

Continuum Project

Adult Mental Health and Addiction Services

It is intended that the recommendations from the Taranaki Adult Mental Health and Addictions Continuum project will assist us in streamlining services, integrating where possible, focus on reducing duplication, increase efficiencies, and ultimately lead to improved health outcomes for service users', tangata whaiora and their families and whanau.

Preliminary recommendations have been agreed and proposed Action Plan has been developed to support a workplan that will be used as a guide for further enhancing and developing Mental Health and Addiction services in the sector.

Taranaki Adult Mental Health and Addictions Continuum Project

Summary Overview Document

June 2011

Introduction

The Adult Mental Health and Addictions Continuum Project aimed to assess, review and address the key aspects of the continuum of service delivery through a client and family/whanau centered approach. The process sought to lead the sector to more cohesive and responsive services from all NGO/Iwi and Mainstream Providers.

This Summary Overview Document for the Adult Mental Health and Addictions (MHA) Continuum Project is a result of a input from the mental health and addictions sector who provided expertise and guidance in developing service options and recommendations in order to better meet the needs of service users', tangata whaiora and their families and whanau who access mental health and addictions services in Taranaki. It is a high level document that is supported by a more comprehensive Background and Context document that more fully describes the sector, and has also been used to inform priority areas for action, alongside an agreed work plan for the next 5 years.

A fundamental aspect of this project was the intent of Taranaki DHB to provide a short, medium and longer term direction for services and to develop a corresponding implementation action plan for how services will be delivered now and into the future. The project included a consultation process that sought views and perspectives from:

- Service users', tangata whaiora and their families and whanau
- The Primary Care Sector
- TDHB Provider Arm Mental Health and Addiction Services
- Non Government Organisations (NGOs).

In addition to a number of national directives and other core strategic policy documents, this Summary Overview Document, and the Background and Context document have been informed by a number of other key sector projects and initiatives including:

- The National Mental Health and Addictions Services Framework

- Midland Regional Strategic Planning Activities (including Workforce Development)
- Midland Needs Assessment Project
- Midlands Review of NASC Services
- The TDHB Acute Mental Health & Addictions Pathway Service Review
- Mental Health Pathway for Mild to Moderate Mental Health Services Report.

It has become quickly apparent that the service mix and pathways are multi-tiered and complex and a number of challenges have been identified if we are to achieve seamless, consistent and integrated service access for service users', tangata whaiora and their families and whanau.

As part of the Mental Health Commission work programme for 2011/2012, a new Blueprint model will be developed to better match resources and whole system needs. This comprehensive piece of work will enable the sector to have more relevant service and funding guidelines that replace the 1998 antiquated framework that will continue to inform future sector developments.

Any specific changes to enhance service provision will need to be incremental and prioritised carefully in terms of short, medium and longer term actions. Some recommendations can be realised within existing resources (subject to a commitment to make available dedicated capacity and time), and some service enhancements may require a reconfiguration of current services for a more flexible approach to service delivery. Additionally, re-investment may also be required for increased service levels in some areas.

the services

For the 2010-2011 financial year Taranaki DHB funded approximately \$31.8 million of Mental Health and Addictions services. Approximately 72% of this funding is via the Provider Arm (PA) and Specialist services

(including Inter Districts Flows) and 28% is for the delivery of services across the NGO and Primary Health sectors. For 2011-2012 year, the NGO Mental Health and Addictions Providers have a contribution to cost pressures (CCP) applied of 3.45%. The Ministry of Social Development also fund approximately \$0.45 million in services per annum.

The following table shows the funding for locally delivered services only¹ across the Taranaki region by service type area and Provider Arm versus NGO Sector for the 2010/2011 financial year.

