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Mental Health & Addictions Action Plan

2006 - 2010

July 2006



Counties Manukau DHB's Shared Vision is:

To work in partnership with our communities to improve the health status of all, with particular emphasis on Maori and Pacific peoples and other communities with health disparities

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focussed and cost effective healthcare, in the right place, right time and right setting
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care

Values

Care and Respect	Treating people with respect and dignity: valuing individual and cultural differences and diversity
Teamwork	Achieving success by working together and valuing each other's skills and contributions
Professionalism	Acting with integrity and embracing the highest ethical standards
Innovation	Constantly seeking and striving for new ideas and solutions
Responsibility	Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions
Partnership	Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gain and independence for our population

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Counties Manukau Mental Health and Addiction Network Committee (Appendix One)

Counties Manukau Consumer Leaders Strategy Group (Appendix Two)

Philip Grady - Counties Manukau DHB. (Co-author)

Sue Hallwright – Counties Manukau DHB. (Co-author)

Tony Kake – Counties Manukau DHB (Consultation)

Andrew Gaudin (Data analysis and funding modelling)

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1. Introduction

Counties Manukau District Health Board (CMDHB) is responsible for the funding of health services, and for the provision of hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB District Strategic Plan under the New Zealand Public Health & Disability Act 2000.

The purpose of this Mental Health and Addiction Action Plan is to outline the specific actions that CMDHB plans to take from 2006 through to 2010 in order to meet the mental health needs and address addictions issues of people in Counties Manukau. The plan also provides time frames for these actions to be undertaken, and the stakeholders involved (see Section 6).

The vision underpinning this Action Plan is a future in which our diverse communities protect peoples' well-being and highly value people whose lives have been disrupted by mental illnesses or addictions, and a future in which our health services teach, enable and support people to recover. Section 4 of this Action Plan gives more information about the changing approaches to mental health in Counties Manukau.

In developing this Action Plan, consideration has been given to our population's characteristics and mental health needs (Section 2), the services currently funded (Section 2), national, regional and local strategies and projects (Section 3), feedback from people who use our services, their families and providers of mental health and addictions services within the district (Section 5) and our CMDHB Strategic Plan's population outcomes framework (Section 6).

The population outcomes framework from our Strategic Plan *Healthy Futures* is used to provide a structure to present planned priority actions and to relate these to the wider DHB outcomes (Section 6). Work to describe the services currently funded has been used to inform funding intentions (Section 7).

2. Environment – influences on the future

Our People

Counties Manukau has a diverse population with complex health needs and service requirements. A comprehensive Mental Health Needs Assessment for Counties Manukau has been under development in the first half of 2006. Although the Needs Assessment has not yet been finalised, this Action Plan has been updated to reflect its preliminary findings. A summary of the Needs Assessment can be found in Appendix Four.

For the purposes of preliminary planning, the following population characteristics have been noted:

- a high proportion of Maori
- a high proportion of Pacific people
- a high proportion of Asian people
- the relative youthfulness of the population
- the fast growth of the population
- a high proportion of those who are socio-economically deprived

People with mental health needs include:

- people at high risk of developing mental health or addiction issues
- people with mental health or addiction issues that have little impact on their lives, or impact of a transient nature
- people experiencing mental health or addiction issues which have a recurrent or ongoing adverse impact on their lives
- people with high and complex needs or multiple health issues

Demand for mental health services has been assumed to be equivalent of that in other parts of New Zealand, adjusted for our own population age and ethnicity structure, with the exception of:

- A higher number of people with high and complex needs related to lower socio-economic status
- A higher number of people with an intellectual disability and complex mental health needs as a result of the large number of homes for people with intellectual disability located in Counties Manukau
- A higher level of service utilisation by Maori and Pacific peoples accessing services (as demonstrated in the CAOS study (NZ Mental Health Classification and Outcomes Study, HRC, July 2003).
- A higher demand for maternal mental health services based on high birth rates
- A lower demand for Eating Disorders Services (from utilisation figures)
- A lower demand for Methadone Services (from utilisation figures)

Our Services

Counties Manukau DHB funds services for all age groups including services specifically for Maori, services specifically for Pacific people and services for refugees and migrants. All health services need to address peoples' mental health needs at the same time as addressing physical health needs. Mental health is therefore a focus for all health services including promotion/prevention services, primary care, DHB community and hospital services and Non Government Organisation (NGO) treatment and support services.

Local Mental Health Services for the population of Counties Manukau are delivered by Counties Manukau DHB and a range of Non-Government Organisations. Regional services are delivered by other DHBs. The largest regional services are the community alcohol and drug services and the regional forensic services both of which are delivered by Waitemata DHB.

Counties Manukau DHB funds a range of specific mental health services which, when funding increases sufficiently, will eventually serve the 3% of the population whose mental health and addictions needs are greatest. In 2004/05, annual access to mental health services for the population of Counties Manukau was 1.8% of the population. Access was variable for different age groups and ethnicities, with Asian people having the lowest levels of access of all population groups.

The Mental Health Commission's *Blueprint for Mental Health Services in New Zealand* estimated the amount of service required to address the needs of 3% of the population. At current prices, it is possible to calculate the value of these benchmarked "ideal" service levels, and to compare existing expenditure against the Blueprint benchmarked levels. As information improves, Counties Manukau DHB will be able to assess expenditure on mental health more and more accurately, so the figures on which this Action Plan is based will be subject to revision annually.

The figures below are based on work done to give best estimates of the actual expenditure on the population of Counties Manukau at the end of 2005/06¹, and show Counties Manukau DHB expenditure on mental health at that time as 78% of Blueprint benchmarks. The gaps against Blueprint benchmarks are not evenly spread across all services, as illustrated in Table 1 below.

