

**2018-19 Delivery Plan**  
**Mental Health in Integrated Care**  
**Systems (MHICS)**  
*Previously the Payment & Outcomes*  
*Programme*

# Mental Health in Integrated Care Systems (MHICS)

## Overview

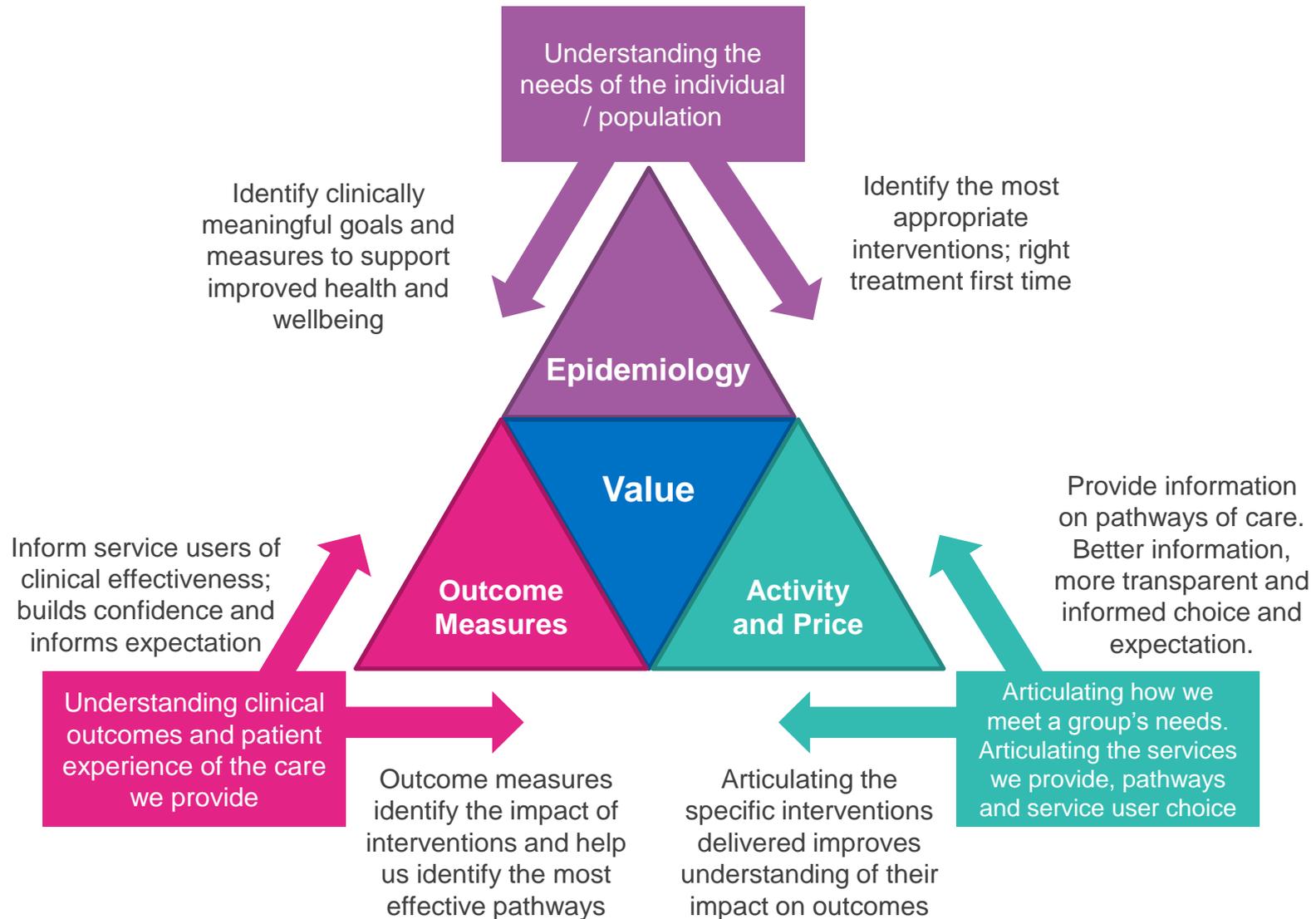
- Why this work is important
- Understanding Value
- Mental health commissioning information
- Issues with Mental Health commissioning
- MHICS 18/19 work programme in context
- Outcomes of the MHICS work programme

