



Rethink
Mental
Illness.

Thinking differently

A 'first steps' guide for STPs on transforming community mental health services for people with moderate to severe mental illness and with complex needs

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Executive Summary

This is a short, practical guide to the first five steps needed to begin to redesign a community mental health model ahead of the transformation funding entering the system in April 2021.

This guide will set out steps on how to develop:

- A 'leaders group' of experts by experience and staff who can sign off decisions.
- A 'co-production project group' of people with lived experience and staff gaining local insights, co-producing a new model and feeding back to the community.
- A comprehensive understanding of who is currently delivering support for people severely affected by mental illness and their clinical, practical, social and financial needs.
- An alliance of voluntary and community organisations coming together, ready for procurement.
- A new model of community mental health care forming (but not necessarily finalised).
- A workforce plan and recruitment starting with role adverts published.



Introduction

Fifty years ago a man wrote an article in the Times about his son, who was living with severe mental illness and had returned home from hospital to find his rehabilitation set back by the difficulties of socialising, finding work and managing money. He highlighted that this experience was better than many others who had never even been released from hospital or were homeless. The article led to the spontaneous setting up of peer support and campaigning groups around the country and eventually to the charity now called Rethink Mental Illness.

In many parts of the country that article could still be written today. People come home from hospital, to find no home for them and patchy or unavailable care. Last year we surveyed people living with severe mental illness and found only a third received help finding housing, less than a quarter had support finding employment, and only half of those wanting to be active or social in their community could find a way to do it¹.

We warmly welcome the place-based approach of the Community Mental Health Framework and the wealth of new resources that come with it. In the face of the COVID-19 pandemic it is even more critical. Our most recent survey of people living with severe mental illness found that 79% of people's mental health had got worse as a result of the pandemic.² We can also expect, based on all previous recessions, a massive rise in need, as unemployment, debt and grief drive up mental illness.

Currently there is not the capacity within the existing system to address this; we therefore need a wider shift where communities can care for and support people. The answer to this will look very different in, say, Bury St Edmunds, Moss Side and rural Devon. But while the change may look different in different places, there is a shared method to get there.

A successful plan will be built on the engagement of people with lived experience, a knowledge of local assets and transformation across the public sector, voluntary sector and beyond. We can safely say that if an area with a Sustainability and Transformation Partnership (STP) hasn't begun co-production, alliance-building and asset-mapping in 2020, then the new funds of 2021 will not be used to the full potential. This guide has been designed to set out the first steps required to deliver the transformation of community mental health.

What is ahead requires a vast shift from the NHS, from charities like us and the wider community of local people, communities and employers. It represents the greatest chance in our lifetime to redress an injustice of many a generation and ensure that when a person lives with mental illness they can expect a quality of life where they're part of a community, employed if they wish and supported as and when they need it. Nobody should or will fall through the gaps.

¹ Rethink Mental Illness (2019) *Building communities that care*, p.7

² Online survey by Rethink Mental Illness of 1,434 people with severe mental illness during April and May 2020.

New funding for transforming community mental health services

The NHS Long Term Plan and subsequent [Community Mental Health Framework](#) sets out a bold vision for transforming community mental health care for adults. By 2023/24, all STP/ICSs will be delivering holistic care through integrated primary and community services and in arrangements with local authorities, housing and Voluntary, Community and Social Enterprise (VCSE) services, underpinned by an additional £975 million in funding per year for adult and older adult community-based mental health care. A new four week waiting time is being trialled and more than 370,000 people moderately to severely affected by mental illness can then expect to receive the right treatment at the right time per year by 2023/24.

You will be asked by NHS England and NHS Improvement (NHS E and NHS I) to prepare proposals in the autumn and winter of this year on how your STP/ICS will transform community mental health provision and spend the transformation funding alongside the increase in your CCG(s) baseline funding for adult & older adult community mental health from April 2021. 2021/22 will be the first of three years during which you will receive an increasing amount of transformation funding if you submit a satisfactory plan. You will be asked how you intend to think radically differently about community mental health support, not simply adding extra resource to a system we know doesn't achieve sufficient outcomes for people.

You will be expected to redesign this new model in partnership with experts by experience, local voluntary organisations and local authority providers.

This is not about just doing more of the same – it must be real, fundamental system-wide transformation.

