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**A**  
**District Network Model**  
**for the**  
**Mental Health and Addictions Sector**

**September, 2014**

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## **Executive Summary**

This document describes a networking model which will connect the Mental Health and Addictions sector across the Southern District and be an important conduit to support the implementation of Hāpai te Tūmanako – Raise HOPE.

It includes detail about the development of the model, resourcing of the new district wide network and a Terms of Reference.

## **Introduction**

Hāpai te Tūmanako- Raise HOPE is the SDHB strategic plan for the Mental Health and Addictions sector.

A key strategic direction of Hāpai te Tūmanako- Raise HOPE, is to take a whole of sector and systems approach to mental health and addictions via prevention, early, targeted intervention and with services offered closer to consumers and in communities.

To achieve this, the Mental Health and Addictions sector needs to be connected so that the changes required to meet the outcomes of Hāpai te Tūmanako - Raise HOPE, can be implemented. There must be connection with all stakeholders, not only within the Mental Health and Addictions sector, but also with intersectoral colleagues (Ministries of Social Development, Justice, and Education).

In February 2014, SDHB Planning and Funding initiated a project to develop the Hāpai te Tūmanako- Raise HOPE strategy into an implementation plan. Planning and Funding have been working with an Implementation Advisory Group (IAG) to develop the implementation plan. The implementation plan has now been approved by the Board.

An important part of the implementation plan is the establishment of a district wide network structure to connect the sector and effect the transformational change mandated in Hāpai te Tūmanako- Raise HOPE.

A process is now underway to roll out the implementation plan including the new district wide network model.

## **District Network Model for the Mental Health and Addictions Sector**

### **Network Structure**

A two tier model will be established, comprising an overarching Network Leadership Group (NLG) to lead the sector and connect with four geographic networks. The geographic networks will represent their communities.

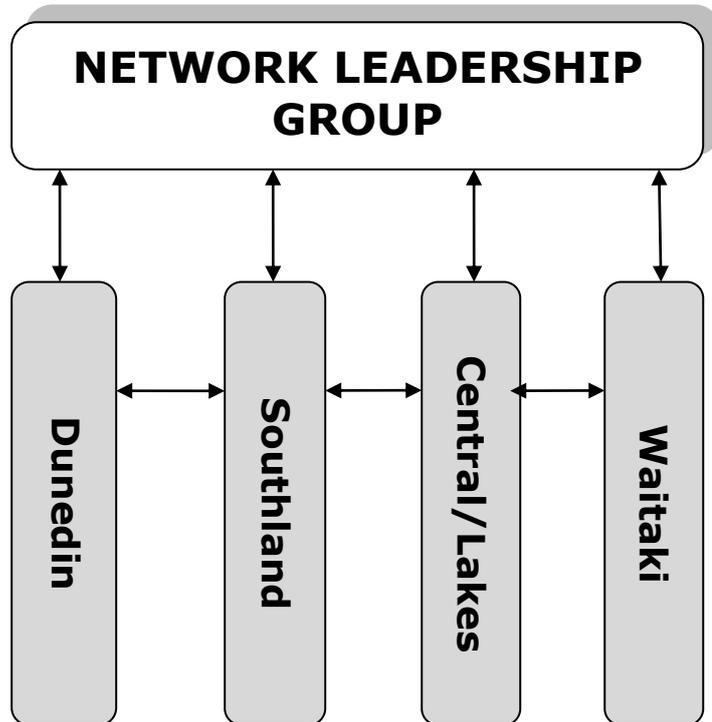
Communication will be both horizontal (across) and vertical (both up and down).

The NLG will be a high level group comprising senior managers/decision makers. It will:

- Provide leadership from the sector
- Coordinate the overall strategic function of the Mental Health and Addictions sector
- Provide vision and focus to the sector to successfully lead transformational change

- Support the implementation of Hāpai te Tūmanako – Raise HOPE
- Provide advice and make recommendations to Planning and Funding, in particular regarding the implementation of Hāpai te Tūmanako – Raise HOPE

The NLG will be responsible to the Executive Director, Planning and Funding



### **Network Leadership Group (NLG)**

This group will lead the sector. It will take a strategic view, support the implementation of Hāpai te Tūmanako- Raise HOPE, provide leadership and guidance to the sector and advise Planning and Funding on a range of matters pertaining to the Mental Health and Addictions sector.

Administrative and project manager roles will support the Hāpai te Tūmanako- Raise HOPE Implementation Plan work streams including the new district wide network.

The NLG will be supported via a paid Independent Chair.

NLG members in voluntary roles (consumers, family/whānau) and some NGO providers, for whom costs will negatively impact on their ability to participate, will be reimbursed for travel.

The NLG will comprise:

Consumers x 3 (1 Youth, 1 Addictions, 1 Community)

Family/Whānau x 2

Maori x 3 (Management Advisory Group, Māori Health; Southern DHB Māori Health Directorate; Kaumātua/Kuia)

Pacific x 1

DHB Provider Arm x 2

NGOs x 2  
DHB x 1  
PHO/GP x 1  
Ministry of Education x 1  
Ministry of Social Development x 1  
Police x 1  
Planning and Funding Mental Health and Addictions Portfolio Manager  
Independent Chair appointed for 1 year term  
4 Chairs of the geographic networks  
**TOTAL: 24 representatives**

### The Nomination Process

With the exception of the NLG Chair and the Chairs of the geographic networks, all other members of the NLG will be appointed for the first year.

People wishing to be representatives on the network can either seek nomination from a stakeholder, or submit an individual expression of interest to be considered for appointment to the NLG. Those seeking to be representatives will submit a short statement detailing their backgrounds and reasons for seeking a place on the NLG. Planning and Funding will establish a small group to assist with the appointment of representatives to the NLG. The Southern DHB Māori Health Directorate will facilitate Māori representation nominations.

