

This consultation is being led by Manchester Mental Health and Social Care Trust and is supported by the North, Central and South Clinical Commissioning Groups.

Mental Health Services – Our Plans to Stop some of our Services

A Consultation with People in the City of Manchester

8 December 2015 to 21 February 2016

This is a public consultation document. A **consultation** is when we ask people what they think about something.

In this document we:

Explain the Trust's financial situation and why we are planning to stop some of our services.

Explain how these changes may affect you or someone you care for.

Explain how you can let us know your views.



A MESSAGE FROM OUR SENIOR LEADERS

Manchester Mental Health and Social Care Trust (the Trust) provides specialist, community **mental health**, prison and public health wellbeing services as well as support services for people living within the City of Manchester. The Trust receives most of its money (about 67% of its total income) to provide these services from the North, Central and South Manchester Clinical Commissioning Groups (Manchester CCGs).

One of the Trust's responsibilities is to ensure that it saves money every year and only spends the money that it has available to spend. In previous years, the Trust has made these savings by doing things differently so that they cost less including reducing its **back office functions**.

However, it has not been possible to make all the required savings this year and it is simply not possible for the Trust to continue to do everything that it currently does with the money that it has available without affecting the quality of services. We do not want to provide services to a lower standard, so the Trust is left with no option other than to consider the stopping of some of the services that it provides.

The total savings the Trust has to make in 2015/16 is nearly £7million. To date the Trust has identified savings of £4million by further reducing the number of people who work in corporate departments, reducing the number of manager posts and the amount spent on estate.

The services that the Trust is planning to stop include:

- Benchmark
- The Chronic Fatigue Programme
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support Service (Employment Services working within Community Mental Health Teams)
- Psychosexual Service
- Specialist Affective Disorder Service.

There are two other services that contribute to the savings which are Perinatal Liaison Role and Station Road – Community Rehabilitation. By stopping all of these services, the Trust will be able to save £1.5million towards the total savings of nearly £7million. From this saving, £200k (two hundred thousand pounds) can be re-invested. Alternatively, this money could be used to fund one or more of the services that the Trust is planning to stop.

This document gives information about these services and why these services have been identified. It also asks for your views about the plans and for your ideas for how we should spend the re-investment monies. This documentation also explains how you can express your views and ideas.

We look forward to hearing from you.



Michele Moran
Chief Executive
Manchester Mental Health
and Social Care Trust



Dr Martin Whiting
Chief Clinical Officer
On behalf of North, Central and
South Clinical Commissioning Groups

HOW TO HAVE YOUR SAY

We would like to know your views and we are asking people who use the services, carers, local people, staff, community and voluntary sector organisations and others who have an interest in these services.

The consultation will run for 10 weeks from 8 December 2015. Further information is available on websites: <http://www.mhsc.nhs.uk/about-the-trust/public-consultations.aspx> or <http://www.manchesterccgs.nhs.uk>

You can call us on 0161 882 1074 and leave a message or write to us at 'Freepost MMHSCT' to request printed copies of this information.

Thank you.

Your views are important to us. There are lots of different ways to tell us what you think as shown below. Please decide which way suits you best and let us have your views by 21 February 2016.

E-mail your comments to: mentalhealth.servicechanges@mhsc.nhs.uk

By post: Freepost MMHSCT – you do not need a stamp

Complete the form online: <http://www.mhsc.nhs.uk/consultationresponseform.aspx>

Complete the response form that goes with this document

Come to one of our drop-in sessions (details are provided on the next page)

Or we can come along to one of your local meetings (contact details are provided on the next page)

Where you see **text in green**, a short description is given in the section called 'Glossary of Terms Used' – see pages 14 and 15.

