

Delivering Community Mental Health Transformation

Professor Tim Kendall

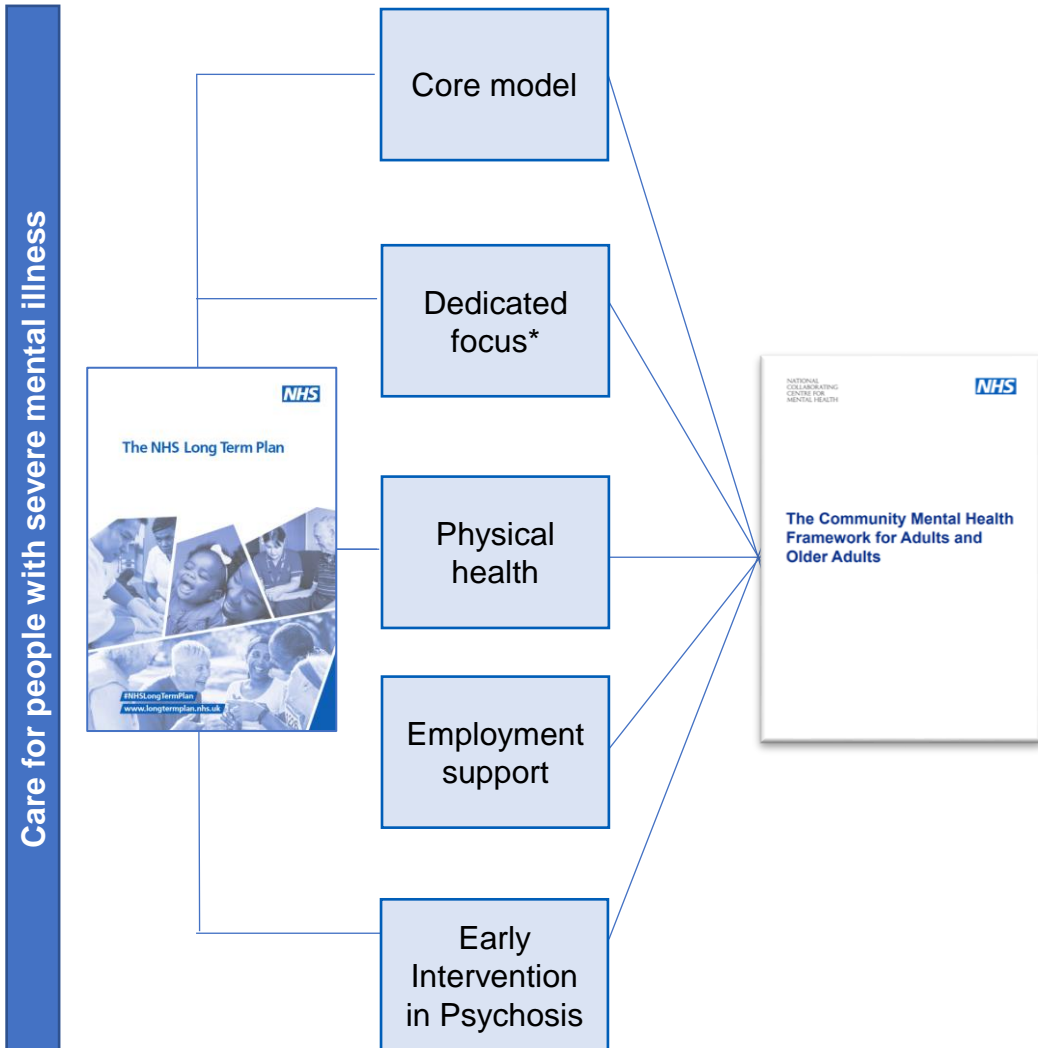
National Clinical Director for Mental Health

NHS England and NHS Improvement

NHS England and NHS Improvement



The Long Term plans sets out an ambitious transformation of care for people with severe mental illness (SMI), with its vision outlined in the Community Mental Health framework



The [Community Mental Health Framework](#) was published in 2019 with the vision of how community MH services should be transformed in line with the LTP. People with SMI have historically experienced disjointed care and are likely to face far worse outcomes, including significantly reduced mortality. The commitments in the LTP seek to address the historic treatment gaps through the vision set out in the Framework.

