

Learning from Somerset STP as an early CMHS implementor



1. Executive Summary

Over the last year, Somerset has co-produced a new model for community mental health with local people with lived experience of mental illness, health and social care professionals and local service providers from the NHS providers and CCG, local authority and VCSE sectors. **It is an ambitious model that is breaking down barriers between multiple agencies and wrapping care around their local population** and embodies the expectations set out in the NHS Long Term Plan and NHS England's subsequent Community Mental Health Framework. When the Coronavirus crisis hit, suddenly affecting everything within the NHS from frontline delivery to transformational plans, Somerset continued and even brought forward plans to reach their population of people living with moderate to severe mental illness.

This briefing sets out what these plans are, how they've changed within the current crisis and what some of the key lessons have been.

2. Background – the NHS Long Term Plan

The NHS Long Term Plan, published in January 2019, set out a bold vision for transforming community care for adults with severe mental illness. By 2023/24, at least 370,000 adults with severe mental illness will receive care from integrated primary and community mental health services – underpinned by £975m.¹ This newly redesigned model of community care should include improved access to psychological therapies for people living with severe mental illness, improved physical health care and access to support on employment, self-harm and substance misuse. Personalised and trauma-informed care will be key in all interventions and there will be a trial of a four-week waiting time to access community teams.

“People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish.” [NHS England's Community Mental Health Framework](#)

This transformation began with twelve pilot sites beginning to test and move towards this new way of working, including Somerset STP.

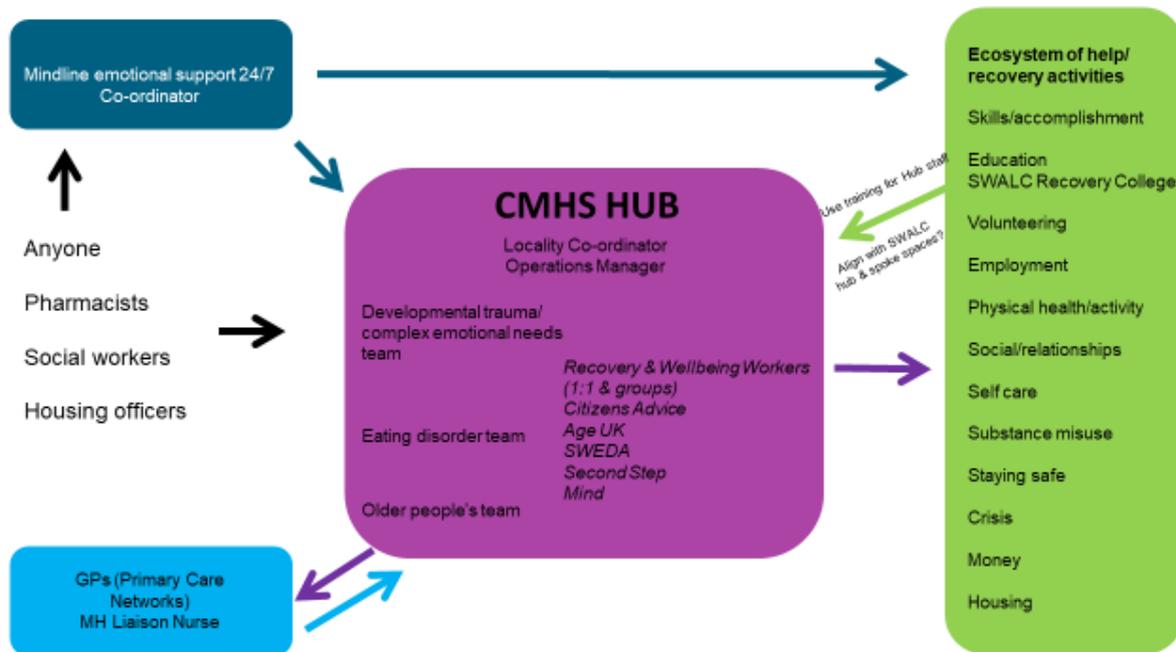
3. The Somerset model

A partnership between the NHS Trust, CCG and ten voluntary and community sector organisations, including Rethink Mental Illness and the local authority have co-produced with lived experience representatives 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. It aims to move beyond 'no wrong doors' to 'no doors at all', meaning people will be transferred to support from wherever they are within their community. This could be when they see their GP, when they call the local 24/7 helpline, see a pharmacist, social worker, nurse or housing officer, or at another place within the locality 'eco-system'. Once introduced into the system people will have options of joined up treatment and support according to their personal priorities, goals and needs, irrespective of which organisation manages the interventions. These services will include but are not limited to specialist clinical support and therapies, peer support, debt and money advice and support around housing.

¹ NHS England/Improvement (2019) [NHS Long Term Plan Mental Health Implementation Plan](#).

A **commitment to co-production** from the outset means that experts by experience have been involved as equal partners in the development of the model and way of working from the initial scoping stages. There are Expert by Experience Leader roles for people who strategically represent the priorities of service user and carer groups in key shared considerations and decisions about transforming experiences and options for people.