Service Type	NGO	PA	Total
Alcohol and Drug	\$ 567,117	\$ 2,289,935	\$ 2,857,052
Child and Youth Services	\$ 490,645	\$ 2,556,826	\$ 3,047,471
Mental Health Services	\$5,891,816	\$ 13,705,750	\$19,597,567
Service Across MH, AoD, C&Y, CEP	\$1,067,759	\$ 417,463	\$ 1,479,221
Maternal MH &A	\$ 111,063	\$ 189,408	\$ 300,471
MHSOP	\$ 225,858	\$ 2,139,128	\$ 2,364,987
Totals	\$ 8,354,258	\$ 21,298,510	\$29,646,769

When comparing the types of services that are purchased within the \$29.65 of Taranaki DHB expenditure:

- \$9.36 (m) or 31.6% funds Accommodation Services, across both Provider Arm and NGO community residential facilities, (includes Odyssey House and STEP Programme).
- The % of total funding for Senior Medical and Nursing/Allied Health is 51.1%, \$ 15.14 (m) with 82.1% in Provider Arm and 17.9% in NGO sector.

¹ Excludes Inter District Flows and Ministry of Social Development Funding

- Non clinical staff including peer support and cultural roles equates to \$4.2 (m) or 14.3%, with splits of 87.8% or \$3.7 (m) for NGO sector and 12.2% or \$.52 (m) for Provider Arm.

The following table shows the services purchased FTE types by Provider versus NGO. This excludes other purchasing methods like, bed days, packages of care, places and programmes.

Service	FTE Type	NGO (FTE's)	Provider Arm (FTE's)	Total
Alcohol and Drug Services	Non Clinical	2.0		2.0
	Nurse & Allied	4.0	10.8	14.8
	Senior Medical		1.1	1.1
Sub Total		6.0	11.9	17.9
Child and Youth Services	Nurse & Allied	5.0	16.6	21.6
	Senior Medical		2.0	2.0
Sub Total		5.0	18.6	23.6
Maternal	Nurse & Allied	1.0	1.5	2.5
Mental Health Services	Non Clinical	48.5	4.9	53.4
	Nurse & Allied	12.0	48.8	60.8
	Senior Medical		5.1	5.1
Sub Total		60.5	58.8	119.3
Mental Health & Addictions Services	Consumer Advocacy	3.0	2.0	5.0
	Cultural Staff	4.0		4.0
	Non Clinical	2.0		2.0
Sub Total		9.0	2.0	11.0
Co-existing Problems Disorders	Nurse & Allied	3.0	2.0	5.0
Mental Health and Child &	Nurse & Allied		0.4	0.4

Service	FTE Type	NGO (FTE's)	Provider Arm (FTE's)	Total
Youth				
Mental Health Services for Older People	Non Clinical	2.3		2.3
	Nurse & Allied	0.5	7.8	8.3
	Senior Medical		1.0	1.0
Sub Total		2.8	8.8	11.6
Grand Total		87.3	104.0	191.3

Taranaki DHB funds approximately \$1.6 million per annum in Inter District Flows. The largest funded service area is the Waikato based Forensics, Prison and Court Liaison type services and equates to \$605K per annum. Alcohol and Drug services are next with \$251,586 and include Nova Trust, Salvation Army Bridge Programme, Springhill and Te Utuhina Manaakitanga.

approach

A Steering Group was established and two priority workstreams were also convened. The groups then agreed a shared vision and a set of combined key values that have influenced this project.

Vision

“Ehara taku toa I te toa takitahi, He toa takatin Ke”

My strength does not lie in working alone. Rather my strength lies in working with others

Combined Key Values

- Flexibility
- Evidence based models
- Duty of Care & Accountability
- Workforce Development
- Communication
- Clinically & Professionally Competent
- Respect
- Advocacy

workstreams

The two key workstreams agreed were the **Client Pathway** and **Service Continuum**. Membership was invited from the sector, and encompassed service delivery perspectives from

- Funding & Planning
- TDHB Provider Arm
- NGOs
- Service users', tangata whaiora
- Families and whanau
- Primary Care

Workshops were held and participants provided feedback, comment and recommendations when describing the current service delivery environment and aspirations for the future. Client pathways were reviewed as well as case scenarios describing what has worked well in practice, and potential areas for improvement. A high level service mapping exercise was undertaken and this has been considered in light

of the changing population needs for the people of Taranaki. These Client Pathways are more fully described in the Background and Context document.

