

CONFERENCE ABSTRACT

Mental Health Integration Past, Present and Future: National Survey into Mental Health Integration in England

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

Emad Lilo

Mersey Care NHS Trust, United Kingdom

Mental health services have undergone radical transformation in the past 30 years. A community based care model has largely replaced the acute and long term care provided in large institutions.

This research seeks to examine the transformation of mental health services in England and the relevance to current policy with particular emphasis on the integration of health and social care within mental health services. Through the use of a comprehensive survey of a range of professionals, and interviews with local and national leaders across England involved in both mental health provision and social care, along with a review of published literature, this paper seeks to explore the context and factors that are affecting integration between health and social care in mental health.

In 1999, the Government launched a major programme of change and modernisation in mental health services within England with the NSF for Mental Health. What has followed was an expansion of mental health services and an increasing focus on both service user experience and quality of provision. Through numerous iterations of public policy in the subsequent 15 years, there has been a coming together of health and social care provision within mental health firstly facilitated by section 31 of the 1999 Health Act and subsequently by section 75 of the National Health Service Act 2006.

Combined, both Acts facilitated the transfer or secondment of social care staff to NHS bodies and the transfer of health related functions of local authorities to NHS bodies that are "likely to lead to an improvement in the way in which those functions are exercised".

Throughout England services have generally moved closer together through various levels of integration, ranging from co-location, shared management and information systems without formal s75 agreements to full integration with formal s75 agreements and governance. The objective was to deliver enhanced service experience to service users, improving the quality of care and reducing isolated or silo working.

The experience of integration has been as varied as the numerous locations affected. Over the past decade new statutory duties of local authorities have emerged along with changing policy: Mental Capacity Act 2005 followed by the Deprivation of Liberty Safeguards, policies relating to adult safeguarding subsequently enshrined into duties within the 2014 Care Act and the drive to personalisation, prevention and recovery. All these are against a background of significant cuts to local authority budgets. Within mental health services there has been the emergence of Payment by Results (PbR), of enhanced patient safety and quality measures centred on Care Programme

Lilo; Mental Health Integration Past, Present and Future: National Survey into Mental Health Integration in England

Approach, of an increasingly competitive environment between providers and an approximate 8% cut to NHS mental health funding (BBC News March 2015).

This changing policy and economic environment has placed significant tensions on local working arrangements between the NHS and local authorities in mental health services, leading to numerous revisions of arrangements, with uncertain outcomes.

Keywords: polic; development; integration; research; workforce