BRIEFING

Centre for
Mental Health

55: Integrated Care Systems and mental health

Summary

Integrated Care Systems bring together all of the NHS organisations and upper tier local authorities in a geographical area in order to plan health and care services together across the system. They are responsible for implementing key aspects of the NHS Long Term Plan, including planned improvements to mental health services.

Supporting mental health will be essential for the success of any Integrated Care System. Mental health conditions and poor emotional wellbeing are important in and of themselves. But they are also critical to good physical health and quality of life. Better mental health support saves lives and saves money for the NHS.

Integrated Care Systems can make an impact on the health of their populations by:

1. **Preventing ill health:** poor mental health can be a major contributor to poor physical health, and vice versa. So investing in preventing mental health difficulties may bring about improvements in overall health and generate significant cash-releasing savings long-term. This includes providing effective mental health support to women during pregnancy and after they have given birth.

2. **Linking mental and physical health so that:**
    *   People with long-term conditions get high quality mental health support
    *   People with persistent physical symptoms get specialist help
    *   People with long-term mental health difficulties get the right physical health care.

3. **Improving mental health services:** Integrated care systems work at a scale that will enable them to tackle systemic issues in mental health service provision beyond the local level. For example they can address why some people are admitted to hospital beds far from home and develop service models at the right scale to meet levels of need in their populations.

There are significant challenges for Integrated Care Systems to overcome in achieving their potential. Getting the right workforce in place will be a major challenge in most areas and will require long-term solutions. There is no guarantee that Integrated Care Systems will prioritise mental health or look beyond their Long Term Plan commitments. Their relationship with local authorities is not uniformly strong, and the funding imbalance between the NHS and local government is getting bigger every year - yet a strong and equal partnership between them will be vital for improving mental health and preventing illness long-term. And hearing the voices of communities and people using services can be a challenge when working at system level with such large populations.

Integrated Care Systems that afford equal priority to mental and physical health, that invest in prevention and that work alongside partners and communities can bring about significant and lasting improvements in the health of the people they serve.

Introduction

The establishment of Integrated Care Systems in every part of England is an opportunity to address some of the biggest inequalities and gaps in provision for mental and physical health nationwide. This policy briefing explores the potential for Integrated Care Systems to bring about improvements in mental health support, and how doing this can contribute to the effectiveness and efficiency of the health and care system as a whole.

Integrated Care Systems (ICSs) bring together all of the NHS organisations and upper tier local authorities in a geographical area in order to plan health and care services together across the system. They cover large areas, typically with populations of more than a million.

They began life in 2016 as Sustainability and Transformation Partnerships (STPs), all of which will have developed into ICSs by April 2021 as part of the NHS Long Term Plan.

Legislative reforms put forward by NHS England propose that ICSs will in the future have a statutory footing, replacing clinical commissioning groups as the bodies responsible for spending NHS monies in localities. Until that happens, ICSs have an advisory role to the NHS's statutory bodies in their local areas. But major decisions are already being made at this 'system' level in many areas of the country. And it is at this level that local implementation plans for the mental health components of the NHS Long Term Plan are being made.

Mental health policy priorities

The NHS Long Term Plan sets out a clear agenda for investing in expanded mental health support. It introduced additional funding of £2.3 billion by 2023/24; some of it given directly to local areas in 'baseline' funding and some of it controlled from the centre through ringfenced 'transformation funding'.

Priority areas in the Long Term Plan for mental health include:

• Improving community and primary mental health services for adults

• Developing better mental health crisis services for both adults and children

• Extending the Improving Access to Psychological Therapies (IAPT) programme, with a particular focus on reaching people with long-term physical conditions

• Expanding child and adolescent mental health services, including creating Mental Health Support Teams in schools

• Creating new specialist services in some localities for rough sleepers and problem gamblers.

As well as allocating additional funding for mental health services, the Long Term Plan (NHS England 2019a) and subsequent Mental Health Implementation Framework (NHS England 2019b) set out ambitious plans to expand the workforce. They build on the planned expansion of 19,000 whole time equivalent staff from the Five Year Forward View for Mental Health to add a further 27,000 by 2023/24. Together, these represent an unprecedented increase in the total NHS mental health workforce. So far, progress towards the former target has been slow, meaning that the required growth for the next five years will be greater still.

Integrated Care Systems are expected to be at the heart of efforts to implement the Long Term Plan's mental health programme. Each ICS (or STP where the ICS is yet to be established) has been charged with developing a plan for how it will undertake its responsibilities locally. Some will receive funding sooner than others for some aspects of the Long Term Plan: for example, twelve ICS areas were selected as the first wave of areas to receive funding to expand community and primary mental health services.

