

**Implementing Te Kōkiri: The Mental Health and
Addiction Action Plan 2006-2015**

**Joint District Health Board / Ministry of Health
Te Kōkiri Work Programme**

**The first three years programme
2006-2009**

1. Background

During 2005/2006 the Ministry of Health (the Ministry) and District Health Boards (DHBs) successfully worked together to develop an action plan to implement Te Tāhuhu - Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan.

The action plan, called Te Kōkiri: The Mental Health and Addiction Action Plan was launched by the Minister of Health in August 2006.

Te Kōkiri sets the programme of action to address the challenges the mental health and addiction sector faces and provides the way forward as we move from policy to implementation. It identifies actions, key stakeholders, milestones/measures, timeframes and who, between the Ministry of Health and DHBs, has lead responsibility for each action.

2. Introduction

The Ministry of Health and DHBs have agreed to continue working together in implementing Te Kōkiri. This paper outlines how this will occur and establishes a joint work programme for the first three years of implementation.

The overall approach and assumptions are to:

- continue to build on the partnership and environment of shared decision-making between the Ministry and DHBs
- affirm a mandate for DHB leadership
- continue to substantively draw on stakeholder expertise and continue to build the external commitment to drive implementation

3. What the work programme will do

DHBs and the Ministry are both responsible to the Minister of Health for the achievement of the actions in Te Kōkiri and consequently for the implementation of Te Tāhuhu – Improving Mental Health. Ministry and DHB staff will work cooperatively to implement Te Kōkiri.

The Ministry of Health will report to the Minister of Health annually for cabinet consideration on the implementation of Te Kōkiri.

The Te Kōkiri work group will coordinate the implementation of Te Kōkiri over the next three years. It will ensure that the actions in Te Kōkiri are achieved either by DHBs or the Ministry individually or jointly where agreed. Te Kōkiri recognises that priorities may change as actions are met and new actions emerge.

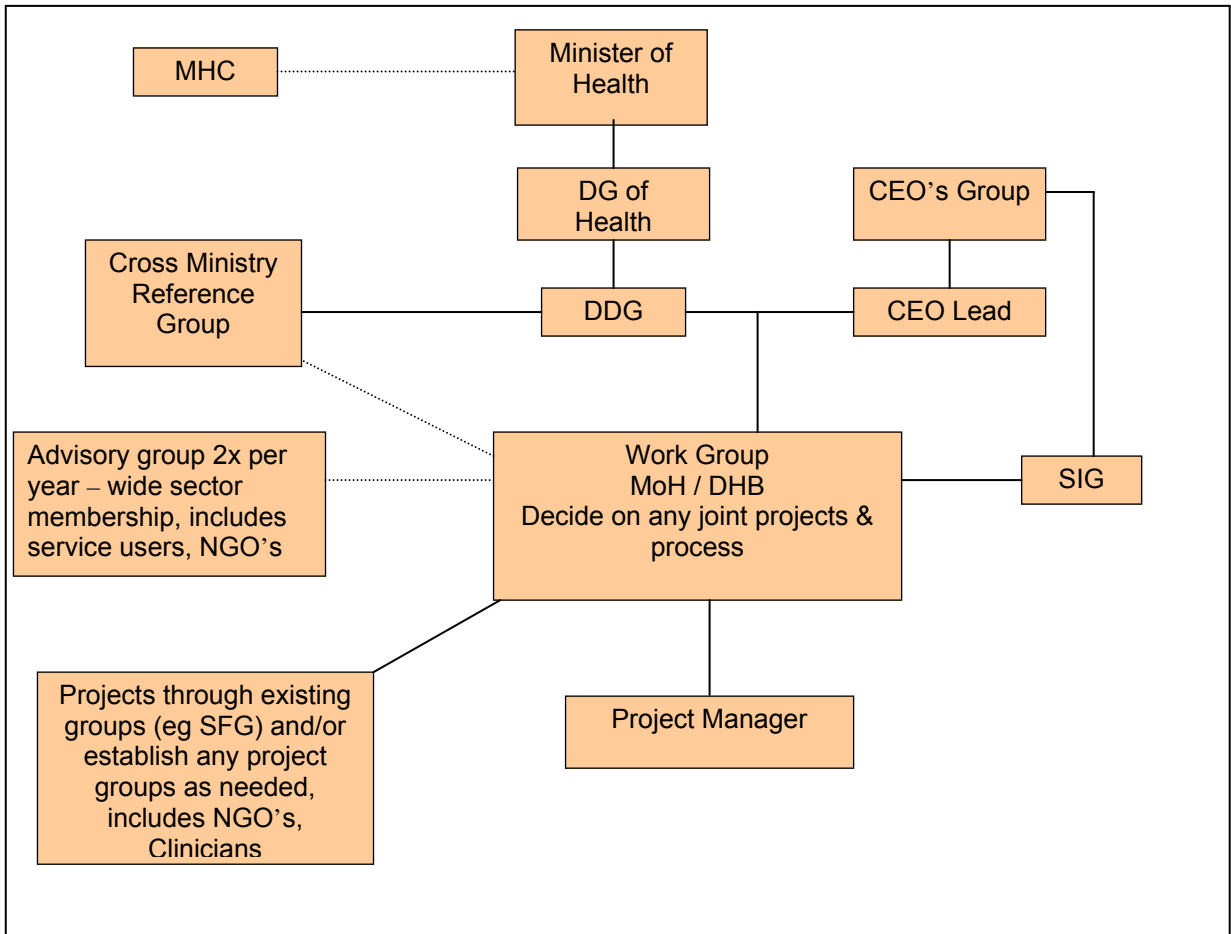
Many of the actions in Te Kōkiri are business as usual for both the Ministry and DHBs.