Documents in Different Formats

If you require this document in a different Language, phone

الهاتف، مختلفه لغة في الوثيقة هذه إلى بحاجة كنت إذا

'iidha kunt bihajat 'iilaa hadhih alwathiqaat fi lughat mukhtalifat, alhatif

আপনি একটি ভিন্ন ভাষায় এই নথির প্রয়োজন হলে, ফোন

Āpani ēkaṭi bhinna bhāṣāya ē'i nathira prayōjana halē, phōna

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ਤੁਹਾਨੂੰ ਇੱਕ ਵੱਖਰੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਲੋੜ ਹੈ, ਜੇ, ਨੂੰ ਫੋਨ

Tuhānū ika vakharī bhāśā vica isa dasatāvēza dī lōra hai, jē, nū phōna

فون، ہے یہوت ضرورت یک زبان مختلف کی ایم زی دستاوا اس آپ اگر

טעלעפאָנירן, שפראַך אַנדערש אַ אין דאָקומענט דעם דאַרפן איר אויב

Also for Large Print, Braille or another Language, phone 0161 882 1074.

Drop-in Sessions

We have arranged drop-in sessions for you to come along to discuss our proposals and tell us what you think. There are 3 sessions in each locality as follows:

Central Manchester

Venue	Date	Time	Address
Friends Meeting House	12 January 2016	7.00 – 8.30pm	6 Mount Street, Manchester, M2 5NS
Gaddum Centre	18 January 2016	10.30am to 12noon	6 Great Jackson Street, Manchester, M15 6AX
Friends Meeting House	21 January 2016	2.00 – 3.30pm	6 Mount Street, Manchester, M2 5NS

North Manchester

Venue	Date	Time	Address
Irish Heritage Centre	12 January 2016	10.30am to 12noon	1 Irish Town Way, Cheetham, M8 0RY
Abraham Moss Community School	27 January 2016	7.00 – 8.30pm	Crescent Road, Crumpsall, M8 5UF
Irish Heritage Centre	29 January 2016	2.00 – 3.30pm	1 Irish Town Way, Cheetham, M8 0RY

South Manchester

Venue	Date	Time	Address
Benchill Community Centre	21 January 2106	7.00 – 8.30pm	Benchill Road, Wythenshawe, M22 8EJ
Wythenshawe Forum	22 January 2016	2.00 – 3.30pm	Forum Square, Wythenshawe, M22 5RX
Benchill Community Centre	27 January 2016	10.30am to 12 noon	Benchill Road, Wythenshawe, M22 8EJ

How to arrange for us to come to one of your local meetings

We are happy to come along to local meetings to talk about our plans. Contact us by telephone on 0161 882 1074 and leave a message or by e-mail mentalhealth.servicechanges@mhsc.nhs.uk to arrange for us to attend your meeting.

WHY DOES THE TRUST NEED TO SAVE MONEY AND HOW MUCH FOR THIS YEAR?

As an NHS organisation, the Trust is like every other NHS organisation has to make savings every year and this is known within the NHS as the **Cost Improvement Programme** or **CIP** in short. A CIP is required as each organisation is expected to become more efficient every year, and so absorb the extra costs of pay and other expenses, for example, heating, lighting and drugs, for the same of amount of money. In recent years, this has been about 5% of the total income that the organisation receives.

As mentioned earlier, the Trust needs to save nearly £7million which represents 7% of the total income that the Trust receives. Part of this is as a result of receiving less money from Manchester City Council (MCC) due to the service cuts made by MCC for services provided by the Trust. As a result, the Trust has had some additional costs to pay in the form of redundancy payments to staff that provide these services. This costs the Trust £2.2million.

To date, the Trust has saved £4million by reducing the number of managers and making further efficiencies in back office functions. It is simply not possible for the Trust to continue to do everything that it currently does with the money now available without affecting the quality of how we do it. Therefore the Trust is left with no option other than to consider the stopping of some of the services that it provides.

HOW HAS THE TRUST MADE SAVINGS IN THE PAST?

