133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
+64 4 496 2000

[redacted]

By email: [redacted]

Dear [redacted]

Response to your request for official information

Thank you for your request for information under the Official Information Act 1982 (the Act) on 11 February for:

> *"We would like all documents which relate to the Integrated Therapies Pilot for 18 to 25 years olds (Piki), which refer to the number of individuals to whom the pilot would be made available to, and the number of individuals who would be expected to directly interact with the pilot and benefit from it."*

Seven documents have been identified within scope of your request. These are itemised in Appendix 1 to this letter, and copies of the documents are enclosed.

Please note some information has been withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons and section 9(2)(f)(iv) of the Act, to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials. Information within the enclosed documents that is out of scope of your request has been excluded

I trust that this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Yours sincerely

Robyn Shearer
Deputy Director-General
Mental Health and Addiction

Appendix 1: List of documents proposed for release

#	Date	Title	Decision on release
1	25 May 2018	Integrated Therapies Mental Health Pilot for 18 to 25 Year Olds (Health Report 20181093)	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons
2	13 June 2018	Integrated Therapies pilot for 18 to 25 year olds: An update and outline of proposed approach (Health Report 20181222)	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons
3	24 October 2018	Final Evaluation Report – Request for Proposals to develop, deliver and evaluate the Integrated Psychological Therapies for 18 to 25 year olds pilot	Released in full
4	24 October 2019	Integrated Therapies RFP – Final Provider Recommendation Report	Released in part. Out of scope information has been withheld
5		Proposal Response Form Tū Ora Compass Health PHO (Excerpt)	Released in part. Out of scope information has been withheld
6	20 November 2018	Integrated Psychological Therapies for 18 to 25 Year Olds Pilot (Health Report 20182506)	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons and section 9(2)(f)(iv) of the Act, to maintain the constitutional conventions for the time being which protect the confidentia ity of advice tendered by Ministers of the Crown and officials

7	28 January 2019	Integrated Therapies for 18 to 25 Year Olds Pilot Update (Health Report 20190084)	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons and section 9(2)(f)(iv) of the Act, to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials

Health Report number: 20181093

Security classification: In-Confidence

Quill record number: HR 2018 1093
File number: AD62-14-2018
Action required by: routine

Memo: Integrated Therapies Mental Health Pilot for 18 to 25 Year Olds

To: Hon Dr David Clark, Minister Of Health

Purpose

You have asked for an update on the approach the Ministry will take to establish a pilot programme to develop integrated therapies for 18 to 25 year olds. Budget 2018 announced $10.49 million over three years to fund this pilot programme.

Key points

1. The time-limited funding will be used to pilot a free counselling and therapy service for young adults aged 18 to 25.
2. The pilot will be modelled on Improving Access to Psychological Therapies (IAPT) approach utilised within the National Health Service (NHS) England. IAPT provides people diagnosed with depression and anxiety[1] with access to evidence based psychological therapies within primary care.
3. The funding will also be used to gain further understanding of the needs of 18 to 25 year olds across New Zealand and the workforce development needs of primary and community care to meet these needs.
4. The pilot will complement existing service provision and provide access to psychological therapies. It will increase the range of counselling services for 18 to 25 year olds within the pilot location. Access will be free and timely and responses will be evidence based
5. The funding will also focus on improving Māori health outcomes and will acknowledge the special relationship between the Crown and Māori under the Treaty of Waitangi. A mix of universal and targeted programmes for this age group will be delivered to improve outcomes for Māori and other groups where disparity is evident.
6. The pilot will be set up in a single location which will be chosen to allow for exploration of current needs for low-intensity interventions amongst 18 to 25 year olds (both at the pilot site and across New Zealand). It will also identify workforce development requirements to be able to scale up the services in an integrated way.
7. The Ministry of Health will begin with an open Registration of Interest by interested providers. This process will be used to help select a suitable location. A Request for Proposals to deliver the pilot will then be sought.
8. The Ministry will be able to advise you in our next update on the timeframe and process for establishing the pilot
9. The results of the pilot will be used to inform future investment and service development into counselling and therapy services.

[1] England has separate IAPT services for adults and children and young people (CYP) aged 19 and under. Adult IAPT provides treatment for anxiety and depression. CYP IAPT offers treatments/ services for a wider range of conditions, for example eating disorders, self-harm and autism spectrum disorder.

Contacts:	Sam Kunowski, Group Manager, System Outcomes	s 9(2)(a)
	Derek Thompson, Manager, Mental Health, System Outcomes	048163934

Health Report number: 20181093

Recommendations

The Ministry recommends that you:

This report is for your information only and does not request any decisions.

Jill Lane
Director
Service Commissioning

Minister's signature:

Date:

Health Report number: 20181093

Integrated Therapies Mental Health Pilot for 18 to 25 Year Olds

Background

1. In Budget 18, the Government announced funding to support an initiative to provide free counselling in one location for 18 to 25 year olds as a pilot.
2. This briefing provides you with the details of current planning underway to implement this initiative.

Pilot service delivery

3. Phased funding for the pilot was provided in Budget 2018. A total of $10.49 million is phased across three years. Table 1 refers:

2018/19	2019/20	2020/21	Total $M
2.020	4.050	4.420	10.490

4. The pilot will be modelled on the Improving Access to Psychological therapies (IAPT), a stepped care model utilised within the National Health Service (England).
5. IAPT provides people diagnosed with depression and anxiety[2] with access to evidence based psychological therapies within primary care. The key principles of this model are:
   a. evidence based practice with high fidelity usually Cognitive Behavioural Therapy (CBT)
   b. routine outcome monitoring
   c. regular and outcomes focused supervision to improve and deliver high quality care.
6. The pilot will offer low intensity interventions to young adults assessed as having depression and/or anxiety. These would include one-to-one or group cognitive behavioural therapy (CBT) and guided self-help and e-therapy. These interventions could be delivered by multi-disciplinary practitioners trained in CBT.
7. The pilot will target 18 to 25 year olds as a population that is currently not well served in support of the strong evidence that intervening early can prevent issues deteriorating.
8. The pilot will complement existing psychological service provision in the chosen location.

Evaluate for future investment and development

9. The pilot programme will be evaluated to assess the effectiveness of the model and where it could be improved for potential roll out to wider regions. The results of the pilot will be used to inform future investment and service development.
10. For the pilot to test the expected benefits it will:
    a. Target service to 18 to 25 year olds to understand the demand for low-intensity interventions and increased access to and use of service options.
    b. Consider different service delivery options (eg, one-to-one or group CBT and guided self-help and e-therapy) to assess demand, increase access and improve Māori health outcomes and outcomes for other groups where disparity is evident.
11. To deliver the evidence needed for further investment and service development the pilot will:
    a. Identify markers of unmet need nationally and within the pilot population and assess the extent to which increased access to integrated therapies can respond to these needs.
    b. Identify workforce needs and development opportunity so that should the initiative be grown, people are able to deliver talking therapies to those who need them.

[2] England has separate IAPT services for adults and children and young people (CYP) aged 19 and under. Adult IAPT provides treatment for anxiety and depression. CYP IAPT offers treatments/ services for a wider range of conditions, for example eating disorders, self-harm and autism spectrum disorder.

12. The initial pilot will be delivered in one location. The selection of this location is critical to the overall evaluation and recommendations. Officials are developing selection criteria and considering:
    a. The current availability of free counselling for Youth, for example available on a limited basis as part of the youth mental health project.
    b. Equity of outcome for Maori and for other groups where disparity is evident, including factors such as ethnicity, gender, location and life course transitions.
    c. Health and alternative primary care delivery settings to ensure reach into this population age group[3].
    d. Workforce capability and capacity to grow the numbers of therapy practitioners within primary care settings.
    e. Exploration of the current need, including unmet need, amongst 18 to 25 year olds.
13. The Ministry of Health will work with ACC, Education, Oranga Tamariki and MSD to understand what is needed and ensure future (cross-agency) investments are complimentary and there is no duplication.
14. Piloted services may be delivered by district health boards, Primary Health Organisations, and / or non-government organisations.

