

## Written evidence submitted by Rethink Mental Illness (MHS0007)

1. Rethink Mental Illness is the charity for people severely affected by mental illness. No matter who a person is or how bad their situation has got, we are here to help them get the information and support they need to live a better life. We work tirelessly to ensure people living with mental illness and their carers are listened to, treated fairly and have easy access to services that meet their mental health needs and wider physical health, financial, housing, work and volunteering needs. We do this by providing own services to tens of thousands of people every year, campaigning on a local and national level, and working with a wide range of other organisations to create communities that care.
2. Rethink Mental Illness welcome the Health and Social Care Committee's Expert Panel evaluation of the government's commitments around mental health, and the invitation to share our evidence and views. We are pleased that this includes key commitments relating to improving support for those living with severe mental illness (SMI), which will form the focus of our evidence.

### Summary

3. Continuing to prioritise the commitment to provide 40% of people with SMI full annual physical health checks and its extension to 60% of eligible people into 2023/24 is crucial in ensuring early intervention and action on preventable physical health conditions. Further investment is vital to allow for the continuation of outreach programmes, ensuring progress towards the extended target.
4. The commitment to integrate community models for adults with a severe mental illness has been followed closely at Rethink Mental Illness given our considerable work in this area, most significantly our involvement in the Somerset early implementor site. Early indications suggest that meaningful improvements are possible when a whole-system approach is taken, particularly where local authorities and VCSE organisations are meaningfully involved in this transformation. The government must set out reforms that address the broader challenges facing social care including an appropriate funding settlement in the upcoming Comprehensive Spending Review
5. The target to reduce the average length of stay in inpatient settings to 32 days is an important metric but clear evidence-based standards around what therapeutic offers should be provided would be welcome, alongside broader standards against which we can measure improved patient outcomes and improved experience of care. NHS England's previously unmet commitment to eliminate inappropriate out-of-area placements should be extended, supported by additional funding for supported housing services.

### **6. 280,000 people with SMI will receive a full annual health check**

- 6.1 People with serious mental illnesses like schizophrenia die, on average, 20 years earlier than the rest of the population.<sup>1</sup> As a result, physical health of people with severe mental illness is a key priority for Rethink Mental Illness and a cornerstone of our [communities that care](#) vision of community mental health support.
- 6.2 Together with the Centre for Mental Health, we lead Equally Well UK, an international initiative seeking to promote and support collaborative action to improve physical health among people with a mental illness. As Rethink Mental Illness and through Equally Well, we have produced resources to support and improve the delivery and experience of Physical Health Checks. We have also produced our own resources, including our recently launched [Physical Health Check tool](#), to support people with SMI before, during and after a Physical Health Check.

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<sup>1</sup> Rethink Mental Illness (2013) [Lethal discrimination](#), p.1.

**Was the commitment met overall? Or (in the case of a commitment whose deadline has not yet been reached) is the commitment on track to be met?**

- 6.3 The Five Year Forward View for Mental Health outlined the Mental Health Taskforce expectation for 280,000 people, or approx. 40% of eligible individuals, to receive a full Physical Health Check each year by 2020/21. This target was extended to 360,000, or approx. 60% of eligible individuals by 2023/24 within the NHS Long Term Plan.
- 6.4 The approach to delivery of Physical Health Checks varies from place to place. Some areas have worked to develop bespoke approaches, which are reflected in completion of Checks. Before merging into North East London CCG in April 2021, City and Hackney CCG was one of the few areas consistently reaching the extended 60% target for the delivery. In 2018-19 they achieved the highest annual physical health checks in England with 71.6%. This was achieved by: standardising health checks; unifying data systems; employing healthcare assistants (HCAs) to work across secondary and primary care and to make home visits to the most vulnerable; and linking health checks to wellbeing interventions such as Core Sport.<sup>2</sup>
- 6.5 Other areas have introduced new practitioners such as the Cambridgeshire and Peterborough CCG. Here, they have introduced a new role focusing on the delivery of Health Checks and specialist monitoring of eating disorders.<sup>3</sup>
- 6.6 The past year saw historic lows for the delivery of Physical Health Checks, with only 23.4% of (or 121,030) eligible individuals received them in the year 2020/21<sup>4</sup>, ultimately missing NHS England's target of 280,000. The context of the COVID-19 pandemic cannot be ignored here - NHS England deprioritised the checks at the beginning of the pandemic and related restrictions made their delivery challenging.
- 6.7 However, it is important to note that targets were also missed in the year 2019/20. In 2019/20 only 35.8% of eligible individuals received a full Physical Health Check. Capacity in primary care is usually cited as the reason however, more ambitious targets for health checks for people with Learning Disabilities were met.
- 6.8 Physical Health Checks were reprioritised by NHS England from April 2021 and all six elements are now included within the Quality Outcomes Framework for General Practice. It is hoped that this will improve the delivery of Physical Health Checks moving forward. Government may want to consider further action to explore and address specific barriers to Checks in primary care to ensure that achievement of the extended 2023/24 target is realistic and meaningful.