Table 1 Level of service funded for CMDHB population as % of Blueprint Targets

Service	% Blueprint targets 05/06 funded
Adult Mental Health	84%
Alcohol and Drug	67%
Child & Youth MH	58%
Forensic	103%
Older People MH	71%
Specialty Mental Health	55%
Total	78%

¹ IDF work submitted to the Ministry of Health for 2006/07 IDFs

31% of CMDHB's mental health expenditure is on NGOs. For community and residential services, 41.3% of mental health expenditure is on NGOs.

14.7 % of Counties Manukau DHB's community and residential funding is spent on services specifically for Maori and 5.5% is spent on services for Pacific people. These sums represent the highest expenditure on ethnic-specific services in Metro Auckland. Actual service delivery for Maori and for Pacific peoples falls short of the funded levels in some services, which is often a result of workforce shortages.

76% of all services funded are based in the community, and one quarter of these are residential services.

The population of Counties Manukau has low levels of access to mental health and addictions services. Potential reasons for the low levels of access are:

- Under-delivery against funded service levels²
- Under-reporting (few NGOs are currently submitting Mental Health Information National Collection reporting to the New Zealand Health Information Service, so people using their services are not counted in the access figures)
- Higher levels of service delivery per individual resulting from high acuity and complex needs associated with the multi-ethnic population and high levels of socio-economic disadvantage
- Low productivity
- For regional services, lack of transport to attend services based outside Counties Manukau and a lack of relevance of models of service delivery to the Counties Manukau population
- Difficulty with engaging people and resultant failure to attend scheduled appointments

Work is under way to identify which of these reasons is a factor in low access levels and to increase access.

3. Strategic Context

Strategic Documents

A range of documents guide the development of mental health services in Counties Manukau (see references). These are:

- Te Tahuhu: Improving Mental Health 2005 - 15: The Second NZ Health and Addiction Plan
- Te Puawaitanga: Maori Mental Health National Strategic Framework
- Our Lives In 2014: A Recovery Vision From People with Experience of Mental Illness
- The New Zealand Disability Strategy: Making a World of Difference – Whakanui Oranga
- The Primary Health Care Strategy
- Northern Region Mental Health and Addictions Services Strategic Direction 2005 - 2010
- Whanau Oranga Hinengaro: Northern Region Maori Mental Health and Addictions Plan
- The Northern Regional Pacific Mental Health and Addictions Plan 2003/05

² Reasons given for under-delivery have included workforce shortages and issues regarding the adequacy of national pricing for DHB services

- Counties Manukau Maori Mental Health and Addictions Services: District Maori Mental Health Plan 2005 – 2009

The over-arching mental health strategies that incorporate more detailed strategies for Maori Mental Health, Pacific Mental Health, Workforce Development, Mental Health Information, etc. are Te Tahuu (national strategy) and the Northern Region MH and Addictions Services Strategic Directions 2005 - 10 (regional strategy).

The ten leading challenges outlined in Te Tahuu are:

- § Promotion and Prevention
- § Building Mental Health Services
- § Responsiveness
- § Workforce and Culture for Recovery
- § Maori Mental Health
- § Primary Health Care
- § Addiction
- § Funding Mechanisms for Recovery
- § Transparency and Trust
- § Working Together

The northern region strategy describes services for Maori, Pacific peoples, Refugees and Recent Asian Migrants, Children and Adolescents, Adults and Older Adults. It also covers addiction services and primary health services. Prioritised developments in the regional strategy include:

- § Leadership
- § Integration
- § Prevention/ Early intervention
- § Family/whanau participation
- § Consumer led services
- § Maternal mental health
- § Workforce development
- § Information systems

The key themes from the various strategic documents listed above have been summarised in greater detail in Appendix Three under the following five headings:

- Inclusive communities
- Prevention/Promotion
- Recovery Orientation
- Reducing health inequalities
- Clinical and support services
- Responsive services
- Infrastructure

The specific actions detailed in Section 6 of this plan are based on the key priorities for action identified in the above documents.

The further development of mental health services in Counties Manukau will be informed and guided by other relevant Counties Manukau strategies, including:

- Tupu Ola Moui: Counties-Manukau District Health Board Pacific Health and Disability Action Plan 2006 – 2010
- Draft Whanau Ora Plan 2006 - 2011
- Counties Manukau Primary Healthcare Plan
- Draft Child Health Strategy
- Counties Manukau DHB Youth Health Plan 2003 – 2008
- Health of Older People Strategy.

Collaboration

One requirement of the various relevant strategies is for CMDHB mental health services to work collaboratively with each other, with addictions providers, with other national, regional and local DHBs and agencies and with service providers in our area (NGO and primary health). Key partnerships will be established with Manukau City Council, and Franklin and Papakura District Councils. Of particular importance will be continued collaboration with the other three northern region DHBs, Waitemata, Northland and Auckland. Regional collaboration to date has occurred through involvement with the Network North Coalition and the Regional Mental Health Planning and Funding Team. CMDHB has also participated in the development of a range of regional projects identified as priorities by these two regional groups. This involvement in regional projects is likely to expand to include Regional Service Planning. CMDHB will also collaborate nationally with other DHBs on issues relevant to all DHBs.