Other actions will require specific projects to be undertaken either individually by District Health Boards or the Ministry, or jointly where agreed. Priorities for the joint work programme will be determined and agreed by the Work Group.

The work programme will integrate other Ministry business that impacts on Te Kōkiri. This will be the responsibility of the Ministry of Health through a cross-Ministry reference group.

4. Governance Structure

The governance structure below sets out the lines of responsibility within the programme.



The diagram explained

The DHB CEO lead is Memo Musa Chief Executive Whanganui District Health Board.

The Ministry of Health DDG lead and Work Programme Sponsor is Dr Janice Wilson Deputy Director-General Mental Health.

Should any contentious issues arise, or if agreements cannot be reached in the work group or between the DDG and lead CEO then these issues will be taken to the Director-General of Health and the CEOs group, who have ultimate decision making responsibility.

DHBNZ Service Improvement Group (SIG) will be the connection point for all DHB activity.

SIG will receive a monthly report from the work group, signed out by the lead CEO and lead DDG, in order to keep SIG up-to-date with the work programme and so they can provide advice to the CEOs group [through the lead CEO].
MeHD SMT will receive regular up-date reports.

The work group

Objective

The work group will:

- agree on a joint work programme, ie DHBs and Ministry working together, and the process to occur for specific joint projects
- discuss national/regional/local approaches
- share the individual work programmes of the Ministry and DHBs in relation to the implementation of Te Kōkiri
- discuss and develop the monitoring framework for implementing Te Kōkiri

Membership

DHBs

Memo Musa (will attend if requested), Mary Smith Midland region representative, Derek Wright Northern region representative, Joy Cooper Central region representative, Karleen Edwards Southern region representative

Ministry of Health

Dr Janice Wilson (will attend if requested), Joan Mirkin Manager Policy and Service Development Mental Health Directorate, Ezrai Fae Senior Analyst and project manager Mental Health Directorate

Others will be invited to attend work group meetings at different times to talk to proposed projects, and/or report on deliverables.

This membership will initially be for one year and then reviewed. DHB representatives are confirmed by DHBNZ SIG, and Ministry staff are confirmed by the DDG Mental Health Directorate.

Terms of Reference of the Work group are attached as appendix one.

Meetings

Meetings will be monthly initially, either face-to-face or by teleconference, until a work programme is established and then quarterly to report on activities occurring in project work. Minutes of the meetings will be circulated to all group members. Ad-hoc meetings may be called by the programme sponsor as required.

All work group members will attend the twice yearly Advisory Group meetings.

The Advisory group

Objective

The advisory group provides an opportunity for the wider mental health and addiction sector to

- engage with the Ministry of Health and District Health Boards on the implementation of Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015
- receive feedback from DHBs and the Ministry on progress in meeting the actions in Te Kōkiri
- provide additional advice to the Ministry and DHBs on aspects relating to the implementation of Te Kōkiri

The Advisory Group has no direct decision-making role.

Membership

Chair – Memo Musa

Deputy-Chair - Dr Janice Wilson

Work group members – Mary Smith, Joy Cooper, Karleen Edwards, Derek Wright, Joan Mirkin, Ezrai Fae

Invited members – Jeanie Truell, Julie Nelson, Anne Helm, Maxine Gay, Cate Kearney, Shelley Campbell, Kath Fox, Judi Clements, Justine Harris, Manu Sione, Kaye Carncross, Helen Rodenburg, Nick Judson, Rhonda Robertson, Vince Barry, Sue Hallwright, Siale Alo Foliaki, Margaret Aimer, Ana Sokratov, Rees Tapsell, Patrick Au, Te Paea Winiata, Francis Agnew, Ray Watson (Mental Health Commission)

Terms of reference of the Advisory Group are attached as appendix two.

Meetings

There will be two all day meetings annually.

Minutes will be circulated to all group members.