Service user, tangata whaiora and family and whanau feedback was also sought as part of this process. Previous reviews and strategic documents were also considered, ensuring national, regional and local perspectives are reflected our approach.

As a result of this project, a number of high level recommendations have emerged that, once implemented (as part of the Action plan), will result in enhancements to various aspects of the delivery of Mental Health and Addictions services in Taranaki.

emerging themes

Emerging themes from the workstream activity, workshops and project reviews have informed the preliminary set of recommendations. These are described below:

- Develop the capacity and capability across the sector. There is the opportunity to reduce duplication and improve integration across providers within the sector
- Proactively work to develop an infrastructure that is able to work in a partnership environment which is clinically and culturally safe and utilises best practice models
- Develop formal agreements that define partnership relationships with clear lines of shared accountability, responsibility and clinical governance - where the duty of care is clearly defined and delineated
- Combined clinical/cultural work streams that engage clinicians to develop a model of care and client pathways that are continuously improving, are clinically safe, address and manage quality and risk, , equitable, consistent and aligned to best practice, including clinical governance structures across the Provider Arm, NGO and Primary Health sectors.

- Commitment to an agreed client pathway across the continuum of care that ensures timely referral processes is well coordinated and offers a seamless delivery of service
- Shared duty of care across the continuum
- Development of holistic models of care, balancing clinical and cultural paradigms, that will consider national and regional approaches to effective service delivery including the Co-existing disorders problems implementation

service red flag areas

A number of key red flag areas were consistently raised throughout the project which has been picked up in Action Plan. These include:

- Residential Care Facilities – shifting to contemporary models of care, review of the mix and models required.
- Respite – Carer and crisis, lack of appropriate levels of service that impact on service users, tangata whaiora presenting to inpatient ward, crisis team response.
- Longer term residential service users, tangata whaiora, gaps in provision of services for ‘like in interest’ clients, dual diagnosis (e.g. mental health and physical disabilities issues). Service users, tangata whaiora often staying longer than necessary in residential and inpatient beds due to lack of facilities, and the complexities with funding streams between Accessibility and Mental Health Services. Physical disabilities are not within the scope of training (or contracts) for MH Staff. Additional support requires approval from Accessibility.
- Provider Arm Community based Mental Health and Addictions Services – explore collocation of service provision within the community / primary care.

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- Discharge Planning and the Needs Assessment and Coordination Services, – access management, standardising processes and documentation.

service user, tangata whaiora and families and whanau

As part of the Taranaki DHB Consumer and Family advisors roles, they regularly conduct surveys on their access to and experiences of the services. The following key areas were identified as areas for improvement.

- Families and whanau want to be more involved with and included in treatment and discharge planning and education, particularly when service users, tangata whaiora are living with family or whanau.
- Increasing follow-up response to service users, tangata whaiora who do not attend appointments or are non compliant with medication.
- Access to early intervention with early warning signs to mitigate potential crisis situations.
- Service user, tangata whaiora choice of clinician when compatibility is an issue – ensuring good therapeutic relationships and recovery remains on track; and on the contrary some service users, tangata whaiora experience high turn over of clinician's.
- Increased information on their illness (diagnosis and symptoms), medications (purpose, side effects, and other options), and supports available in the community.
- Flexibility with appointments – establishment of after hour's clinics.
- Improving the process for developing relapse prevention plans, ensuring an inclusive process with service users, tangata whaiora and their families and whanau.