4. Changing Approaches to Mental Health in CMDHB

The changes that we expect to see in our model of service delivery over the term of this strategic plan are:

For all people:

- More promotion/prevention, particularly regarding use of alcohol and other drugs
- More comprehensive community-based services specifically for Maori
- Mainstream services that are more sensitive to the needs of Maori and of Pacific people
- Services with:
 - improved delivery against contracted volumes and improved productivity
 - more participation of people in their own recovery
 - more inter-sectoral collaboration

For people misusing alcohol and other drugs:

- Services that:
 - are relevant to our diverse population
 - reach out to people where they are
 - engage well with people who use them
- Improved access, particularly for our youth
- Good working relationships between Alcohol and Other Drug (AOD) and mental health (MH) service providers

For people with mental health issues:

- For infants, children and youth
 - More mental health components to other health programmes/services (maternity services, well child, strengthening families, youth health, AIMHI, etc.)
 - Mental health services that work alongside these other health programmes and services
- For adults whose experience of mental illness has adverse impact on their lives that is relatively minor or brief in duration:
 - More services that work closely with primary care
 - Service development within primary care to enhance ability to meet peoples' mental health needs
 - More access to short term supports
- For people with a first experience of psychosis
 - Specific services that assist them to recover
- For older people:
 - More options to provide support for older people with mental health issues who remain at home and for their families/whanau
 - Improved services for people with dementia and their families

For people with mental health issues (ctd):

- For people whose lives are significantly adversely affected by their experience of mental illness, specific services with a shift in emphasis towards:
 - More active involvement of people in their own recovery through:
 - § Education regarding how to draw on your strengths in order to recover a full life
 - § Trained Peer Support Specialists who assist people to drive their own recovery
 - § Clinical services that form effective partnerships with people using them, that plan ahead for any relapses and that respond in ways that have been agreed with each person when they are well
 - Services that build inclusive communities and use community resources well
 - More peer-led and peer-delivered services (including increased peer delivery in community living services and other support services)
 - More services to enable people to live full lives in their homes of choice
 - Less need for residential rehabilitation
 - More home-based and community support and alternatives to admission during times of crisis
 - Less need for crisis services, inpatient care, respite and bureau nursing
 - continued and strengthened collaboration between NGO and DHB providers

5. Feedback from the Community

To be effective, the intentions outlined in this Action Plan must address the needs of people experiencing mental health and addictions issues, and must be implemented by providers in Counties Manukau. For this reason CMDHB has consulted with people who use the services (via the Counties Manukau Consumer Leaders Strategy Group) and with providers and other stakeholders (through the Counties Manukau Mental Health and Addictions Network Committee – see Appendix One for membership). Two public meetings were held in April 2006 to provide an opportunity for people to meet with the plan's authors and to give their feedback in person. There will be further opportunities for feedback as implementation of the Action Plan occurs and as progress is tracked.

The Counties Manukau Mental Health and Addictions Network Committee and the Consumer Leaders Strategy Group have agreed to be a reference group for this Action Plan and their regular feedback will be sought as the plan is implemented.

6. The Outcomes Framework

CMDHB is using an outcomes framework to focus planning and to provide the basis for a performance framework to monitor progress. There are six long term outcomes identified in the DHB District Strategic Plan (2005):

1. Improve community wellbeing
2. Improve child and youth health
3. Reduce the incidence and impact of priority conditions
4. Reduce inequalities of health status
5. Improve health sector responsiveness to individual and family/whanau need
6. Improve the capacity of the health sector to deliver quality services.

These long term outcomes provide the framework for this Action Plan.

The Action Plan includes actions that are relevant to:

- Planning & funding role
- CMDHB Provider of mental health services
- Other DHBs delivering mental health and addictions services to the people of Counties Manukau
- Non Government Organisations
- Primary Healthcare Organisations (PHOs)

NB: A number of the initiatives and actions included in an outcome area could also be included in other outcome areas, but have only been listed once to avoid duplication.

The Outcomes Framework³

To work in partnership with our communities to improve the health status of all, with particular emphasis on Maori and Pacific peoples and other communities with health inequalities

Long term outcomes	Outcome 1 Improve community wellbeing	Outcome 2 Improve child and youth health	Outcome 3 Reduce the incidence and impact of priority conditions	Outcome 4 Reduce health inequalities	Outcome 5 Improve health sector responsiveness to individual and family/whanau need	Outcome 6 Improve the capacity of the health sector to deliver quality services
Medium term outcomes	Achieve the outcomes in the Let's Beat Diabetes Plan	Improve maternal wellbeing	Increase access to structured programmes to reduce the impact of disease for the priority conditions	Address the systemic origins of inequalities	Increase access to services so they align with national levels	Ensure the health workforce meets the community's need for services
	Increase levels of physical activity	Improve health outcomes for infants and pre-school children	Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan	Implement specific initiatives to reduce inequalities	Improve access to and management of elective services	Improve health professionals communication skills in their dealings with patients and their families/whanau
	Increase healthy school environments	Improve weight management in children and young people	Reduce the incidence and impact cancer	Improve the capacity of all providers to deliver services to the populations they serve	Increase primary care utilisation	Ensure that services and facilities are planned to meet the future needs of the community
	Increase smokefree environments	Decrease the incidence and impact of risk taking actions by young people	Improve outcomes for people severely affected by mental illness	Improve ethnicity data collection	Improve the continuum of care for services provided to older people	Support information exchange amongst health professionals
	Develop healthy communities by working intersectorally				Reduce the number of people admitted to hospital who could have been cared for in the community	Ensure the delivery of safe and effective services
	Improve access to information to enable the community to make informed choices					Ensure the efficient use of resources

