

- 1.1 The Tameside and Glossop Mental Health Strategy was developed to meet the challenges of the Five Year Forward View for Mental Health 2016, which have been reiterated in the NHS Long Term Plan 2019.
- 1.2 The Strategy has three key priorities
 - Increase opportunities for people to stay well in the community
 - Increase opportunities to get help before/during a crisis
 - Make effective use of secondary care in-patient beds and specialist community home treatment teams.
- 1.3 Progress against these priorities is detailed below.

2. INCREASE OPPORTUNITIES FOR PEOPLE TO STAY WELL IN THE COMMUNITY

- 2.1 **The Neighbourhood Mental Health Development** As one of four national sites we are working with the Innovation Unit the Big Lottery funded Living Well Programme to coproduce a new approach to mental health, called locally the Living Life Well Programme. At the heart of this is the neighbourhood mental health development, focused on supporting people with multi-faceted needs who have not always received coordinated support in the past.
- 2.2 The development includes a new Neighbourhood Mental Health Team, established by bringing together existing resources plus £1m new investment to create a multiagency team who will use asset based coaching to support people to improve their mental health. The team will rely on developing close partnerships with other support services, such as social prescribing, debt advice, housing, community groups and leisure services.
- 2.3 An interim team has been established to prototype the model in Hyde, with further roll out from October 2019 when Big Life Company's contract as the lead organisation commences. All neighbourhoods will be covered by March 2020.
- 2.4 **Delivering the Five Year Forward View for Mental Health priorities** progress towards expanding capacity to deliver the access and waiting time standards for psychological therapy and early intervention in psychosis is continuing, with a business case going to the Strategic Commissioning Board in July 2019 for the next phase of development. This includes the ambition to embed psychological therapies into long term condition services, thereby integrating mental health with physical healthcare.
- 2.5 **Developing an Integrated Dementia Pathway and increasing support in the community** a new Integrated Pathway Team Leader has been recruited to lead teams across acute and community, mental and physical health. Additional dementia practitioners are being recruited to integrate the staff into each neighbourhood.
- 2.6 Integrated Perinatal/Parent Infant Mental Health Pathway Tameside and Glossop has a long-established parent infant mental health pathway, led by the Early Attachment Service, which has received national recognition and is being developed in other GM localities. The pathway is being refreshed in line with the new addition of the specialist Perinatal Community Mental Health Team, commissioned to work across GM.
- 2.7 **Neurodevelopmental provision** additional investment has been agreed for the autism and Attention Deficit Hyperactivity Disorder (ADHD) teams to reduce waiting times and increase support. A new psychological therapy post is being established in the neighbourhood mental health team to support all therapists to make adjustments necessary for people with such conditions.

3. INCREASE OPPORTUNITIES FOR PEOPLE TO GET HELP BEFORE/DURING A CRISIS

- 3.1 The Neighbourhood Mental Health Team will offer easy access to support through drop-ins in each neighbourhood. These are already offered by trained staff in Minds Matter, the Step 1 service commissioned by the ICFT from Big Life Company. Embedding a mental health practitioner in the Anthony Seddon Centre has worked well too, with a mental health nurse offering drop-in and bookable appointments for two days each week. The Team will also deliver a STORM pathway, offering suicide assessment and proactive intervention.
- 3.2 A business case is being presented to the Strategic Commission in July to develop three elements, which will considerably enhance the local offer in line with national expectations. The three elements are
 - Expansion of the Liaison Mental Health Teams that work in the Emergency Department and on the inpatient wards in the hospital
 - Expansion of the capacity and interventions offered by the Home Treatment Team and integrate this with the new Safe Haven, providing community crisis services 24/7.
 - Establish a new overnight Safe Haven on the hospital site providing opportunity for extended assessment, short term crisis support and intervention for people in crisis who have had a mental health assessment.
- 3.3 The Community Mental Health Teams support people with serious mental illness and are vital to keep people well in the community. The ideal model of care is being detailed within the Pennine Care Sustainability Programme. This programme has been established to meet the CQC requirement that Pennine Care NHS Trust delivers a sustainability plan by the autumn. Niche Consulting is working with the Trust and the five main commissioning CCGs to deliver the programme through a series of workshops at footprint and locality levels. It is anticipated that the programme will conclude in the autumn with a recommended model of care.

4. MAKE EFFECTIVE USE OF SECONDARY CARE

- 4.1 The Safe Haven and the expanded Home Treatment Team will reduce the number of short stay admissions to the mental health wards and also support early discharge.
- 4.2 Efforts to promote timely discharge and reduce Delayed Transfers of Care (DTOC) through proactive inreach from the CCG and Social Care in Tameside and Derbyshire has had a very positive impact on the reducing delays.
- 4.3 Unlike other localities Tameside and Glossop have had very few out of area mental health hospital admissions however demand is high and therefore the Pennine Care sustainability programme will identify solutions across the footprint to ensure that no patients need to access care out of Greater Manchester.
- 4.4 Aiming to reduce DTOC and improve care closer to home for people with very complex dementia commissioners are investigating options to commission a specialist dementia care home/beds.

5. CONCLUSION

5.1 This paper summarises the significant progress in delivering the Mental Health Strategy for adults and older people, improving access, choice and quality of mental health support in Tameside and Glossop. The final business case against the £6m Mental Health Investment Plan agreed by the Strategic Commission in January 2018 will be considered by the Strategic Commissioning Board in July 2019. The investment was agreed in order to

improve parity of esteem for mental health vs. physical health however it is anticipated that demand will continue to rise and therefore the need to continue to transform and develop high quality effective services will be ongoing.