- Reducing appointment waiting times for AoD appointments to ensure opportunity is not lost.
- Inconsistencies with treatment when presenting at Emergency Department.
- Coexisting Problems and issues with treating both AoD and MH issues should be addressed simultaneously.

recommendations

The project participants considered the extensive issues identified throughout the project and prioritised the pieces of work into red flag areas, medium and longer term which would form the basis of implementation of change in the next phase. These included:

Recommendation One

Develop a formal agreement on how providers work together to support consistent practice in the care of service users', tangata whaiora and their families and whanau through their journey across the continuum of care specifically in the areas of:

- 1.1 Shared duty of care ².
- 1.2 Minimum standards for service delivery are agreed across the sector, including
 - Shared documentation
 - Outcomes reporting
 - Relapse prevention planning
 - Advanced directives
- 1.3 Agreed caseload levels and consistent policies, procedures and practice, regardless of where services are delivered geographically.

² Health and social care professions have in common the concept of a 'duty of care' toward their users. This means that the wellbeing of the service user should be central to their work. All treatment given must have a therapeutic benefit to the user or must be essential for saving life.(www.mind.org.uk)

Recommendation Two

Increased accountability from Mental Health and Addiction providers across the sector in planning and delivering services for service users', tangata whaiora.

- 2.1 Agree and confirm the role of NASC in access management, prioritisation, discharge planning and review processes.
- 2.2 Improved understanding of (and preparation for) the cohort of service users', tangata whaiora who present with multiple needs, such as the ageing population, longer term clients requiring residential care, complex health needs (including Huntington's, physical, sensory and intellectual disabilities).
- 2.3 Gaining consistency in service delivery models (e.g. Day programmes, mix of residential beds, AOD residential services, Crisis respite) and an improved understanding of how services are being delivered, ensuring value for money and contemporary practice is followed.
- 2.4 Improved outreach services to the community and NGO providers, and a greater understanding of the best mix and match of service across the district, including an emphasis on co-location options.

Recommendation Three

Ensure a **stronger focus on clinical leadership at the governance level** and an acknowledgement of the value of leadership in supporting and creating a sustainable sector that is inclusive of Provider Arm and NGOs, evidenced by:

- Formalised clinical oversight arrangements are in place and regularly evaluated
 - Providers having allocated psychiatrists
 - The establishment of a cross sector Mental Health and Addictions Clinical Governance Forum
- 3.1 Describe current regional and local networks and demonstrate how clinical governance is reflected in these forums as part of a completed stock take of existing networks
 - Consumer Advisory Group (CAG)
 - Taranaki DHB Local Advisory Group (TLAG)

- Maori Advisory Group (MAG)
- Family/ Whanau Advisory Group
- Workforce Advisory Group

Recommendation Four

Workforce Development needs and opportunities are reflected in all project activity and service reviews/developments across the sector.

- 4.1 Monitor progress against the Midland Regional and Taranaki Local WFD plans once these have been signed off on a quarterly basis via reports to TLAG.
- 4.2 Maximise access to national & regional WDF and training opportunities by ensuring information is shared so the sector is aware of what is available.

Based on these recommendations, an Implementation Action Plan has been developed to support this Summary Overview and the Background and Context document, which will be used as a guide for further enhancing and developing services in the sector. It is also intended that the above recommendations will assist us in streamlining services, integrating these where possible, and also focus on reducing duplication, increasing efficiencies, and ultimately lead to improved health outcomes for service users', tangata whaiora and their families and whanau.

Any specific changes to enhance service provision will need to be incremental and prioritised carefully in terms of short, medium and longer term actions. Some recommendations can be realised within existing resources (subject to a commitment to make available dedicated capacity and time), and some service enhancements may require a reconfiguration of current services for a more flexible approach to service delivery. Additionally, re-investment may also be required for increased service levels in some areas.

implementation action plan

The resulting key prioritised areas for action will be focused initially on the red flag areas. Throughout the Project, the sector were highlighting the need for a cross sector Adult Mental Health and Addictions Clinical Governance Board. Currently the Provider Arm MH&A services are seeking to review the newly established MH&A clinical governance structure, Tui Ora Ltd continues to evolve as a Provider Arm of Kaupapa Maori services, and the remaining NGO providers are keen to participate in any revised Governance structures to enable inclusivity in decision making.

