

NHSEI national adult & older adult community mental health care webinars

NHS England and NHS Improvement (NHSEI) held a webinar on 17 March 2020 to share information and discuss the national vision for **transforming community mental health services for adults and older adults**, as set out in the NHS long term plan. This briefing summarises key information from the webinar. For a comprehensive overview of the information shared, we would advise trusts to listen to recordings from the webinar presentations in full, which can be accessed via NHSEI's **mental health, learning disabilities and autism COVID-19 response cell workspace**.

A subsequent webinar was held by NHSEI on 8 April 2020 to provide high level steers and advice on prioritisation of delivery of community mental health services for adults and older adults in the context of Covid-19. During this webinar, updated information was also shared on the timelines for the transformation programme, which have been reflected in the summary below. A recording of this latest webinar and further information for providers can be accessed via **NHSEI's aforementioned workspace**.

Key points

- The implementation of plans to transform community mental health services is planned over five years, with 2020/21 a key year of transition. Proposed timeframes for key milestones and activity for 2020/21 were outlined during the 17 March webinar, however have since been revised given the current context of Covid-19. NHSEI now propose beginning the national planning process in November 2020 and confirming successful proposals and detailing funding in February 2021, however NHSEI has stressed these timeframes will be kept under review.
- NHSEI stated spending CCG baseline funds, integration with PCNs, and planning for transformation as the three areas it expects systems to prioritise making progress on in the coming months, though the national team emphasised it is conscious that progress on this transformation work will be impacted by Covid-19 developments: the team will be speaking to regional teams about what is feasible given current pressures.
- More broadly, NHSEI advised systems to think about the following going forwards in advance of roll out in 2021/22: building relationships with system partners; planning workforce expansion; aligning with primary care transformation and the development of PCNs; inequalities and addressing needs of under-served groups; genuine co-production; and a fully transformational model encompassing primary and secondary community mental health services.
- Further information shared during the webinar included: the key features of models being trialled by early implementer sites; the draft principles for developing the four-week waiting time standard; and initial learnings gathered from early implementer sites.

- NHSEI proposed a number of immediate next steps to take following the webinar, which included:
 - the national team to continue to provide guidance and implementation support to regional and local teams
 - regional teams to coordinate regional events to share learnings from early implementer sites to support non-early implementer sites in each region
 - local sites to continue to learn from other early implementer sites in their region; prepare to submit bids and proposals; provide input to national to national team on developing four week waiting time standard; and drive physical health checks for people with SMI as a key priority.

Context

The [NHS long term plan](#) and [NHS mental health implementation plan 2019/20 - 2023/24](#) set out that the NHS will develop new and integrated models of primary and community mental health care. The new [community mental health framework for adults and older adults](#) describes the long term plan's vision for a place-based community mental health model in more detail, and how community services should transform, aligned with the new primary care networks (PCNs).

At least one 'early implementer' site per NHS region has received funding over 2019/20 and 2020/21 to test new models and four week waiting times. The sites are being supported with a national implementation support offer to help capture and spread learning. A list of early implementer sites and further information can be found [here](#). A phased implementation of new models across all STPs/ICSs in England will follow in subsequent years from 2021/22, supported by new transformation funding.

National community mental health programme

Targets for new and integrated models of care

There are three targets for new and integrated models of primary and community mental health care:

- 1 Provide integrated care to 370,000 people already receiving mental health support in the community (includes increasing access to services and testing new four week waiting times standard)
- 2 Increase number of people with severe mental illness (SMI) receiving physical health checks to 390,000
- 3 Improve access and treatment for people with specific needs: diagnosis of 'personality disorder'; early intervention in psychosis (EIP); adult community eating disorder services; mental health community based rehabilitation

Early implementer sites are focused on providing integrated care, and improving access and treatment for people with specific needs, however, NHSEI emphasised that all systems are expected, from now, to focus on increasing the number of people with SMI receiving physical health checks.

Key areas of consideration in early implementer site models

The following are the key features of models being trialled by early implementer sites:

- Integration with PCNs and primary care to improve transitions and continuity of care
- Developing partnerships with other organisations and providers, including social care and third sector
- Creating new roles and offering workforce development to existing staff
- Removing artificial barriers and thresholds for access to services
- Focussing on early identification and intervention
- Providing evidence based interventions including psychological therapies
- Creating choice for service users
- Improving inequalities
- Re-designing specialist services for patients with complex needs

NHSEI stated it intends to share more detail on how systems can include these features in their models in due course.

