



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

<b>Auckland Metropolitan Region DHB Mental Health Services:</b>
<b>Quarterly report</b>
<b>April – June 2005</b>
<b>Report prepared by Derek Wright, Regional Director, Mental Health Services on behalf of the Auckland Metropolitan DHB Chairs</b>

### **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

- Phobic trust – the Regional Director and the ADHB Mental Health Funder met with the CEO of the Phobic Trust and some of her staff. This meeting was a follow up to concerns being expressed by the Phobic Trust that it was experiencing financial difficulties. At the meeting on Tuesday 2 August, the CEO confirmed that their financial situation was now resolved. ADHB confirmed with the Phobic Trust that if they planned to submit any service proposals to the region they should be sent via ADHB as lead DHB and that they would then be taken for discussion to the Regional MH Funder & Planners meeting.

- The Northern Region has recently resolved the issues regarding the devolvement of Hanmer \$ to the region – the appropriate funding transfer forms have been signed by DHB funding GMs and forwarded to the MoH for action. As background - The Ministry's agreement with Hanmer Institute Ltd (Alcohol and Drug Service) terminated in November 2003. Fifteen FTEs were devolved to the Northern Region by the Ministry of Health. From the 1 July 2004 the ongoing baseline funding for these FTEs was devolved to Waitemata DHB (as the lead DHB for the Northern region). An agreement was reached between the region and the Ministry of Health for Waitemata DHB to deliver a portion of the previous Hanmer Institute Ltd Services (5 FTEs previously from the Hanmer clinic in Auckland). To inform an equitable regional process and allocation of the remaining 10 FTEs a review of the Northern region AoD sector benchmarks and gaps was undertaken. The review highlighted the paucity of child and youth AOD services in the Northern region. To promote a consistent approach to the provision of alcohol and other drug services for children and young people the allocation of 2 FTEs per District Health Board was determined. The allocation of full FTEs (as opposed to partial FTEs as in a PBFF share) would assist DHB Provider Arms in the recruitment of staff members for these positions. The remaining 2 FTE have been allocated to ADHB for the regional Youth Forensic Service. The focus of these FTEs will be on AoD.
- The Mental Health IDF process for the 2006/7 funding round continues under the leadership of the Regional Director. There is a process in place which includes fortnightly meetings of the Mental Health IDF sub-group. This group in turn reports to the Regional IDF core group and through this to both the DHB GMs funding/CEOs and the National IDF core group.
- Work has been completed within the Northern Region DHBs re the allocation of the Mental Health portion of the MoH distributed Holiday Act additional funding for the NGO sector. The main issue for the region was to ensure the work undertaken over the past three years to move to regional consistency of price for NGO providers in the region was not compromised during the allocation process.
- The NDSA has recently undertaken an ROI process for Development of a 'Quality and Audit' programme with a focus on contracted DHB Non Government Organisations (NGOs) for DHBs in the Northern Region. A preferred provider for these services has been identified and we are currently fine tuning the region's requirements.
- Meetings have continued with providers of level one and level two residential rehabilitation services with regard to potential contract devolution, service reconfiguration, or service exit. The Regional Director continues to work closely with all Northern Region DHBs and affected providers on this issue to ensure transparency of process.
- The Regional Director in conjunction with the Project Manager of the Mental Health Line arranged a meeting with key stakeholders and the Mental Health line service provider in June. This meeting was held at the McKesson's Auckland call centre (McKesson's are the current service provider of the mental health line piloted and adopted by DHBs in the central region) and has enabled all parties to successfully clarify the process to be followed re assessing the suitability of the Mental Health Line (MHL) for the Northern region DHBs.

It was agreed that the planning and implementation of MHL should consist of the following three broad phases:

1. A scoping study to analyse the potential benefits, any risks and promote an understanding of how MHL would work in the DHBs. This analysis would also

provide much of the basic information needed should the DHBs approve proceeding to the next stages;

2. Detailed implementation planning by McKesson to develop the scope of works (Implementation Plan) and successfully carry out implementation activities for the four northern DHBs:
  3. Service “go live” rollout commencing service delivery to each DHB in turn.
- Work is currently underway to update the Network North website. The review of the site is being undertaken with a view to making available copies of regional plans and NNC minutes.