³ From *Healthy Futures*

Mental Health and Addictions Action Plan

Outcome area	Specific actions	Key stakeholders ⁴	Milestones/measures/ phasing
Outcome 1. Improve Community Wellbeing	Work to ensure Ministry of Health, PHOs, service providers and other agencies whose focus is health promotion include addictions prevention and suicide prevention as health promotion priorities	Ministry of Health, PHOs and service providers/ other agencies whose focus is health promotion, marae, churches involved with Lotu Moui	Years 1-2 Addictions prevention and suicide prevention are health promotion priorities
<i>Develop healthy communities by working intersectorally</i>	Increase housing available	Housing NZ, private landlords	Years 1-5 Number of HNZ houses increases
	Create educational opportunities, including tertiary educational opportunities, for consumers, families and staff to learn about recovery	Education providers, DHB Funder, DHB Provider Arm, NGO Providers, AOD Service Providers	Years 1-3 Recovery Education Centre established
	Work together with other agencies to assist people to return to work after experience of mental illness and substance misuse issues	Ministry of Social Development (Work & Income), DHB Funder, DHB Provider Arm, Supported Employment Providers	Years 1– 5 Percentage of people in work increases
	Ensure timely and appropriate responses to mental health crises	NZ Police, DHB Provider Arm	Years 1– 5 People with mental illness are not detained in Police cells, Police satisfaction with CMDHB crisis services is high
<i>Improve access to information to enable people to make informed choices</i>	Keep Webhealth directory up to date	CMDHB, Webhealth provider	Years 1- 5 Directory contains accurately designated current information Years 1- 5 Access to this site is promoted to GPS and other health providers and where internet is available freely e.g. libraries
	Ensure clinical information system provides for access by consumers to their own records	CMDHB Provider Arm, IT provider	Years 2-3 Clinical Information system – records can be accessed by consumers
	Treatment and support plans are developed with consumers	DHBs and NGO Providers	Years 1-5 Consumers report they have played an active part in planning treatment and supports

⁴ Consumers, families and communities are stakeholders for all of the DHB's planned activities

Outcome area	Specific actions	Key stakeholders ⁴	Milestones/measures/ phasing
	Peer support specialists to assist people to drive their own recovery are funded	CMDHB Funder, Tainui Mapo	Year 1 Peer support specialist preliminary sites are funded, utilised by consumers and evaluated Years 2-3 Successful approaches identified and rolled out for consumers of all CMHC ⁵ s
	Develop and implement an outcomes framework for measuring the impact of the Mental Health and Addictions Action Plan on the mental, physical and social well-being of service users, family/whanau and the wider community	Consumers, families/whanau, community, CMDHB Funder, GM Maori Health, GM Pacific Health, Tainui Mapo, DHB Provider Arm, NGO Providers, AOD Service Providers, PHOs	Year 1 Outcomes measures agreed Year 2 Measurement systems in place and baselines established Year 5 Outcome framework implemented and findings shared with sector/used to improve outcomes for consumers

⁵ Community Mental Health Centre

Outcome area	Specific actions	Key stakeholders	Milestones/measures/ phasing
Outcome 2. Improve Child and Youth Health <i>Improve maternal wellbeing</i>	Fund treatment, education and more comprehensive supports for women with mental illness who are pregnant or post-natal	CMDHB Funder, Tainui Mapo, CMDHB Provider, PHOs, NGO Providers	Years 2-3 Pregnant women access home based supports Mothers with mental illness access a greater level of support including respite during the post natal period
	<i>Improve mental health outcomes for infants and pre-school children</i>	Ensure services for infants and pre-schoolers include screening infant mental health and screening for postnatal depression	CMDHB Funder, Tainui Mapo, GM Kidz First/Women's Health, GM Maori Health, GM Pacific Health, PHOs and Well Child Services
	Fund services to protect the future mental health of infants	CMDHB Funder, Tainui Mapo	Years 1-2 Services are available for identified infants whose future mental health is at risk
<i>Decrease the incidence and impact of risk taking actions by young people</i>	Work with other agencies and with young people to implement the Suicide Prevention Strategy	CMDHB Provider, GM Maori Health, GM Pacific Health, Alcohol and Drug Service Providers, Centre For Youth Health, Child Youth and Family, Youth Justice, Local Schools, PHOs	Years 3-5 Suicide rate in young people in our community falls
	Work with other agencies and with young people to reduce the impact of drug and alcohol use, including recreational use, on young people's educational, social and employment opportunities	Local employers, education providers, leisure facilities, CMDHB Funder, GM Maori Health, GM Pacific Health, AOD Service Providers, Youth Justice, Child Youth and Family	Years 1-2 Inter-sectoral programme established Years 3-5 Measurable reduction in the adverse effects of drug and alcohol use on school exclusions and on tertiary education and employment opportunities for young people
	Fund the following services to be delivered and integrated with other youth services: - youth alcohol and drug services - youth specific mental health services	CMDHB Funder, Tainui Mapo, GM Maori Health, GM Pacific Health, CMDHB Provider, AOD Service Providers	Years 2-3 Youth specific AOD services are expanded Years 3-5 A youth specific mental health service is developed