Next Steps

15. The first step will be to call for open Registration of Interest by interested providers to determine a suitable location. We are expecting this to occur in June 2018.
16. Following selection of a suitable location, a Request for Proposal to deliver the pilot will be sought and provider(s) will be selected based on criteria that includes understanding of people and community needs and opportunities; co-design opportunity; ability to measure people impact.
17. It is estimated the services pilot will be available in up to 20 weeks, based on:
    a. 12 weeks to select location and providers
    b. 8 weeks for providers to establish service.
18. A regular service monitoring process will support the service provider(s) to expand the service and improve performance in line with the annual budget allocation
19. An interim process evaluation will be available for 2019/20 financial year budget and planning round. Final recommendations will be available to inform 2021/2022 budget and planning round.

END.

[3] This age group does not traditionally enrol with primary care, or may be partially covered by tertiary education health care providers, exploring reach to people who are not in education or employment and understanding how to access this group will be useful in future programme decisions.

Health Report number: 20181222

Security classification: In-Confidence

Quill record number: H201804123
File number: AD62-14-2018
Action required by: 29 June 2018

Integrated Therapies Pilot for 18 to 25 Year Olds: An update and outline of proposed approach

To: Hon Dr David Clark, Minister of Health

Copy to: Hon Julie Anne Genter, Associate Minister of Health

Purpose

This report responds to your request for an update on the pilot programme to develop integrated therapies for 18 to 25 year olds. The report also seeks your agreement to the proposed approach and procurement process for the pilot programme.

Key points

- Through Budget 2018 there is funding allocated to a three year pilot of integrated therapies for young people aged 18 to 25 years.
- More specific details of the pilot programme will be further developed once the procurement process progresses, however it will consist of the following key parts:
  - provision of free evidence-informed psychological therapies for 18 to 25 year olds with mild to moderate mental health needs within the pilot location and with a focus on increasing equity
  - workforce development and supervision to ensure safe, culturally appropriate and competent, and high quality therapies are delivered in a multidisciplinary context
  - a needs assessment to determine the mental health needs of 18 to 25 year olds
  - an independent evaluation of the pilot.
- Selection of the location for the pilot is integral to the ability of the pilot to demonstrate effectiveness of providing integrated therapies to young people and the potential for a wider roll out of psychological therapies in New Zealand. This is because it allows for greater scope to tailor the approach to the specific needs and context of the young people in that location.
- The preferred procurement process is for the Ministry of Health to work with stakeholders to select a pilot location and provider or providers to deliver and evaluate the pilot.
- Your confirmation of the proposed approach to the pilot is sought prior to commencing procurement. Once your confirmation is received the first stage of procurement is expected to start within two to four weeks.

Contacts:	Sam Kunowski, Group Manager, System Outcomes	s 9(2)(a)
	Caroline Flora, Group Manager, Population Outcomes	s 9(2)(a)

Health Report number: 20181222

Integrated Therapies Pilot for 18 to 25 Year Olds: An update and outline of proposed approach

Recommendations

The Ministry recommends that you:

a) **note** the importance of selecting an appropriate pilot location and tailoring services to the needs and context of that site to the overall ability of the pilot to demonstrate effectiveness and inform future decisions about service development and investment in psychological therapies

b) **agree** to the proposed approach to the pilot as outlined in paragraphs 11 to 13 of this report **Yes/No**

c) **agree** to the proposed procurement approach for the pilot as outlined in paragraphs 22 to 28. **Yes/No**

Jill Lane
Director
Service Commissioning

Minister's signature:

Date:

Health Report number: 20181222

Integrated Therapies Pilot for 18 to 25 Year Olds: An update and outline of proposed approach

Background

1. Through Budget 2018, the Government allocated a total of $10.49 million to support a pilot of integrated therapies for 18 to 25 year olds. This funding is phased over three years as outlined in the table below.

	2018/19	2019/20	2020/21	2021/22 and out years	Total
Funding ($m)	2.020	4.050	4.420	N/A	10.490

Rationale for the Integrated Therapies Pilot for 18 to 25 year olds

2. The Speech from the Throne and the Confidence and Supply Agreement between the Labour Party and the Green Party included a commitment to making free counselling available for people under 25 years of age.

3. Funding the Integrated Therapies Pilot is also part of the Government's commitment to improving mental health outcomes for New Zealanders and supplements other key activities such as the Inquiry into Mental Health and Addiction and better mental health support for earthquake-affected children in Canterbury and Kaikōura schools.

4. Knowledge about what is needed to improve mental health outcomes and meet the needs of New Zealanders is continuously increasing. Improving mental health outcomes for New Zealanders involves piloting different approaches to better meet people's mental health needs.

There is a need for integrated therapies for 18 to 25 year olds

5. Evidence indicates that early intervention in both the illness and the life course is the most beneficial and cost effective way to address mental health needs. As three quarters of all lifetime cases of mental illness start by 24 years of age it is important to ensure there is adequate mental health support for children and young people.

6. Many young New Zealanders experience mental health issues. The youth age group (15 to 24 years) experiences higher levels of psychological distress[1] and suicide[2] than any other age group. This age group also has the highest prevalence of mental disorders in the last 12 months (28.6 percent compared to 20.7 percent in the total population).[3] This has consequences for the individuals and whānau involved, including in terms of participation in education and the workforce, as well as wider social and economic impacts.

7. Within the youth age group those that tend to experience poorer mental health include Māori, those living in more deprived areas and Pacific people. These population groups also tend to be younger, which means they represent greater proportions of the youth population than they do of the general population.

8. There is increasing evidence that psychological therapies can help improve the mental health of young people. There is however a lack of information about what works in a New Zealand context, particularly what works for young Māori, young people with disabilities, young Pacific people and young Rainbow New Zealanders.

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[1] Ministry of Health. *New Zealand Health Survey 2016-17 data*. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-annual-data-explorer/_w_a00e9886/#!/explore-indicators (accessed 14 June 2018).

[2] Ministry of Health. *Suicide Facts: 2015 data*. URL: www.health.govt.nz/publication/suicide-facts-2015-data (accessed 14 June 2018).

[3] MA Oakley Browne, JE Wells, KM Scott (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.

9. Integrating these therapies into primary and community care can potentially help increase accessibility to these services. Youth primary mental health funding currently allows for free primary mental health services for young people aged 12 to 19 years with mild to moderate mental health needs.

10. There are however gaps in mental health support for young people aged 20 to 25 years, particularly for those with mild to moderate mental health needs. Some 19 to 25 year olds are eligible for free access to psychological therapies through the primary mental health initiatives. Some also receive specialist mental health and addiction services. There are however a group of young people who have mental health needs which are not severe enough to meet the criteria for specialist mental health and addiction services, but which are unable to be appropriately met within existing primary and community services. Focusing the pilot on this group of young people strengthens early intervention approaches, reducing the likelihood of more severe outcomes in the long-term and will help address unmet need in this population group.

Proposed approach for the Integrated Therapies Pilot for 18 to 25 year olds

11. It is proposed that the pilot will provide psychological therapy in a primary care or community setting to young people aged 18 to 25 years with mild to moderate mental health needs such as depression and anxiety in one location in New Zealand. This will complement existing mental health supports such as the Journal, SPARX, and the National Telehealth mental health and addiction counselling supports (eg, 1737 – need to talk? And the Alcohol Drug Helpline).

