Mental Health in the Integrated Care System Implementation Tool

Healthy London Partnership

Background

By April 2021 the Long Term Plan (LTP) requires all Sustainability and Transformation Partnerships (STP) to become Integrated Care Systems (ICS).

As of November 2019 there is **no fixed national blueprint** for how ICS should evolve. NHS England and Improvement (NHS EI) have published **'Designing Integrated Care Systems'** guidance which summarises different approaches that can be taken.

This Mental Health ICS implementation tool aims to:

- Act as a **self assessment tool** for London's STPs to **support their evolution and development** of Integrated Care Systems.
- Support ICS leaders to understand the degree to which **mental health across all ages is appropriately embedded** within their developing ICS architecture.
- **Inform discussions** across the ICS and be used as a **platform for local action**.

This tool is intended to be **iterative and expected to evolve** as ICSs learn and mature and acknowledges that **systems will be at different levels of maturity.**

This is not a performance management, assurance or RAG rating tool.

The Healthy London Partnership Mental Health in Integrated Care Systems Board has sponsored the development of this content on behalf its provider and commissioner Senior Responsible Officers. A number of workshops have been held with London MH leaders with a range of different perspectives and experiences including Primary Care, Children and Young People MH Commissioning, Providers (service user leads, clinical, strategy, operations and finance leads), and local authority (LA) leads. It has been developed in joint collaboration with NHS EI mental health policy team. It takes into account content, emerging lessons and recommendations contained within the:

- Designing ICSs in England National ICS Maturity Matrix (2019)
- Primary Care Networks Maturity Matrix (2019)
- King's Fund 'A year of integrated care systems' report (2019)
- Social Care Institute for Excellence Leadership in integrated care systems (2018)

November 2019_Vf

Contact hlp.mhtransformationlondon@nhs.net for more information

How to use this implementation tool

- This implementation tool contains detailed information to support discussions across the emerging ICS in order to strengthen mental health within it.
- It is not intended to be read from start to finish.
- It is intended to be a helpful reference resource, you can 'dip into' the relevant sections as needed.

High level themes

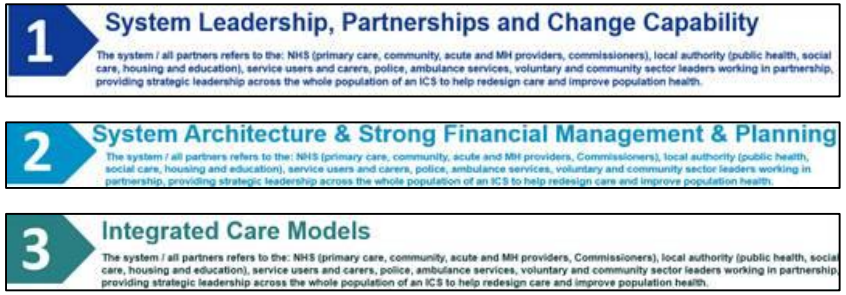
Slide 5 is a one-page summary of 'high level themes' within the whole document that are cross-cutting and integral to strengthen MH within an ICS.

This can be used alongside the public and service user/client summary document.

Main section overviews

There are 3 sections which have been based on the national **Integrated Care Systems Maturity Matrix***. Each section has a high level overview page which provides a summarised narrative of the sub-sections within it.

This can be used as a starting point, setting the scene for what each section will cover in greater detail.



Sub sections

The statement at the top of each page is not specific to MH and has been taken directly from the national **ICS Maturity Matrix.**

The sub-sections provide greater detail and describe the MH 'actions' or 'principles' required to support implementation.

*NB the national ICS MM contains a fourth domain 'Track record of delivery' – this domain has been combined within the three main sections of this tool

How to use this implementation tool

There are three levels of evolving maturity…

Developing

Systems may already be doing some of this and are working towards becoming a maturing ICS.

These things need to happen before it can move into becoming a maturing ICS.

Maturing

What systems need to have done before April 2021 as outlined in the LTP.

These things need to happen before it can move into becoming a thriving ICS.

Thriving

These systems are considered the most mature version of ICSs.

There is not a specific timeline set for a thriving system.

Contents

There are 3 main sections (or domains) with sub-sections.

Click on the ⊗ to take you to the page.

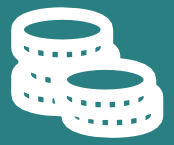
High level themes

Below are the high level themes that underpin the key elements of an ICS. The themes are cross-cutting and do not correspond with the sections within this Mental Health Integrated Care Systems development tool.

Vision/ Plan

- The ICS understands the benefits that good MH care has on the whole system.
- It is essential that the right MH partners are at the table to help shape this vision and shared by other partners such as LA, commissioners, service users, carers, non-health, education etc.

System architecture



- There is a clear division of responsibility and accountability between MH organisations and system partners.
- The ICS has collective delivery of plans with an ‘open book’ approach across all health and care providers and commissioners.
- Resources are allocated taking a cost-effective, system-wide approach to meet the wider determinants of health.

Personalisation & choice

- Staff and patients have the necessary infrastructure in place to enable personalised and self-driven care.
- The system has an open approach to promote personalised care.

Understanding of what is taking place at each level

- Partners are active in supporting the maturity of the ICS at system, place and neighbourhood.
- The ICS has a clear understanding and agreement about what is delivered at system, place and neighbourhood.

Partnership & Co-production

- The system is working to develop strong collaborative leadership where MH features through system partnership working- mental health is considered everyone's business.
- The ICS is committed to supporting improvements of service user experience and recovery through outcome measures, promoting shared decision-making and personalised care.

Population health

- The system understands and is driven by the population health needs of the locality. MH is a part of the wider discussion and helps to inform and shape services.
- The ICS is committed to driving an outcomes focused approach to population health management and is collecting and using outcomes (patient and clinician reported and system process outcomes).

1 System Leadership, Partnerships and Change Capability

The system / all partners refers to the: NHS (primary care, community, acute and MH providers, commissioners), local authority (public health, social care, housing and education), service users and carers, police, ambulance services, voluntary and community sector leaders working in partnership, providing strategic leadership across the whole population of an ICS to help redesign care and improve population health.

Developing	Maturing ICS (by 2021)	Thriving ICS
The ICS has a clear vision of progress and delivery against the Five Year Forward View for Mental Health (FYFVMH) and is putting in plans to ensure the delivery of the LTP requirements.	The ICS has a clear, shared set of system outcomes that underpins its strategy and vision which include mental health outcomes. Progress is being made to build a common purpose, collectively owned narrative and public narrative in support of the vision and strategy.	The ICS has a clear, shared set of system outcomes that underpins its strategy and vision to which progress is being made and impact is being demonstrated against.
The ICS recognises the need for strong collaborative leadership that includes expertise in mental health. Relationships across all partners are developing.	Governance and clear accountability structures are agreed and are maturing within the ICS, supporting leaders to make decisions. There is dedicated mental health clinical, management and service user leadership capacity within the ICS.	Robust governance and clear accountability structures are in place and support the ICS. The ICS undertakes an integrated self-assessment assurance function.
There are examples where co-production with service users, carers and citizens has provided benefits to the system, however co-production is not yet embedded as a core function that drives decision making.	ICS system leaders ensure that co-production of services with service users, carers and citizens is embedded as a core function of the ICS and is the key driver of a change.	All partners are involved with decision making within the ICS.
There is a shared understanding of system, place and neighbourhood priorities for action to improve mental health outcomes and mental health inequalities.	All partners within the system recognise mental health as everybody's business, with leadership debate steered away from discussions regarding organisation-specific objectives towards broader objectives to achieve improvements in population health outcomes.	Mental health leaders across the system skilled at working with system partners to identify and scale innovation.
There are up to date joint strategic needs assessments, which explicitly address mental health across all ages, in place within the ICS.	A proactive approach to talent identification and management to build a strong pipeline of mental health leaders is developing.	There is a strong focus on outcomes, population health, building relationships, learning and capacity building.

