



Scheme:	Integrated Neighbourhood
Project Name:	Integrated IAPT Plus
Project Ref:	

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Project Lead:	Andrew Manners
Finance Lead:	Suzanne Holroyd

PROJECT OVERVIEW: (1. Summary of the aims of the project and how it is to be achieved 2. Summary of strategic alignment and key enablers. Evidence basis for opportunity)

As part of the Care Together programme we are working to improve mental health care services across Tameside and Glossop. There is currently a gap in mental health provision across our area in primary care for low level mental health needs. This project aims to deliver an integrated Improving Access to Psychological Therapies (IAPT) Step 1 Primary Care and Mental Wellbeing Service in Tameside and Glossop which would meet patient needs as well as National and Greater Manchester mental health priorities.

The proposed model combines the Pennine Care delivered Step 2-3 IAPT service with a new element at Step 1, commissioned from a service provider, working to a single service specification. The service will be located within the neighbourhoods, have a single entry point and clear pathways into a wider range of support and treatment. It is recommended that the integrated service has a new name to avoid confusion. The new service will sit within other neighbourhood services, connecting effectively with the Social Prescribing and Asset Based Approaches, supporting the Self Care Education College as well as, when established, the new neighbourhood mental health offer for people with complex needs. The service specification has been written to allow the providers, as the service experts, the flexibility to offer a service that they feel best meets the needs of the specification, however, we expect that this will include face to face drop in sessions, active monitoring and limited counselling sessions for people with early presentation of low level mental health concerns in a community setting.

The proposed service fits in with the Integrated Neighbourhoods and increases our mental health capacity. A similar IAPT model is working well for another local provider and they have seen amongst other benefits, a 73% reduction in likelihood of patients using the service needing GP services for mental health care. There is a solid evidence base for integrated IAPT and our proposed service is in line with the Stepped Care model and NICE Guidance for the provision of services for people with common mental health disorders.

There is new funding available within the Care Together programme of £280,000 per annum for three years to support the new service. The tender value means we will need to procure using a light touch regime and build in a break clause to allow the Trust to retract the contract if funding is pulled.

Common mental health disorders such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time.

Depression and anxiety disorders can have a lifelong course of relapse and remission. There is considerable variation in the severity of common mental health disorders but all can be associated with significant long-term disability. For example, depression is estimated to be the second greatest contribution to disability-adjusted life years throughout the developed world. It is also associated with high levels of morbidity and mortality and is the most common disorder contributing to suicide.

At any one time, roughly one in six of us is experiencing a mental health problem. Mental health problems are also expected to cost the economy £105 billion per year. Over recent years national, local and regional agencies around mental health including early intervention, promotion of mental wellbeing and psychological therapies have been gathering pace.

The NHS 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' document outlines IAPT roll-out as key to achieving the outcome ambition of improving the health related quality of life of the 15+ million people with one or more long-term condition, including mental health conditions.

'No Health Without Mental Health' reinforces the link between mental health and good physical health, and required IAPT programmes to work with primary care services in improving overall health and wellbeing and ensure a family focus to deliver overall benefits. The strategy focuses on early intervention, recovery, good mental health and positive experiences of care and support.

In October 2014, NHS England and the Department of Health jointly published 'Improving access to mental health service by 2020'. This document outlines a first set of mental health access and waiting time standards for introduction during 2015/16 and sets out an ambition to introduce access and waiting time standards across all mental health services between 2016 and 2020. NHS England published in February 2015, the new 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16' which outlines the required improvements towards meeting the first of these standards.

The policy context includes: The NHS Plan, the NSF for mental health, NICE guidelines, 'NHS Everyone Counts 2012/13, Equality Act 2010, No health without mental health strategy for England, Department of Health 2011, white paper 'Our Health, Our Care, Our Say'.

The Department of Health requires all Clinical Commissioning Groups to ensure access to a range of psychological therapies that can respond to the needs of their residents with a variety of mental health needs.

Improving Access to Psychological Therapies is a national programme concerned with raising standards of recognition of treatment for, the large number of people (of all ages) who suffer from depression and anxiety disorders and improving the health and wellbeing of the population by promoting social inclusion and improving economic productivity. The programme is at the heart of the Government's drive to give greater access to, and choice of talking therapies to those who would benefit. The programme seeks to support the wider public health agenda and to promote effective treatment options in mental health services that are founded on good evidence.

The service model is designed to support:

- Care outside a hospital setting where possible
- Care closer to home
- Improved access
- Improved quality
- Supporting individual care plans

RESOURCE REQUIREMENTS (summary of any resources to deliver the project – WTE, capital etc)

Transformational funding is required to fund a three year tendered contract to deliver mental health services as described above. Fall back revenue for estates if suitable may be required, if safe and cost neutral accommodation is not available in the community. Value TBA.

KEY MILESTONES				
Milestone	Owner	Start date	Due Date	Comments
Business case signed off	Andrew Manners	18/09/17	23/10/17	
Develop service specification	Andrew Manners / Pat McKelvey	25/09/17	30/10/17	
Procurement Process	Kevin Fletcher	23/10/17	15/12/17	
Awarded contract to successful provider	Kevin Fletcher	15/12/17	15/12/17	
Commence implementation of service	TBA	TBA	TBA	
Ensure all in place for ongoing contract monitoring	Jeanette Leach	TBA	Ongoing	

KEY INTERDEPENDENCES
[List any other projects that this project is dependent on OR will influence]
Social Prescribing, Healthy Minds, Neighbourhood Mental Health Development, and the workforce development process for integration of Neighbourhood teams will support the successful delivery of this programme

KEY STAKEHOLDERS

[List the key stakeholders in the project: CCG teams, GPs, Providers, Local Authorities, Care Homes etc]

CCG commissioning team, GPs, TMBC Social care team, Care Home providers, Tameside and Glossop residents, voluntary sector partners

FINANCE (to be filled in by finance)	FY16/17	FY17/18	FY18/19	FY19/20	TOTAL
Approved funding (eg GM)		70,000	280,000	490,000	840,000
Planned costs					
<i>Funding overspend / (slippage)</i>	<i>0</i>				
<i>Funding requirement</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Planned gross benefit				
<i>Planned net benefit / (cost)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Actual costs				
Actual gross benefit				
<i>Actual net benefit / (costs)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Net benefit / cost variance</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>