Outcome area	Specific actions	Key stakeholders	Milestones/measures/ phasing
Outcome 3. Reduce the incidence and impact of priority conditions <i>Improve outcomes for people severely affected by mental illness⁶</i>	Develop funding approaches that support achievement of outcomes and improved productivity	CMDHB Funder, Tainui Mapo	Year 2-4 Productivity and outcomes improve
	Enhance services that provide early intervention for psychosis	CMDHB Funder, Tainui Mapo, DHB Provider, NGO Provider, PHOs,	Years 1-2 Early intervention service delivery reaches Blueprint targeted levels
	Expand community living services to support social inclusion, choice and personalisation of services to meet need	CMDHB Funder, Tainui Mapo and NGO Providers	Year 1 All people with support needs warranting CLS ⁷ have been identified Year 4 All identified people are receiving CLS Indicators of social inclusion improve Years 1- 5 % of community services for adults that are residential decreases
	Review the funding and delivery of community supports and work to increase access (across age groups and to primary care), peer delivery, outcomes, and consistency	CMDHB Funder, Tainui Mapo	Years 1-2 Consistent model for funding and delivery of community supports adopted Access, peer delivery, productivity and outcomes from community supports increase
	Review need for level 3 and higher residential rehabilitation as community living services expand	CMDHB Funder, Tainui Mapo	Years 2-3 New local benchmarks for residential rehabilitation developed based on new information
	Work with sector to reconfigure services to meet identified need	CMDHB Funder, Tainui Mapo, Residential Rehabilitation providers	Years 3-4 Residential rehabilitation reconfigured to better meet need
	Fund programmes to improve the physical health of people receiving treatment for mental illnesses and for substance misuse	CMDHB Funder, DHB Provider, PHOs, pharmacists, NGO Providers, AOD service providers	Year 1 Implement guidelines for monitoring the physical health of people using antipsychotics Year 2-3 90% of people using DHB mental health and addictions services are engaged with a PHO Years 3-4 Effective lifestyle education programmes are accessed by people with a mental illness and addictions

⁶ including people with co-existing mental health and substance misuse difficulties

⁷ Community Living Service

Outcome area	Specific actions	Key stakeholders	Milestones/measures/ phasing
Outcome 4. Reduce health inequalities <i>Implement specific initiatives to reduce inequalities</i>	Develop child and youth treatment services specifically for Maori, including youth alcohol and drug services	GM Maori Health, CMDHB Provider Arm, CMDHB Funder, Tainui Mapo	Years 1-2 Specific service for Maori developed and expansion funded at sustainable rate Access to child and youth and AOD services by Maori improves
	Develop and implement a local Pacific mental health work programme for services to be delivered by Pacific people and for enhancement of mainstream services, with an emphasis on integration with between primary and secondary care, child and youth services, workforce capacity, and NGO strategic alignment	GM Pacific Health, CMDHB Funder, Pacific MH Providers	Year 1 Plan developed Years 2-5 Plan implemented
	Enhance local delivery of alcohol and drug services provided specifically for Maori	GM Maori Health, WDHB, NGO AOD Providers, CMDHB Funder, Tainui Mapo	Years 1-2 Access and use of community AOD services by Maori at least equivalent to regional average
	Enhance local delivery of alcohol and drug services provided specifically for Pacific peoples	GM Pacific Health, WDHB, NGO AOD Providers, CMDHB Funder	Years 2-3 Access and use of community AOD services by Pacific peoples at least equivalent to regional average
	With regional and national input, continue to fund and deliver services for refugees and new migrants at levels appropriate to need	CMDHB Funder, Ministry of Health, other regional DHBs, CMDHB Provider Arm, NGO Provider	Year 2 Clarification regarding national intent with regard to funding / volume of refugee and migrant services Years 3-5 Fund services in line with national direction
	Peer support specialists to assist Maori to drive their own recovery are funded	CMDHB Funder, Tainui Mapo	Years 2-3 Maori peer support specialists are funded and utilised by consumers
	Peer support specialists to assist Pacific peoples to drive their own recovery	CMDHB Funder	Years 3-4 Pacific peer support specialists are funded and utilised by consumers
<i>Improve the capacity of all providers to deliver services to the populations they serve</i>	Implementing models of care by providers which support service delivery to Maori	GM Maori Health, CMDHB Provider Arm, CMDHB Funder, Tainui Mapo, NGO Providers	Years 1-2 Reducing inequalities measures implemented within DHB services Years 3- 5 Best Practice Guidelines implemented
	Implementing models of care by providers which support service delivery to Pacific people	GM Pacific Health, CMDHB Provider Arm, CMDHB Funder, NGO Providers	Years 3- 5 Best Practice Guidelines implemented

	Implementing workforce development initiatives to increase the proportion of Maori and Pacific people in the mental health sector	GM Maori Health, GM Pacific Health, CMDHB Funder, Tainui Mapo, Education sector	Years 1-5 Year 5	Scholarships available to support Maori and Pacific people to achieve health qualifications Percentage of Maori and Pacific people in the health workforce increased
	Ensure that mainstream services are knowledgeable about the diverse cultures of people living within Counties Manukau and are delivered in a manner that is respectful of each person's cultural background and beliefs	GM Maori Health, GM Pacific Health, CMDHB Provider Arm, CMDHB Funder, Tainui Mapo, NGO Providers	Years 2-3	Training modules to assist in the delivery of services in an inclusive manner are accessed by DHB Provider Arm Services and by NGOs