# Why this work is important

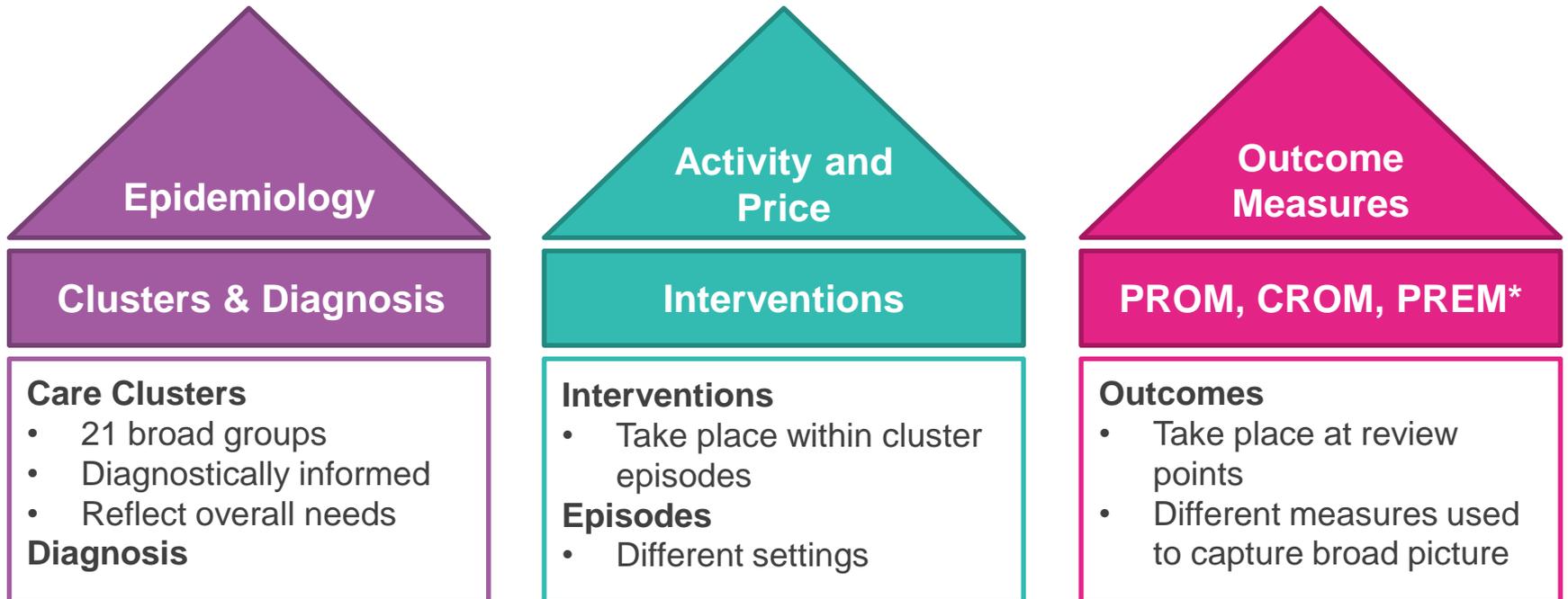
- Understanding value:
  - making the case for Mental Health as part of integrated care systems development.
  - Parity of esteem – same level of understanding of Mental Health as Physical Health
- Better informed clinicians on the outcomes from the care they provide
- Better informed commissioning decisions based on greater understanding of mental health population needs
- Sharing good practice and resources – where appropriate at a pan London-level



