



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

---

## **Auckland DHB Mental Health Services: Monthly report on Progress:**

### **March – April 2005**

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**

- Following a meeting in January between the Regional Director and Janice Wilson (the Deputy Director General, Mental Health Directorate) regarding concerns about the methodology used by the MOH when allocating Mental Health Blueprint dollars to the DHBs in the then proposed 2005/06 funding envelope, a regionally agreed paper formalising the region's concerns was drafted and sent to Janice Wilson. The MoH has now responded to this communication in a letter to DHB CEOs' dated 10 March 2005. This letter covered the rationale for the additional Mental Health demographic dollars included in the Feb 2005 funding envelope and went on to reinforce the messages previously sent in its "ring fence" expectation letter of 18 January 2005. It also specified that the ringfence for Mental Health included FFT at the full rate and a proportion of the nurses settlement and holiday pay funding. We will continue to work with the DHBs to establish the new ringfence figures for 2005/2006.

- As previously mandated by the Northern Region CEOs', the Regional Director is leading the MH IDF process for the next funding round. This process is recognised as a subset of the regional IDF process. The first meeting for this year was held on the 9 March 2005.
- Work on Regional provider arm Mental Health cost price benchmarking for inpatient services has been completed. A paper regarding this piece of work has been completed and presented to the Northern Region GMs Funding and CEOs. Work will continue on this project with a rollout of this process for provider arm community services.
- The new Mental Health Commissioner and some of her team visited Auckland on 11 & 12 April. Day one was provider visits, day two was a number of meetings with various stakeholders. These meetings were extremely useful in bringing the Mental Health Commission up to date with where we are in the Northern region. The MHC were impressed with the progress made in this region since the review.
- Work continues on the implementation of the Regional Pacific plan. Led by Project Co-ordinator Tevita Hingaro.
- A regional review of Addictions services has been completed. A high level summary document will be circulated to the sector for information. The Regional Mental health funding team is discussing the funding implications for identified priorities from the plan and the potential impact on service delivery.
- The Regional Mental Health Workforce Development Co-ordinator is continuing to work with key DHB personnel and national workforce development groups.
- In March NDHB, in partnership with Blueprint Centre for Learning, were successful in attaining an award from the Health Research Council of NZ as part of the "Mental Health and Addictions Workforce Development Innovation Awards". The project for which this award was presented is in alignment with National and Regional initiatives which focus on building and sustaining a skilled mental health workforce.

## 2. Service Access Levels

Month: Quarterly to 31 December 2004 Description	The average number of people domiciled in the DHB region, seen each month for the three months being reported					
	Quarter 30/12/2004		Quarter 30/12/2003*		Variance	
Monthly access rates for ADHB:						
Age group 0-19 years	300	0.27%	258	0.24%	42	16.28%
Age group 20-64 years	2,738	0.99%	2,727	1.07%	11	0.40%
Age group 65+ years	445	1.10%	364	0.90%	81	22.25%
Total	3,483	0.81%	3,349	0.83%	134	4.00%
Monthly access rates for CMDHB:						
Age group 0-19 years	473	0.33%	319	0.24%	154	48.28%
Age group 20-64 years	2,075	0.85%	1,731	0.75%	344	19.87%
Age group 65+ years	244	0.65%	220	0.58%	24	10.91%
Total	2,792	0.65%	2,270	0.57%	522	23.00%
Monthly access rates for WDHB:						
Age group 0-19 years	695	0.49%	600	0.45%	95	15.83%
Age group 20-64 years	2,694	0.92%	2,406	0.86%	278	11.55%
Age group 65+ years	405	0.78%	354	0.68%	51	14.41%
Total	3,794	0.78%	3,360	0.72%	534	15.89%

\* (The information for the quarter ended 31 December 2003 is compiled from reports provided to the NDSA by NZHIS on 13/4/2005 – these reports provide updates to historic datasets)

This Table depicts an increase in access rates over the previous prior year period by all Auckland metro DHBs.

## 3. Delivery Against Plan

### Financial report – Funder Arm Mental Health Services

\$000's	ADHB						
	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	10,436	10,458	(22)	94,919	94,127	792	125,502
Expenditure	11,496	11,518	22	97,039	96,247	(792)	130,876
Net Result	(1,060)	(1,060)	0	(2,120)	(2,120)	0	(5,374)

The figures above include an accrual for underspend.

