



# Midland

## District Health Boards

### MENTAL HEALTH & ADDICTION

Service Development • Workforce Development • Partnerships & Relationships

<b>Project Title</b>	<b>Midland Region Mental Health and Addiction Needs Assessment</b>
<b>Prepared by</b>	Joan Mirkin, Project Consultant
<b>Date</b>	31 August 2010
<b>Version</b>	Final

#### **Project Statement**

The purpose of this project is to provide planners and funders in the Midland region with relevant, up to date information that will help them

- identify the key mental health and addiction needs in the region
- make robust planning, funding and service delivery decisions based on the identified needs.

The information will also be useful for service managers and clinical leaders, service providers, consumers and families.

#### **Objectives**

The objective is to deliver, by 30 December 2010 a mental health and addictions needs assessment for the Midland region which will provide an evidence base to inform and support the following work:

*Managers, Planners and Funders – regional and local:*

- strategic planning
- prioritisation decisions
- identifying specific requirements for new or existing contracts (to ensure services address the particular demographic needs of the area or quality/responsiveness issues)
- workforce development planning
- funding bids

*Service managers and clinical leaders (provider arm and NGOs)*

- identifying gaps in their own services
- identifying particular quality or responsiveness issues in their own services
- identifying services or approaches that may be needed to meet the particular demographic needs in their area
- workforce development planning
- funding bids

*Consumers*

- advocacy for re-focusing or re-designing funding and services to provide a more user-centred approach

- 
- advocacy for meeting service gaps
  - advocacy for addressing service responsiveness or quality

*Family/Whanau*

- advocacy for meeting service gaps
- advocacy for addressing service responsiveness or quality

*Local, regional and national workforce planners*

- local, regional and national workforce development planning
- competencies that require particular attention

*Policy makers at the local, regional and national level*

- advice to government on services
  - information to support budget bids at a local, regional and national level
- 

**Strategic  
Accountability**

The project will be guided by:

- Ministry of Health: Te Tahuhu, Improving Mental Health 2005-2015, The Second NZ Mental Health and Addiction Plan, 2005.
  - Ministry of Health: Te Kokiri, The Mental Health and Addiction Action Plan 2006-2015
  - Midland Region Mental Health and Addiction Needs Assessment Summary Report 2005.
  - Midland Region Mental Health and Addictions Strategic Plan 2008-2015.
  - Midland Region Mental Health Draft Workforce Development Plan 2008 – 2011
  - Midland DHBs' District Annual Plans (DAPs)
  - Ministry of Health: Te Rau Hinengaro, The New Zealand Mental Health Survey 2006
  - Information from key stakeholders, PRIMHD, DHB service profiles, Te Rau Hinengaro, DHB financial and volume reporting and other sources of data.
- 

**Background**

The Midland region completed a regional mental health and addiction needs assessment in May 2005. Since that time more up to date and robust prevalence, activity and outcomes data has become available, new policy directions are being implemented and the Mental Health Commission's blueprint is being replaced by a more up-to-date service development model. Further to this, the Midland Clinical Services Plan which is in the process of being finalised, excludes mental health and addiction. Given this, the Midland Region Mental Health and Addictions Network has decided that it is important to update the previous report to provide a more relevant rationale for planning, funding and service delivery decisions.

---

**Approach**

The approach will include the following processes:

- Approval of the project scope and the proposed content of the report
  - Consulting with key stakeholder groups on gaps, needs, priorities and
-

---

risks

- Reviewing the previous Midland Regional Mental Health and Addiction Needs Assessment 2005 and what information is currently available
- Reviewing information from Te Rau Hinengaro, PRIMHD, Consumer Satisfaction Survey and other information sources
- Collecting, analysing and presenting the quantitative and qualitative information
- Writing and editing
- Ongoing checking processes to ensure that the information, and the way it is presented is going to be useful
- Regular reporting to the project sponsor
- Submitting the final report to the project sponsor

**Options  
Considered**

*1. Do nothing*

District Health Boards would continue to use the existing needs analysis to inform planning and funding decisions. The document is out of date and is already seen to be of limited use because of this.

*2. Each Midland DHB gather its own information as required*

This option is not as cost effective as carrying out this work once for the whole region.

*3. Undertake a Midland Project*

This option is seen by the region to be a cost effective way of providing all Midland DHBs with good information for planning and funding decisions.

Option 1 would result in decisions being based on out of date information. Option 2 would result in high cost to individual DHBs and could result in inconsistent decision making across the region. Option 3 is a cost effective way to carry out this work.