The continuation and membership of the Advisory Group will be reviewed at the end of each year.

The Mental Health Commission

The Mental Health Commission will continue in its statutory role and will be represented on the Advisory Group by Ray Watson Commissioner.

The Cross-Ministry reference group

This group has representatives from the Clinical Services Directorate - Health of Older People and Primary Health Care, Public Health Directorate – Pacific Health Unit and non-communicable diseases policy, DHB Funding and Performance Directorate, Māori Health Directorate, Disability Services Directorate. This group meets quarterly to ensure coordination across Ministry work as it relates to the implementation of Te Kōkiri. The directorates with the most direct responsibility for specific actions in Te Kōkiri are the Mental Health, Public Health and Clinical Services Directorates.

Project groups

Existing groups will be used for specific projects where appropriate, eg Service Framework Group.

New project teams will be established as necessary for joint projects. Leadership of these projects teams will be a joint decision of the DHBs and the Ministry and will involve either DHB or Ministry of Health personnel. Project managers will be responsible through their established lines of accountability.

Where a project is a joint one between the Ministry and DHBs then the project manager will be responsible for keeping the Work Group informed of progress.

Project groups will involve usual consultation and wider mental health and addiction sector engagement. For example clinicians employed in DHBs will contribute to activities in various projects on the basis of their clinical expertise. Project groups will also include wider sector input such as from NGOs, service users and their whanau.

Project manager

The role of the work programme project manager currently sits in the Ministry of Health. The task of the project manager is to:

- Organise the work and advisory group meetings
- Arrange agendas and minutes of meetings
- Prepare monthly reports to DHBNZ SIG
- Prepare reports for MeHD SMT as required
- Complete action points assigned by the work group

Resourcing the work programme

Work Group and project groups

Ministry of Health employee's membership of the work group and project groups will be part of their agreed duties with their employer.

DHB employees will be released by their employers to take part in the work group and specific project groups as part of their agreed duties and their travel and expenses will be met by their employer.

There is no payment for meeting preparation or participation in teleconferences.

Advisory Group

Reimbursement will reflect the Ministry of Health's policy on reimbursement for meeting fees. The policy does not provide for the payment of fees to persons representing public sector departments or Crown Entities, or persons representing tax payer funded NGOs where participation is part of a contractual obligation. There is no payment for meeting preparation or participation in teleconferences.

For people who do qualify for a meeting fee the amount will be \$180 per day for attendance and preparation time. DHBs are expected to meet the travel costs of their staff members. The Ministry will meet the reasonable travel costs for people who qualify.

The Ministry will cover the direct meetings costs, such as venue and refreshments for Advisory Group meetings.

Outline of the agreed joint work programme between the Ministry of Health and District Health Boards for 2006/09

This agreed joint work programme is based on actions in Te Kōkiri where both the Ministry and District Health Board's were identified as leads. Te Kōkiri recognised that priorities may change as actions are met and new actions emerge.

Te Kōkiri action 2.1

'Update the service coverage schedule to clearly define core and priority services'

Te Kōkiri action 2.2

'Revise the Nationwide Services framework to:

- Reflect the updated service coverage requirement
- Support innovation, integration and flexibility
- Support continuity of care and seamless service delivery
- Promote recovery
- Ensure that all service users can have their needs well met (eg, groups such as people diagnosed with personality disorder, people with experience of trauma, people with experience of eating disorders, and people who live in rural communities)'

Te Kōkiri action 8.1

'Review national funding models and rules to support greater consistency and equity across the country and across providers'

Te Kōkiri action 8.2

'Develop funding approaches and contracting processes that are efficient, effective and equitable between providers and across the country'
[This action is likely to come under the NSF review]

Te Kōkiri action 5.1

'Continue implementation of Te Puāwaitanga, review and update'

Te Kōkiri action 7.17

Develop a coherent national approach to co-existing mental health and substance use/abuse disorders

Te Kōkiri action 2.17

'Develop national consistency in data collection on older people's access to mental health and addiction services

This will occur as part of **Te Kōkiri action 2.14**

'Develop a policy framework for older people's mental health and addiction services (Ministry led)

Te Kōkiri action 10.1

'Clarify the role, expectations and accountabilities of Regional Mental Health Networks'

TERMS OF REFERENCE FOR THE WORK GROUP FOR THE IMPLEMENTATION OF TE KŌKIRI: THE MENTAL HEALTH AND ADDICTION ACTION PLAN 2006-2015

Group Name

Work Group

Objective of the group

The work group is mandated by the Ministry of Health and DHBs, through DHBNZ Service Improvement Group to fulfil the following objectives in relation to implementation of Te Kōkiri,

- agree on a joint work programme, ie DHBs and Ministry working together, and the process to occur for specific joint projects
- discuss national/regional/local approaches
- share the individual work programmes of the Ministry and DHBs in relation to the implementation of Te Kōkiri
- discuss and develop the monitoring framework for implementing Te Kōkiri

Accountability

Should any contentious issues arise, or if agreements cannot be reached in the work group or between the DDG and lead CEO then these issues will be taken to the Director-General of Health and the CEOs group, who have ultimate decision making responsibility.