## 2. Service Access Levels

<b>Month: Quarterly to 30 June 2005</b>	The average number of people domiciled in the DHB region, seen each month for the three months being reported					
<b>Description</b>	<b>Quarter 31/03/2005</b>		<b>Quarter 31/03/2004</b>		<b>Variance</b>	<b>Percentage increase/ (decrease)</b>
	<b>No. of Clients Seen</b>	<b>Access Rate</b>	<b>No. of Clients Seen</b>	<b>Access Rate</b>	<b>No. of Clients Seen</b>	<b>Access Rate</b>
Monthly access rates for ADHB:						
Age group 0-19 years	281	0.25%	191	0.17%	90	47.38%
Age group 20-64 years	2,639	0.96%	2,323	0.95%	316	13.59%
Age group 64+ years	439	1.08%	386	1.00%	54	13.92%
Total	3,358	0.79%	2,899	0.73%	459	15.82%
Monthly access rates for CMDHB:						
Age group 0-19 years	431	0.30%	297	0.19%	133	44.84%
Age group 20-64 years	1,894	0.77%	1,537	0.67%	357	23.21%
Age group 64+ years	206	0.54%	216	0.65%	(10)	(4.78%)
Total	2,528	0.59%	2,051	0.49%	478	23.29%
Monthly access rates for WDHB:						
Age group 0-19 years	604	0.43%	517	0.35%	87	16.75%
Age group 20-64 years	2,522	0.86%	1,875	0.70%	646	34.46%
Age group 64+ years	356	0.68%	351	0.75%	4	1.23%
Total	3,481	0.71%	2,744	0.59%	737	26.87%

The main focus for ADHB has been on improving access rates for the child and youth population 0-19 year age group and Maori. Regular updates are provided from the provider Arm CAMHS and the Mental Health Recruitment Specialist (Child and Adolescent Mental Health Service) to the Funder regarding detailed initiatives in this area. The Mental Health Provider Arm has also recently taken over management of the Starship Child and Family Inpatient Unit (CFU). CFU has had long standing problems with staff recruitment/retention. It is hoped that by being under mental health management some of these issues can be better addressed. Notwithstanding this, ADHB are reporting increases across the board for all areas of access against data for the same period the previous year which is a pleasing result.

CMDHB show an overall improvement in access for their population. Our records show a greater throughput of clients in 2004/05 over 2003/04. This represents an increased Annual Access to Mental Health Services 1130 people (18% increase). The increase in staffing, particularly in Child and youth, has contributed to the improved access rate. However, we still

do not capture all client contact activity and are continually pursuing process improvements in this area. Reports relating to access rate and the volume of community contacts at individual clinician level are available on a monthly basis. These reports are analysed and discussed by the clinical teams.

WDHB also show an increase in access across all age groups of service when measured against the same period the previous year. This is an area that is monitored on a monthly basis within the DHB provider arm and is reflective of the internal reporting which also shows a significant increase in unique clients across all services.

### **3. Delivery Against Plan**

#### **Financial report – Funder Arm Mental Health Services**

	<b>ADHB</b>						
<b>\$000's</b>	<b>June Actual</b>	<b>June Plan</b>	<b>June variance</b>	<b>YTD Actual</b>	<b>YTD Plan</b>	<b>YTD variance</b>	<b>Y/end Forecast</b>
Revenue	10,965	10,458	(22)	127,178	125,502	1,676	
Expenditure	4,197	11,592	22	124,687	130,876	6,189	
Net Result	6,768	(1134)	0	2,491	(5,374)	7,865	

As at 30 June 2005 ADHB have a total underspend of \$7.8M. is made up of \$5.3M carried forward from 2003/4 and an additional \$2.4M accumulated in 2004/5. There a several reasons for this situation but predominantly it is as a result of the time lag between the set up of new services and a large component of CCPS underspend (including WINZ contributions). A considerable amount of work has gone into analysing this situation and producing a work plan to best utilise the underspend dollars. This has lately been presented to the regional Director and to the MOH (Janice Wilson).

Attached as appendix one is the comprehensive list of initiatives which will be funded from the accrued underspend. We will continue to monitor this as part of the reporting cycle.

	<b>CMDHB</b>						
<b>\$000's</b>	<b>June Actual</b>	<b>June Plan</b>	<b>June variance</b>	<b>YTD Actual</b>	<b>YTD Plan</b>	<b>YTD variance</b>	<b>Y/end Forecast</b>
Revenue	8,772	8,547	225	102,805	102,568	237	
Expenditure	8,772	8,547	(225)	102,805	102,568	(237)	
Net Result	0	0	0	0	0	0	

Revenue shows a positive variance of \$237k YTD. \$98k of this amount relates to the net movement of income in advance. The year end income in advance figure is \$351k (2003/04 - \$449k). The balance amount of \$139k represents over-recognition of funding in respect of Mental Health.

Included in the expenditure is an over-accrual of \$124k in respect of the Client Claims Processing System (CCPS). Mental Health Development projects during the year included Community Living Services project implementation and training, Maori Mental Health project, Peer Support project, CCM Depression, Provider Arm Core Adult Service Enhancement.

