

INTEGRATED IAPT EARLY IMPLEMENTER AGREEMENT

BACKGROUND

[Implementing the Five Year Forward View for Mental Health](#) includes a commitment to expand Improving Access to Psychological Therapies (IAPT) services to meet 25% of need by 2020/21. The majority of the expansion will be 'Integrated IAPT' services, co-located in and integrated with physical health services, and focused on people with anxiety/depression in the context of long-term physical health problems and/or people with distressing and persistent medically unexplained symptoms.

In 2016/17 and 2017/18 integrated IAPT 'Early Implementers' will develop and provide new integrated services, preparing the whole NHS to implement integrated services from 2018/19. There are four goals for the early implementer programme:

- To implement integrated psychological therapies at scale – improving care and outcomes for people with mental health problems and long term physical health problems, and distressing and persistent medically unexplained symptoms.
- To learn how best to implement integrated psychological therapies at scale in an NHS context – moving from trials and pilots to business as usual.
- To build the return on investment case for integrated psychological therapies – demonstrating savings in physical health care.
- To build capacity in the IAPT workforce, starting the expansion of the workforce needed to meet 25% by 2020/21.

PURPOSE OF THIS AGREEMENT

This document sets out an agreement between national bodies and XX area. It includes the responsibilities placed on both parties to take forward the Integrated IAPT programme and sets out financial information in detail.

NATIONAL COMMITMENT

The national partners will:

1. Provide funding for the development and implementation of integrated services for 2016/17 and 2017/18, including for new IAPT trainees (funding in 2017/18 subject to confirmation in December of NHS England's budget).
2. Provide CPD training for practitioners in working with people with long term conditions or medically unexplained symptoms.
3. Clearly specify additional outcome measures for IAPT services treating people with long term conditions and medically unexplained symptoms, before January 2017.
4. Commission the main IAPT data systems suppliers (IAPTUS & PCMIS) to integrate new outcome measures into their systems by January 2017.

5. Commission implementation support to help areas in data collection and linkage.
6. Commission a health utilisation study to measure the impact of early implementers, collect evidence for savings and inform further rollout nationally.
7. Commission an implementation study to understand how areas have implemented new services, and support further expansion planning.
8. Provide an interim implementation guide in October, setting out the evidence and experience so far in implementing integrated psychological therapies services.
9. Support areas in designing services, sharing learning on implementation and troubleshooting issues.

NHS CALDERDALE CCG's COMMITMENT

The CCG and providers in the Calderdale area will:

1. Actively manage and improve the quality of the core IAPT service.
2. Ensure identified funding is spent as set out in this agreement, and reaches the correct organisation in a timely manner.
3. Create and share information to show impact:
 - Collect and report additional data as specified by the national team, and participate in analysis of results and implementation.
 - Link data locally to show impact, and share linked data as necessary.
 - Participate in national learning and sharing of practice and input – ensuring all learn from the experiences of early implementers.
4. Ensure workforce aspects of the early implementer programme are delivered, including:
 - Staff being made available to complete CPD training, and trainees are recruited in time to take up places (in coordination with Higher Education Institutes locally).
 - Trainees being offered permanent employment contracts once fully qualified.
 - Ensuring the right leadership is in place to create successful services and support staff wellbeing in them.
5. Provide short monthly progress updates, and highlight any concerns about delivery proactively with the national team.
6. Financial sustainability:
 - Work to identify and maximise savings in physical health pathways, aiming for services to become self-funding from these savings.

- Commit to expand services to 25% of prevalence by 2020/21. As part of this actively support the identification of savings and prioritisation of investment to facilitate integrated services to be maintained in 2018/19 – reviewing the position regularly and discussing with the national team.
- Show clear value for money.

FUNDING DETAILS

Breakdown of funding, trainees and people using services:

Agreed numbers		2016/17	2017/18
Local funding		0	0
National funding to CCG (excluding training courses and trainees)		£118,447.35	£364,075.06
Places on Continuing Professional Development (CPD) courses for therapists in working with people with co-morbid long term conditions	High intensity therapists	3	3
	Psychological wellbeing practitioners (PWPs)	2	3
IAPT trainees (course fees and salary support funded nationally in 2016/17 & 2017/18)	High intensity therapists	3	3
	Psychological wellbeing practitioners (PWPs)	4	3
Number of people planned to be seen in new integrated services		550	1140

Funding to support trainees will be transferred from Health Education England directly to providers in the usual way.

Funding for non-training aspects of the project will be transferred to NHS Calderdale CCG directly from NHS England as part of their baseline in four instalments:

- October 2016: £59223.675
- January 2017: £59223.675
- April 2017: £182037.53
- October 2017: £182037.53

**Signed for and on behalf of
NHS England**

Name:

Position:

Signature:

Date:

**Signed for and on behalf of
NHS Calderdale CCG**

Name:

Position:

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Date:

**Signed for and on behalf of
Insight Healthcare**

Name:

Position:

Signature:

Date:

**Signed for and on behalf of
South West Yorkshire Partnership
Foundation Trust (SWYPFT)**

Name:

Position:

Signature:

Date: