Rolling out the Community Mental Health Framework: the time is now

Eight key messages to support members to get involved in planning for community transformation across England

December 2020

The Community Mental Health Framework for adults and older adults (CMHF) is the guide that underpins how we are trying to work towards transforming our community mental health services across England. The framework describes how the Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.

Why are we sending this out now?

- This will affect the lives of patients, carers, and clinicians. All local areas (ICS/STP level) are working up their proposals for community transformation now, and psychiatrists should be involved in the process.
- If you're involved in the planning process with your ICS/STP, there is a small window left to influence, as local areas will be submitting their final plans by the 20th January 2021. For those who are not already participating in these conversations, now could be a good time to try and connect in with the process, and to prepare for upcoming changes for your service.
- These plans will set out how local areas will transform community care, implement the framework, and bid for the funding they'll need to do it.
- Rollout across the country will begin in 2021 (pilot sites have already been implementing the framework this year).

What can you do to make a difference?

- Speak to your trust about the plans for improvement.
- Get involved in your planning process and reach out to offer your clinical expertise, thinking about patients in your local area whose needs are not currently being met, as well implementation of NICE concordant care.
- Start preparing for implementation, thinking about what this will mean for you and your patients and laying the foundations for upcoming changes.
- As well as the CMHF itself, more detailed guidance to support implementation from NHS England and NCCMH will be available early in the new year, which should help local areas put their plans into practice. There is also this guide for STPs or ICSs in implementing the CMHF from Rethink Mental Illness. Plus relevant College position

statements and reports which are listed at the end of this document. Please read and use this guidance, and share it with your networks.

What else is the College doing on this?

- We will also be focusing on the CMHF through a new College initiative we have set up called the College Engagement Network. This network will help us work more closely on policy issues with our members at a local and regional level. For more information on the College Engagement Network, or on the CMHF, please contact: rosanna.flury@rcpsych.ac.uk

Eight key messages: CMHF

1. **This framework is whole system and the patient journey is paramount**
   It will involve changes to the whole system, and will mean finding new ways to work across primary, secondary and community services within the NHS, and with many other partners outside the NHS. It is intended to improve care for the whole spectrum of mental health problems, importantly including those with the most severe and complex problems, and particularly those who currently fall through the cracks. This will require an ambitious change in how care is provided in all local areas in England, and will require new collaborative working, and planning for care across both local and wider footprints.

   The key for the framework is to ensure collaboration and seamless working with mental health trusts, primary care and primary care networks, VCSE colleagues, housing, social care, acute care trusts and all the other services that are essential to supporting people to live the best, socially included, meaningful lives possible.

2. **Support, care and treatment based on complexity**
   The framework advocates a flexible structure for the delivery of services, accommodating people's changing needs over time. It uses the term 'complexity' to capture the different requirements for services that people with mental health problems may have, ranging from 'less complex' to 'complex' and to 'more complex'. It also uses the term to inform the development, structure and delivery of services required to meet problems of differing complexity.

   The terms 'less complex', 'complex' and 'more complex' are not intended to be fixed categories or long-term labels – people may move between levels of complexity as their needs change.
   The framework defines complexity as cumulative, and based on the following factors: 1) nature, duration and severity of mental health problems (including comorbidity and neurodevelopmental disorders) 2) co-occurring drug and alcohol-use disorders 3) problems associated with ageing, such as frailty 4) nature, duration and severity of coexisting physical health problems 5) availability and quality of personal and social support and networks 6) associated functional impairment 7) effectiveness of

current or past treatment and support 8) services' ability to engage with people and be accessible.

3. **Better serving those with complex needs and bringing together specialist services**
   These services should be delivered mainly by specialist multi-disciplinary teams who operate on a wider footprint than a primary care network and are included as a critical to planning and delivery. In particular these services should cater for those with complex needs including complex mental health problems leading to a diagnosis of personality disorder, eating disorders, those with dual or multiple diagnosis and those with mental health rehabilitation needs. Implementing the CMHF will require careful thinking on developing new pathways with specialist services.