**Was the commitment effectively funded (or resourced)?**

- 6.9 There was initially limited specific investment in Physical Health Checks for people with severe mental illness, but the commitment is supported by increases to ringfenced mental health CCG baseline funding from 2019/20 onwards. It is now incorporated within the Adult Mental Health (SMI) Community Care Total from 2021/22 onwards. Additionally, changes to the Quality Outcomes Framework have seen the inclusion of all six elements requiring fulfilment for GPs to receive baseline funding.

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<sup>2</sup> NHS City & Hackney CCG (2019) [We are HSJ Award Winners!](#)

<sup>3</sup> Equally Well (2020) [Severe mental illness patient annual health check service & eating disorder medical monitoring specialist health care assistant role.](#)

<sup>4</sup> NHS England & NHS Improvement (2021) [Physical Health Checks for People with Severe Mental Illness.](#)

- 6.10 Furthermore, the government provided £5m of investment within its Mental Health Winter Plan for 2020/21. This was extended by the COVID-19 Recovery Action Plan, with £14m of investment for physical health outreach programmes aimed at those with severe mental illness. We welcomed this investment to promote delivery of Physical Health Checks for people with severe mental illness.
- 6.11 The funding has supported the introduction of outreach schemes, often led by the voluntary, community and social enterprise (VCSE) sector, which support people severely affected by mental illness to access their Physical Health Check. NHS England commissioned Equally Well UK to develop some best practice on this and a guide to this effect has been developed: [Top tips for engaging people in health services](#) as well as a series of webinars. There is further outreach work that is being completed by Equally Well currently, to obtain qualitative data on how funding has been spent. This is still an ongoing piece of work, but we are hopeful that this could provide additional insight into best practice for engaging people with severe mental illness around physical health. This is crucial for ensuring further progress against this commitment, as we hear anecdotally that some systems have found it difficult to use the money as they didn't have the processes in place to engage people with severe mental illness.
- 6.12 We are beginning to see progress towards NHS England's target - 27.1% of people on the severe mental illness register receive full Physical Health Checks, a 5% increase on six months before. Some areas are excelling, with 18 CCGs making increases of 10% or more in the last quarter of 2020/21, with five of these improving by over 20%. These positive developments may reflect the funding that has been allocated to outreach programmes, but further progress is needed to reach this remains target.
- 6.13 Funding must be extended by the upcoming Spending Review to ensure continued progress towards the NHS England target in line with the expansion of the commitment to 60% of eligible individuals receiving a Check and the extension of the related timeline to 2023/24.

#### **Did the commitment achieve a positive impact for people living with mental ill health?**

- 6.14 Significant and promising progress has been made towards establishing and beginning delivery of physical health outreach programmes, and the impact of this work is starting to be reflected in advancement towards the 60% target in several CCG areas.
- 6.15 The data that is currently available presents difficulties in tracking outcomes from Physical Health Checks, such as identifiable pathways following the checks. NHSX have outlined plans to improve data collection around Physical Health Checks to track individual outcomes both in terms of the delivery of checks, follow-up interventions and following patient's subsequent journeys through the system. This level of data is required to give a full assessment of the commitment and its impact.
- 6.16 It is crucial to highlight that this commitment is a welcome step in detecting early signs of preventable physical health conditions so that they can be addressed. In theory this tool then leads to effective treatment which ultimately leads to people with severe mental illness having an improved life expectancy. We would not expect to see this reflected so soon after the commitment has been made.

#### **Was it an appropriate commitment?**

- 6.17 Rethink Mental Illness welcomes the commitment and its extension into 2023/24. Given the well documented poor physical health outcomes and premature mortality among those with severe mental illness this commitment is important and appropriate.<sup>5</sup> It is a key tool in ensuring early intervention and

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<sup>5</sup> Public Health England (2018) [Severe mental illness and physical health inequalities briefing](#).

action on preventable physical health conditions and we support efforts to encourage progress towards the NHS England target.

