



# MHLDC BULLETIN



## Welcome message

Tony Mayer, MHLDC Director, for and on behalf of our members

Hello and welcome to our quarterly bulletin.

As you know, there have been significant changes to the Cheshire and Merseyside operating environment recently, with a strong focus on the establishment of the ICB recovery programme. The MHLDC Provider Collaborative has played an important role in the design of the programme, ensuring that community, learning disability and mental health services are at the forefront of transformation priorities.

We know that, without the fantastic work of our member organisations, many people in Cheshire and Merseyside would go without vital care and that our acute services would be even more pressured than they are.

In this issue, we will tell you more about some the improvement projects we are involved in. In all these projects, improvements are being designed by providers, fostering clinically led transformation from within community and mental health services. A huge thank you to all the teams who have played a part in the work so far.

Firstly though, I would like to introduce you to a new member of the team: Dr Ipsita Chatterjee.

*Dr Ipsita Chatterjee commenced her role as Interim Medical Advisor – Community Urgent Care Work Programme in February 2024. Ipsita is a Portfolio GP, working across different Organisations as a Lead Educator, Clinical Lead in Health & Social Care systems and as an Appraiser for over twenty years. She is passionate about enabling professionals, people, public and carers to manage their own needs through education, awareness, and training. Her vision in her role is to enable more joined up working across different projects and programmes to keep people safe and well in their own home/care settings.*



# Urgent Community Response

Programme Lead: Val McGee

Cheshire and Merseyside

Programme Manager: Carrie Woods

Mental Health, Learning Disability and Community Trust Provider Collaborative

Urgent Community Response (UCR) services are a fundamental part of the Community urgent care offer. In Cheshire and Merseyside, there are ten different UCR Services, all providing invaluable support to patients in their own home, following an unplanned illness or injury.

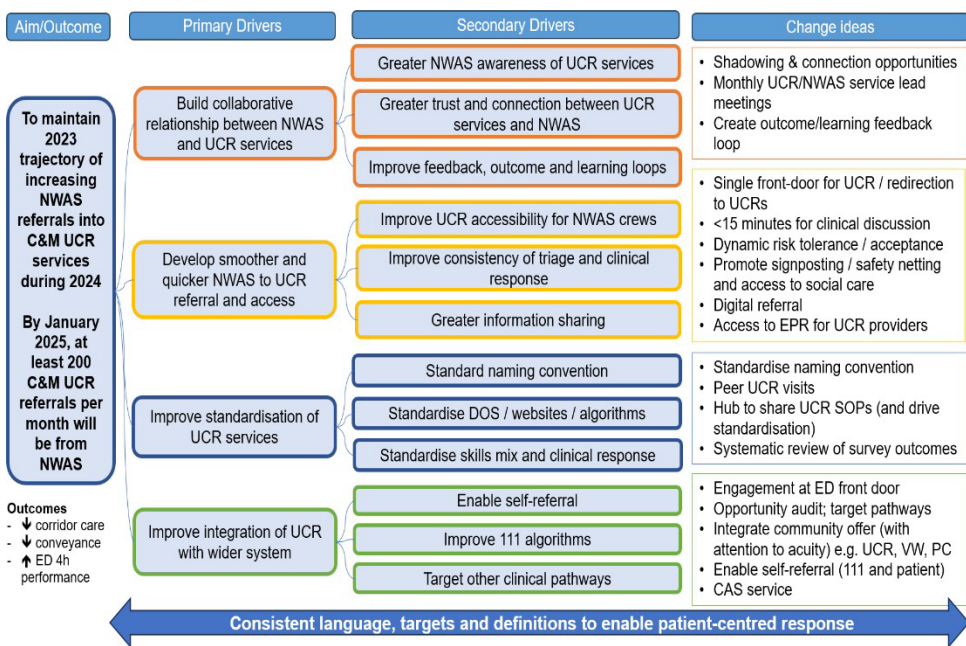
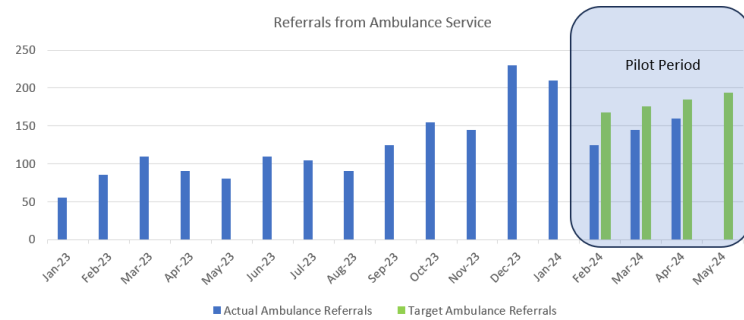
In Feb 24, MHLDC set up a C&M wide UCR Improvement Group, including all UCR providers, AQUA and NWAS. The aims of the group were to:

