

# Community Mental Health Services

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February 2025

## About us

The [NHS Confederation](#) is the membership organisation that brings together, supports, and speaks for the whole healthcare system in England, Wales, and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care, and reducing health inequalities.

We are a networked organisation, with different networks that represent and support different parts of the NHS system (including a network for Integrated Care Systems). Our [Mental Health Network](#) is the voice for NHS-funded mental health services from across the statutory, independent and third sectors. It works closely with our Acute, Primary Care, ICS and Community Network (the final of which we run in partnership with NHS Providers), to understand the key challenges facing our members relating to mental health and identifying solutions.

## Executive Summary

In many parts of the country, mental health service leaders and commissioners are working effectively with local partners to better meet the needs of adults with severe mental illness.

Against the background of a tough financial position and rising demand for services, transforming community mental health services is challenging. It continues to be the case that community mental health services need improvement.

The common thread where good and innovative practice is present is strong relationships across sectors and a holistic approach to meeting what people need to support them to live well in their communities.

A reformed Mental Health Act should reduce coercion, particularly for those communities disproportionately detained, and improve quality of care for those detained. However, reductions in detentions comes with a greater need to ensure the quality and access to community services.

## What does high-quality care look like for adults with severe mental illness and their families/carers?

1. In 2022, the NHS Confederation's Mental Health Network commissioned the Centre for Mental Health to engage with a wide range of stakeholders, including people with

lived experience of mental illness, to identify a vision for mental health, autism and learning disability services in ten years' time.<sup>1</sup>

2. The vision identified the key principles that should be reflected in mental health services by 2032 including the provision of care closer to home, supporting people's wider needs including physical health, housing, social care, employment, and proactive care that helps reduce the risk of crisis.
3. The vision also identified three key enablers to its delivery:
  - 1) Sustained and sufficient investment
  - 2) Effective long-term workforce development and planning
  - 3) A deep commitment to large-scale reform, innovation and change.

### **How could the service user journey be improved both within community mental health services and in accessing support provided by other services/agencies?**

4. Improving access and outcomes requires an integrated approach that brings together the NHS, social care and the voluntary, community and social enterprise (VCSE) sector to ensure support is holistic, joined-up and responsive to service-user need. Integrated Care Systems (ICS) are well placed to drive this kind of holistic support.
5. Since the Fuller stocktake,<sup>2</sup> there has been a particular focus on integration at the neighbourhood level within the NHS. Integrated Neighbourhood Teams (INTs) see health and care professionals working together with VCSE organisations and other partners to improve population health outcomes. In particular, teams work to provide a more joined-up, efficient and effective approach to prevention, access and complex condition management.<sup>3</sup>
6. The development of INTs provides a brilliant opportunity to integrate community mental health teams with physical health, through data sharing, co-location and building relationships between different sectors in local areas. There are already operating models of services fully integrating primary care, community health services and community mental health services for adults with severe or complex mental illness, with examples covered later in the submission.
7. There is also great potential in the current pilots under development for 24/7 neighbourhood centres<sup>4</sup> to be a model for the future of provision for adults with severe mental health disorders alongside new models already in place in many parts of the country.<sup>5</sup>
8. The 24/7 centres should reflect key elements of an integrated neighbourhood approach – multidisciplinary mental health teams, access to psychological therapies, integrated working with VCSE and non-clinical services such as housing and employment support.

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<sup>1</sup> NHS Confederation (2022) <https://www.nhsconfed.org/publications/no-wrong-door>

<sup>2</sup> NHS England (2022) <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

<sup>3</sup> NHS Confederation (2024) <https://www.nhsconfed.org/publications/working-better-together-neighbourhoods>

<sup>4</sup> South London and Maudsley NHS Foundation Trust (2024) <https://slam.nhs.uk/pressreleases/south-london-and-maudsley-awarded-funding-for-a-pilot-247-community-mental-health-service-in-lewisham-3986>

<sup>5</sup> NHS Confederation (2022) <https://www.nhsconfed.org/publications/healthy-foundations-integrating-housing-part-mental-health-pathway>

