

TRAFFORD MENTAL HEALTH PARTNERSHIP

11.00am Tuesday 27th March 2018

Empress Business Centre, 380 Chester Road, Manchester M16 9EA MINUTES

Name	Title	Initials	Present
Ric Taylor	Lead Commissioner Mental Health & Learning Disability, TCCG	RT	✓
Lil Handy	Commissioning Manager- Learning Disability and Mental Health, RMN, TCCG	LH	✓
Liz Clarke	Clinical Education & Mental Health Lead, TCCG	LC	Apologies
Miladur Rahman	Performance and Quality Manager Manchester Health and Care Commissioning and TCCG	MR	✓
Tracy Cartmell	Associate Director of Commissioning, TCCG	TC	✓
Denise Forster	Interim Senior Finance Manager, TCCG	DF	✓
Jayne Hynes	Commissioning Officer , LD & Mental Health, TMBC	JH	Apologies
Helen Cutts	Head of Operations, GMMH NHS FT	HC	Apologies
Karen Ahmed	Director of All Age Commissioning, TMBC	KA	Apologies
Bo White	Specialist Commissioner – Children’s Clinical and Public Health Commissioning & Service Development, TMBC	BW	Apologies
Charlie Ingram	Senior Nurse CLDT, Trafford	CI	✓
Eleanor Roaf	Interim Director of Public Health	ER	Apologies
Heather Fairfield	Healthwatch	HF	Apologies
Jean Rose	Healthwatch	JR	✓
Adrian Bates	Partnerships and Communities Manager, TMBC	AB	Apologies

Richard Spearing		RS	Apologies
John Lamb	Councilor John Lamb Exec. Member for Health and Wellbeing Chair Trafford Health and Wellbeing Board	JL	Apologies received
Sam Roberts	Business Analyst, TCCG	SR	✓
Sarah Grant	Senior Partnerships and Communities Officer	SG	✓
Greg Vaugh	Business Manager, GMMH	GV	✓
Dan Shelston	Trafford, THRIVE	DS	Apologies
Candice French	GMMH Community Services Manager, Adult CMHTs and Early Intervention (EI)	CF	✓

1. Welcome and Introductions

- 1.1. RT welcomed everyone to the second meeting of the Mental Health Partnership. He explained that it was good to see such a cross-section of bodies represented and thanked everyone for their contributions.
- 1.2. Each member of the group shared a positive example of those projects in which they were involved, highlighting progress being made and opportunities gained for improving the health and social care for those people living and working in Trafford. This was particularly in light of the Integration between TMBC and TCCG.
- 1.3. RT identified that the New Models of Primary Care agenda item was deferred from the first MH Partnership meeting and at today's meeting the work of the Primary Care Mental Health & Wellbeing Service Task & Finish Group would be reported.

2. Strategic Overview

- 2.1. Important strategic issues are:
 - 2.1.1. Keeping 'in the space' of integration.
 - 2.1.2. Being mindful that the sharing of information allows challenge.
 - 2.1.3. How this MH Partnership oversees other key areas.

3. Minutes of January 12th 2018 Meeting

- 3.1 The minutes of the first meeting of the MH Partnership were confirmed and made final with no amendments.

4. Draft Terms of Reference

- 4.1. The draft version of the Terms of Reference for the MH Partnership was presented to the group.
- 4.2. Amendments were suggested by the group. The Final version incorporating the alterations to the Terms of Reference will be distributed after the meeting.

