



**GOVERNING BODY**

<b>Agenda Item No.</b>	11
<b>Reference No.</b>	IESCCG 19-17
<b>Date</b>	26 March 2019
<b>Title</b>	<b>Suffolk Improving Access to Psychological Therapies - Long Term Conditions Service.</b>
<b>Lead Chief Officer</b>	Richard Watson, Deputy Accountable Officer & Chief Transformation Officer
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<b>Purpose</b>	To describe the key benefits of providing psychological therapies for people with depression and anxiety disorders in the context of long term physical health conditions, and outline the proposed costed service offer to deliver the national IAPT target from 15% to 25% by 2021.
<b>Applicable CCG Clinical Priorities:</b>	
1. To promote self-care	x
2. To ensure high quality local services where possible	x
3. To improve the health of those most in need	x
4. To improve health & educational attainment for children & young people	x
5. To improve access to mental health services	x
6. To improve outcomes for patients with diabetes to above national averages	x
7. To improve care for frail elderly individuals	x
8. To allow patients to die with dignity & compassion & to choose their place of death	
9. To ensure that the CCG operates within agreed budgets	x
<b>Action required by Governing Body:</b>	
<p>Discuss and agree to option one within the business case for additional investment in the IAPT and Wellbeing Service to ensure the service meets the national must dos to achieve a 22% access rate in 2019/20 and 25% in 2020/21. The investment amount being £898,596 in 2019/20 (part year effect) and £1,702,362 in 2020/21 (full year effect).</p>	

## **1. Background**

- 1.1 Suffolk CCGs have commissioned Improving Access to Psychological Therapies (IAPT) services since 2008. This was one of the 1<sup>st</sup> wave services in England, which has been delivered by NSFT successfully, transforming the treatment of depression and anxiety related disorders for people aged 16+ years. The service has reliably and consistently met key performance indicators, currently successfully treating the relevant population within nationally specified waiting time targets and achieving the key outcomes of recovery for over 50% and reliable improvement for over 60% of people treated in the service.
- 1.2 The *Five Year Forward View for Mental Health* and the *NHS Long Term Plan* set out the commitment to expand IAPT services and improve quality further, with a view to increasing access to psychological therapies from 15% to 25% for people with common mental health problems by 2020/21.
- 1.3 Two thirds of increased expansion of IAPT services is achieved by integrating services into physical health care pathways. 40% of people with depression and anxiety disorders also have a long term physical health condition (LTC). Currently, people often receive their mental and physical health care in separate services that are rarely coordinated. This is inconvenient for patients, costly to the NHS and likely to produce sub-optimal outcomes.
- 1.4 Within the IAPT-LTC care pathway, mental and physical health providers work in a coordinated way to achieve the best outcomes for their patients, ensuring that a person's mental and physical health needs are valued equally and recognition of the need to ensure that care is delivered in a coordinated and integrated way. This expansion will see IAPT services co-located in existing primary and secondary care physical health pathways.
- 1.5 During 2016/17 and 2017/18, a targeted approach has been in place nationally to deliver IAPT-LTC services in Wave 1 and Wave 2 'early implementer' sites. All CCGs must roll out IAPT-LTC services as a key mechanism to ensure the delivery of IAPT from 15% to 25%. These national targets are outlined in the NHS Operational Planning and Contracting Guidance 2017-2019 published by NHS England and NHS Improvement, and is reiterated within the NHS Long Term Plan published in January 2019.

