



Te Poari Tautoko I Nga Rohe Ki Te Raki

Working with District Health Boards towards excellence
in health and disability support services

Auckland DHB Mental Health Services: Monthly report on Progress:

March – April 2004

Report prepared by Derek Wright, Regional Director, Mental Health Services

Services included

- Auckland District Health Board Mental Health Services
- Counties Manukau District Health Board Mental Health Services
- Waitemata District Health Board Mental Health Services
- Northland District Health Board as applicable

Regional Director's Report

1. Executive Summary

Highlights/Issues

Northern RMHP submitted 15 March – feedback received 28 April. The regions have also agreed to share their plans with each region offering a peer review for the others.

Inaugural Ministry of Health leadership awards: The leadership awards are a Mental Health Directorate initiative established to develop leadership within the mental health sector. Last year 53 applications were received and 24 awards made.

Of the 24 award recipients nine were from the Northern region indicating a strong and positive development of the sector within the Northern region.

Last month NDHB approached the NDSA Mental Health team with regard to finding a long term solution to the provision of a Mental Health Funder & Planner for Northland. This has resulted in the appointment of Kelly Johnstone, previously the locality manager to NDHB & WDHB. This appointment is for a 12 month period and will be managed as a secondment from her current role.

The NDSA have appointed Diana Kane, previously with Central TAS, to the role of locality manager for WDHB and CMDHB.

The NDSA in collaboration with DHB funders and planners have agreed with the National Workforce Development Programme (MoH) to support two workforce/service development pilot projects in the Northern Region. This is part of a National initiative. Pacific mental Health and Maternal mental health have been identified as pilot sites. The NDSA and ADHB will co sponsor and lead the projects on behalf of the region.

2. Service Access Levels

***These results are provided quarterly one quarter in arrears as per the standard MOH quarterly reporting**

Month: Quarterly to 31 December 2003	The average number of people domiciled in the DHB region, seen each month for the three months being reported					
	Quarter 31/12/2003		Quarter 31/12/2002*		Variance	
Description						
Monthly access rates for ADHB:						
Age group 0-19 years	164	0.14%	294	0.27%	(130)	(44.21%)
Age group 20-64 years	1,803	0.74%	2,797	1.10%	(994)	(35.53%)
Age group 65+ years	265	0.69%	376	0.94%	(111)	(29.52%)
Total	2,231	0.56%	3,468	0.86%	(1,237)	(35.66%)
Monthly access rates for CMDHB:						
Age group 0-19 years	297	0.19%	273	0.20%	24	8.79%
Age group 20-64 years	1,570	0.69%	1,734	0.76%	(164)	(9.45%)
Age group 65+ years	224	0.68%	199	0.54%	25	12.56%
Total	2,092	0.50%	2,205	0.55%	(113)	(5.12%)
Monthly access rates for WDHB:						
Age group 0-19 years	554	0.37%	484	0.36%	70	14.46%
Age group 20-64 years	2,062	0.77%	2,499	0.90%	(437)	(17.48%)
Age group 65+ years	340	0.73%	345	0.61%	(5)	(1.44%)
Total	2,956	0.64%	3,327	0.72%	(371)	(11.15%)

Commentary/explanation of variances

ADHB:

These figures depict an apparent decline in access from 02/03 to 03/04. There are however qualifying factors that need to be addressed prior to being able to place any reliance on this data:

ADHB had (at the time that the MOH reports were generated - 8 March 2004) some MHINC reporting issues that stemmed from database changes at ADHB that have in turn created problems in transferring data to MHINC – This situation is largely rectified now but the back log of data transfer required had not been dealt with at the time of report generation. ADHB have remained in close communication with NZHIS regarding the matter. However the reported data set is not complete for 2003/04.

Due to issues with access to HINN and data refresh problems at NZHIS we have not had the opportunity to recalculate access rates based on real data. However internal

systems indicate no decrease in access. We envisage that the data/reporting issue will be totally resolved by the next reporting cycle.

