



February 2024

Welcome to the February 2024 edition of the Cheshire and Merseyside Mental Health, Learning Disabilities and Community Services (MHLDC) Provider Collaborative newsletter.

This bulletin will keep you informed of the work that is being taken forward by the nine trusts that form the collaborative partnership.

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Programme News



Access to Care

This month, the access to care group have been focussing on MSK by working with the clinical reference group to agree tactics for reducing waiting lists and improving resilience. Plans for a C&M Community Appointment Day are being developed at present. [See here for more information.](#)



Community Urgent Care

Intermediate Care

The Cheshire and Merseyside Intermediate Care task and finish group have been working hard to understand flow and performance across intermediate care. This information is now available to all in the C&M Business Intelligence Portal. If you would like to access the intermediate care dashboard, please contact the C&M Business Intelligence team on datamangement.bi@cheshireandmerseyside.nhs.uk.

2-hour Urgent Community Response (UCR)

The newly established UCR improvement group have got off to a great start by initiating a pilot with our colleagues in the Northwest Ambulance Service (NWAS) to divert appropriate patients into community services. For more information, contact Emma Danton on emma.danton@nhs.net.



Virtual Wards

Virtual ward

The virtual ward programme was formally adopted by the collaborative in January 2024. We are currently arranging a number of review sessions over the coming months to further develop the opportunity.

IV at Home (Elastomerics)

The Elastomeric pathway is now live!

The use of an elastomeric device allows for administration of an intravenous antibiotic over a 24-hour period within the OPAT setting. This allows optimisation of antimicrobial choice, using targeted narrow spectrum agents, which improves clinical outcomes and patient satisfaction with the additional benefits of reducing development of AMR, CDI infection and overall nursing time.

Danielle Lucy, AMS Pharmacist at LUHFT explained:

The availability of the elastomeric devices allows for early discharge or admission avoidance in patients who would not fit into the current OPAT setting of once or twice daily administration due to drug choice alone, allowing for increased bed capacity within the region, and increasing nursing capacity across the community setting.

Emma Hughes, AMS Pharmacist at LUHFT said:

Working as a collaborative helps promote good practice, standardise patient care, and encourages learning and troubleshooting across the region. In addition, the collaborative approach of sharing stock across the network will hopefully demonstrate cost effective use of the elastomeric devices, preventing waste and reducing time to discharge.



Workforce Programme

The Workforce programme have developed a number of schemes aimed at making working in community and MH services even better and attracting new talent to join our teams. Some specific areas of progress this month are:

Community: Social Prescribing

Health Performance engaged and commenced health assessments at community sites in January 2024, due to complete implementation phase 29th Feb 2024. Currently at 52% of eligible workforce uptake of health assessments.

Place: Attraction and Retention

Attraction and Retention role is currently being advertised and interviews will commence mid-February 2024.

NHS Cadets

There has been ongoing recruitment for young people onto the programme with guest speakers and service leads identified to facilitate speciality sessions.



