

Rethink Mental Illness response to the Special Inquiry Committee's call for evidence on the Integration of Primary and Community Care

April 2023

About Rethink Mental Illness

Rethink Mental Illness is the charity for people severely affected by mental illness. We support tens of thousands of people through our groups, services, advice and information and train employees, employers and members of the public on how best to support someone affected by mental illness. This work guides our campaigning for the rights of people severely affected by mental illness including their carers.

We are submitting evidence based on our experience of facilitating cooperation between the NHS and wider partners. We established a Community Mental Health Unit to transform community mental health care by bringing together the NHS, communities and the organisations that work within them. Through the Unit we secured a £3m grant to work with the NHS and Voluntary, Community and Social Enterprise (VCSE) partners to deliver four (with potential for more) new Voluntary, Community and Social Enterprise sector alliances within this context.

1. What are the main challenges facing primary and community health services?

- 1.1. Two key challenges are a lack of capacity within primary care teams and low levels of awareness of wider community support. In 2019, we undertook an online survey to inform our guide to delivering Communities that Care; half of respondents were not involved in community wellbeing projects, mostly due to a lack of knowledge of local projects.¹ This can lead to an overreliance on primary care as a gateway to receiving treatment, when wider support may be available.
- 1.2. In Grimsby, we are trialling a Mental Health Navigator service to improve access to community support for people affected by mental illness. It is integrated within the Meridian primary care network (PCN) and NAViGO, a social enterprise service provider. The interim evaluation of this service by the Tavistock Institute indicated that patients often had complex needs that could not be addressed by single GP appointments. The Navigator has helped service users to access services that they may have been unaware of or had found difficult to engage with previously. The Navigator has helped people to develop skills and resilience to better equip them to manage their long-term conditions. Meridian found the service to be so beneficial that an additional three Navigators were recruited to cover the other PCNs in the North-East Lincolnshire area.
- 1.3. Additional roles in primary care, such as those supported by the Additional Roles Reimbursement Scheme (ARRS) are therefore welcome as they can help patients to navigate the healthcare system and receive the support they need.

2. What are the key barriers preventing improved integration, and how might these be overcome?

- 2.1. Discussions around integration often focus exclusively on breaking down the barriers between the NHS and Local Authorities (LAs). However, the VCSE sector should also be considered as another key partner. VCSE organisations can help to join health services with wider community service provision, provide primary care with access to specialist expertise and help primary care to engage with vulnerable people. Our work to support the rollout of transformed community mental health services has shown how multi-disciplinary working with the VCSE at its heart can ensure individuals receive joined-up care to meet their holistic needs.

- 2.2. Open Mental Health (OMH) provides 24/7 mental health support to adults in Somerset through an alliance of VCSE organisations, the NHS and social care who work together to ensure that residents get the right support. The service provides a range of help that enables people to keep well and live a full life, including expert mental health support; peer support; money, housing and employment advice; volunteering opportunities; community activities and physical health support. By working together, they ensure that there is 'no wrong door' for anyone that needs help. Previously, relationships between the NHS, social care and VCSE organisations were fragmented, meaning that people presenting with mental health needs often had to repeatedly tell their story as they were referred to different services. They often had to navigate the complicated system of care, which offered a one-size-fits all approach at the point of entry and did not consider their wider holistic needs. Recent NHS data demonstrates a reduction of hospital admissions (as well as A&E presentations) in the area; while it is not possible to confirm a causal link, this has not been replicated in children and young people's services which sits outside of the scope of transformation.ⁱⁱ
- 2.3. OMH is connecting in with and working alongside primary care colleagues in several ways. OMH primary care liaison staff work in the North Sedgemoor PCN and OMH locality leads regularly attend local meetings and sit on a project board to develop new ways of working with the PCN. They have also developed links with health coaches to develop their understanding of mental health and the local VCSE service offer.
- 2.4. In Coventry, Rethink Mental Illness have helped to develop a multi-agency multidisciplinary team at PCN level. This includes VCSE organisations, housing providers, police, LAs, social prescribers, psychologists, IAPT and the lead pharmacist from secondary care. PCNs bring complex cases to the team and agree a holistic support package to be delivered by providers, leading to successful outcomes for patients such as retaining housing and helping recovery. One GP told us that, "we have never been able to get so far in addressing the needs of particular patients." Representation from VCSE and PCNs at these meetings has grown and a similar service is being developed in Warwickshire.
- 3. Pressures on primary care have been well documented. How would you assess the current state of community care, in particular the integration between both areas?**
- 3.1 The role of mental health social care is not well understood or recognised and is seldom centred in public conversations or policy around social care. Our engagement with people with lived experience of mental illness suggests that many people are unaware of the role that the social care system could play in supporting their mental health and tend to see the NHS as their first port of call.
- 3.2 The rollout of NHS England's Community Mental Health Framework is helping to change this by promoting new community-based models of mental health care to meet people's holistic needs. Some of the services highlighted, such as advocacy and money advice services delivered by the VCSE sector, are traditionally commissioned by LAs and considered part of an area's social care offer. However, due to Community Mental Health Transformation (CMHT), these kinds of services are funded increasingly by the NHS.
- 3.3 LAs have vital expertise in delivering a social model of mental health and are rightly recognised via the Health and Care Act as key partners in ensuring the health of local populations. Decisions on how the funding provided to deliver CMHT sits with ICSs, but they have received specific direction that a proportion of this should be allocated to the VCSE sector. There is no similar specification with regards to LAs, and their involvement in community mental health transformation has therefore been mixed.
- 3.4 The social care system remains on an unsteady footing. Despite recent investment, our experience suggests that LAs and social care providers are still recovering from financial decisions made in the past decade, amid rising demand for means-tested support. Three quarters of Directors of Adult Social