In the past, the Trust has made its savings in a number of ways including:

- Relocating inpatient services on to 2 rather than 3 hospital sites without any loss of Manchester beds. This means that less money was spent on buildings including heating and lighting;
- Reducing the number of managers and making efficiencies in back office functions;
- Working more efficiently in clinical services, for example, having all our referrals coming into one team and helping our community staff to use their time in a better way with new technologies.

A SUMMARY OF THE SERVICES PROVIDED BY THE TRUST

In relation to this consultation, the Trust provides specialist, community mental health and support services for both adults and older adults living within the City of Manchester. Some of the services are described as 'essential' or core services which include **A&E mental health liaison**, inpatient beds, **mental health home treatment teams** and **community mental health teams**. These services are funded by Manchester CCGs.

These essential or core services are considered to be particularly important in that they:

- Meet the needs of people in acute mental health crisis
- Provide assessment, treatment and support for service users with the most complex and disabling conditions
- Assist with user, carer and community safety.

As well as the essential or core services, the Trust provides the following services:

- Mental health services to Manchester and Buckley Hall Prisons commissioned and funded by NHS England
- Specialist Mother and Baby Services commissioned and funded by NHS England
- Health and wellbeing services as commissioned by Manchester City Council
- A wide range of psychological therapies
- Services that support **recovery**
- Specialist services including Chronic Fatigue Programme, Psychosexual and Specialist Affective Disorder Services.

Further information about all of the Trust services can be found on the Trust's website: <http://www.mhsc.nhs.uk/services.aspx>.

WHICH ARE THE SERVICES THE TRUST IS PLANNING TO STOP?

Here we will tell you what each service does now and how we plan to support service users who currently use this service when it is stopped.

Services that Support Recovery

The services that support recovery are:

- Benchmark
- Creative Wellbeing – Start and Studio 1
- Green Wellbeing
- Individual Placement and Support.

These services support service users who are also receiving essential or core services. They provide individual and group interventions that promote recovery, wellbeing and are often part of the service user's journey towards independence. These services are offered to service users on **Care Programme Approach (CPA)** or who meet the **National Eligibility Criteria** under the Care Act.

What do these Services do?

Benchmark

Benchmark is a service which offers training in woodworking and related skills aimed at developing transferable skills, achieving personal outcomes and opportunities for people to work within a commercial woodworking environment using the supported permitted earnings scheme. The company is a member of Social Firms UK and the Guild of Master Craftsman.

Benchmark provides woodworking activities for 31 people, costs £85k (eighty-five thousand pounds) per year to run and has 2 staff working in it.

Creative Wellbeing – Start and Studio 1

The Creative Wellbeing Services works with people to improve and maintain mental wellbeing through creative activities. Courses include ceramics, mosaics, painting, drawing, photography, textiles and mixed media with the aim of developing transferable skills and achieving personal outcomes over an 18 month period approximately.

Start also provides short 6-8 week courses in Mindfulness, Creative Wellbeing, and Mindfulness and Art, taking referrals for any service user who is currently known to the Trust.

These services are provided by 11 members of staff who work with 144 people. The service costs £331k (three hundred and thirty-one thousand pounds) per year to run.

Individual Placement and Support Service

This service also known as the employment services working in Community Mental Health Teams (CMHTs) is offered to service users on CPA. It offers personalised one-to-one support to people to help them to find, gain and maintain employment. The service provides continuous support, monitoring and advice to both the service user and employer for a time-limited period.

The service works has an **active caseload** of 72 people and is provided by 4 members of staff and costs £137k (one hundred and thirty-seven pounds) per year.

Green Wellbeing

This service provides a range of gardening and horticultural activities with the aim of developing transferable skills and achieving personal outcomes over an 18 month period approximately. The service works with community groups.

This service works with 14 people. The cost of this service is £49k (forty-nine thousand pounds) per year.

What will be our plan to support current service users who use any of the 'Recovery' services described above?