   For example, each locality should have an adequately staffed and resourced specialist community mental health rehabilitation team to deliver and co-ordinate appropriate NICE concordant treatment. These teams should care for people with complex psychosis living in health and social care funded placements in supported accommodation, in particular for those in 24 hour staffed supported accommodation. There should also be resourcing for specialist community eating disorder teams, who can provide timely and NICE concordant treatment and care. Eating disorder teams should work closely with physical healthcare, trauma, and drug and alcohol services, and have timely access to psychological therapies through collaboration and joint working. These teams should also work together where needed, for example in the case of rehabilitation for patients with severe and chronic anorexia nervosa.

4. **Supporting high quality, NICE concordant care**
   We can use this framework as an opportunity to help support high quality care for patients by ensuring wider implementation of NICE guidance, and highlighting its importance in planning for services. The framework highlights the need for the provision of NICE-recommended psychological therapies to be seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence-based care in a timely manner within this new community-based mental health offer. There are also many guidelines that are relevant in this context, including: NG53, CG136, NG181, CG178, CG78, NG181, NG69

5. **Understanding the needs of our local population**
   The CMHF focuses on understanding needs within the local population, and really has this at its core. Although data isn't always available there are valuable sources of information that can be assessed easily by clinicians such as NHS Benchmarking data, Public Health JSNA, CQC area data profiles and PHE fingertips. We should think creatively to understand the needs of our population and co-produce service design with them, ensuring we're targeting support to serve them adequately and meet their needs. The AMHE tool can also help support in identifying needs and advancing mental health equalities, including age inequalities**.**

6. **Making the most of the new roles in the system and building relationships with new teams**

New roles are being recruited to help support us in secondary and primary care, for example peer support workers, social prescribing link workers/community connectors, and physicians associates. We also need to be prepared to forge close working relationships with colleagues in other services and organisations. For example, enabling stronger links with primary care to help ensure physical health checks for those with SMI and provide timely support for GPs in managing people with complex problems. Or, for example with regards to managing transitions between services. It is expected that these workers can support patients across all levels of complexity, with the appropriate levels of support

7. **Thinking about process, access and outcomes**
   We can think of the CMHF in terms of process, access and outcomes. Process focuses on the practical steps to forge new models of care, for example working with GPs or the VCSE sector. Access focuses on who we're helping and how we're ensuring access to services, for example for vulnerable groups such as those with complex needs. Outcomes focuses on what we want to see changing and what outcomes we should be seeing to know if new models are working.

8. **Making use of lessons from the CMHF early implementer pilot sites**
   There are 12 early implementer sites who have been implementing the framework this year. They can be found here. Insight and good practice sharing on how they've been working to implement the framework and new models of care can be found here.

Relevant College reports and position statements:

- Why QI? A guide to quality improvement (rcpsych.ac.uk)
- Services for people diagnosable with personality disorder (PS01/20) (rcpsych.ac.uk)
- Frailty: Ensuring the best outcomes for frail older people (PS02/20) (rcpsych.ac.uk)
- Caring for the whole person CR222 | Royal College of Psychiatrists (rcpsych.ac.uk)
- CR218: Bridges not walls: Good practice guidance for transition and cooperation between mental health services for older patients (rcpsych.ac.uk)
- CR221: Suffering in silence: age inequality in older people's mental health care (rcpsych.ac.uk)
- Improving core skills and competence in risk assessment and management of people with eating disorders: What all doctors need to know (PS04/20) (rcpsych.ac.uk)
- Early intervention for eating disorders (PS03/19) (rcpsych.ac.uk)
- MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa (2nd edition) (rcpsych.ac.uk)
- The role of liaison psychiatry in integrated physical and mental healthcare (PS07/19) (rcpsych.ac.uk)
- Delivering the NHS Long-Term Plan's ambition of ageing well: Old age psychiatry as a vital resource (rcpsych.ac.uk)

- CR222: Caring for the whole person: Physical healthcare of older people with mental illness (rcpsych.ac.uk)