



**Greater Manchester  
Mental Health**  
NHS Foundation Trust

25 July 2022

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Vicky Szulist  
Chair  
Healthwatch Manchester  
Canada House  
Chepstow Street  
Manchester  
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Dear Vicky

**Re: Actions following the recommendations in our report 'Small changes, big differences'**

Thank you for sharing the Manchester Healthwatch report Small Changes, Big Impact (June 2022) which demonstrates the good practice of teams and the benefits of an integrated approach to care delivery. As with all things there are some learning points to take forward and I have shared the report with the Manchester senior leadership team for ongoing consideration. Their response to the recommendations is below.

**Recommendation 1**

**Where appropriate, there should be an increase in the frequency and consistency of service delivery to help improve quality and overall satisfaction. Delivery should occur on a regular timetable to give service users the security of knowing when a visit will take place.**

The frequency and content of contact with service users is individually determined based on an assessment of need with the ability for frequency of contact to be scaled up or down depending on the recovery of the individual. Whilst care coordinators (who are professionally trained health and social care staff) always agree the frequency of contact in collaboration with service users and their carers (where appropriate) at times they may have to cancel appointments or ask a colleague to step in to carry out the visit. This may be due to sickness absence or other work that needs to take priority. All efforts are made not to cancel appointments but sometimes unfortunately it is unavoidable. In these circumstances appointments are rebooked for as soon as possible.

GMMH recognises that there have been difficulties identified in some Community Mental Health Teams (CMHTs) with regards to the consistency of care coordinators and/ or the frequency of contact between the service user and care coordinator which has impacted on service delivery and we are working to make improvements and the delivery of these improvements is being monitored closely. The difficulties GMMH is experiencing reflect similar issues experienced by many other NHS mental health trusts regionally and nationally. We have and continue to experience increased referrals following the pandemic, coupled with a national shortage of professionally trained health and social care staff which has impacted on recruitment of both permanent and temporary staff. Unfortunately, this has, in some

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instances, impacted on care coordination for some of our service users. Where a service user's care is impacted by a care coordinator leaving, they are allocated a new care coordinator at the first opportunity,

ideally to allow for a seamless transition with minimal or no gap. However, if a service user is impacted by frequent changes to care coordination this is considered when reallocating the case and where possible a permanent care coordinator is allocated rather than an agency care coordinator; the aim being to provide a consistent service offer for that individual.

## **Recommendation 2**

**There should be an increase in the number of options and the accessibility of social activities available to service users both 'in-house' and in the local community.**

The NHS Long Term Plan for mental health proposed major changes for mental health community services by 2024. The Programme has given community services across GMMH a unique opportunity to develop an integrated mental health care pathway through the development of the Living Well Teams and Living Well system that work between Primary Care and current Secondary Care Teams. Through working closely with our VCSE colleagues and primary care colleagues the Manchester Living Well Collaborative Planning Group is co-designing and co-producing a Living Well team for Manchester. This Living Well alliance is developing a network of activities and service offers that people with mental health problems may benefit from using. Part of this development is access to a range of social activities.

The Community Transformation Programme also offers opportunities 'in house' with the offer of Individual Placement Support (IPS). IPS supports people into education, training or employment. There is also the well-established Community Inclusion Service (CIS) who work with people to help them with a broad range of activities of daily living, including social activities. These activities will support an increase in options in the future.

It is pleasing to hear that overall the participants felt very satisfied with the services they accessed and were particularly complimentary about the staff who had supported them.

The report will be widely discussed in our Manchester leadership forums and the developments I have outlined above all form part of actions the local services are implementing. Should you have any queries in relation to this response please do not hesitate to contact Sian Wimbury, [sian.wimbury@gmmh.nhs.uk](mailto:sian.wimbury@gmmh.nhs.uk)

Yours sincerely



**Neil Thwaite**  
**Chief Executive**

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