12. Key principles underpinning the pilot are informed by England's Adult Improving Access to Psychological Therapies programme and include:
    a. provision of evidence-informed therapies to 18 to 25 year olds
    b. routine outcome monitoring focusing on what impact or benefits are being achieved
    c. regular supervision of the those delivering the therapies to ensure delivery of high quality care.

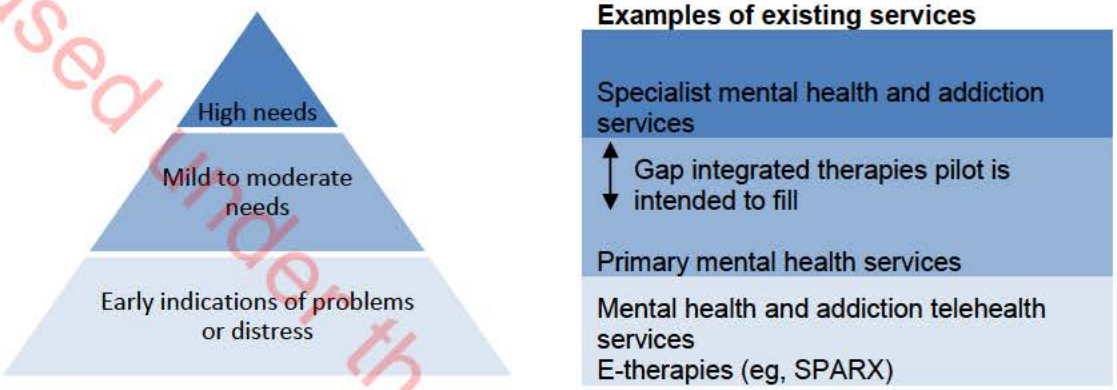
13. As part of the pilot programme the following is intended to be purchased:
    a. delivery of psychological therapy services to enable free access to these services for 18 to 25 year olds
    b. upskilling, development and supervision of the workforce in the pilot location as required to ensure there are sufficient appropriately skilled people available to deliver safe, culturally appropriate and competent, and high quality therapies with a holistic consideration of the young person's needs
    c. an assessment of the needs for mental health support of young people across New Zealand, including identification of what is needed to address any gaps
    d. an independent process and outcome evaluation of the pilot programme with a focus on the benefits of integrating accessible evidence-informed psychological therapies in a primary or community care setting.

Rationale for the proposed approach

14. Psychological therapies are an integral part of a stepped model of care, which many young people are currently not accessing (eg, due to cost barriers or lack of appropriate services) or are ineligible to access. These therapies require less specialist therapist time, which is advantageous given there are pressures in the mental health workforce which are particularly pronounced among specialist workers. They are also a cost effective alternative to more expensive specialist mental health services and can potentially reduce the need for these specialist services.

15. The focus of the integrated therapies pilot will be on young people aged 18 to 25 years given the benefits of early intervention and the current knowledge about unmet need in this population group. In particular the focus will be on those with mild to moderate mental health needs as these are the group of 18 to 25 year olds whose needs are currently not being met appropriately. Some are unable to be adequately cared for in primary care and some have to experience worsening issues before they are eligible for more specialist mental health services.

16. The diagram below illustrates the current service provision for 18 to 25 year olds and the gap the integrated therapies pilot is intended to close.



17. England's Improving Access to Psychological Therapies programme is showing promising results, including in terms of maintaining recovery, increasing employment and reducing emergency department attendances and hospital inpatient admissions. [4,5]

18. Simply adopting the Improving Access to Psychological Therapies programme and trialling it in New Zealand among 18 to 25 year olds is however unlikely to be effective without adapting elements of the programme to the New Zealand context. The Improving Access to Psychological Therapies programme is not necessarily reaching young people aged 18 to 25 years as well as other age groups, and operates in different ways across England.

19. Concentrating the pilot in one location allows the approach to be tested before wider roll out, without placing too much additional pressure on the mental health workforce.

20. Incorporating evaluation of the pilot programme from the beginning will allow for continuous service improvement changes to be made, as well as ultimately providing information on whether the model is effective and what might be required for a larger scale roll out of free integrated therapies. This information would in turn be able to inform future decisions about service development and investment in psychological therapies.

21. Potential outcomes from providing integrated therapies to young people aged 18 to 25 years include lower levels of mental distress, increased access to timely and appropriate mental health support and increased equity for young people currently missing out on the mental health support they need.

[4] Clark DM, Layard R, Smithies R, et al. 2009. *Improving access to psychological therapy: Initial evaluation of two UK demonstration sites.* Behaviour Research and Therapy, 47(11): 910–920. doi: 10.1016/j.brat.2009.07.010. URL: www.ncbi.nlm.nih.gov/pmc/articles/PMC3111658/.

[5] NHS England. *Integrating mental health therapy into primary care.* URL: www.england.nhs.uk/mental-health/adults/iapt/integrating-mental-health-therapy-into-primary-care/ (accessed 13 June 2018).

Proposed procurement approach

22. Undertaking a pilot approach is critical to determining the suitability of providing psychological therapies to the target population and its effectiveness in terms of expected impact in the New Zealand context. Through pilot design and delivery we can ensure the overall evaluation and recommendations have wider applicability to the country as a whole.

23. An outline of the proposed rationale underpinning the pilot and considerations for selecting the pilot location are summarised in Appendix One. Selecting a suitable location for the pilot is an important part of the proposed approach. It allows for greater scope to tailor the approach to the specific needs and context of young people and the location. Service and workforce considerations within the pilot location will tell us about how to scale the pilot. Tailoring the approach strengthens the ability to test what works in the New Zealand context by ensuring that a mix of settings and cultures can be explored.

24. The Ministry of Health will conduct an open process using location and provider criteria. The Ministry will work with stakeholders to select the pilot site(s) and provider(s) or service mix to be delivered, including the assessment of unmet needs and the evaluation of the pilot. Stakeholder engagement will include young people, professional bodies (eg, the New Zealand Psychological Society and the New Zealand Association of Counsellors), district health boards and non-governmental organisations.

25. At this stage it is not possible to predict the exact services that interested parties could offer to pilot, the expected number of young people who will benefit from receiving free integrated therapies through the pilot, the number of FTEs required to deliver the pilot and the scalability of the initiative over time. These details are dependent on the unique features associated with the location chosen, including the size of their population aged 18 to 25 years, ethnic mix of the population and the needs of this population. For example if the pilot location was in Auckland psychological services may be more likely to be delivered by private practitioners, while in the pilot location was in the West Coast which has a more rural population services may be more likely to be delivered by non-government organisations or district health boards. More details will be provided following the selection of the pilot location.

26. A provisional time line for the proposed approach is outlined in the table below.

Step	**Provisional time frame**
Work with stakeholders to select location and provider(s)	end August 2018 – November 2018
Provider(s) selected	by end November 2018
Service delivery and evaluation commences	by February 2019

27. Regular service monitoring processes will be established to support the provision of services and help ensure the delivery of high quality services. Interim process evaluation findings will be available throughout the duration of the pilot. A final outcome evaluation and recommendations are expected to be available in time to inform Budget 2021.

28. In the event that the pilot is successful and a wider scale roll out is required, a multi-step procurement process would be considered.

Next steps

29. Confirmation of the desired approach to the pilot and the approach to procuring the pilot is required to progress work on the pilot. Once the approach is confirmed the Ministry of Health will progress with procurement and provide you with regular updates on progress.

30. You may wish to discuss the proposed approach with the Associate Minister of Health, Hon Julie Anne Genter.

END.