Principles for developing four week waiting time standard

Early implementer sites are expected to undertake testing for four week waiting times. NHSEI shared the following draft principles for developing the four-week waiting time standard:

Integration	<ul style="list-style-type: none"> • Address rather than maintain or entrench primary secondary care divide • Mitigate any negative impact on specialist community mental health evidence and standards • Integrate with local authorities, social care and the voluntary, community and social enterprise (VCSE) sectors
Robustness	<ul style="list-style-type: none"> • Ensure applicability to all adults and older adults with SMIs • Seek to address inequalities • Establish accurate baselines, and discourage gaming or workarounds • Consider follow up approach to 'did not attends' (DNAs)
User-centricity	<ul style="list-style-type: none"> • Ensure transparency around creation of potential internal waits • Avoid creation of perverse incentives • Prioritise 'need' over 'risk', and consider personalised approaches • Retain focus on meaningful interactions and interventions for users
Collaboration	<ul style="list-style-type: none"> • Involve professionals to ensure clinically meaningful standards • Heavily engage service users, family members, and carers across design and testing, and ensure genuine co production • Ensure clear communication and regular updates to all stakeholders
Adaptiveness	<ul style="list-style-type: none"> • Prepare for iterative testing of waiting time standards • Consider simultaneous testing of different standards for different patient subsets • Do not compromise on ambition due to longer term reporting concerns

NHSEI emphasised the testing of waiting times is exploratory, seeks to understand what is meaningful and deliverable within different timeframes, and will inform national discussions and subsequent decisions on next steps ahead of any potential roll-out in future years.

Learnings from early implementer sites

NHSEI outlined the learning it has gathered from early implementer sites across three key themes: spending CCG baseline funds; integration with PCNs; and planning for transformation.

With regards to **spending CCG baseline funds**, NHSEI emphasised:

- the majority of transformation funding has been spent on recruiting for new NHS posts and contracting with the VCSE sector
- early implementer sites have found workforce planning, recruitment and contracting takes time, with some having to undertake multiple rounds of interviews and look outside of traditional recruitment pools
- the need to plan building in genuine co-production with local communities and people with lived experience, as well as building up relationships with PCNs and other system partners as early on as possible.

With regards to **integration with PCNs**, NHSEI emphasised:

- alignment with local primary care is critical via the full involvement of local PCN clinical directors
- all systems should work towards a fully transformation model encompassing primary and secondary care community mental health services: the secondary and primary care offer needs to be rethought as part of this transformation.

With regards to **planning for transformation**, NHSEI emphasised:

- genuine partnership working with local authorities requires proactive efforts
- digital interoperability and integrated care records are key enablers to transforming models of care . Making progress in these areas is complex, requires input from Local Health and Care Record leads and cross-system thinking and planning.

The presentations from national leaders were followed by presentations from two local leaders of early implementer sites who shared their respective learnings:

- **The Somerset Mental Health Alliance:** Will Higham from Rethink Mental Illness presented on the establishment of the alliance, which is made up of 10 charities including Rethink, Citizen's Advice and AgeUK. The alliance is working at area level as opposed to running a county-wide model. Will stressed timescales have been a particular challenge. Will highlighted a number of key learnings, including: relationships need time to build; resources are needed to free up time for strategy and to do co-production; being out of touch during procurement processes was a challenge; culture differences between VCSE can be as large as between VCSE and other sectors.

- **Building new models on a primary care footprint:** Dr Jennie Joyce, clinical director of Forge PCN and associate clinical director of NHS Sheffield CCG, spoke about her site’s experience so far in building new models of community mental health care on a primary care footprint. The site has chosen to pilot its model using four PCNs with very different demographics. Jennie stressed moving from a referrals based system and bridging the current divide between primary and secondary care will take time. She also highlighted that there is a risk this work will increase levels of unmet need, and a key challenge will be delivering a consistent service while meeting the different needs of each PCN footprint’s populations.