- Increase NWAS → UCR referrals by having a co-located clinical navigator in the NWAS call centre (EOC)
- Understand the patient process from calling 999 to being conveyed to ED → where are the opportunities for UCRs to intervene?
- Map service variation → understand where there are differences and whether those differences are barriers to increasing NWAS referrals



On the 23<sup>rd</sup> May we held a workshop at Lakeside House in Warrington to review progress so far and discuss what we need to do next.

We found that, during the pilot, ambulance referrals had gone up, but not as much as we had hoped for.



After discussing how we could improve further, we developed a logic map, setting out some key actions for the next few months

## What happens next?

Next, we're going to share this information across our stakeholders, via our governance groups. We want to make sure that everyone knows about the fantastic contribution that UCR services make, and we want to ensure that actions are taking place that will make these services even better.

The Cheshire and Merseyside Mental Health (MH) Programme Annual Report for 2023/24, has now been finalised.

Click here to read the full version: - [MHLDC updates - NHS Cheshire and Merseyside](#)

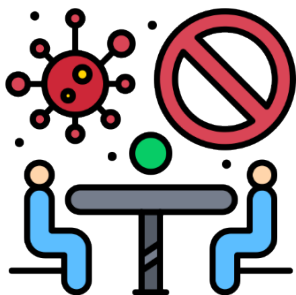
Some highlights are shown below. In all MH projects, improvements are co-produced in conjunction with all stakeholders, including people with lived experience.

The co-produced NHS Cheshire and Merseyside Children and Young People's Mental Health Plan 2024-2026 is now available.

A CYP Medical Emergencies in Eating Disorder (MEED) Collaborative has been established, bringing together senior mental health and physical health clinicians from across the health system to focus on early detection and prevention. This is likely to be the first of its kind in England!

NHS 111 option MH went live on 30th April 2024!

Three new MH Response Vehicles were mobilised in May 2024. This will facilitate a more appropriate response for some people presenting in MH crisis and avoid inappropriate presentation in emergency departments.



A talking therapies workshop was held in February. The teams are working towards developing a consistent service model, allowing flexibility for local need.

## [Focus on: Mental Health, Learning Disability and Autism Quality Transformation Programme](#)

The baseline self-assessment for the national Quality Transformation Programme was completed for all mental health and learning disability / autism adult inpatient provision. This focused on three main areas:

A good quality inpatient offer – ensuring that when a person requires admission, the offer is individualised, diverse and provided by a skilled and experienced workforce. People, their carers and families will be fully involved in shared decision making and care planning.

Flow through inpatient services – ensuring that people can access the right care, support and interventions for their needs quickly and in the least restrictive setting. There is emphasis on ensuring people are not waiting for care or discharge from hospital.

Community alternatives - Continued development and collaboration to provide strong community alternatives to inpatient provision to optimise the time people can spend at home and in their communities, through early intervention, prevention, and dedicated support. Active system collaboration to facilitate discharge from hospital at the earliest opportunity.

# Virtual Wards

Programme Lead: Tony Mayer

Programme Manager: Emma Danton

Cheshire and Merseyside

Mental Health, Learning Disability and Community Trust Provider Collaborative

Now that the Programme review is complete, the programme team is turning its focus to delivery. As providers involved in delivering virtual wards, you have told us there are three key areas we should focus this year: improving governance, improving digital and data and improving operational management. These recommendations have formed the basis for our plan, a summary of which is shown below.