The large majority (91%) of the current service users already receive support from another Trust service and have a **care coordinator** or another Trust lead professional, for example, a psychiatrist. These services provide individual and group interventions that promote recovery and wellbeing, as part of the service user's journey towards independence and, for majority of individuals; they do not take the lead for care.

Where any risk issues are identified, the care coordinator or lead professional is involved in working with the service user to maintain their safety.

The engagement with these services is intended to be time-limited. It is expected that the majority of current service users will be supported to complete their **programme of engagement** before the services are no longer provided. In the event where individuals have been unable to complete their programme, the coordinator would work with the service user to explore alternatives within the community, for example, voluntary or education opportunities.

Chronic Fatigue/Pain Programme

This service works with adults with a range of long term conditions where chronic fatigue and/or chronic pain are the primary problems. The service offers a pain course and a mindfulness course for chronic conditions. This aims to empower people to increase their self-management of pain and fatigue, reduce the day to day impact of their long-term condition on their daily life and work towards improving independence and increasing physical activity. It is provided by 3 part-time staff and costs £93k (ninety-three thousand pounds) per year.

At this point in time, the service has an active caseload of approximately 60 people and has 51 people on its waiting list.

What will be our plan to support people who use this service?

It is expected that all of the people on the active caseload will be supported to complete their programme of engagement prior to the service stopping.

Work is already underway to see how many people on the waiting list can be seen and have their programme of engagement completed.

Few of the people who use this service get support from another Trust service.

In future, any adult experiencing chronic fatigue/pain would need to see their General Practitioner (GP) and for some people, their GP may decide to refer them to other services.

Specialist Affective Disorders (SADD)

This service provides specialist assessment and treatment planning for adults aged 18 to 65 years who are under the care of **secondary care** teams in circumstances where secondary care clinicians require more specialist advice on the treatment and management of complex and/or **treatment resistant** conditions.

Treatment recommendations typically include psychological and social aspects as well as medication and physical treatments. A follow-up assessment is offered 6 months after the first assessment to assess the service user's progress and give further treatment advice as required.

The service also provides a dedicated group for people with **bipolar disorder**.

Within this service, there are 3 clinicians and 2 administrative staff and approximately 20 people are currently receiving support from this service. The cost of this service is £175k (one hundred and seventy-five thousand pounds) per year.

There are approximately 20 people on a waiting list to receive specialist assessment or participate in the dedicated group for people with bipolar disorder.

What will be our plan to support people who use this service?

It is expected that the majority of the people on the current active caseload will be seen for assessment and have the opportunity for attending a six month follow-up appointment.

All of the current service users receive treatment or support from other Trust services and have a care coordinator or another Trust lead professional, for example, a psychiatrist, involved in their care.

The people already attending the group will be able to complete their programme of engagement.

Psychosexual Service

This service offers specialist assessment and treatment for most forms of sexual problems for both men and women. The service does not work with anyone whose behaviour may lead them to sexual offending.

Following specialist assessment, psychosexual therapy is provided on individual and couple basis.

Three part-time staff work in this service (equivalent to one full-time clinician) and one part-time post is vacant. The total cost of the service is £99k (ninety-nine thousand pounds) per year. Approximately 74 people are currently receiving treatment from this service. There are approximately 160 people on a waiting list to receive treatment and the current waiting time to be seen is up to 18 months.

What will be our plan to support people who use this service?

Due to improved treatment options, many GPs see and treat people in their GP surgeries that would have previously required referral to this type of service.

If this service stops, then there will be no replacement service available. This service is one of few specialist NHS psychosexual services that operate in the UK. There are limited services available for the treatment of sexual difficulties. Where no service exists, people are often required to pay for therapy and counselling from private or third sector organisations.

It is expected that the majority of people who are currently receiving treatment will be able to complete their programme of therapy prior to the service stopping. Unfortunately, it would not be possible to offer a full programme of therapy to everyone currently on the waiting list. Work is already underway to see how many people on the waiting list can be seen.

Few of the people who use this service get support from other Trust services.