ADHB advise that they predict a year end position of approx \$3.5m underspend. They have planned commitments for these dollars that will spread over into the next financial year. This will be discussed with the MOH over the next few weeks.

CMDHB							
\$000's	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	8,493	8,547	(54)	75,931	76,927	(996)	102,568
Expenditure	8,493	8,547	54	75,931	76,927	996	102,568
Net Result	0	0	0	0	0	0	0

\$449k of underspend in 2003/04 has been brought forward into 2004/05. This amount is in the Balance Sheet and not included in the figures above therefore the total underspend is \$1,445k.

Forecast is zero underspend at end of financial year. Application of the underspend is underway and includes: Regional projects \$290K, NGO/DHB IT interface, workforce development, mental health development team projects - 405K, quality enhancement in NGO sector (120K), primary care capacity building \$100K and early start of some Blueprint services (enhancement of Personal Solutions (Community Living) Services (530K).

WDHB							
\$000's	March Actual	March Plan	March variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	12,664	12,272	392	113,967	110,454	3,513	147,272
Expenditure	12,440	12,272	(168)	112,850	110,454	(2,396)	147,053
Net Result	224	0	224	1,117	0	1,117	219

WDHB are not anticipating underspend for year end.

The \$219K showing above relates to mental health expenditure coded to Gov & admin code.

### 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	Y/end Forecast
Revenue	18,436	19,180	(744)	46,803	49,919	(3,116)	63,554
Expenditure	18,245	19,069	824	46,592	49,789	3,197	63,337
Net Result	191	111	80	211	130	81	217

The provider arm revenue for the quarter reflects the actual level of costs as agreed with the funder – this means that there is \$3,272k of deferred income YTD for the provider arm. This is predominantly as a result of additional CTA revenue \$165k, staff vacancies \$1,424k, efficiencies \$783k, and timing differences and savings achieved \$981k.

CMDHB							
\$000's	March Quarter Actual	March Quarter Plan	March Quarter Variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	11,875	11,551	324	35,505	34,655	850	47,393
Expenditure	11,787	11,671	(116)	34,817	34,463	(354)	47,133
Net Result	87	(120)	(208)	688	192	496	260

Revenue shows a positive variance of \$850k YTD. The reasons are, Clinical Training Agency funding and other revenue exceeding planned amounts and the recognition of 04/05 Blueprint Revenue in the provider arm.

Expenditure shows a negative variance of \$354k YTD. This is predominantly due to unbudgeted expenses relating to 2004/05 Blueprint funding, impact of the Holidays Act, High adult acute demand management costs - both inpatient and respite costs largely off-set by the vacancies in the Community.

The actual result is an under-spend of \$688k YTD. This is mainly due to increased CTA revenue and the vacancies in the Community. As a result of extensive consultation and service re-configuration, CMDHB has utilised the under-spend to provide an enhanced 7 day, 24 hour crisis resolution team (to be sustained by 2005/06 BP funding). The provider arm forecasts a year-end underspend of \$260k and is in discussion with the funder arm to ensure appropriate utilisation of this amount within Mental Health.

WDHB							
\$000's	March Quarter Actual	March Quarter Plan	March Quarter Variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	27,174	27,215	(41)	81,803	81,646	157	108,862
Expenditure	27,420	26,621	(799)	80,270	80,133	(137)	107,362
Net Result	(246)	594	(840)	1,533	1,513	20	1,500

Revenue shows a negative variance of \$41k for the quarter and a positive variance of \$198k YTD. This YTD variance is primarily from higher Clinical Training Agency funding than originally anticipated.

Expenditure shows a negative variance of \$799k for the quarter and \$137 YTD. This is due to higher nursing costs than anticipated at budget time as a result of the impact of the Holidays Act, additional overtime and increased acuity – particularly within forensic inpatient units. Also contributing to this variance is the impact of additional rental costs and other one-off expenditure related to the move to the new building at 44 Taharoto Road. Overall WDHB still expect to achieve their year end budgeted position.

