



Genuine Partnerships – Equality at the table

Will Higham – Director Community Mental Health Unit, Rethink Mental Illness



Rethink Mental Illness is the charity for people severely affected by mental illness

We support **over 140 local groups** and every year we support tens of thousands of people

We have recently established our **Community Mental Health Unit** – a laboratory for new and innovative approaches



The Community Mental Health Unit story so far...

- **NHS long-term plan published** – Nearly £1bn per year for 3 years to fund transformation in community mental health for adults and older adults with moderate to severe mental illness and complex needs
- **NHSE Community Mental Health Framework published** – services around a person / coproduction / role of the VCS
- **Rethink Mental Illness' Communities that Care published** – setting out what we see as the 6 pillars of community care: clinical, social connectedness, physical health, housing, finances and employment and volunteering.
- **Somerset Pilot** - proving the concept, coproduction, alliance building and service delivery
- **First guide for STPs, Thinking differently** – setting out the practical first steps STPs/ICSs need to take to start transforming their community mental health
- **CAF Grant and the CMHF Unit** – 3 years funding for us to rollout what we did in Somerset in 4 other areas.



Our approach

Alliance building

- To develop strong community networks and build thriving mental health eco-systems within communities

Co-production

- To keep lived experience perspective at the heart of everything we do

Community Engagement

- To build strong and deep links within communities and from the grass roots



Master and servant

Holder of the purse strings

This is public money

Transactional relationships

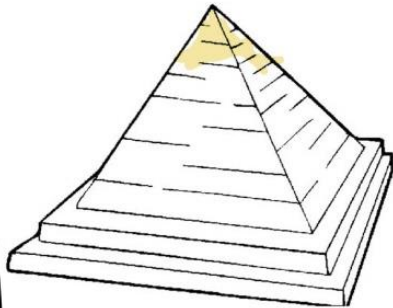
Evidencing

Decision makers

Types of structures - ways of thinking

Pyramid of Power

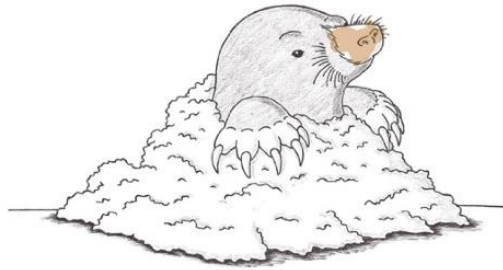
HIERARCHY
OLIGARCHY
RULES



"Done to by others"

Mountain Out of a Mole Hill

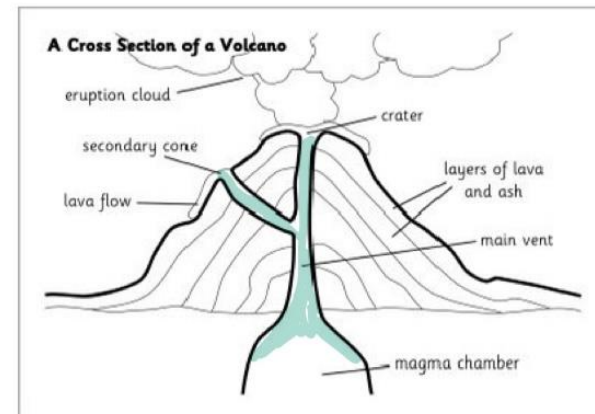
TALK & TICK



"Disruptive"

Eruption of Innovation Volcano

NEVER DO FOR OTHERS
WHAT THEY CAN DO
FOR THEMSELVES



"Disruption Loop new conversation
new solutions"



Coproduction, Integrated Care Systems and place-based working - few emerging points





Reflections – Learning from sites



- Co-production time consuming “Genuine trust built” – you have to put your economic model and accountabilities on the table
- Build on clinical strengths and asset based communities Engage PCNs, social care and local authorities early – critical
- Develop a vision early and ways of working eg Warwickshire: Expert by Experience or rep from VSCE co-chairs and sets the agenda – get beyond producer interest
- Leadership is often about passionate individuals, when they leave, the programme can collapse – so leadership training succession
- Governance needs to iterate – and end state looks to be community owned and open



Reflections – Learning from sites

- Resource needed to free up time for strategy from smaller organisations
- Information governance hurdles – challenging and time intensive, but integral to the model
- Test and learn approach
- Identify resources and time for system transformation
- Whole system approach and a more relational approach to commissioning pays dividends – more than the initial cost of layering up overhead

And finally

- Somerset's Open Mental Health model has been cited in the NHS's national guidance in the [Building strong Integrated Care Systems everywhere](#) document as an exemplar. See page 8.
- And is featured with its own episode on NHSEI's [Integrated Care podcast](#)
- Somerset Open Mental Health has won the HSJ Mental Health Trust Award of the Year and Open Mental Health recently won a national NHS Improvement Award
- Research publicataion and event 14/9