1.1 Strong collaborative and inclusive system leadership and governance

All system leaders signed up to working together with the ability to carry out decisions that are made.

Collaborative and inclusive system leadership and governance; including primary care, Non-Executive Directors (NEDs), the voluntary and community sector, local authorities and social care providers.

Strong collaborative and inclusive system leadership, including primary care, NEDs, the voluntary and community sector, local authorities and social care providers. Robust governance in place including clinical leadership and Health and Wellbeing Boards.

Developing

Collaboration

- ✓ The importance of mental health to overall health and life outcomes across the life course is understood by ICS leaders, who show an interest in - and commitment to – transforming care & improving mental health outcomes.
- ✓ ICS leaders engage service users, carers, citizens and voluntary sector and community groups at place and neighbourhood levels to co-produce plans and the design of services.
- ✓ The ICS Partnership Board includes expertise from leaders with a responsibility for mental health. This could include MH provider executive leaders, acute providers, Primary Care Networks (PCNs), Clinical Commissioning Groups (CCGs) and council leaders.
- ✓ Mental health leaders support the planning and development of delivery models across the whole ICS.

Leadership

- ✓ ICS leaders are developing MH system leadership capacity and capability and this includes people with lived experience, NHS, local authority (including Health and Wellbeing Boards), voluntary sector, and community sector organisations.
- ✓ The ICS has identified GP and psychiatry clinical leaders for mental health and they are supporting the development of the ICS clinical vision and plans.

Governance

- ✓ A Mental Health Board with appropriate representation from the ICS, for example primary care, providers, CCGs, local authorities, housing, education, service users, voluntary, community and third sector, police, ambulance services. It reports into the ICS Partnership Board and drives integration and transformation.

Maturing ICS (by 2021)

Collaboration

- ✓ The principles and practice of co-production are embedded within ICS governance arrangements at system, place and neighbourhood levels.

Leadership

- ✓ There are identified ICS service user, carer and citizen leaders for mental health and they are supporting the development of the ICS clinical vision and plans.
- ✓ There are identified community and voluntary sector leaders for mental health (including Children and Young People's (CYP) MH and older people) and they are supporting the development of the ICS clinical vision and plans.
- ✓ MH provider non-executive leaders are engaged in the ICS, including in any non-executive ICS forums.
- ✓ Primary Care Networks have an identified clinical lead for mental health.
- ✓ ICS Leaders are working effectively together to ensure strategic plans enable care to be provided within the right setting and at the right time.
- ✓ Mental health clinical leaders and management help translate how the strategic plans for the ICS, relate to place and locally based neighbourhood teams.
- ✓ Executive informatics leadership roles within the ICS have a clear understanding of mental health data across the whole age range, and the challenges and opportunities it provides. The data is frequently reviewed at executive level and all partners understand the need to support the system to articulate that good mental health has to social & economic benefits within the wider system.

Governance

- ✓ Governance structures agreed with all partners are simple, transparent, and provide clarity about how accountability will work across the system and what are the responsibilities of the constituent organisations including Health and Wellbeing Boards.

Thriving ICS

Leadership

- ✓ Service user co-creation and co-production (including children & young people and carers) drives and underpins changes at ICS level. To support this the ICS has built in service user leadership capability and capacity with a regular feedback loop provided to the ICS.

- ✓ Mental health leaders (including CYP MH) have an expert advisory role within the ICS that uses their experience of working in complex systems across different health care models to drive and support the evolution and innovation of ICSs.

- ✓ MH clinical executive leadership is aligned within the Integrated Care System and provides a clear accountability to ICS. MH leaders with decision making capabilities are supported to influence the wider system.

Governance

- ✓ Systems have accountability and governance arrangements that assess, monitor and drive performance in the quality of services, and the quality of experience for people using them. Beyond Barriers CQC report.

1.2 Shared system vision and objectives

The ICS vision and objectives is in development, a common purpose and a collectively-owned narrative is being built and tested with its communities..

Clear shared vision and objectives, with consistent progress seen.

A strong public narrative outlining how integrated care is benefiting communities is making demonstrable impact on outcomes.

Developing

Vision

✓ ICS partners are working together to develop a shared vision and supporting narrative that articulates the benefits of integration, including mental health.

✓ ICS partners have a shared understanding that good MH underpins good overall health and life outcomes.

Planning

✓ There are up to date joint strategic needs assessments (JSNAs) in each of the local authority areas/place based systems within the ICS footprint, and the ICS has a developing understanding of shared issues and priorities across all JSNAs.

✓ The ICS has a clear plan for delivering the FYFVMH ambitions by April 2021.

✓ The ICS has an evolving plan for how it expects to deliver the Long Term Plan Implementation Framework for MH.

Maturing ICS (by 2021)

Vision

✓ ICS partners have a shared vision and supporting narrative for all ages that is recognised by service users, carers and citizens, and by staff across each of the ICS partners and other stakeholders.

✓ The vision and narrative explicitly includes a commitment to:

- improving mental health outcomes,
- reducing health inequalities, and
- Working towards a seamless transition between (CYP) MH and adult services.

This is underpinned by improved population health management, and more integrated mental health service delivery

Planning

✓ The ICS has a clear and well-developed understanding of shared issues and priorities across JSNAs and is making progress in tackling them.

✓ The ICS has an agreed set of population mental health outcomes for all ages, including key mental health inequalities, and has plans in place to improve against them.

Thriving ICS

Vision

✓ Mental health and wellbeing across all ages is a priority within the ICS's shared vision and supporting narrative. The ICS's single strategy sets out the vision which is underpinned by a strong focus on collecting and using outcomes data to drive quality improvement.

✓ The public narrative developed by the ICS is owned by communities who are able to articulate the benefits and impacts integrated care has on outcomes, parity and reducing mental health stigma.

Planning

✓ Strategic plans are developed that help all system partners understand how they contribute to ICS goals and performance.

✓ Robust CYP MH and local wellbeing transformation plans are in place and are aligned with the ICS strategic plan.

✓ Collaboration between NHS and LA leaders to develop a system-wide approach to strategy, finance and performance.

✓ The single strategy and agreed outcomes developed by the ICS has been co-produced by people with a lived experience of mental health illness (including CYP and carers).

✓ Ensure that at place level there is multi-partner involvement from the health and social care sectors e.g. through 'multi-agency discharge events' – MADE.

✓ At place level, there is active monitoring of the impact of integrated care on mental and physical outcomes.

1.3 System transformation partnership and engagement

Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.

Effective on-going involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.

A greater emphasis on partnership working and system-wide quality in within its regulatory activity.

Developing

Partnership and engagement

- ✓ Relationships are developing with local government, voluntary and community partners in order to support service users and carers across their life course. For example Thrive LDN, which is a city-wide movement to improve the mental health and wellbeing of all Londoners.
- ✓ Plans are in place to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.
- ✓ Voluntary, community and social enterprise (VCSE) sector organisations are recognised as key partners in helping the delivery and implementation of integrated working.

Decision making

- ✓ Plans are developing for sharing greater responsibility for integration across all partners. All partners are aware and understand each others statutory duties. For example local authorities are accountable to local people and politicians and may have an active role in supporting population health management at borough level.

Asset management

- ✓ Neighbourhood networks are mapped social prescribing assets in their locality and directing people appropriately

Maturing ICS (by 2021)

Partnership and engagement

- ✓ The ICS is fully engaged with all partners at system, place and neighbourhood levels to develop their understanding of whole systems and integrated working.
- ✓ Engagement and strong partnerships developing with local government, voluntary and community partners, service users and the public, (e.g. Bexley care).

Decision making

- ✓ There is mature partnership working taking place with voluntary and community partners, with an understanding of the resources and opportunities that exist within the community.
- ✓ Community champions, peer support workers and service users are active in engaging communities in decision making and delivery (e.g. Frimley Health Care and Surrey Heartlands).

