



Department
of Health &
Social Care

Community mental health services: HM government's response to the Health and Social Care Committee's fourth report of session 2024 to 2026



Government of the United Kingdom

Department of Health and Social Care

Community mental health services: HM government's response to the Health and Social Care Committee's fourth report of session 2024 to 2026

Presented to Parliament

by the Secretary of State for Health and Social Care

by Command of His Majesty

March 2026

CP 1525



© Crown copyright 2026

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.uk/official-documents.

Any enquiries regarding this publication should be sent to us at dhsc.publicenquiries@dhsc.gov.uk .

ISBN 978- 1-5286-6277-2

E03557599 03/26

Printed on paper containing 40% recycled fibre content minimum

Printed in the UK by HH Associates Ltd. on behalf of the Controller of His Majesty's Stationery Office

Contents

Introduction.....	2
The service user journey	4
Recommendation 1	4
Recent reforms to Community Mental Health Services.....	5
Recommendation 2	5
Recommendation 3	6
Recommendation 4	7
Recommendation 5	7
Recommendation 6	8
Recommendation 7	8
Creating the foundations for high-quality community-based care.....	10
Recommendation 8	10
Recommendation 9	11
Recommendation 10.....	12
Recommendation 11	13
Recommendation 12.....	14
Recommendation 13.....	15
Recommendation 14.....	16
Recommendation 15.....	16
Recommendation 16.....	17
Recommendation 17.....	18
Recommendation 18.....	18
Recommendation 19.....	19
Recommendation 20.....	20
Recommendation 21.....	20
Recommendation 22.....	21

Introduction

The government would like to thank the Health and Social Care Committee for their report on community mental health services and is grateful to all those who contributed their time, expertise and lived experience to the inquiry.

The committee's report makes a valuable contribution by underscoring the challenges facing community mental health services. As the report acknowledges, demand for mental health support is higher than ever. Lord Darzi's investigation found that people accessing NHS mental health services are waiting too long, receive variable quality of care, and suffer from entrenched inequalities. It is essential that mental health services are accessible, high quality, and responsive to the needs of individuals, families, and communities across England. The government has already taken significant steps to stabilise and improve NHS mental health services, including:

- landmark, once-in-a-generation reform of the Mental Health Act
- recruiting over 7,000 extra mental health workers since July 2024
- providing access to a mental health support team (MHST) for an additional 900,000 children and young people by spring 2026

The 10 Year Health Plan set out an ambitious reform agenda to transform the NHS and make it fit for the future. In line with this, we will go further to ensure that NHS mental health services deliver the care that people deserve. Transforming the system will take time, but the government is committed to delivering a new approach to mental health. This will be informed by the independent review into prevalence and support for mental health, autism and ADHD. We will also publish a new modern service framework (MSF) for severe mental illness (SMI), which will set consistency in clinical standards across the country so that patients and families get the best quality, evidence-based treatment and support.

We particularly welcome the committee's support for the 6 community based mental health centre pilots. These centres provide round the clock, open access to treatment and support for adults, by reorganising existing services to drive down waits and reduce inpatient admissions. The government will make available capital funding of £473 million over 4 years to invest in new models, including community based mental health centres, building on findings from the 6 pilots, and other capital projects such as mental health emergency departments and eliminating out-of-area placements. This capital investment sits within a total of around £5 billion being provided over 4 years to deliver more care in communities and meet the performance improvement targets government set through the [NHS medium term planning framework](#).

In addition to community based mental health centres, we have an ambitious agenda to transform the mental health care pathway and deliver our 10 Year Health Plan.

To deliver the shift from treatment to prevention, we are:

- accelerating the rollout of MHSTs in schools and colleges to reach full national coverage by 2029
- expanding NHS Talking Therapies so that 915,000 people will complete a course of treatment by March 2029. We also offer employment advisors as part of the NHS Talking Therapies programme, and we will pilot employment advisers and work coaches in the neighbourhood health service
- continuing to expand Individual Placement and Support (IPS) for those with SMI or addiction

To deliver the shift from hospital to community, we are:

- eliminating out of area placements for mental health patients by March 2027
- opening around 85 mental health emergency departments
- reducing the longest waits for specialist children and young people's mental health services