CMDHB:

Although the Ministry's access figures based on MHINC data indicate a decrease in access by Counties Manukau clients, this is not consistent with information provided to Counties Manukau by NZHIS based on MHINC data for the same period (which indicate growth in access levels from 2078 to 2132 for clients services by CMDHB). Given the level of regional services provided in the Auckland Metro area CMDHB access targets are obviously being affected by the reporting problems at ADHB and WDHB. Next quarter we would expect to see more reliable rates being reported.

WDHB:

The table above depicts an apparent decline in access from 02/03 to 03/04. There are however two significant data issues which are impacting these figures. One is the ADHB reporting problem which affects the counting of ADHB services provided to WDHB residents. The other is a non reporting of a restructured service within WDHB which has been bedding in. The data for this service has been collected in the internal system (PIMS) - but not transferred to MHINC in time for the quarterly reports. The internal systems indicate no decline in access for the period.

3. Delivery Against Plan

The Regional Director is continuing to work with the northern region DHBs to further develop and implement plans required to best utilise regional underspend. To date this work has centred around aligning with the 3-5 year strategic plan being worked on by the Network North Coalition and the priority projects identified in the Northern Region Mental Health and Additions Plan 2004-2005.

A schedule of key projects has been developed with clear objectives, key milestones, lead DHB/sponsors and proposed project managers.

We will look to provide a detailed summary in the near future.

Financial report – Funder Arm Mental Health Services

	ADHB					
\$000's	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance
Revenue	7,051	8,199	(1,148)	69,903	73,790	(3,887)
Expenditure	7,051	8,199	1,148	71,989	73,790	1,801
Net Result	0	0	0	(2,086)	0	(2,086)

As reported last month, the YTD net result of (2,086) reflects the impact of the anticipated expenditure related to 2002/2003 underspend, the lower than anticipated revenue figure relates to timing of the release of Blueprint funding. These dollars are currently held in the balance sheet until committed and thus the difference in revenue depicts blueprint underspend at this point.

CMDHB						
\$000's	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance
Revenue	5,966	7,115	(1,149)	60,701	64,044	(3,343)
Expenditure	5,966	7,115	1,149	60,701	64,044	3,343
Net Result	0	0	0	0	0	0

Of the variance of \$1,149k (YTD \$3,343k) in expenditure, \$116k (YTD \$1,044k) relates to an NGO contract devolved to the WDHB. The revenue not recognised in the month (i.e. transferred to the balance sheet) is \$1,033k (YTD \$2,299k). This includes \$637k clawed back from the provider arm, to be committed as appropriate in Mental Health by the funder arm. Counties Manukau DHB has indicated that all of these Mental Health funds would be committed prior to the end of the financial year and that they therefore would not have a surplus to be carried forward into 2004/05.

WDHB						
\$000's	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance
Revenue	9,651	9,276	375	86,893	83,487	3,406
Expenditure	9,795	9,276	(519)	86,649	83,487	(3,162)
Net Result	(144)	0	(144)	244	0	244

WDHB is currently reporting an underspend YTD as a result of the time lag between planning and start-up of new services.

Provider Arm – Actual delivery compared to plan

ADHB						
\$000's	March Quarter Actual	March Quarter Plan	March Quarter Variance	YTD Actual	YTD Plan	YTD variance
Revenue	10,009	10,130	(121)	41,487	41,264	223
Expenditure	10,110	9,917	(193)	40,899	41,128	229
Net Result	(101)	213	(314)	588	136	452

The net result for ADHB shows a negative variance of \$314k for the quarter and \$452k positive variance YTD.

The key contributors to the quarter's negative variance are \$137k reduction in Maori Service base funding due to the reconfiguration of Manawanui and higher than anticipated direct treatment costs for the quarter. YTD however remains in a positive position more CTA revenue than planned and lower expenditure predominantly due to the reconfiguration of Manawanui.