Implementation of the Action Plan will be under the guidance the Cross Sector Mental Health and Addictions Clinical Governance Board, with sub working groups established for the key prioritised pieces of work. The working groups will include a mix of professions with leadership skills to drive tangible outcomes. These pieces of work will continue to be lead by Planning and Funding, with reporting through to General Manager, Planning, Funding and Population Health. These action areas will be supported by 3 working parties be set up in July 2011 to cover off the three most critical change management service areas. Including:

1. Residential and other accommodation services
2. Ageing Clients / Physical & Intellectual disabilities / Longer Term Care
3. Respite service requirements

These working groups will be supported by a small working party that will focus on the standardisation of policies procedures and documentation and improving discharge planning and relapse prevention planning.

A fourth area outlined in the Action Plan is looking at possible collocation models of care for Mental Health and Addictions Community based services.

Over and above the key actions prioritised there are a number of pieces of work that will need to be conducted, including gaining a better understanding of the issues with the service user, tangata whaoira ' journey across other sector agencies, with consideration to cross sector agency working groups to

close any gaps. There are also a growing number of areas where literature and evidence support focus of service options into the future, these include, employment as the recognition through international evidence that supports the integration of employment consultants and peer support workers within clinical mental health teams.

Further work will also need to be undertaken once the Mental Health Commission completes their re-modelling of Blueprint. This will given District Health Boards an up to date position on the mix of services that bit fit within the current MH&A environment.

Four Key Actions have been proposed, linked to the recommendations highlighted in Section Three above. For each of these actions,

- Specific activities have been described
- Key Performance Indicators proposed
- Responsibility for leadership allocated
- And the timeframe for completion along with required resources has been considered.

implementation structure

Sponsor

The implementation of the work programme will continue to be sponsored by Sandra Boardman, General Manager, Planning, Funding and Population Health, and facilitation lead by the Portfolio Manager, Child & Youth and Mental Health and Addictions.