To deliver the shift from analogue to digital, we will:

- create a digital front door for mental health care through the NHS App
- invest in digital therapeutics approved by National Institute for Health and Care Excellence (NICE) to help close treatment gaps
- ensure 100% coverage of electronic patient record systems which will join-up care across community mental health services

The government is also implementing measures to streamline funding models, further strengthen the mental health workforce, and advance accountability and transparency in mental health care. For example, we are:

- reforming the Better Care Fund (BCF) to ensure consistent joint NHS and local authority funding for services that are essential for integrated health and social care
- building capacity and capability across the mental health workforce, including mental health social workers and the voluntary, community, faith, and social enterprise (VCSFE) sector
- introducing a new 'early warning' system using patient and staff feedback and clinical information to identify services at risk of providing poor-quality care

The government remains committed to working with system partners and people with lived experience to drive sustainable progress to better meet the needs of the population in a tailored, personalised and timely way.

The government's response to the recommendations in the committee's report are set out below.

The service user journey

Recommendation 1

Our conclusions in this Chapter try to reflect what service users told us they wanted. This must be reflected in service design. As new models of care are commissioned and implemented, these must be co-designed with experts by experience to ensure services deliver the high quality care such users need and deserve.

Government response

The government accepts this recommendation.

Embedding the voice of people with lived experience is fundamental to delivering person-centred mental health care. We are committed to ensuring that NHS services reflect what matters most to those who use them, and that NHS mental health services deliver the care that people need.

The community based mental health centres are an example of this recommendation in action. Experts by experience have been involved in the pilot process from the start, co-producing the key principles of the model, designing and participating in the selection process and the independent evaluation. Genuine co-production with people and families is one of the 10 principles informing the model.

Each centre demonstrates genuine co-production by making sure that people with lived experience, families and carers are equal partners in the design, governance and day to day operation. The model and service offer are shaped by what local people and families say they need most. Community based mental health centres put co-production into practice, creating services that are grounded in the realities of people's lives.

More broadly, NHS England is providing guidance and practical tools to help systems involve people who use services and their families meaningfully and inclusively. This includes culturally competent engagement, accessible formats for underrepresented groups, and digital tools such as the NHS App, enabling people to participate actively in care planning and provide feedback.

Embedding the patient and carer race equality framework (PCREF) within this process is essential. PCREF's participatory approach, co-produced with communities most affected by racial inequalities, ensures that service design actively addresses disparities in access, experience, and outcomes. By integrating PCREF principles into commissioning and delivery, providers can create culturally competent, equitable services that reflect the voices and needs of diverse populations.

Recent reforms to Community Mental Health Services

Recommendation 2

We recommend that the Government changes its current approach and commission an independent and comprehensive evaluation of how the Community Mental Health Framework has been implemented and its impact by the end of the financial year. This should not be seen as drawing a line under the Framework, but as a necessary step in ensuring that the Government and NHS England deliver on its commitment of integrated, personalised, and coordinated care. Without such evaluation, there is a risk that gaps in implementation will persist and that future transformation efforts will lack the insight and learnings needed to succeed in all areas of the country.

Government response

The government does not accept this recommendation.

Between 2019 and 2021, 12 'early implementor' sites were selected to pilot putting the community mental health framework into practice as well as to develop and share learning on implementation. Each site received funding to evaluate their transformation so that learning could be shared with all systems. NHS England developed and shared an evaluation report based upon this learning to coincide with all systems receiving transformation funding from April 2021.

Since then, NHS England has continued to work closely with all systems to identify and share learning, as well as developing a range of resources designed to support the implementation of the vision set out in the community mental health framework.

Every local system will have taken the vision of the framework and applied it to their unique circumstances, taking into consideration varied local contexts and the complexity of the transformation described which involves integration with primary care, VCSFE organisations and local authorities.

We continue to monitor the performance of community mental health services through the national mental health services dataset. This has shown a substantial increase in rates of access to community mental health services as systems implement the vision set out in the framework. Alongside rates of access, NHS England continues to work with systems to improve the quality of patient reported outcome reporting in services. Ultimately improvements in patient outcomes will be the best measure of the impact of new models of care. As part of developing the MSF on SMI, we will be assessing the evidence and engaging with stakeholders to understand what lessons can be learnt from implementation of the community mental health framework. This will include which strategies and interventions have been most effective as well as the barriers to delivering good practice care.