## Provider Arm Service level reporting

Data gathered from the Auckland DHBs volume reporting for the quarter ended 31 March 2005 shows the following:

<b>ADHB</b>				
<b>OCP data</b>	<b>2004/2005 plan</b>	<b>March Quarter Actual</b>	<b>March Quarter Variance</b>	<b>March Quarter Variance %</b>
FTEs	354.35	310.58	43.77	(12.35%)
Bed days	13,410	11,026	2,384	(17.78%)

The recruitment of suitably skilled professionals still remains an issue. A local recruitment plan, which will include both the provider arm and NGOs, is currently under development.

<b>CMDHB</b>				
<b>OCP data</b>	<b>2004/2005 plan</b>	<b>March Quarter Actual</b>	<b>March Quarter Variance</b>	<b>March Quarter Variance %</b>
FTEs	293.58	258.50	(35.08)	(11.95%)
Bed days	7,650	7,280	(370)	(4.84%)

CMDHB has made considerable progress in filling in the vacancies during the quarter with a net gain of 17 FTEs.

Adult acute demand management continues to be a major challenge in CMDHB with 98.1% occupancy in adult inpatient units in the quarter to December. CMDHB provider arm in agreement with the funder has now set up an enhanced 24 hour crisis resolution team utilising the under-spend. This initiative along with the packages of care is expected to contain the burdening acute demand management issues in CMDHB.

<b>WDHB</b>				
<b>OCP data</b>	<b>2004/2005 plan</b>	<b>March Quarter Actual</b>	<b>March Quarter Variance</b>	<b>March Quarter Variance %</b>
FTEs	494.53	501.67	7.14	1.44%
Bed days	19,154	22,187	3,033	15.83%

Work on recruitment and retention has continued successfully with turnover down from the previous year and recruitment continuing well. WDHB continue to actively manage bed pressure as this continues to remain an issue.

#### 4. Services funded

#### Detail of 2004/05 New Services

Priority Area	Service type	PUC	Unit	VolUme				Value\$					Status of Service	
				CMDHB	ADHB	WDHB	NDHB	CMDHB	ADHB	WDHB	NDHB	Total		
<b>Locally Based Community Services</b>														
People who have a serious mental health disorder	Intensive Support	MHIS03	Packages of care plus flexifund <sup>1</sup>						348,000				348,000	ADHB - Packages in place
People who have a serious mental health disorder	Intensive Support	MHIS03	Beds			6				649,000			649,000	Awaiting HNZ property sign-off
People who have a serious mental health disorder	General hospital liaison service	MHCS07	FTE		1		.6		117,000		70,000		187,000	NDHB – Active recruitment continues ADHB – Candidate appointed - starting Aug 05
People who have a serious mental health disorder	Methadone treatment- specialist	MHCS29.2	Places				50				131,000		131,000	NDHB – In place
People who have a serious mental health disorder	Advocacy/peer support – Consumers (Alcohol and drug)	MHCS21.8	FTE				.5				32,000		32,000	NDHB – In place
People who have a serious mental health disorder	Community MH Service (other clinical FTEs)	MHCS06A	FTE		2.65	11			241,000	955,000			1,196,000	WDHB - Active recruitment continues ADHB – 0.65 FTE filled, 2 FTE vacant, recruitment continuing
People who have a	Community MH Service (other	MHCS06A2	FTE				1					87,000	87,000	NDHB – In

<sup>1</sup> Flexi funding is a regional term used to describe extended packages of care, and similar flexible funding approaches which do not fit within the existing service specifications of the Nationwide Service Framework

Priority Area	Service type	PUC	Unit	VolUme				Value\$				Status of Service	
				CMDHB	ADHB	WDHB	NDHB	CMDHB	ADHB	WDHB	NDHB		Total
serious mental health disorder	clinical FTEs) crisis intervention												place
People who have a serious mental health disorder	Community MH Service (Senior medical FTEs)	MHCS06B	FTE			1	2		175,000	348,000		523,000	WDHB committed ADHB – 1 FTE SMO appointed 1/7/04
Child and youth	Other residential support	MHCR09	FTE	3				221,000				221,000	CMDHB – \$320k committed
Older persons	Other residential support	MHCR09	FTE	3				221,000				221,000	CMDHB – \$140 committed
People who have a serious mental health disorder	Advocacy/peer support - Consumers	MHCS21	FTE	2				127,000				127,000	CMDHB – Pilot project (planning Phase)
Pacific People	Community MH Service (other clinical FTEs)	MHCS06A	FTE	5			2	43,000		174,000		217,000	CMDHB – Committed WDHB in place
Maori	Community MH Service (other clinical FTEs)	MHCS06A	FTE				2			174,000		174,000	WDHB recruitment continues
People who have a serious mental health disorder	Advocacy/peer support - families	MHCS22	FTE	2				127,000				127,000	CMDHB – Pilot project (planning Phase)
Child and youth	Children and young people community services – other clinical FTEs	MHCS08A	FTE				4			350,000	88,000	438,000	NDHB – In place WDHB in place
Older persons	Community service – older people	MHCS018	FTE	3			1.5	303,000		151,000		454,000	CMDHB - committed WDHB committed
Maori	Kaupapa Maori Mental Health Service	MHCS44	FTE	4				357,000				357,000	CMDHB – Committed by funder arm 1 FTE Moss in place
<b>Regional Community Services</b>													
People who have a serious mental health	Eating disorder service	MHCS009	FTE				2		237,000			237,000	ADHB - 1.5 FTE In place. Recruitment

Priority Area	Service type	PUC	Unit	VolUme				Value\$					Status of Service	
				CMDHB	ADHB	WDHB	NDHB	CMDHB	ADHB	WDHB	NDHB	Total		
														continues for .5 FTE
	<b>Other Planned projects</b>									145,000	19,000		164,000	committed
<b>Total</b>								1,399,000	1,118,000	2,946,000	427,000		5,890,000	

## **Packages of care/Service development**

### **Counties Manukau DHB:**

#### Personal Solutions (Community Living Services (CLS))

Personal Solutions (CLS) services now have 140 people registered. Mobile Community Supports contracts are under development and work on the collaboration agreement continues.

An IT scoping project to introduce electronic reporting for NGO's involved in CLS services is under way. There is a likelihood that CLS services will be involved as a pilot site on an international collaboration on Social Inclusion and Community Engagement for mental health.

### **Waitemata DHB:**

Development of the Packages of Care services continue to develop. The Packages of Care forum in March was well attended and proved to be valuable as a stock take of current service delivery and earmarked area's for improvement and new learning. The steering group and operating group continue to meet monthly to discuss implementation and operational aspects. It is anticipated that a formal evaluation will be conducted in May. This will be based on the work done in the 2004. The evaluation will also include reference to the work done in CMDHB regarding CLS/ICLS services and an independent pricing review on the Packages of Care costing structure.

The Packages of Care continue to operate with a waiting list for the Waitemata district.

## **5. Service issues and risks**

### Commissioning of additional Prison facilities in the Northern Region

Following discussion around the planned increase in prison capacity in the northern region, a paper was prepared in February on behalf of the Northern Region CEOs outlining the region's concerns with regard to funding and capacity assumptions held by the MOH.

The Regional Director will be further discussing this matter with the MOH.

### High service demand

High demand for acute inpatient services and associated intensive support care options in the region remains an issue. This is likely to continue until there are sufficient community services in place.

### RCS

As reported previously devolution of RCS and associated risk is being project managed by NDSA. A process has been established that includes the establishment of a regional working party with representation from each DHB – this group will advise on the progression of the devolution process.

Communications with RCS staff are managed formally on a fortnightly basis.

## AOD

As previously reported the Salvation Army has announced the closure of the Rotoroa Island treatment programme which serves the region. The closure will be phased over a period of 12 – 18 months and will see the relocation of services to Auckland City. The ADHB and NDSA are working closely with SA to assist manage some of the potential risks to DHBs in this process. The future shape of SA AOD services will be informed by the Regional AOD review (see highlights section above). This process is continuing with a further meeting planned for this year.

## Disability

The Ministry of health have made alterations to MoH funded NASC assessment and funding for disability. This impacts on MH DHB provider arm and NGO services as NASCs are unilaterally undertaking reviews and in a number of cases exiting care and funding for individuals with high cost high support needs which they determine are mental health's responsibility. RMHFT have sought an urgent meeting with MoH and NASA officials to address the issue.

## Pricing inequities

Historical inequities in pricing/payments for providers of residential MH care. (provider expectations of contract holding DHBs have led to litigation)

The issue of comparative pricing between DHB clinical services and NGO provided services remains a focus for parts of the NGO sector and a potential risk for DHBs.