Asset management

- ✓ Meaningful partnerships are in place that look at the total ICS resources in the area. There are plans to collaborate to ensure there is an equal and equitable apportion of resources. These are managed by all partners around the system with aligned incentives to ensure they meet the needs of the population.
- ✓ Peer support capacity and capability is being developed across the ICS.
- ✓ Neighbourhood networks are working together to increase the support and provision of social prescribing assets to communities

Thriving ICS

Partnership and engagement

- ✓ The ICS is effectively working in collaboration to deliver whole systems working, with a track record of delivery to ensure that people receive the right care at the right time within the right setting.

Decision making

- ✓ There is strong partnerships, joint decision making and engagement with local government, voluntary and community partners, service users and the public at system, place and neighbourhood levels.

Asset management

- ✓ Partnership working across the ICS empowers and enables communities to mobilise their assets (e.g. Wigan deal).

1.4 Capacity and system transformation change capability

Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership and close working with local government, Health and Wellbeing Boards and social care providers.

Dedicated capacity and supporting infrastructure being developed to enable change at system, place (including Health and Wellbeing Boards) and neighbourhood level (through Primary Care Networks).

Dedicated clinical and management capacity and infrastructure to execute system-wide plans.

Developing

Infrastructure

- ✓ The ICS has reviewed its infrastructure and assets to understand the opportunities there are at a local level to build capacity and enable system transformation.

Workforce

- ✓ An understanding of the current MH leadership and workforce capacity and capability. This includes PCNs, clinical input within CCGs, providers and service user involvement.
- ✓ Understand the future MH workforce requirements to support system transformation. This will inform the development of the ICS workforce strategy.

Maturing ICS (by 2021)

Infrastructure

- ✓ The ICS understands the opportunities and benefits for the whole system and has clear plans for how it will build community mental health capacity and infrastructure in line with the LTP.
- ✓ The ICS works together to support local community asset management, recognising its influence on the health and wellbeing of communities, understanding that investing and working in partnership leads to a greater impact on wider social and economic determinants, for example in terms of:
- ➢ Learning and sharing good practice.
- ➢ Education & further learning opportunities – children and young people's mental health services (CYPMHS), education providers and health and social care departments work together to ensure that children and young people do not miss out on education because of their mental health illness (Rethink and McPin foundation).
- ➢ Employment – providing good quality jobs, for example all local employers paying living wage and an agreed % of jobs for people recovered from mental ill health, offering alternative routes to employment not solely based on academic attainment.
- ➢ Apprenticeships – building roles for different people from different backgrounds, and provide an opportunity to develop rewarding careers.
- ➢ Fair share of capital for mental health and utilisation of capital assets.
- ➢ Spend towards local business and development of keyworker housing benefits local employees.
- ➢ Understanding and utilising estate asset for local community groups.
- ➢ Links with local suppliers who prioritise contracts to procure from employers / companies who have active employment strategies to support those people with MH lived experience.

Quality Improvement

- ✓ Consistent quality improvement methodology is agreed in order to drive high quality and consistent care.
- ✓ MH clinical and management teams are working at place level with acute hospital counterparts to explore alternative service models that provide benefits to mental health and physical health (e.g. alcohol outreach services).

Workforce

- ✓ The ICS workforce strategy is being implemented which encompasses recruitment and retention plans.
- ✓ MH workforce working at neighbourhood and place level with social care to support people's mental health e.g. housing and education.

Thriving ICS

Infrastructure

- ✓ Community mental health service capacity and infrastructure is progressing (including using digital tools to support the optimal use of assets and resources where appropriate).
- ✓ The ICS is able to articulate the benefits and opportunities of integrated care for people of all ages with mental health and wellbeing needs and across system partners.
- ✓ The ICS is working effectively together to support and build local community asset management (see 'infrastructure' text in maturing level on the left).
- ✓ Recognising its influence on the health and wellbeing of communities, the ICS is starting to realise the benefits in terms of system process outcomes i.e. the greater impact on wider social and economic determinants.

Quality improvement and learning

- ✓ Quality improvement (underpinned by data-derived insights) is embedded to support leaders to execute system-wide transformation.
- ✓ Shared learning at place and network levels, for example where areas have been successful in obtaining transformation monies. how do they support other areas to accelerate their learning and ensure there is equity of service provision across the STP.
- ✓ Co-location of staff (for example community psychiatric nurses, occupational therapists, cognitive behavioural therapists, social workers, housing support and finance benefits advisers and social care) helps improve continuity of care and supports shared learning.

1.5 System culture and talent management

Developing

A developing culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others.

Culture

- ✓ The ICS key values set out a culture of learning and sharing across system leaders solving problems and drawing on experiences of other system partners.

Talent management

- ✓ Local systems are developing local workforce 'people plans' which include a detailed understanding of existing workforce availability, capacity and capability and provides a plan to ensure the appropriate workforce is in place to staff services.
- ✓ The workforce strategy for ICS is developing plans for identifying talent and building MH leadership
- ✓ The workforce strategy explores different approaches to the types of workforce roles required within the ICS.

Maturing ICS (by 2021)

A proactive approach to talent identification and management to build a strong pipeline of leaders.

Culture

- ✓ A culture is developed that supports diversity, learning, capacity building, innovation and improvement to support the system to solve problems collaboratively.
- ✓ There is a strong focus on outcomes for population health, which all partners are collectively working towards.

Talent management

- ✓ Multidisciplinary learning across the system – 'passporting' arrangements in place that allow people to work flexibly across organisations.
- ✓ The workforce strategy for ICS has plans for identifying talent and building MH leadership.
- ✓ The infrastructure, capacity and capabilities to support different approaches to the types of workforce roles required by the ICS is being built.
- ✓ At all levels there are schemes to develop a workforce that is representative of the local populations to enable understanding of different cultural and health behaviours.

Thriving ICS

Leaders across the system are skilled at identifying and scaling innovation, with a strong focus on outcomes and population health, and building relationships.

Culture

- ✓ The ICS has created a positive culture towards integration and partnerships are working together with a strong focus on delivery of outcomes.
- ✓ System leadership promotes a culture that enables clinicians to routinely collect/report/use patient outcome measures to drive improvements in the quality of services.

Talent management

- ✓ Leaders across the system are implementing different approaches beyond traditional roles to build capacity within the workforce. Workforce capability and capacity ensures that the right skills and experience are in place so that staff have the time to focus on patient care.
- ✓ The ICS has created rewarding job opportunities and staff are supported in their development for example with access to structured leadership programmes, action learning sets, formal and informal networks and buddy and peer support opportunities.
- ✓ The ICS has a strategy in place to ensure there is a diverse leadership and knowledge of how diversity contributes to better outcomes.

2 System Architecture & Strong Financial Management & Planning

The system / all partners refers to the: NHS (primary care, community, acute and MH providers, Commissioners), local authority (public health, social care, housing and education), service users and carers, police, ambulance services, voluntary and community sector leaders working in partnership, providing strategic leadership across the whole population of an ICS to help redesign care and improve population health.

Developing

Emerging ICSs develop and implement a plan which is reviewed and agreed with NHSEI. NHSEI invites emerging ICS system leadership to contribute to organisational discussions. STPs developing financial leadership and governance for financial decision-making.

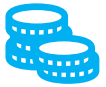
Organisational financial recovery plans are being developed with the emerging ICS leaders to ensure consistency with five year system-level strategic plans.

Variable relationships between health and non-health partners within the emerging ICS. Strongest relationships are at a place (borough) level. Emerging understanding of workforce, estates and digital infrastructure across the developing ICS.

NHSEI leads the review and assurance of organisational and system operating plans within the emerging ICS, and works with the system to develop and strengthen these plans.

Maturing ICS (by 2021)

The ICS has a greater responsibility for oversight, working together to review and assure the system operating and organisational plans. ICS leaders are starting to develop the required assurance skills.



The ICS has plans to 'streamline' commissioning arrangements. The ICS has developed a 'system efficiency plan' to move the whole ICS towards financial balance, not through cost-shifting between organisations.