Recommendation 3

We believe there should be a 24/7 Neighbourhood Mental Health Centre in every community.

Government response

The government partially accepts this recommendation.

We have launched 6 national pilots of community based mental health centres that have the potential to transform mental health services, with evaluation due in 2026. We will look at the outcome of the pilots carefully to assess the effects of this new service model, particularly on patient experience, access and potential reductions in pressure on existing services, and economic impact.

Over 4 years, the government will make available capital funding of £473 million to invest in new models, including community based mental health centres, building on findings from the 6 pilots, alongside other capital projects. Integrated care boards (ICBs) have the flexibility over this funding to decide what models are best suited for their populations. This flexible investment allows for systems to develop community based mental health centre infrastructure, supported by a national implementation team that is actively sharing networks, learning and practical resources emerging from early delivery.

Through the community based mental health centres, people with SMI and their families can receive care and treatment when they need it, in their community, 24 hours a day. The centres are an innovative reorganisation of mental health services into one place to end the silos and hand-offs between teams, restore continuity of care and lower access and waiting times.

The centres are co-delivered with primary care, VCSFE and specialist services which can be drawn on as required. People can receive psychological therapies, medication and other interventions while also having access to expertise that can help with other wider issues that may be impacting on their wellbeing and recovery such as housing or employment, creating a holistic offer of care.

Bringing these centres into the heart of communities means that people with SMI who are in crisis do not need to present in A&E departments but instead can get the support they need in an appropriate, calming environment.

Recommendation 4

The design of these centres must be informed by the learnings from the pilot programme so they can be tailored to the needs of their communities. In order for the learnings to be robust, the 24/7 Neighbourhood Mental Health Centre pilot programme must be extended by at least 12 months beyond April 2026, with additional service development funding to allow all sites to become fully operational and generate sufficient data for analysis. This will require NHS England to finalise the outcome measures and evaluation metrics for the pilots without further delay.

Government response

The government partially accepts this recommendation.

While we agree that the design and future expansion of community based mental health centres must be informed by learning from the pilot programme and tailored to the needs of local communities, there are no current plans to extend the pilot phase beyond 12 months.

Rapid learning is already being generated through NHS England's national implementation team, drawing on real time intelligence from the pilot sites, local findings and continuous feedback from people with lived experience, families and staff. This learning is actively informing refinement of the service model.

An independent evaluation will report after the 12-month period, providing an assessment of outcomes, experience and value for money once the pilots are fully operational. NHS England has confirmed the evaluation questions and metrics which will be used.

Combining rapid, real-time learning with a formal evaluation will provide a robust evidence base to inform future decisions on duration, funding and wider rollout of community based mental health centres.

Recommendation 5

The Government should develop and publish a clear roadmap for the national scale-up of the pilot programme. In its response to this report, we expect the Government to state how the roadmap will be developed and the timeframe for publication.

Government response

The government partially accepts this recommendation.

We will consider a plan for the scale-up of community based mental health centres following the formal evaluation of the pilots. The plan will need to be informed by the formal evaluation and initial findings from the pilots, ensuring that lessons learned

are embedded and that future scale up delivers accessible and equitable neighbourhood mental health support across England.

Recommendation 6

We welcome the commitment in the 10 Year Health Plan to develop a Modern Service Framework (MSF) for mental health, with a focus on the needs of people with severe and enduring mental illness in particular. However, without a clear timeline for publication, this work risks slipping down the political agenda. To ensure progress and accountability, the Government should set a deadline, in its response to this report, for when in 2026 the MSF for mental health will be published.

Government response

The government accepts this recommendation.

The government recognises the importance of developing the MSF for SMI, as part of our new approach to mental health, and it is an important component of the 10 Year Health Plan.

Development of the MSF is underway, and we will confirm timelines for publication in due course. We must allow time to build in findings from the independent review into prevalence and support, and most critically, the evaluation of the community based mental health centres, which is due to report in summer 2026.