## Maintenance of the MH ring fence (treatment of underspend \$ within DHB environment)

This issue is still of concern and we continue to work with DHBs to assist monitor their positions and to mitigate risk where possible. The Ministry distributed a communication on the 18 January 2005 setting out the Mental Health ring fence expectations for 2005/2006. This has been further updated with a letter to CEOs on 10 March 2005. This letter has not quantified the DHB ring fence dollars but it has outlined expectations regarding the additional funding received in the February 2005 funding envelope. We will liaise with the DHBs to establish their Mental Health ringfence positions for 2005/2006.

## **6. Strategic planning**

### Northern Regional Maori Mental Health and Addictions Plan

No further update.

## **7. Service development highlights**

### **Regional**

#### **Network North Coalition**

The NNC held its planning day on 16 March. This was well attended and included the attendance of Janice Wilson (MOH) and Ruth Harrison (MHC). This outcome of this will inform the development of the NNC work programme for the coming year.

#### **Regional provider arm Mental Health cost price benchmarking**

Following the completion of agreed templates for data gathering re DHB inpatient units in the Northern Region, a final paper has been produced and distributed to key DHB staff.

#### **Asian Mental Health**

The Regional Director for MH has on behalf of the Auckland region commissioned the development of an Asian MH Strategy.

The project, led by WDHB, aims to develop a strategy for the Auckland region to enable service developments that will improve and enhance mental health services to meet the needs of Asian migrant and refugee clients/consumers and their families, which are consistent, evidence-based and sustainable.

WDHB is also leading a one off initiative on behalf of the Regional Director for MH to develop training packages to provide specific mental health training for interpreters.

#### **Northern Region Mental Health Workforce Development Action Plan implementation**

The Regional Workforce Development co-ordinator is continuing to work with the DHBs and the National Workforce Development Programme.

#### **Northern Regional Pacific Mental Health and Addictions Plan 03/05 implementation**

As commented earlier in this report the Regional Pacific Mental Health and Addictions Plan Project Co-ordinator is working with the sector to implement the plan.

#### **Regional Quality and Monitoring project**

Process agreed by the Regional Funding Forum in November. This work has been taken to the RMHFT and debated with all DHB MH funders. It has been agreed that a final decision paper will be produced by the NDSA to go to each DHB. The DHB MH funders will be responsible for taking this to their GM funding for further deliberation and to establish any unique local requirements.

### Quality Enhancement

The work done to ensure certification will continue as we work with NGO providers to ensure that the quality gains made are sustained.

## **Local**

### **Counties Manukau DHB**

#### Provider Arm

Core adult developments have achieved significant milestones including: reallocation clients to redrawn CMHC boundaries, establish additional CMHC within the community it serves (1 pending central Manukau), establishment and recruit to crisis response teams, recruitment to community clinical positions, further development integration strategy: inpatient/ community, Community Living Service/, clinical partnership development, collaborative NGO / clinical provider partnership projects. Facilities development programme progressing well. Older people's mental health: further development community team, successful tender for peer support pilot in partnership with 'Age Concern' (NGO). Recruitment drive /restructure Maori mental health service: Planning for development Maori for Maori CMHC to compliment Intensive clinical team. Restructure of staff resource to enhance mainstream services and increase access/appropriateness for Maori. Further growth of Faleola (Pacific for Pacific) clinical service. Further growth and development C&YMHS (see appendix)

#### Child and Youth Mental Health Services

(see Appendix 1)

#### Webhealth Project

The Webhealth site will go live on 1 May 2005 with a formal launch on 26 May 2005 to coincide with the Body Odyssey Expo. Five kiosks with touch screens will be located in public sites, with the aim of improving access to the Webhealth service directory for people who do not access the internet in their own homes or workplaces.

#### CCM Depression

The client pathway, rules and template are all due to be finalised by the end of April. Work has begun on developing the contracts for the CCM providers. Work has begun on the IT component of the CCM Depression module.

### META Visit

META services from Phoenix, Arizona, visited CMDHB Mental Health Services for one week. META delivers a Mental Health service that is characterised by employing staff (Peers) who have experience of Mental Illness and who use their experience to assist service users to achieve recovery by utilising the supports that might keep them well. META also offers an extensive training programme that includes Peer Support training and Wellness and Recovery Action Planning. META assisted CMDHB to begin planning how these types of services could be developed within CMDHB. META also provided a number of seminars for services and service users both local and regionally, which were enthusiastically received.

