



Local authorities and the NHS Long Term Plan

Rethink Mental Illness and the mental health provider sector

December 2020 briefing



Our mission at Rethink Mental Illness is to improve the lives of people severely affected by mental illness and their carers. We do this as an active member of the Association of Mental Health Providers, working with other organisations who provide similar support.

2021 has the potential to be a transformative year for the people we represent, as well as the providers and commissioners that support them. From March next year, we will see the next stage of the roll out of the [NHS Long Term Plan \(LTP\)](#)¹ and the [Community Mental Health Framework \(CMHF\)](#).²

This could be a catalyst to remodel the way the NHS, local authorities, and providers work together to support people with moderate to severe mental illness and complex needs. As the CMHF starts to be delivered, organisations will need to work in partnership with one another, and the availability of community support will be key. Rethink Mental Illness aims to become a strategic partner with local authorities, the NHS and other providers, and to be an agent for change in that process.

We recognise that this potentially life changing moment for the people we represent comes at an extremely challenging time for local authorities. This briefing sets out the change that is about to take place, as well as our key ask and offer to local authorities.

- We are asking your local authority (and others nationwide) to protect the services they currently commission to support people moderately to severely affected by mental illness in the coming financial year. We and other providers are seeing an increasing of the services being withdrawn or reduced on or after 31st March. This could have a huge impact on the roll out of the CMHF.
- We are offering to help local authorities engage with and codesign CMHF with other organisations in your area and understand that local authority involvement in this process has been limited thus far. We will be holding a webinar on this topic in February next year. Nationally, we will continue to lobby for additional investment in local authority budgets to help you make the most of this opportunity.

Why does the NHS Long Term Plan and the Community Mental Health Framework matter?

Our Right Treatment, Right Time report³ set out a clear picture of the gaps in services for people severely affected by mental illness. For decades too many people had been told that they are too unwell for primary care but not unwell enough for more specialist services. For the first time, the CMHF in the LTP sets out a transformative vision to change this status quo and the mental health treatment adults receive in their community.

Under this plan, by 2023/24, all Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) will be delivering treatment to people with moderate to severe mental illness through integrated primary and community services. This model will use a place-based approach, supporting people in your community with moderate to severe mental health needs, as well as those with complex conditions and without a complex diagnosis.

It will be underpinned by £975m of transformation funding per year delivered through STPs/ICSs, coupled with increases in Clinical Commissioning Group baselines. A 4 week waiting time is being trialled and by 2023/24, 370,000 more people moderately and severely affected by mental illness can expect to receive treatment. The availability of non-clinical services will be fundamental to its success.

This means support in areas like finances, social interaction, independent living, crisis services, carers services, peer support and other services that help people severely affected by mental illness set and achieve their goals will all be vital. Rethink Mental Illness outlined how all these pillars of support for people severely affected by mental illness should look in our [Building Communities that Care](#) report.⁴

Partnerships between the NHS, local authorities and the Voluntary, Community and Social Enterprise (VCSE) sector will therefore be critical to the success of this model. Rethink Mental Illness and the mental health provider sector aims to work collaboratively with local authorities in making the transition to this new way of working.

What are the opportunities for local authorities?

Local authorities have the opportunity to be key partner in the delivery of the CMHF – you may have already been contacted by your local STP or ICS – and to co-design its shape and implementation.

We know that integration at a local level can be challenging to implement with barriers around different cultures, silos and processes alongside potentially challenging relationships and very difficult financial issues. The CMHF and our guide for STPs, [Thinking differently](#)⁵, sets out how some of these barriers can be overcome and how to move towards this new way of working.

Why are we contacting you now?

We recognise that investment in the new model for people severely affected by mental illness comes at an extremely financially challenging time for local authorities. We also understand that although a limited amount of investment was announced in local authority social care budgets at the Government's [Spending Review](#)⁶, you will be facing a variety of competing demands for these funds, and that it falls well short of the amount needed to meet the challenges facing social care.

With knowledge of the wider context in mind, given the potentially transformational impact of the CMHF could have from March next year, **we ask that your local authority makes the protection of the existing services it provides for people living with a mental illness a priority as you agree your budgets for the coming financial year.**

Rethink Mental Illness and other mental health providers have seen an increasing risk of contacts ending on 31st March 2021 or shortly after, with no exit plan for current provision. This means that many people could see the wider support they rely on withdrawn, and on which the success of the CMHF depends, at the time its roll out begins.

We are keen to do everything in our power to ensure that this once in a lifetime opportunity for people severely affected by mental illness is not missed. We recognise the need and welcome the opportunity for our services to change and adapt in this new environment, but are keen to ensure that the knowledge and expertise that our services, staff, and service users themselves is not lost at this crucial moment.

What are we offering?

At a national level Rethink Mental Illness and the mental health provider sector will continue to make the case for additional investment in mental health social care budgets as part of wider reforms to place the sector as a whole on a sustainable footing in the run up to the multi-year spending review we anticipate will take place next year.