A system-wide understanding of workforce, estates and digital infrastructure, from aggregating data between organisations detailed in system plans to implementation.

The ICS will work towards meeting the five financial tests set out in the Long Term Plan.

The ICS has strong financial leadership and governance for financial decision making and allocation of funds. Health partners are developing relationships with non-healthcare partners, including aligning budgets, exploring risk share arrangements and developing a greater understanding of place-based health and social care services, and the interface between them.

Thriving ICS

The ICS is able to provide oversight and assurance. Commissioning arrangements are 'streamlined' across the ICS.

Financial payments and incentives for all organisations are designed to meet the current and future mental and physical health and care needs of the population.

Health partners have maturing relationships with non-healthcare partners across the ICS footprint, including pooling budgets and formal alliancing. Workforce, estates and digital infrastructure improvements are being made across the ICS, in a systematic way.

Progress is being made against the five financial tests set out in the Long Term Plan.

The ICS uses sophisticated modelling for scenario planning, service transformation and resource allocation. Financial risk is shared across the ICS, where possible, through risk / gain share arrangements.

2.1 System architecture and oversight

Developing

Clear plans to organise delivery around neighbourhood, place and system levels.

Assurance and oversight

- ✓ Emerging ICSs (STPs) provide information, advice and guidance to inform the regional team regarding mental health organisational and system performance.
- ✓ The regional team leads on providing assurance and oversight for the mental health providers within each emerging ICS.
- ✓ The ICS works closely with the PCN Clinical Directors to assure delivery at a neighbourhood level

Operating plans and objectives

- ✓ Mental health providers within each emerging ICS have organisational plans which are broadly aligned with the STP operating plan.

Maturing ICS (by 2021)

The system is working with regional teams to take on increased responsibility for oversight.

Assurance and oversight

- ✓ The ICS conducts and contributes to the assurance and improvement of MH provider (primarily MH Trust) performance, working alongside co-located regional team members.
- ✓ The ICS has an agreed division of responsibilities between MH organisations and system partners, with clear accountability.

Operating plans and objectives

- ✓ The ICS will develop a system operating plan which will set out how it will use its financial and operational resources to meet the health and care needs of its population, The plan could also set out the underlying activity assumptions, capacity, efficiency and workforce plans, transformation objectives, risks and mitigations.
- ✓ The ICS operating plan will be developed with all organisations within the ICS, including for example: mental health and physical health providers, primary care, local authorities, education, police and the voluntary sector.
- ✓ All partners within the ICS have operating plans that are aligned with the overall ICS operating plan and is jointly reviewed by ICS leaders and the regional team.
- ✓ The ICS will agree and implement system-wide objectives agreed with regional teams, which could include care quality and mental and physical health outcomes, reductions in inequalities and implementation of integrated care.

Thriving ICS

The system has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team.

Assurance and oversight

- ✓ ICS system leaders (including MH leaders) have the skills and ability to provide oversight and assurance on organisational and system operating plans.
- ✓ The ICS has a clear, comprehensive system-wide outcomes framework (including MH and wellbeing outcomes) that aligns with the vision and strategy of the ICS. The ICS uses this framework to track progress, reduce variation and inequalities and drive service improvements.
- ✓ Streamlined data schedules are in place at place and neighbourhood levels to support ICS oversight and streamline commissioning.
- ✓ Providers are incentivised and held to account through a set of system-wide outcome and performance measures (for example, regarding experience and integration).
- ✓ ICS system leaders will agree and coordinate any NHSEI interventions for mental health providers within the ICS.

2.2 Streamlined commissioning arrangements

Plans to streamline commissioning (including the interface with local NHSEI commissioning functions), typically with one CCG that is leaner and more strategic.

Plans to streamline commissioning are underway.

Streamlined commissioning arrangements are fully embedded across all partners. Incentives and payment mechanisms support objectives and maximise impact for the local population.

Developing

Commissioning arrangements

- ✓ The ICS is developing plans to streamline commissioning arrangements .
- ✓ Commissioning arrangements for health care provision are separate to non-healthcare provision (such as social care or some voluntary sector provision).
- ✓ System partners are exploring variation in mental health commissioning arrangements – building on place-level understanding.

Population needs and service provision

- ✓ System partners are identifying variation in commissioning arrangements for mental health services (and the quality of the provision) at each place level.

Maturing ICS (by 2021)

Commissioning arrangements

- ✓ Commissioning arrangements for all health and care services provided within the ICS to be considered as part of commissioning streamlining process (including for example, mental health, physical health, social care, voluntary sector and nationally commissioned services).
- ✓ Contracts include expectation to collaborate in support of system objectives.
- ✓ Contract key performance indicators are simplified and include outcomes.
- ✓ Comprehensive mapping of mental health commissioning arrangements at system and place levels – including 'strategic' and 'transactional' commissioning. *['Strategic' commissioning is about strategic oversight and system leadership. 'Transactional' commissioning is related more to service planning and contracting]*. This includes current national commissioning arrangements, for example CYP inpatient MH care.
- ✓ Plans to streamline mental health commissioning are underway, with a clear distinction between strategic and transactional commissioning.

Thriving ICS

Commissioning arrangements

- ✓ Streamlined commissioning arrangements in place (underpinned by strong relationships) for all health and care services provided within the ICS (including for example mental health, physical health, social care, voluntary sector and nationally commissioned services).
- ✓ Streamlined commissioning arrangements for 'strategic' and 'transactional' mental health commissioning.
- ✓ Longer term contract duration, particularly for more strategic commissioning arrangements, to allow for mental health transformation across the system and to get wider partnership ownership and involvement.

2.3 System control totals, operating plans and financial risk sharing

Developing

Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues.

System control totals

- ✓ System partners are coming together to understand MH funding, evaluation of value and return on investment of MH programmes.
- ✓ Mental Health Investment Standard (MHIS) is being met at a place-based level.

System-wide capacity and activity assumptions

- ✓ System partners are developing their understanding of place-based mental health financial drivers and delivery arrangements, exploring mental health priorities and understanding activity assumptions.
- ✓ System partners have a good understanding of place-level population health needs (including mental health), particularly demographic data.

Payment and risk-share arrangements

- ✓ System partners are exploring risk-share arrangements for some services, including mental health provision.

** MHSDS: Mental Health Services Data Set, PLICS: Patient Level Information and Costing Systems, SNOMED CT: method of coding and recording clinical interventions.*

Maturing ICS (by 2021)

System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.

System control totals

- ✓ System alignment and collective delivery of plans with 'open book' approach across all health and care providers and commissioners; resources being allocated across the ICS, taking a cost effective, system-wide approach to meet the wider determinants of health.
- ✓ System control total for the ICS will be sum of individual organisation control totals, including mental health providers. Safeguards will need to be in place to ensure that the MHIS is implemented in line with national expectations.
- ✓ The ICS Board will sign-off an agreed MH investment strategy that is in place across mental and physical health care system partners and includes for example: plans for MH funding, evaluation of value and return on investment of MH programmes and system-wide agreement on reinvestment within MH.
- ✓ The MH investment strategy is part of the overall ICS system investment strategy and efficiency plan.
- ✓ The ICS will meet the MHIS at a system and place level.
- ✓ Mental Health providers that are in financial surplus will support other MH providers within the ICS to develop organisational financial recovery plans (as required).
- ✓ Mental Health providers that aren't in financial surplus will need to develop credible organisational financial recovery plans with system leaders.
- ✓ Organisational financial recovery plans (including those of mental health providers) align and contribute to the overall 'system efficiency plan', to move the ICS towards financial balance and meet the system control total.
- ✓ MH leaders sit on a System Efficiency Board to oversee the system efficiency plan.

System-wide capacity and activity assumptions

- ✓ ICS leaders to agree collective priorities, shared capacity and activity assumptions across health and care settings using high quality performance data. By high quality performance data, we mean using enablers like flowing data to the MHSDS*, PLICS* and using SNOMED CT*.
- ✓ ICS information/ data leads are working well with clinical/ finance leads across the ICS footprint, and undertake modelling of current/ future population health and care needs, including MH.
- ✓ Place-based financial drivers, delivery arrangements and efficiencies are understood and used to articulate the ICS MH resources across health and social care. This informs the system efficiency plan and is used to articulate the value of MH within the system.