Outcome area	Specific actions	Key stakeholders	Milestones/measures/ phasing
Outcome 5. Improve health sector responsiveness to individual and family/whanau need <i>Increase access to services so they align with national levels</i>	Identify all CMDHB residents with mental illness and intellectual disability or head injury and develop services or interface with other relevant funders and providers to meet their needs	CMDHB Funder, Provider Arm, Ministry of Health, NGO Providers, ACC, and Disability Support NASC and Providers	Year 1 All CMDHB residents with dual disabilities are identified Year 2 All identified people with dual disability are engaged with appropriate services Year 3 All identified people are receiving appropriate treatment and supports
	Expand general hospital liaison services in line with national benchmarks	CMDHB Funder and Provider Arm	Year 2 Services reach 85% of national benchmark levels
	Develop strategies to improve access to services by Asian people	CMDHB Funder, Provider Arm and NGO Providers	Year 4 Access to services by Asian people is equivalent to those of other population groups
	Develop and implement a plan to tailor alcohol and drug services and dual diagnosis services (mental health and alcohol and drug services) to local needs in order to improve access/ engagement, service use and outcomes	CMDHB Funder, Tainui Mapo, WDHB, Provider Arm, NGO Providers, GMs Maori and Pacific Health	Year 1 AOD plan for CMDHB developed and agreed Years 2-4 Service expansion/reconfiguration in line with plan Year 5 Access and use of community AOD services at least equivalent to regional average
<i>Increase primary care utilisation</i>	Develop services that provide advice and support for Primary Care to meet mental health needs, including needs of people with significant physical illness	CMDHB Funder, PHOs and Provider Arm	Years 1-5 Access to mental health services increases GP satisfaction with CMDHB mental health services improves
	Fund Primary Care access to primary mental health care education using Blueprint underspend	CMDHB Funders, PHOs	Years 1-5 Primary care practitioners access primary mental health courses
	Pilot an approach to more integrated service delivery between primary care, DHB mental health services and NGO support services	CMDHB Funder, GM Pacific Health, Provider Arm, PHOs, NGO Providers	Years 3-5 Pilot primary care integration initiative operational Year 5 Findings of evaluation released
	Subject to favourable evaluation and primary care funding availability, roll out CCM depression module to all PHOs (subject to PHO uptake of CCM)	CMDHB Funder, PHOs	Years 2-5 CCM depression module utilised by all practices
	Develop decision support methodology for the management of anxiety disorders (subject to PHO uptake of CCM IT)	CMDHB Funder, Provider Arm, PHOs	Year 3 Decision support module for anxiety disorders developed Years 4-5 Anxiety disorder module rolled out across PHOs

<i>Improve the continuum of care for services provided to older people</i>	Develop/expand home based and community treatment and support services to support older people to remain living in the home (aging in place)	CMDHB Funder, Tainui Mapo, CMDHB Provider, Health of Older People's Funder and Providers, NGO Providers, PHOs	Years 1-5	Levels of treatment services increase to 85% of Blueprint benchmarks Expansion of community supports for older people
	Ensure the mental health needs of people with dementia are met and provide support for caregivers, including supporting their acquisition of necessary skills	CMDHB Funder, Tainui Mapo, CMDHB Provider, Health of Older People's Funder and Providers, NGO Providers, PHOs	Year 1 Years 1-2	Clarify national policy with respect to dementia Expand DHB and NGO provider capacity to deal with dementia-related needs
<i>Reduce the number of people admitted to hospital who could have been cared for in the community</i>	Continue to develop alternatives to admission in peoples' own homes and environments that maximise a person's responsibility for their own recovery and enable choice and informed decision-making e.g. crisis resolution and community based treatment options, flexible respite, peer staffed "living rooms", community beds	CMDHB Funder, DHB and NGO Providers, Consumers, Families/whanau	Years 1-2 Years 4-5	Alternatives to admission developed implemented and evaluated Acute inpatient occupancy decreases so additional hospital based acute beds not required Effective approaches implemented across all services, no additional inpatient acute beds required
	Integrate community and acute inpatient services	CMDHB Provider Arm/CMDHB funder NGO Providers	Year 1 Year 1 Year 2 Year 3	Reconfigure inpatient service structure/operation Develop nursing leadership Further align teams geographically - community staff take full responsibility for inpatients Evaluation complete

Outcome area	Specific actions	Key stakeholders	Milestones/measures/ phasing
Outcome 6. Improve the capacity of the health sector to deliver quality services <i>Ensure the health workforce meets the community's need for services</i>	Develop and implement a local workforce development plan to build a workforce that is capable of delivering the volume and type of services required in the sector	CMDHB Funder, Tainui Mapo, Education providers, CMDHB Provider, NGO Providers, Regional Workforce Development Project	Year 1 Workforce development plan developed Years 1–5 Workforce development plan implemented
	Develop competence and training framework that is aligned with the MH standards and implement training for staff	CMDHB Provider	Year 1 Competence framework complete and agreed Year 2 (and ongoing) Competence framework and training implemented Year 3 Evaluation complete
<i>Improve health professionals capacity to deal with patients and their families/whanau</i>	Develop and implement Primary care liaison	Provider , PHO, CMDHB funder	Year 1 Primary care liaison positions in place and framework for functioning complete
	Ensure developments in model of care recognise and include family /whanau	Provider , NGO, CMDHB Funder, Tainui Mapo	Year 1 Family/Whanau Advisors in position Year 2 Model of care recognises and includes family /whanau
	Develop and deliver recovery training for staff, including AOD staff, focusing on working in partnership with consumers and their family/whanau	Through Centre for Recovery Education	Years 1-2 Training implemented Years 4-5 Need for crisis services and use of compulsion decreases (in line with need)
<i>Ensure that services and facilities are planned to meet the future needs of the community</i>	Reconfigure/upgrade Tiaho Mai to support model of care involving integration between community and inpatient services, with future capacity for 10 extra beds	CMDHB Provider Arm	Year 1 Capital resources secured Planning – including user and / family whanau participation complete Year 4 Building complete
	Specify and source community MH facilities appropriate to models of care for services for Maori, child and youth services and older people, and specify and build an inpatient mental health facility for older people	CMDHB provider arm, CMDHB MH and OP funders, community agencies	Year 1 Facility planning includes user and / family whanau participation Year 1s Capital resources secured Years 2-4 Appropriate facilities available for the services

