

WORKING FOR A HEALTHIER MANCHESTER

Stakeholder bulletin one



A healthier Manchester.

Our vision, your health

FOREWORD

Welcome to the first edition of summary of the transformation work within health and social care in Manchester.

During the course of last year, Manchester's Health and Wellbeing Board started the process of developing its Locality Plan - its route to integrating and improving health and care services in the city.

That locality plan is also a vital connection to improving services across the whole of Greater Manchester.

However, we are clear that the role of health and social care has latent potential - which must now be realised - in how it helps people to get and keep better jobs, have better lifestyles for themselves and their families, stay independent and fulfilled; and play a full role in their communities.

Having a Healthier Manchester can boost the city in extraordinary ways if we harness the full power of an integrated health and social care system, that works alongside the passion, involvement and support of the people who live here. This approach will maintain that momentum that keeps Manchester as a leading, modern city; a driving force in the Northern Powerhouse and a global city to contend with.

Sir Richard Leese, Chair of Manchester's Health and Wellbeing Board

INTRODUCTION

Dear Reader,

This bulletin is designed to give you an overview and update of the key, main health and social care developments in Manchester – including how the work fits with the growth and ambitions of the city; devolution programmes across Greater Manchester; and national initiatives.

For this first issue a lot of detail has been given on the background behind programmes, for reference, and was correct at time of writing on July 22. Future issues will focus on shorter updates or news.

There is a common theme running throughout all the developments – as we work together to create a healthier Manchester.

Thank you for your time.

The future of health and social care: the next five years

Manchester's Locality Plan

The vision that describes the future of health and social care in the city over the next five years is the Manchester Locality Plan – called A Healthier Manchester. This plan gives details of the city's approach to improving health outcomes in Manchester, while also moving towards long-term financial and clinical sustainability.

It's an ambitious plan which reflects the shared commitment of Manchester's three Clinical Commissioning Groups (CCGs), Manchester City Council, Central Manchester Foundation Trust; University Hospital of South Manchester, Pennine Acute Hospital Trust and Manchester Mental Health and Social Care Trust. The role of the voluntary sector is pivotal to this vision, along with patient groups and organisations like Healthwatch. And, crucially, it relies on the part that every person living in Manchester can play in looking after their own health and that of their communities.

In essence, the locality plan, which was first presented to the Health and Wellbeing Board in November last year, is the commissioning plan for joining up – or integrating - health and social care services in Manchester. (It can be read online here: www.manchesterccgs.nhs.uk)

It contains three key parts, or pillars, which will drive the transformation of services needed to keep our city healthy. These pillars –which are all interlinked – are:

- **A single commissioning system**

This will ensure the efficient commissioning of health and care services on a citywide basis.

- **A single Local Care Organisation**

Comprising integrated teams of health, primary care and social care professionals based in the community (neighbourhood teams). This new model of care is described as 'One Team' and it will manage the 12 integrated neighbourhood teams.

- **A Single Manchester Hospital Service**

This is a single contract for commissioning hospital services in Manchester. This will deliver strengthened clinical services, bring greater consistency in standards, while removing duplication. A single Local Care Organisation for Manchester will be the vehicle to hold and deliver this contract.

Updates on each of these three key pillars follow.

Latest news: Single Commissioning System

Background

A strong, clear commissioning function is essential for effective commissioning of a transformed health and care system in Manchester, outlined in the city's Locality Plan.

By combining and uniting commissioning arrangements for the city, it means that:

There is a single plan, with a single commissioning approach for the city; Commissioners make best use of a pooled budget;

Consistency is achieved – so that resources are used according to area and population need. This will also help to address health inequalities in certain parts of the city.

Progress to date

There are several key milestones to date, including:

- The start of a Joint Commissioning Executive from June 1, which represents the 4 commissioning organisations in Manchester;
- Interim leadership for the single commissioning function;
- Ongoing development of the Joint Commissioning Board;
- Ongoing development of the single commissioning specification and contract for clinically led, integrated services in the community from April 2017;
- A single commissioning operational plan;
- A shared approach to business planning and intelligence on health and social care – used to inform commissioning;

- Ongoing work on the phasing of commissioning of services through the LCO from April 2017.
- Starting the development of commissioning and contractual arrangements for the single hospital service.
- The commissioning of an independent options appraisal for future more formal joint commissioning arrangements (between the CCGs and the council), to be completed and agreed by September.