Payment and risk-share arrangements

- ✓ Shadow risk /gain-share arrangements across health organisations within the ICS.
- ✓ MH incentives and payment mechanisms support overall ICS objectives, maximise impact for the local population, and focus on quality (such as appropriate care, seamless pathways and outcomes).

Thriving ICS

System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs.

System control totals

- ✓ The ICS is in financial balance due to successful implementation of financial recovery plans, including by mental health providers; the system control total is met.
- ✓ More integrated arrangements with social care at an ICS level, built on strong relationships developed at the place level.
- ✓ Pooled budgets and alliancing arrangements are used across health and social care, where appropriate, to deliver more integrated services across the ICS – at system or place levels.
- ✓ The ICS MH investment strategy also incorporates social care and voluntary sector system partners, and includes: plans for MH funding, evaluation of value and return on investment of MH programmes (including CYP mental health) and system-wide agreement on reinvestment within MH.
- ✓ Mental Health investment strategy is being actively implemented and monitored / evaluated for impact.
- ✓ MHIS continues to be met at the ICS level.

System-wide capacity and activity assumptions

- ✓ Agreed priorities, capacity and activity assumptions across the whole ICS that are aligned to the health and care needs of the ICS population.
- ✓ The ICS uses sophisticated modelling for scenario planning, service transformation and resource allocation.
- ✓ Place-based financial drivers, delivery arrangements and efficiencies are understood and are used to articulate the ICS mental health resources across health and social care. This is used to inform the system-wide efficiency plan and to articulate the value of MH within the system.

Payment and risk-share arrangements

- ✓ Risk / gain share agreements in place, where possible, supporting delivery across all levels with a collective ownership around risk.
- ✓ MH incentives and payment mechanisms support overall ICS objectives, maximise impact for the local population, and focus on quality (such as appropriate care, seamless pathways and outcomes).

2.4 System wide financial governance and cross-cutting strategies

Developing

System wide plans being developed to address workforce, estates and digital infrastructure across the breadth of local health and care services.

Financial Leadership and Governance

- ✓ Leadership of the ICS is emerging and involves all partners across the system, including mental health leaders.
- ✓ Progress against delivery of the Five Year Forward View for Mental Health targets is regularly reported to and monitored by the regional team.

Cross-cutting strategies

- ✓ System partners are pulling together information on workforce, estates and digital infrastructure for organisations across the system.

Maturing ICS (by 2021)

System wide plans for workforce, estates and digital infrastructure being implemented.

Financial Leadership and Governance

- ✓ The ICS will demonstrate strong financial leadership and governance for financial decision-making, and mental health will be represented in all financial and governance functions.
- ✓ The regulatory framework for the ICS financial arrangements (system control totals) is owned and implemented collectively across all health and social care partners within the ICS.
- ✓ .The ICS will have robust governance arrangements in place to allow transformational funding for national mental health programmes (including CYP) to be released. The ICS will commit to delivery of these national programmes and will report progress against these
- ✓ ICS health and care data is aggregated where possible (including, for example activity, workforce, finance and contracting data), and is used to demonstrate how ICS organisations align to the system plan.
- ✓ Place-based decision making of how total mental health resources (health, social care, voluntary sector) are used to support improvements in the wider social determinants of health and deliver financial sustainable services with better outcomes. Resources could be either aligned or pooled depending on stage of development.

Cross-cutting strategies

- ✓ The ICS has a system-wide understanding of workforce, estates and digital infrastructure, ideally through aggregating data from all ICS organisations. It has developed system-wide plans for these, and is implementing them.
- ✓ Fairly apportion additional capital funding to organisations engaged in the delivery of NHS MH services based on ICS estates, capital, IT and technology plans.
- ✓ ICS to consider population needs and all health and care assets when undertaking estates planning, including Mental Health estates at place and system levels.

Thriving ICS

Improvements in workforce, estates and digital infrastructure being seen across the system.

Financial Leadership and Governance

- ✓ Mental health leaders continue to play a strong role in financial leadership and governance within the ICS, and can demonstrate the value of MH within the ICS.
- ✓ Established system relationships to underpin whole-system commissioning and provision (co-produced and enabled by full health system engagement in MH).
- ✓ Strong delivery of national and system-level mental health programmes, supported by robust governance arrangements.

Cross-cutting strategies

- ✓ Workforce, estates and digital infrastructure improvements are being made across the ICS, in a systematic way.
- ✓ ICS uses capital investment and existing assets to drive transformation.

3 Integrated Care Models

The system / all partners refers to the: NHS (primary care, community, acute and MH providers, Commissioners), local authority (public health, social care, housing and education), service users and carers, police, ambulance services, voluntary and community sector leaders working in partnership, providing strategic leadership across the whole population of an ICS to help redesign care and improve population health.

Developing

The system will begin thinking with the appropriate partners to understand the different strategic goals of their plans.

System partners will start to establish the infrastructure and develop the analytical capability required to understand the population health needs from partners' differing perspectives.

System leaders will begin to establish a MH lead in every Primary Care Network (PCN) to help make the case for MH across the life course so that mental health does not operate in isolation from the wider ICS.

System partners will begin to understand how personalised care can enhance choice and support people to manage their physical and mental health and wellbeing.

MH system leaders are working together to understand the challenges of digital interoperability.

Maturing ICS (by 2021)

Maturing ICSs will demonstrate how they are starting to implement plans to provide joined-up care tailored to local needs, using a population health management approach to improve physical and mental health outcomes.

The system understands and has mapped the system-level population needs and assets and can articulate why people access the services, and are taking action to prevent avoidable illnesses and reduce health inequalities.

PCNs will enable greater provision of proactive and preventative health and social care developing a more seamless connection to other community services. PCNs will focus on service delivery at neighbourhood and place to shape alternative services to encourage out of hospital and community care.

Service users and carers are supported to better manage their health through digitally-enabled care, focused first on transforming how outpatient services are offered. Personalised care will enhance choice and control over the way care is planned and delivered based on what matters most to them.

The system will begin to establish the appropriate digital infrastructure to support system leaders and networks to understand their population needs and shape health and care services around those needs. A maturing ICS needs to have organised its analytical capacity so that it knows what intelligence is available and what it the intelligence is telling it.

Thriving ICS

There is successful implementation plans to deliver the 5 service changes, through joined-up working across organisational boundaries, sharing intelligence and workforce.

A full population health management approach through a fully linked dataset between provider and LA enables fully joined up health and social care services across all ages. There is evidenced improvement in mental and physical health outcomes, prevented avoidable illnesses and reduced health inequalities.

PCNs are central to the system where community services are fully established within neighbourhood and place.

Personalised care is business as usual where integrated models allow self-managed care aligned to need. All six components of personalised care are in place across all pathways of care.

System-wide effective integration and interoperability with shared services and partner organisations supports the evolution of ICSs and new models of care, including outpatient redesign and beyond.

3.1 Population health management

Developing

Some understanding of current and future population health and care needs using local and national data.

Data / Analysis

- ✓ MH leaders are developing the data analytical capability that will lead to a linked dataset, including the necessary infrastructure, governance arrangements and stakeholder buy-in required for system-level data analytics.
- ✓ The system identifies early and effective ways of using data (using nationally developed existing reports and tools) to analyse MH population needs including:
- ➢ Data is used by all partners in an ad hoc way to inform the JSNA, monitor FYFVMH progress and help shape discussions about LTP delivery and evolution of ICS.
- ➢ Enabling the sharing of medical records between providers e.g. setting up a joint information sharing protocol between organisations. Data sharing template
- ➢ Undertaking qualitative and quantitative analysis to understand population needs.
- ➢ Establishing the appropriate infrastructure to enable full implementation of PLICS data and use of SNOMED CT in line with national guidance.
- ➢ Streamlining data collection methods in which the system can articulate how mental and physical health interact e.g. Lancashire are bringing different data sources together to better support those with LTC to live independently.