DHBNZ Service Improvement Group (SIG) will be the connection point for all DHB activity. SIG will receive a monthly report from the work group, signed out by the lead CEO and lead DDG, in order to keep SIG up-to-date with the work programme and so they can provide advice to the CEOs group [through the lead CEO].

Group composition

District Health Boards	Ministry of Health
Mr Memo Musa – lead CEO (will attend if requested)	Dr Janice Wilson – lead DDG and Programme sponsor (will attend if requested)
Derek Wright Northern Region	Joan Mirkin Manager Policy and Service Development
Mary Smith Midland Region	Ezrai Fae Project Manager
Joy Cooper Central Region	
Karleen Edwards Southern Region	

Others will be invited to attend work group meetings at different times to talk to proposed projects, and/or report on deliverables.

Meeting frequency

Meetings will be monthly initially, either face-to-face or by teleconference, until a work programme is established and then quarterly to report on activities occurring in project work. Minutes of the meetings will be circulated to all group members. Ad-hoc meetings may be called by the programme sponsor as required.

All work group members will attend the twice yearly Advisory Group meetings.

Review provisions

Membership of the group will be for one year and then reviewed. DHB representatives are confirmed by DHBNZ SIG. Ministry staff are confirmed by the Deputy Director-General Mental Health.

TERMS OF REFERENCE FOR THE ADVISORY GROUP FOR THE IMPLEMENTATION OF TE KŌKIRI: THE MENTAL HEALTH AND ADDICTION ACTION PLAN 2006-2015

Group Name

Advisory Group

Objective of the group

The advisory group provides an opportunity for the wider mental health and addiction sector to

- engage with the Ministry of Health and District Health Boards on the implementation of Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015
- receive feedback from DHBs and the Ministry on progress in meeting the actions in Te Kōkiri
- provide additional advice to the Ministry and DHBs on aspects relating to the implementation of Te Kōkiri

The Advisory Group has no direct decision making role.

Accountability

The Advisory Group members will be appointed by the Programme Sponsor – the Deputy Director-General Mental Health. The Chair, Deputy-Chair and Director General of Health will jointly report to the Minister of Health.

The group is expected to take a multi-disciplinary, expertise based perspective and provide expert/practical advice on issues at hand.

Conflict of Interest

All group members must agree to abide by the Ministry of Health's conflict of Interest protocol.

Group composition

The Advisory Group will be appointed on the basis of their individual skills, knowledge and expertise rather than as representatives of a particular organisation, apart from a representative of the Mental Health Commission. The term of membership will be for one year, 2007. The number of members constituting a quorum will be 10 members present, including either the Chair or Deputy-Chair.

Chair

The Chair of the Advisory Group will be Mr Memo Musa, Chief Executive Officer, Whanganui DHB. The Deputy Chair will be Dr Janice Wilson Deputy-Director-General Mental Health Directorate.

Meeting Frequency

The Advisory Group will meet two times in 2007, 22 March and 10 October.

The Ministry of Health will arrange meetings, and circulate an agenda and minutes.

Reimbursement

Reimbursement will reflect the Ministry of Health's policy on reimbursement for meeting fees. The policy does not provide for the payment of fees to persons representing public sector departments or Crown Entities or persons representing tax payer funded NGOs where participation is part of a contractual obligation. There is no

payment for meeting preparation or participation in teleconferences.

For people who do qualify for a meeting fee the amount will be \$180 per day for attendance and preparation time. DHBs are expected to meet the travel costs of their staff members. The Ministry will meet the reasonable travel costs for people who qualify.

The Ministry will cover the direct meetings costs, such as venue and refreshments for Advisory Group meetings.

Confidentiality

Queries from, or contacts with the media regarding the proceedings of the Advisory Group must be referred to the Chair who will act as spokesperson for the Advisory Group. If necessary the Chair can delegate this responsibility. Whilst there is an expectation that Advisory group members will discuss the business of the Advisory Group with their respective networks the expectation is that information will only be taken out of the Advisory Group at appropriate times and with the agreement of the Chair or Deputy-Chair.

The provisions of the Official Information Act 1982 also apply without exception to the activities of the Advisory Group. The Chair of the Advisory group is responsible for ensuring that members of the Advisory Group are aware of the provisions of the Act and the extent to which written material, such as the minutes of meetings, is potentially recoverable under the Act.

Review provisions

The Ministry of Health will review the group's terms of reference and membership by 30 December 2007.