# Understanding Value

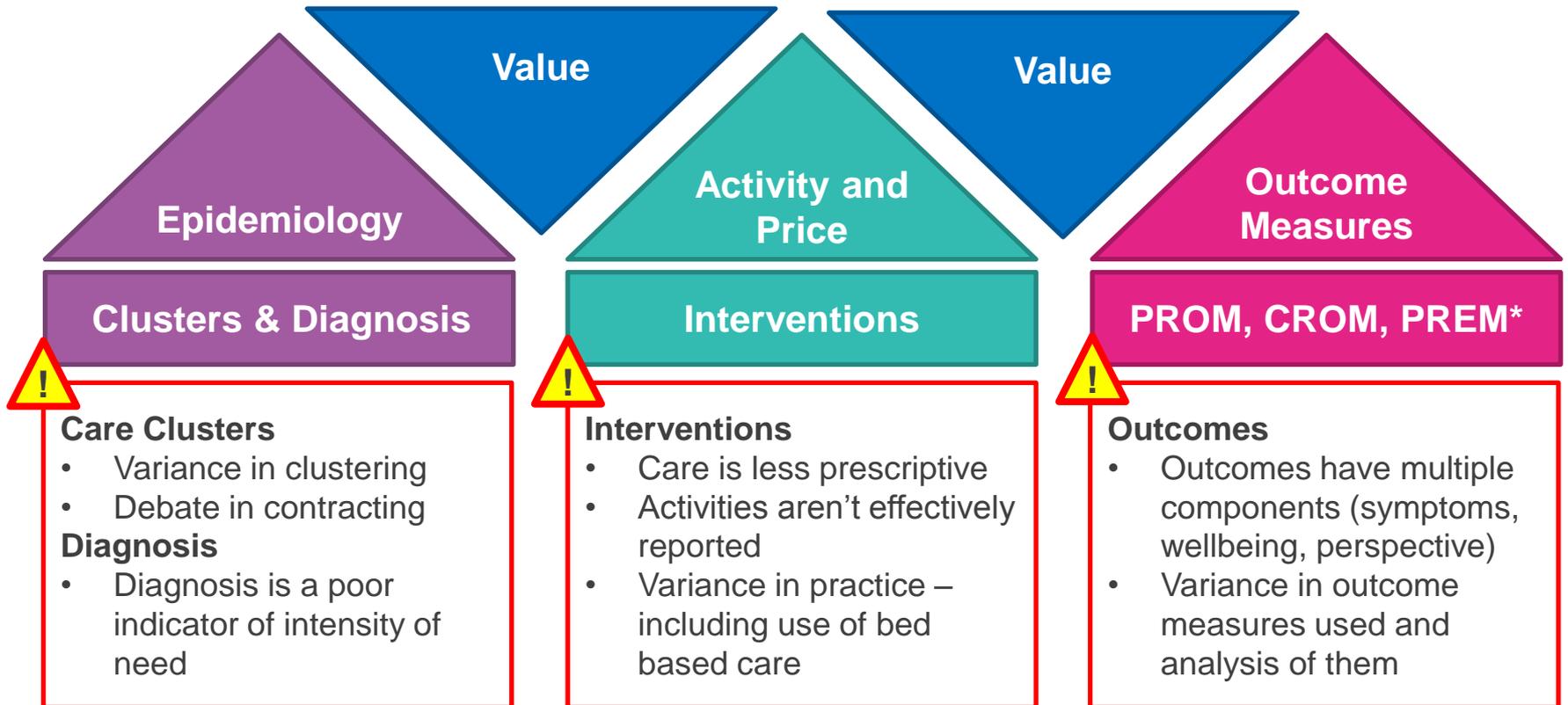


# Mental Health commissioning information



# MH commissioning – wider system issues

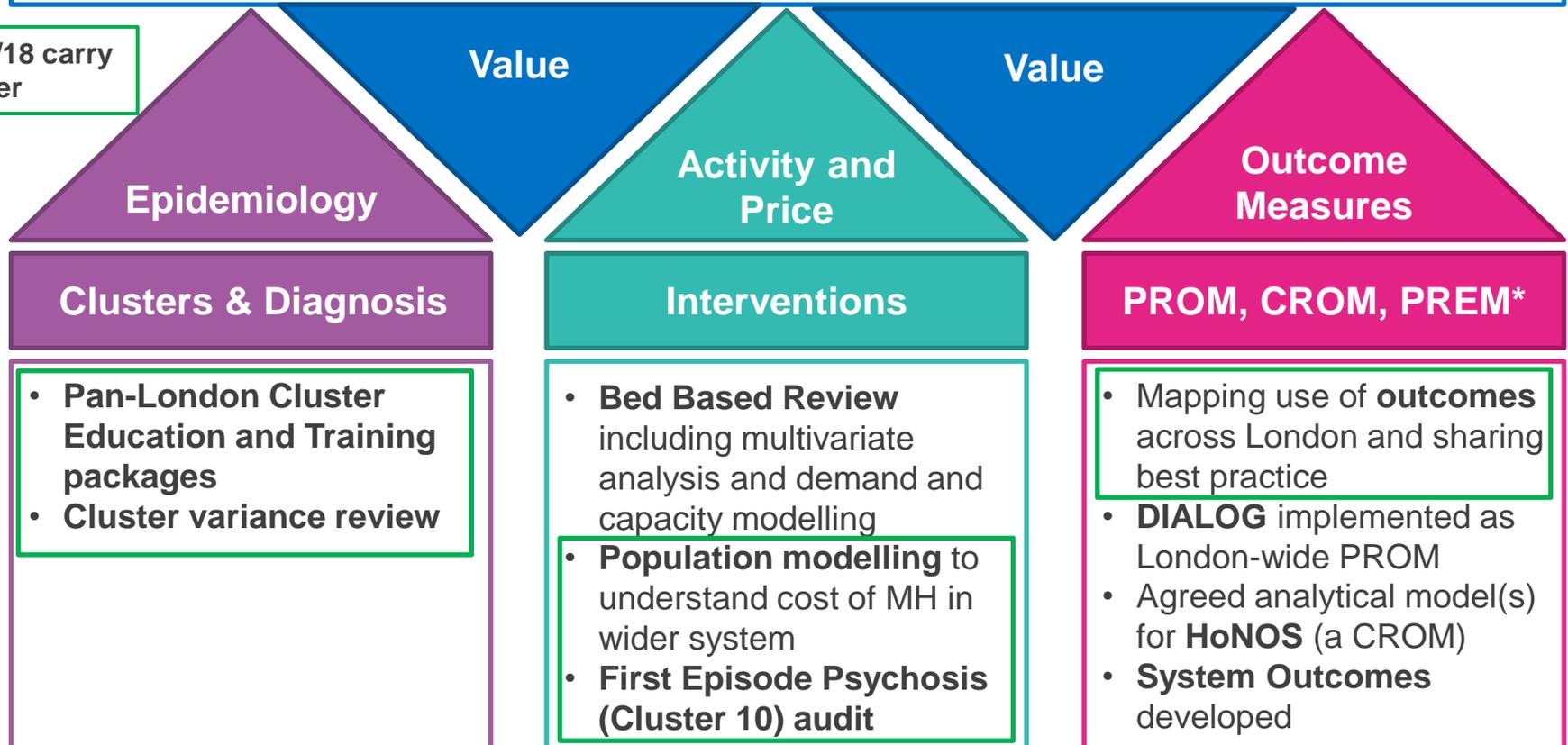
- MH data is not consistently available or presented in a way that allows benchmarking or analysis, There is a lack of confidence in nationally reported data systems vs Trust propositions
- Regional 'value' propositions are not uniformly understood, applied in the same manner and communicated across all STP programmes.
- Mental Health's contribution to, and impact on, the overall activity and cost within an STP is not understood nor quantified.
- Lack of clarity and pace in understanding and implementing payment reform



# MHICS 18/19 work programme in context

- **Mental Health Dashboard:**
  - Develop greater functionality and add new data
  - Include ability to display outcomes data and system process outcomes
- Support development of a **summary of regional ‘value’ activities** and outputs
- Develop initial **principles for commissioning MH services at an STP level** (rather than at a CCG level)

17/18 carry over



\* PROM (Patient reported outcome measure), CROM (Clinically reported outcome measure), PREM (Patient reported experience measure)

# Outcomes from the MHICS work programme

1. **Increased readiness for Mental Health in Integrated Care systems – CCGs, Trusts and STPs within London:**
  - have a better understanding of their baseline
  - can benchmark finance, activity and outcomes – including draft ‘system outcomes’.
  - are able to demonstrate and articulate overall impact of mental health across the wider system
  - have a set of draft ‘commissioning principles’ for MH in ICS
2. **Improved consistency and reduction in variation:**
  - Clustering – audit and training to reduce variation
  - Outcomes – opportunity to understand the care they provide, consistent outcome measures and analytical approach
3. **Sustainable services:**
  - Meet acute inpatient demand through greater understanding of drivers of demand, best practice interventions and capacity
  - Understand variation in EIP services, and share best practice
4. **Alignment with national and regional approaches**