Recommendation 7

We would also like the Government to set out how people with lived experience will be involved in its development and how the MSF will be integrated with wider systems of support including those provided by the VCFSE sector and local authorities. It is essential that the MSF takes full account of the learnings and insights from the 24/7 Neighbourhood Mental Health Centre pilots.

Government response

The government accepts this recommendation.

The government is committed to ensuring that the MSF for SMI is developed through genuine co-production with people with lived experience. That is why we have recruited a third co-chair for the MSF, Jo Lomani, who is a national mental health co-production lead and expert by lived and living experience. Jo will support the implementation of our lived-experience involvement and co-production strategy to ensure that people who use mental health services stay at the centre of everything we do. So far, Jo has played a critical role in ensuring our approach to engagement is accessible for people with lived experience and effective in facilitating their input.

We recognise that partnership working with VCSFE organisations, local authorities and other organisations is important to the delivery of holistic and equitable mental health care. To ensure that the MSF accounts for this, we will be engaging with relevant representatives from these sectors. As mentioned, we also plan to take forward insights from the community based mental health centre pilots, which we expect will provide important learning in this regard.

Creating the foundations for high-quality community-based care

Recommendation 8

In some areas, the emphasis on care coordination may have been lost through the rollout of the CMHF. We recommend that NHS England publish clear guidance on the role of key workers to ensure all service users have access to a named individual responsible for coordinating their care.

Government response

The government accepts this recommendation.

The government has recognised concerns from patients and services about the role of the key worker or care coordinators. NHS England will publish new guidance, the personalised care framework, setting out the core aspects of care for people who require help from integrated primary care, secondary care mental health services and VCSFE organisations. The draft guidance has already been shared with systems to facilitate early adoption.

This new guidance will outline the core principles of care that all people using NHS commissioned community mental health, crisis and inpatient services should:

- have a care and support plan that is current and reflective of the needs of the person at that point
- have a person within the service responsible for their care and support plan and for developing a trusted therapeutic relationship
- be able to have their care and support plan reviewed when things change, as well as be able to quickly re-access help when they need to (such as when their mental health deteriorates following a period of stability)

The new guidance sets out the critical function of a 'named worker' as having responsibility for:

- building a trusted relationship with the person
- supporting delivery of the care and support plan including co-ordinating the professionals, services and agencies needed to realise it

Named workers are part of a multidisciplinary team (MDT) which has overall responsibility for the care and treatment of people within the service. Effective MDT working and associated systems, processes and values are critical to enabling the named worker to carry out their role.

Recommendation 9

Despite nearly a decade of commitments, the transition from Children and Young People's Mental Health Services (CYPMHS) to Adult Mental Health Services (AMHS) - including Community Mental Health Services (CMHS) - remains a cliff edge and continues to fall short of what young people need. The Government, NHS England, and Integrated Care Boards must treat this issue as a national priority. We recommend that they create a clear, actionable plan as part of the formal response to the report, to deliver the promised "comprehensive offer for 0–25 year olds."

Government response

The government partially accepts this recommendation.

We acknowledge that the transition from children and young people's mental health services to adult mental health services is often complex and can be challenging for some young people.

More young people are being supported to access NHS mental health services - in the first 12 months of this government, nearly 40,000 more children and young people received support compared to the previous 12 months. This is helped by over 7,000 extra mental health workers being recruited since July 2024, against our target of 8,500 by the end of this Parliament.

The government is committed to:

- strengthening continuity of care
- eliminating rigid age-based thresholds
- enhancing support during transitional stages
- ensuring seamless, person-centred pathways for young people

Work is underway to improve integration of mental health and wider support for children and young people across the age range (0 to 25) and the range of needs. As part of this, the government has provided £8 million of top up funding to 24 early support hubs the 2025 to 2026 financial year so that they can expand their current offer and pilot innovative models of holistic support for children and young people aged between 11 to 25. An ongoing evaluation of the projects has found that children and young people value hubs' non-clinical, informal, personalised approach to care, but some felt it was less suited to those with more complex needs. The full evaluation is due to report in summer 2026.

Learning from the early support hubs is informing the approach to the flagship young futures hubs which will provide education, wellbeing and mental health support in the community.