CMDHB						
\$000's	March Quarter Actual	March Quarter Plan	March Quarter Variance	YTD Actual	YTD Plan	YTD variance
Revenue	11,099	11,011	88	34,570	33,033	1,537
Expenditure	11,332	11,113	(219)	33,152	32,721	(431)
Net Result	(233)	(102)	(131)	1,418	312	1,106

CMDHB provider arm are reporting a \$1,106k positive variance YTD. This remains predominantly due to the time lag between allocation of blueprint dollars and the resultant planning and start up of services.

WDHB						
\$000's	March Quarter Actual	March Quarter Plan	March Quarter Variance	YTD Actual	YTD Plan	YTD variance
Revenue	26,660	25,046	1,614	77,334	74,638	2,696
Expenditure	24,850	24,708	(142)	73,566	71,084	(2,482)
Net Result	1,810	338	1,472	3,768	3,554	214

Revenue for the quarter is shows a positive variance of \$1,614k and retains a positive variance YTD of \$2,696k. This is due to the application of additional blueprint funding over and above budgeted levels and from additional contracts funded directly from the MoH for Regional Forensic and Intellectually Disabled Services.

Expenditure for the quarter ended 31 March 2004 shows a negative variance of (142)k and (\$2,482)k YTD, this is 95% from clinical staff costs and reflects the extra costs for new and additional services.

Provider Arm Service level reporting

Data gathered from the Auckland DHB volume reporting for the quarter ended 31 March 2004 shows the following:

ADHB				
OCP data	2003/2004 plan	March Quarter Actual	March Quarter Variance	March Quarter Variance %
FTEs	336.20	277.13	(59.07)	(17.56%)
Bed days	15,056	13,514	(1,542)	(10.24%)

95% of the bed day variance is due to the reconfiguration of Manawanui

CMDHB				
OCP data	2003/2004 plan	March Quarter Actual	March Quarter Variance	March Quarter Variance %
FTEs	285.08	236.9	(48.18)	(16.9%)
Bed days	9,125	8,827	(298)	(3.2%)

WDHB *				
OCF data	2003/2004 plan	March Quarter Actual	March Quarter Variance	March Quarter Variance %
FTEs				
Bed days				

* Data not yet available

The issues continue as previously reported re availability of appropriate staff and timing of blueprint funding from an operational perspective with regards to FTEs.

CMDHB “conversion” of FTEs (5.7) and beds (12) to packages of care is also not accounted for in the above figures.

Adult inpatient unit occupancy and respite costs remain high across the board.

4. Services funded

Services to being contracted:

Ref.	Service	Volume	Locality	Process
01a	Packages of Care Mainstream	At least 4	Auckland DHB	Initial discussions completed. Planned start May/June
01b	Packages of Care Pacific	At least 4	Auckland DHB	Discussion underway with Provider Arm services and NGOs
01c	Packages of Care Child & Youth	At least 4	Auckland DHB	Planned start date May/June
01d	Packages of Care Child & Youth	1 FTE & flexifund	Counties Manukau DHB	Initial discussions completed
01e	Packages of Care Dual Disability		Counties Manukau DHB	Under discussion with provider arm clinical services and NGOs
01f	Packages of Care Mainstream	At least 2	Waitemata DHB	Letter of Offer sent to Provider Start date 1 April 04
02a	Community Support Work Services Asian	2FTE	Auckland DHB	Initial discussions completed. Planned start May/June
02b	Community Living Services Mainstream	13 FTE approx & flexifund	Counties Manukau DHB	Letters of offer sent
02c	Community Living Services Maori	1 FTE & flexifund	Counties Manukau DHB	Aiming at 1 June for contract resolution
02d	Community Living Services Pacific	1 FTE & flexifund	Counties Manukau DHB	Letters of offer sent
02e	Community Living Services Older Persons		Counties Manukau DHB	No purchase made
02f	Community Support Work Services Transition Worker	1 FTE (flexi fund)	Northland DHB	Contract currently being processed, LOF signed off. Start date 1 April 04

