

<b>Report To:</b>	<b>Governing Body</b> <b>13 October 2016</b>
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<b>Title of Report:</b>	Early implementer for the Integrated Improving Access to Psychological Therapies (IAPT) project: Proposal
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<b>FOI Exemption Category:</b>	<b>Open</b>
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<b>Responsible Officer:</b>	Martin Pursey
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<b>CCG Leads:</b>	Dr Caroline Taylor
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<b>Report Author and Job Title:</b>	Sarah Antemes Head of Commissioning – Continuing Healthcare/Mental Health and Learning Disability Services.
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<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>▪ On 04/07/16 the Senior Management Team (SMT) supported a proposal for Calderdale CCG to apply to become early implementer in the expansion of IAPT services.</li> <li>▪ The proposal was accepted by NHS England and at SMT on 03/10/16 the full details of the scheme for early implementers was reviewed, together with consideration of the potential financial implications after the initial investment (2016/17 -2017/18) for the CCG were discussed. The proposal was supported in principle with a recommendation that the proposal be approved by the Governing Body.</li> <li>▪ The purpose of this paper is to advise Governing Body of the benefits and financial implications of becoming part of this scheme and seek agreement to proceed.</li> </ul>
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<b>Finance/Resource Implications:</b>	There are significant financial implications involved with this scheme if the anticipated savings are not achieved. These are outlined in the attached paper.
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<b>Risk Assessment:</b>	People with long term conditions who do not receive psychological support are more likely to access primary care
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	and acute services.
<b>Legal Implications:</b>	None identified
<b>Health Benefits:</b>	Improved care and outcomes for people with mental health problems and long term physical health problems
<b>Staffing/Workforce Implications:</b>	Additional funding for staffing 2016/17 – 2017/18 is provided for early implementer CCGs.
<b>Outcome of Equality Impact Assessment:</b>	An Equality Impact assessment has been completed as part of the initial proposal.
<b>Recommendation (s):</b>	It is recommended that the Governing Body: <ol style="list-style-type: none"> <li>1. Considers the benefits for individuals in Calderdale of the CCG agreeing to become an early implementer in wave 1</li> <li>2. Considers the financial implications for the CCG from 2018/19 when ongoing funding will need to be delivered from savings demonstrated in physical health care.</li> <li>3. Approves the Integrated IAPT Early Implementer Agreement.</li> </ol>
<b>Appendices</b>	Appendix 1 - SMT paper 03/10/16 Appendix 2 - Memorandum of Understanding - Integrated IAPT Early Implementer Agreement.

## **1.0 Purpose of the Report**

- 1.1 The purpose of this paper is to advise the Governing Body of the benefits and financial implications of becoming part of this scheme and seek agreement to proceed.

## **2.0 Background**

- 2.1 The *Five Year Forward View for Mental Health (FYFVMH) 2016* has made an unarguable case for transforming mental health care in England. 'The costs of mental ill health – whether to the individual, their family or carer, the NHS or wider society – are stark.'
- 2.2 It clearly identifies the need to achieve parity of esteem between mental and physical health. It also identifies that "*people with long term physical illnesses suffer more complications if they also develop mental health problems*, increasing the cost of care by an average of 45 per cent.
- 2.3 Implementing the Five Year forward View for Mental Health' 2016 identifies how improvements will be made. Within this document there are plans to expand IAPT services to meet 25% of need by 2020/21 and that the majority of new services will be integrated with physical healthcare.

## **3.0 Detail**

- 3.1 The IAPT service commissioned by Calderdale CCG is recognised as being a good service and consistently achieving performance targets. In recognition of this Calderdale CCG were invited to be an early implementer in the expansion of IAPT services and to develop a proposal to participate in the integration project prior to national implementation by 2020/21.
- 3.2 On the 04/07/16, The Senior Management Team supported the submission of an application to participate in wave 1 and it was noted that early implementers in wave 1 would receive 18 months funding starting in September 2016. This position was taken with the agreement that an implementation plan was developed and aligned to Care Closer to Home (CC2H) to ensure that money in current services was realigned to support the continuation of the service after the initial funding period of 18 months.
- 3.3 It is however acknowledged that linking data to show physical healthcare utilisation savings and showing and realising savings in physical healthcare will be a challenge.
- 3.4 The early implementer sites will receive additional funding in 2016/17 and 2017/18. It is expected that for the subsequent 3 years that funding for the service will be in the CCG baseline.

### For Calderdale CCG this translates as:

Calderdale CCG estimated impact	2016/17	2017/18	2018/19	2019/20	2020/21
IAPT access to 25%					
Gross investment	0	0	596.6	885.4	1170.4
Gross savings	0	0	-463.6	-896.8	-1383.2
Net total	0	0	133	-11.4	-212.8
Year on year investment	0	0	596.6	288.8	285
Year on year savings			-463.6	-433.2	-486.4
Net year on year total	0	0	133	-144.4	-201.4

3.5 There is an expectation under the Mental Health Five Year Forward View that the CCG would have approximately £596k in 18/19, an additional £289k in 2019/20 and a further £285k in 2020/21 in its baseline to fund increasing access to IAPT. However the funding formula also assumes that this overall increase in investment of £1,170k will be matched by £1,383k of savings.

### 3.6 Risks

The risks to the CCG are:

1. That the savings do not materialise as expected and are not able to be embedded into contracts.
2. That the pilot expenditure plans have a level of cost in excess of the indicative £597k identified for 2018/19

3.7 At the SMT meeting on the 3<sup>rd</sup> October it was proposed that:

- The expectations to reduce expenditure on physical healthcare to fund the ongoing IAPT service should form part of 2017/18 commissioning intentions with Calderdale and Huddersfield Foundation Trust (CHFT)
- Work would commence with partners to ensure that the IAPT scheme becomes part of pathways for patients with respiratory and cardio vascular disease and diabetes and this will be an integral part of the development of the pilot.
- To build the return on investment case for integrated psychological therapies – demonstrating savings in physical health care.

## **4.0 Recommendations**

4.1 It is recommended that Governing Body:

1. Considers the benefits for individuals of the CCG agreeing to become an early implementer in wave 1
2. Considers the financial implications for the CCG from 2018/19 when ongoing funding will need to be delivered from savings demonstrated in physical health care.
3. Approves the Integrated IAPT Early Implementer Agreement.

## **5.0 Appendices**

Appendix 1 - SMT paper 03/10/16

Appendix 2 - Memorandum of Understanding - Integrated IAPT Early Implementer Agreement.