1 NHS England, NHS Long Term Plan, January 2019

2 NHS England, The Community Mental Health Framework for Adults and Older Adults, September 2019

3 Rethink Mental Illness, Right Treatment, Right Time, November 2018

4 Rethink Mental Illness, Building communities that care: A blueprint for supporting people severely affected

5 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, November 2020

6 HM Treasury, Spending Review 2020, November 2020

We were pleased to be involved in & support the Department of Health and Social Care Covid 19 Advisory Group on Mental Health and Wellbeing, led by the Association of Mental Health Providers and the Association of Directors of Adult Social Services (ADASS). We were particularly encouraged that the [recommendations](#),⁷ of the Advisory Group's report provided explicit identification of the critical role of social care for mental health & of the need to restore mental health social care budgets to 2010/11 levels with £1.1bn investment. The Government's [Staying mentally well: winter plan 2020 to 2021](#)⁸ also contains a commitment to review and respond to these recommendations and we will continue to make the case for those to be implemented.

At local level, we aim to be become a collaborative partner with local authorities as these take place. Our services will work with local authorities now and in future in the spirit of collaboration that the CMHF envisages.

In February 2021 Rethink Mental Illness will be also be publishing a guide and holding an associated webinar on how local authorities can join up with the NHS on co-design and implementation of the CMHF, as well how to work with providers as part of that process.

We will draw on the knowledge and expertise of multiple organisations in putting that together, as well as our own experience in Somerset, which was selected as pilot site by NHSE for the CMHF. Rethink Mental Illness is a lead organisation in this process, alongside Somerset CCG, Somerset Partnership NHS Foundation Trust, and Somerset County Council



Case Study: Step Down Floating Recovery Service

Rethink Mental Illness recently took the difficult decision not to tender for a contract to run a step down floating support recovery service for the coming financial year, despite being the incumbent provider of a wider community and peer support service which was being replaced with floating support. Having reviewed the specification, we did not believe it was possible to deliver a safe, high quality service based on the terms offered, plus funders had insisted that the skilled workforce would not be protected under TUPE. This is a pattern that many providers are seeing across the country.

The service currently supports 100 people but under the new terms only 30 service users from three incumbent providers would be transferred over to this new service would support. Alongside this reduction in number of the people the service, we did not believe that it would be possible to deliver the service safely and at the highest quality based on the needs of local people, particularly given the wider delivery costs involved in the service.

After raising our concerns and the changing landscape that will come with the CMHF, the importance of retaining a skilled mental health workforce, and how the service could be involved, the tendering process was paused. We recently had confirmation that service will continue in its current form for the next 12 months. This shows the potential when knowledge of the change that the Long Term Plan will bring is shared, providers and local authorities can work in partnership.

In challenging circumstances during the pandemic, the service user case studies below (real names not used) show that the service has continued to provide invaluable support.

7 Mental Health and Wellbeing Advisory Group, Report of the Department of Health and Social Care C19 Task Force, September 2020

8 Department of Health and Social Care, Staying mentally well: winter plan 2020 to 2021, November 2020

Sarah

The service has been a tremendous help for me. I've known the member of staff that supports me for 6 years through going to group and 1-2-1 sessions. Although my 1-1 sessions have ended, she has continued to provide telephone support each week during the coronavirus outbreak. She has always been professional with me and very kind and helpful. She is caring and an ideal person to do the job. We also have a laugh. Without her ringing me each week during this time I would have been in a very dark place. Without that help I might not be alive today. She inspires me to get up and out of bed when she calls me and motivates me to make phone calls. She always lifts my spirits tremendously and is a credit to the service. I can't thank her enough for helping me.

Karen

I receive weekly support calls from my Mental Health Recovery Worker and have received support for several months. Although I haven't met her face to face I can really trust her and open up to her. The weekly support calls really help to lift my mood and motivate me to do things to look after myself. I can struggle to have a shower and open my curtains when I am in a low mood, but when I know she is ringing I try to have a shower before our call and sometimes manage to open my curtains during our call.

Now she knows me a bit better, she helps me to recognise signs that I am becoming unwell so I can get the appropriate support. She has also helped me on a practical level as I am struggling to manage my money and think I may be paying too much for my energy tariff. This has left me without enough money for my food shopping this month. She signposted me to Citizens Advice Bureau and found out the number for my energy provider and my daughter will support me to contact these. She also referred me to a food bank who delivered me a food parcel last week. As I will be on my own for Christmas this year, she has also nominated to receive a Christmas food parcel which is a lovely idea and will help me to feel better and celebrate a little over the Christmas period.

Further information

To discuss any of the issues raised in this briefing and how they relate to service provision in your area, please contact Richard.Walsh@rethink.org.

To register your interest in the guide and webinar, please contact Jonathan Moore, Head of Social Policy at Rethink Mental Illness, at Jonathan.moore@rethink.org.



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