- 6.18 Given signs that physical health of people with severe mental illness may have worsened during the COVID-19 pandemic it has never been more vital that this target is met. A survey by Rethink Mental Illness in May 2020 found that people with severe mental illness report exercising less and eating less healthy food under lockdown conditions.<sup>6</sup> As we emerge from restrictions, it is crucial that people with SMI are supported to deal with physical health issues that may have emerged in the backdrop of the pandemic. Outreach around physical health driven by the VCSE sector will play a key role in supporting GPs to deliver key commitments as primary care recovers from the pandemic.
- 6.19 Rethink Mental Illness welcomes more emphasis on the onward journey and on Physical Health Checks as a first step on a journey towards better physical health. Those with SMI should be able to access appropriate follow-up support for weight management, physical activity, etc that is tailored to their needs and provided within a reasonable timeframe.
- 6.20 In the longer term, we should see progress reflected in Premature Mortality statistics, which currently paint a stark picture. People with severe mental illness are three and a half times more likely to die before age 75, and this is even higher for those with certain conditions.<sup>7</sup>
- 6.21 Therefore, continuing to prioritise and fund this commitment is essential. Further investment is crucial to allow for the continuation of outreach programmes, ensuring continued progress towards the extended target.

## **7 New integrated community models for adults with a severe mental illness [delivery date is 2023/24]**

- 7.1 In summer 2019, Rethink Mental Illness launched our [Building Communities That Care](#) report that set out our vision for integrated community models of care. In this, we emphasise the importance of wider support for broader determinants of poor mental health such as supported housing, employment support and welfare and debt advice that can help people to stay well in their local communities. It was subsequently referenced in NHS England's Community Mental Health Framework.
- 7.2 Somerset STP is an early implementer site for the Community Mental Health Framework. Rethink Mental Illness have been heavily involved there as the lead accountable organisation for a VCSE alliance that has worked with the NHS, local authorities, and those with lived experience to create a new model of community mental health provision called Open Mental Health.
- 7.3 Based on the lessons of Somerset and other early implementer sites, we have since produced two step-by-step guides, [Thinking Differently](#) and [Keep Thinking Differently](#) which set out how the NHS can deliver their community mental health transformation working in partnership with the local authorities, the VCSE sector and experts by experience. Our Community Mental Health Unit is now working to deliver transformation in a number of areas across England, supporting community development, partnership between the NHS and VCSE sector, alliance building within the VCSE sector and co-production with experts by experience.

**Was the commitment met overall? Or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?**

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<sup>6</sup> Rethink Mental Illness (2020) [The impact of COVID-19 lockdown measures on the physical health of people living with severe mental illness](#)

<sup>7</sup> Public Health England (2018) [Excess under 75 mortality rate in adults with severe mental illness \(SMI\) 2016-18.](#)

- 7.4 NHS England have made clear their ambitions for systems to have implemented the vision set out in the Community Mental Health Framework by 2023/24. Investment to support delivery of this commitment only entered the system England-wide in April 2021, therefore, implementation is only beginning across most of the country. However, early lessons are beginning to emerge from these areas, and it is possible to draw out more detailed learning from early implementer sites who are further along in this process.
- 7.5 The Community Mental Health Framework makes clear its ambitions for integrated, person-centred models of care, addressing an individual's clinical and social needs through joined up working between the NHS, local authority and VCSE sector. Early indications suggest that only a minority of areas are taking a truly transformative, whole system approach. In some ICSs, investment is being concentrated on the NHS, instead of realising NHS England's ambition for a significant portion of this investment to reach the VCSE sector.
- 7.6 Rethink Mental Illness's Community Mental Health Unit also report difficulties involving local authority partners in this work. Capacity and funding pressures in social care are a barrier to inclusion of local authority partners within local transformation planning and delivery, highlighting the need for longer term investment and reform addressing the broader challenges facing the social care sector.
- 7.7 Systems have begun their transformation amid one of the most tumultuous periods in the history of our health and care services. The onset of the pandemic presented a series of challenges, some areas saw redeployment of staff working on community mental health transformation to COVID-19 planning and operations. Those that remained had to adjust quickly to remote working and the challenges presented by illness and self-isolation requirements.
- 7.8 COVID-19 appears to have made less of an impact where whole system working was embedded, as has been the case in Somerset. As an early implementer site, partners in Somerset used the opportunity of the pandemic to leap into action and begin service delivery earlier than planned. Discussions with those who have lived experience of severe mental illness drew out what was needed and could be delivered to respond to mental health need in the context of the pandemic. This resulted in enhancing and expanding a local 24/7 phone line to cover all ages. The phone line provides 30 minutes emotional support to individuals experiencing distress, leading to warm transfers to an enhanced level of support where appropriate, consisting of a range of new and existing local specialist interventions. This is not only helped to support people during the crisis but also aided in reaching wider groups of people, such as those who live in rural areas, who otherwise might not have had access to this specialist support.