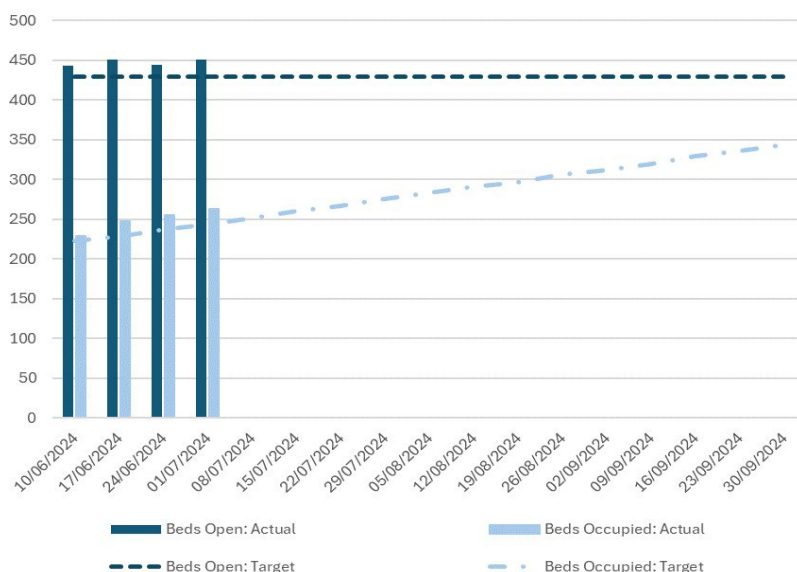
Governance Improvements	Digital & Data Improvements	Operational Improvements
<ul style="list-style-type: none"> <li>Implement a lead provider model, streamlining commissioning and reporting arrangements</li> <li>Implement revised contracting and commissioning arrangements, aligned to lead provider model</li> </ul>	<ul style="list-style-type: none"> <li>Design and develop a revised VW dashboard in the BIP, fed by a more detailed data feed (minimum dataset) and aligned to the lead provider model</li> <li>Standardise VW Shrewd Reporting</li> <li>Build more robust benefits evaluation processes, to support future growth</li> <li>Changes to Docobo contracts to reflect current activity levels</li> </ul>	<ul style="list-style-type: none"> <li>Agree revised bed composition plans, which will allow for development of different types of virtual ward, including general wards and / or new specialties</li> <li>Agree sub-contracting arrangements where activity is delivered outside of lead providers</li> <li>Standardise some key enablers including out of hours provision, case finding, and VW staff mix</li> </ul>

It's our hope that these actions will lead to the improved utilisation rate that we need.

**Our target is to reach 80% occupancy by 30<sup>th</sup> September.**

Providers have already stepped up to this challenge and we have seen four consecutive weeks' worth of improvement!

VW Utilisation Improvement Trajectory



## What happens next?

Next, we're going to meet with provider operational and clinical leaders to understand the opportunities and challenges for virtual wards this year. We know that large scale transformation takes time and needs to be led by the people delivering the services on the ground. We're excited to see this programme develop and mature over this year and beyond.

# Community Data Quality

Programme Lead: Emma Danton

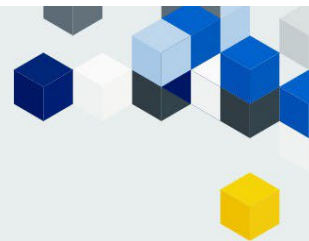
Project Manager: Qazeem Faniran

Cheshire and Merseyside

Mental Health, Learning Disability and Community Trust Provider Collaborative



A Community Data Quality and Reporting Improvement group has been meeting for a few months. The group collaborates closely with Business Intelligent Leads from the Community Providers who are part of MHLDC. It serves as a platform for data-related discussions and relationship-building among system leads, providers, and stakeholders



## Faster Data Flows (FDF)

Discussions are ongoing with NHS England’s Faster Data Flow (FDF) Implementation Team for MHLDC to be an Early Adopter and ensure readiness across our 9 Organisations.

To find out more about the NHS Community Health Services Data Plan, visit: [NHS England » NHS Community Health Services Data Plan, 2024/25 to 2026/27 – April 2024](#)

### Key areas of focus: Community Data Quality

UCR Data: improving consistency in counting

CSDS Data Quality Maturity Indices: Improving the amount and quality of data submitted by C&M's Community providers

Community Health Services (CHS) waiting list data: with priority focus on ensuring that all reported long waits have been validated by data quality teams before operational and clinical leads investigate