Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities

Summary for local leaders

The NHS faces the major challenge of achieving a sustainable and high-performing health system which caters to the needs of a growing, ageing population with ever complex more needs. This requires 'triple integration' by breaking divides between primary care, community services, mental health services and hospitals, and taking full accountability for health outcomes across populations.

People living with mental illnesses, and alcohol and substance use disorders, could benefit most from this. Mental illness remains one of the largest single causes of disability in England[i] but two-thirds of people don't have access to evidence-based treatment[ii] and mental health has rarely been prioritised sufficiently in local healthcare planning.[iii]

To encourage changes in how care is delivered locally the NHS Long Term Plan calls on all areas to become "Integrated Care Systems" (ICS) by April 2021. This means that collaboration currently underway locally between health and care organisations, through Sustainability and Transformation Partnerships (STPs), needs to evolve further. This will include changes to contracting and funding flows to run local health services in a more pragmatic and coordinated way to deliver of primary and specialist care, physical and mental health services, and health with social care.

This is likely to significantly change the delivery of care in all local areas in England and so there's a huge opportunity for mental health services to be integrated more comprehensively into the wider health system and to give better, more joined up care to people with mental health.

The significance of these changes for local leaders

Changes in local health systems are across different 'tiers' of the health and care system: neighbourhoods, places, systems and regions. Local health care leaders will need to be at the fore of shaping and implementing these changes and so it is critical that the leadership capability within the mental health sector is supported, that their expertise in transforming care systems harnessed, and future leaders in mental health developed.

Opportunities and challenges for mental health services and their patients

Collaboration across local health and care systems has the potential to improve and better integrate mental health services with the rest of the health and care system, improve patient experience, reduce morbidity and mortality rates, reduce the unmet need in mental health, and innovate to go further, faster.

As ICSs develop, health services will be systematically reviewed and re-configured. This throws up challenges around the viability of mental health trusts, many of which might be too small to have their voice heard and could face re-organisation.

Advice for local leaders from established ICSs, STPs and Provider Collaboratives:

Maintain clear purpose
- Aim towards ensuring everyone who uses mental health services has equitable access to effective early interventions and equitable experiences of care and outcomes across all protected characteristics.

- ICS and STPs 5 year plans should reflect mental health commitments in the *NHS Long-Term Plan* and implementation guidance which are prioritised and tracked at ICS board level.

Engage and collaborate
- Work with patients, public, staff, local authorities and voluntary sector to develop a shared understanding of patient needs and to design services to meet these needs.

Make use of population health management, data and outcomes
- Develop a population health management workstream which includes mental health expertise.
- Develop a system-wide mental health and wellbeing outcomes framework co-designed with users, which defines partners' collective ambition for improving outcomes.

Using new contractual models to deliver high quality care
- If a lead provider is awarded an ICP contract where mental health services are in scope, their priorities should align with Long Term Plan mental health proposals and the commitment to achieve parity of esteem between mental and physical health.
- Sub-contracting a mental health trust should be required to happen in a mutually beneficial way with agreement from both parties.
- Primary mental health care should be a core requirement of any primary medical services integration agreement, even if the local mental health trust(s) are not part of the ICP.

Workforce planning and training
- Develop a credible mental health workforce plan, to include recruitment, training and retention and wellbeing schemes to meet the mental health priorities of the local population and in line with requirements in the *NHS England Mental Health Implementation Plan.*
- All frontline staff to receive mental health training with joint training across ICS organisations.

Funding, whole population budgets and incentives
- Agree an ICS mental health investment strategy taking account of the *NHS Long Term Plan*.
- Fairly apportion capital funding to mental health trusts based on ICS estates and capital plans.

Ensuring mental health leads
- Mental health leaders' experiences of working across complex systems is invaluable in supporting others to adapt.
- Current and future leadership capability in mental health should be considered.
- Mental health leadership should always include service users supported to be able to effectively participate throughout planning and delivery.
- Promote clinical leadership across ICSs, supporting clinicians to engage with ICS developments.

Governance
- Senior mental health leaders should be at the heart of all relevant local decision-making structures.
- At least one senior mental health leader in the programme management team should be responsible for overseeing implementation for each new model of care and involved in any relevant contract negotiations, with input from relevant specialists for specialised services.

Access the full report: http://www.rcpsych.ac.uk/mental-heath-ICS

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[i] Global Burden of Disease, measured as Years Lived with Disability (YLDs), age standardised per 100,000 population. Available from: http://ghdx.healthdata.org/gbd-results-tool [Accessed 28 March 2019].
[ii] McManus, S. et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. 2016 Leeds: NHS Digital. Available at: http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf. [Accessed 28 March 2019].
[iii] Naylor, C., Taggart, H. and Charles, A. Mental health and new models of care: Lessons from the vanguards. 2017. Available at: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/MH_new_models_care_Kings_Fund_May_2017_0.pdf. [Accessed 28 March 2019].