Project Initiation Document

Priority Programme Name: Mental Health and Dementia	SRO: Anthony Farnsworth	Date: 20/04/15

Background

The disparity in the quality and availability of mental health services is a long standing issue, despite mental health being the single largest cause of disability in the UK contributing 23% of the disease burden. In 2015/16 significant additional investment plus the introduction of access and waiting times targets will address this, moving services in the direction of parity of esteem between mental and physical health services. This programme will put in place the building blocks required to invest prudently and place CCGs in the best possible state of readiness to deliver on the standards when they come into place in April 2016.

Priority programme objectives, benefits and critical success factors
- *Establish robust links with the national mental health task force.*
- *Early Intervention in Psychosis (EI) services across the region to be in a state of readiness to achieve the access and waits target in April 2016, and be reporting on this in shadow form in Q4 2015-16.*
- *Increasing access to psychological therapies (IAPT). IAPT services across the region to be in a state of readiness to achieve the access and waits target in April 2016, and be reporting on this in shadow form in Q4 2015-16.*
- *Crisis- All CCGs across the region to be delivering on their locally agreed Concordat Action Plans.*
- *Psychiatric Liaison Services- To have an overview of service provision across the region and identify opportunities for improvement.*

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Priority programme objectives, benefits and critical success factors
- *Dementia- to achieve and maintain the national dementia diagnosis rate of 67%.*
- *Perinatal mental health- an understanding of the services present in the region, and a regional consensus on an optimal perinatal service model for implementation 2016-17.*
- *Specialist CAMHS eating disorder services- Regional services in place by Q4 of 2015-16 in readiness to deliver on access and waiting times expectations in 2016-17.*

Priority programme scope

This programme focusses on the mental health priorities as described in the NHSE 2015-16 business plan, and has the overarching objective of creating a state of readiness to meet access and waits standards as they are introduced in April 2016, and onwards. The emphasis of the programme is service development and transformation, and the ongoing monitoring and assurance function will remain with Operations and Delivery colleagues. The regional programme will maintain a whole system overview, identify emerging problems as they arise, provide data to support planning and performance management activity, provide topic-specific clinical expertise in defining optimal clinical pathways/service models and support local assurance of CCG Service Development and Improvement Plans (SDIPS) against these, provide topic-specific workforce expertise in defining the capacity and capabilities required to deliver on the access and waiting times expectations, and work with HEE to deliver this on a regional basis.

The programme will be delivered through SCNs taking on bespoke pieces of work on behalf of the region and Operations and Delivery colleagues facilitating effective commissioning at a local level.

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Priority Programme Name: Mental Health	SRO: Anthony Farnsworth	Date: 12/04/15

Priority programme deliverables

Early Intervention in Psychosis

-Establish baseline of current service provision per CCG and prevalence of 1st episode psychosis per CCG (Q1/Q2)

-Support SCNs/ATs in comparing service baseline with expected prevalence and actual caseload per CCG and assuring SDIPS per CCG (Q2)

-Support SCNs/ATs in establishing baseline waits to NICE compliant treatment per CCG, and develop regional dashboard to report in Q4 2015-16 (Q3/4)

-Establish regional workforce baseline, and required future workforce profile to deliver on national expectations-work with HEE to deliver this (Q3)

IAPT

-Develop regional dashboard of access and recovery rates (Q1)

-Support SCNs/ATs in establishing baseline of current service provision and spend per CCG, and comparing this with required spend and capacity per CCG and assuring SDIPs (Q2)

-Support SCNs/ATs in establishing baseline waits to NICE compliant treatment per CCG, and develop regional dashboard to report Q4 2015-16 (Q3/4)

-Establish regional workforce baseline, and required future workforce profile to deliver on national expectations-work with HEE to deliver this (Q2)

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Priority Programme Name: Mental Health	SRO: Anthony Farnsworth	Date: 20/04/15

Priority programme deliverables

Crisis care

-Regional dashboard of concordat progress (Q1)

-Regional optimal crisis pathway developed against which to assure CCG plans (Q2)

Psychiatric Liaison Services

-Regional benchmark of services in place (Q1)

-Establish regional workforce baseline, and required future workforce profile to deliver on national expectations-work with HEE to deliver this(Q3)

Dementia

-Regional dashboard of diagnosis rates (DDR) (Q1)

-Regional assurance toolkit, describing all factors required to deliver optimal DDR (Q2)