Opportunities for Integrated Care Systems

Supporting mental health will be essential for the success of any integrated care system. Mental health conditions and poor emotional wellbeing are important in and of themselves but they are also critical to good physical health and quality of life. We have identified three key areas below where Integrated Care Systems have the potential to make a significant contribution to the health and wellbeing of their community, to improving the efficiency and productivity of health and care systems overall, and to reducing longstanding health inequalities.

1. Preventing ill health

One of the major priorities for all Integrated Care Systems will be to bring about a shift towards prevention in local health and care systems.

Poor mental health can be a major contributor to poor physical health. For example the psychological and social stresses we face in life may be why we smoke, eat unhealthily or drink excessively (PHE, 2017). Investing in preventing mental health difficulties may therefore bring about improvements in population health and generate significant savings long-term.

Integrated Care Systems can address mental health inequalities in their communities by using data and intelligence from local authority Joint Strategic Needs Assessments and by seeking to understand the social, economic and environmental determinants of health. By bringing agencies together they can identify the biggest gaps and the most disadvantaged communities and explore long-term solutions where a system level response would help to close the gap.

Mental health inequalities in numbers

Children from the **poorest 20%** of households are **four times** as likely to have **serious mental health difficulties** by the age of 11 as those from the wealthiest 20% (Morrison Gutman et al, 2015)

Men and women from **African-Caribbean communities in the UK** have **higher rates of post-traumatic stress disorder** and **suicide risk** and are more likely to be **diagnosed with schizophrenia** (Khan et al, 2017)

Deaf people are **twice as likely** to experience **mental health difficulties** (All Wales Deaf Mental Health and Well-Being evidence to the Commission)
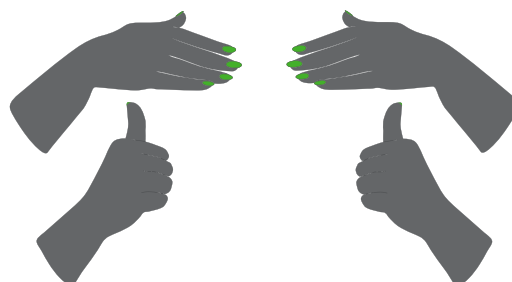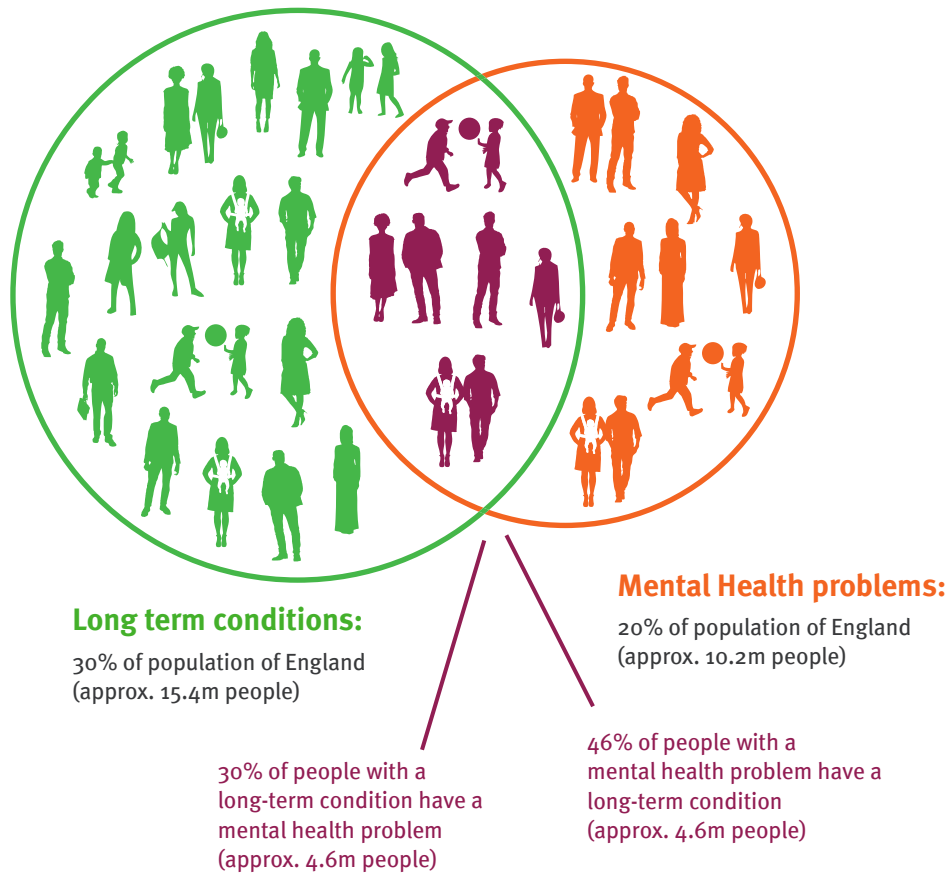
An ICS could, for example, bring about improvement system-wide by providing effective mental health support to women and their partners during pregnancy and after they have given birth. Poor maternal mental health is highly distressing and carries a heavy long-term cost. Ensuring that primary care and maternity services are able to identify needs quickly and refer to effective support can make a big impact on women, their babies and their wider families (Bauer *et al.*, 2014). Training midwives, health visitors and GPs – and then ensuring they have the time to discuss mental health with new mothers – is just as important as investing in specialist services to ensure no one misses out on the help they need.