What should a new model of care look like?

This is set out in NHS E and NHS I's [Community Mental Health Framework](#). This is a new place based and personalised community model designed to support your local population affected by moderate to severe mental illness and those with complex needs, even if they do not have a clinical diagnosis, including carers. It must support this population's clinical, practical, social and financial needs to help prevent mental health crisis and help them live to their full potential. Time is short to deliver this redesign – but it will significantly improve the outcomes of people severely affected by mental illness³.

The following principles are fundamental to new community models:

- **Removing the idea of thresholds and multiple assessments** – if someone is unwell and in need of support, they should receive it, as they would in acute care. If that service turns out to not be quite right then the system should be flexible enough to offer other options and step up and step down care as needed.

- **Developing one system**, including VCSE, housing, local authority and community resources, that offer linked options within the same system, rather than 'referring'.
- **Move away from the language of 'discharging a patient'**. A person may progress to 'managing independently' but they can easily come back at any time.
- **A 'no wrong door' policy, or even a 'no door' policy** – there should be ease of access and 're-entry' into care, potentially via many linked entry routes offered so that people receive the right support.
- **People should be able to tell their story and experience just once** – requiring working towards joined up systems.
- **A focus on specific, tailored and inclusive support needed for underrepresented groups** – including the black, Asian and minority ethnic (BAME) population and people from lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) communities.
- **Personalised health and social care support** – including entitlements under the Care Act and personal health budgets.
- **Joint commissioning of services for people and communities** – not organisations.