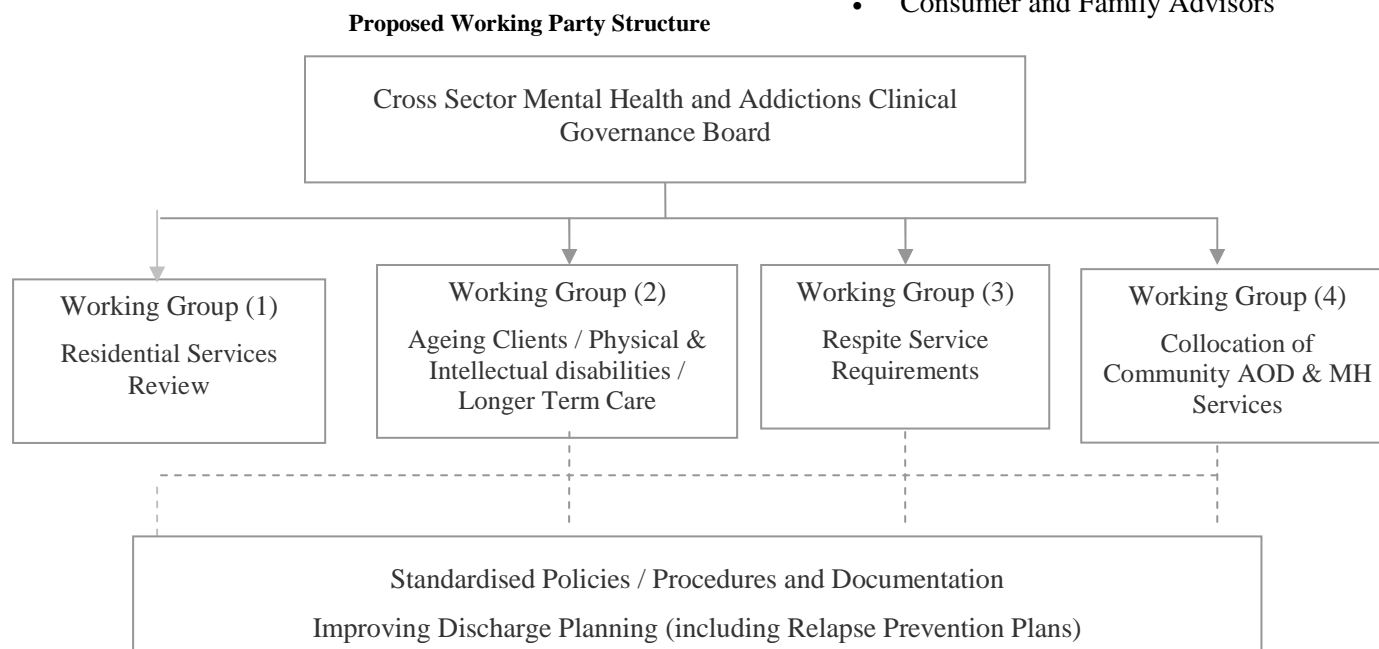
Governance Structure and Reporting

It is proposed oversight of implementation of the Action Plan will be by an NGO Provider and Provider Arm Clinical Governance Board. A draft Terms of Reference are included in the Background and Context Document. The Clinical Governance Board will provide advice and recommendations to the sub working parties to roll out the changes necessary across the prioritised areas. Areas of workforce development

will be undertaken with the Midland Regional Coordinator and the national workforce development agencies.

The following is proposed structure for implementation of the work plan.

- Business Manager, Mental Health and Addictions
- Taranaki DHB and NGO Sector Mental Health and Addictions Services , mix of professions across both NGO and Provider Arm
- National Workforce Development Agencies
- Analytical support
- Primary Care
- Consumer and Family Advisors



resources required

Stakeholders

- Taranaki DHB Portfolio Manager, Child & Youth and Mental Health and Addictions
- Clinical Director, Mental Health and Addictions
- Clinical Service Managers

The following section details the action planning associated with the proposed working party structure.

Action One: establishment of a cross sector taranaki mental health and addictions clinical governance structure

The purpose of this project to develop and articulate a shared understanding of existing Clinical Governance structures at a sector level with a focus on

- Consumer Value
- Clinical Performance and Evaluation
- Clinical Risk
- Professional Development and Management

Responsibility: Portfolio Manager, TLAG and MHA Clinical Board

Completion: July 2012

Action	KPI
<ul style="list-style-type: none"> • Ensure all stakeholders have a shared understanding of what clinical governance means in the context of Taranaki MHA services • Conduct a review of all formal documentation that supports current Clinical Governance activity across the sector • Develop a Terms of Reference for the reorientation and/or establishment of an across all sector Clinical Governance Forum 	<ul style="list-style-type: none"> • Review is completed • Terms of Reference developed and signed of by GM Planning & Funding

Action Two: review services and mix

Three priority areas have been identified as service types by which the range, mix, geographical spread and service models are reviewed. They are:

- Residential Rehabilitation Services (Stage One)
- Respite /Carer and Crisis (Stage One)
- Longer Term residential care / physical and intellectual disabilities / like in age in interest / DSS & MH / Ageing population needs (Stage One)
- Community Mental Health, Alcohol and Other Drug services and Co-Existing Problems collocation options (Stage Two)
- Improving the interface and delivery of other support services, e.g. Day Activity Programmes (Stage Two)

Additionally, Inter District Flows (IDFS) will be reviewed as part of the continuum of Taranaki Mental Health and Addiction services.

Responsibility: Lead – Portfolio Manager

Completion: Phased approach - Completion Stage One December 2011

Activity	KPI
<ul style="list-style-type: none"> • Small Technical Working Group established • Complete mapping exercise of services across the 4 agreed areas • Describe the services provided including philosophy and any provider specific terms and conditions • Benchmark against other DHBS, known evidence, practice and funding models • Recommendations for service reconfiguration and options are developed if indicated (including opportunities for the development of consistent policies, practices and procedures) 	Review of Service Mix is completed

Action Three: consistency of policies, protocols and procedures

Develop a discussion document and recommendations identifying what Policies, Protocols and Procedures could be reviewed and adapted for consistent practice across the sector. This work will be prioritised to tie in with the service reviews in Action Two.