Focus On – Mental Health Programme

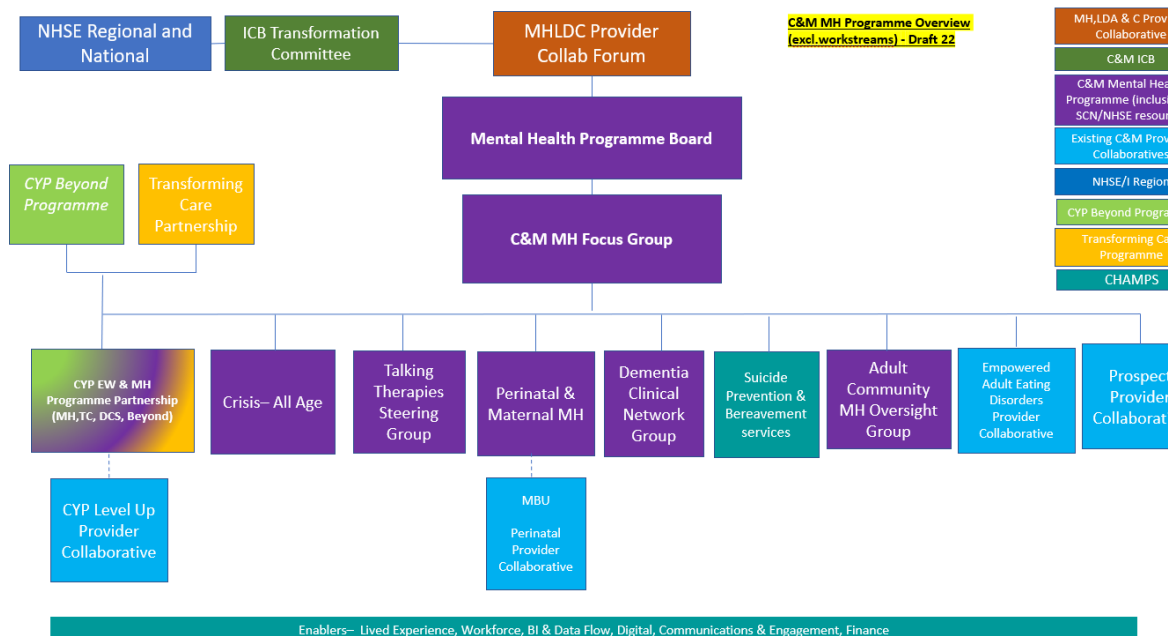
Mental Health Programme - Overview

The Cheshire and Merseyside Health and Care Partnership identified Mental Health as one of its primary priorities following a partnership review in 2017.

In 2019, the NHS Long Term Plan renewed the government's commitment to pursue the most ambitious transformation of MH care England has ever known. The [NHS MH Implementation Plan 2019/20 – 2023/24](#), published in July 2019, confirmed ringfenced investment for MH and outlined national access or coverage trajectories which requires local systems to tailor their delivery pace.

The MH Programme has continued to lead MH transformation for those priorities agreed in October 2019 to be best undertaken 'at scale'. The programme also maintains oversight of all 'place' led MH LTP ambitions and fulfils appropriate ICB, regional and national reporting requirements. Benefits of adopting a design 'once', deliver locally approach include a reduction in unwarranted variation, lack of duplication of effort and improved efficiency.

The diagram below provides an overview of the MH governance structures in place, including the current 'at scale' workstreams.



The Team

The MH Programme works across the system with multiple stakeholders aiming to ensure that quality and timely MH care is provided for everyone who needs it, and to tackle

inequalities in access, experience and outcomes. The transformation programme has supported our ICB system to translate NHSE vision into reality.

Achievements:

Mobilisation of all new [NHS Long Term Plan Mental Health](#) requirements including:

- [Perinatal Mental Health Service](#) (C&M wide)
- [Maternal Mental Health Service](#) (C&M wide)
- Capital funding has been approved this year by NHS England for a new, 8 bed Mother and Baby in-patient mental health [unit](#). Plans now evolving to mobilise during 24/25.
- Adult Community MH transformation continuing to evolve but to highlight:
 - 90% of PCNs now have new mental health ARRs roles
 - MH Alliances embedded across C&M, enabling co-production with VCSE, LAs & Lived Experience Advisors
- Successful capital funding bids were submitted to ensure that all MH trusts have the correct IT infrastructure to support NHS 111 option mental health integration work.
- Capital funding was secured in 2022/23 for 3 new MH Ambulances
- MH Capital Funding was approved to support development of a MH Urgent Response centre on the Countess of Chester Health Park
- New crisis alternatives have been developed including 4 crisis cafes, 1 safe haven, 1 VCSFE helpline, 2 crisis houses and 2 CYP crisis alternatives in the community.
- A crisis text messaging service has been established, Shout Text provision across C&M
- Establishment of a C&M Talking Therapies workforce supervision hub (collaborative across providers) and Centralised Recruitment.

Priorities for next few months:

- Planning for local Talking Therapies Communications Campaign to complement national campaign
 - Exploration of system interoperability to ensure that both Primary Care and Secondary Care have visibility of relevant patient care records (Adult Community MH transformation)
 - Finalising SOPs for new MH Response Vehicles due for delivery mid February 2024
 - Preparing for national 'go live' of NHS 111 Option MH from 1st April 2024
 - Develop plans to meet requirements of national Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme – self-assessment to be completed by June 2024
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MHLDC Place Links

Cheshire West Place– Alison Swanton A.swanton@nhs.net

East Cheshire Place– Pip Marrant Phillipa.Marrant@mcht.nhs.uk and Jo Young jo.young2@nhs.net

Sefton Place, Liverpool Place– Leigh Thompson Leigh.Thompson2@merseycare.nhs.uk

Warrington Place, Halton Place– Rob Foster Rob.foster@nhs.net

Wirral Place, St Helens Place, Knowsley Place– Tony Bennett Anthony.bennett5@nhs.net

Contact Us

If you want to know more about the work of the MHLDC Provider Collaborative, please get in touch with one of the team.

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