WDHB							
\$000's	June Actual	June Plan	June variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	12,328	12,273	55	151,620	147,272	4,348	
Expenditure	12,389	12,273	(116)	150,604	147,272	(3,332)	
Net Result	(61)	0	(61)	1,016	0	1,016	

\* The figures above are as reported on 15/7/2005 to the MOH – these have been amended as part of the year end process and the explanation below relate to the final figures

The correct final carry-forward is the surplus of \$1.462m from the provider plus a surplus of \$796k from the funder making the total carry-forward \$2.258m

The provider surplus was planned and will be spent by Mental Health in 2006/07 as agreed with the MOH. The funder surplus was due largely to an accrual of over \$500k for a legal action which was underway during the year and which was finally settled in WDHB's favour. Planning has now taken place to purchase new services with this money.

Effectively the 2004/05 "surplus" is due to two extraordinary items totalling around \$2m with the remaining due to timing differences

#### Provider Arm – Actual delivery compared to plan

ADHB							
\$000's	June Quarter Actual	June Quarter Plan	June Quarter Variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	15,953	16,733	(780)	62,816	66,922	(4,106)	
Expenditure	15,963	16,834	871	62,599	66,922	4,323	
Net Result	(10)	(101)	91	217	0	217	

Provider Arm Mental Health services have a large amount of deferred revenue for the year (this is reported by the funder at 30/6/2005). This is driven from staff vacancies and resultant lower occupancy within services that have reflected in lower costs. Also contributing to this the attainment of required organisational efficiencies to the tune of \$1,044K. Other contributing factors are higher Clinical Training Agency revenue than anticipated and additional Eating Disorder service \$ for 04/05 – received from funder after original budgets set.

CMDHB							
\$000's	June Quarter Actual	June Quarter Plan	June Quarter Variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	11,989	11,552	437	47,494	46,207	1,287	
Expenditure	12,721	11781	(940)	47,538	46,244	(1,294)	
Net Result	(732)	(229)	(503)	(43)	(37)	(6)	

Revenue shows a positive variance of \$1,287k YTD. The reasons are, Clinical Training Agency funding and other revenue exceeding planned amounts plus the recognition of 04/05 unbudgeted Blueprint Revenue in the provider arm.

Expenditure shows a negative variance of \$1294k YTD. This is predominantly due to unbudgeted expenses relating to 2004/05 Blueprint funding, MH SMART Coordination, impact of the Holidays Act in after hours cover, high adult acute demand management costs - both inpatient and respite costs. Also, 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). Additionally, there were one-off exit costs relating to the community support service in favour of an enhanced clinically focussed intensive community service for Maori and relating to enrolled nurses in an acute inpatient setting. These additional costs were largely off-set by the vacancies in the Community.

WDHB							
\$000's	June Quarter Actual	June Quarter Plan	June Quarter Variance	YTD Actual	YTD Plan	YTD variance	Y/end Forecast
Revenue	27,663	27,216	447	109,466	108,862	604	
Expenditure	27,734	27,229	(505)	108,004	107,362	(642)	
Net Result	(71)	(13)	(58)	1,462	1,500	(38)	

Provider arm results have tracked closely to plan for the year – the overall favourable variance in line with forensic delivery timeframes. Main areas of variance are higher revenue from additional funding from a facility fee re a new unit in development for the Mason Clinic and Clinical Training Agency funding above anticipated levels, and higher costs from changes to the Holidays Act and their impact on 24/7 services and one off costs relating to establishment costs at 44 Taharoto Road and short term security costs at the Taharoto inpatient unit.

### Provider Arm Service level reporting

Data gathered from the Auckland DHBs volume reporting for the quarter ended 30 June 2005 shows the following:

ADHB	2004/2005 plan	June Quarter Actual	June Quarter Variance	June Quarter Variance %
FTEs	354.35	311.46	42.89	(12.13%)
Bed days	13,596	9,965	3,631	(26.71%)

As reported under the access rate section, ADHB has had a significant staffing issue in the Child and Youth area. This is currently being worked on intensively but shows up here as a negative FTE variance and in the under provision of bed days.

A significant amount of work has been undertaken by ADHB with regard to recruitment, and initiatives include the following:

- Recruitment Pilot  
Assisting ADHB's recruitment services to improve recruitment in the mental health area. A range of initiatives are included in the pilot.