#### **Was the commitment effectively funded (or resourced)?**

- 7.9 NHS England's commitment to introduce new integrated models of community mental health care is supported by at least £2.3bn per year of investment until 2023/ 24. Almost £1bn per year is dedicated transformation funding, with the rest supporting increases to CCG baselines. It is vital that this investment is delivered in full within the upcoming Comprehensive Spending Review.
- 7.10 In 2018, Rethink Mental Illness and the IPPR published [Fair funding for mental health](#), which recommended £4bn of additional investment for mental health to meet demand. Although the funding provided falls short of this recommendation, it remains a landmark investment and is seen as significant within the system. This will enable significant progress in areas where the funding is applied and utilised as intended.

- 7.11 Rethink Mental Illness's lessons thus far indicate that the level of funding is less important than the stakeholders involved in making decisions as to where that funding goes. Resultantly, only if the funding is going to the right places can it deliver truly transformational results.
- 7.12 Prior to funding entering the system in April 2021, systems were required to demonstrate that their plans would meet NHS England's expectations in key elements of the transformation, including partnership working between the NHS, local authorities and VCSE sector partners, and co-production of these new models of care with those who have lived experience of mental illness. In practice, our experience suggests that progress on this has been varied.

#### **Did the commitment achieve a positive impact for people living with mental ill health?**

- 7.13 Given the early stages of implementation it is too early to tell what the impact of this commitment will be, particularly regarding equity of access and outcomes. In Somerset, partners are still working with the local population to improve their reach into underserved communities and to establish effective systems of impact measurement and evaluation.
- 7.14 Initial data suggests we are beginning to see a range of positive impacts for people with moderate to severe mental illness and complex needs. Service data alongside staff and service user testimonies indicate that people: have better and easier access to services; are accessing support more quickly; have improved support around wider determinants of poor mental health such as housing, benefits, and debt; and are no longer "bouncing around the system" or "falling through gaps in support."

#### **Was it an appropriate commitment?**

- 7.15 We strongly welcomed NHS England's commitment to deliver new, integrated models of community mental health care. This represents a once-in-a-generation opportunity to transform the mental health support available in our communities. However, it is important to note that success will rely on systems truly realising the vision set out in the Community Mental Health Framework.
- 7.16 Early indications suggest that meaningful improvements are possible when local stakeholders commit to partnership working, information-sharing and a whole system approach, building up not just the NHS but the wider ecosystem of support.
- 7.17 It is also crucial to recognise other important elements that will determine the success of this commitment. Even in areas where a whole-system approach is taken, the continuing challenges facing our social care system is compromising the meaningful involvement of local authorities in this transformation.
- 7.18 While we are pleased that the government is taking long-awaited action on social care, the proposals thus far are a distant cry from the detailed plans promised by the Prime Minister in December 2019. One in every £12 spent on social care goes toward mental health social care support.<sup>8</sup> Therefore, no plans for reform can be considered comprehensive without it.
- 7.19 The government must set out reforms that address the broader challenges facing social care within its upcoming white paper on adult social care. Within this, the government must detail how social care reforms will meet the needs of those severely affected by mental illness. This should be supported by an appropriate funding settlement that goes further than just a cap on care costs and changes to means testing within the upcoming Spending Review.

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<sup>8</sup> NHS Digital (2021) [Adult social care activity and finance report, England – 2019-20](#).