Reporting and Recording

- ✓ The ICS has agreed a standardised method and quality of reporting and recording of data to understand mental and physical health population need in line with ICS priorities.

Outcomes

- ✓ The system is strengthening the approach to measuring and analysing outcome data to understand and articulate the needs of the population, drivers of health and well-being, health inequalities and quality of services. For example, implementation of clinician and patient reported outcome measures such as HoNOS and DIALOG, CYP goals and measures for change, patient experience and process measures such as people continuing to live in stable accommodation.

System understanding of MH integration/ interoperability

- ✓ System partners understand and can articulate how different services interact with one another and are starting to consider the benefits of integration across mental and physical health for whole pathway approaches e.g. frailty.
- ✓ There is dedicated engagement and input from the social care sector to improve a collective understanding of the wider determinants of health e.g. housing.

Maturing ICS (by 2021)

Public health management capability implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use.

Data / Analysis

- ✓ The system has significantly strengthened its data analytics capability for greater understanding of population health needs including, for example:
- ➢ System partners have signed-up to a regional patient-level data accessibility agreement.
- ➢ System is working to join up primary and secondary care data.
- ➢ Through understanding the system-level population needs and assets the ICS can articulate why people access services within the ICS, such as housing, education and employment.
- ➢ Work together to standardise delivery of primary MH care.
- ➢ Making use of ethnographic data to articulate population and individual behaviours.

Reporting and Recording

- ✓ There is an agreed governance process in place so that commissioners hold providers accountable (including third/ independent sector providers) to submit the required data to the MHSDS and Improving Access to Psychological Therapies (IAPT) dataset, including outcomes data.

Outcomes

- ✓ The ICS is committed to driving an outcomes focused approach to population health management and informs a clear MH segmentation model that considers MH need. For example, neighbourhood leaders use a primary care dashboard to understand differences across neighbourhoods (e.g. IAPT), which is shown at system-level, to understand and then reduce any unwarranted variation and improve the quality of the service.

System understanding of MH integration/ interoperability

- ✓ The ICS is starting to redesign pathways using a whole system approach.

Thriving ICS

Full population health management capability embedded at neighbourhood, place and system levels which supports the on-going design and delivery of proactive care.

Data / Analysis

- ✓ The system has robust and streamlined data collection methods that is now ‘business as usual’. The system has a linked dataset across health providers (including primary care, acute providers, mental health providers, IAPT and substance misuse), and potentially also including local authority data.
- ✓ The system is able to articulate how joint working has an active role in supporting recovery.

Reporting and Recording

- ✓ The system has full population health management capability with one system of reporting and recording that is embedded through neighbourhood, place and system levels.

Outcomes

- ✓ Outcome measures are routinely collected, reviewed and analysed and inform care delivery. Data could be broken down by age groups, with an understanding of outcomes for under-represented groups such as older people, young adults, etc.

System understanding of MH integration/ interoperability

- ✓ Mental and physical health integration is well established. Primary care dashboards inform neighbourhood plans and are able to demonstrate reduced unwarranted variation and optimised operational processes and procedures.

3.2 Long Term Plan - care models and service changes

Early development of the 5 service changes within the LTP, and care models aiming to: address unwarranted clinical variation; integrate services around the needs of the population in neighbourhoods; integrate services vertically at place; and collaborate horizontally across providers at the system and/or place levels.

Starting to implement plans to:

- address unwarranted clinical variation;
- deliver the 5 service changes in the LTP;
- tackle the prevention agenda and address health inequalities.

Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes. Integrated teams demonstrating improvement in outcomes.

Developing

Integrated services

✓ The system understands and can articulate how different services interact to develop integrated care models. This process should learn from the experiences of those accessing services.

Addressing 5 service changes

✓ System partners have a clear plan with joint strategic goals to deliver the 5 service changes set out in the LTP, addressing physical and mental health together. The plan is shaped around population health needs using the national and local data available.

✓ The system has a joint plan in place to meet the 'flexible' and 'fixed' targets of the LTP MH deliverables as outlined in the NHS Mental Health Implementation Plan 2019/20 – 2023/24. e.g. a plan is in place to meet the fixed target of at least 66,000 women in total accessing specialist perinatal mental health services by 2023/24 and local targets are scoped to meet the flexible target that there are Maternity Outreach Clinics in all STPs/ICSs by 2023/24.

Maturing ICS (by 2021)

Integrated services

✓ Integrated care systems are starting to redesign pathways with a whole system approach. System partners are engaging service user groups to describe what this would look like.

Addressing 5 service changes:

✓ System partners are starting to implement a baseline plan that delivers the 5 service changes that considers:

1. Boosting 'out-of-hospital' care

✓ System partners are developing new models of care that improve out-of-hospital care (including age appropriate models for CYP Urgent & Emergency (U&E) MH). For example, transition workers, alternative services such as crisis café and full use of third sector and NHS provision.

2. Reduce pressure on emergency hospital services

✓ Partners are committed to:

- ✓ Understanding blockages in housing and tailor the model of care to improve the discharge process that keep people in the most appropriate place to manage their mental and physical health.
- ✓ Developing community based U&E MH care for CYP as an alternative to Emergency Departments (EDs) that support CYP in their homes and local communities.

3. Greater control over own health and more personalised care

✓ Support and opportunities for people to navigate the care systems to best meet their level of need. This considers wider system partners such as schools, LAs, housing, voluntary sectors.

4. Digitally-enabled primary and outpatient care will go mainstream

✓ Providers are developing digitally enabled services to support service users to self-manage their care and augment existing pathways of care, for example 'Headscape Focus' is a shared digital platform for children and young people with attention deficit hyperactivity disorder (ADHD) developed by Oxleas NHS Foundation Trust to provide a self-management resource and sharing of information online with care teams and communication via instant messaging.

5. Increased focus on population health

✓ Understand drivers of demand including disease burden, population need, patterns and wider determinants of health including housing and employment, and the impact of these on length of stay.

Thriving ICS

Integrated services

✓ The system evaluates whole system pathways and involves service user groups in this process.

Addressing 5 service changes

✓ System partners are delivering the 5 service changes and going beyond the baseline plans.

3.3 Development of Primary Care Networks (PCNs)

Developing

PCNs are developing clear vision and plans for local integrated care models and providing services together. Plans include primary care and community services that are starting to work with social care.

Governance

- ✓ All PCNs have a dedicated mental health lead that champions MH within the PCN vision, local integrated care models and service provision.

Analysing variation

- ✓ PCNs have established a mechanism to define and drive opportunities for collaboration for populations at a place level using a patient-centred approach.

Population segmentation

- ✓ PCNs are working to support a standardised, transparent and consistent process to analyse MH population and outcome data to ensure that information is readily available and acted upon. This includes taking steps to understand the specific needs of under-represented groups such as black and minority ethnic (BAME), older adults, people with a personality disorder etc.

Maximising interoperability

- ✓ PCNs are looking for opportunities to maximise interoperability between PCNs.

Maturing ICS (by 2021)

PCNs are implementing plans to deliver national service specifications (in preparation for implementation of specifications as they become available nationally) and starting to design care models with partners to meet population need.

Governance

- ✓ The PCNs have a legal network agreement in place that includes all necessary partners. Integrated teams could include social care, public health, housing and VSCE partners.
- ✓ Mental health teams are aligned with PCNs, with mental health staff embedded in local integrated multidisciplinary teams.

Analysing variation

- ✓ System partners collaborate to respond to local variation for example in outcomes, resources, assets and access to treatment.
- ✓ PCNs are supporting the whole system approach to mental and physical health integration and are supporting development of whole pathway approaches, for example around frailty.
- ✓ PCNs are starting to implement and shape region wide standards of care e.g. crisis plan for London.