**The project  
will include**

---

Key areas to be covered in the report include (*this is subject to discussion with mental health and addiction portfolio managers, and may have some changes as a result of this discussion*):

- Introduction – including the purpose of the report and what has been achieved over the past 5 years
  - Environmental scan, including legislation and policy settings
  - Socio-demographic predictors of mental health and addiction status including information on geography, population estimates and projections, iwi, age, ethnicity, deprivation, education status, employment and access to technology
  - Prevalence of mental health and alcohol and other drug use including information from Te Rau Hinengaro and other sources
  - Gaps, needs, priorities and risks identified through consultation with stakeholders
-

- 
- Information about specialist mental health and addiction services that can inform decision-making and prioritisation processes. The information will focus on access to and distribution of services, quality, consumer satisfaction and workforce. Outcome data will be used if it can be shown to be robust.
  - Financial information
  - Information about promotion, prevention and primary mental health and addiction services that can inform decision-making and prioritisation processes.
  - Conclusions/recommendations
  - How the document can be used including some examples

Each chapter will have a conclusion and analysis of what the information might mean for planning purposes.

Separate summary reports will be produced for each DHB.

The project will use information that is available from a number of different sources including Ministry of Health; DHBs; Statistics New Zealand; Ministry of Social Development, PRIMHD, CMS, Te Rau Hinengaro and others as needed. It will also include information from, and viewpoints of, stakeholders.

The document will cover wherever applicable, national, regional and Midland DHB information.

---

**The project will not include**

The report will not, as a general rule, include information about DHBs from outside the region.

The project will exclude doing original research.

The project will not conduct a prioritisation process based on the information.

---

**Completion Criteria**

The project will be completed once the Midland Region Mental Health and Addiction Needs Assessment (2010) and the 5 DHB specific reports have been signed off by the project sponsor.

---

**Internal Stakeholders**

Project Sponsor, Eseta Nonu-Reid

Project Steering Group to provide direction and advice to the project

---

---

**External Stakeholders**

Midland region has a number of existing regional groups representing key stakeholders who will be consulted as part of the project:

- He Tipuana Nga Kakano "Growing the Seeds". The Midland Regional Consumer Advisory Group
- Nga Purei Whakataa Ruamano. The Midland Regional Maori Advisory Group. Established early in 2001 this forum meets four times a year
- The Midland Regional Clinical Leadership Forum. A forum of Clinical Directors and Provider Service Managers to provide clinical leadership to the Midland Region
- The Midland Regional Generating Action for Families. A forum to provide peer support and mentorship to Family advisors, advocates and peer support workers working in the sector
- The Midland Regional Mental Health & Addictions Portfolio Managers Group. A forum to provide support and operationalise activity across the region
- The Midland Regional Addictions Forum
- Midland Region Workforce Strategic Advisory Group
- Others as identified during the process.

Key stakeholders will be invited to identify, from their knowledge and experience, the gaps, needs, priorities and risks for the region and for their particular DHBs.

The Ministry of Health, Mental Health Commission and other Government agencies e.g. MSD will also be consulted as part of the project, as they will have views on gaps, needs, priorities and risks from a national perspective.

---

**Implications for Maori**

Maori are over-represented in prevalence data and in mental health and addictions services. This project will ensure that good information is provided to support planning to meet the needs of Maori in the Midland region.

---

**IM Implications**

The regional network meetings, email and Midland website will be utilised to convey information about the project to the sector.

---

**Resources and Project Structure**

The project will be lead by Joan Mirkin, the project consultant who will be responsible for carrying out the work, consultation, communication and writing the report. The project consultant will report directly to the Midland Region Director, Mental Health and Addiction Service Development.

Midland/DHB staff to be involved in this project are:

- Belinda Walker (Midland region) who will provide project advice and assistance, administrative support, minute taking, peer review etc
- Barry Smith (Lakes DHB) who will provide data advice and assistance

A steering group to provide advice and direction to the project will be established through an expression of interest (EOI) which will be sent to the regional advisory groups/forums.

**Key milestones and timeline**

Date	Deliverable
20 August	Draft project/communication plan to Portfolio Managers for feedback
15 September	Plan signed off by project sponsor
17 September	Steering Group members will be identified utilising a competency skill set criteria
30 September	Steering Group established
28 October	Meetings with Midland region network groups completed <ul style="list-style-type: none"> <li>• Addictions forum 15 September</li> <li>• Clinical leadership forum 5 October</li> <li>• Portfolio managers Group 6 October</li> <li>• Generating Action for Families 20 October</li> <li>• Workforce Advisory Group 26 October</li> <li>• He Tipuana Nga Kakano 27 October</li> <li>• Nga Purei Whakataa Ruamano 28 October</li> </ul>
31 August, 30 September, 31 October, 30 November, 20 December	Progress reports to project sponsor
25 November	Draft report to project sponsor and steering group
10 December	Final report to project sponsor
10 December	Final report signed off by project sponsor
Attend meetings as requested	Presentations to region network groups after the report has been signed off as requested.