In future, any adult experiencing any sexual difficulties would need to discuss their options with their GP in the first instance. It is possible that they could access support from other services who may expect a payment.

Other Services Contributing to Trust's Savings

There are two other services that contribute to the £1.5million savings which are the perinatal liaison role and Station Road – Community Rehabilitation.

Perinatal liaison role

This Perinatal liaison role used to offer advice on referrals between the Trust's Mother and Baby Service and maternity services in North, Central and South Manchester as well as offering education to other health professionals.

No service has been provided for a period of time. There is no direct impact for service users as direct clinical care or treatment was not provided by this role. Advice will continue to be offered by the Perinatal Psychiatrist and the Trust's Mother and Baby inpatient services. By not recruiting to this role, this has resulted in a saving of £45k (forty-five thousand pounds) per year.

Station Road – Community Rehabilitation

The service offers residential rehabilitation for people with mental health problems and accepts referrals from inpatient and community services. Depending on each service user's needs and requirements, they are able to move to a residential care house or supported housing.

There was a plan to withdraw the nursing and support staff from Station Road – Community Rehabilitation facility which is run in partnership with **Creative Support**. However, the Chief Executive of Creative Support has written to the Trust about their decision to withdraw their services and to de-register the service with the **Care Quality Commission**.

As a result of the withdrawal of Creative Support, the Trust is exploring with the registered social landlord of the 4 bedroom house to establish if the landlord is willing to take on the housing management which would mean that the service users would remain and only have a change of landlord.

The Trust is now in the process of exploring alternative employment for the nursing and support staff. No redundancies are planned. All the 13 service users have a care coordinator who is actively involved in their care. The care coordinator is supporting the finding of and making applications for alternative accommodation. Expected savings of £511k (five hundred and eleven thousand pounds) per year will be made.

WHAT DECISIONS OR ACTIONS HAVE BEEN TAKEN SO FAR?

The Trust and the Manchester CCGs have decided to temporarily close the waiting lists for the Chronic Fatigue Programme and Psychosexual Service. These Services already have long waiting lists. The waiting list will also be closed for the Specialist Affective Disorder Service for group work only.

These lists will remain closed until the Trust Board has made the final decision about the future of these services. This is because the waiting lists are already quite long. It is expected that this decision will be made by the Trust Board in March 2016 after all the feedback received during the consultation has been considered and reviewed.

If any of these services are not stopped then the waiting list(s) would open again.

The Trust Board has made the decision to re-invest £200k (two hundred thousand pounds) of the £1.5million savings. Some ideas about how this money could be used are given on the next page. You can let us know what you think of these ideas or suggest other ideas.

How should we spend the re-investment money?

As mentioned earlier, the Trust has £200k (two hundred thousand pounds) to re-invest. This money can be used in a number of ways:

1. To pay for one or more of the service(s) that are planned to be stopped up to the value of £200k in total;
2. To pay for one or more of the ideas that have been generated;
3. To pay for other ideas that are received as part of the consultation.

The costs of all the services are:

<i>Services proposed to be stopped</i>	<i>Cost</i>	<i>Totals</i>
Benchmark	£85k	
Creative Wellbeing	£331k	
Individual Placement and Support Service	£137k	
Green Wellbeing	£49k	
Chronic Fatigue Programme	£93k	
Specialist Affective Disorders	£175k	
Psychosexual Service	£99k	
Sub-total		£969k
Other Services		
Perinatal liaison role	£45k	
Station Road – Community Rehabilitation	£511k	
Sub-total		£556K
Total – All Savings		£1,525k

k = thousand pounds

The ideas for re-investment are:

- Idea 1 – Align services with the community mental health teams and the **localities or hubs** to provide **peer support** training. This will involve supporting people who have experienced mental health problems to develop groups and networks in the community for people with **severe and enduring mental health problems**. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by community mental health staff.
- Idea 2 – Invest in the voluntary sector to support people before they go into crisis. This would include a wrap around service for those entering or in therapy, self-referral and drop-in services and could support carers as well as members of any local communities. Similar to Idea 1, it would align services with the localities to provide peer support training. This will involve the opportunity to develop roles for volunteers with lived mental health experience supported by staff.
- Idea 3 – Enhance the **community inclusion service** which supports people that have experienced mental ill health to move towards and maintain independent living and extend the remit of this service to include employment support.