Memo

Date:	24 October 2018
To:	Maree Roberts, Deputy Director Mental Health and Addictions (Acting)
Copy to:	Clayton Cleary, Manager, Procurement
From:	Derek Thompson, Manager, Mental Health
Subject:	Final Evaluation Report - Request for Proposals to develop, deliver and evaluate the Integrated Psychological Therapies for 18 to 25 year olds pilot
For your:	Information Agreement

Purpose

The purpose of this memo is to:

1. Provide you with information of the value-for-money process to date for sourcing a provider to develop, deliver and evaluate the Integrated Psychological Therapies for 18 to 25 year olds pilot, and
2. Seek your agreement to commence formal contract negotiations with the Ministry's preferred provider, Tū ora Compass Health Primary Health Organisation (Tū Ora Compass Health).

Background

On 7 October 2018, you agreed to the Ministry of Health (the Ministry) commencing value-for-money consideration for three Evaluation Panel recommended providers to develop, deliver and evaluate the Integrated Psychological Therapies for 18 to 25 year olds pilot (the Pilot).

The three Evaluation Panel recommended providers agreed to were:

- Out of scope
- [redacted]
- Tū Ora Compass Health

This final Evaluation Report summarises the value-for-money process to date and proposes a Ministry preferred provider. It requires your agreement before the preferred provider, Tū Ora Compass Health, can be approached for formal negotiation.

Table 1 below is a recap of the scope of the proposed contract.

Table 1 – Scope of the proposed contract

Scope of Purchase
The Ministry requires a provider to develop, deliver and evaluate the Integrated Psychological Therapies Pilot. The Pilot service must include: • Implementation of a stepped model of care

• Access to high and low intensity intervention options to include utilisation of digital / telehealth • Workforce development planning to include, recruitment and retention, and clinical and cultural leadership • Delivery of an evaluation plan and framework approved by the Ministry and to include a continuous improvement approach • Project plan to include risk management	
Total Contract Value	Estimated at $10.49 Million over 3 years (NDE and DE)
Contract Term	Estimated up to 3 years
Expected Service Commencement	Estimated on 1 November 2018
Conflicts of Interest	Project team and panel member conflicts of interest have continued to be managed by the procurement team. Respondent conflicts of interest have been assessed by a 3rd party probity advisor.

Value-for-Money Process to Date

Members of the Mental Health Project Team and Procurement Team (with support from Finance) commenced a value-for-money analysis over the Proposals of the three providers.

This included:

- Primary considerations based on the Request for Proposal (RFP) requirements, and
- Secondary considerations including any aspect of the Proposal that may impact the total cost of ownership and/or may impact short, medium and long-term objectives of the service.

The results of the value-for-money analysis can be found as **Appendix 1**. Each consideration was analysed against the risks and/or opportunities it presented. The analysis also captures any 'Points of Difference' and 'Main Issues' identified.

An overview of the Primary and Secondary consideration areas can be found below:

Primary considerations:

Weighted criteria requirements as set out in the RFP		
Population Need	Psychological Therapies	Workforce Development
Existing Services	Evaluation	Project Management

Secondary considerations:

Other considerations that may impact the total cost of ownership		
Affordability	Current Health Survey Data	Population Reach/Mix
Existing Infrastructure	Model of Care	Service Commencement
Scalability Potential	Provider Assumptions	Contract Acceptability/ Contract Structure to Support Service Delivery
Provider Conflicts of Interest	Cultural Risks	Clinical Risks

Ministry Preferred Provider Recommendation

The Mental Health Team recommends that the Ministry approach Tū Ora Compass Health for formal negotiations with a view to contract.

This recommendation is made on the basis of the outcome of the value-for-money analysis. Tū Ora Compass Health's Proposal is considered to present most opportunities for meaningful impact in its chosen location with risks deemed manageable by the Ministry.

The main considerations and points of difference that informed this decision are as follows:

- Geographic mix that includes both urban and rural populations (including more remote rural areas).
  - Supports reach, impact and scalability potential.
- Locations that represent a diverse population mix.
  - Supports reach, impact and scalability potential.
- Locations represent highest population prevalence for mood and/or anxiety disorder (New Zealand Health Survey)
  - Supports reach and impact potential.
- It is the most affordable of the three proposed services, without impacting service quality and provision for intended users.
  - Supports current budget requirements and potential future affordability.
- Potential for CBT accreditation.
  - Supports workforce development opportunities.
- Inclusion of medium intensity group.
  - Supports an understanding of unmet need and a fidelity to IAPT.
- Inclusion of Academic Evaluation.
  - Supports the outcome evaluation and unmet needs assessment.

Out of scope [redacted]

Evaluation Panel recommended providers ranked 4 to 6 will also continue to be retained until negotiations (successful or otherwise) are completed with Tū Ora Compass Health Out of scope [redacted]

Please note that Tū Ora Compass Health were originally the third ranked provider by the Evaluation Panel, however following value-for-money analysis, it is deemed that this provider is preferred by the Ministry.

HomeCare Medical and Te Pou o te Whakaari Nui will be engaged to inform pricing completeness once this report is agreed.

Next steps include external referee checks and undertaking financial due diligence with Tū Ora Compass Health following the completion of internal due diligence measures.

Conclusion

In summary, it is recommended that you agree the Ministry can commence formal contract negotiations with the preferred provider, Tū Ora Compass Health Primary Health Organisation.

It is also recommended that if negotiations are unsuccessful with the preferred provider, Tū Ora Compass Health, the Ministry can enter into negotiations with one or both of the remaining two recommended providers Out of scope

If negotiations with these three providers are unsuccessful, the Ministry can enter into a value-for-money analysis process with the Evaluation Panel recommended providers ranked 4-6; Adventure Development, Te Runanga O Tao Rangatira and Youthline Auckland. The outcome of this process will be provided to you for agreement prior to approaching any of these providers.

Recommendations

It is recommended that you:

1.	agree	the Ministry can approach Tū Ora Compass Health to commence formal contract negotiations with a view to contract for services to develop, deliver and evaluate the Integrated Psychological Therapies for 18 to 25 year olds pilot.	Yes/No
2.	agree	if negotiations are unsuccessful with Tū Ora Compass Health, the Ministry can commence negotiations with one or both of the remaining two recommended providers, Out of scope	Yes/No
3.	note	If negotiations are unsuccessful with Tū Ora Compass Health, Out of scope Out of scope the Ministry can commence value-for-money analysis processes with those ranked 4-6 by the Evaluation Panel. No provider ranked 4-6 will be approached without your agreement.	Yes/No
4.	note	Due diligence checks, including referee and financial viability checking, will commence once a preferred provider is approached to commence negotiations.	Yes/No
5.	note	A contract award notice will be posted on GETS once a contract has been executed.	Yes/No
6.	note	At the culmination of negotiations, any and all unsuccessful providers will be notified and offered a debrief that will commence after contract award.	Yes/No
7.	note	HomeCare Medical and Te Pou o te Whakaari Nui will be engaged to inform pricing completeness once this report is agreed.	Yes/No
8.	note	Referred attachment: Appendix 1 – Value-for-money analysis of Out of scope Tū Ora Compass Health.	Yes/No

Signature: MRoberts Date: 26/10/18

Maree Roberts
Deputy Director Mental Health and Addictions (Acting)
Mental Health and Additions

Value for money process

Stage 1
Ministry representatives (including members of the project team and procurement) read the proposals of Out of scope Tū Ora Compass Health, and also the minutes of the evaluation panel consensus workshop. From information contained within these documents, combined with knowledge of wider Ministry and Government factors, they then developed the considerations that underpinned the value-for-money process.