Core principles:

- Tailored services based around individuals and their whole-life needs, not just mental health needs
- Services being delivered as close to home as possible and shaped to meet the specific needs of local communities
- A one team approach with local NHS and non-NHS services working together to deliver care and support
- Embedded co-production and co-design with people with lived experience and their carers/families

Core features:

- Fully integrated primary and community mental health services built around Primary Care Networks which includes improved access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use
- A specific focus on young adults (18-25), older adults and the physical health of people with severe mental illnesses
- Formal partnerships to be developed with primary care, the voluntary, community and social enterprise sector and local authorities

This year, all systems are implementing new integrated models of care, building on the learnings from a two-year pilot phase across 12 early implementer sites



Headline numbers from Early Implementers



27.7k people received 2 or more contacts within the new model of care during 2020/21.



786 new roles (clinical and non-clinical) have been recruited within the new model over 2019/20 and 2020/21.



Of the 11 sites able to report VCSE spend over 2019/20 and 2020/21, an average of **16% of their total funding envelope was spent on contracting with the VCSE.**



All **12** systems defined a **local 4 week waiting time standard** and began testing against this in order to inform the national clinical review of standards programme.



Key learnings for implementation

Recruitment and contracting needs to happen as early as possible

Robust governance and joint ownership between partners

Integration with primary care and PCNs

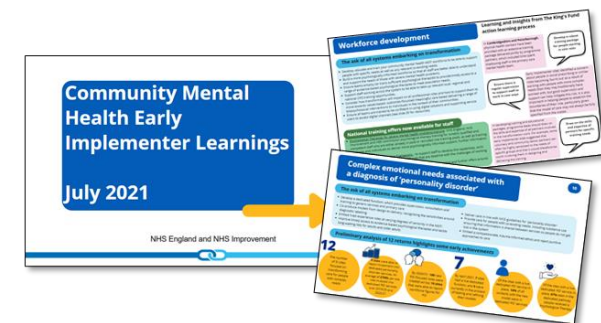
Maximise partner expertise and skills in delivery of services

Co-production and equalities should be at the heart of the programme

Data driven services

Workforce development needs to be planned strategically

Leadership



Integration with local authorities is a key part of ensuring successful delivery of the new models



There are many elements of the transformation which would benefit from a joint approach between NHS and local authority partners

- 1 Commissioning services**

Systems can use this opportunity to strengthen formal and informal partnership arrangements including joint commissioning approaches.
- 2 Workforce and recruitment**

Recruiting new staff is a key deliverable within the programme. Mental health social work is to be fully embedded within the new models.
- 3 Care planning**

All partners should be working together to facilitate integrated, Care Act-compliant care and support planning for people with SMI.
- 4 Inequalities**