Latest news: Development of a Local Care Organisation

Progress so far

A Local Care Organisation is a single body that brings hospital, community healthcare, social services, the council and the voluntary sector together. In Manchester it's part of a transformational approach to improve outcomes for people in this city. The LCO for Manchester will be the vehicle that will hold and deliver a single contract for out-of hospital care from April 2017.

The LCO plans are fully aligned to the wider programme of reform that is taking place across Greater Manchester, including the devolution of health and social care funding and responsibilities. The LCO represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet their local needs.

The LCO will also continue to work with the Healthier Together* programme across Greater Manchester to ensure that any future developments are properly integrated, with the aim of making sure the best possible hospital services are available for the people of Manchester.

*Through Healthier Together Greater Manchester hospitals will work in partnership to form 'single services'. One of the hospitals within each of the single services will specialise in emergency medicine and abdominal surgery for patients with life-threatening conditions.

Next steps

On June 8 a report was submitted to Manchester's Health and Wellbeing Board on the progress of the Manchester Provider Board and the development of a Local Care Organisation.

It established that there are three key pieces of work needed to be in place by September:

- **The scope of the LCO**

The picture below shows the planned range of commissioned services that will sit within a single contract for out-of-hospital care.

- **Organisational form**

A key component of this work is engagement with primary care around the adoption of the new GP contract. The adoption of the new voluntary GP contract by practices will be the mechanism by which they will be contractually linked to the LCO. NHS England has been working with six areas nationally – one of which is Manchester – to complete the design of the new GP contract, with the aim of going live, on a voluntary basis by April 2017.

- **Develop business case**

This business case will outline the rationale and benefits of the LCO and it will also be used within the bid to the GM Transformation Fund in September.

One Team – and the Local Care Organisation

All Manchester's health and care providers are working together to establish 12 integrated health and social care hubs in neighbourhoods across Manchester.

Each hub will have a neighbourhood team comprising active case managers, district nurses and social workers– among others – who will work closely with GPs and share information to ensure that their patients' needs are fully met.

The One Team model will work to coordinate every aspect of each person's care, reducing the need for multiple appointments and reducing hospital admissions by providing a wider range of services in the community.

Progress so far...

From this month (July) onwards Community Health and Social Care Teams will adopt a collaborative management approach under the One Team model. The managers from each local health trust will work with their social care counterpart from the council, to lead and develop the new One Team model and manage the integrated neighbourhood teams. Face-to-face multidisciplinary team meetings will help the emerging neighbourhood teams share knowledge and build better local connections.

For the time-being each employee will continue to be employed by their own organisation. Line management, professional and workload management will also stay the same.

Next steps...

As work is underway to implement the first elements of the One Team model, the next phase of the integrated neighbourhood team is also starting to be developed, which includes a wider range of partners such as Primary Care, Mental Health and Voluntary and Community Sector (VCS) organisations.

Manchester is in a privileged position to be one of the first areas in the country given the chance to implement the new contract for general practice, also known as the GP-led multispecialty community providers (MCP). This new contract will provide the freedom and flexibility to develop new ways of working. The Primary Care Federations (groups of practices and primary care teams working together) in Manchester have already started identifying GP leads and establishing groups to develop care models to meet the needs of each neighbourhood and its patients.

As part of the city's ongoing work to create a Single Commissioning system, the One Team Commissioning Group are working with partners and providers across the city to finalise the One Team Commissioning Specification. The new specification will direct the work of Neighbourhood Health and Care Teams setting the health outcomes wanted for the people of Manchester, and against which the new teams' performance will be measured.

Latest news on a Single Manchester Hospital Service

BACKGROUND

In January 2016 Manchester's Health and Wellbeing Board, chaired by Sir Richard Leese, commissioned an independent review by Sir Jonathan Michael to look at what could be achieved by hospital services working closer together in the city. This was called The City of Manchester Single Hospital Service Review and involved University Hospital of South Manchester NHS Foundation Trust (UHSM), North Manchester General Hospital (run by The Pennine Acute Hospitals NHS Trust – PAHT) and Central Manchester University Hospitals NHS Foundation Trust (CMFT).