4. What has changed post COVID-19?

As Rethink Mental Illness’s recent survey has found, over three-quarters (79%) of people with pre-existing mental illnesses reported that their mental health had got worse or much worse as a result of the pandemic.² 42% said their mental health was worse because they were getting less support from mental health services.³

The Somerset partnership organisations recognised the urgency to bring forward elements of the model rather than waiting for the whole model to be finalised and every part of it fully developed. Discussions were had about what local experts by experience were saying was needed coupled with what could be delivered as quickly as possible. This resulted in enhancing and expanding a local 24/7 phone line to cover all ages. The phone line provides 30 minutes emotional support leading to warm transfers to an enhanced level of support, consisting of a range of new and existing local specialist interventions, much of which is currently now being delivered remotely due to social distancing restrictions. This is not only helping support people during the current crisis but reaching wider groups of people severely affected by mental illness who live in rural areas who otherwise might not have had access to this specialist support.

In addition, multi-disciplinary locality teams have been set up virtually, during social distancing regulations. These teams include staff from NHS, VCSE organisations and social care and are

² Online survey by Rethink Mental Illness of 1434 people with severe mental illness during April and May 2020.

³ Online survey by Rethink Mental Illness of 1434 people with severe mental illness during April and May 2020.

meeting weekly via video conference. There is also a practice development forum for exploring and discussing new approaches and shared learning.

A system wide capacity and demand modelling system is being worked up, across social care, health and VCSE, which will allow greater understanding of where pinch points are to enable a more responsive system and a strategic place based approach to commissioning – **however funding for this is an issue**. This is complex and additional resource to build this new whole system and integrated approach to demand and capacity modelling would be welcome. The system could then be shared with other areas adopting this alliance approach to community mental health.

5. What is working well?

Initial data currently shows after the helpline being up and running for 10 weeks:

- Total of 568 transfers to enhanced support so far, 429 went direct to the services, 95 through the helpline, 38 through the NHS and 6 through others. This really highlights the need for open access.
- Over half (54%) of those transferred through to enhanced support go on to receive ongoing support of some kind with 37% receiving a one-off intervention and the rest text or online peer forum.
- Over the 10 weeks there have been 3,246 calls to the helpline.
- The most number of calls, on average, are received between 8 and 10pm.

It is likely that these early successes have been because the following principles have been embedded:

- **It has been developed in true partnership with all bodies** – even in times of stress it has been vital for everyone to be seen as equal partners. It is governance and leadership ‘light’, yet we at Rethink Mental Illness are able to make quick decisions on behalf of others. Building trust has therefore been essential.
- **Co-production is the foundation:** there is strong confidence in the model because local people with real life experience of the system have been involved as equal partners. The power of **peer support** is also built into the model.
- **Recognition everyone brings crucial knowledge and expertise:** from national charities like Rethink Mental Illness, who were voted to lead the ten local VCSE groups, to small very local charities that really know their communities, to expert by experience leaders. The alliance is not, and cannot be, a closed shop and encompasses organisations who do not solely have a mental health focus.
- **A true culture of openness** and an agreement that it’s ok for people to disagree and get things wrong.
- **‘Record once and report light’** – The partners are working towards a more outcomes focussed approach recording patient experience rather than KPIs.
- **Developing one brand that any service, organisation or group can adopt:** People and organisations feel part of a mental health ‘ecosystem’.
- **Learning culture** – open and transparent and it is ok to make mistakes and you don’t need to have all of the answers at the beginning. The key is just starting, as if we tried to build a whole perfect and complete model before starting we would still be designing it.

6. What challenges have there been?

Challenges have been encountered in realising the ambition to have **one shared digital recovery plan** and outcome measurement. A key part of the transformation is VCSE and health colleagues both being able to use the same recovery planning tool with individuals. The challenges being encountered relate to NHS information governance for VCSE use of the trust HSCN line via VPN. Both

health and VCSE colleagues can see a way that this can work, but governance hurdles are blocking progress.

The partnership is moving towards a more **outcomes focussed approach to reporting that encompasses VCSE provision and is 'record once, report light'**. However in the short term a balance will need to be struck that allows this approach whilst also meeting national requirements to record KPIs with an NHS focus. Somerset would really welcome the opportunity to use their experiences and current reporting frameworks to shape national work on data collection measures and feed in how best we can demonstrate improvements in outcomes delivered by NHS and VCSE and with a reduced reporting burden.

As ever, there are **workforce challenges**. The NHS were able to fully recruit to the transformation model, however this has left gaps in core services. To mitigate, where possible they have skill mixed and strengthened roles such as assistant psychologists as well as hoping to develop a clinical associate psychologist role (plan to do first training cohort in sept now pushed back to Jan 2021). There is also more they want to do with peer roles, with a clear career path. The ethos has been to spread capacity across primary and secondary services, which appears to have been good for morale. The VCSE sector were also able to quickly stand up some elements of the model, including the enhanced remote access offer, by increasing existing part time staff hours, staff moving across partner agencies (secondments to work on 24/7 helpline), and use of volunteers.

There have also been challenges in bringing organisations together, particularly amongst the VCSE, due to the commercial nature and inherent competition. There was no approach to follow and people really struggle with the uncertainty, but Somerset has found a number of ways to address this including agreeing and signing up to a co-produced service model with experts by experience. Since the 24/7 phone line partly accelerates the national roll out of the plan, **it is now more urgent that all STPs have a tool kit to discover and harness the capabilities of their community**.

7. What's needed to roll out around the country?

- The local Somerset partnership are focussing on overcoming the challenges around introducing a **shared digital platform and in developing a capacity modelling system**. Both of which would set out Somerset as a trailblazer that could be replicated around the country but further funding is required.
- We are keen to work with **NHS England in developing further guidance** for other STPs on vital parts of the process in developing a new model of mental health care, such as how to co-produce with local people with lived experience and how do you set up an alliance of voluntary organisations in partnership with the NHS.

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