The value-for-money process incorporated:

1) primary considerations (the RFP weighted criteria),

2) secondary considerations (short, medium and long term considerations that may have the potential to impact the total cost of ownership and success of the service), and

3) main points of difference.

Stage 2
A selection of Ministry representatives (including finance and mental hea th team) were engaged to analyse each proposal against the primary and secondary considerations in respect of the opportunities and risks they presented. They also captured main points of difference of each proposed service. The outcomes of these consideration analyses can be found in the tables below.
To note: An area of risk identified with one provider (conflicts of interest) was ass sed by an independent probity and assurance advisor and deemed to be manageable.

Stage 3
The outcomes of the consideration analysis process were reviewed by the project team and a preferred provider was identified as being most able to satisfy the aims and objectives of the pilot service.

Stage 4
The outcomes were then reviewed by a Ministry subject matter expert independently. These outcomes and the identified preferred provider, were supported by the expert.

Stage 5
Review and acceptance of preferred provider recommendation to be sought from delegated financial authority.

Outcome of considerations analysis

Out of scope

Out of scope	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]			
[redacted]	[redacted]			

Tū Ora Compass Health

Partner organisations: University of Otago (Evaluation and Workforce Training), Te Awakairangi Health Network (Māori and Pasifika service delivery), Explore (Specialist service delivery to youth)

Primary Considerations	RFP Criteria Weighting	To what degree they align/acceptability	Opportunities	Risks
Population need	Weighted 20%	Service provision to 'all' in the area, mainly focus on Māori and Pasifika subgroups. Also includes youth offenders, rainbow community, homelessness and those not in education. Unknown unknowns described.	Se vice provision over 3 DHB regions – Capital&Coast, Hutt and Wairarapa Delive y sites including: Multiple practices/potential sites over 3 DHB regions. Hard to reach p pulations identified – potential for robust/reflective/meaningful data.	Still need to have 100% clarification on PHO enrollment, might affect accessibility of services.
Psychological Therapies	Weighted 25%	Very good fidelity to IAPT.	Robust triaging. Offers multiple touch points, treatment choices and treatment settings eg primary care, community, at home. Established relationships with partner , including a Māori service provider.	Melon app will need to be tailored for this population.
Workforce Development	Weighted 15%	Very good understanding on workforce needs.	Current staff are already trained and experienced in CBT. Adaptation of CBT for Māori and inclu es clinical and cultural deliverables. Development of CBT accreditation.	Cultural component may need further development.
Existing Services	Weighted 10%	Very good understanding of the range of existing services.	Whanau Ora outreach potential and Marae based integration pathways. Established Pacifika relationships. Promotion through social justice agencies, eg WINZ, c oss agency engagement.	Potential for oversubscription of services.
Evaluation	Weighted 20%	Very comprehensive. Outsourcing to 3rd party provider – Academic provider.	Inclusion of AOD measures. Quality of life measures. Co-design at forefront of evaluation.	Potential lack of integration of cultural evaluation tools.
Project Management	Weighted 10%	Robust documentation supplied.	Project management PRINCE2 qualified. Engagement with communities and leveraging these established relationships.	More detail may be needed to support risk mitigation.

Secondary Considerations	Description/Key question(s)	To what degree they align/acceptability/information	Opportunities	Risks
Affordability	Is proposed budget within funds available?	Crude 2 year - $6,706,612 Crude 3 year - $10,842,353	Potential to negotiate on some aspects of pricing, for example 'fleet' and technology costs.	Too expensive n current format. Will require some negotiation time and resource.

Secondary Considerations	Description/Key question(s)	To what degree they align/acceptability/information	Opportunities	Risks
		Most affordable. HCM and Te Pou will need to be priced accurately (only estimated). Moderate detail in costing template, some unknowns.		HCM and Te Pou costing will add to contract price.
Population prevalence for mood and/or anxiety disorder (indicative)	What is the prevalence for mood and/or anxiety disorder for the DHB regions identified? Statistics from New Zealand Health Survey – 2014 to 2017	**Age-standardised prevalence data of mood and/or anxiety disorder (diagnosed) for adults (15 yo and older) 2014-17 (NZHS)** Prevalence by DHB / Prevalence for Maori / Prevalence for Pacific New Zealand: 18.4 / 19.4 / 8.5 Capital & Coast: 19.5 / 26.2 / 14.1 Hutt Valley: 18.9 / 17.6 / 11.2 Wairarapa: 25.3 / 24.6 / N/A P value significant higher P value significant lower Data assumpti ns please see end of this Appendix document.		
Potential reach/ population mix	How many and what population mix? Urban/rural?	Urban and Rural focus 3 DHB regions. Multiple sites for service deliv ry. 10,000 people over 3 years Service provision to 'all' in the rea mainly focus on Māori and Pasifika subgroups. Also includes youth offenders, rainbow community, homelessness and those not in education. Unknown nknowns.	High impact over 3 DHB regions, see population statistics above. Diverse cultural mix.	
Existing infrastructure	People, relationships, established sites/locations	Identified service delivery partners already de ver a r nge of services within the DHB regions. Relationships already established. Multiple sites already established across identified areas – both rural and urban.	Potential for service to be up and running quickly.	Note: Proposal has not defined a service commencement date.
Model of Care	Is it new and appropriateness/workability?	Very good fidelity to IAPT.	Medium intensity interventions available. Strong stepped care model. App already developed – e-therapy.	App - Aspects such as data ownership and IP will need to be negotiated.
Service commencement	ASAP preference of the Ministry.	Currently unknown. Respondent stated that full service will be available within 6 months for contract commencement. Partner organisations can provide service delivery from 2 months after contract commencement. All service delivery partners currently providing primary mental health initiative, including CBT components.	Assumption fr m Ministry they will be able to begin some basic service delivery on contract commencement.	Assumption will need to clarified.
Scalability	Is the population representative of NZ and does the proposed pilot have the potential to be scaled in the NZ context?	Acceptable for urban and rural.	Area is reflective of NZ urban and ru al populations (including 'remote' areas) – scalability could happen for both. Potential for scalability through PHO and NGO networks.	None currently identified.
Assumptions	1) Existing staff and contractors will be able to begin service provision on day 1 2) Majority of clients will be seen in existing facilities. 3) No addition costs to align with HCM or Te Pou – risk. 4) Build up period of one year to allow for service development.	See opportunities and risks.	1) Ministry would prefer service provision asap – acceptable assumption. 2) Infrastructure already in place – will incur marginal cost. 4) This timeframe is acceptable. 5) Acceptable due to Health Professionals being trained with adequate supervision.	3) The HML and Te Pou components still to be priced – additional costing.

Secondary Considerations	Description/Key question(s)	To what degree they align/acceptability/information	Opportunities	Risks
	5) Train Health Profess onals in CBT who are not Psychologist .			
Contract acceptability/ relationship	To what degree the contract is acceptable to the respondent (ideal vs essential)? What is the contractual relationship?	Accepted by respondent. Services provided between 4 organisation's (least number of contractual relationships).		
Risks - COI's	Acceptable/ Manageable?	None declared.	N/A	N/A
Risks - Cultural	Acceptable/ Manageable?	Accept ble – however, note risk.	Whanau Ora outreach potential and Marae based integration pathways. Established Pacifika relationships.	Will require Ministry to engage respondent regarding workforce development and cultural evaluation tools.
Risks - Clinical	Acceptable/ Manageable?	Acceptable.	None identified.	None identified.
Point of difference	Inclusion of medium intensity group. Potential for development of CBT accreditation. Promotion through social justice agencies, eg WINZ. Academic evaluation will be undertaken Inclusion of rural population in more 'remote' areas.			
Main issues	Cost slightly more than budget, potentially negotiable. Need to clarify with provider service provision start date from point of contract commencement. Need to clarify PHO enrollment status – impact access to services? Some parts of the proposed service will need more details on cultural aspects.			