Services reported increased numbers of people approaching their council for mental health support.ⁱⁱⁱ In terms of mental health social care, this kind of personal support is as conducive to good mental health as the kinds of community-based support mentioned above. Sufficient, long-term and sustainable funding is required to allow social care to work as full partners alongside primary and community mental health services and to fully realise ambitions for personalised care.

4. What are the implications of the Government's long-term workforce plan for the NHS on primary and community care staffing?

- 4.1 We look forward to the publication of the long-term NHS workforce plan. We are keen that it addresses the workforce needed for implementation of Mental Health Act reform and shortfalls in workforce highlighted by our research into Community Mental Health Transformation^{iv}. We are concerned that VCSE, private, social enterprise (and therefore social care) are all 'critical' to the plan but potentially out of scope. Meeting demand now and in the future is a 'key driver' of the strategy, but it is hard to see how this can be achieved without the VCSE, private, social enterprise (and therefore social care) sectors.
- 4.2 This plan should also build on initiatives like ARRS to ensure that a variety of roles are embedded in primary care.

5. What is the impact of recent structural changes to the NHS in England (enacted through the Health and Care Act 2022) on integration between primary and community care services?

- 5.1 We welcomed and supported the Government's use of legislation to enable more integrated care. However, even when inter-organisational relationships are strong, partners need to adjust to each other's ways of working and bridge cultural gaps. We have heard from community mental health transformation sites that open-minded and inclusive leaders are vital to this process as they can negotiate different cultures and mediate between differing perspectives. This process can be time consuming but is vital to successful integration in practice.^v

6. Is the current primary care model fit for purpose and servicing the needs of patients?

- 6.1 Improvements could be made to the model to better meet the needs of people living with severe mental illness (SMI). People with mental illness and their carers regularly tell us that GP appointments are too short to fully address multiple conditions. GPs must have sufficient capacity and be guided on the benefits of longer appointments in certain circumstances. We would recommend at least 20 minutes to ensure the safe delivery of all the required elements of Physical Health Checks for people living with SMI, ensuring time for discussion of the results of the check and any necessary follow-up support.
- 6.2 ARRS is helping to diversify the primary care workforce and bring a wider range of skills, knowledge, experience and flexibility into the model. This should help people living with SMI to be supported in this setting and receive timely treatment.

8. To what extent could improved access to out of hours and 24/7 services contribute to alleviating pressures on the health system?