The work on the Single Hospital Service forms one of the three pillars of the Manchester Locality Plan. The other two are the development of a Local Care Organisation and a single commissioning function within the City.

Sir Jonathan's review has been conducted in two stages.

PROGRESS SO FAR

Stage One

The first stage of Sir Jonathan's review was considered by the Health and Wellbeing Board on April 27, 2016.

In summary, it identified that each of the hospitals provides important services to people in Manchester, but that each one works independently with a different range of services, different ways of working and different priorities. This has led to duplication in some areas and gaps in others. Most importantly it has led to a situation where patients may receive different standards of care depending on the hospital they first attend.

The report also noted that the variations in care are happening in the context of the significant challenges facing health and social care services in the city. Overall, health outcomes are poor for Manchester – in many cases they are some of the worst in England. It also noted financial pressures and the need to ensure that Manchester's healthcare funding is spent as effectively as possible.

The first stage of the review involved extensive engagement and involvement with key stakeholders – including more than 140 senior doctors and other clinicians from each hospital trust, local GPs, patient

groups and local NHS commissioners – all supporting the need for closer collaborative working to help address these problems.

This part of the review looked in detail at a group of eight 'exemplar' services, including cardiac services, respiratory services, critical care, radiology (including interventional radiology), secondary care paediatrics, obstetrics, infectious diseases and rheumatology.

The review identified that, by working more closely together and introducing a 'Single Hospital Service' model, the three hospitals in Manchester can ensure that all patients are able to access high quality, efficiently-run services that best meet their needs.

These benefits included areas such as quality of care, patient experience and research and innovation. It also identified a range of 'enablers' that would need to be in place to successfully deliver these benefits, including the need to have clarity of leadership, joint IT systems and common HR processes.

Sir Jonathan's report concluded that continuing to work independently will not allow the hospitals to raise their services to the best standards.

Manchester's Health and Wellbeing Board was supportive of the recommendations made by Sir Jonathan and agreed that the review should then move to a second stage – a consideration of the most appropriate and effective organisational arrangements to deliver the identified benefits.

The full report is available on the Manchester City Council website at: www.manchester.gov.uk/meetings/meeting/2828/health_and_wellbeing_board

Stage Two

The second stage of the review considered the governance/ organisational arrangements that would need to be in place for successful delivery of a Single Hospital Service and this report was presented to the Health and Wellbeing Board on June 8, 2016.

The report has considered seven organisational models ranging from a partnership agreement through to the creation of a new hospital trust for the city. Each has been assessed to determine the extent to which they might allow the benefits and enablers of a Single Hospital Service to be

realised. This work has been done by Sir Jonathan and the resulting report represents his independent view.

The key recommendation of the Stage Two report is that a new, single organisation should be created to run hospital services in Manchester, and that the Trust Boards should enter into discussions, over the next few weeks, to consider how this would best be achieved.

Sir Jonathan has recognised the complexity of the recommendation and he has asked the hospital boards to consider a range of areas within their conversations.

These include a detailed assessment of the impact from the realignment of North Manchester General Hospital on the sustainability of either of the remaining clinical services provided by Pennine Acute Trust and the proposed new City wide Hospital Trust. In addition he has highlighted the need to ensure that any changes in the city are co-ordinated with work across Greater Manchester.

The Manchester Health and Wellbeing Board has been central to the progress of this work from its initiation, and the continued involvement and support of HWBB will be essential in seeing the programme through to effective implementation.

Sir Jonathan has recommended that the three Trusts feedback the outcomes of their discussions to the Health and Wellbeing Board on July 22.

The full report can be read here:

www.manchester.gov.uk/meetings/meeting/2641/health_and_wellbeing_board

Summary

In summary, the key recommendations from this independent review by Sir Jonathan Michael – which were endorsed by Manchester’s Health and Wellbeing Board on June 8 - are that:

- a Single Hospital Service model should be developed across the City of Manchester to deliver improved health outcomes for patients and the benefits identified in the review.

- the creation of a new organisation, which would take responsibility for the full range of services currently provided by CMFT, UHSM and NMGH, which provides the best opportunity to deliver the benefits of a Single Hospital Service.
- the Trust Boards should enter into a discussion to consider how the creation of a single organisation to run hospital services in the City of Manchester would best be achieved.