02g	Community Support Work Services Transition Worker	1 FTE (flexi fund) 1 FTE (flexi fund)	Waitemata DHB	Contracts currently being processed, LOF signed off. Start dates 1/05/04; 1/04/04
03a	Advocacy/Peer Support-Families/ Whanau	4FTE	Auckland DHB	Initial discussions completed. Planned start date May/June
03b	Advocacy/ Peer Support Consumer	2FTE	Auckland DHB	Initial discussions completed. Planned start date May/June
04a	Governance Training for Mental Health Non Government Organisations (NGOs)	Training programme offered in modules.	Northern Region (NDHB; WDHB; ADHB; CMDHB)	Underway
05a	AOD Competency Training	Training programme offered in modules.	Northern Region (NDHB; WDHB; ADHB; CMDHB)	Underway
Kaupapa Maori Community based Intensive Support			ADHB WDHB	Contract and service delivery design discussions advanced. Staff recruitment underway in DHB clinical services and NGO sector

Packages of care

Counties Manukau DHB:

Preliminary evaluation of the pilot was generally favourable. New Community Living Services have been purchased and will commence in June 2004. These will replace the packages of care and extend coverage to all people accessing residential rehabilitation.

Waitemata DHB:

WDHB commissioned a formal, in depth review of the Packages of Care services as implemented in 2003. The packages were implemented within a short timeframes as a recommendation of the Auckland services review. These packages were developed in both Auckland and Waitemata DHB to provide intensive support (and if necessary accommodation) for mental health consumers with high and complex needs for whom existing services have not proven sufficient and who might normally remain in a hospital setting if such services were not available.

The evaluation focussed on the ten packages across Auckland and Waitemata DHB and was for the purpose of:

- Establishment of base-line information to inform future service planning,
- to provide evidence on effectiveness and cost effectiveness of the Packages of Care model

- to review the appropriateness of current outcome measures used
- and to provide a recommendation for future use of outcomes measures.

The report found the successful packages to be creative, innovative and individualised with great support from service users and their families. In general the packages produced remarkable results. The NGO's were keen to take on more packages and the acute wards were keen to support them.

The report makes some recommendations for the further development of the packages which will inform the continuation of the pilot and the future purchasing under this model of service delivery.

Auckland DHB:

The evaluation of the packages by WDHB and ADHB has now been completed. The executive summary states that the packages seem to be well organised and established within Auckland DHB and Richmond Fellowship. Further to this the conclusion noted that all of the successful packages were creative, innovative and individualised and that in spite of the short time frame that some had been in existence, all were producing remarkable results.

As part of the development of Kaupapa Maori Services ADHB late last year issued a public tender for the provision of Kaupapa Maori community based intensive support. This new service will serve a minimum of 12 people and will be provided to the Auckland and Waitemata DHB catchment areas. The service will be delivered jointly by the DHB clinical services and an NGO provider. The tender evaluation process has been completed and discussions re contract and service delivery design details are underway with the successful NGO provider. Recruitment for the Provider team, Maioha Tupuranga, is progressing.

5. Service issues and risks

There are no risks to report other than those previously noted.

6. Strategic planning

Regional Mental Health and Addictions Plan 2004/05

Feedback on the Draft Regional Mental Health and Addictions Plan 2004/05 which was submitted to the MoH on 15th March was received by the NDSA on 28th April. Work will now commence to further refine the draft for final submission to the Ministry.

Northern Regional Maori Mental Health and Addictions Plan

The Draft Regional Maori Mental Health and Addictions Plan 2004/05 plan has now been presented to the NDSA board and was received and endorsed in principle by the board. The Draft Regional Maori Mental Health and Addictions Plan 2004/05 plan is currently being rolled out across the DHBs' through presentation at their Board sub committees. Presentations have been completed at both NDHB and CMDHB with the plan being well received.

Northern Regional Pacific Mental Health and Addictions Plan 03/05

Work is continuing to progress the priority areas as identified in the regional Pacific plan.

Northern Region Mental Health Workforce Development Action Plan

The Regional Director is in discussion with the MoH in relation to additional funding for coordination of the implementation of the Regional Workforce Development Plan

Northern Region Mental Health 3 -5 Year Strategic Plan

The development of the 3-5 year strategic plan is underway as a project through the Network North Coalition. Work streams have commenced and it is anticipated that work stream scopes will be completed in early May.