Assumptions/Information in support of population prevalence for mood and/or anxiety disorder data tables:

New Zealand Health Survey (NZHS) mood and/or anxiety disorder indicator

Adult respondents (aged 15+ years) are defined as having a mood and/or anxiety disorder if they had ever been told by a doctor that they have depression, bipolar and/or anxiety disorder.

Note that this definition is likely to underestimate the true number of people with mood or anxiety disorders, as some people may not be aware that they have a mood or anxiety disorder.

Also note that not all of the respondents who have ever had depression, bipolar and/or anxiety disorder would meet the criteria for depression, bipolar and/or nxiety disorder at the time they were surveyed.

Age standardisation

Age-standardisation can make ethnic comparisons more meaningful - for example, when comparing prevalence of heart attacks in Māori with non-Māori some o the difference will be due to the lower life expectancy for Māori.
Age-standardisation allows you to compare two groups that have a different age structures, without the different ages having an effect on the results. You should try choosing whether to use unadjusted or age-standardised figures and consistently use the same type throughout your piece of work.
Age-standardised rates are more suitable when you're looking at inequities or comparing two DHBs with different age structures, whereas unadjusted rates are more suitable when you're looking at how many people are affected or trying to predict service use.

Statistical significance

We have adjusted the significance (p-values) of differences between years for differences in the age structures of the underlying populations over time. Statistical significance is measur d at the 5% significance level (that is, a p-value less than 0.05).

Out of scope [redacted]

- [redacted]
- [redacted]
- [redacted]

[redacted]

1.3	Specify the target population, including sub groups, for the pilot.	5%

The overall target population is the 18-25 year olds living in the greater Wellington region experiencing psychological distress or problems related to alcohol or drug misuse. We will particularly target the service to:

1. The 9,000 Māori young people who are more likely to experience distress and less likely to use current services
2. The 4,000 Pacific young people who are more likely to experience distress and less likely to use current services
3. The 4,400 Asian young people who are less likey to use current services.
4. Young people with alcohol or drug misuse problems
5. Young people with gender identity related distress
6. LGBTQIA

Utilising the data gathered from the large geographical spread of the programme, and with the support of the Governance groups (including the service user reference group), we will also work to provide services to the population of 'unknown unknowns' – those who are not enrolled at any General Practice.

Overall the service will expect to provide services to:

- Year 1: 2,030 clients
- Year 2: 4,060 clients
- Year 3: 4,060 clients
- Total: 10,150 clients.

With an equitable distribution of access across ethnicities.

[redacted]	[redacted]	[redacted]

Out of scope [redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

MINISTRY OF HEALTH
MANATŪ HAUORA

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Memorandum: Integrated Psychological Therapies for 18 to 25 year olds Pilot

To: Hon Dr David Clark, Minister of Health

Copy to: Hon Julie Anne Genter, Associate Minister of Health

Purpose

This memo provides an update on provider procurement for the Integrated Psychological Therapies for 18 to 25 year olds pilot (the Pilot). The Pilot was approved in Budget 18.

Background

1. Through Budget 2018, the Government allocated a total of $10.49 million to support a pilot of integrated therapies for 18 to 25 year olds. This funding is phased over three years as outlined in the table below.

	2018/19	2019/20	2020/21	2021/22 and out years	Total
Funding ($m)	2.02	4.05	4.42	N/A	10.49

2. s 9(2)(f)(iv) [redacted]

3. The Speech from the Throne and the Confidence and Supply Agreement between the Labour Party and the Green Party included a commitment to making free counselling available for people under 25 years of age.

Rationale for Integrated Psychological Therapies

4. Evidence indicates that early intervention in both the illness and the life course is the most beneficial and cost effective way to address mental health needs. As three quarters of all lifetime cases of mental illness start by 24 years of age, it is important to ensure there is adequate mental health support for children and young people.

5. Within the youth age group those that tend to experience poorer mental health include Māori, those living in more deprived areas and Pacific people. These population groups also tend to be younger, which means they represent greater proportions of the youth population than they do of the general population.

6. There is increasing evidence that psychological therapies can help improve the mental health of young people. There is however a lack of information about what works in a New Zealand context, particularly what works for young Māori, young people with disabilities, young Pacific people and young Rainbow New Zealanders. Therefore an initial Pilot is proposed to gain evidence of what works in a New Zealand setting.

Contacts:	Maree Roberts, Acting DDG, Mental Health and Addiction	s 9(2)(a) [redacted]
	Derek Thompson, Manager, Mental Health	04 816 3943

7. Integrating these therapies into primary and community care can potentially help increase accessibility to these services for youth with mild to moderate mental health needs.

The procurement process

8. A Request for Proposal (RFP) was released via open tender on the Government Electronic Tender Service (GETS) on 23 September 2018.
9. The Ministry received a total of 16 proposals. 13 proposals were deemed compliant for both preconditions and submission time requirements and therefore proceeded into the evaluation p ocess.
10. The Ministry then approached the preferred provider Tū Ora Compass Health (TOCH) for formal negotiations with a view to contract. Official contract negotiations with TOCH and its service partners concluded on 5 December 2018.

Pilot service and delivery

11. The Pilot service will provide services in the Capital & Coast, Hutt Valley and Wairarapa DHB (3DHB) locality of the Wellington region in a phased approach. The first site will be located in Porirua.
12. There are approximately 55,000 18-25 year olds in the 3DHB area. We know that there is approximately 17%[1] of the 18 to 25 year old population who are expected to experience mild to moderate mental distress. The Pilot service will aim to reach between 8,000-10,000 users through its duration.
13. The Pilot services will be strongly integrated with current services in the 3DHB area, including the National Telehealth Service (NTS) and the National Workforce Centres to ensure seamless delivery and alignment of the new Pilot services with existing services.

Tū Ora Compass Health

14. TOCH is a Primary Health Organisation (PHO) that provides a wide range of primary care services through 61 General Practice Teams in the 3DHB region. TOCH intends to work with Te Awakairangi Health Network (TeAHN) and the University Of Otago (UO) as its partner agencies to deliver the Pilot service and evaluation. TOCH currently provide some mental health programmes in the Wellington Region.
15. TOCH will work with a number of other health care providers throughout the Wellington, Porirua, Kapiti, Hutt Valley and Wairarapa regions to deliver services to youth, including PHO's, Non-Government Organisation (NGO's), Kapiti YOSS and Student Health Centres in the Tertiary Education sector.