- Enhancement of existing Regional Coordinator function for Clinical Placements  
Increase student placements and support for Child and Adolescent Mental Health Services
- Child and Youth internship programme to support recruitment in this priority area

<b>CMDHB</b>				
<b>OCP data</b>	<b>2004/2005 plan</b>	<b>June Quarter Actual</b>	<b>June Quarter Variance</b>	<b>June Quarter Variance %</b>
FTEs	293.78	273.27	(20.51)	(6.98%)
Bed days	7,756	7,438	(318)	(4.10%)

CMDHB report a net gain of 18.13 FTEs in the quarter ended 30 June 2005 and a 30.87 FTE gain for the year. This is as a result of a concerted recruitment effort that has included the use of external recruitment consultants specifically for staff in the Child and Youth Service.

CMDHB has now commissioned 2 additional Community Mental Health Centres; in Howick and in Manukau to complement the two centres in Otahuhu and Papakura. These facilities would allow services to be provided closer to the clients, aid staff retention and also allow future expansion of the services.

Bed days continue to be well utilised.

<b>WDHB</b>				
<b>OCP data</b>	<b>2004/2005 plan</b>	<b>June Quarter Actual</b>	<b>June Quarter Variance</b>	<b>June Quarter Variance %</b>
FTEs	494.53	504.56	10.03	2.03%
Bed days	20,166	16,949	3,219	(15.95%)

Work on recruitment and retention has continued to maintain reasonable staff numbers within the DHB.

Beds now reflect actual occupancy. Adjustments have been made for short term leave which were previously included as occupied bed days as these beds need to remain available to clients. Actual activity and acuity on inpatient units remains high across District services. At regular times during the month of June there have been people waiting for admission. There has been an increase in the number of people with lengths of stay over 30 days as the list of referrals for discharge remains mainly static. The service continues to proactively manage beds and liaise with the Funder on the progress of transitional & new step-down options. These include the reconfiguration of some current NGO provision, to delivery of more flexible packages of care. These have resulted in some excellent outcomes for service users.

#### 4. Services funded

##### Detail of 2004/05 New Services

ADHB									
Priority Area	Service type	PUC	Unit	Volume	Value \$	Status of Service	\$ committed to date	Variance	Planned use of any underspend
<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	ADHB - Packages in place - flexi fund accessed by Richmond Fellowship	321,456	26,544	
People who have a serious mental health disorder	General hospital liaison service	MHCS07	FTE	1	117,000	ADHB - Candidate appointed - starting Aug 05	Nil	117,000	Returned to funder for underspend one -offs
People who have a serious mental health disorder	Community MH Service (other clinical FTEs)	MHCS06A	FTE	2.65	241,000	ADHB - 0.65 FTE filled, 2 FTE vacant, recruitment continuing	60,004	180,996	Returned to funder for underspend one -offs
People who have a serious mental health disorder	Community MH Service (Senior medical FTEs)	MHCS06B	FTE	1	175,000	ADHB - 1 FTE SMO appointed 1/7/04	178,465	(3,465)	
<b>Regional Community Services</b>									
People who have a serious mental health	Eating disorder service	MHCS009	FTE	2	237,000	ADHB - 1.5 FTE In place. Recruitment continues for .5 FTE	102,339	134,661	Returned to funder for underspend one -offs
<b>Total</b>					1,118,000		662,264	455,736	

<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

CMDHB									
Priority Area	Service type	PUC	Unit	Volume	Value \$	Status of Service	\$ committed to date	Variance	Planned use of any underspend
<b>Locally Based Community Services</b>									
Child and youth	Other residential support	MHCR09	FTE	3	221,000	CMDHB –\$320k committed	320,000	99,000	
Older persons	Other residential support	MHCR09	FTE	3	221,000	CMDHB –\$140k committed ongoing	70,000	-151,000	CCM Depression Module Development
People who have a serious mental health disorder	Advocacy/peer support - Consumers	MHCS21	FTE	2	127,000	CMDHB – Pilot project (planning Phase)	0	-127,000	Peer Support Project Community Living Service Training
Pacific People	Community MH Service (other clinical FTEs)	MHCS06A	FTE	.5	43,000	CMDHB –Committed WDH in place	0	-43,000	University of Auckland Camberwell Assessment of Need
People who have a serious mental health disorder	Advocacy/peer support - families	MHCS22	FTE	2	127,000	CMDHB – Pilot project (planning Phase)	0	-127,000	Webhealth Kiosks located in local communities
Older persons	Community service – older people	MHCS018	FTE	3	303,000	CMDHB - committed	303,000		
Maori	Kaupapa Maori Mental Health Service	MHCS44	FTE	4	357,000	CMDHB – Committed by funder arm 1 FTE Moss in place	360,000	3,000	
<b>Total</b>					1,399,000		1,053,000	-346,000	

