

***ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD  
Overview & Scrutiny Committee  
Agenda***

Date Tuesday 7 October 2025

Time 6.00 pm

Venue JR Clynes Building 2nd Floor Room 1

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef or Constitutional Services at least 24 hours in advance of the meeting.
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**MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD**

Councillors Adams, Davis, Hamblett, Hurley, J. Hussain, Ibrahim, Iqbal, Kouser, McLaren (Vice-Chair), Rustidge (Chair) and Sharp

Item No

- 7            NHS Mental Health Services update (Pages 3 - 22)  
              To note the update on NHS Mental Health services.

# Mental Health Update

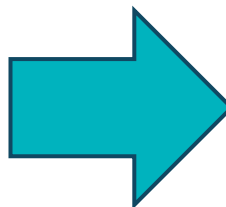
**Oldham**

Integrated Care Partnership



# Greater Manchester Move On Project (GMMOP)

- Developed in 2023.
- Five units of supported accommodation in Oldham as self contained accommodation . Care Point (Landlord) with a 0.5 WTE Housing Officer allocated.
- Contract held by OMBC and goes through their procurement process.
- Service is for patients with a housing need / barrier to discharge. Length of Stay is a target of up to 3 months.
- Up to 26 people supported per year
- Multi-disciplinary weekly meetings with stakeholders (PCFT Ward Manager, Care Point, Housing and Commissioning) to review patients and discuss potential new referrals. Links with Oldham CMHT
- Weekly drop-in sessions are available at the property for advice and support to service users
- Service expanded remit to take referrals to avoid admissions – to deflect admissions – further analysis on ED to be reviewed
- Focus on Living well and Live Well agenda Introducing offers of support into employment / apprenticeship / education
- **Next Strengthen KPI/ Outcomes framework – work with OMBC to extend contract**



## Reduced Acute OAPS

10 OOA into  
GMMOP = 765 OBD  
\* £720 OBD  
  
= **£550,880**

## Enabled Discharge

16 patients from  
PCFT beds = av 56  
Trust OBD (906) \* Av  
OBD £650  
  
= **588,900**

## Enabled Flow across PCFT

Improved clinical  
experience  
System flow  
25 moved into own  
tenancy, only 1  
readmitted

## Cost Benefit Ratio

Investment of £155k /  
£1,139,780 saving  
  
= **£1:£7**

# CRFD in mental health services

- The length of stay on Oldham wards is managed by the weekly Bed Management, weekly Locality MADE and monthly GM CRFD meetings.
- Main reasons for delayed discharges are lack of appropriate supported accommodation available in Oldham / GM. Once services are sourced the panel process to agree funding can take considerable time and the process is not effective.
- The patients who are CRFD are tracked through the bed management process. All CRFD patients are then discussed in detail in Locality MADE where decision makers support an expedited discharge where possible. Any exceptions are highlighted in GM CRFD for GM support.
- The average number of CRFD patients on both Oldham MH wards is 5.8, new target to reduce to 5.2. These are beds that could be used to support patients who require acute care, reduce waiting times in A&E and support step down from PICU beds which may be spot purchased at additional cost.
- Actions to reduce CRFD through partnership working in Locality MADE. Oldham are looking at developing business cases for step up/down beds where patients who are CRFD can wait in the community in better surroundings at a much lower financial cost. This is based on the GMMOP model but for higher need patients.

# CAMHS - Identified Issues – Waiting Times

Year	Total referrals received	% accepted	Autism referrals received
2019/20	1055	Not available	129
2020/21	933	Not available	43
2021/22	2427	62%	166
2022/23	2583	60%	239
2023/24	2849	65%	493
2024/25	3162	83%	710

- Due to the increase in demand for CAMHS services nationally post pandemic and in particular ND, wait times have increased.
- Assessments for autism now have a 17 month wait time to begin in CAMHS.
- Assessments for ADHD have a wait of 16 weeks to begin assessment.
- Increased demand along with recruitment challenges have contributed to this.
- Raising the age criteria for initially ND and recently core CAMHS has also contributed to longer wait times
- The number of accepted referrals has also increased from an average of 63% to 83% IN 24/25 meaning the number of patients requiring a service increased significantly.
- Since 2021 ND referrals have increased from 166 to 710 (328%).
- since 2020 there has been an increase in total CAMHS referrals from 1055 to 3162 (200%).
- The increase of referrals without additional resource resulted in longer waits.

