Integrated Care Systems and Mental Health
King’s Fund
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Dr Adrian James, Registrar
What are Integrated Care Systems?

- Some STPs, formed in 2016, are evolving to form integrated care systems (ICS), a new type of even closer collaboration.
- ICS responsibilities: Managing resources, delivering NHS standards, and improving the health of the population they serve.
- ICSs vary in size
- The Long Term Plan has stated that all areas are to become ICSs by April 2021.
What does the Long Term Plan say about Integrated Care Systems?

National ambition for ICSs
Population health management
Collaboration
Quality improvement
Funding flows and contract reform
Governance
Why do ICSs and ICPs matter to mental health?

We are working to ensure mental health trusts are fully engaged with the ICS agenda.

This will then enable them to:

- Accelerate mental health transformation
- Integrate mental health into primary care, urgent care, social care and specialised commissioning
- Sustain improvements made in the FYFVMH
Our project

Combination of research, policy analysis, site visits and interviews

Analyse opportunities and risks for mental health

Aim to better understand the priorities and lessons for improving mental health services

Developed recommended advice for local system leaders and national bodies

Hope that lessons and recommendations will support STP/ICS planning over next 12-18 months
What does RCPsych want?

- Strong core mental health capabilities
- The progress made through the FYFVMH to be sustained through local implementation of the NHS Long Term Plan
- Integration of mental health into wider system
- Mental health trusts to play a key role
- Better patient outcomes, efficiency and removal of perverse incentives
- For ICSs to proactively address the recruitment and retention of the mental health workforce
- Greater coordination and cooperation
What will this mean?

- Integrated care for complex cases
- Suicide prevention
- Better integration between physical and mental healthcare
- Managing care better at home
- Reduction in emergency admissions
- Better integration with primary and social care
- Reduction in GP referrals
Our new report

- Aims to better understand the priorities and lessons for improving mental health services in established and emerging ICSs and make recommendations that reflect opportunities and challenges.

- Builds on RCPsych report, ‘Mental health and new models of care: lessons from the vanguards’, developed in partnership with the King’s Fund.

- Findings based primarily on information from people working across 14 ICSs, STPs and Provider Collaboratives in England. Also draws on expertise from RCPsych in Wales and Scotland.
The case for change

- Increasing population size and incidence of mental health problems leading to greater demand for MH services (e.g. more CYP needing CAMHS; more people aged 30–45 needing IAPT; more older/very old adults needing dementia and social care support services)

- Despite prevalence of mental illness, two-thirds of people don't have access to evidence-based treatment and significant gap in life expectancy for mental health service users compared with rest of the population

- While major improvements in availability and quality of MH services they are under exceptional operational, workforce and financial challenges (with funding, workforce and data remaining fragile areas and susceptible to in-year planning and operational changes)

- MH services not well enough integrated horizontally or vertically, including within primary, acute, urgent and emergency care and social care
Our research with (interviews and site visits) provided a wealth of feedback from local and national health system leaders about the opportunities and challenges in seeking to improve mental health services in ICSs

7 key themes
Opportunities and challenges (2)

Key theme 1: Purpose and role of ICSs
- Real opportunity to improve and join up MH services with wider system, but risk attention will be organisation + governance and not improving patient care.
- ICSs need to create opportunity to work in new partnerships, to work innovatively (with MH services as exemplars) and help build resilience in the wider system

Key theme 2: Planning process
- Mental health needs to be a standalone ICS workstream, embedded throughout other areas
- MH services should be planned at ‘place’ level, translate to ICS level if there is good evidence/reason
- ICSs allow workforce planning to be aligned with other planning processes
Key theme 3: Population health management, data and outcomes

- Priority to work with local government and voluntary sector on population health management to improve public mental health, including developing better data and analytics
- Need to identify bring data and outcomes through at system level not just organisational level

Key theme 4: Using new contractual models

- Integration of mental health with physical health and community services likely to be dominant model but providers on different trajectories.
- Alliance models provide opportunity for shared targets on mental health
- Concerns of asset stripping from mental health trusts by bigger acute trusts involved in mergers or acquisitions, and that many mental health trusts are too small to have voice heard
- Wide support for provider collaboratives as an enabler to strengthen mental health providers’ position within the local health economy (although these are not population health models)
Key theme 5: Leadership
- Enthusiasm for mental health trusts to be leaders (and can use experience of working across complex systems) but consideration needed of current leadership capability in mental health
- Can’t just expect leaders to fight for mental health; they need to have the right arguments to be able to influence the wider system

Key theme 6: Governance
- ICSs are not statutory bodies, so depend on willingness of local leaders to participate and learn from challenges and others' experiences
- Opportunity to collectively manage performance across system
- Clear view that governance arrangements need to be agreed with all parties and made simpler and more transparent
Key theme 7: Budgets, funding and incentives

- Whole population budgets provide useful flexibility for working towards outcomes rather than activity, but concern about the risk borne by mental health providers because of historic underinvestment and a paucity of activity and outcome data.
- Enhanced Mental Health Investment Standard seen as useful, but concerns remain that funding for mental health will be diverted.
- New funding is only sustaining the NHS and two major gaps remain: public health and social care (with financial position of local authorities significantly going to impact on system-wide transformation).
- A longer-term ICP contract duration may offer stability needed to incentivise providers to invest in new care model and the changes required; however, this will need to consider challenges for mental health (e.g. risks of a capitated payment approach and the limited data available to support outcome-based payments).
In summary:

- We heard ICSs have the potential to significantly improve mental health provision and outcomes by: joining up services with the rest of the system; supporting innovation and organisational change; and providing opportunity for system-wide incentives to improve mental health care.

- But major challenges remain; predominantly the viability of mental health trusts (too small to have their voice heard and could face re-organisation) and current leadership capability within mental health sector.
Our report, to be published shortly, provides advice for:

- **Local system leaders** – Implementing national policy commitments; Investing in population health management; Engagement and collaboration; Managing contracts, mergers and acquisitions; Workforce planning and training; Funding, whole population budgets and incentives; Leadership; and Governance

- **National bodies** – Providing clear national direction; Supporting local areas with population health management; Capturing learning and sharing best practice; Workforce and training for ICSs; Protecting funding in mental health; Empowering the leaders of the future; Ensuring transparent and accountable care; and Considering legislative change
Questions