Specialist psychological support for women who tragically lose their babies through still birth or neo-natal death is also essential and has both immediate and long-term benefits (O'Shea, 2019a).

2. Linking physical and mental health

Having a long-term physical illness doubles a person's chances of having a mental health difficulty, and having multiple physical illnesses increases the risks even more. Co-occurring mental health problems in turn worsen physical illnesses. On average, this adds 45% to the cost of supporting each person with a long-term condition; equivalent to one pound in every ten of all NHS spending (Naylor *et al.*, 2012).

The overlap between long-term conditions and mental health problems

Long term conditions:
30% of population of England (approx. 15.4m people)

Mental Health problems:
20% of population of England (approx. 10.2m people)

30% of people with a long-term condition have a mental health problem (approx. 4.6m people)

46% of people with a mental health problem have a long-term condition (approx. 4.6m people)

From Long-term conditions and mental health: the cost of co-morbidities www.centreformentalhealth.org.uk/publications/long-term-conditions-and-mental-health-cost-co-morbidities

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Between a quarter and two-thirds of people in outpatient departments have mental health difficulties, often hidden by persistent physical symptoms (O'Shea, 2019a). Many make frequent use of both primary care and hospital services, sometimes enduring multiple physical tests and interventions with little or no benefit.

Having a long-term mental illness also increases a person's risk of physical ill health. People living with psychosis are three times as likely to have diabetes and twice as likely to have most other long-term conditions, including coronary heart disease, asthma, stroke and COPD (PHE, 2018). More than 40% of people with a long-term mental illness smoke, compared with less than 15% of the general population (Equally Well, 2020).

Integrated Care Systems can work with CCGs and Primary Care Networks within their local areas to ensure that:

People with long-term conditions get timely and effective mental health support: from diagnosis onwards, ready access to emotional and psychological support is essential for anyone living with a long-term condition. For some, Improving Access to Psychological Therapies (IAPT) services will be helpful. Others may require ongoing 'collaborative care' where mental health professionals are embedded in clinical teams treating the person's physical condition, so that their needs are met more holistically (Naylor *et al.*, 2012).

People with persistent physical symptoms get specialist psychological help: the Primary Care Psychological Medicine (PCPM) team in Nottingham has demonstrated that specialist support for people with complex needs can improve health and at the same time reduce costs in both primary care and hospitals (O'Shea, 2019c). In its first year alone, PCPM brought about cost savings in excess of its own staff costs.

People with long-term mental health difficulties get the right physical health care: access to clinically effective and NICE-recommended smoking cessation treatment for people with a mental illness is essential to achieve a smoke-free future and reduce health inequality (Equally Well, 2020). All physical health interventions need to be equally accessible to people with mental health conditions. The Equally Well initiative provides evidence and practice examples to help the NHS and its local partners to make equal health a reality: visit www.equallywell.co.uk

Equally Well UK

3. Improving mental health services

Integrated Care Systems work at a scale that will enable them to tackle systemic issues in mental health service provision beyond the local level. For example they are well placed to address why some people are admitted to hospital beds far from home. Working at a system level, they can identify why 'out of area placements' happen and what is needed to prevent them.

The expansion of Provider Collaboratives can help to boost community-based crisis services for children and young people and locally-based rehabilitation services for adults with more complex mental health needs. These services have both seen significant cuts in many local areas in the last decade, increasing reliance on high-cost hospital placements, some of which go on for months and years at a high cost to the people concerned and the local health economy (O'Shea, 2020; Wright, 2017). Fragmented commissioning has been a major contributor to this situation, creating a high risk of cost-shunting and poor outcomes for some of the most vulnerable people (O'Shea, 2019b).

Nowhere is the need for change in the health and care system greater than in the services offered to people with learning disabilities and autism. The use of long-term hospital placements under the Mental Health Act for people with 'challenging behaviour' has been identified as a priority for reform through the Transforming Care programme. Integrated Care Systems will need to lead the way in creating services that respond better to neurodiversity and improving wider systems of support for both children and adults with autism or a learning or developmental disability.

Mental health inequalities in numbers

70% of **children** with **autism** (Simonoff et al, 2008) and **80%** of **adults** with **autism** (Lever and Geurts, 2016) have at least one **mental health condition** (Autistica evidence to the Commission)

Children and young people with a **learning disability** are **three times** more likely than average to have a **mental health problem** (Lavis et al, 2019)

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Challenges for Integrated Care Systems

Will mental health get prioritised?

It is early days in the development of Integrated Care Systems. Many are still finding their feet and some are wrestling with large financial deficits while others are better developed. Analysis of the New Models of Care 'Vanguards' that began the journey towards Integrated Care Systems found that few prioritised mental health (Naylor *et al.*, 2017). And, historically, mental health has had to work hard for a 'fair share' of NHS resources and attention in a system that defaults to keeping it on the margins. Assertive and effective leadership is essential to ensure history does not repeat itself in Integrated Care Systems.

Mainstream vs specialist provision

The NHS Long Term Plan gives ICSs a leading role in implementing its mental health service pledges. This will be a challenge for all systems, especially those still finding their feet. But there is also a risk that opportunities for integration in local systems will be missed in the pursuit of nationally mandated targets. Integrated Care Systems will need to combine a resolute focus on implementing the Long Term Plan with an ability to innovate and work collaboratively to bring psychological approaches to a wider range of needs.

The workforce challenge

The biggest challenge facing every ICS in implementing the ambitious service changes promised in the Long Term Plan will be their ability to expand the mental health workforce sufficiently. They will need to work with education and training bodies to expand recruitment into the wide range of professions that are required, while supporting service providers to retain existing staff, and creating new career pathways to attract a wider range of people to work in mental health (Durcan *et al.*, 2017).

User voice and coproduction

There is a growing appreciation in mental health services of the importance of coproduction and co-design. Services that are designed in equal partnership with the people who use them, and then delivered in the same way, are valued highly and have brought about big changes in the way services are delivered. Embedding these principles into distant and high level Integrated Care Systems will be a challenge and may even undermine existing coproduction structures and systems.

The importance of local authorities

Local government plays an important role in promoting mental health and providing support to people with mental health needs. This includes the essential services provided by social care for adults, children and families; the pivotal role of public health, not least in addiction services; school nursing and health visiting; and housing (which in two-tier council areas is the responsibility of the lower tier authority).

It is unclear as yet how far STPs and ICSs are really working in partnership with local authorities and what impact different commissioning models will have on the relationships between them. This may be easier where the ICS covers fewer local authorities or where decision-making is devolved within a larger system to 'places' at the same level as the local council. This is particularly important for mental health, where local authorities have such an important role and key decisions need to be made at 'place' level to maintain partnerships that are already under pressure from the growing inequality in resources between NHS and local government health budgets.

Voluntary and community sector

Voluntary and community organisations have multiple roles in mental health support. From advocating for neglected or poorly served groups to providing essential services, the sector plays many roles, often simultaneously and sometimes with severely limited resources (Allwood and Bell, 2019). Many work in very localised areas or with marginalised groups that do not find statutory services helpful, for example through offering peer support, advocacy or welfare advice. Having a voice at ICS level, let alone being able to compete for contracts, is going to be challenging for these organisations. Building relationships with a range of organisations from the voluntary sector will help an ICS to understand and address inequalities.

Conclusions

Integrated Care Systems, and those who work in them, have a unique window of opportunity now to put mental health first, not last, on their agenda. While early indications of this happening in practice are mixed (RCPsych, 2019), it is still possible for Integrated Care Systems to bring about a decisive shift towards equality between mental and physical health at the start of a new decade.

To maximise their chances of making that change, Integrated Care Systems will benefit from reframing mental health, from being separate to physical health to being essential for every other aspect of health and care. Integration requires systems to come together to offer a 'whole person, whole population' service that makes parity between mental and physical health part of the everyday routine of all professionals and organisations.

There are important opportunities Integrated Care Systems can take to prioritise prevention of both mental and physical ill health by addressing the underlying causes of poor health and tackling inequalities at scale. They can help to build health-creating communities that give everyone the best possible chance of enjoying good health and reduce the risks faced by those who have the poorest chances. That will mean working together with local government as well as voluntary and community organisations and a range of other public services including police and fire services, housing, education and employment.

Integrated Care Systems that put mental health at the fore can bring compassionate and collaborative leadership to the NHS in systems where no single organisation is in control or on top of the others. Ultimately, respectful partnerships in which power is shared, equality is maintained and decisions are made as locally as possible will be essential for a successful ICS. Greater equality for mental health is within reach if Integrated Care Systems are prepared to make it a reality.

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