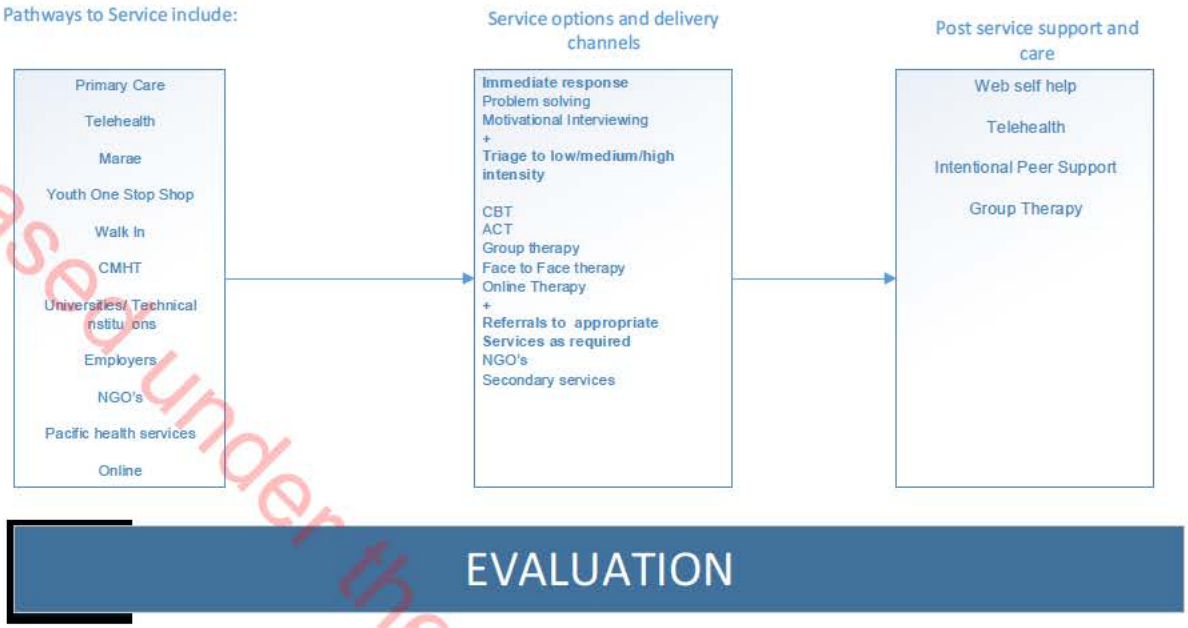
Pilot Sites

16. The Porirua City Council area will receive the first Pilot site. This area has an established high need for services within this age group.
17. In establishing the Pilot it is intended that the new services will employ a 90 day improvement and development cycle. This means that in addition to regular monitoring and implementation governance, a 90 day review will be undertaken to build on learnings as each phase of the Pilot is rolled out until the entire 3DHB region is receiving services.
18. Phase two will expand into the rest of the Capital and Coast locality and into Tertiary Education Student Health Centres. The final phase will include the Hutt Valley and the Wairarapa DHB's. The expectation is full operation within all 3DHB localities by July 2019.

[1] MA Oakley Browne, JE Wells, KM Scott (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

Model of Care

19. The diagram below provides an overview of the Pilot service delivery approach.



20. A unique feature of the Pilot is Intentional Peer Support (IPS), where trained peers (matched in age) provide 1:1 or small group support to others with similar mental health needs. This provides a non-clinical support base who work with the wider clinical services.

21. The Pilot will have trained primary mental health therapists providing the front line low intensity service, and also able to step up to provide a larger number of interventions using Cognitive Behaviour Therapy (CBT) methods for those who need greater duration of input, but who do not need to be stepped up to a registered psychologist service. TOCH have termed these individuals as requiring 'medium intensity' interventions and allowed for a distribution of those accessing the service per year.

Workforce Development

22. Psychological therapies are an integral part of a stepped model of care and commonly include one-to-one and group CBT and talking therapies.

23. The Pilot will utilise a multidisciplinary team approach to ensure a range of skill levels are available to meet high and complex needs while also ensuring coverage of practitioners trained in CBT alongside the peer support workers.

24. As part of the Pilot TOCH will undertake treatment fidelity courses, intensive CBT training workshops, training in group work, and training provided by Intentional Peer Support Aotearoa New Zealand (IPSANZ).

Pilot Evaluation

25. The evaluation of the Pilot is being undertaken by UO. It will utilise both quantitative and qualitative research models.

26. The evaluation process will make use of these models to provide high quality data and information to inform project management, service performance and improvement, and workforce planning and development.

27. This evaluation will also assist on understanding the fidelity of the therapies employed characteristics and the success of the adaptation to the local NZ context including learnings about cultural acceptability.

Ministry of Health's role

28. The Ministry will undertake monitoring and support of the Pilot and its evaluation for the duration of the Pilot process.

29. Additional work on nationwide elements related to workforce development, information and data systems, and identification of unmet need will remain as internal functions of the Ministry to inform and support post - pilot planning and future programme planning.

Communication opportunities

30. There is an opportunity for you to announce the pilot. The timing for this announcement can be determined by your office.

31. The Ministry of Health communications team will work with your office to develop communications regarding the Pilot, including a press release and key messages.

32. The announcement can happen any time at your choosing. An announcement in 2018 can cover the beginning of the Pilot, the area it will be happening, the service provider and note the phased roll-out.

33. The service will be working to key stakeholder relationships within the Porirua community and developing the service. If you would like to allow the service to begin operation before announcing the pilot, the announcement can occur in the first quarter of 2019.

34. Ongoing announcement opportunities exist at each subsequent roll-out.

35. There are opportunities for other Ministers and local MPs to announce the Pilot and roll-out stages alongside you.

Next Steps

36. As part of the GETS procurement processes, the Ministry will publish the successful provider name on the GETS website upon contract announcement by your office.

s 9(2)(f)(iv) [redacted]

[redacted]

END.

MINISTRY OF HEALTH
MANATŪ HAUORA

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Memorandum: Integrated Psychological Therapies for 18 to 25 year olds Pilot

To: Hon Dr David Clark, Minister of Health

Copy to: Hon Julie Anne Genter, Associate Minister of Health

Purpose

This memo provides an update on the Integrated Psychological Therapies for 18 to 25 year olds pilot (the Pilot). The Pilot was approved in Budget 18.

Background

1. Through Budget 2018, the Government allocated a total of $10.49 million to support a pilot of integrated therapies for 18 to 25 year olds. This funding is phased over three years as outlined in the table below.

	2018/19	2019/20	2020/21	Total
Funding ($m)	2.02	4.05	4.42	10.49

2. The Speech from the Throne and the Confidence and Supply Agreement between the Labour Party and the Green Party included a commitment to making free counselling available for people under 25 years of age.

Rationale for Integrated Psychological Therapies

3. Evidence indicates that early intervention in both the illness and the life course is the most beneficial and cost effective way to address mental health needs. As three quarters of all lifetime cases of mental illness start by 24 years of age, it is important to ensure there is adequate mental health support for children and young people.

4. Within the youth age group, those that tend to experience poorer mental health include Māori, people living in more deprived areas and Pacific people. These population groups also tend to be younger, which means they represent greater proportions of the youth population than they do of the general population.

5. There is increasing evidence that psychological therapies can help improve the mental health of young people. There is however a lack of information about what works in a New Zealand context, particularly what works for young Māori, young people with disabilities, young Pacific people and young Rainbow New Zealanders. Therefore an initial Pilot is proposed to gain evidence of what works in a New Zealand setting.

6. Integrating these therapies into primary and community care can potentially help increase accessibility to these services for youth with mild to moderate mental health needs.

Contacts:	Maree Roberts, Acting DDG, Mental Health and Addiction	021 539 738
	Derek Thompson, Manager, Mental Health	04 816 3943

About the Process

The procurement process

7. A Request for Proposal (RFP) was released via open tender on the Government Electronic Tender Service (GETS) on 23 September 2018.
8. The Ministry received a total of 16 proposals. 13 proposals were deemed compliant for both preconditions and submission time requirements and therefore proceeded into the evaluation process.
9. The Ministry then approached the preferred provider Tū Ora Compass Health (TOCH) for formal negotiations with a view to contract. Official contract negotiations with TOCH and its service partners concluded on 5 December 2018 and the contract has been signed.

Tū Ora Compass Health

10. TOCH is a Primary Health Organisation (PHO) that provides a wide range of primary care services through 61 General Practice Teams in the 3DHB region. TOCH intends to work with Te Awakairangi Health Network and the University of Otago as its partner agencies to deliver the Pilot service and evaluation. TOCH currently provides some mental health programmes in the Wellington Region.
11. TOCH will work with a number of other health care providers throughout the Wellington, Porirua, Kāpiti, Hutt Valley and Wairarapa regions to deliver services to youth, including PHOs, Non-Government Organisations (NGOs), Kāpi i Youth One Stop Shop and Student Health Centres in the tertiary education sector.
12. The Pilot services will be strongly integrated with current services in the 3DHB area, including the National Telehealth Service and the National Workforce Centres to ensure seamless delivery and alignment of the new Pilot services with existing services.