<i>Support information exchange amongst health professionals</i>	Regional Clinical Information System is implemented with the capacity to exchange information (to the extent that the Privacy Act allows) across DHBs, with NGOs and primary care and between service users and staff	CMDHB Provider Arm, Other Metro Auckland DHBs, Health Alliance IT, pharmacists, PHOs, NGO Providers	Year 1 Years 2-3 Years 2-3	Information System implemented within DHB Provider Arm Relevant information can be shared between DHB, NGO and Primary Care Information sharing can occur between staff and service users
	Develop funding and delivery approaches that support collaboration between healthcare workers involved with the same person	CMDHB Funder, Tainui Mapo, CMDHB Provider, other DHBs, NGO Providers, PHOs, pharmacists	Year 1 Years 1-5	All service contracts include a clause requiring provider collaboration Collaboration across providers increases
<i>Ensure the delivery of safe and effective services</i>	Competence and training framework is based on current knowledge about evidence-based best practice guidelines and value-based service delivery	CMDHB provider arm, NGO Providers, PHOs, Education providers	Year 1	Competence and training framework development includes review of evidence-based best practice guidelines and value-based approaches to service delivery
	Evaluate existing and new services: obtain and use information about need, services used and outcomes to improve planning, funding and service delivery, with a focus on people severely affected by mental illness	CMDHB Funder, Tainui Mapo, DHB and NGO Providers, Consumers	Year 1 Years 1-5 Years 2-5	All mental health NGOs report to the DHB electronically Information about clients, outcomes and services is routinely shared with providers and services This information is routinely used to improve planning and service delivery
	Routinely monitor and audit delivery of services	CMDHB Funder, Tainui Mapo, DHB and NGO Providers	Years 1-5	All services are audited over a three-year period
	Implement evidence-based approaches that minimise the use of force and seclusion	CMDHB Provider Arm	Year 1	Use of seclusion decreases Use of restraint decreases
<i>Ensure the efficient use of resources</i>	Obtain and use information about services to improve efficient use of resources and increase access to services	CMDHB Funder, Tainui Mapo, DHB Provider Arm, PHOs and NGO Providers	Years 1-5 Years 2-5	Information about efficiency is routinely shared with providers and services This information is routinely used to improve efficiency and access

7. Funding Intentions

Funding Assumptions

In line with the CMDHB Long Term Financial Plan, and based on advice to Counties Manukau from the Ministry of Health regarding indicative Blueprint funding allocation, Table 2 summarises the assumed level of additional mental health funding each year from 2006/07 through to 2010/11.

Table 2 Assumed Additional Mental Health Funding

	2006/07	2007/08	2008/09	2009/10	2010/11	Grand Total
Blueprint⁸	2.249	2.249	2.249	2.249	2.249	
Demographic⁹	1.802	1.880	1.959	2.040	2.123	
Annual Total	4.051	4.129	4.208	4.289	4.372	21.049

Actual levels of funding are likely to differ from those indicated above and plans for expenditure will need to be adjusted as funding advice is received from the Government each year.

On the basis of the above calculations, CMDHB would receive a total of approximately \$21M additional for mental health over the coming five years. Combined with existing estimated expenditure, and allowing for population growth at 1.92% per annum, this would represent funding for 85% of Blueprint targets in 2010/2011.

Planned Expenditure

The figures in Table 3 below show the indicative allocation of additional funding by service group over the coming five years, based on current best available information about benchmarks and current funded service levels. They would move funded levels of service in such a way as to ensure that all service groups are funded at 85% of Blueprint benchmarks.

The indicative sums below are provided in order to give an indication of CMDHB's intent to address gaps in service delivery equitably, however actual additional expenditure for each group each year is very likely to differ from the sums below based on:

- improved information regarding funded service levels and actual delivery for the Counties Manukau population
- identification of provider capacity to deliver services (investment will not be made in services carrying high vacancies)
- actual additional funding from Government
- any national review/amendment to service Benchmarks

⁸ PBFF share of Blueprint

⁹ Service share of demographic funding (calculated as 1.92% per annum)

Table 3 Indicative annual expenditure by service group to improve equity in spending¹⁰

Service Group	\$K 2006/07	\$K 2007/08	\$K 2008/09	\$K 2009/10	\$K 2010/11	\$K Total
Adult Mental Health	1,406	1,433	1,461	1,489	1,517	7,306
Alcohol and Drug	619	630	642	655	667	3,213
Child & Youth MH	1,172	1,195	1,218	1,241	1,265	6,091
Older People MH	321	328	334	340	347	1,670
Specialty Mental Health	533	543	553	564	575	2,768
Grand Total	4,051	4,129	4,208	4,289	4,371	21,048

This summary excludes expenditure on regional forensic services, which is decided nationally and currently over-resourced relative to Blueprint targets. It also excludes expenditure on refugees in the Refugee Resettlement Centre, since CMDHB anticipates that this group of people will be funded nationally outside Population Based Funding Formula.

Investment in Maori services will aim to ensure that 50% of people accessing services have the choice of accessing community and residential services provided specifically for Maori. Prioritisation of new developments will be governed by the District Maori Mental Health Plan and information regarding existing funded service levels.

Investment in Pacific services will aim to ensure that Pacific people wishing to access services provided specifically for Pacific people can do so.

Planned Underspend for Infrastructure Development

Counties Manukau DHB has developed a reputation for its investment in the infrastructure necessary to support the delivery of new services and enhance existing mental health services. To achieve this, the DHB has consistently temporarily deferred the start of new services in order to set aside one-off funding for mental health development and innovation, including innovation in workforce development and in information technology.