9. A more joined up approach must be underpinned by:
  - a) Engagement with communities including those with lived experience and carers in designing services.
  - b) Effective use of data to drive population-based approaches and improve care at each level.
  - c) An appropriately skilled workforce.
  - d) Recognition that housing is often a critical factor in ensuring people with SMI remain well enough to stay in the community. This is critical given changes in approach to rehabilitation beds and the increased focus on the need to discharge people from inpatient provision when they no longer need care in a hospital setting.<sup>6</sup>
  - e) Commissioners and providers should have a deep understanding, informed by local communities and high-quality data, of local need and disparities in access, quality of services and outcomes and a plan to address them. The Patient and Carer Race and Equality Framework should be an effective tool to address inequity related to racism.<sup>7</sup>
  - f) As well as broader issues relating to access due to waiting lists,<sup>8</sup> step-up and step-down to and from inpatient care is critical for ensuring service users have the right support in place to prevent further deterioration of their symptoms. Our Mental Health Network members support the provision in in the 25/26 planning guidance to reduce average length of stay in adult acute mental health beds.<sup>9</sup>
  - g) We welcome the inclusion of mental health support in NHS 111. There are long standing and new approaches to supporting people in crisis including partnership approaches between mental health, VCSE, ambulance and police services which require ongoing development and effective evaluation to demonstrate impact.
  - h) Availability of capital to invest in the community mental health estate.
  - i) Longer-term funding cycles to support organisations within an ICS including the VCSE to work as effectively together as possible.

#### **How could this be measured/monitored locally and nationally?**

10. Currently, the Mental Health Services Data Set (MHSDS) is the most comprehensive national published mental data available. While helpful, there are opportunities for improvement. Enabling and encouraging every NHS commissioned service to input data to the MHSDS would make it a more robust national dataset.
11. It is mandatory for NHS funded specialist services to feed in their data, but some non-NHS organisations such as VCSE organisations find it difficult to feed in as the dataset does not always relate to how they work.<sup>10</sup> It's also critical to continue to improve the collection of data on patient's protected characteristics, especially on sexual orientation, as this data is often missing and as with all protected characteristics, understanding these will be a critical part of delivering holistic care.

<sup>6</sup> NHS Confederation (2022) <https://www.nhsconfed.org/articles/recognising-link-between-good-housing-and-mental-health>

<sup>7</sup> NHS England (2023) <https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/>

<sup>8</sup> NHS England (2025) <https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/>

<sup>9</sup> NHS Confederation (2025) <https://www.nhsconfed.org/publications/202526-nhs-priorities-and-operational-planning-guidance-what-you-need-know>

<sup>10</sup> NHS England (2025) <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submission-guidance/introduction>

12. Wider challenges with capital funding and short-term funding cycles makes effective data collection difficult. This undermines the ability of systems and providers to make improvements as contracts are often long-term and expensive.
13. Most existing data captures activity but measuring patient outcomes will help to identify how investment can be used most effectively to aid future commissioning decisions. Data systems are often set up to capture episodic output, when people with SMI may be within different services for many years with different periods of acute ill health and recovery. The Royal College of Psychiatrists has identified ways data collection could be improved, including the collection of patient outcome and experience measures as well as clinical outcome measures.<sup>11</sup>
14. Mental health services do collect outcome data, increasingly using Patient Reported Outcome Measures. For example, using DIALOG, to capturing outcomes from a patient perspective: providers can track delivery against both clinical status and broader goals for patients around employment, and social connection, aiming to make appointments therapeutically effective.<sup>12</sup>
15. NHS England is currently developing new standards for community mental health – these must take an outcome-based approach, be co-designed with service-users, and be designed to address the disparities in access and experience that some demographic groups face.
16. Data has a critical role to play in evaluating the new 24/7 community mental health pilot sites. It is welcome that there has been a commitment to this evaluation: its absence in previous transformation projects hindered our ability to assess impact.

### **What is the current state of access for adults with severe mental illness to community mental health services?**

17. Access and waiting times standards for community mental health services<sup>13</sup> are largely supported in the mental health sector but have not been implemented. Until 2024, national-level data on how many people are waiting and waiting times was not available. Mental health waits are not included in the widely used headline NHS waiting list statistics of 7.5m, meaning they are not recognised or prioritised politically in the same way as the acute sector elective waiting list.
18. The 2024/25 planning guidance asked ICBs to focus on reducing the longest waits and improve data collection<sup>14</sup>. Publishing data on 4-week waits has improved transparency and highlights the challenges facing mental health services.
19. Mental health data is not granular enough to enable systems and policymakers to drill down to which mental health services people with SMI are accessing or waiting for, which further impedes the ability to create a clear picture of access to services.