- 8.1 Improving access to out of hours and 24/7 services may help people in crisis to access the support they need and prevent admission into acute mental health services. The NHS Long Term Plan has committed

to improving urgent care through introducing a 24/7 crisis service and rolling out crisis lines.^{vi} People with lived experience of SMI have told us that experiences of using crisis phonelines has been mixed, with some experiencing lengthy waits to speak to staff. Recent announcements to improve urgent care are therefore timely.^{vii}

8.2 An early evaluation of Somerset's OMH service indicated that the provision of a 24/7 helpline was valuable. The helpline received over 3,000 calls in the first 10 weeks of opening, with the majority occurring between 8-10pm. It provided callers with 30 minutes of emotional support leading to warm transfers to an enhanced level of support. 95 callers were transferred from the helpline onto enhanced support in the first 10 weeks. These situations may have escalated, potentially into crisis, if they had not been able to receive out-of-hours support through the helpline.^{viii} This demonstrates the value of being able to access support when people need it.

9. To what extent have Integrated Care Systems (ICSs) been able to deliver the aims they were set up to achieve?

9.1 Health systems have faced unprecedented pressures due to the cost-of-living crisis, the COVID-19 pandemic and funding cuts^{ix}. They have needed to focus on firefighting current challenges rather than planning and prioritising prevention and early intervention. While the 2023 Hewitt Review has recommended prioritising prevention, ICSs will need to receive adequate resources to do so.^x

9.2 The VCSE sector has been indispensable in addressing the health and care system's biggest challenges when funded to do so. During the COVID-19 pandemic, the sector helped people with their mental wellbeing and supported the most vulnerable people and communities who may have had little to no prior contact with public services.^{xi} The sector's flexibility, agility and expertise and are seen as key strengths^{xii}.

9.3 However, the VCSE sector needs adequate funding to continue supporting communities and carry out their specialist work. In Community Mental Health Transformation, the NHS indicated early on that the VCSE sector should receive 25-50% of funds, but this has not been reached in many areas.^{xiii} However, ICSs have indicated in their 2022/23 Service Development Funding reports that an average of 22% of their transformation funding will be spent funding VCSE organisations.^{xiv} This indicates that positive progress has been made and the VCSE sector will play an increasingly significant role in the delivery of community services; however, there is still further to go in growing this investment.

10. Could you provide examples of how primary and community care have contributed to tackling health inequalities, including international comparisons?

10.1 More progress is needed around tackling mental health inequalities in racialised communities; compared to white people, black women are more likely to experience a common mental illness such as depression or anxiety disorder and black men are more likely to experience psychosis. However, more white people receive treatment for mental health issues than people from BAME backgrounds and they have better outcomes.^{xv}

10.2 Involving VCSE organisations in the delivery of care can help to address inequalities in mental health. The Community Mental Health Framework prioritises addressing health inequalities in mental health care; these can refer to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes. VCSE organisations that support underrepresented communities have a

keen understanding of which factors might impact on mental health or present barriers to those seeking support. More involvement of community-led VCSE organisations would enable the use of their networks and expertise to remould mental health care and to capture cultural differences.^{xvi}

10.3 Primary care's role is central to delivering one of the key pledges of the NHS Long Term Plan. The Plan commits to providing almost 400,000 individuals with an annual Physical Health Check by 2023/24^{xvii}, responding to the stark physical health inequalities experienced by those living with SMI, who are three and a half times more likely to die before the age of 75 than the general population^{xviii}. Physical Health Checks for people living with SMI are most frequently delivered in primary care. The number of Checks being delivered has risen significantly since the Covid-19 lockdowns, reaching their highest level to date in Q3 of 2022/23^{xix}. We believe that optimising certain aspects of the Check, such as providing co-produced communications and information around it and providing enough appointment time to ensure a good experience and appropriate follow-up support, can help the system to both reach and retain the 60% target.

10.4 Our experience in Somerset has found that people with lived experience have a key role to play in delivering these kinds of improvements. OMH has introduced new roles to improve experiences and increase uptake of Physical Health Checks, including peer mentor roles to help increase engagement with Physical Health Checks. OMH is currently piloting a phone line which gives a dedicated 'safe space' for people to chat to Peer Mentors about Physical Health Checks. OMH's Expert by Experience leaders also act as partners in transforming local models of care. This has included influencing clinical practice around Physical Health Checks by co-designing and facilitating training for primary care professionals around engaging people with SMI.

11. In what way could the existing infrastructure be enhanced to improve the use of health technologies, and what are the possible benefits for patients?

11.1 Existing infrastructure could be enhanced through enabling community services to access the same information as NHS services. The interim evaluation of the Mental Health Navigator pilot indicated that where Navigators were able to access a PCN's information systems, they were able to more quickly establish their service users' needs and make smooth referrals.