Population segmentation

- ✓ PCNs readily use and analyse population health and outcome data for basic population segmentation to better understand what kind of care service users need and how often they may need it.

Maximising interoperability

- ✓ PCNs across the ICS will maximise opportunities for cross collaboration and shared learning, for example shared health records, staff and estates.

Thriving ICS

Fully mature PCNs across the system are delivering care with partners (at a neighbourhood level and collectively with secondary care and local government at the place level) that meets population needs.

Governance

- ✓ The system has a mature governance and oversight that is actively engaged with the rest of the system partners. MH leaders are fully engaged in PCN activities. MH integration may include essential community MH partners such as housing services, debt advice, social care etc.

Analysing variation

- ✓ The system fully understands its local resource and has actively worked to reduce unwarranted variation.

Population segmentation

- ✓ PCNs are widely supporting care that centred around population health needs.

Maximising interoperability

- ✓ Where appropriate, PCNs have integrated pathways and models.

3.4 Redesigning outpatient services, using new technologies & digital advances

Developing

Plans in place to support interoperable access to care records across health and social care providers.

Alternative services

- ✓ The system is starting to put a plan in place that outlines appropriate evidence-based alternative MH services that service users can access e.g. primary care nurse-led clinics in GP surgery.

Digital infrastructure

- ✓ MH system leaders working to strengthen the digital infrastructure (effective digital capabilities and integration and interoperability) to support alternative provision aligned to the wider ICS system.

Workforce arrangements

- ✓ Organisations look for opportunities to blur boundaries and work closely with partners to improve delivery of care. For example shared wards for people with dementia between providers (including shared workforce); under this model, social care and NHS staff work together but are employed by their original organisation. This will contribute to a shared culture and understanding of how best to use resources e.g. quality improvement.

Service involvement

- ✓ Partners are coming together to plan how to offer more online information, platforms and services and consider alternative digital solutions to access services. MH leaders consider the necessary input required to tailor this to MH services.

Maturing ICS (by 2021)

There is a clear plan for how interoperability can enable care redesign with a clear vision and strategy in place to redesign services, focussing initially on outpatient redesign.

Alternative services

- ✓ The system is starting to deliver its plan for appropriate evidence-based alternative MH services, which has been co-designed with system partners including, for example, third sector and housing.
- ✓ The system is committed to investing in supporting reduced pressure on ED with a focus on improving the discharge processes, for example service users already engaged in MH service should have access and agreed pathways in 24/7 support.

Digital infrastructure

- ✓ System partners have established the necessary digital infrastructure to enable alternative provision that has been agreed within the ICS plans e.g. mobile devices for MH staff and online consultation offer.

Workforce arrangements

- ✓ Organisations are increasingly blurring boundaries between MH and the wider healthcare system that is in line with the system strategy on redesigning alternative provision Primary and community care is the first point of contact to see and support people living with MH.

Service involvement

- ✓ Service users are directed to online information and advice services to self-manage their mental health, as well as the option to access telephone and video consultation to help make alternative provision more efficient. For example Good Thinking – a free online resource for Londoners for addressing sleep problems, anxiety, stress and depression.

Thriving ICS

Digital and new technologies are fully functioning and operating at a system level to deliver redesign of services such as Outpatients.

Alternative services

- ✓ Evidence-based alternative MH services have supported service users to be seen in the right place at the right time.

Digital infrastructure

- ✓ All necessary MH staff have the required digital infrastructure to support MH alternative provision.

Workforce arrangements

- ✓ Well-established cross-organisational working that has led to a more efficient delivery of care. Service users are seen in the appropriate place with primary care as the first point of call.

Service involvement

- ✓ Service users are increasingly using online information and advice services to self-manage their mental and physical health. The equivalent information is available for carers to help them to support their loved ones. New digital options are accessible that offer a range of services in line with their needs. Services users have co-designed new models of care to improve the agreed alternative provision services.

3.5 The prevention agenda and addressing health inequalities

Developing

Plans developing to align local plans to address key issues in health inequality and prevention.

Finance and funding

✓ Partners are engaged with Health and Wellbeing Boards to better understand budgets for mental health prevention.

Achieving standards

✓ System level standards of care are evident in plan e.g. how the system will meet 100% coverage of 24/7 crisis resolution.

Alignment of physical and mental health

✓ The system understands the variation in access to services for BAME populations e.g. for other disadvantaged groups including young adults and looked after children and care leavers and has a joint plan in place.

Public health initiatives

✓ Mental and physical health are aligned to population health needs. System partners are starting to come together to understand how they contribute to the prevention of, for example smoking, diabetes, alcohol, obesity and air pollution as a part of their wider strategy.

Community MH capacity

✓ The system is joining the appropriate partners together to start conversations around community MH capacity.

Workforce

✓ Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.

Maturing ICS (by 2021)

Use of robust data to identify key determinants of health inequalities and population specific prevention needs. Plans in place to address these across all system level organisations and stakeholders.

Finance and funding

✓ Health and Wellbeing Boards have identified budgets for the prevention of mental ill-health across all ages.

Achieving standards

✓ All partners are working to achieve MH standards outlined in the National Service Framework for Mental Health

Alignment of physical and mental health

✓ The ICS has oversight to ensure that access to services is equal for BAME populations and for other disadvantaged groups, including young adults, looked after children, care leavers and members of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community.

Public health initiatives

✓ System partners are jointly working to ensure that public health services are accessible for people living with mental health, including strategic alignment and commissioning of services addressing, for example: smoking, obesity, alcohol, air pollution and antimicrobial resistance.

Community MH capacity

✓ Community mental health services work in partnership with providers and local authority to understand the capacity of community MH services. This network is aware of the community MH services available to patients outside of NHS services.

✓ There are effective links with community assets to support and enable people to become more involved within their community and to use these assets to support their mental health in line with Community Mental Health Framework.

Workforce

✓ LA working closely with all system partners to respond to local health needs with clearly defined targets in mental health.

✓ System partners are focused on preventing hospital admissions e.g. through partnership working with the ambulance service and the police.

Thriving ICS

Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery.

Finance and funding

✓ There is a dedicated budget for mental health public health and prevention initiatives.

Achieving standards

✓ The system is on track for delivering MH standards.

Alignment of physical and mental health

✓ There is alignment between mental and physical health that is working to reduce health inequalities, including access to services for BAME, young adults and looked after children and care leavers and members of the LGBTQ community.

✓ Public health services are fully aligned to MH including commissioning.

Public health initiatives

✓ The system supports new models around population health management that is focused on preventative treatment and care.

Community MH capacity

✓ The system responded to ensure that community MH has capacity to meet the needs of the local population and has tailored community services around those needs.

✓ System partners are fully supporting collaborative public health and preventative activities in the locality.

Workforce

✓ Service users have tailored plans fully supported by link workers wherever appropriate for service users. Local groups and support services are effectively used to align with the prevention agenda.

3.6 Workforce models

Developing

Full system involvement to develop workforce strategy aligned to new models of care and population needs.

Streamlined workforce

- ✓ The system is developing a workforce strategy to optimise workforce planning across mental and physical health agreed between all system partners. At this stage MH leaders may need to engage wider system partners on the value of MH integration.

Alternative roles

- ✓ The system partners understand and articulate alternative and new roles to meet population needs and in response to workforce shortages, such as peer support, lived experience practitioners, and voluntary sector roles.
- ✓ The system responds to workforce shortages through alternative methods e.g. Making use of apprenticeship schemes to help grow and sustain the workforce.

Training and development

- ✓ System partners are starting to collaborate to understand and map workforce needs and assets to meet the mental and physical health needs of the population.
- ✓ Establish community training hubs to educate and train the future workforce in line with new models of care as part of a multidisciplinary team that bring together PCN and MH.

Maturing ICS (by 2021)

Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. Community services teams are increasingly organised to align with PCN footprints.