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<sup>11</sup> Royal College of Psychiatrists (2024) [https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2024-college-reports/outcome-measures-in-psychiatry-\(cr240\)#:~:text=It%20is%20intended%20to%20help%20services%20measure%20their,more%20detailed%20covering%20the%20specialties%20within%20psychiatric%20care](https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2024-college-reports/outcome-measures-in-psychiatry-(cr240)#:~:text=It%20is%20intended%20to%20help%20services%20measure%20their,more%20detailed%20covering%20the%20specialties%20within%20psychiatric%20care)

<sup>12</sup> East London Foundation NHS Trust (2025) <https://www.eft.nhs.uk/dialog>

<sup>13</sup> NHS England (2022) <https://www.england.nhs.uk/publication/mental-health-clinically-led-review-of-standards/#:~:text=This%20report%20sets%20out%20the,to%20support%20their%20successful%20implementation.>

<sup>14</sup> NHS England (2024) <https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/>

20. Beyond access, the annual CQC survey into community mental health services showed that only 39% of people felt they were given the help they needed when they last accessed services.<sup>15</sup>

### **What data is collected nationally?**

21. Mental health members must submit a lot of data to multiple different organisations such as MHSDS, CQC and NHS Benchmarking. This is time-consuming and this data is not always in the public domain.<sup>16</sup>
22. The number of adults in contact with mental health services has increased significantly since the pandemic. In October 2024, there were 1.34 million adults in contact with mental health services, compared to 1.04 million in October 2019 – a 29% increase.<sup>17</sup>
23. Between August-October 2024 only 9.5% of people waiting for community mental health services were seen within four weeks. Of the 197,776 referrals to community mental health services just 14,586 accessed services: the others are still waiting. In October 2024, about 20% (76,748) of people waiting for community mental health services have waited for more than 104 weeks or about 3.5 months. In August-October 2024, the 90th percentile waiting time for adults waiting for contact with services was nearly 2 years.<sup>18</sup>

### **Has the Community Mental Health Framework been an effective tool for driving the delivery of more integrated, person-centred community mental health services?**

24. The Community Mental Health Framework (CMHF) was a positive step in driving improvements. Its core principles and approach – with an emphasis on partnership for more connected and effective care – are increasingly visible in the development of models of care. Successful examples include Somerset, South Yorkshire and Lincolnshire<sup>19</sup>, all early implementor sites for transforming community mental health services in partnership with primary care networks (PCNs), local authorities, VCSE organisations and people with lived experience.
25. Some early implementor sites worked with Rethink Mental Illness to set up mental health alliances to bring together relevant stakeholders including the VCS and people with lived experience. An evaluation found that these alliances improved the quality and availability of mental health services.<sup>20</sup> Ring-fenced System Development Funding for community mental health transformation has been vital in supporting the expansion, as has the Mental Health Investment Standard (MHIS) more widely.
26. A key obstacle to delivering the ambitions of the framework is workforce shortages. While the mental health workforce grew by 9.6 per cent from 2019 to 2023<sup>21</sup>, mental health nursing levels did not: in fact, numbers have not significantly changed since 2010<sup>22</sup>

<sup>15</sup> CQC (2023) <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>

<sup>16</sup> Lampard Inquiry (2023) <https://lampardinquiry.org.uk/provisional-list-of-issues/>

<sup>17</sup> NHS England (2024) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-august-2024>

<sup>18</sup> NHS England (2024) <https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/>

<sup>19</sup> Lincolnshire Partnership NHS Foundation Trust (2021) <https://www.lpft.nhs.uk/about-us/transformation>

<sup>20</sup> Centre for Mental Health (2024) <https://www.centreformentalhealth.org.uk/publications/more-than-the-sum-of-our-parts/>

<sup>21</sup> Health Service Journal (2024) <https://www.hsj.co.uk/workforce/regional-staffing-gap-grows-by-70/7038124.article>