<b>WDHB</b>									
<b>Priority Area</b>	<b>Service type</b>	<b>PUC</b>	<b>Unit</b>	<b>Volume</b>	<b>Value \$</b>	<b>Status of Service</b>	<b>\$ committed to date</b>	<b>Variance</b>	<b>Planned use of any underspend</b>
<b>Locally Based Community Services</b>									
People who have a serious mental health disorder	Intensive Support	MHIS03	Beds	6	649,000	Awaiting HNZ property sign-off		649,000	Used for transitional supporting services
People who have a serious mental health disorder	Community MH Service (other clinical FTEs)	MHCS06A	FTE	11	955,000	All positions recruited	\$955,000	0	N/A
People who have a serious mental health disorder	Community MH Service (Senior medical FTEs)	MHCS06B	FTE	2	348,000	All positions recruited	\$348,000	0	N/A
Pacific People	Community MH Service (other clinical FTEs)	MHCS06A	FTE	2	174,000	All positions recruited	\$174,000	0	N/A
Maori	Community MH Service (other clinical FTEs)	MHCS06A	FTE	2	174,000	All positions recruited	\$174,000	0	N/A
Child and youth	Children and young people community services – other clinical FTEs	MHCS08A	FTE	4	350,000	All positions recruited	\$350,000	0	N/A
Older persons	Community service – older people	MHCS018	FTE	1.5	151,000	All positions recruited	\$151,000	0	N/A
<b>Other Planned projects</b>					145,000	committed	\$145,000	0	N/A
<b>Total</b>					1,399,000		750,000	649,000	

## **Service development**

### **Auckland DHB:**

**Please see Appendix One which gives a full listing of service development initiatives at the ADHB**

### **Counties Manukau DHB:**

- Personal Solutions (Community Living Services (CLS)) - Personal Solutions (CLS) training evaluation has been completed and the report received. Evaluation suggests a high degree of satisfaction and benefit from participation in training. Additional services have been funded from 1 July 2005 to serve people in residential rehabilitation (supported accommodation) and it is expected that coverage will increase to 256 by December 2005. This increase will occur as service planning for the reconfiguration of Level one and two residential rehabilitation occurs.
- Webhealth Project - Total of 1,090 health and social service providers within Counties Manukau now registered on the service directory. 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. Middlemore and Manukau SuperClinic™ sites have been confirmed as kiosk sites and awaiting engineering work required prior to placement. Kiosk to be placed in Westfield Mall Manukau City on 15 August 2005. Currently negotiating with AMP Botany Centre for possible kiosk placement.
- DHB Core Adult Mental Health Services Project - Service development initiatives in relation to the crisis function, maternal mental health and services for people with a borderline personality disorder are close to completion.
- CCM Depression - Contracts with the three PHOs who are participating in the pilot project are expected to be agreed by the end of August. Training for GPs and practice nurses who will be delivering the module will take place in September. "Go-live" date is planned for 10 October with the programme implemented in all participating practices by November 30.
- Parenting Pilot - Draft position description in circulation to project group for final approval and sign off prior to the commencement of recruitment.
- Richmond Fellowship and MH Provider Arm to discuss and agree referral process, working location for the role and resource provision utilisation.
- Peer Support - Wellness Recovery Action Planning (WRAP) training assists consumers of mental health services to develop a comprehensive personalised understanding of the tools they have available to them which allow maintenance of mental wellbeing. The Peer Support Project is coordinating the delivery of WRAP training for CMDHB with training scheduled to commence the week beginning 22 August 2005 for a total of 24 consumers.

### **Waitemata DHB:**

- There was a joint planning day held with Waitemata NGOs, and the DHB Provider and Funder Arms. There were a number of joint projects agreed which will assist in aligning service provision into the future.
- The Provider arm continues its high utilisation of Mind Matters Trust as an alternative to inpatient admission. Mind Matters offers a combination of short stay residential and day programme services, specialising in early intervention.
- The implementation of a new clinical information system (HCC) continues in June. There are two system trainers working with service teams to ensure our staff are up to speed when the system beings to go live in August. At this stage the system will provide one clinical file for all service users that can be accessed in an electronic format across the service. We expect to see a slight drop off in the number of client contacts recorded over the implementation period.

### Regional Forensics Services:

- Building work is now underway after the completion of site works for the new 10 bed unit (Forensic Extension) and 12 bed Intellectual Disability (ID) unit at the Mason Clinic site. The completion dates have been delayed due to earlier city council consent delays.
- The service made contract offers to 27 overseas registered nurses in order to staff the new ID service and the additional capacity in forensic beds. Local recruitment will also be required as these services prepare to open in approximately April 2006.
- The systems infrastructure up-grade at the Mason Clinic has now been completed. This will now allow the planned installation and testing of the new security system across the Mason Clinic site.