As an example on how to spend the money, you may think it is best for the Trust to continue with an existing service (say Service A) (up to £100k) and then spend the other £100k on one of the ideas as described above.

You can let us know what you think of these ideas or suggest your ideas for how we should spend the rest of the money.

SOME QUESTIONS THAT HAVE BEEN ASKED SO FAR

As part of shaping our plans, we have talked with some of our service users, carers and staff. Some of the questions that they have asked us are shown below. If you have any other questions for us to answer, please do get in touch with us. You can contact us in a number of ways (see page 3 for more information).

How did you decide which services to stop?

The Trust's senior managers and clinical leaders have had discussions and meetings over a number of months to consider and explore how best to save the money this year.

Discussions took place to identify which of the Trust's services could be considered as essential or core services and which services were needed to:

- Meet the needs of people in acute mental health crisis
- Provide assessment, treatment and support for service users with the most complex and disabling conditions
- Assist with user, carer and community safety.

The services which the Trust has identified to stop providing are considered not to be essential services as defined by the above criteria. However, it is recognised that these services are highly valued by service users who use them.

What happens if the Trust does not make the savings?

If the Trust does not make the expected savings, then the **financial gap** will be bigger and the Trust will have to find more money to save next year. In addition, the Trust may not meet one of its statutory responsibilities, which is to achieve a **balanced budget**.

Have staff been considered in these plans and will there be any job losses?

Staff have been considered in the Trust's plans. The Trust will be aiming to find alternative jobs and staff will be redeployed into other posts where possible. However, the Trust does anticipate that it will need to make some staff redundant as some of the staff have qualifications which mean that finding suitable alternative jobs within the Trust may be difficult.

Has the Trust already made a decision to stop these services?

The Trust Board has not yet made the final decision about which services to stop in order to make the savings this year and meet one of its statutory responsibilities. The Trust Board plans to make its final decision in March 2016 and this consultation exercise is taking place to gain your views about:

- The Trust's plans to stop providing the services (as listed on pages 5 to 8);
- How you think the Trust should re-invest the £200k (two hundred thousand pounds).

A report with a summary of all the feedback will be presented to the Trust Board to assist with its decision-making processes.

About this Consultation

Manchester Mental Health and Social Care Trust and Manchester Clinical Commissioning Groups will conduct this consultation exercise in accordance with the Consultation Principles (Cabinet Office). We seek to comply with the NHS England's Good Practice Guide for Planning and delivering service changes for patients (December 2013).

Any complaints about this consultation can be made to:

Manchester Mental Health and Social Care Trust

- Write to us at this freepost address: Freepost MMHSCT

Manchester Clinical Commissioning Groups

- Write to us at this address: talkinghealthmanchester@nhs.net or FREEPOST RTGX-CSJT-CTKT, Manchester CCGs, Parkway Three, Parkway Business Centre, M14 7LU

Confidentiality

If you are responding on behalf of an organisation or you are representative of service users/the public e.g. an MP or councillor your response may be made available for public scrutiny. If you are responding in a personal capacity your response will be shared with decision-makers to enable them to consider your views fully, but will otherwise be kept confidential except as may be required by law.

If you would like to remain anonymous, please do not insert your name on the form but we would be grateful if you would fill in the other data so that we can assess how representative respondents are and whether there are differences to the answers given by different groups of people. If you would like to be kept informed of our work and wish your response to be confidential then please contact us separately with a request for us to keep you updated.