<sup>22</sup> NHS Workforce Statistics - March 2024 (Including selected provisional statistics for April 2024) - NHS England Digital

27. Multi-disciplinary teams with adequate staffing of mental health nurses and others who can effectively coordinate and manage care is key to effective community mental health services. Appropriate caseload and risk stratification for these teams to improve the quality and safety of these services<sup>23</sup> will be even more vital for the Mental Health Act reforms, where more people with higher complexity of need will be cared for in the community.
28. Early Intervention in Psychosis (EIP) services and assertive outreach rely on smaller caseloads and a highly proactive approach to supporting patients at highest risk that other services struggle to engage. The CQC's report on the review of mental health services in Nottinghamshire Healthcare NHS FT recommended that all local services develop intensive support/assertive outreach for patients with complex psychosis.<sup>24</sup>
29. The GP will often be the first port of call for adults with emerging severe mental illness and will care over time for significant numbers of patients who may have at points received care within secondary services. Having access to qualified mental health staff within the team can provide the right support immediately or facilitate a smoother route to specialist services, potentially reducing the number of people experiencing crisis requiring inpatient admission. Effective integration of mental health professionals into primary care teams is showing early signs of progress, with Mental Health Practitioner roles, funded jointly by the Additional Roles Reimbursement Scheme (ARRS) in primary care. However, recruiting from the same pool of staff, navigating the practicalities of jointly funding and mismatched expectations of the role have created tensions in some areas.<sup>25</sup>

### **How can community mental health services work with social care, the third sector and local government to better address service users' health and wider social needs that are wider determinants of mental health outcomes?**

30. There are countless examples across the country of innovation through commissioning and partnership working between NHS, local authority and VCSE. This kind of collaboration is possibly more developed in mental health than in any other areas of care.
31. VCSE organisations providing services and support to NHS patients report that working as effective partners with the NHS requires changes at local and national level including:
  - Longer term planning and contracting arrangements developed with commissioner and NHS partners to meet the identified need of communities
  - Commitment to tackle obstacles to high quality joined up care and support related to data sharing and identifying and reporting measures of success
  - Ensuring that funding for VCSE provisions recognises true cost of services including appropriate, equitable pay for staff.

### **How could the funding system be reformed to more effectively drive transformation in the delivery of integrated and person-centred community mental health services?**

32. A move away from reliance on block contracts has been considered and tested at different points over many years. We must develop common measures of what good looks like, and any changes to payment mechanisms should be linked to this.

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<sup>23</sup> NHS England (2024) <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/mental-health-digital-playbook/a-caseload-management-and-supervision-tool-for-community-mental-health-services/>

<sup>24</sup> CQC (2024) <https://www.cqc.org.uk/publications/nottinghamshire-healthcare-nhsft-special-review-part2>

<sup>25</sup> NHS Confederation (2024) <https://www.nhsconfed.org/publications/assessing-impact-and-success-additional-roles-reimbursement-scheme>

Outcomes-based payment relies on the ability of commissioners and their providers to define and measure a set of clear indicators.<sup>26</sup> Outcomes-based payment mechanisms are also a tool by which more generally across the NHS, more care can be shifted closer to home.

33. Short-term funding cycles used across the NHS mean the VCSE sector is often only commissioned to deliver a short-term contract of one or two years. These can increase employment costs on our VCSE members and leave them with uncertainty, significantly impacting on their ability to attract and retain staff. The increases to Employer National Insurance Contributions (ENICs) announced at the Autumn Budget will impact the VCSE sector delivering vital NHS contracts. The NHS Confederation wrote to the Chief Secretary of the Treasury in November 2024 to raise this concern.

**What blockers or enablers should policy interventions prioritise addressing to improve the integration of person-centred community mental health care?**

34. The new Mental Health Bill will be an enabler due to the emphasis the legislation gives to improving community provision.
35. It is critical that reforms are accompanied by capital investment to ensure there are additional and fit-for-purpose estates that can meet the needs of people living with SMI in the community. The report by Lord Darzi published in September 2024 highlighted the dire state of the current mental health estate.<sup>27</sup>
36. The delivery of the NHS Long-Term Workforce Plan will be critical. The government has committed to appointing 8,500 more mental health staff during its first term. However, the plan is not fully funded currently.
37. There is also no detail about the expansion of roles such as mental health social workers, and VCSE staff who play a vital role in supporting patients to stay well and in the community. Given about 50% of people with SMI experiencing onset by age 15, workforce for children and young people's (CYP) services constitutes a particular challenge.