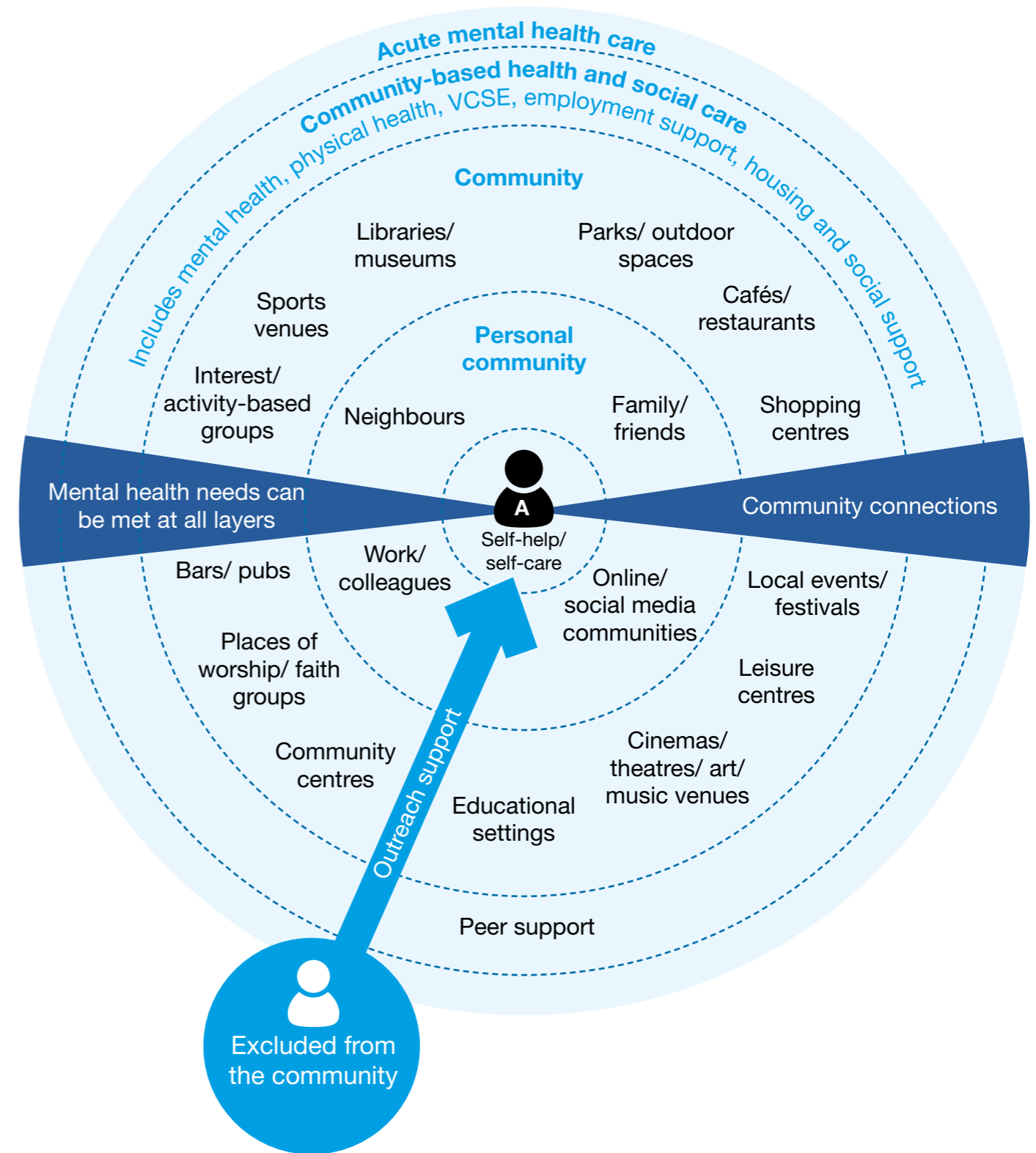


Diagram highlighting the support people should receive within their community taken from NHS England and NHS Improvement's [Community Mental Health Framework for Adults and Older Adults](#)

³ NHS England and National Collaborating Centre for Mental Health (2019) [The Community Mental Health Framework for Adults and Older Adults](#)



The first five steps

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How to use this guide

This is a short, practical guide to the first five steps needed to begin redesigning a community mental health model in the next six months, ahead of the transformation funding entering the system in April 2021. These five steps are in chronological order but will overlap in implementation.

Contact us

We will publish a longer, comprehensive guide about how to deliver a redesigned community mental health model later this year. Please get in touch if you would like any further information or support in carrying out these first steps by contacting CMHFSupport@rethink.org.

1 Leadership and governance

The first few weeks will be about identifying the leaders at different levels within the STP/ICS who are going to develop, sign off and deliver a redesigned community model. They will need to be identified and a matrix ‘leaders group’ formulated to oversee the next four steps and the co-development of the proposals to NHSE and NHSI and quickly sign off decisions.

This group must include:

- The STP/ICS, including relevant people from both the NHS (i.e. Primary Care Networks, CCGs and mental health providers) and local authorities (e.g. social work leadership, Directors of Public Health, Directors of Adult Social Services, housing leads or relevant Councillors)
- Voluntary and community organisations that provide local services.
- Experts by experience leader(s) – it’s good practice to advertise for roles (see Appendix 1 for a draft role description) and this can be disseminated through, for example, independent mental health networks, charities such as Rethink Mental Illness or local involvement coordinators
- Individuals from BAME communities and other protected or marginalised groups.

The group should include senior people with the following characteristics:

- Authority to get ‘buy in’ and sign off – particularly the power to commission services differently if needed
- Time and capacity to focus on this important new model
- Knowledge and understanding of mental illness and why the system needs to be redesigned.

To meet the tight time frames in the coming months you will need to meet regularly to agree governance and ways of working. These will need to be agreed from the outset and included in the terms of reference. Terms of reference should cover: what is the scope of the transformation and agreed approach, whether everyone should attend all meetings or send a deputy, how should decisions be agreed (vote, consensus, by leads), how to build trust through collaborative working and open and transparent communication and commitment to co-production.



Tip:

Consider arranging meetings virtually – people have been more likely to attend video conferences rather than in person, even if for shorter periods of time. However, accessibility will need to be considered.



Tip:

There should be a road map of meetings so there aren’t too many and each has a clear purpose, otherwise smaller community organisations will struggle to attend. You may also want to consider payments for organisations, as many small organisations have to pull someone from front line duties to attend.

2 Co-production

NHS E and NHS I will be looking specifically for how you intend to co-produce your new model in partnership with local people with lived experience of mental illness and their families and carers.

What is coproduction and why is it beneficial?

Coproduction is the active involvement of people with lived experience of mental illness in service design and delivery⁴. Experts by experience are partners in design where their perspective is valued equally to the staff (experts by training) perspective in making decisions.

Co-production is more comprehensive than simply patient involvement. Co-production empowers those who use services and makes the most of their expertise and assets. It helps improve outcomes and it can save money by lessening the burden on services through, for example, reducing emergency and unplanned admissions.^{5,6}

How to start co-producing

There is no rigid process or method for co-producing and it’s important to be practical and flexible – and keep things as simple as possible. Here is a suggested timeline:

1. Together with expert by experience leaders identified in step 1, discuss the benefits and aspirations of co-designing a new model of community care.
2. Define the scope – what’s in scope for redesign and what’s out? This can be based on NHS E and NHS I’s Community Mental Health Framework.
3. Form a ‘coproduction working group’ involving representative experts by training and experts by experience.
4. Co-produce an action plan (what, how, who, when). This should include:
 - a. Obtaining insights from representative groups of people with lived experience in different local communities. Ensure they’re diverse and representative and make it as easy as possible for everyone to participate (accessibility, including language and format). This may mean going to existing groups that are meeting rather than asking people to come to you – and time must be factored in to allow this.
 - b. Obtaining insights from staff and peer support workers about what works well and not so well, and what’s missing.
 - c. Mapping local assets (see step 3 below)
5. Carry out a number of workshops to share insights, and develop your local model based on the Community Mental Health Framework. This could involve considering elements that haven’t worked before and discussing what it would look like if it was working. Facilitation will be key.
6. Feedback to each other on progress and challenges regularly.
7. Expert by experience leaders feedback regularly to their communities to continue obtaining insights and raising awareness about a new model of care. Time must be built in to deliver this.

⁴ Rethink Mental Illness, *Progress through partnership: Involvement of people with lived experience of mental illness in CCG commissioning*, 2017

⁵ McKeown, M. (2014) Its the talk: A study of involvement initiatives in secure mental health settings *Health Expectations: an international journal of public participation in health care and health policy*; Volume 19, Issue pp570-579 DOI: 10.1111.

⁶ Nesta (2012) *People powered Co-production Catalogue*.

3 Mapping community assets

What support is already provided in your STP/ICS to help people affected by mental illness to recover and stay well? The co-production working group, or a few people tasked within this group, should build on asset mapping that has already taken place within your area but through the lens of moderate to severe mental illness and complex needs.

This should include clinical, NHS funded support, social care funded by the local authority and wider support for the social determinants of mental health such as supported housing, financial help, employment support, community and physical activities and more. Assets could also be physical community spaces, active forums or groups, peer networks or even individual people who are champions or influential in communities or sectors. It is vital the asset mapping goes beyond solely mental health provision recognising the wider determinants for mental health. The tool in Appendix 2 that was used within Somerset STP early implementer site could be a useful guide.

Within a few weeks this should be filled out and will enable you to identify where there are gaps in provision when mapping on to the co-produced model.

Further resources:

- Online directories such as the TLAP innovations in community centred support www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support
- Public Health England and NHS England, A guide to community-centred approaches for health and wellbeing https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf



Tip:

Identify your local policies on paying expert by experience leaders – they should be paid for their knowledge, time and expertise.



Tip:

Keep certain values at heart including: equality, respect, mutuality, honesty, openness and compassion, especially if things get challenging or decisions need to be made.



Tip:

Try to be aware of the biases that we all have because of our backgrounds, cultures, gender or where we've worked – that we all have them but we're not always aware of them. Similarly, try to be conscious of jargon we've picked up and use language everyone can understand.

Further resources:

- National Collaborating Centre for Mental Health, [Working well together: Evidence and tools to enable co-production in commissioning](#), 2019.
- You can get in touch with many organisations to help facilitate coproduction including local/user-led organisations and us at Rethink Mental Illness.

4 Alliance building

A VCSE alliance

In order to meet the gaps identified in the new co-produced model and asset mapping, you will need VCSE providers to come together to deliver existing and new offers of support. These must be the right organisations who can reach the right groups of people – including those most vulnerable and marginalised. A way to do this will be to build an alliance, formal or informal, of VCSE organisations who can commit to a shared vision and ethos, to co-production and to working together to achieve transformation over and above individual organisational ambition.

The alliance model requires huge shifts in behaviour from the voluntary sector. In most places larger charities operate as commercial rivals and smaller community organisations are not set up to undertake statutory work. Therefore consider procuring a ‘partnership’ to deliver the new model as a whole rather than individual organisations to deliver specific services. Providing funding via longer-term joint CCG-local authority contracting through an alliance model has the significant benefit of removing or lessening competition for funds, generating a more efficient use of the public pound and encouraging collaboration and sustainability.