Perinatal Mental Health

-Establish a regional expert reference group (Q1) and gain ERG consensus as to optimal regional service model and capacity required to address prevalence (Q3)

-Establish regional prevalence by CCG, and regional baseline of service provision by CCG(Q2)

-Support ATs in engaging CCGs in a co-commissioning process to deliver on required service model- to be in place Q1 2016-17 (Q4)

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Project Initiation Document

Priority Programme Name: Mental Health	SRO: Anthony Farnsworth	Date: 20/04/15

Priority programme deliverables
Child and Adolescent Mental Health Services-Specialist Eating Disorders Services
-Establish a regional expert reference group and gain ERG consensus as to optimal regional service model and capacity required to address prevalence (Q1/Q2)
-Establish regional prevalence by CCG (Q1)
-Support ATs in engaging CCGs in a co-commissioning process to deliver on required service model- to be in place Q4 2015-16 (Q3)
-Establish regional workforce baseline, and required future workforce profile to deliver on national expectations- work with HEE to deliver this (Q3)

Resource required (red text = resource gaps):
1x WTE Programme manager (senior)
0.5x WTE Project manager
0.6x WTE Data Analyst in Q1, 0.25 WTE thereafter
1x WTE Project Administrator
SRO
Communications support, Finance support
SCN resources in each geographical patch to confirm prioritisation of support to this programme (both people and funding for venue costs, events, etc).
Programme Board: SRO, Programme manager, NHSE Communications, specialised and CCG commissioning, ADASS , local MH leads, service users x2, carers x2, AHSNs, MIND, Rethink, Samaritans.
Governance: The programme will report to the regional SMT.

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Stakeholders
Users of mental health services and their families, Clinicians, National Mental Health Taskforce, Directors of Commissioning and Operations, Heads of Assurance and Delivery, CCGs and specialised commissioning, SCNs, AHSNs, Local Authorities, mental health providers, emergency care (ambulance and ED), Police, voluntary sector

Dependencies / key interfaces
Urgent care, Police, Local Authorities, Voluntary Sector, HEE, PHE, The National Mental Health Taskforce and national team.

Risks and issues
A collective limited understanding of the scale of the task. This is a paradigm shift for mental health service provision, and the basic building blocks to achieve sustainable transformational change (workforce capability and capacity, accurate and relevant data, a performance culture, universal appetite for change) are lacking. Addressing this will take time (2 years minimum) and significant transformation resource- this plan describes the deliverables in year 1.
Other risks include: the availability of useful mental health data (e.g. prevalence) and a lack of central capacity to deliver this, the mental health workforce and the capacity of HEE to invest in this, mental health commissioning and the capability and capacity to plan and invest for service transformation, the mental health provider market and capability and capacity to deliver service transformation, SCN capacity to deliver on this programme regionally, pressures in other parts of the health system, stigma.

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Appendix One: Priority and Work Programme Overview

NHS

South West Strategic Clinical Network

Programme Name: Mental Health and Dementia	Lead: Anthony Farnsworth	Date:20/04/15

Topic	Wessex SCN	Wessex AHSN	SE Coast SCN	Thames Valley SCN	Oxford AHSN	SW SCN	WEAHSN	PHE
Access and waiting times targets	Y		Y	Y		Y		
Parity of esteem	Y		Y	Y				
Dementia Diagnosis rates	Y			Y		Y		
Early Intervention in Psychosis	Y	Y			Y	Y		
-Crisis concordat	Y			Y		Y		
-CAMHS	Y		Y	Y		Y		
-Perinatal mental health	Y		Y	Y		Y	Y	
-IAPT	Y		Y			Y		
-Smoking cessation	Y					Y		
-Suicide prevention				Y			Y	
Psychiatric Liaison	Y		Y	Y		Y		

Appendix 2: Draft Agenda, Regional Mental Health Priority Programme Board

NHS England

Regional Mental Health Priority Programme Board

To be held on: < >
Time: < >
Location: < >
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DRAFT AGENDA

Time	Item No.	Description	Enclosure/ Lead
< >	1.	Welcome and introductions.	<enclosure or verbal> <name>
< >	2.	Noting national expectations re: access and waiting times and assembling of a position statement on this	< > < >
< >	3.	Development of a memorandum of understanding with SCNs	< > < >
< >	4.	Establishing robust links with the national mental health taskforce	< >
< >	5.	Mapping existing improvement activity in mental health	
	6.	Date of next meeting:	
		< details>	