

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 Bougatet or Constitutional Services at least 24 hours in advance of the meeting.
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https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

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

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Part of Greater Manchester
Integrated Care Partnership

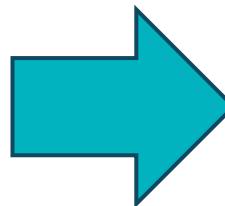


Agenda Item 7

September 2025

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 28th 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 an assessment
2. Identifying patients under secondary care mental health services who require an 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

- 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

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.

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?

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

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
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

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

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

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

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

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)

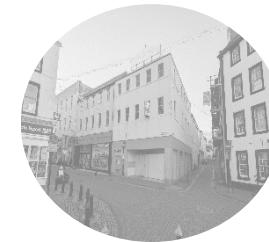
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New
models
of care



Children and Young People

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

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



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

Innovation



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

System levers

Modern Service Framework for Mental Health

Getting rid of block contracts

Testing development of year of care payments (YCPs)

Prevention

Social & economic determinants

Mental health offer from employers, especially NHS staff

Real-Time Suicide Surveillance

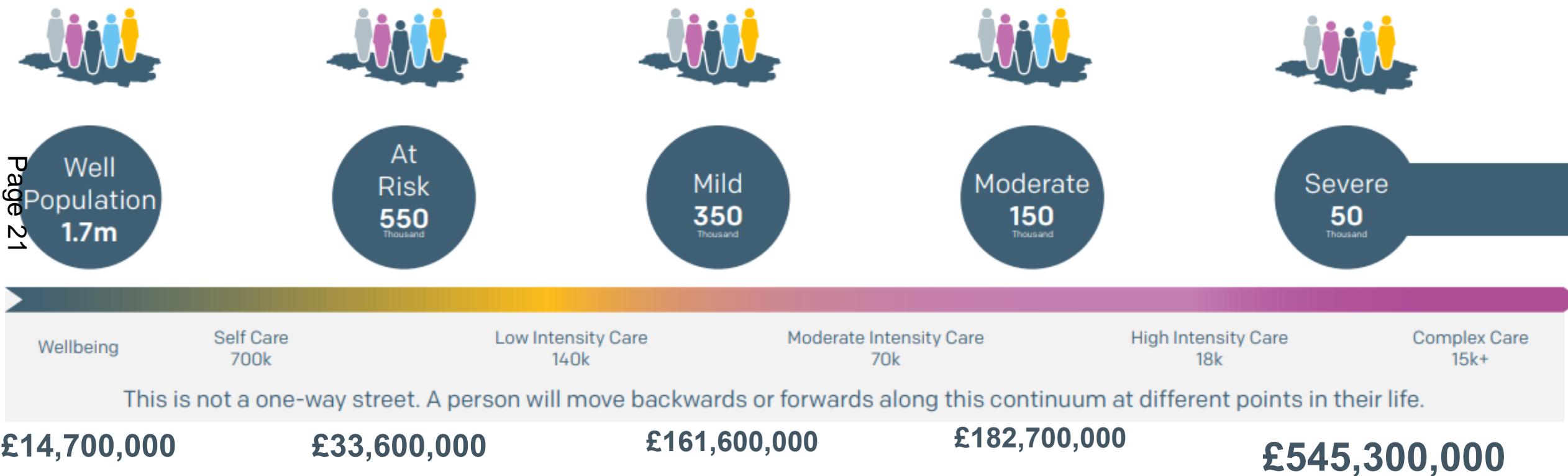


Department of Health & Social Care



Source: DHSC MH policy and strategy team

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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