NHS England are also leading the roll out and development of neighbourhood MDTs for children and young people. The MDTs will provide integrated care that provides timely access to specialist advice, including paediatric and mental health expertise, through primary care-led team working. This will deliver care closer to home and improve the outcomes and experience for children and young people, as well as their families and carers.

We are accelerating the rollout of MHSTs in schools and colleges to reach full national coverage by 2029. We will boost the capability and capacity of staff so that they can offer more effective support to young people with complex needs, such as trauma, neurodivergence and disordered eating.

This investment in children's mental health will improve outcomes and experiences for young people, including those transitioning between child and adult services.

In addition, we expect to develop bespoke guidance in the revised Mental Health Act Code of Practice on the care and treatment of patients who are under 18. This will account for the specific needs and vulnerabilities of this cohort and will cover the critical issue of transition to adult services. The new developmental service specification for children and young people's intensive mental health services will no longer require the provider to routinely transfer or discharge a young person at their 18th birthday. This decision will be based upon the view of the clinical team, and if they believe that the young person is receiving appropriate therapeutic care which would be disrupted by a transition to other services, then until that period of care is completed and the appropriate arrangements are in place they can remain in children and young people's services. The developmental service specification is currently being tested using existing resources, with the aim of learning from this phase before full publication and onward implementation.

Recommendation 10

We heard that one way to track progress on integration would be through the establishment of national access and waiting time standards. The absence of national standards contributes to inconsistent access and undermines parity with physical health. NHS England should publish and implement these standards as a matter of urgency.

Government response

The government partially accepts this recommendation.

Improving access and reducing waiting times for mental health services is essential to achieving equality with physical health and ensuring people receive timely, high-quality care wherever they live.

National access and waiting time standards are an important mechanism for driving consistency, transparency and accountability across the system. NHS England has already introduced standards for some services, such as access to NHS Talking Therapies and early intervention in psychosis. Work is underway to extend these to a broader range of mental health pathways, including community mental health services for children and adults.

Data on waiting times for NHS-funded community mental health and urgent and emergency care is now routinely published and, whilst no standard has yet been set for community mental health services, the medium term planning framework requires providers to eliminate waits of over 2 years for children and young people community mental health services by the end of the 2026 to 2027 financial year.

Recommendation 11

NHS England should reinstate the annual physical health check target for people with severe mental illness (SMI) in operational planning guidance. This target has driven significant progress and remains essential for accountability, monitoring co-morbidities, and reducing preventable deaths. Building on this, the Modern Service Framework must include physical health outcomes and interventions for people with SMI as a core component. This should cover annual checks, tailored follow-up care, and mechanisms for monitoring and improvement.

Government response

The government partially accepts this recommendation.

The government recognises that improving physical health outcomes for people with SMI is essential to reducing health inequalities and preventable deaths. Annual physical health checks have driven significant progress and remain an important mechanism for monitoring co-morbidities and supporting early intervention.

The completion of vital physical health checks features in the 2025 to 2026 NHS oversight framework. This provides accountability against the national target of at least 60% of people with SMI having an annual health check. In addition to this, the government is considering how the forthcoming MSF may provide opportunities for improving the physical health outcomes of people with SMI.

Recommendation 12

Six months on from our Adult Social Care: The Cost of Inaction report, we are frustrated the Government is yet to review the structure and level of NHS investment in the Better Care Fund (BCF). Whilst we welcome a commitment to reform the BCF in the coming 2026–27 financial year, we believe this must become a priority if the Government is to ensure it is fully capable of meeting its renewed focus on prevention and provision in the community. This should also address the misalignment of funding cycles between the NHS and local authorities. We urge the Government to do so before another six months passes, and we expect a timeline for reform in response to this report.

Government response

The government accepts this recommendation.

The government set out in the 10 Year Health Plan that we are committed to reforming the BCF to provide a more consistent and effective approach to funding services that is essential to delivery in a fully integrated way. As a first step in this reform journey, we are making changes to the BCF in the 2026 to 2027 financial year to help local areas go further in joining up delivery of health and social care services, in line with the government's objectives for neighbourhood health and for devolving more responsibilities. The arrangements for this are set out in the [better care fund framework 2026 to 2027](#).

The aim of the BCF is to support ICBs and local authorities in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs, helping people stay independent for longer.