Stage Three

The Trusts' response on July 22 proposes a two stage process to create a new, single organisation: initially, UHSM and CMFT would be brought together to create a new Foundation Trust, then NMGH services would be transferred into the new Foundation Trust.

Transferring NMGH services is recognised as being intrinsically more complex, as they will have to be separated from the rest of PAHT and there will need to be consistency between the clinical strategies for Manchester and for the North East sector, to ensure that both sets of services remain viable and sustainable. However, the clinicians, staff and managers from NMGH will be involved in discussions, and the development of the clinical strategy, from the outset and throughout.

The report sets out target timescales for this work: the aim is to firstly create a new Foundation Trust with UHSM/CMFT by April 2017 and then to transfer in NMGH services within the following 12-18 months (i.e. April-October 2018).

It is recognised that timescales are hugely challenging, and the programme for the NMGH work in particular is hard to define. However, the Trusts believe it is right to proceed as quickly as possible to deliver the patient benefits identified in the Single Hospital Service Review.

A Programme Director has been appointed to oversee the creation of a single hospital Trust - Peter Blythin, a highly experienced and senior NHS leader. Peter's first task will be to recruit a team with the appropriate skills and experience to support the programme.

Although the response from the Trusts focuses on the process to create a single hospital service provider, the continued priority is to deliver high quality, sustainable care that meets the needs of patients, families and

carers and enables the transfer of care into the community through the Local Care Organisation.

Given the scale of the transaction to create a single hospital trust in Manchester, the Trusts will need to go through external approval processes with NHS Improvement (formerly Monitor) and the Competition and Markets Authority. The Trusts will also develop an Organisational Development programme that supports the delivery of the single hospital service benefits and engages with staff in order to create the new organisation.

In addition to the single hospital service programme, the Trusts have agreed to work together to ensure the stability of any services where there are known to be significant risks to patient safety (even if this precedes formal organisational change). CMFT and UHSM have had recent Care Quality Commission (CQC) reports, and the PAHT CQC report will be published shortly. The Trusts will then have a full picture of the quality of care provided in Manchester's hospitals, and this will provide the basis for agreeing any action to stabilise existing clinical services.

Our Manchester - Creating the blueprint for a successful city

In March 2016, the Manchester Strategy was launched by Manchester City Council. This describes the vision for the city up to 2025 and was based upon a consultation with residents, businesses, staff and partners to describe what their dream Manchester would be by 2025. The strategy also makes a commitment to improving the health and wellbeing of everyone who lives here, as well as having more active children and adults.

The consultation response was enthusiastic, as it revealed that people want Manchester to be:

- Thriving – creating great jobs and healthy businesses
- Talented - Filled with home-grown talent and attracting the world's best
- Fair – with equal chances for all to unlock their potential
- A great place to live – with lots of things to do
- Buzzing with connections – from world class transport to ultra-broadband

The Manchester Strategy sets out **what** we all want Manchester to be, we now need to work out **how** we all deliver that and that's where "Our Manchester" comes in. No one person or organisation can do this alone. We all need to make a radical change to the way we all work together.

The Council and its partners are going to make some changes to the way we do things:

- We plan to have better conversations with people about what matters to them, their area and their services. Focusing on what can be achieved, rather than what can't.
- We'd like to work better together – with local people, businesses, volunteers, and public services

Instead of reacting and focussing straight away on what's wrong and what's needed in an individual's life, family, street, "Our Manchester" becomes:

- A way people can develop into happier, healthier and wealthier people making a good life for themselves and their family with the support of the people around them.
- Proactive, pre-emptive and creative, focussing on a person's or community's strengths and opportunities. It asks: how can **you** make things different and what could **you** do to make things better?
- A partnership of local people and organisations developing new answers, some as yet unthought-of and different to business-as-usual public services.

More about this initiative will be announced in the coming weeks and months and partners and staff will be integral to its development and delivery.

The strategy can be read here: Manchester.gov.uk/mcrstrategy

Manchester City Council - Children's services update

Since its Ofsted inspection in 2014, the directorate has been working to transform its services for children and young people.

Actions have included:

- Recruiting a permanent leadership team with a strong track record of success in children's services
- Starting to recruit extra social workers and team managers.
- Removing the backlog of cases to be assessed and allocating all cases.
- Reducing social work caseloads, especially for newly qualified social workers. In line with best practice, the aim is to reduce this to an average of 18 per qualified social worker.
- Setting up a Multi Agency Safeguarding Hub (MASH) which is now functioning well and making an impact on the volume of referrals coming into the service.
- Providing all social workers with the best information technology for their flexible working arrangements.