### Regional Community Alcohol & Drug Services (CADS):

- The Regional Coordination Service which was managed under the CADS portfolio is to devolve to the four Northern region DHBs. The Waitemata component of this service will transfer into District Mental Health multi disciplinary teams from 1 July 2005.

### Maori MH & AOD Services:

- The Regional Maori Alcohol and Drug service is to review the location and configuration of current service teams. It is the intention that this will be to better align to the Maori population demographic across metro Auckland.

### Pacific MH & AOD Services:

- Pacific Services have been successful with a bid for problem gambling services. The new contract for a total of 2 FTE will start 1 July 2005 for one year. The service will be evaluated over the course of the year with the prospect of rolling into an on-going service.

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

### Richmond Fellowship

A mediation meeting was held in Christchurch on 29 June 2005 with representation from Canterbury DHB (the current national contract holder), ADHB, Richmond Fellowship and the Regional Director of Mental Health Services. We are currently awaiting input from Canterbury and the MoH - funding and planning, confirming the analysis of payments made for this service by the Northern Region to Canterbury over the past three years. Once agreement regarding this issue has been reached Canterbury DHB will be in a position to continue discussions with Richmond regarding historic funding and any discussions regarding devolution of the contract can proceed.

### 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.

These concerns were raised with the Ministry of Health and the Ministry of Corrections with a view to establishing a workable solution. This issue remains of concern to the region as the roll out of the new prison facilities continues without a recognition of the increased demand that this will be placing on Mental Health Services. The Regional Director is maintaining discussions with MoH, Mental Health Directorate regarding the issue.

### 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.

### Regional Co-ordination Service (RCS)

As reported previously devolution of RCS and associated risk has been project managed by NDSA. The process has now been completed with each DHB taking over responsibility for its local co-ordination from 1 July 2005. Funding for 2005/6 is currently being transferred to the local DHBs.

### AOD

As previously reported the Salvation Army has announced the closure of the Rotorua 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.

### 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**

### **Regional**

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

The Regional Workforce Development co-ordinator has completed the draft Northern Region Mental Health Workforce Development implementation Plan. The consultation process is currently underway with presentations to key stakeholders having been completed and the final date for feedback being 17 June 2005.

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

The Regional Pacific Mental Health and Addictions implementation plan has been completed and outlines the work to be undertaken for the next three years'.

As part of the implementation process an annual work plan for 2004/05 has also been developed and is linked to the key priorities of the Pacific Plan.

*Work Plan 2005 calendar year:*

*These are the projects identified for the 2005 Work Plan under the six priorities identified in the Pacific Plan.*

*1) Primary Mental Health*

*-Depression in Primary care.*

*2) Improve Access to Mental Health Services*

*-Service Improvement Project*

*-Improve Access for youth.*

*3) Develop Partnerships*

*-No Pacific projects has been identified.*

*4) Develop Work Force*

*- PPD Workforce Development.*

*- Cultural Competency. - Pacific Leadership Programme. Branch*

*- Workforce Development Scholarships. HRC Lead by HRC Pacific Branch*

*5) Develop Research and Information*

*Models of Service Delivery. MHRDS*

*6) Improve Quality*

*No Pacific projects has been identified covers Plan Project Co-ordinator continues to work with the sector to implement the plan.*

### Quality Enhancement

The work continues in this area as we work with NGO providers to ensure that the quality gains made from the certification process are sustained.

### Housing Project

Comprehensive work continues on the Housing for mental Health Project. Further workshops have been run (the last being on 7 June 2005).

Key work streams are listed below:

<b>WORK-STREAM</b>	<b>PURPOSE</b>	<b>KEY METHODS</b>	<b>TIMEFRAMES</b>
<b>Inter-sector MOU / Statement of Intent</b>	Agree intent, commitment, principles to work collaboratively between sector / departments	Identify and adapt existing models, templates, ensuring relevance.	Commenced. Complete September 05
<b>Client Pathway</b>	Map and understand all steps, issues. Identify opportunities, leverage, propose action and plan	Complete detailed mapping, description of 'find, get and keep' housing issues. Identify critical / key	Commenced. Review after 7 June, Workshop. Linked to other workstreams
<b>Housing Association</b>	Create robust entity and resource to deliver sustainable social housing services to region	Detailed business planning approach to establishing a new organisation. Build key stakeholder relationships	Commenced. Operating by April 06
<b>Affordability</b>	Identify and propose income needs for housing and other living costs.	Consult closely with consumer, MSD / WINZ, HNZC, community budgeting services. Detailed analysis of income, housing and living costs	Commenced. Completed November 05
<b>Information</b>	Establish method for having relevant ongoing data about consumer / service housing needs	Consult with research sector. Identify existing housing data collection / methods in MH, HNZC and MSD	Commenced. Northland pilot proposed. Complete November 05
<b>Stigma</b>	Propose strategy and programmes to reduce discrimination in housing.	Utilise and build on existing anti stigma and discrimination work, relevant to housing.	Confirm after housing pathway workshop, 7 June.
<b>Workforce</b>	Identify and propose staff roles and inter-agency practices to improve housing services.	Identify existing sector, staff roles, competencies, where agencies interface	Confirm after housing pathway workshop, 7 June.