## **2. Discussion / Key Issues**

- 2.1 Key benefits of providing psychological therapies for people with depression and anxiety disorders in the context of LTCs include:
  - improved patient experience and service user satisfaction
  - improved patient choice by receiving physical and mental healthcare in the same setting
  - greater efficiencies through reducing duplication and the need for multiple assessments
  - increase the availability of expertise for the provision of physical and mental healthcare and symptom management in the medical setting
  - improved clinical outcomes
  - reduced use of physical health care services, including acute and emergency care
  - improve access to psychological therapies
  - supports the strategic move towards Integrated Neighbourhood Teams
- 2.2 The IAPT-LTC expansion support needs have been highlighted by Public Health Suffolk, which stated that around half of all hospital inpatients have a mental health condition and that there needs to be more integration between physical and mental health for people in Suffolk. Developing IAPT services throughout physical health care pathways (spanning primary care, community and acute health settings), means the whole person is cared for. People can access the right emotional and physical help in a timely manner to prevent mental ill-health and help people live the lives they want to continue living (see Fig.12 Suffolk's 15 Ways to Wellbeing diagram on the following page).

2.3 The system in Suffolk is in a good position to develop IAPT-LTC. It will require engagement across the health system and involvement of multiple stakeholders. The treatment of common mental health disorders in people with long term physical health conditions not only improves mental wellbeing and mental health recovery, but has been shown to improve patients' physical health outcomes also.

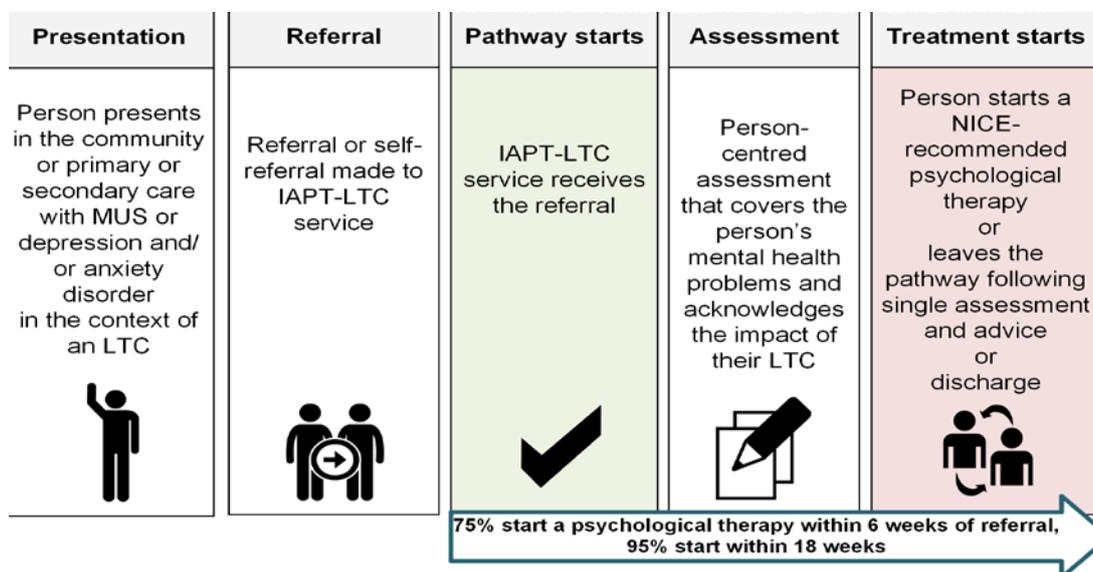
Fig. 12: Suffolk's 15 Ways to Wellbeing

<b>Physical</b>	<b>Weight</b> - if we are heavier, or lighter, than our ideal weight, we are more likely to have health problems	<b>Be Active</b> - physical activity helps us live a longer, healthier life	<b>Diet</b> - a balanced diet helps keep us healthy and happy	<b>Smoking</b> - smokers tend to live a shorter, less healthy, and poorer life	<b>Drugs and Alcohol</b> - it is safest to drink fewer than 14 units a week on a regular basis, and to avoid recreational drugs
<b>Emotional</b>	<b>Connect</b> - social networks increase our sense of belonging and wellbeing	<b>Be Active</b> - physical activity is one of the most effective ways to improve your emotional health	<b>Take Notice</b> - being aware of what's going on enhances wellbeing	<b>Keep Learning</b> - learning new things at any age helps us remain happy, and confident	<b>Give</b> - helping others is rewarding
<b>Environmental</b>	<b>Employment</b> - regular, fulfilling employment that is paid at a good rate, or voluntary work, increases self esteem, and gives purpose	<b>Housing</b> - we all need warm, dry, safe and comfortable housing	<b>Family and Medical History</b> - our 'health inheritance' and medical history may mean that we need to take extra care	<b>Pollution</b> - we all need fresh air, inside and outdoors, and clean water	<b>Poverty</b> - if we have enough money to live decently, it is easier to be healthy