# CAMHS

## **Issue**

- ND referrals have increased substantially which has impacted on CAMHS and waiting times
- As of 17th September, there were a total of 618 children and young people waiting for an initial assessment. Of the 618 waiting, 447 (72%) have breached the 12-week standard.

## **Action**

- Development of the ND hub. Currently recruiting 2x WTE navigators
- Development of the ND Padlet
- Development of a support while you wait offer

## **Issue**

- Service was up to 16 years which created a gap in provision for 16-18

## **Action**

- £700k investment to expand provision
- Now have all CAMHS provision up to 18

# CYP Mental Health Mapping / Pathway Redesign

- Currently CAMHS has an open / self referral process
- Patients wait for an initial assessment
- Measured against a set criteria
- Patients who meet the criteria and then accepted
- Patients who have needs that are not as great are signposted by navigators to alternative services.

## **Issue**

- CAMHS are receiving inappropriate referrals when referrals are already high
- Patients are waiting for an initial assessment when they could have been directed to the right service at referral point



# Mapping Service / Pathway Redesign

- Currently mapping ALL mental health provision for CYP
- Includes LA, VCSE, regional and national services
- Mapping referral criteria
- Developed into a detailed service directory
- CYP Mental Health Workshop
- Workshop planned 28<sup>th</sup> October
- All stakeholder event
- Discussion on the current pathway and services available in Oldham
- Discussion on gaps in provision

## **Outcome**

- To agree a new pathway – All referrals go to navigators who signpost to the appropriate service using the mapping information a directory of services
- Identified Gaps – a business case will be developed for identified gaps in provision – likelihood a contract variation to existing contracts to bolster for any services not currently provided.

# ND pathway / Hub

- First point of contact for families with ND queries
- Early support offer
- Peer support network
- Navigator post/s to be able to signpost to support/advice
- ND padlet (Oldham's was launched in April)
- Series of workshops (Oldham POINT already deliver)
- ND in Education i.e. PINS
- Riding the Rapids (POINT have now been trained and plans in place to pilot jointly with CAMHS in a school setting in summer term 2025. Looking to extend into early years.

# ASD / ADHD Optimise Healthcare Contract

**Optimise have been contracted for the following provision across the North East Sector:**

- Ongoing annual medication reviews of existing patients who are prescribed medication for ADHD under shared care arrangements.
- Ongoing annual medication reviews of young people transferred from CAMHS who are prescribed medication for ADHD under shared care arrangements.
- In addition, Optimise will continue to provide specialist oversight of patients who are on ADHD medication who were originally referred to them for an assessment under the right to choose pathway

# Optimise Healthcare Contract

North east Sector Contract (Oldham, HMR and Bury)

We have been able to commission a limited number of ADHD and ASD assessments from Optimise. As a consequence, it is necessary to try and prioritise access to these assessments.

As a result, we have had to take the decision not to establish an open referral pathway from GPs to Optimise for ASD or ADHD assessment.

Instead, we have agreed the following approach:

1. Identifying patients on the adult Dynamic Support Register who require and assessment
2. Identifying patients under secondary care mental health services who require and assessment
3. Starting to offer assessments to the patients who were part way through an assessment with LANC UK when they were decommissioned

# Right To Choose

The patient choice pathway remains an option for new patients who require:

1. An ADHD assessment
2. An autism assessment
3. A restart of ADHD medication where the patient is not already under the care of Optimise

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**PLEASE NOTE THAT OPTIMISE CAN NOT LONGER ACCEPT 'RIGHT TO CHOOSE' REFERRALS FROM GPs IN GREATER MANCHESTER**

- Currently patients presenting at practices are referred for an ADHD assessment
- New triage service will allow the GP to refer to them who will assess the patient's needs against set criteria
- Patients with the highest need will receive an assessment
- This will ensure patients who need an assessment receive it and support it the community will be offered to those with lesser needs.

# Other Updates

- Listening Space – expanded hours
- Joint Commissioning Meetings – planning
- Places for People – Supported Living
- Community Mental Health Team – Coming out of business continuity
- GM Dementia Diagnostic Pathway – Oldham lead

# Enhancing Adult Mental Health Crisis Services in 2025/26

## Outcomes to be delivered:

- Improved and earlier access to dedicated MH professional support for people experiencing MH crisis.
- Improved mental health response and diversion to prevent escalation of crisis that often results in unnecessary attendance at ED.
- Reduction in inappropriate emergency service response to people in MH crisis including conveyance of people under S136 of the Mental Health Act.
- Improved community crisis response for people known and not known to services through both clinical and VCSE teams providing 24/7 care and support.
- Reduction in number of admissions to MH inpatient wards.
- Enhanced links for people to access community, place-based mental health support such as Living Well teams, through seamless pathways between services following de-escalation of crisis.



# Enhancing Adult Mental Health Crisis Services in 2025/26

**Improved access to MH professional crisis response at every stage of the UEC pathway, reducing MH attendances at ED, avoiding admissions, and supporting people to stay safe in the community.**

- Full mobilisation of 111 and 999 GM 24/7 First Response Service (24/7 crisis helpline and MH Urgent Triage)
- Delivery of S136/Health Based Place of Safety Improvement Plan
- Expanded and improved community crisis MH model including Crisis Resolution, Home Based Treatment, and VCSE-led crisis alternatives, based on the UEC MH Mental Health Self-Assessment (Men-SAT) recommendations.

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## **How?**

- Investment in crisis MH services to enable sustainable model and reduction in unplanned spend (i.e. out of area placements)
- Workforce – recruitment and capacity
- VCSE integration enabled by supporting system access, co-location, joined up pathways.
- Digital solutions to support move to parity with physical health/UEC systems.
- Data flows and monitoring improvements including real-time management

# RCRP Phase 1 – One Year On Event (October)

Item	Purpose
Welcome & Objectives	Overview of session aims and structure - Set the tone, revisit RCRP's purpose, and outline the session's goals
RCRP: Where Are We Now?	<ul style="list-style-type: none"> <li>Recap/Summary of RCRP Phase 1</li> <li>Key metrics or dashboard highlights (e.g. S136 trends, conveyance data, s135)</li> <li>What's working well and what remains challenging</li> </ul>
Review of April's session discussion	<ul style="list-style-type: none"> <li>Review actions</li> <li>Key discussions</li> </ul>
Suicide Prevention and RCRP	<ul style="list-style-type: none"> <li>Current suicide prevention strategy</li> <li>How RCRP intersects with suicide risk</li> <li>Opportunities for earlier intervention and safer alternatives - PFD</li> <li>Interactive Q&amp;A</li> </ul> <p><b>(Coroner reports and examples of elsewhere and risks)</b> <b>(Include Fire Service Rep)</b></p>
<b>Thematic Case-Based Reflections/Discussion</b> <i>Case study per table – Case Studies to be discussed questions/feedback after the break</i>	<b>Split into sections:</b> <ul style="list-style-type: none"> <li>Crisis Response &amp; S136 Pathways</li> <li>Suicide Prevention</li> <li>AWOL (detained) or Voluntary Patients</li> <li>Missing Persons</li> <li>Concern for Welfare/Welfare checks S135 ? – AMHPs to provide</li> </ul>
Break	- -
Key Questions/Best Practice & Learning	Key questions of case studies after break <b>Identify Positives and Best Practice</b>
Summary & Next Steps	Confirm next steps/actions –

**Bolton**  
**Family action Band and MHIST**  
**Address-** 125 Deansgate, Bolton BL1 1HA  
**Contact Number:** 01204 917739  
**Email** boltonll@family-action.org.uk  
**Opening Times:** Every day (365 days/year) 3pm-10pm

**North Manchester**  
**No.93- GMMH Service**  
**Address:** No.93 Harpurhey Wellbeing Centre, 93 Church Lane, Manchester, M9 5BG  
**Contact Number:** 0161 271 0339/07778 012838  
**Opening Times:** Monday –Friday 8pm-1am  
Saturday –Sunday 3pm-1am

**Bury Peer-Led Crisis Service**  
**Address:** Halligan House, 11 Broad Street, Bury, Greater Manchester, BL9 0DA  
**Contact Number:** 0161 222 4005  
**email:** bplcs@buryinvolvementgroup.org  
**Opening Times:** Walk-In:  
Monday, Tuesday, Wednesday - 2pm to 6pm  
Thursday-Friday – 2pm to 10pm

**Middleton Listening Lounge**  
**Address:** Middleton Wellbeing Centre & Café, 14a-16 Wood Street, Middleton M24 5TF  
**Opening Times:** Tues 4:30pm- 7:30pm  
Thurs 4:30pm- 7:30pm

**Rochdale Listening Lounge**  
**Contact Number:** 01706 752 338  
**Address:** The Mind Wellbeing Centre, 3-11 Drake Street, Rochdale OL16 1RE  
**Opening Times:** Mon 4:30-7:30, Weds 4:30- 7:30, Sat 1:30- 4:30