5. Primary Care Mental Health and Wellbeing Service development update

- 5.1. A presentation was shared with the group which included the Vision, Scope, Progress, Timescales, Gaps and Strategic Alignment of the PCMHWS :



2018 03 27 PCMHWS
MHPB presentation.ppt

- 5.2. The partnership agreed it was important not to over medicalize references but to understand the Biological, Social and Psychological elements of Mental Health.
- 5.3. It was noted that there is already in existence a good acute Secondary Mental Health service in Trafford and that part of the vision is to identify gaps in provision between primary and secondary services.
- 5.4. It was agreed that an essential part of the role of the PCMHWS is the clear and exact identification of the cohort of those who will benefit from this service.
- 5.5. The group agreed that this needs to be a practical service and not just sign posting, with a focus on prevention, i.e. assisting those in need, before a mental health crisis develops.
- 5.6. The PCMHWS project plan needs to be shared with GMMH.
- 5.7. The group discussed the opportunity to consider how resources are employed and the response of the third sector. This is an opportunity in requesting that the third sector are dedicated to key deliverables to enforce and embed a focus on prevention and not predominantly react to crisis.

- 5.8. The current strategic position is strong; however care needs to be taken with alignment in how the strategic landscape fits together, to maximize opportunities within existing services.
- 5.9. RT advised that commissioned resources were in place and agreement reached for staffing of the service. The workforce for MH would be promoted through 5YFV and it should be an appealing proposition to attract staff.
- 5.10. The aim is for 'feet on the ground' by July 2018 as a start, to look at registers and develop intelligence.
- 5.11. It was acknowledged that suitable IT support is fundamental to the success of the service.

6. An Integrated Mental Health Strategy for Trafford

- 6.1 The group agreed in principle that the strategy should as far as possible bring together existing work streams and plans and build on this to identify gaps etc.
- 6.2 The group was shown a slide presentation of the mental health strategy for Trafford, including the Vision, a Mental Illness and Wellbeing description and Key Aims of the Strategy.

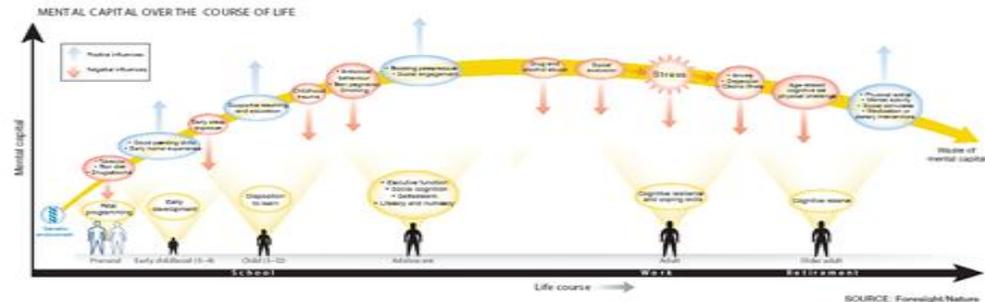


A Mental Health
Strategy For Trafford

- 6.3 It was agreed that the entire group will review and critique the Strategy and provide feedback and suggestions following the meeting. Specifically :
 - 6.3.1 SG agreed to suggest ways of making the Vision Statement more citizen and community focused etc.
 - 6.3.2 TC suggested to split the Vision Statement to make it more focused with '*This will require*' onwards being amended to read more like '*We will do this in these ways and by this target date*' etc.
 - 6.3.3 MR agreed to suggest ways of including a focus on inequalities and vulnerable groups.
 - 6.3.4 LH suggested having a greater emphasis on describing mental health illness and wellbeing in terms of 'Recovery'. LH also suggested that we might articulate the

Clinical Commissioning Group

Strategic Vision using pictures and consider the lifespan as a framework/visual aide for the Strategy. This should include a fluid diagnostic pathway and demonstrate prevention, early intervention and interdependence, not dependence on services :



- 6.3.5 SG agreed to speak to the TMBC Data and Innovation Lab next week to ask them if they can create something like this for the MH Partnership and agree timescales for production.
- 6.3.6 Key Aims – everyone to suggest ideas regarding localizing and the need to emphasise inequality, deprivation, variation etc.
- 6.3.7 RT, SG and LH to convene as a working party to develop a final draft document , incorporating all ideas and suggestions made and produce a final draft version over the next 2 months in preparation for the MH Partnership Meeting on 29th May 2018. This will also be linked to the lessons from the Deloitte Workshop, recently attended by RT.
- 6.3.8 RT asked everyone that when making their suggestions that they be mindful that historically some areas of Trafford are not as engaging as others. There is also differentiation between the North and South areas of Trafford in terms of general need and movement of services. The offer should be what is needed and the strategy be sensitive to everyone’s needs e.g. language difference.