- 5.2 The delivery of the developments in line with the Mental Health Strategy has been challenging due to the demands on capacity in both commissioning and for providers, but has been mitigated through close partnership working across all sectors.
- 5.3 Going forward the ambition is to take a stronger focus on public mental health, the wider determinants of health, and to reducing adverse childhood experiences, ACEs, with the aim of preventing long term problems. In addition the Strategic Commission will need to take account of the outcomes from the Pennine Care Sustainability Programme.

6 RECOMMENDATIONS

6.1 As set out at the front of the report.

Appendix 1

Neighbourhood Mental Health Development Presentation







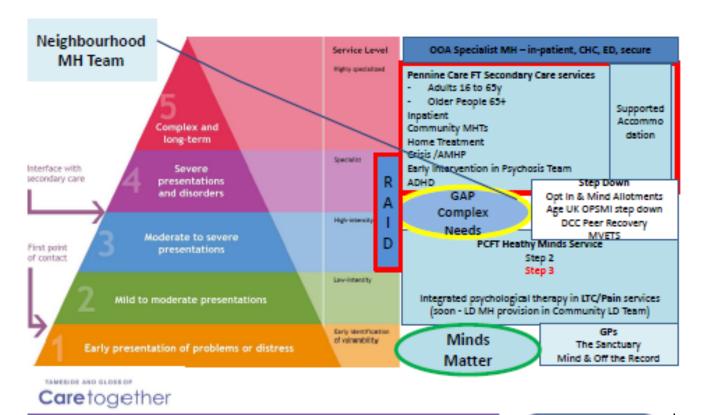


Living Life Well Programme

Co-producing a new model for improving mental health in our neighbourhoods

June 2019

Mental Health Commissioned Services Provision (16y +)



Types of Needs of People Within the Gap

- The effects of childhood abuse
- Emotional instability
- Dual diagnosis (substance misuse, LD and autism)
- Young people transitioning from CAMHS
- People with complex psychological needs
- Medically unexplained symptoms
- People frequently asking for help, including GP, A&E
- People under the care of tertiary services e.g. with eating disorders

Referrals keep being done and keep being told all I need is therapy, when done it, was advised no more therapy, also say don't meet criteria"



Ambition

To create a new model of mental health care that will, as well as reducing problems or eliminating symptoms, focus on supporting people to get and keep well through;

- improving people's personal sense of meaning,
- close interpersonal relationships and
- social integration.

The Collaborative











































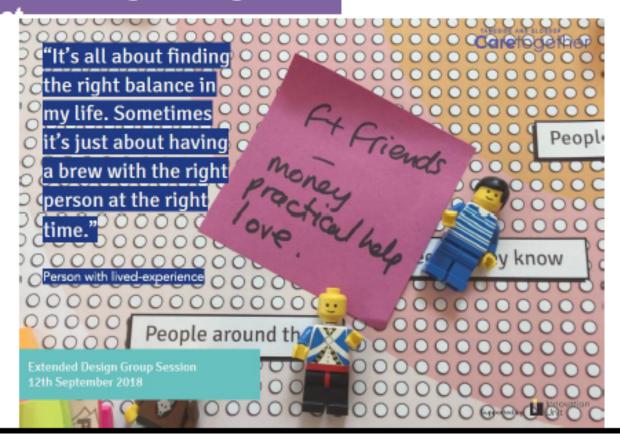




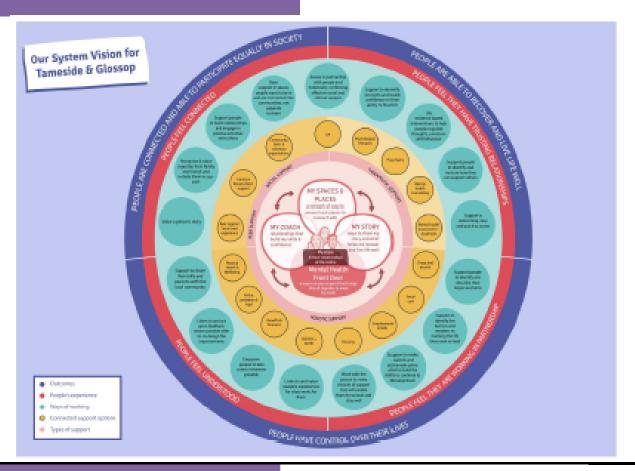
Lots of People are Helping



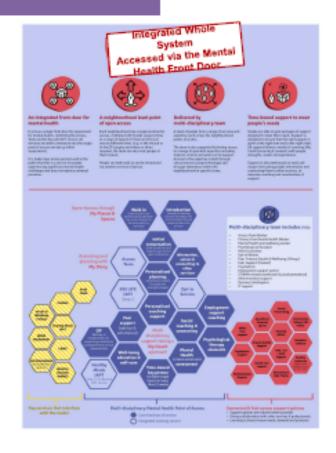
Collaborating to design and



The Vision



The Model



The Model

My Spaces & Places a network of easy to access to places to connect with



A mental health informed network of local. spaces 6 places

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My Coach

relationships that build my skills it confidence



A positive relationship of support









My Story

years to share my story and what helps me recover and like life well.



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By Epimer B. Planes.

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