**What are the examples of good or innovative practice in community mental health services? What needs to happen to scale up the adoption of these practices across the country?**

38. Sheffield's Primary and Community Mental Health services is a collaboration between the city's 16 Primary Care Networks (PCNs), Sheffield Health and Social Care NHS Foundation Trust and the VCSE. Support to adults with severe and complex mental health needs are delivered through eight multi-disciplinary care groups, each partnered with a General Practice, Primary and Community Mental Health Care and local VCSE organisations.
39. Hampshire and Isle of White NHS FT and New Forest District Council worked in partnership to fund and support an embedded a mental health nurse in the local authority housing team, enabling people to remain in their homes, or progress appropriate housing options to keep them accommodated in their community.<sup>28</sup>

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<sup>26</sup> NHS Confederation (2024) <https://www.nhsconfed.org/publications/unlocking-reform-and-financial-sustainability>

<sup>27</sup> DHSC (2024) <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

<sup>28</sup> NHS Confederation (2023) <https://www.nhsconfed.org/case-studies/embedding-mental-health-expertise-housing-teams>

40. South London and Maudsley NHS Foundation Trust runs an open access psychology led service in Croydon's Whitgift shopping centre supporting adults with SMI, run in collaboration with the VCSE sector and particularly orientated and sensitive to the needs of people from Black communities.<sup>29</sup>
41. HATCH Local Care Partnership (LCP) is a collaboration focused on improving the health and wellbeing of people living in Chapeltown, Burmantofts, Harehills and Richmond Hill in Leeds, with over 250 partners from primary care, community health services, public health, adult social care, and a broad range of VCSE groups. In these areas of high deprivation, the partnership has worked to tackle health inequalities by focusing on key priorities including community mental health transformation.<sup>30</sup> This has included forming subgroups for domestic violence, abuse and diabetes care. The community-centric approach involves leveraging connections and local assets, such as using capacity from local organisations like Harmara, a not-for-profit organisation, to carry out social prescribing work at PCN level.
42. LUCI is a clinical insights tool developed by teams at Kings College London that presents clinicians and managers with data from South London & Maudsley NHS Foundation Trust's electronic patient record. It helps clinical leaders, teams and partners make informed decisions about patient care and underlying service delivery models. The system uses Natural Language Processing applications developed over the last ten years to provide close to 'real time' data. Its proof-of-concept, VIEWER, is currently used by healthcare professionals across the Trust initially focussed on adults with psychosis.
43. Mid and South Essex ICS participated in the 2023 NHSE and Institute for Health Improvement Core20PLUS Collaborative Programme. With premature mortality for people with SMI increasing over recent years<sup>31</sup>, it focused on improving the uptake, access and quality of essential physical health checks for people living with SMI.
44. A pilot 24/7 neighbourhood mental health centre to be based in Lewisham<sup>32</sup> is being designed with partners to deliver an 'open access' model aiming to reduce waiting lists to zero. There will be access in one place to neighbourhood multi-disciplinary community mental health teams, housing, employment and welfare advice, social and leisure activities, physical healthcare and support with drug and alcohol use.
45. Scaling these innovative approaches requires longer-term funding cycles, capital investment and concentrated workforce focus on training more mental health nurses across the country.

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<sup>29</sup> Mind in Croydon (2025) <https://www.mindincroydon.org.uk/how-we-can-help/support/croydon-health-wellbeing-space/>

<sup>30</sup> NHS Confederation (2024) <https://www.nhsconfed.org/case-studies/hatch-local-care-partnership-lcp>

<sup>31</sup> OHID (2025) <https://fingertips.phe.org.uk/search/smi>

<sup>32</sup> South London and Maudsley NHS Foundation Trust (2024) <https://slam.nhs.uk/pressreleases/south-london-and-maudsley-awarded-funding-for-a-pilot-247-community-mental-health-service-in-lewisham-3986>