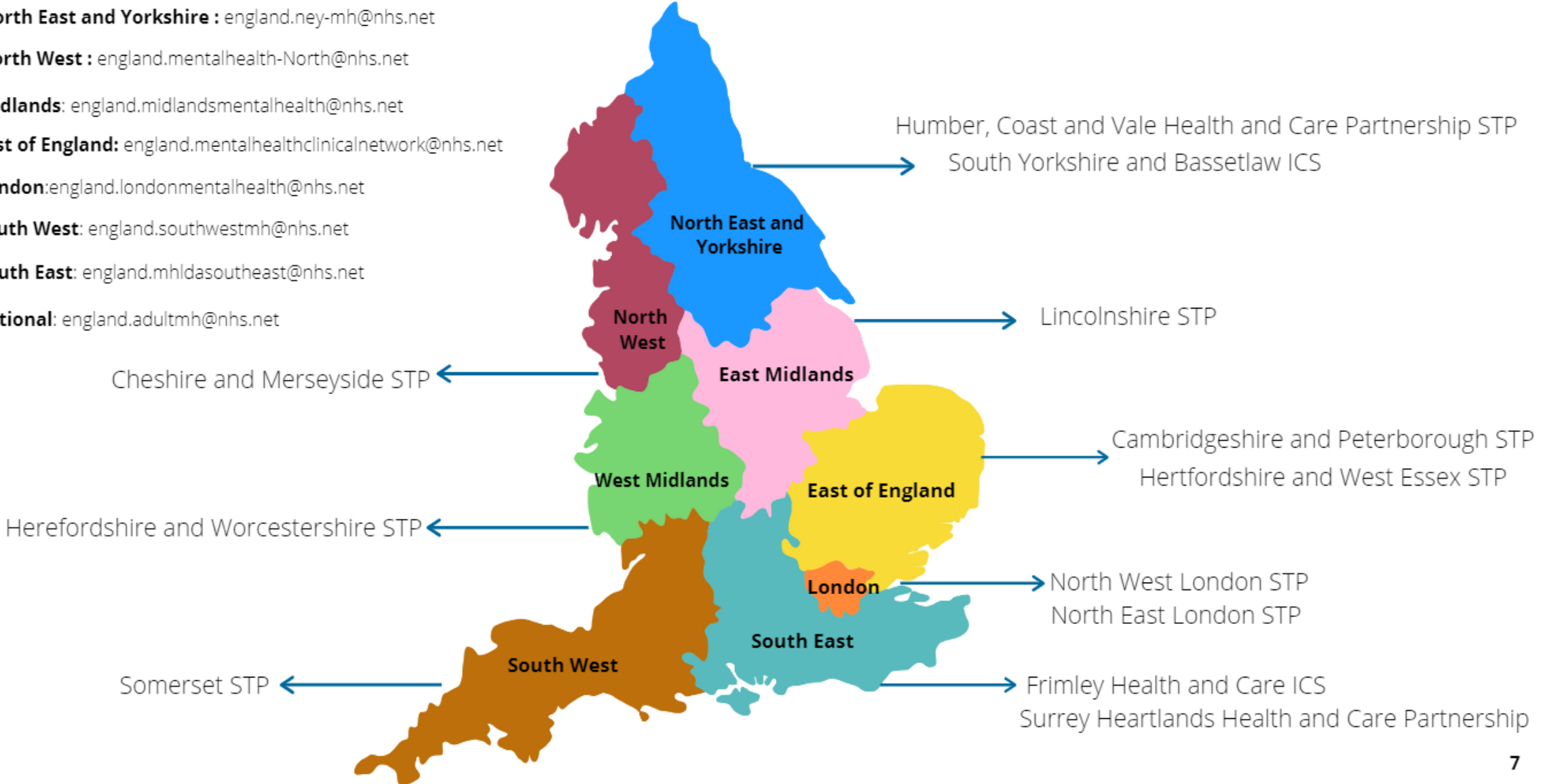
There is a real opportunity to tackle long-standing inequalities via integrated working and ensuring this programme is docked into any wider work to promote equalities and inclusion in the local community.
- 5 Community assets**

Working closely with local authorities and the voluntary, community and social enterprise sector to draw on and maximise the use of key community assets.
- 6 Social support**

The new models need to address the social needs of people with SMI, including housing, financial advice, substance use issues and carers' support.

Early Implementer sites

- North East and Yorkshire** : england.ney-mh@nhs.net
- North West** : england.mentalhealth-North@nhs.net
- Midlands**: england.midlandsmentalhealth@nhs.net
- East of England**: england.mentalhealthclinicalnetwork@nhs.net
- London**: england.londonmentalhealth@nhs.net
- South West**: england.southwestmh@nhs.net
- South East**: england.mhldasoutheast@nhs.net
- National**: england.adultmh@nhs.net



The early implementer sites recruited over 750 roles over the course of the 2 year testing period.

- This includes:
 - Psychologists and psychology assistants
 - Psychiatrists
 - GP mental health leads
 - Social prescribers
 - Peer support workers
 - Mental health social workers
 - Mental health pharmacists
 - Community connectors
 - Mental health nurses
 - Specific roles to support mental health rehab, eating disorders and 'personality disorder'
 - Physical health workers
 - Healthcare assistants

For further information...



To access any of the resources shared, please visit Future NHS where you can set up a free account to access up to date resources and tools.



To contact us please email:
england.adultmh@nhs.net