This includes - but is not limited to - developing integrated intermediate care services that help people retain or recover their independence. It also covers other health and social care services that support independence, prevent avoidable admission to hospital or long-term residential care, and enable timely and effective acute, community and mental health hospital discharge. BCF funding should be deployed in ways that help deliver the 3 shifts (from hospital to community, from analogue to digital, from sickness to prevention) outlined in the 10 Year Health Plan.

The government is increasing the NHS minimum contribution to adult social care between 2026 to 2027 and 2028 to 2029 in line with the Spending Review settlement. In 2026 to 2027, the NHS minimum contribution to adult social care has been uplifted by 4.4%, with the remaining ICB contribution uplifted by 2.1%.

On 9 February 2026 the Ministry of Housing, Communities and Local Government (MHCLG) confirmed the [value of the local authority better care grant](#) for each local authority and will shortly do so for the disabled facilities grant. The 2026 to 2027 local authority better care grant allocations will be the same as the local authority better care grant in 2025 to 2026. ICBs and local authorities can also voluntarily pool

additional funding through the BCF where they are assured this represents value for money, as in previous years.

For 2027 to 2028 onwards, we intend to consider whether local areas should be given more flexibility in deciding the level of pooled funding needed to support better integrated services. There will be consultation on any proposed changes to minimum NHS and local authority contributions. We will also work with the NHS and local government to develop clearer expectations for the types of services that as a minimum should be subject to pooled funding. This will build on the success that many local areas have already seen by taking a more strategic approach to pooled funding.

Recommendation 13

The Government should expand the use of Section 75 of the NHS Act 2006 by enabling and encouraging more widespread pooling of budgets between NHS bodies and local authorities. This expansion should support the inclusion of a broader range of services - such as housing and education - within Section 75 arrangements to facilitate integrated commissioning and service delivery. Clearer governance and greater cross-cutting oversight of these arrangements would allow funding to follow need rather than organisational boundaries, enabling more person-centred, coordinated support for people with SMI.

Government response

The government does not accept this recommendation.

The government recognises the potential benefits of increasing the use of section 75 arrangements including to support mental health patients. However, these remain voluntary arrangements and NHS bodies and local authorities can choose how they best use and manage these arrangements to meet the care and health needs of their local population.

Partners to section 75 arrangements must have appropriate governance and reporting mechanisms in place and formal accountability remains with the bodies which originally hold the relevant NHS or local authority health-related functions, irrespective of who delivers them.

Recommendation 14

The Department and NHS England should support ICBs to move away from short-term commissioning cycles to multi-year contracts for VCFSE organisations supporting the delivery of CMHS. The publication of the Strategic Commissioning Framework presents an opportunity to enable the bold action needed by ICBs to harness the value and potential of community assets and transform how service are delivered—but this must be matched by practical support and accountability to ensure the ambition is realised amid ongoing system pressures.

Government response

The government accepts this recommendation.

The government acknowledges the importance of supporting ICBs to move towards longer-term commissioning arrangements for VCFSE organisations that contribute to the delivery of community mental health services.

The NHS medium term planning framework creates new flexibility for ICBs to plan and allocate resources across multiple years to realise the potential of investing in upstream prevention and community capacity.

As part of the [strategic commissioning framework](#), ICBs have been encouraged to consider financial and contractual models that are sensitive to the conditions that different providers are operating within and to continue to foster strong partnerships with VCSFE organisations. This will require a much stronger focus on market making and shaping, including a better understanding of the stability and sustainability of different organisations and the outcomes they deliver so that ICBs can extract maximum value from their available resources.

During 2026 to 2027, a strategic commissioning development programme will provide practical support to ICBs to strengthen the skills, tools and approaches required for commissioning sustainable neighbourhood health services that are tailored to local needs.

This work will take account of ongoing system pressures and the need for flexibility, while ensuring that commissioning decisions reflect the value and potential of VCFSE organisations in transforming how services are delivered.

Recommendation 15

NHS England and Integrated Care Boards should prioritise the development of alliance models that embed voluntary, community, faith and social enterprise (VCFSE) organisations in the design and delivery of community mental health services. This should include clear expectations for co-production from the outset and mechanisms to ensure smaller and peer-led organisations are actively included in decision-making and funding arrangements.