## **8 The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital**

- 8.1 For the past 6 years, Rethink Mental Illness has been commissioned by NHS England and NHS Improvement to deliver a national network of involvement and co-production groups for people in adult medium and low secure services. This Recovery and Outcomes network brings together people in services, staff, leaders, and commissioners to share ideas, discuss shared challenges and solutions and to influence local and national policy and the design and delivery of secure mental health services.
- 8.2 At Recovery and Outcome Groups we hear about the importance of the interventions and activities that people receive to support their recovery and achievement of their personal health and other outcomes. People tell us about the importance of the whole spectrum of activities, from clinical care, psychological and occupational therapies to other social activities, such as vocational opportunities. People tell us that these are all crucial to becoming well again and to staying well and to rebuilding their lives. They also tell us how challenging it can be to receive them in a timely way and in the way that is best for them. Workforce issues, underinvestment, inappropriate provision, and a lack of co-production in the design and delivery of interventions are often cited as reasons for this.
- 8.3 A few years ago, the Recovery and Outcomes network participated in the development of a CQUIN to support adult secure services to provide at least 25 hours of 'meaningful' activity a week to all service users. This was a challenge for many services, but one which has had a very real impact on people's lives. It has encouraged spending by providers to innovate and be more creative with regards to their activity offer, leading to better outcomes and experiences for many.

### **Was the commitment met overall? Or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?**

- 8.4 This commitment is accompanied by a clear target to reduce the average length of stay in adult acute mental health settings to 32 days.
- 8.5 Delivery towards this commitment has only recently begun, but it is important to note that our research has indicated that COVID-19 had an extremely detrimental impact on access to and delivery of therapeutic services in secure care settings. While most services were eventually able to rise to the challenge of the pandemic, progress was slow and the offer in many settings is yet to return to what it was pre-pandemic. Investment in technology has been crucial.

### **Was the commitment effectively funded (or resourced)?**

- 8.6 Resource is key in providing an appropriate variety of therapeutic interventions, so the attached investment will be crucial.

### **Did the commitment achieve a positive impact for people living with mental ill health?**

- 8.7 Therapy is crucial to people's successful recovery. As we have outlined, it's difficult to measure currently given the nature of the commitment being new and lacking corresponding standards for provision of therapies or patient outcomes and experiences more broadly.
- 8.8 Rethink Mental Illness recommends the [NICE guidelines for Occupational Therapy](#) to be followed as a first step and their implementation measured to ensure a positive impact for people living with mental illness.

### **Was it an appropriate commitment?**

- 8.9 . The target to reduce the average length of stay in inpatient settings is an important metric but cannot on its own reflect an improved therapeutic offer or better outcomes and experiences for individuals. There is currently an expectation that people receive a minimum of 25 hours of 'meaningful' activity a week as well as appropriate and timely psychological therapy. Building on this CQUIN with clear evidence-based standards around what therapeutic offers should be provided would be welcome, alongside broader standards against which we can measure improved patient outcomes and improved experience of care. Without standards, it is left to providers to make decisions about what services are available, leading to significant variation.
- 8.10 This commitment was set out in the NHS Long Term Plan as an ambition to achieve by 2023/24. Prior to this, the ambition set out by the Five Year Forward View for Mental Health was for the elimination of inappropriate acute out-of-area placements by the end of March 2021.
- 8.11 Inability to discharge patients who are well enough to leave hospital can lead to others being sent far from home for treatment. Sending patients out of area to receive treatment is not only more expensive for the NHS but can harm recovery by treating individuals far from their family, friends, and local community.
- 8.12 Unfortunately, this ambition was not only not met, but the past year has instead seen an increase in the number of out-of-area placements. In March 2021, the number of active inappropriate out-of-area placements stood at 670, higher than when data collection against this target began in late 2016.
- 8.13 Difficulty in achieving this does not fall entirely at the feet of NHS England. People are sent out-of-area for treatment due to a lack of beds available locally, and the inability to free up beds by discharging of those people who are no longer receiving therapeutic benefit from being in hospital. This is frequently due to a lack of available social care support in their local community. Between May 2020 and April 2021, there were a total of 37,051 days of delayed discharge due to inpatients awaiting supported accommodation.
- 8.14 Mental health social care services are required to ensure the provision of the services that local authorities have a duty to provide, including section 113 aftercare under the Mental Health Act.
- 8.15 NHS England must continue its ambition to eliminate appropriate out-of-area placements. However, to meet this ambition, government must also fund supported housing services. The £87m discharge funding for 2021/22 provided in the COVID-19 mental health and wellbeing recovery action plan been critical this year to help address this critical issue. At a minimum, this funding needs to continue for the next three years, as the Government sets out plans for longer term funding and reform to address the broader challenges facing the social care system.

[For more information regarding this submission please contact Harvey Crawford, Policy Manager \(Health and Social Care\) at Rethink Mental Illness.](#)

**Oct 2021**