This is particularly crucial in ensuring the sustainability and survival of smaller / micro grassroots and community organisations, many of whom have been significantly adversely affected by the current pandemic yet who remain vital to supporting some of the most disadvantaged and disconnected groups of citizens. Alliances are key to building a diverse and thriving local VCSE sector, particularly at a time when so many organisations are facing extreme pressures.



Tip:

Consider the impact of Forming, Storming, Norming and Performing on developing the alliance. Recognise upfront there will be issues to smooth out and try and identify and mitigate as early as possible – this will be essential in building trust within the alliance.

What are the key factors in building an alliance of VCSE organisations?

- Relationships are vital to develop and nurture.
- Agree principles and ways of working early on and form a terms of reference that includes how decisions will be made.
- Build trust between VCSE partners – organisations that used to compete are now working together.
- Transparency is vital to achieve this trust – particularly around being open about possible points of conflict.
- Leadership is important in driving the alliance and preventing mission drift.
- Financial support – VCSE sector funding has been particularly affected by the COVID-19 pandemic, particularly for local organisations.
- Go beyond mental health charities to involve other local groups and organisations.
- Reflect the diversity within the local community.



Case study: Somerset Mental Health Alliance

A partnership between the NHS Trust, CCG, VCSE and the local authority has co-produced, with experts by experience, a new model of community care. This model will mean that anyone with a mental health problem, emerging or established, is able to access local specialist interventions whenever needed.

To ensure a joined-up approach to delivering the model, an alliance of ten local VCSE organisations was formed. Rethink Mental Illness was elected as accountable body for VCSE, with the responsibility to oversee delivery.

To help prevent concerns around competition, Rethink Mental Illness does not receive funding to deliver services – they are provided by the other 9 organisations. Funding flows from the CCG to Somerset Foundation Trust and then to the group where it is divided up depending on which organisation is best placed to meet the needs and services outlined in the co-produced model.

NHS, local authority and VCSE alliance working

More broadly, you may then want to consider an alliance between the NHS, CCGs, Local Authority(ies) and VCSE. The effects of austerity, more recent legislation like the Care Act and more robust performance and inspection criteria has had the effect of weakening or changing partnership working in many areas. However, the current pandemic has also seen an extraordinary shift to many barriers being removed by local partners working more effectively together for the benefit of local communities. The key is to create new alliances based on the principle of organisations coming together to use their skills, resources and statutory responsibilities to improve local services and place the needs of local people and improved access at the centre of community mental health services.

5 Workforce

When the new model of community care is nearly agreed it will be important to have a clear understanding of the workforce needs of your local area to be able to implement your plans. You will then need to start recruitment to ensure staff are in place from April 2021 when the funding enters the system. The workforce will very much depend on the co-produced new model and it will be vital to agree this first. Form must follow function.

In the past we have seen that existing staff have simply been moved around, meaning some parts of the system are short staffed. While this may be appropriate in some areas, it will be important to think creatively about how to fill roles – for example, how can peer support worker roles be used most effectively or how can the VCSE be part of the model in a genuinely integrated way?

The 'New roles in mental health' programme⁷ led by Health Education England (HEE) has reviewed the developments required to support a more preventative and community based model of mental health support. This includes nursing, allied health professionals, psychology, social work and peer support. HEE will be making these developments available to the CMHF sites as required.



Tip:

Think about ambitions for shared workforce development with VCSE and local authorities, which will in turn, help drive a 'one system' culture of shared purpose and collaborative working.

What's next?

NHS E and NHS I will send out details on what you'll need to fill in to receive the transformation funding, demonstrating you've met or will meet the above steps.

Contact us

Please get in touch if you would like any further information or support in carrying out these first steps by contacting CMHFSupport@rethink.org

We will be launching a full comprehensive guide on developing and delivering a new community mental health model later this year.

Check box: By March 2021, you will have:

- A 'leaders group' of experts by experience and training (staff) who can sign off decisions.
- A 'co-production project group' of people with lived experience and experts by training gaining local insights, co-producing a new model and feeding back to the community.
- A comprehensive understanding of who is currently delivering support for people severely affected by mental illness and their clinical, practical, social and financial needs.
- An alliance of voluntary and community organisations forming, ready for procurement.
- A new model of community mental health care forming (but not necessarily finalised).
- A workforce plan and recruitment starting with role adverts published.