2.4 The expanded service is proposed to focus in 2019/20 on three long term conditions:

- For **Diabetes**, addressing psychological needs has been shown to improve glycosylated haemoglobin (HbA1c) by 0.5 to 1 per cent in adults with type 3 Diabetes. Further benefits include reduced psychological distress and anxiety, improved mood and quality of life, improved relationships with health professionals and significant others, and improved eating related behaviours.
- For **COPD**, treating a person's anxiety and depression helps them manage their illness, shortness of breath, improves cognitive attributions, and improves independence and exercise tolerance, with less time spent in hospital, less use of medication, decreased impact on employment and improved quality of life.
- For **Chronic Heart Disease**, benefits are generated both through acknowledging that cardiovascular disease can have psychological consequences and vice versa, and by offering evidence-based interventions for identified mental health problems. Patients with chronic heart failure and depression have been shown to experience 50% more acute exacerbations per year and have increased mortality rates.

**Proposed IAPT-LTC Pathway:**



### **Proposed Service Offer:**

- IAPT-LTC practitioners will be co-located with physical healthcare practitioners in settings across (primary, community and acute health care settings), e.g. LTC practitioners running clinics with diabetic specialist nurses to provide a fully integrated package of care.
- The core wellbeing service will support health promotion across the community around the benefits of supporting mental health alongside physical health using its vast range of experienced staff e.g. therapists, community development workers and peer support workers
- When people present in any setting and identify themselves as having a specific LTC for which there is an existing IAPT-LTC pathway developed and are experiencing signs of anxiety and/or depression they will have access to information about the support available through IAPT-LTC as part of their core support for recovery for their LTC.
- Patients presenting in physical health settings e.g. primary care, acute and community outpatient clinics, to be offered co-located IAPT-LTC practitioner clinics.

2.5 The attached business case (Appendix 1) describes Option 1 which delivers 22% intervention rate by Q4 2019/20 and 25% by Q4 2020/21 whilst maintaining the current operational model, thus meeting all national requirements at a FYE cost of £2.603m across West Suffolk and Ipswich and East Suffolk CCGs.

2.6 Option 2 (only included for planning purposes) considers the financial impact of stopping the current link worker contribution to meeting IAPT targets and pulling these staff out. This option has been discounted.

2.7 A governance structure will be set up to oversee the design of the potential model. The project group will be responsible for overseeing the development and will report to CCGs and Suffolk Mentally Healthy Communities Board. A Project Group will oversee the project scope and timescale, and progress against it, escalating potential risks and issues when appropriate, developing the desired service outcomes and broad structure and engaging with appropriate stakeholders, including service user and carer representation.

2.8 The expansion of psychological therapies focuses on cultural change and integration to improve service user experiences and outcomes, and to help sustain their wellbeing at home.

### **3. Patient and Public Engagement**

3.1 The co-production process (#averydifferentconversation), which has underpinned our work to date in producing all elements of the Suffolk Mental Health and Emotional Wellbeing Strategy, has shifted how the CCGs involve partners and signals a different way of working in future. The proposed changes within this business case address a number of the themes raised during the extensive engagement exercise undertaken. Service users will be part of the ongoing development and implementation of this service.

### **4. Recommendation**

4.1 To discuss and agree to option one within the business case for additional investment in the IAPT and Wellbeing Service to ensure the service meets the national must dos to achieve a 22% access rate in 2019/20 and 25% in 2020/21. The investment amount being £898,596 in 2019/20 (part year effect) and £1,702, 362 in 2020/21 (full year effect).