Government response

The government partially accepts this recommendation.

The government acknowledges the value of alliance models in embedding VCFSE organisations in the design and delivery of community mental health services. These models can strengthen collaboration, promote co-production and ensure services reflect the diverse needs of local communities.

NHS England is promoting approaches that support partnership working and inclusion of VCFSE organisations within integrated care systems. This includes encouraging mechanisms that enable smaller and peer-led organisations to participate in decision-making and access funding opportunities.

Future guidance will continue to emphasise the importance of co-production from the outset and the role of community assets in delivering person-centred care. The aim is to ensure that commissioning and delivery models harness the expertise and reach of VCFSE organisations to improve outcomes and equity.

Recommendation 16

In order for the neighbourhood pilots to realise the potential of the innovative model of care they are trialling, the Government should support the pilot sites to address challenges with digital interoperability, for example through sharing of learning and best practise. These learnings should then be collated to support future systems to implement the model, in the event of future scaling-up.

Government response

The government accepts this recommendation.

The government acknowledges the importance of addressing digital interoperability challenges to enable the community based mental health centre pilots to realise the full potential of the innovative care models they are testing. Effective data sharing and integration are critical to supporting joined-up care and improving outcomes.

NHS England is working with pilot sites to identify barriers and share learning on digital solutions and best practice. Insights from these pilots will be collated to inform future guidance and support systems in implementing neighbourhood-based models of care, should they be scaled up.

This approach will help ensure that lessons learned from the pilots strengthen future delivery and promote interoperability across health and care services.

Recommendation 17

While integrating Service Development Funding into core funding may offer flexibility, we believe it also introduces uncertainty around continued prioritisation and investment in these services, and could have a detrimental impact upon the progress of the transformation of services. We urge the Government and NHS England to monitor this impact, and would like a formal update on this in their response to this report.

Government response

The government partially accepts this recommendation.

Flexibility in funding arrangements can support local decision-making, but it is important that this does not undermine progress on transformation.

NHS England regularly publishes data from across the mental health services dataset and the NHS Talking Therapies dataset to facilitate transparency and accountability on the transformation and delivery of mental health services. NHS England monitors relevant impacts through this data.

ICBs are required to meet the Mental Health Investment Standard (MHIS) for the ICB core programme allocation. This sets a minimum level of spend on mental health services for each ICB which also reflects where funding has previously transferred from service development funding into the MHIS. In addition, service development funding has been secured for the financial years 2026 to 2027 and 2028 to 2029 to support growth in IPS, NHS Talking Therapies and MHSTs in schools and colleges.

Recommendation 18

We recommend the Mental Health Investment Standard be retained beyond 2025–26. The Government should commit to the Standard by the end of this calendar year to give systems greater certainty. Then, the Government should legislate to make the Standard a statutory requirement, clearly defining its scope, measures for evaluation and accountability for systems in meeting it.

Government response

The government partially accepts this recommendation.

Funding for mental health services and providing clarity to systems on spending expectations, are an important part of our new approach to mental health to drive down waits, improve the quality of care, and increase productivity of mental health services.

The government has provided systems with greater certainty by setting out that over the next 3 years (financial years 2026 to 2027 to 2028 to 2029), ICBs will be required to meet the MHIS by protecting mental health spending in real terms. This was published in the medium term planning framework: revenue, finance and contracting guidance on 17 November 2025.

With regards to legislation, the Health and Care Act 2022 introduced a statutory requirement for the government to publish an annual statement setting out expectations for NHS mental health services spending, including but not limited to spending within scope of the MHIS. This annual statement aims to strengthen the accountability and transparency on decisions and spending relating to mental health, as part of the government's commitment to improve mental health services.

We will not be making further legislative changes in relation to mental health spending at this time. The government will continue to work with NHS England and system partners to drive progress on service transformation, looking beyond input-based measures. This will include:

- considering the recommendations from Professor Peter Fonagy's independent review into prevalence and support for mental health, autism and ADHD
- publishing a new MSF for SMI, which will set consistency in clinical standards across the country so that patients and families get the best quality, evidence-based treatment and support

Recommendation 19

Staff retention is important for continuity of care for people with SMI. As part of the forthcoming 10 Year Workforce Plan, the Government should set out specific measures to reduce burnout, including action on caseload management and access to supervision; improve pay and progression opportunities for CMHS staff, including those in the VCFSE sector delivering equivalent roles; and ensure comprehensive training and continued professional development is available.