Implementation timelines

The implementation of plans to transform community mental health services is planned over five years, with 2020/21 a key year of transition. Proposed timeframes for key milestones and activity for 2020/21 were presented by NHSEI during the 17 March webinar, however these have since been revised given the current context of Covid-19 (latest timeline outlined in the table below). NHSEI has stressed these timeframes will be kept under review, and it is conscious that progress on this transformation work will be impacted by Covid-19 developments and it is keen to work with local areas to give them the support they need and avoid placing any additional pressure on them.

March 2020	<ul style="list-style-type: none"> • National end of year 1 webinar - sharing vision and initial learnings from early implementers
Sep 2020	<ul style="list-style-type: none"> • Follow up (online) event detailing national process for transformation funding • Ongoing release of online resources, learning and guidance to support planning and bidding process • Regionally-led support events to continue/commence
Nov 2020	<ul style="list-style-type: none"> • Begin national planning process • First draft of proposals submitted via regional teams • Feedback on proposals and iterations over winter period; final drafts submitted
Feb 2021	<ul style="list-style-type: none"> • Confirmation of successful proposals and detailing funding • End of year 2 national event - finalising learning from early implementer sites • Confirmation of national support offer to all systems, informed by regional and local feedback
June 2021	<ul style="list-style-type: none"> • Release of Q1 and Q2 transformation funds to STPs/ICSS

What systems need to prioritise

NHSEI outlined three areas it expects systems to prioritise making progress on in the coming months (though NHSEI will be speaking to regional teams about what is feasible given Covid-19 pressures):

- **spending CCG baseline funds:** effective spend of 2020/21 CCG baseline funding uplifts to bolster community mental health provision for adults and older adults. NHSEI stated this should lead to increased investment and staffing in core and dedicated (eating disorders, mental health rehabilitation and 'personality disorder') community mental health services.
- **integration with PCNs:** all providers of community mental health services to put arrangements in place with PCNs by March 2021 to begin delivering services in an integrated manner. NHSEI emphasised the alignment of community mental health teams with PCN footprints is a key preparatory step ahead of systems receiving transformation funding.
- **planning for transformation:** Begin to plan for 2021/22 transformation funding ahead of formal process in Autumn 2020. NHSEI stated this should include system wide strategic and workforce planning; engaging local communities and people with lived experience; participating in regional transformation events; and assessing readiness plans to transform care for specific groups from 2021/22.

More broadly, NHSEI advised systems to think about the following going forwards, in advance of roll out in 2021/22:

- building relationships with partners: PCNs, local authorities, the VCSE sector
- planning workforce expansion, including making use of 'new' roles
- aligning with primary care transformation and the development of PCNs
- inequalities and addressing needs of under-served or ill-served groups
- genuine co-production with local communities and people with lived experience
- a fully transformational model encompassing primary and secondary community mental health services

Proposed immediate next steps

NHSEI set out a number of proposed immediate next steps for the national team, regional teams and local sites to take following the webinar, which included:

- **NHSEI national team:** continue to provide guidance and implementation support to regional and local teams. The team will also coordinate delivery of case studies and online sessions on a number of topics it was not possible to cover during the webinar.
- **NHSEI regional teams:** coordinate regional events to share learnings from early implementer sites to support non-early implementer sites in each region.
- **local sites:** continue to learn from other early implementer sites in their region; prepare to submit bids and proposals (in particular building up relationships with PCNs and other partners, and meaningfully

engaging with service users and carers); provide input to national team on developing four week waiting time standard; and drive physical health checks for people with SMI as a key priority.

Q&A discussion

A range of topics were covered during the Q&A discussion that followed the presentations, including:

- feasibility of proposed timelines for implementation
- challenges around trusts and PCNs building relationships and working together effectively
- funding challenges, particularly funding reaching the frontline
- how the care planning approach policy will be changed to reflect these new models
- how services can support people with ADHD, a learning disability or autism at risk of admission
- the need for clarity on who has ultimate clinical responsibility and putting in place appropriate support mechanisms

NHSEI stated its intention to follow up on the Q&A discussion with an FAQ-style document to provide further information and respond to the questions it was not possible to answer before the webinar ended. This document, a recording of the webinar and the presentation slides can all be accessed on NHSEI's [mental health, learning disabilities and autism COVID-19 response cell workspace](#).

Contact

For further information please contact Ella Fuller, policy advisor, ella.fuller@nhsproviders.org