⁷ Health Education England (2019) [New Roles in Mental Health](#)



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Appendix 1: Draft expert by experience leader role description

Role description

| | |
|----------------------------|---|
| Role: | Expert by Experience Leader |
| Location: | |
| Payment / Expenses: | (according to policy) <ul style="list-style-type: none"> £50 half day agreed activity £100 whole day agreed activity agreed expenses |

About the role:

You may have heard about a new approach to supporting people affected by mental illness in [redacted], so they have the right support at the right time.

This is an opportunity to transform treatment and support. Voluntary and community organisations will be working in partnership – together with each other, and together with the NHS and council – so that people experience joined up help in their community that meets their needs.

What is the purpose of the role?

- To represent lived experience in considerations and decisions about how support in the community can be best offered to meet people’s needs. The goal is personalised and holistic support that improves the experience and quality of treatment and support for service users, carers and families.

What tasks will be involved?

- attending workshops and working group meetings (as you are able to)
- leading community engagement, carrying out research (as agreed)
- regularly communicating with co-production staff

How many roles are there?

- There are various roles:
 - engaging your local community as part of a team
 - membership of a particular working group or example quality or communication
 - membership of the expert by experience advisory group
 - membership of the decision-making partnership board.

What are the responsibilities?

- To represent the needs of a diverse range of experts-by-experience, according to the purpose above
- To champion innovation and improvement, being ambitious for the mental health and wellbeing of people in [redacted]
- To make collaborative decisions and propose solutions and ways forward
- To appreciate different perspectives in the co-production process
- To challenge constructively as trusted and valued partners.

Will there be support and training?

- yes: training in co-production practice and collaborative working will be available
- yes: there will be support available for the participation process.

What skills, knowledge and experience do I need?

Essential:

- some understanding of the needs of people with mental health needs, and carers, in [redacted]
- ability to represent a range of communities not just your own
- experience of collaborative working*
- ability to read documents provided in English and sent by email
- ability to attend meetings around [redacted] either in person or virtually
- ability to communicate by phone, email (internet video conferencing desirable).

*collaborative working includes: active listening, appreciating different perspectives, positive language, proactive, solutions-focused approach, constructive/sensitive challenging, willingness to compromise/negotiate, enabling emotionally safe environments.

You may also have:

- experience of being a member of a working group, steering group, board, or similar
- experience of engaging people in the community
- experience of lived experience research: (methods, carrying out interviews/focus groups, evaluation)
- knowledge of the health and care system.

Next steps

If you would like to find out more, or apply for these roles, please send an email to: [redacted] or phone on [redacted]. Thank you.

Appendix 2: Asset mapping tool used by Somerset Health and Care Partnership as an early implementer of the Community Mental Health Framework

| | |
|--|---|
| Locality hubs/ Buildings/ Spaces (could be very informal spaces) | <ul style="list-style-type: none"> • Building based community anchor organisations • Libraries • Community cafes |
| Organisations – Statutory | <ul style="list-style-type: none"> • Community mental health teams • Local Authority Mental Health social work teams |
| Organisations – VCSE | <ul style="list-style-type: none"> • Citizen’s Advice • Men’s sheds |
| Associations/ Groups/ Forums/ Networks | <ul style="list-style-type: none"> • Rethink Mental Illness support group • Mental Health provider forums |
| Individuals – non-profit/ volunteers | <ul style="list-style-type: none"> • Experts by Experience • Active community champions |
| Individuals – professionals (counsellors etc) | <ul style="list-style-type: none"> • Individual counsellors • Interested local politicians • Other local leaders |
| Social prescribing provision | <ul style="list-style-type: none"> • Link workers • Health Coaches |
| Primary Care Networks | <ul style="list-style-type: none"> • Locality Primary care networks |
| Local Economy/ Private Sector | <ul style="list-style-type: none"> • Interested local employers |



**Leading the way to a better quality of
life for everyone severely affected by
mental illness**

For further information
on Rethink Mental Illness
Telephone 0121 522 7007
Email info@rethink.org

www.rethink.org

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