Streamlined workforce

- ✓ The system has implemented a single workforce strategy to optimise workforce planning across mental and physical health agreed between all system partners. The strategy developed in partnership with Health Education England (HEE) includes plans to meet workforce needs, training and development, retention, development of new alternatives roles and statutory duties.
- ✓ The ICS understands workforce risks and STP partners are working towards mitigating these where appropriate.

Alternative roles

- ✓ A new workforce model is being developed that provides alternative roles. System partners support the introduction of these roles that are aligned to service user need.

Training and development

- ✓ Workforce plans feed into training and development, ensuring that they are patient- centred. The ICS considers how MH skills and capabilities meet service user need.
- ✓ There is a commitment to upskill all staff in all sectors to understand how a person's physical health, mental health and social care interact with each other in order to support strategies for early intervention and building resilience especially for people with long-term conditions.

Thriving ICS

Workforce model is agile and adaptable to population need, organisational boundaries are blurred and roles aligned to population needs rather than organisational.

Streamlined workforce

- ✓ The system workforce strategy is operating in a fully mature and agile way in response to population need.
- ✓ The system has a robust assurance process and meets high quality of care delivery.

Alternative roles

- ✓ System partners have a clear understanding of how alternative roles are being used to meet the mental and physical health needs of the population.

Training and development

- ✓ The system is making the best use of its workforce by aligning patient need and workforce skills and qualifications.
- ✓ Apprenticeship schemes are well embedded in the workforce model in line with the Public Sector Apprenticeship Target.
- ✓ The ICS has a well-established method of training a multi-professional workforce as part of the workforce plans e.g Training hubs.

3.7 Personalised care models

Plans developing to understand population needs and working groups set up to understand how to develop personalised care models.

There is a clear plan for how personalised care models can improve quality of life. Initial models are being tested and delivered across system, place and neighbourhood levels.

All 6 components of the comprehensive model for personalised care are in place across all pathways of care.

Developing

Finance

- ✓ All system partners understand how personal health budgets (PHB) can support people living with MH conditions e.g. learning from 'looked after children' personal health budgets (PHB) pilots.

Transparent data/ access

- ✓ System partners are collaborating to better understand how to ensure transparency regarding the types of services available, access and self-help.

Workforce

- ✓ The system supports values and behaviours that promote personalised care approaches. System partners are considering the necessary skills and behaviour required of their workforce to use and promote personalised care approaches in daily practices e.g. encouraging the use of DIALOG to support self-management of care.

Self-driven/managed care

- ✓ Local areas are conducting asset-mapping and gap analysis to ensure that there is a tailored local infrastructure. This includes decisions on link workers and/or pharmacists resources through the Network Contract Directed Enhanced Service (DES) as detailed in the social prescribing reference guide.

Maturing ICS (by 2021)

Finance

- ✓ The system has the infrastructure in place to manage personal heath budgets for people living with MH conditions including, where appropriate, looked after children and care leavers.

Transparent data/ access

- ✓ Supports transparent data and information that allows patients to be aware of the care, treatment and support options available to them to best meet their needs and make an informed decision.
- ✓ The system is working to improve clinical access to information to enable them to empower people who use the services to self-monitor and manage their own health.

Workforce

- ✓ Personalised care approaches are a part of everyday practice for all system partners.

Self-driven/managed care

- ✓ Social prescribing link workers are in place to connect people to the wider community support to improve their health and well-being also addressing wider and underlying causes of ill-health.
- ✓ System partners actively encourage self-driven care.

Thriving ICS

Finance

- ✓ Personal health budgets are actively available to all appropriate patients.

Transparent data/ access

- ✓ Data and information is transparent and available to patients and the public. This is embedded into the ICS culture.
- ✓ Clinicians have easy access to information to enable them to support patients.

Workforce

- ✓ System partners regularly review and share learning to promote personalised care approaches.

Self-driven/managed care

- ✓ Self-driven care is embedded in every day practice where patients with long term conditions (LTCs) are fully supported to self-manage through well-established personalised care plans.
- ✓ Link workers are fully established roles that are effectively connecting people to community support and methods to manage their mental and physical health.

Acknowledgements

On behalf of **Carolyn Regan** (Chief Executive, West London NHS Trust) and **Tonia Michaelides** (Chief Officer Kingston and Richmond CCGs; MH lead for South West London STP) and **Richard Fradgley** (Director of Integrated Care, East London Foundation Trust); we would like to thank everyone that has been involved in shaping the content of the MH in the ICS development tool. In particular (in alphabetical order):

- **Simon Bampfylde** - ICS lead, NHS EI (London)
- **Paul Calaminus** - Chief Operating Officer and Deputy Chief Executive, East London Foundation Trust
- **Simon Castleden-Henley** - Associate Director, Oxleas NHS Foundation Trust
- **Christine Caton** - Director of Finance, Lambeth Clinical Commissioning Group (CCG)
- **Emma Christie** - Head of Assurance and Delivery (Mental Health), Performance and Improvement Directorate, NHS EI (London)
- **Caitriona Darling** - Assistant Director, Mental Health and Wellbeing Transformation, North West London Collaboration of CCGs
- **Sayed Daud** - Senior Delivery Support Manager, NHS EI London Region, Mental Health Assurance
- **Rhiannon England** - Clinical Lead for Mental Health, City and Hackney
- **Carys Esseen** - Head of Commissioning and Transformation, NHS Newham CCG
- **Kenneth Gregory** - Joint Commissioning Lead, Adult Mental Health at Lewisham CCG & Lewisham Council
- **Claire Henderson** - Director of Commissioning for Haringey and Islington CCGs
- **Katie Horrell** - Assistant Director, Mental Health and Wellbeing Transformation, North West London Collaboration of CCGs
- **George Howard** - Director of Transformation – Mental Health, Healthy London Partnership
- **Ceri Jacob** - Managing Director, Barking and Dagenham, Havering and Redbridge CCGs
- **Janice James** - Deputy Director of Strategy & Transformation, NHS North West London Collaboration of CCGs
- **Eleanor Johnston** - Commissioning Manager, Mental Health, Strategic Commissioning, Health and Adult Services, Royal Borough of Greenwich
- **Vincent Kirchner** - Medical Director, Camden and Islington NHS Foundation Trust, NHSE (London) Co Director Mental Health Clinical Network (Mental Health Trust Lead)
- **Therese Lloyd** - Senior Statistician, The Health Foundation
- **David Maher** - City and Hackney CCG Managing Director, SRO NEL STP
- **Sarah Mansuralli** - Chief Operating Officer, NHS Camden CCG
- **Moira McGrath** - Director of Integrated Commissioning (Adults) Service Director, Adult Social Care, London Borough of Lambeth & NHS Lambeth CCG
- **Jane Milligan** - Accountable Officer NHS North East London Commissioning Alliance, SRO NEL STP
- **Peter Milliken** - Head of Finance and Business Performance, West London NHS Trust
- **Phil Moore** - Deputy Chair (Clinical) at NHS Kingston CCG, NHSE (London) Co-Director Mental Health Clinical Network (CCG lead), Chair of the Mental Health Commissioners' Network.
- **Beverley Murphy** - Nursing Director South London and Maudsley NHS Foundation Trust
- **Chris Naylor** - Senior Fellow in Health Policy, The King's Fund
- **Denis O'Rourke** - Assistant Director Mental Health & Adults (Integrated Commissioning) at NHS Lambeth
- **Simon Pearce** - Mental Health Lead for London Associate Directors of Adult Social Services
- **Sophia Ploumaki** - Associate Director, Community Mental Health services, Oxleas NHS Foundation Trust
- **Amy Scammell** - South West London and St George's Mental Health NHS Trust, Acting Director of Strategy and Commercial Development
- **Vicky Scott** - Chief Operating Officer, Our Healthier South East London
- **Helen Smith** - Deputy Chief Executive and Director of Service Delivery, Oxleas NHS Foundation Trust
- **Anne Whateley** - Director of Primary Care Partnerships, Central London Community Healthcare NHS Trust
- **Margaret Whipp** - Expert by Experience carer representative, Voices for London
- **Safina Younis** - Expert by Experience, Voices for London