7. Service development highlights

Regional

Social, Recreational and Prevocational Services Sector Development

A formal review of the Social, Recreational and Prevocational contracted services in the Northern Region has now been completed.

The overall project aims have been to determine the mode and effectiveness of current service delivery in order to enhance the effectiveness of the services and to ensure that they are incorporated into the continuum of care and to maximise the outcomes for the money spent by both health and other agencies.

A draft report has been produced and on finalisation of this report it is envisaged that stage 2 of the project will be undertaken – this will be to implement the project recommendations with a view to ensuring that the northern region is purchasing the type of service that targets the needs of the mental health population and promotes better outcomes for mental health consumers by supporting recovery and subsequently enriching lives of those involved.

Regional Quality and Monitoring project

The Northern Region is in the process of developing a quality and audit framework, which supports the Northern DHBs in monitoring performance and encouraging continuous improvement of mental health services within a quality improvement and cultural context. This framework will ensure a robust approach to quality monitoring and audit for mental health services, consistent with wider DHB approaches within the Northern region.

The framework will outline the mechanisms for monitoring NGO Providers progress towards meeting the National Mental Health Sector Standards NZS8143:2001.

The draft framework has been developed and is scheduled to be presented to individual DHBs for endorsement.

Quality Enhancement

The NDSA have commissioned a project person to develop a Mental Health Quality and Monitoring Programme across the four Northern DHBs.

The primary purpose of the project is to implement a Mental Health Quality and Monitoring Programme within the four Northern DHBs in consultation with key stakeholders.

Responsibilities

The broad responsibilities of this role will encompass the following:

- The development of a regional Quality and Monitoring Programme for the Northern DHBs that is aligned with the Regional Quality and Monitoring Framework for Mental Health
- An environmental scan of quality/monitoring activities and dissemination processes for reporting of information. This includes accreditation, Gazetted Sector Standards and certification/registration activities.
- A benchmarking exercise to determine what has been done already and what is being reported and alignment with requirements
- Implementation of the Quality and Monitoring Programme in consultation with key stakeholders

Local

Counties Manukau DHB

Adult Core Services Project

Decision making about the core role and function of the community mental health centres has been completed and implementation planning is under way. Decisions are being communicated to all community services. Work has begun on enhancing the triage function within the DHB.

Mental Health Commission

CMDHB MHS were visited by the MHC commission over two days in April. The visit was characterised by the MHC spending time with the provider arm MHS, representatives of the NGO sector, the MH Development team and the Funder and Planner. The MHC was briefed on the range of services providers, the MH development structure and a number of new initiatives and the challenges that face the services.

Waitemata DHB

Waitemata DHB Kaupapa Maori Services

In Waitemata District we are currently looking realistically at service models and pathways of care, and collaboratively with a Maori Provider undertaking a project aimed at meeting the unique cultural needs of Maori.

The project aims to develop a model of service delivery which reflects and encompasses Maori culture and values, which stresses

- Flexible options for Maori with severe mental illness
- A mix, range of choice of Maori Mental Health services
- Which is both accessible and an appropriate service for Maori

This new model of service delivery is aligned with both **National and Regional frameworks** for the delivery of Kaupapa Maori services to best meet the unique cultural needs of Maori in an environment that enhances recovery.

This service model reflects and encompasses Maori culture and values, recognising that culture can be the platform for promoting recovery and maintaining wellness.

Flexibility in service delivery is a core component of a recovery-focused approach. The components of an intensive wraparound package include:

- Assessing the person's ability and needs to determine the required services / supports and appropriate service components.
- In conjunction with the whaiora and their whanau determine an environment that is most suited to their needs and includes maximising whanau and community safety.
- Increase tangata whaiora's ability to manage their own illness; map, process, activate and achieve life goals; develop positive relationships and a view of their self and strengthen identity; further develop whanau/other relationship; and develop problem-solving skills.
- Wrap the required and appropriate supports around the whaiora (and in the case of home based support, providing the level of support required within the whai-ora home environment). Staff will work flexibly across the service in response to whaiora needs and provide support when it is needed, withdrawing it when this option is the best means of supporting recovery.