11.2 However, making community services replicate NHS processes is not necessarily appropriate. In OMH, partners recognised that NHS ways of working would not be suitable for the VCSE alliance as the administration could be too onerous for smaller VCSE organisations. A policy of 'record once and report light' was therefore adopted.^{xx} Having a VCSE alliance within the partnership was also valuable in helping smaller VCSE organisations to navigate and comply with NHS governance structures. As a larger charity, Rethink Mental Illness acts as the lead accountable organisation for the alliance and has provided infrastructure and knowledge to smaller VCSE partners, meaning that all OMH partners have been able to access a new, joined-up patient system that meets the needs of all partners.

11.3 Through our research into the role of digital technology in the future of mental health care, conducted with the Nuffield Council on Bioethics, we found that emerging technologies may help to provide flexible and tailored mental health support, lower barriers to accessing mental healthcare, and offer insights into the mental health and wellbeing of individuals and populations. However, these technologies raise ethical concerns around the reduction of face-to-face contact, the efficacy, quality, and safety of care, exacerbation of health inequalities, and data privacy and security. To improve outcomes for patients, healthcare providers and developers should consider that:

- People should always have a choice around using mental healthcare technologies as many people affected by mental health problems do not have access to or are reluctant to use them.

- Technology solutions should supplement existing resources and not divert resources from other important forms of mental healthcare and support.
- Further evidence is still needed around which technologies are safe and evidence-based, and which are not.^{xxi}

For more information regarding this response, please contact Rachel Hastings-Caplan (Senior Policy Officer) r.hastings-caplan@rethink.org

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- ⁱⁱ Open Mental Health (2022) Reflections on 2022 [Reflections on 2022 - Open Mental Health](#)
- ⁱⁱⁱ Association of Directors of Adult Social Services (2022) ADASS Spring Budget Survey 2022 report. <https://www.adass.org.uk/adass-spring-budget-survey-2022>
- ^{iv} Rethink Mental Illness (2022) Getting started: Lessons from the first year of implementing the Community Mental Health Framework <https://www.rethink.org/media/5662/rethink-mental-illness-getting-started-final-200922.pdf>
- ^v Rethink Mental Illness (2022) Getting started: Lessons from the first year of implementing the Community Mental Health Framework <rethink-mental-illness-getting-started-final-200922.pdf>
- ^{vi} NHS England (2019) NHS Long Term Plan <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
- ^{vii} NHS England (2023) Delivery plan for recovering urgent and emergency care services <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/>
- ^{viii} Rethink Mental Illness (2020) Learning from Somerset STP as an early CMHS implementor ([somerset-briefing.pdf \(rethink.org\)](#))
- ^{ix} Institute for Public Policy Research (2018) Fair Funding for Mental Health: Putting Parity into Practice [Fair funding for mental health \(rethink.org\)](#)
- ^x Rt Hon Patricia Hewitt (2023) The Hewitt Review: An Independent Review of Integrated Care Systems [The Hewitt Review: an independent review of integrated care systems \(publishing.service.gov.uk\)](#)
- ^{xi} NHS Confederation (2021) How health and care systems can work better with VCSE partners [How-health-and-care-systems-can-work-better-VCSE.pdf \(nhsconfed.org\)](#)
- ^{xii} The King's Fund (2020) Tough challenges but new possibilities: shaping the post Covid-19 world with the voluntary, community and social enterprise sector [Tough challenges but new possibilities | The King's Fund \(kingsfund.org.uk\)](#)
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- ^{xiv} NHS England (2023) Paper for board meeting – 2nd February 2023 - NHS England Community Mental Health Transformation Programme – NHS partnership working with the third sector [board-2-feb-23-item-6-cmh-role-of-vcse-v2.pdf \(england.nhs.uk\)](#)
- ^{xv} Rethink Mental Illness (2021) Black, Asian and Minority Ethnic (BAME) mental health factsheet [Black Asian and Minority Ethnic \(BAME\) mental health \(rethink.org\)](#)
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- ^{xviii} Office for Health Inequalities (2023) Fingertips – public health data <https://fingertips.phe.org.uk/profile-group/mental-illness/data#page/1/gid/1938133369/pat/159/par/K02000001/ati/15/are/E92000001/yr/1/cid/4/tbm/1>
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