- Phase One: Standardised documentation - (policies/procedures/protocols)
- Phase Two: Shared electronic notes /one client record

Responsibility: Portfolio Manager, TLAG and MHA Clinical Governance Board

Completion: Phase One: December 2012

Activity	KPI
<ul style="list-style-type: none"> • Small Technical working group established • Directory of Policies, Protocols and Procedures compiled 	Directory complied
<ul style="list-style-type: none"> • Prioritise into a list of what aspects could be reviewed to enable consistent practice across the sector and link this to service reviews 	List prioritised
<ul style="list-style-type: none"> • Describe process for sector buy-in and involvement 	Work plan agreed
<ul style="list-style-type: none"> • Work plan agreed with Project Leads identified 	Work plan implemented
<ul style="list-style-type: none"> • Development and implementation of consistent policies procedures and protocols 	

Action Four: improve discharge planning processes across the continuum of mental health and addiction services

This includes consideration of NASC access management, and links into the work for service mix and models as outlined in Action Two. It also will have a focus on the development and improvement of relapse prevention planning to be more inclusive of service users', tangata whaiora and their families and whanau

Responsibility: Portfolio Manager, TLAG and MHA Clinical Governance Board

Completion: July 2014

Action	KPI
<ul style="list-style-type: none"> • Small Technical working group established • Discharge planning processes across all services are described, particularly with reference to NASC services and inpatient services 	Discharge planning protocols are reviewed and recommendations for improvement agreed
<ul style="list-style-type: none"> • Client pathway mapped (Value mapping exercises for agreed client pathways) • Improving relapse prevention plans. • Clear protocols developed and implemented • Evaluation and monitoring of amended protocols 	Evaluation of monitoring of implementation of amended protocols

Summary

The Taranaki Adult Mental Health and Addictions Continuum Project aimed to assess, review and address key aspects of the continuum of service delivery – ultimately resulting in more cohesive and responsive services from all NGO/Iwi and Mainstream Providers.

Through the course of this project it became apparent that the service mix and pathways are multi-tiered and complex, and a number of challenges were identified if we are to achieve seamless, consistent and integrated service access for services users' tangata whaiora and their families and whanau. Additionally, reflecting the full range of contracted services and cross sector agencies (including voluntary and social services) has proven to be difficult, due to the range of funding streams and complicated nature and variability of the types of services available.

This Summary Overview is a high level document, explaining the processes followed, providing a snapshot of current TDHB Mental Health and Addiction Services, and recommendations that have informed the development of an Implementation Action Plan. that supports a workplan which will be used as a guide for further enhancing and developing Mental Health and Addiction services in the sector. Specific changes to enhance service provision have been prioritised carefully in terms of short, medium and longer term actions. Some recommendations can be realised within existing resources (subject to a commitment to make available dedicated capacity and time), and some service enhancements may require a reconfiguration of current services for a more flexible approach to service delivery. Additionally, reinvestment may also be required for increased service levels.

At the time this Summary Overview and the Background and Context Document (with corresponding Implementation Action Plan) were finalised several pieces of work had already begun in the sector. These were identified in the project as red flag areas needing to be addressed. These include preliminary discussion around longer term residential clients, 'like in age in interest' clients and complexities with dual funding streams between Mental Health and Disability Support Services.

To progress the key prioritised actions it is imperative to have psychiatry and psychology actively providing clinical guidance and leadership throughout the process. The Clinical Governance and working party structures will be established in July 2011.

The intent is to continue working proactively with the sector and ensure Mental Health and Addictions Services are delivered in the best way possible to meet the needs of the populations we serve.