Children's services have also started:

- working with children and young people to give them more of a say in its services
- improving 'early help' service with partner agencies so children who need social care help get it quickly
- increasing the number of team managers and reducing the number of staff they manage so there is better supervision for social workers
- providing better training for social workers and team managers to support new ways of working
- ensuring that all children in care have high quality personal education plans
- reviewing the arrangements and activities of the Local Safeguarding Children Board.

A comprehensive social care workforce strategy has been finalised, to make the city the employer of choice and will be built around a manageable workload, good levels of supervision, the right training and level of remuneration.

The directorate has also invested in the Signs of Safety social work model - an innovative approach to child protection/working with families to manage risk, safeguard and promote the welfare of children and young people. More than 600 social workers and partners have now been trained, and the intention is that this 'strengths based approach', which is already being used by a number of local authorities in the UK, will be integral to everything the directorate does.

Cancer improvement: UK first as early diagnosis lung disease pilot runs across Manchester

A CT scanner was sited in the Harpurhey Market car park for a month from June 13 as part of a UK-first pilot project to try and diagnose lung disease earlier in smokers and former smokers.

This is the first time in the UK that CT scanners have been positioned in a busy retail area as part of an early diagnosis project of this type. It's hoped that the accessibility of the scanners will increase the likelihood of people attending appointments for a lung health check.

The pilot scheme started in Harpurhey and moved on to Wythenshawe Forum car park on July 8 and will then go to Gorton's Tesco car park in August.

The project is part of the £5.65 million Macmillan Cancer Improvement Partnership (MCIP). This partnership is between Macmillan Cancer Support, the three Manchester clinical commissioning groups, people affected by cancer, GPs, NHS hospital trusts, St Ann's Hospice and Manchester City Council.

Patients with a smoking history, aged between 55 and 74, who are registered at selected GP practices are being offered a Lung Health Check, which could lead to an immediate on-the-spot CT scan depending on the results of simple checks.

You can watch Lung Health Check patient Paul Murphy here:
<https://www.youtube.com/watch?v=DX2IUYssqIY>

Updates from Greater Manchester Health and Social Care Partnership

Name change

From April 1 this year, the body overseeing the devolution of health and social care in Greater Manchester changed its name.

It is now known as the Greater Manchester Health and Social Care Partnership. This is the partnership which is overseeing devolution and taking charge of the £6bn health and social care budget.

Governed by the Health and Social Care Partnership Board, which meets in public each month, the Partnership comprises the 37 local authorities and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community and voluntary sectors, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

The Strategic Partnership Board Executive, which represents the full Partnership, reviews work streams and makes recommendations to enable the Strategic Partnership Board to make effective decisions.

Transformation Fund

The Transformation Fund has been open for business since 1st April. This is the £450m funding (announced on Dec 18 last year) from NHS England to help towards creating a sustainable and successful health and care system in Greater Manchester by 2021.

The aim of the fund is to support solutions which deliver clinical and financial sustainability across Greater Manchester.

The ten localities (areas) in Greater Manchester can make bids for funding based on the work within their own locality plans, which detail the future of health and social care in the next five years. (These 10 locality plans fed into and informed the over-arching strategic plan for Greater Manchester called Taking Charge of Health and Social Care in Greater Manchester).

The Strategic Partnership Board agreed the operating model for

the £450 million and localities are now getting their plans and investment proposals ready to apply to the fund.

The aim is that all 10 localities will be supported to apply for funding in 2016/17. Stockport and Salford are the first to benefit – they have been awarded £19million and £17 million respectively over three years for their new integrated models of care.

Prior to applying for full funding later this year, Manchester has been granted a small amount of funding to support the ongoing development of plans to establish a Single Hospital Service model across the city.

Local Care Organisations

Three GM localities have developed their new integrated care models (known as Local Care Organisations). These are:

- Tameside and Glossop (Care Together)
- Salford (Salford Together)
- Stockport (Stockport Together)

Other localities (including Manchester, see page 4) are developing similar approaches which will benefit patients and communities.

Ageing Hub

Helping older people stay well and live independently for as long as possible and supporting them to cope better if they have a long term illness or condition, such as dementia, are key priorities for the Greater Manchester Health and Social Care Partnership.

The Ageing Hub has been boosted by the establishment of a five-year partnership between The Centre for Ageing Better and the Greater Manchester Combined Authority in March of this year, to develop and share innovative approaches to tackling social, economic and health inequalities in later life. This project also builds on the work of the Age Friendly Manchester team at Manchester City Council.

Workforce

The region is committed to ensuring the 100,000 NHS staff in GM along with social care staff and volunteers, are a key beneficiary of devolution.

A Strategic Workforce Board has been set up and met for the first time on 5th July to begin to draw up plans that will benefit staff.

Early Years Strategy for Greater Manchester

Plans to increase the number of children in Greater Manchester who reach a good level of development to prepare them for the start of their time at school will be at the heart of an Early Years Strategy, which has just been agreed (June 30).

The Strategy will deliver on the ambitions to improve children's' levels of cognitive, social and emotional development so that they are ready for and able to thrive when they start school.

Commissioning for Reform

Greater Manchester has published its draft Commissioning Strategy.

'Commissioning for reform', The Greater Manchester Commissioning Strategy, outlines the ambitious five-year vision and high level implementation plan to deliver improvement and reform of health and social care services across GM.

The strategy outlines the intention to develop joined up commissioning for priority areas such as Adult Social Services, Children's Services, Learning Disabilities, Mental Health and improving the health of people living in Greater Manchester. For more detail go to:

www.gmhsc.org.uk/news/the-greater-manchester-commissioning-strategy

The future of mental health services in Manchester

Progress to date

The commitment to long-term mental health improvement in Manchester has meant there will be real change to the way in which mental health services are delivered across the city.

In March this year, NHS Improvement (formerly the Trust Development Authority) launched a transaction process for the acquisition of the Manchester Mental Health and Social Care Trust.

The decision to appoint a preferred provider should be completed by August.

The new provider will embrace the aims of the Mental Health Improvement Programme (MHIP), which predates this move and sets the scene for ambitions around mental health care across the city.

The MHIP commitment to improve mental health services address a number of long-standing issues:

- By encouraging a more integrated approach to services;
- Improving access to services as well as outcomes for individuals;
- Supporting people through services and into recovery; as well as improving integration with physical health services and ensuring that people do not have to travel far away from Manchester when they are acutely ill.

Once the new provider has been appointed, there will be full programme of work to develop a city-wide Mental Health, Social Care and Wellbeing Service. This will run in tandem with the work being undertaken as part of Greater Manchester's Health and Wellbeing Strategy.

The new service's focus will be on supporting service users towards their recovery; achieving their personal goals and maintaining their health and wellbeing through person-centred care; providing appropriate levels of support to them and their carers and tackling issues such as worklessness and low skills so that people can access and remain in employment.

Between August and November the three Manchester CCGs will also be running a public consultation to ask for feedback on its vision for all mental health services in the city. This feedback will be analysed and from there a decision will be made on which services should be provided in the future and how. This consultation will also include a number of services which had previously been due for retraction.

Key stats at a glance

At any one time in Manchester:

- Over 68,000 adults have some form of common mental health problem, such as depression, or anxiety; over 30,000 of these probably also have a long-term physical health problem
- Around 2,000 adults have schizophrenia
- Over 6,000 adults have a bipolar disorder
- Around 5,500 adults have an obsessive-compulsive disorder
- Around 4,700 adults have a panic disorder
- As many as 14,000 adults may have post-traumatic stress disorder
- Around 4,500 people may have antisocial or borderline personality disorder
- Around 1,000 women have postnatal depression; the number with puerperal psychosis will be much lower, perhaps 10-15.
- Around 200 people may have anorexia nervosa; and around 750 may have bulimia
- Around 3,300 older adults have a form of dementia. The large majority are aged over 65, although perhaps 90-100 are expected to be younger
- Over 4,000 people are dependent on alcohol, and have a mental health problem also; around 3,000 people are dependent on other substances, and have a mental health problem also
- Around 3,000 people have both a learning disability and a mental health problem
- Over 6,000 children and young people have a mental health problem

Thank you for your time

If you have any further questions, please email:

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