## **7. Network North Coalition**

Key work:

NNC is currently completing the development of the work plan established from the priority areas identified by each of the workstreams as per the Strategic Directions Document.

The priorities currently identified are as follows:

<b>Workstream</b>	<b>Projects</b>	<b>Comment</b>
1. Primary Care	1. Stocktake of current and planned services 2. Stock take of available primary workforce development opportunities, perceived needs, incentives and barriers.	Links to MHSOP Links to Adult (1 & 3)
2. Adult	1. Infrastructure Development (i) Stocktake 2. Infrastructure Development (ii) Strengthen links 3. Service delivery projects to improve continuity of care	Need to consider how best to include primary and Forensics
3. Older People (MHSOP)	1. Regional Workforce Development and Service Design Includes training to lead innovative changes 2. Treatment of depression in primary and secondary care 3. Third Age Clinic (scope / project design in Northland)	All projects are ongoing  Need to clarify budget for ongoing Clinical Educator
4. Child and Youth	1. Infrastructure Development – Regional planning coordination, stocktake etc 2. Review of service delivery models regionally	Links to other stocktakes
5 AOD	1. AOD services for Young People – stocktake, gaps, develop service frameworks etc 2. Review Detoxification Services 3. Infrastructure - Workforce Dvt – scope practice 4. Infrastructure – I S – Review Data Collection	Links to other workstreams – C&Y, Workforce Dvt and ARMHIT

## **8. NGO sector comment**

The Regional Director is working to establish a more meaningful reporting framework from the NGO sector for the purposes of the Ministers report. He has discussed with the MoH the best way forward and has proposed the Paul Ingles provide comment from the northern region NGO sector on behalf of Pathways. The Director will be meeting with the NGO representative in early September to cement the process and we envisage that commentary will be available on a quarterly basis from the next reporting cycle.

## **Appendix One**

### **ADHB underspend initiatives:**

#### **Provider Arm Initiatives (One off initiatives)**

##### **ADHB MHS Adult Service Development Project**

###### **MHS Primary/Secondary Interface**

The strategy has now been agreed and priorities for implementation are being developed/

###### **Auckland Recovery Census (ARC)**

The ARC Tool has been tested, accepted and is now in the HCC environment. Full implementation will begin on the 31<sup>st</sup> of August 05. A draft version of the Recovery Support Plan has been loaded into HCC for use in conjunction with ARC. A fully integrated Recovery Support Plan is being planned for clinical integration into HCC system.

**The revised Access/Discharge Criteria for Community Mental Health Services** Project is complete. Work continues on the development of other service criteria. This will initially be posted on the ADHB Intranet site with referral pathways and forms

###### **Risk Assessment and Safety Planning Tool**

The Electronic Clinical System is now complete and service wide implementation has been achieved ahead the planned 31 Aug 05 start date

###### **Acute Service Enhancements Project**

This new project is designed to develop a plan for enhancements to ADHB acute services including alternatives to hospital admission, partnerships with NGO providers and Peer Support options. A funding proposal will be scoped and developed by mid December. This project will also include development of a Referral management system.

###### **Key Worker training**

Innovative training for the key worker role is being piloted using multi-modal approach to skills training.

###### **ADHB MHS Website Development**

A new web site for mental health services and another specifically for recruitment are being developed by the ADHB provider arm.

###### **Recruitment and Retention**

Recruitment and retention initiatives continue for the ADHB provider arm including the use of different advertising media, recruitment tours, expanding new graduate program to Social Workers and developing similar internship roles in Children's' service.

###### **Needs Assessment**

The Camberwell survey of adult clients with higher or complex needs has been completed and initial results show progress in meeting these since the prior survey. This will be followed up in ADHB by regular use of the Auckland Recovery Census tool to assess more detailed needs and the response to service input.

**Information System Development**

The HCC information system upgrade training is in progress prior to full roll out of the upgraded clinical information system.