### IIMHL

International Mental Health Leadership exchange occurred from February 28 – March 4, 2005. The IIMHL exchange included multi-national workshops with participation from a number of countries such as, Australia, United Kingdom, United States, Scotland and Canada. CMDHB Mental Health Development & Services hosted a number of the exchanges to profile local mental health services and developments.

### **Waitemata DHB**

The transition of the 19 Level 4 Residential Rehabilitation Beds from WDHB provider arm run services to selected NGO's has now been completed. Service contracts are in place and discussions with Housing New Zealand are continuing to progress the purchase of suitable properties for the replacement services. This process has experienced considerable slippage due to problems accessing Housing New Zealand housing stock. Suitable properties have been identified and it is understood that HNZ is progressing the sale and purchase agreements with due priority.

Interim services are in place in both North Harbour and Waitakere albeit with reduced capacity. Contingencies are in place for the current service users ensuring continued service delivery.

Service transition for the Spectrum Replacement services is progressing with new providers in place and service transition progressing as planned.

The successful transfer of WDHB provider arm run residential rehabilitation services was completed on 25<sup>th</sup> February to contracted NGO providers. Transitional arrangements continue within the NGO providers until appropriate permanent accommodation can be secured. Community MH teams continue to provide some support while in still in this transition phase.

The business case for the replacement of the Te Atarau inpatient unit on the Waitakere hospital site has been reformatted and updated. This case completed in April will go forward to the next National Capital Committee meeting in May. It is expected the case will receive final approval.

### Regional Forensics Services

The overseas recruitment campaign continues as the service attempts to meet registered nurse requirements for the two new units (Forensic extension and Intellectual Disability). This represents a significant increase in the size of Forensic Services overall.

Civil works progress continues as planned at the Mason Clinic for the two new units. Weekly newsletters are being circulated to keep staff fully informed.

### Regional Community Alcohol & Drug Services

The CADS Counselling Services submitted a tender to ACC to provide alcohol and drug counselling services to ACC claimants. This tender was successful and CADS is awaiting the draft contract.

A project group is continuing to review pilot options for internet based alcohol and drug counselling. This pilot, if successful, would allow greater after hours access and remote access to alcohol and drug counselling. An agreement in principle about the funding of the trial has now been reached.

## **Auckland DHB**

### ADHB MHS Adult Service Development Project

The draft strategy document has been prepared for the further development of MHS Primary/Secondary interface in relation to National Primary/Secondary MH Strategy. It is planned that the Liaison Nurse roles will extend to the front door of MHS in shared care options and consultation structures.

The Auckland Recovery Census (ARC) Pilot has been completed and the tool is currently being reviewed. Full implementation should begin in August/Sept 05. Work is now commencing on HCC alignment to Recovery Support Plan

Access/Discharge Criteria for CMHS is complete. Work continues on other service criteria. This will initially be posted on the ADHB Intranet site with referral pathways and forms

Risk Assessment and Management Tool system review has been completed and revised guidelines are being written. Target for full implementation is end August 05

## **8. Comment on MHC recommendation**

The Mental Health Commission review actions were comprehensively reported in the last quarterly report. There has been no significant change to the status last reported.

We will continue to monitor and report on the MHC recommendations as required.

## Appendix One

### Counties Manukau DHB

#### Child and Youth Mental Health Services

#### Child and Youth Mental Health Services

Activity for the quarter includes:

- Significant expansion of consult/liaison activity (predominantly in schools)
- Re-launch of child consult liaison service (Kidzfirst)
- Increased cross sector activity including:
  - Youth Offender Team's (x2 )
  - Strengthening families management group
  - Youth Justice liaison
  - High and complex needs prioritisation committee.
- Increase in regional collaborative projects, via R-CAMHS including regional comparison of clinical processes, contribution to regional strategic planning.
- Successful development of Clinical provider/ NGO Packages of care partnership.
- Expansion of Strategic steering committee.
- Recruitment and retention strategy is progressing well, access to the population is static (FTE count and access to the population are displayed in the following graph).