**Oldham Listening Space**  
**Address:** 19-25 Union Street, Oldham, OL1 1HA  
**Contact Number:** 0161 330 9223  
**Safe Haven**  
**Address:** Forest House, Royal Oldham Hospital, OL1 2JH (Requires A&E referral) 5pm-8am  
**Opening Hours:** Mon,Tues,Thurs,Fri 5pm-8pm, Weds 9am-3pm, Sat 10am-2pm

**Tameside**  
**SAFE Tameside**  
**Address:** The Anthony Seddon Centre, 12 George Street, Ashton-Under-Lyne, OL6 6AQ  
**Contact Number:** 0161 470 6104  
**Opening Times:** Mon-Fri 1pm-8pm  
Sat 10am-3pm

**Stockport**  
**Stockport Open Door**  
**Address:** 72-74 Prince's Street, Stockport, SK1 1RJ  
**Contact Number:** 0161 549 9717  
**Professionals Line to discuss a referral:** 07973 916065  
**Opening Times:** Mon-Fri 10am-3:30pm, Sat-Sun 12-5pm

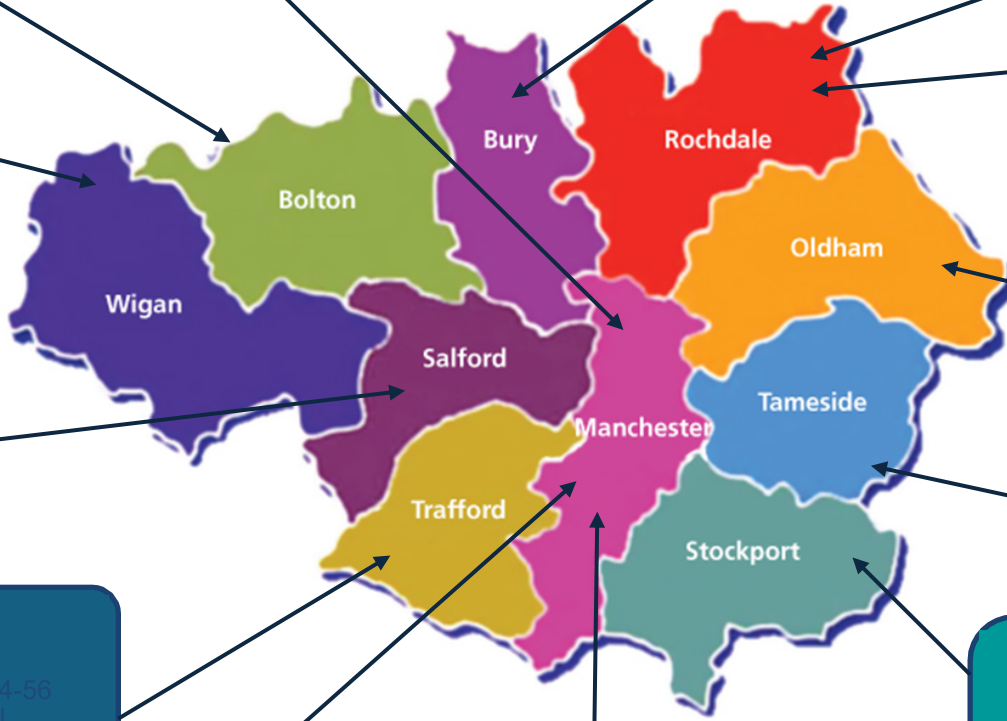
**Wythenshawe Crisis space (CHAT Hub- Come Have A Talk)**  
**Address-** Forum Centre, Simonsway, Wythenshawe, Manchester M22 5RX (Health Forum)  
**Contact number-** 07880247085  
**Opening Times:** Face to face Tues-Thurs 10-3pm, Tel access Mon-Fri 10-3pm

**Wigan Crisis Harbour**  
**Address -** 6-8 George St, Atherton, M460EL  
**Tel-**  
**Opening Times:** Thursday, Friday, Sunday - 15:00-23:00  
Saturdays 12:00-18:00  
Mondays 16:0-23:00

**Salford Listening lounge**  
**Address-** 40 Eccles Old Road, M6 8RA  
**Service lead**  
[alexandra.horsman@gmmh.nhs.uk](mailto:alexandra.horsman@gmmh.nhs.uk)  
**Opening Times:** Drop in Mon-Fri 1pm-3pm

**Trafford**  
**Bluesci at Night**  
**Address:** Old Trafford Wellbeing Centre, 54-56 Seymour Grove, Old Trafford, M16 0LN  
**Contact Number:** 07933 882743  
**Opening Times:** Every day (365 days/year) 5:30-12:30am