**Care Co-ordinator Project**

Care Coordination role piloted in one area of the acute in-patient unit has been rolled out to the whole unit following the trial. A specific Care Co-ordinator position has also been funded for Pacific people

**Maori Service Development**

Development of Maori models of practice is underway (e.g. to manage co-existing disorders). This project is using an evidence based approach supported by Maori appropriate evaluation processes - this is particularly important for on-going development of our cultural assessment tool

**Packages**

ADHB Provider Arm currently has several clinical pathways identified and ready to implement. There is a need to clarify agreement across the region concerning guidelines and common definitions and to then advance these. ADHB intends to be at the forefront of this Workforce Development initiative

**Consumer/Clinician Initiative**

A treatment initiative for Community Mental Health Centre (CMHC) clients experiencing psychotic symptoms is in place after pilot period. This involves a clinician and consumer partnering to offer a recovery based treatment to clients

**Post Natal Adjustment Group Evaluation**

Project designed to undertake an analysis of the current group provided to users of Maternal Mental Health Service. Of particular interest are outcomes for women who have participated in the new group structure over a period of a year

**Programme Evaluation Project**

An initiative which aims to achieve outcome evaluation data for publication. The project will evaluate an outpatient treatment programme (The Balance Programme) for clients with Borderline Personality Disorder and also residential and outpatient psychotherapy service programmes

**Additional Social Work and Occupational Therapy Students**

To assist recruitment initiatives we have created two more positions for these post grad students to become part of the workforce while undertaking an academic programme.

**Injectible Risperidone (Consta)**

Treatment initiative for identified ADHB clients to address enduring positive psychotic symptoms has been funded for a specific number of clients from under spend. This provides improved quality of life/ admission avoidance

**Training Initiative**

A variety of training initiatives are currently under discussion to better identify and address the needs of consumers with traumatic histories.

## **NGO Sector Initiatives (One off initiatives)**

### **Service Developments**

- Increased volumes of Packages of Care for clients in the inpatient unit
- Intensive Support Rehabilitation (ISR) Flexi-Fund  
Establishing a flexi-fund to assist clients in the transition process from the facility
- Increased volumes for Consumer Services
  - A Pilot employing additional Peer Support FTEs. The additional FTEs will enable sufficient capacity to enhance the cultural diversity of staff to the existing team and be available for one off projects as directed by the Funder to assist with service change
  - Increased consumer FTE focused on employment
  - Increased consumer run recreational activities
- Day Programme and Respite (First Episode Psychosis Service)  
A recovery oriented service which provides support to young adults as an alternative to hospitalisation.
- ADHB Mental Health Housing Project  
Development of a housing facilitation Pilot to increase access to a wider range of housing options in the community for mental health consumers
- Client Assessments  
Clinical review of clients in residential rehabilitation to inform service change processes and identify need

### **Service and Quality Improvement**

#### NGO Capacity Building

A variety of selected initiatives within the NGO mental health sector with the intention of improving services and the quality of life of individuals accessing NGO organisations

#### Service Level Agreement Project

Improve monitoring of the Service Level Agreement (SLA) and associated reporting

### **Strategic Planning**

- Local ADHB Mental Health Plan  
Involves the formulation of a five year local service development plan for mental health services
- Inter District Flows Project
  - To provide a strategic view of the approach ADHB should adopt in determining Inter District Flow (IDF) processes and methodologies
  - To provide ADHB with information on the capacity issues in relation to collecting utilisation data on mental health services within the NGO sector and determine a way forward
- Benchmarking Project

This project looked at benchmarking of pricing across the region for community and inpatient services

### **Recruitment**

- Recruitment Pilot  
  
Assisting ADHB's recruitment services to improve recruitment in the mental health area. A range of initiatives are included in the pilot.
- Enhancement of existing Regional Coordinator function for Clinical Placements  
  
Increase student placements and support for Child and Adolescent Mental Health Services
- Child and Youth internship programme to support recruitment in this priority area

### **Provider Development including Culturally Specific Initiatives**

- Sector Development Fund  
  
Fund to support service initiatives including provider development and quality improvement.
- Kaupapa Maori Packages of Care  
  
A package of support including a mentoring relationship, capacity building including Human Resources and Information Management for the Kaupapa Maori NGO involved in the establishment of individualised Packages of Care Service
- Consultant Advisor to Pacific NGO  
  
Role is to develop effective long term systems and processes at a governance and management level within the NGO providing the service

### **Training and Workforce Development**

- National Certificate in Mental Health Support Work placements

Provide funding placements for ADHB NGO services staff to increase uptake. Once attained this qualification is nationally recognised by NZQA and will be a minimum requirement in the future.

### **Regional Mental Health Strategic Projects**

Funds to be applied to a number of regional initiatives as outlined by the Regional Strategic Mental Health Plan

### **Webhealth**

Webbased service directory with a focus on NGOs and community based services