Delivery of Services

Pilot service and delivery

13. The Pilot service will provide services in the Capital & Coast, Hutt Valley and Wairarapa DHB (3DHB) locality. The first site will be located in Porirua. The introduction of further sites will be phased.
14. There are approximately 55,000 18-25 year olds in the 3DHB area. Approximately 17%[1] of the 18 to 25 year old population are expected to experience mild to moderate mental distress. The Pilot service will aim to reach approximately 8,000-10,000 users through its duration.
15. TOCH estimates that the cost of delivery per client to be approximately $1,198.

Pilot Sites

16. In establishing the Pilot it is intended that the new services will employ a 90 day improvement and development cycle. A 90 day review will build on learnings as each phase of the Pilot is rolled out until the entire 3DHB region is receiving services. The ‘Plan, Do, Study, Act’ (PDSA) continuous improvement cycle will be used.
17. The Porirua City Council area will receive the first Pilot site. This area has an established high need for services within this age group/demographic.

[1] MA Oakley Browne, JE Wells, KM Scott (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

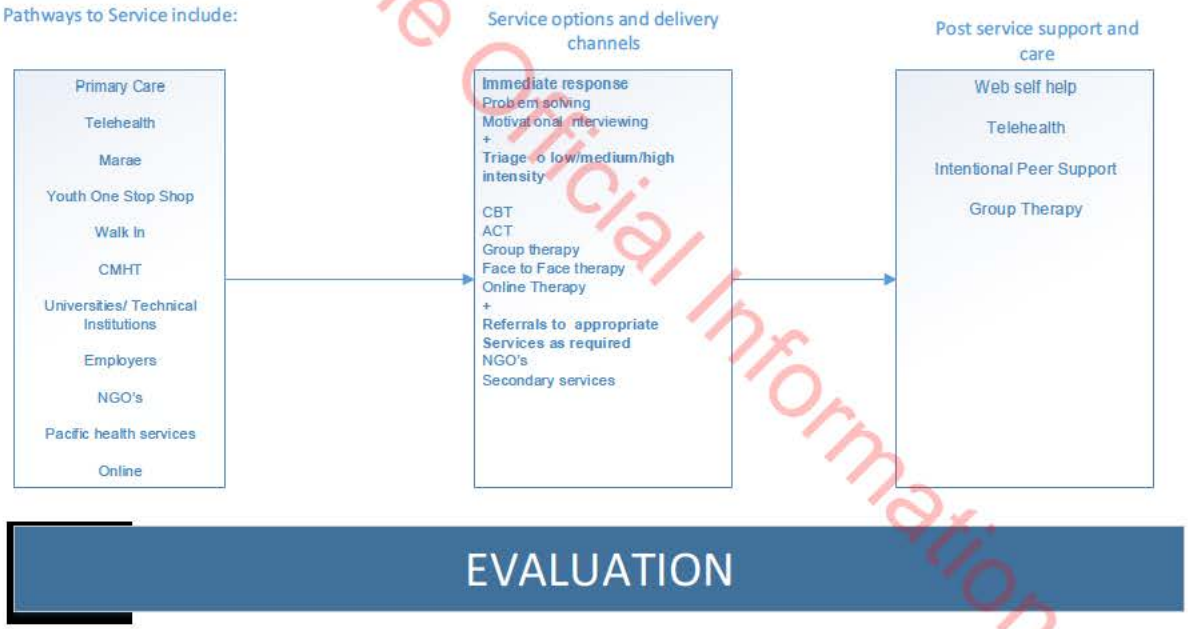
18. Phase two will expand into the rest of the Capital and Coast locality and into tertiary education Student Health Centres. The final phase will include the Hutt Valley and the Wairarapa DHB's. The expectation is full operation within all 3DHB localities by July 2019.

Phased implementation

19. TOCH have indicated that there are preventative measures in place to address any potential risks associated with providing the Pilot services, including:
    i. monitoring inflow of patients
    ii. planned capacity increase
    iii flexibility of service delivery options.
20. Risk associated with the Pilot will be identified and reviewed weekly by TOCH. Any that fall above a medium risk level will be escalated to the governance group for action.
21. TOCH have also advised they have successfully completed recruitment to the services to ensure service delivery is well placed for the uptake of services upon the Pilots launch.

Care Pathways

22. The diagram below provides an overview of the Pilot service delivery approach.



23. The Pilot will provide low intensity service, and also able to step up to provide a larger number of interventions using Cognitive Behaviour Therapy (CBT) methods for those who need greater duration of input, but who do not need to be stepped up to a registered psychologist service. TOCH have termed these individuals as requiring 'medium intensity' interventions and allowed for a distribution of those accessing the service per year.
24. Psychological therapies are an integral part of a stepped model of care and commonly include one to-one and group CBT and talking therapies.
25. The Pilot will utilise a multidisciplinary team approach to ensure a range of skill levels are available to meet high and complex needs while also ensuring coverage of practitioners trained in CBT alongside the peer support workers.

Workforce Development

26. As part of the Pilot TOCH will undertake treatment fidelity courses, intensive CBT training workshops, training in group work, and training provided by Intentional Peer Support Aotearoa New Zealand (IPSANZ) and Peer Zone.

27. A unique feature of the Pilot is Intentional Peer Support (IPS), where trained peers (matched in age) provide 1:1 or small group support to others with similar mental health needs. This provides a non-clinical support base who work with the wider clinical services.

28. The expansion of peer workers, into the mental health system recognises that the experience of recovery from mental health problems is a valuable source of knowledge and that peer relationships are a powerful and unique source of support for people with mental health conditions [2]

Evaluation and oversite

Pilot Evaluation

29. The evaluation of the Pilot is being undertaken by the University of Otago. It will utilise both quantitative and qualitative research models.

30. The evaluation process will make use of these models to provide high quality data and information to inform project management, service performance and improvement, and workforce planning and development.

31. This evaluation will also assist on understanding the fidelity of the therapies employed characteristics and the success of the adaptation to the local NZ context including learnings about cultural acceptability.

Ministry of Health's role

32. The Ministry will undertake monitoring and support of the Pilot and its evaluation for the duration of the Pilot process.

33. Additional work on nationwide elements related to workforce development, information and data systems, and identification of unmet need will remain as internal functions of the Ministry to inform and support post-Pilot planning and future programme planning.

34. The Ministry will participate in all three Governance groups, to allow for the oversite and input at the management level of the Pilot.[3]

35. The Ministry will be measuring on a quarterly basis against performance measures set out in the contract.

Next Steps

Communication opportunities

36. The Pilot will be launched in Porirua in early February 2019.

37. You will be attending the launch and speaking to media with Minister Genter.

38. The Ministry has connected with your office and arrangements are underway and in hand.

39. A full run sheet will be provided to your office in regards to the event.

[2] Mowbray et al. 1996, Davidson et al. 1999, Chinman et al. 2006, Gates & Akabas 2007, Grant et al. 2010, Salzer 2010,Salzer et al. 2010

[3] The Pilot programme will have three governance groups: overall, clinical, and peer advisory

40. As part of the GETS procurement processes, the Ministry will publish the successful provider name on the GETS website upon contract announcement by your office.

Proactive Release

41. The Ministry intends to delay this memo from publication under its proactive release policy until after the Pilot programme launch event on 28 January 2018.

END.