**Project relationships and linkages**

Other projects or initiatives that this project relates to and key contact people that provide liaison:

Project	Contact
Link with other individual DHB or regional projects relevant to this project	Midland Portfolio Managers
Midland Region Clinical Plan	
LECG	

**Financial Summary**

**Budget (one-off costs)**

The project consultant will be contracted for up to 360 hours.

In addition to the project consultant, other costs are estimated as follows:

Costing Activity	Indicative Costs
Travel	\$2,500

Meeting costs	\$2,000 (nil if the project uses existing meetings)
Accommodation/meals	\$1,000
Printing/Publication	\$2,000 (nil if the project uses electronic distribution only)

**Ongoing cost:** Nil

**Cost Savings:** The cost of carrying out this project as a regional project will be significantly less than the cost of all 5 DHBs carrying out their own needs assessments.

**Risk management**

Risks associated with the project.	Risk Mitigation
1. Too much information available resulting in a document that is difficult to use - <b>High</b>	<ul style="list-style-type: none"> <li>Assess which information is most useful for the purposes of the report. Distinguish between performance information and needs assessment information. Discuss this with the Steering Group.</li> </ul>
2. Stakeholder meetings do not match up with project timeframe - <b>Medium</b>	<ul style="list-style-type: none"> <li>Build timeframes for project around stakeholder meeting times</li> </ul>
3. Delays in receiving information from the various information sources – <b>Medium</b>	<ul style="list-style-type: none"> <li>Build sufficient time into project plan or renegotiate timeframes with project sponsor</li> </ul>
4. Information about workforce may be difficult to access or not available – <b>High</b>	<ul style="list-style-type: none"> <li>Start collecting workforce information early in the project</li> </ul>
5. Not using the blueprint model (while there is no model replacing it), will mean that a key planning tool is not available and will make the document less useful - <b>Medium</b>	<ul style="list-style-type: none"> <li>Discuss this with the Steering Group and in the document.</li> </ul>

**Risks the region is exposed to if the project does not proceed.**

- The Midland DHBs continue to have out of date information on which to base their planning and funding decisions.
- There will be an inconsistent basis for decision-making across the region.

---

**Quality**

Quality will be facilitated through

- Establishment of a small Steering Group with representation from the regional stakeholder groups
- Sector involvement throughout the project
- A project consultant who has knowledge of mental health and addiction policy settings, accountability frameworks and information available
- Review of data by Lakes DHB staff member
- A signoff process for both the project scope and the final document that involves portfolio managers as well as the project sponsor.

---

**Project Opportunities and benefits**

Since the Midland Region Mental Health and Addiction Needs Assessment 2005 was completed, the availability and quality of data has greatly increased especially with information from Te Rau Hinengaro and PRIMHD now being available. This has created an opportunity to update the previous report so that it better reflects current population needs. There have also been many positive developments in Midland services over the past 5 years, so information from stakeholders about current gaps, needs, priorities and risks is needed to provide important information for planning and funding in the future.

National policy directions and priorities have also been clarified or changed in the past 5 years, and this project provides an opportunity to articulate these directions and priorities in the context of the Midland region needs assessment.

The benefits of the project to the various stakeholders in the region are outlined in the “objectives” section of this project scope.

---

**Assumptions**

The following assumptions have been made:

- The project will be funded by Midland Regional Network, Mental Health and Addictions
- The project will be sponsored by Midland Regional Director, Mental Health and Addiction Service Development
- The project is supported by Midland GM Planning and Funding
- The Midland regional networks will actively participate in and support the project

---

**Constraints**

There are no particular constraints.

---

**Communication Plan**

There will be at least two written communications with stakeholders, one at the start of the project, outlining the project and its objectives (and seeking representation on the Steering Group) and another at the end of the project, thanking stakeholders for their contribution to the project and providing the final report.

During the project, stakeholders will be consulted at their scheduled meetings on

---

gaps, needs, priorities and risks.

Some of the key messages to be included in communications with stakeholders will be:

- The purpose of this project is to provide the Midland region managers, planners and funders, service providers, consumers and families with relevant up to date information that will help them identify the key mental health and addiction needs in the region in order to make robust planning, funding and service delivery decisions.
- We want this to be a report that is well used and contributes to meeting the identified needs in the region
- The qualitative information from the meetings is of equal importance to the quantitative information, and the two sources should complement each other (and hopefully reinforce each other).
- That, although the primary audience is planners and funders, the needs assessments will be able to be used by multiple stakeholders as articulated in the section under the heading “objective”.

**Sign-off  
(signatures  
required)**

---

Project Consultant: Joan Mirkin

---

Project Sponsor: Eseta Nonu-Reid

---

GM Planning & Funding Lakes DHB: Mary Smith

---

Date: