



National Mental Health
Development Unit

Mental Health and Housing: Resources for Commissioners and Providers

Integrated care

Briefing

1.0 CONTEXT

“The Government is clear that joint, integrated working is vital to developing a personalised health care system that reflects peoples’ health and care needs.¹”

- 1.1 The Government wishes to see greater integration between health and social care. This is to ensure that from the patients’ perspective services are provided seamlessly to meet their health and social care needs effectively and efficiently. In mental health this also means ensuring that the whole service is focused on recovery and sees housing, employment and social connectedness as front-end issues. There is also a recognition that the delivery of the QIPP agenda (Quality, Innovation, Productivity and Prevention) or doing ‘more for less’ must be supported by a level of innovation and transformation at a pace previously not seen in the NHS.
- 1.2 GP Commissioners will not be able to afford the level of infrastructure that was developed by PCTs. This means that they are not going to be able to be as involved in specifying how services are going to be delivered. GPs as Commissioners will be more concerned to set the desired outcomes rather than engage with the broad range of providers needed to provide an integrated service. This means that service design should be more the concern of the providers. The National Service Framework on Mental Health drove the development of a number of community based mental health services. These teams were usually formed with the intention of avoiding acute admissions².
- 1.3 Commissioners within PCTs and Practice Based Commissioners have worked hard to deliver seamless care across sectoral, institutional and professional boundaries. However, they have been frustrated by both organisational and institutional structures on the one hand and current payment mechanisms on the other can frustrate joint working across organisational and sectoral boundaries³. It is possible to develop a shared operating framework and to pool resources to deliver the desired innovation. However, it is difficult to achieve a truly seamless service and to develop a care package that delivers both the desired quality and productivity.

1 DH / CLG (2010) Liberating the NHS : Local democratic Legitimacy in Health – a consultation on proposals. London : Department of Health

2 Smith J and Goodwin N (2006) Towards Managed Primary Care. Farnham : Ashgate.

3 Lewis R, Rosen R, Goodwin N and Dixon J (2010) Where Next for Integrated Care in NHS Organisations in the English NHS / King's Fund / Nuffield Trust : London.

INTEGRATED CARE

- 1.4 One option that was given a high profile in the Next Stage Review⁴ emphasized the importance of what it called Integrated Care Organisations as a way of delivering better care and better value for money. There were a number of possible models that were suggested. These ranged from multi-professional teams delivering integrated care packages, networks of organisations operating under integrated budgets and merged organisations and integrated commissioner and provider organisations. However, their effectiveness is dependent upon:
- a concentration on a group of patients with specific long-term conditions;
 - shared goals and an alignment of financial incentives to support them;
 - shared intelligence and data across organisations.
- 1.5 Their effectiveness is also dependent on their ability to manage some apparent tensions between integrated care and choice for patients. In other words is it possible to reconcile the need for integrated care to manage care within pre-determined pathways and the ability of patients to exercise choice between providers⁵? Patients could choose between different integrated care options however these providers would need to be carefully regulated to ensure that there is no “cherry picking of patients” .
- 1.6 Integrated care organisations take responsibility for the end to end demand management of care pathways across primary, secondary and community care to improve patient outcomes at lower cost. As such, the concept involves providers in sharing responsibility for achieving health outcomes for a defined patient population whilst, at the same time, sharing the savings that can come from better care management and more integrated delivery⁶.
- 1.7 There are specific health conditions where the timely provision of care can significantly improve the patient experience and the cost of care. The Commissioning process is simplified and focuses only on what outcomes are desired for what population for what budget. The ICO then brings together a range of providers who will take responsibility for delivering the outcomes and managing the risks. Services are brought into a structured care pathway with clear accountabilities from end to end.

4 DH (2008) High Quality Care for All : NHS Next Stage Review. DH : London.

5 Lewis R, Rosen R, Goodwin N and Dixon J (2010) Where Next for Integrated Care in NHS Organisations in the English NHS. Nuffield Trust / King's Fund : London

6 Mallender J, McNab R and Inman L (2010) Achieving Integrated Care : Reflections for Policy Makers. Matrix Knowledge Group and Optimity Advisors. www.matrixknowledge.com

- 1.8 Service design would be undertaken by those responsible for providing the service and those who will be receiving the service with the freedom to innovate and drive out inefficiency and ineffectiveness. The mental health care pathway provides an excellent environment in which to develop more innovative models of care and to look in new ways at the financial flows. There are already good models of integration and cooperation in mental health and the development of the clusters and the tariffs could help with the development of appropriate financial incentives to drive behaviour change⁷.
- 1.9 There are a number of characteristics that are associated with successful integrated care models and a number of challenges in terms of governance and funding that need to be addressed if the barriers in the system are to be overcome:-
- i) new relationships need to be established based on new forms of contractual relationships;
 - ii) there needs to be an agreed approach to the development of resource plans and the pooling of funding;
 - iii) an expectation that providers will stick to agreed standards and pathways with a view to reducing acute activity and improved outcomes;
 - iv) an alignment of clinical outcomes;
 - v) parties with more downside risk receive more upside reward;
 - vi) resource planning for the whole pathway;
 - vii) resource pooling to ensure joint working.

7 Mallender J, McNab R and Inman L (2010) Achieving Integrated Care : Reflections for Policy Makers. Matrix Knowledge Group and Optimity Advisors. www.matrixknowledge.com

MOVING FORWARD

- 1.10 Getting new developments delivered to patients is key to improving quality and guaranteeing some form of consistency of experience across a population. If we want to fundamentally change health and social care to better meet the needs of the designated population within resource constraints then we have to change the fragmentation in the system and to ensure that resources can flow to where they can have maximum effect. The creation of new organizational forms that allow for the better use of skills, knowledge and resources (including that of the patients) through collaboration is key to effective systems change⁸.
- 1.11 To make this work we must ensure that people across the system have access to the information they need about what works. Information needs to flow between secondary and primary care – and between primary care and the patient. Integrated care pilots make most sense when they are based on registered populations and rooted in primary care. For many GPs integrated care will be a step too far⁹. One way of addressing this has been to develop multi-speciality local clinical partnerships¹⁰. Certainly, such an approach would work well in mental health. However, integrated care pilots have also struggled to ensure that the pathways extend into the community. This will be key if there is going to be a truly integrated approach to recovery.

8 Scott C et al Integrated Systems and Integrated Knowledge. Healthcare Quarterly Vol 13 Special Issue October 2009.

9 Lewis R, Rosen R, Goodwin N and Dixon J (2010) Where Next for Integrated Care in NHS Organisations in the English NHS. Nuffield Trust / King's Fund : London

10 Smith J, Wood L and Elias J (2009) Beyond Practice Based Commissioning : The Local Clinical Partnership. Nuffield Trust / NHS Alliance : London



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The National Mental Health Development Unit (NMH DU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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