Government response

The government partially accepts this recommendation.

Staff retention is critical to ensuring continuity of care for people with SMI. Workforce pressures, including burnout and limited progression opportunities, are recognised challenges across mental health services.

NHS staff told us through the 10 Year Health Plan engagement that they are crying out for change. The 10 Year Workforce Plan will set out how we will deliver that change by making sure that staff are better treated and have better training, more fulfilling roles, and hope for the future. We will also develop a set of staff standards so that all staff will be supported to work healthily and flexibly.

Recommendation 20

It is vital that the Government ensures the 10 Year Workforce Plan delivers for Community Mental Health Services. Workforce growth must be aligned with service transformation to ensure that new roles are sustainable and integrated across settings. This must take account of all of the partners involved in the delivery of CMHS, ensuring alignment of workforce planning across the NHS with local authorities and the VCFSE sector, to support integrated service delivery and reduce fragmentation.

Government response

The government partially accepts this recommendation.

The government is committed to publishing a 10 Year Workforce Plan to set out action to create an NHS workforce ready to deliver the transformed service set out in the 10 Year Health Plan.

The 10 Year Workforce Plan will ensure the NHS has the right people in the right places, with the right skills to care for patients, when they need it. We are working through how the plan will articulate the changes for different professional groups in the NHS. The plan will set out action to achieve a sustainable NHS workforce model and ask 'given our reform plan, what workforce do we need, what should they do, where should they be deployed and what skills should they have?'

Recommendation 21

Social workers make an essential contribution to tackling the broader determinants of health and mental health outcomes, yet we heard they are often deprioritised when budgetary pressures arise. The Government should recognise the important role of mental health social workers by including them in the upcoming 10 Year Workforce Plan. This should include projections for increases to the workforce to ensure that every person with an SMI has a named mental health social worker.

Government response

The government partially accepts this recommendation.

Mental health social workers play a vital role in addressing the wider determinants of health and in supporting people with SMI. Their expertise in social care, safeguarding and community-based support is central to delivering integrated, person-centred care.

The 10 Year Workforce Plan will set out a strategic, whole-system approach to workforce planning across the NHS, including neighbourhood teams. As part of this, it will recognise the contribution of a wide range of regulated professions and will

consider how the NHS will ensure we have the right people in the right places at the right time.

With regards to a named mental health social worker for people with SMI, our upcoming MSF for people with SMI will set consistency in clinical standards across the country so that patients and families get the best quality, evidence-based treatment and support. This will consider the important role that social care plays in meeting the needs of people with SMI.

Recommendation 22

The sector has called for a Mental Health Commissioner to address concerns about a lack of accountability across the mental health system. The Government has said it does not want to take this approach. We ask it to set out proposals to strengthen accountability, including for implementing the Patient and Carer Race Equality Framework in full.

Government response

The government accepts this recommendation.

While we do not believe that a mental health commissioner is the answer, the government recognises that accountability for mental health services has not been strong enough to guarantee consistent quality and equity. This will change with our new approach to mental health. The new operating model and oversight arrangements set out in the 10 Year Health Plan will introduce clearer standards, greater transparency, and consequences for poor performance. The changes we are making, in light of Dr Penny Dash's report on the patient safety landscape, will simplify and streamline the system, making it clear where responsibility and accountability sit at all levels.

To embed transparency and quality into the NHS, we will put patient choice, voice and feedback at the centre of how we define and measure quality. In addition, the Public Office (Accountability) Bill - better known as the Hillsborough Law - will embed candour at the heart of public services.

The PCREF is now a contractual requirement for all providers of NHS commissioned mental health services, building on the existing statutory duties within the Equalities Act. NHS England is supporting systems to implement PCREF in full, with guidance, tools and reporting mechanisms designed to embed accountability and drive improvement.

Further proposals to strengthen system-wide accountability will be set out through future planning and policy updates. The aim is to ensure that mental health services operate to consistent standards and deliver equitable, person-centred care.

E03557599

978-1-5286-6277-2