To date seven tangata whaiora have accessed the Kaupapa Maori Packages of Care (as part of the pilot phase), enabling them to exit residential rehabilitation services and live independently in the community.

Discussions are currently underway to progress this piece of work further enabling tangata whaiora with a choice of either residential rehabilitation services or packages of care through WDHB contracted Kaupapa Maori Provider (NGO). Further work continues to determine how to best measure outcome of tangata whaiora accessing this new model of service delivery.

Moving On

Waitemata DHB are undertaking a project that aims to assist people who experience long term chronic mental illness to access health screening. The project titled "Moving On" also aims to develop a collaborative structured approach between primary and secondary care providers to enhance opportunities for service users to obtain mental health care from their primary care team.

Working Group

Waitemata DHB has formed a working party to develop creative and innovative ways to enhance collaboration between mental health and primary health in West Auckland. The working party continues to meet to discuss the development of projects to increase access to primary health care for people living in West Auckland who experience severe and enduring mental illness.

Project Objectives:

- To increase access to Primary Health Care for people living in West Auckland who experience severe and enduring mental illness by addressing financial and other barriers which impact on them and their service providers.
- To establish a comprehensive mental health service across primary and secondary care providers for people who experience severe and enduring mental illness.
- To develop pathways for people who experience severe and enduring mental illness to enable access to mental health care from their General Practice.
- To encourage further development of mental health resources in General Practice.
- To establish collaborative relationships and linkages across Primary Care and Secondary Mental Health services which will support people who experience severe and enduring mental illness.

With the recent release of Request For Proposals for Primary Mental Health Initiatives Waitemata DHB will be working in conjunction with PHOs within its district to respond to this RFP. To best serve the local needs of the population.

Auckland DHB

HCC, the Clinical Information System, is successfully being rolled out into the final inpatient unit (Fraser MacDonald MHSOP). ADHB will then have a fully integrated "real time " system in place. The HCC upgrade project is currently in the scoping phase and when the agreed changes are implemented the system will have capacity to link to GP's and other referrers.

A major project for the development of consistent clinical pathways across ADHB Mental Health Services has started.

The building of new premises for Fraser McDonald Unit has commenced and the project is on track to enable occupancy in July 04.

Transcultural model implemented to support Refugee and Migrant service users across Community Mental health Centres.

8. Comment on MHC recommendation

The Mental Health Commission review identified 6 actions these were

1. Appoint a Regional Director and establish a Service Coalition group
 - *Director was appointed and took up the role in July 2003. The Service Coalition has been set up, now called Network North Coalition. This group has met, and continues to meet, monthly since being established in early October.*
2. Provide immediate relief to acute pressure by providing packages of care
 - *The 20 Packages of Care are now in place, with additional packages added by DHB's. CMDHB are delivering to 40 clients.*
3. Allocate adequate funding to Auckland DHB's
 - *Blueprint funding has been allocated for 03/04. Some issues have arisen with Blueprint funding being allocated to individual DHBs rather than regionally for the 2004/2005 year. This issue has been raised with the Minister and the MOH with agreement that regional funding of blueprint will be resumed for ensuing years. The Minister has also agreed to a two year funding allocation for future years.*
- 4 Integrated continuum of service
 - *This is will form part of the work programme of Network North Coalition. This is an integral part of the five year strategic plan.*
- 5 Integration of Primary Care practitioners into Mental Health
 - *The Ministry of Health has contracted with CMDHB to develop mental health service guidelines for primary health organisations (PHO's). This work will be used by the PHO's to improve their capacity to meet the mental health needs of their enrolled populations. There is also some local work developing between DHB's and PHO's. This is an identified workstream of the five year strategic plan.*

6 Better policy and service linkages between government agencies

- *As a Region we have set up a regular meeting with Housing New Zealand. We have also had some discussion with the MOH on cross sector discussions at a National Level. We have established a regular forum with Housing NZ and the Ministry of Social Development. This forum will meet two monthly.*