In order to ensure additional funding continues to be used wisely, investment in mental health development and building infrastructure will continue while a significant amount of additional funding is earmarked for mental health services each year. This infrastructure funding will include funding specifically for Maori infrastructure development driven from the District Maori Mental Health Plan.

¹⁰ Based on best available information at January 31 2006

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Abbreviations

AIMHI	Achievement in Multicultural High Schools
AOD	Alcohol and Other Drug
CCM	Chronic Care Management
CLS	Community Living Service
CMDHB	Counties Manukau District Health Board
CMHC	Community Mental Health Centre
DHB	District Health Board
GM	General Manager
HNZ	Housing New Zealand
IT	Information Technology
MH	Mental Health
NGO	Non Government Organisation
OP	Older People
PHO	Primary Health Organisation

Appendix One: Counties Manukau Mental Health and Addictions Network Membership List

Name	Representing
Bettylou Iwikau	Kaupapa Maori Providers
Cavell Morrow	Mental Health Consumers
Denise Black	PSA Representative
Donny Rangiaho	Child and Youth Services Providers
Dr. John Cosgriff	Primary Care Providers
Ian McKenzie	CMDHB - Mental Health
Jenny Boyle	Northern DHB Support Agency (observer)
Margaret Aimer	CMDHB, Mental Health
Margaret Lucas	Families
Naing Thein	New Migrants and Refugees Representative
Nhun Touch	Child and Youth Services Consumer
Nyetching Wilson	Asian Community Representative
Paul Cressey	CMDHB - Board
Philip Grady	CMDHB – Funding & Planning
Pip Matthews	Older People Service Providers
Rawinia Marsh	MAPO
Robert Steenhuisen	Alcohol and Drug Service Providers
Sue Hallwright	CMDHB, Mental Health Development
Uwe Pohl	Mental Health NGOs
Vicki Burnett	Network North Coalition (observer)
Whitiora Cooper	Manawhenua
Yvonne Waterreus	Primary Care Consumer

Appendix Two: Counties Manukau Consumer Leaders Strategy Group Membership List

Name	Representing
Allan Perry	Te Korowai Aroha
Brett Melrose	Pathways Trust
Caroline Mellars	CMDHB
Cavell Morrow	Challenge Trust
Claire Moore	Regional Consumer Network
Colin Wallace	Independent
Fred Passi	Whariki
Gary Sutcliffe	Framework Trust
Henry Waru	Mahitahi Trust
Jeanette Cooper	Independent
John Wells	Pacificare Trust
Lina Samu	Independent
Pauline Anderson	Independent
Raymond Ng	Te Korowai Aroha
Rod Flower	Te Korowai Aroha
Sandi Franks	Mahitahi Trust
Shirl Hoskins	CMDHB
Steve Bryham	Pacificare Trust
Tracey Cannon	Independent
Wayne Dye	Challenge Trust
Yvonne Waterreus	Independent

Appendix Three: Key mental health strategy documents' high level priorities/strategic directions

Inclusive communities

Inclusive communities

Intersectoral integration / partnerships / liaison (for each age group)

Planning inclusive of

- families, communities, other agencies, service users

Prevention, promotion

Early intervention

MH promotion and prevention focus on

- wellness
- suicide prevention
- alcohol and drug (esp youth)
- social inclusion/dstigma
- prevention for at risk children

Primary care focus on

- Prevention/promotion
- Early detection and effective treatment
-

Child and youth service focus on

- under 5's

Recovery Orientation

Recovery philosophy

Work with whanau/whanau inclusion

Less use of compulsion, force, seclusion

Peer Service Provision

Funding mechanisms support recovery

Reducing Health Inequalities

Treaty of Waitangi

Cultural competence and assessments

- Maori
- Pacific people
- Asian
- Refugees/Migrants

Services for Maori focus on

- KM services within mainstream
- clinical, cultural and support services, including cultural assessment

Pacific services focus on:

- pacific primary mental health
- partnerships
- quality

Planning to address

- regional equity in service levels
- gaps to Blueprint

Planning and Funding for Maori

- 50% of service users can choose Kaupapa Maori services
- Maori models, outcomes

Planning and Funding for Pacific peoples:

- 50% access for Pacific

Clinical and Support Services

Addictions focus on

- youth
- culture-specific
- gambling
- older people
- crisis

Primary care focus on

- Recovery focused supports
- Chronic Disease Management

Child and youth service focus on

- under 5-12/youth services

Adult services focus on

- alternatives to admission
- specialist services
- psychological treatments
- personalised supports – work, recreation, education, housing
- primary care liaison

Older people service focus on

- aging in place emphasis

Responsive Services

Accessibility

Flexibility and responsiveness

Quality improvement

Responsiveness for

- Family/whanau
- People with disabilities
- Victims of trauma
- Women

Integration/partnerships/liaison

- mental health/addictions
- intra-sectoral: community, inpatient, NGO, primary
- regional/ between DHBs

Funding mechanisms support best practice, seamlessness and flexibility

Infrastructure

Workforce: Building Capacity

- Expand workforce
- Enhance current workforce esp.
 - Maori, Pacific, Asian workforce
 - Consumer workforce
 - Child and Youth workforce
 - Addictions workforce
 - Leadership
- Build external capacity (primary healthcare, other sectors)

Provider Development

- Kaupapa Maori
- Pacific

Get better information (outcomes incl.)

Use information better to

- inform consumers re services
- improve planning
- improve services
- improve equity of outcomes

Appendix Four: Mental Health Needs Assessment – Summary of Findings

Under development. - to be inserted when completed.