**Recovery Lounge**  
**Address:** Smithfield Project, Thompson Street, Manchester M4 5FY  
**Contact Number:** 0161 238 5149/0161 238 5249  
**Opening Times:** Mon-Sun 4-11pm



# The 10 Year Health Plan makes new commitments to shifting the model of care to try to address these issues, building on the manifesto commitments

## Key manifesto commitments include:

1. Provide **access in schools** to specialist mental health professionals (announced ambition to provide access to all pupils by 2029/30)

2. Increase mental health **workforce** by 8500

3. Reduce **waiting times** for access to mental health services

4. Reform **Mental Health Act**
5. Provide open access mental health **support for young people** in every community, via Young Futures Hubs

6. Reduce the **suicide rate**

7. Reform the NHS so mental health has the same attention and focus as physical health (e.g. public commitment from Secretary of State to meet MHIS in 2025/26)

New  
Models  
of care

Innovation

System levers

Prevention

Everyone with a mental health need gets access to rapid, high-quality support



### Children and Young People

Mental Health Support Teams in all schools and colleges & NHS support embedded in Young Futures Hubs



### Community

24/7 Neighbourhood Mental Health Centres for adults with mental illness

Assertive outreach

NHS Talking Therapies & IPS



### Acutes

Crisis Assessment Centres as A&E alternative for people in mental health crisis



### Digital front doors to mental health support

e.g. Self-referrals to NHS Talking Therapies via MySpecialist

### Expanding and developing new digital therapies to improve access to evidence-based treatments

e.g. expanding NICE's technology appraisal process, providing virtual therapies, remote monitoring

### Using pharmacogenomic insights in mental health prescribing

Modern Service Framework for Mental Health

Getting rid of block contracts

Testing development of year of care payments (YCPs)

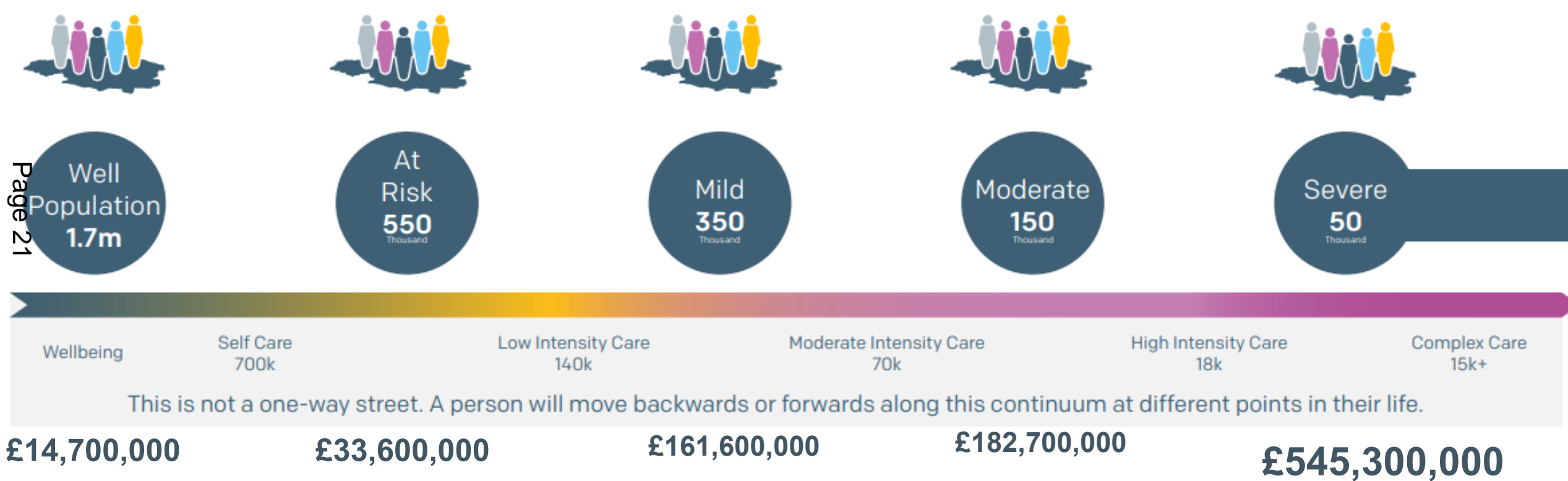
Social & economic determinants

Mental health offer from employers, especially NHS staff

Real-Time Suicide Surveillance



# Estimated spectrum of mental health need across Greater Manchester population



NB; Spend covers estimated spend across both MH and LDA for 2024/25

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