Your responses to this questionnaire are confidential and will be stored securely and managed in line with Data Protection Regulations. Any contact details that are given will not be included when the data is analysed. All personal details will be stored separately. However, if you disclose that you or someone else is at risk of harm, we have a duty to assess this and may need to contact you and/or other relevant persons.

GLOSSARY OF TERMS USED IN THIS DOCUMENT

Term	Description
A&E mental health liaison	Accident and Emergency (A&E) Mental Health Liaison is a service which provides assessment of your mental well-being if you attend your local A&E department with a mental health problem.
Active caseload	This is the number of people open to the service and being seen at this point in time.
Back office functions	These are the services that support business of the Trust and include finance, estates, information technology (IT) and human resources.
Balanced budget	Refers to a budget in which all money received as income can pay for all the bills and additional costs, for example, salary increases, without going overdrawn.
Bipolar disorder	Bipolar disorder used to be called 'manic depression'. Someone with bipolar disorder will have severe mood swings. These are usually last several weeks or months and are far beyond what most of us experience.
Care Coordinator	A CPA Care Coordinator (usually a nurse, social worker or occupational therapist) is a person who oversees the development and management of the care plan together with the service user.
Care Programme Approach	Care Programme Approach (CPA) is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs.
Care Quality Commission	Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care.
Community Inclusion Service	The Community Inclusion Service provides a range of flexible one-to-one support, peer support, and short courses. The approach of this service is to support people's mental health and wellbeing, encouraging independence, developing peer support routes and learning of skills and strategies to positively manage the individuals mental health conditions.
Community Mental Health Teams (CMHTs)	A CMHT is a community based assessment and treatment service for people suffering with mental health problems. The people who work in a CMHT include mental health nurses, psychiatrists, social workers, occupational therapists, psychologists and support workers. These teams assess a person's health and social care needs, provide treatments and help to manage and reduce risks.
Cognitive behaviour therapy	Also known as CBT, this is a talking therapy that can help to manage problems by helping people change the way they think and behave.
Cost Improvement Programme	Cost Improvement Programme (CIP) is the identification of schemes to increase efficiency and/or reduce expenditure.

Term	Description
Financial gap	This is the gap between what money we have and what we need in order to provide services and pay the bills.
Localities or hubs	Within Manchester, the plan is to provide a wide range of services based in local hubs within the 3 localities of Manchester. This is known as the One Team Place Based Care Model.
Mental health	Mental health is how we feel and how we cope with our emotions. This can be affected by different factors including life events such as relationship breakdowns, bereavement and work stress as well as mental health conditions such as depression or anxiety.
Mental Health Home Treatment Teams	These teams, also known as Crisis Resolution and Home Treatment Teams, provide an alternative to inpatient care by offering intensive treatment to service users in their own homes for a short period of time. The teams work with service users and their carers or families to find solutions and prevent relapses.
National Eligibility Criteria	This is national minimum threshold that adults are required to meet to be entitled to social care support as per the Care Act 2014. This replaces Fair Access to Critical Services (FACS) criteria which were used previously by local authorities.
Peer support	Peer support means people supporting each other on an equal basis, to offer something based on shared experiences. It is where people with lived experience of mental health problems provide support to other service users, both informally and through self-help and activist groups.
Programme of engagement	This means the planned activities and/or appointments between the health professional and service user or patient.
Recovery	Recovery means different things to different people. It is about working towards your goals and having hope for the future.
Secondary care	GP services are known as primary care services. The next levels of services are known as secondary services. Some examples of secondary services are hospital care, emergency care (including out-of-hours) and community care for specific conditions. For the Trust, the majority of its mental health services are described as secondary care services.
Severe and enduring mental health problems	Some people may have a diagnosed mental health problem that will be ongoing for a long time during their life. This may include people with a psychotic illness such as bipolar disorder or schizophrenia but may also include other illnesses that cause considerable disability over a long time period.
Treatment resistant	This is where a person has not responded to the usual range of treatments offered. In these cases, other types of treatment need to be considered.