7. Five Year Forward View Work Stream Updates

- 7.1. The group was shown a slide presentation of the Trafford 5YFV MH Targets and Progress Updates for IAPT access, Out of Area Placements, Dementia Diagnosis, access to CYP MH Services and SMI checks.



Trafford Partnership
Meeting - MH perform

- 7.2 RT aspires to be able to build towards a more comprehensive performance matrix, including TMBC and Public Health.
- 7.3 The group discussed that in Trafford there are currently no providers who flow data through to the National Minimum Data Set. However with effect from March 26th 2018 data will start to be extracted from the PARIS system, with information shared relating to children receiving treatment. The challenge moving forward is to increase access to reliable data for MH. The TMBC and TCCG Integration is seen as an opportunity to share data, which will ultimately assist with strategy for improving health and social care overall.
- 7.4 IAPT
 - 7.4.1 Trafford will not reach IAPT Access Target for 2017/18.
 - 7.4.2 Challenged by Greater Manchester Partnership to achieve 2018/19 target and improve performance against this trajectory by end of Q2. Links to Task and Finish Groups – see 8.1.2
 - 7.4.3 Need to demonstrate a plan of action and investment in achieving this target, maximizing and building upon existing resources.
 - 7.4.4 Some service issues to resolve however need to strive to resolve these and support ongoing service.
- 7.5 OAPs
 - 7.5.1 Trafford CCG commissions 43 MH beds.
 - 7.5.2 Legally obliged to buy additional care for acute admissions and have to go to private sector when at capacity.
 - 7.5.3 Beds utilized are often around the UK. It is a national issue with occasionally Trafford providing beds for patients in other areas experiencing the same difficulty.
 - 7.5.4 Huge pressure on the system with 105% bed usage compared to capacity.
 - 7.5.5 Projected spend 2017/18 £1.2M, compared to £100K in 2016/17 and £14K 2015/16.
 - 7.5.6 Plan of action is to balance expenditure with reduction in long term placements (in line within Transforming Care), working with other commissioners, looking at GMMH resource and analyzing current bed usage.

7.5.7 Further detail included in the Task and Finish discussion notes – see 8.1.4

8. Task and Finish Groups

8.1 The MH Partnership agreed the following:

8.1.1 **CYPS** – BW’s existing group to link to partnership.

8.1.2 **IAPT** – New Task and Finish Group to be chaired by RT initially. Aim will be to address performance deficit and re-establish clinical leadership across whole Trafford IAPT pathway.

8.1.3 **EIP** – To be decided once review of target complete at GM level.

8.1.4 **OAPS**

8.1.4.1 Existing group chaired by GMMH to report to partnership via LH.

8.1.4.2 RT to oversee work to negotiate a risk shared with GMMH to reduce overall expenditure on OAPs and exceptional packages of care.

8.1.5 **Suicide** – ER to report existing initiatives to MH Partnership / Health & Wellbeing Board.

8.1.6 **Primary Care Mental Health & Wellbeing Group** – established and will report to partnership at each meeting.

8.1.7 **Patient & Citizen Forum** – RT/SG/ DS/JR to convene to develop a final proposal for approval at next MH Partnership meeting.

9. Dates of Future Meetings

9.1 In light of the half term holiday and RT being unavailable to Chair, it is likely that the next meeting date may change.

The date of the next Trafford Mental Health Partnership meeting currently planned for:

Tuesday 29th May 2018 at 11.00 - 13.30 hours