### Transition Phase

Each of the four geographic networks will be supported to establish an appropriate local network structure.

In the transition phase advice will be sought from each area as to who could represent them temporarily on the NLG as they establish their networks with a Chair (Refer Appendix B, page 13 for further detail about geographic network establishment).

The Implementation Advisory Group (IAG) is constituted to disband in February 2015. It will continue to operate and work with the NLG while it is being established, to provide support and ensure that progress is made during this transition phase.

### Resourcing for the Networks

Resourcing for the new district wide network model will sit within Planning and Funding.

#### *Independent Chair*

The Chair of the NLG will be an Independent Chair, appointed by Planning and Funding for a period of one year. The Chair will be accountable to the Executive Director, Planning and Funding and will be responsible for leading the NLG through the first year. This will be revised at the end of year one.

An Independent Chair will be appointed to:

- take a high level whole of sector view
- facilitate sector engagement and
- empower the NLG to recognise and seize the potential of working together to achieve common goals

## Next Steps

Please refer to the table below for key dates.

### Stages and Timeline for the Network Establishment

Stage	Date
Distribution of Hapai te Tumanako-Raise HOPE Implementation Plan and the new Network Model to sector	By 3 October 2014
Nomination Papers distributed	Mid October 2014
Call for Nominations/Expressions of Interest for representation on NLG	Mid October 2014
Selection and appointment period	Late Oct/early Nov 2014
Successful candidates notified	Mid November 2014
First meeting of Network Leadership Group	Early December 2014

Timelines are indicative and subject to change

## **APPENDIX A**

### **Terms of Reference for NLG**

This ToR outlines how the Southern District Health Board will work together with consumers, families/whānau and service providers across the Mental Health and Addictions sector. The ToR documents the purpose of the Network Leadership Group.

#### Purpose/Objective

The purpose of the Network Leadership Group (NLG) is to:

- Provide leadership
- Coordinate the overall strategic function of the Mental Health and Addictions sector
- Provide vision and focus to the sector to successfully lead transformational change
- Support the implementation of Hāpai te Tūmanako - Raise HOPE
- Motivate and encourage all service providers in the Southern District
- Ensure equity of access to services and consistency of service delivery throughout the Southern District
- Provide advice to Planning and Funding, in particular regarding the implementation of the Hāpai te Tūmanako- Raise HOPE Strategic Plan.

#### Vision

- Better health, better lives, whānau ora

#### Values

- Consumers, Families/Whānau and their communities are at the centre of everything we do
- Take a whole of system approach to the development of Mental Health and Addictions services that are not only integrated but clinically and fiscally sustainable
- Lead and promote an environment of high quality, performance and accountability
- Work collaboratively and with mutual respect to realise the outcomes of Hāpai te Tūmanako – Raise HOPE

#### Principles

*We will:*

- focus on people, their families and communities, keeping them at the centre of everything we do
- be collectively responsible for all decisions and outcomes
- be innovative and courageous
- act with honesty and integrity
- acknowledge and support the principles of the Treaty of Waitangi and role of Tangata Whenua in our community
- promote the full participation of consumers as citizens in their community of choice
- support clinical leadership and in particular, clinically led service development whilst
- living within our means
- strive to reach consensus wherever possible and resolve disagreements cooperatively
- be collectively responsible for all decisions and outcomes of our NLG
- remain flexible and responsive to support an evolving health environment
- commit to the journey, however long it takes

#### Representatives

- The NLG will comprise 24 representatives.
- 4 representatives will be standing appointments as Chairs of the respective geographic networks
- Mental Health and Addictions Portfolio Manager, Planning and Funding will have standing representation
- 18 representatives will be appointed to the NLG via an election process

Representatives must be delivering or receiving services in the sector they represent. Their role is to bring the views of the individuals and organisations from the sector that they represent to the Network table and to convey information from the Network back to their sector group.

Representatives will be expected to contribute to discussions, projects and initiatives within the Mental Health and Addictions sector.

The NLG will review membership annually to ensure it remains appropriate.

It is the expectation that members will be able to attend two thirds of scheduled meetings annually, unless discussed and agreed with the Chair.

Representatives should name a delegate to attend in the event of their absence.

### Role of the NLG

The NLG exists to lead, develop and enhance service delivery to improve outcomes for consumers, families and whānau and their communities. The NLG will promote a more connected, coordinated and integrated mental health system through the following activities:

- Advisory – supports and advises service providers, planning and funding agencies, mental health and addictions groups and the wider community
- Consultative – consults with and is consulted by key organisations and individuals in the mental health and addictions sector regarding local, regional and national issues.
- Coordinated development – supports the coordination of mental health and addiction services across the district and promotes a mix of services that meet the needs of the population.
- Informative – informs the sector and wider community of developments and issues and provides up to date relevant information regarding mental health and addiction issues.
- Leadership - provides leadership in mental health including coordinating the overall strategic function of the NLG and proposes transformational service improvement
- Promotion/Marketing – advocates on behalf of the mental health and addictions sector of the Southern District and promotes the NLG locally, regionally and nationally.
- Brings together data and ideas on the needs of a defined population, balancing the demands on the system for consumer care and wellbeing and the need for sustainable services and business practices.
- Links with other Networks/work streams and undertake joint work as appropriate.
- Works collaboratively to ensure that strategic planning is developed and implemented.
- Provides strategic advice and support to advance the effectiveness of the NLG and ensure implementation of the Hapai te Tumanako - Raise HOPE Strategy
- Makes recommendations to the NLG in regard to roles, responsibilities and accountabilities as required in relation to projects managed by the NLG
- Ensures information is communicated to the sector in a timely and transparent manner
- Ensures different perspectives within the NLG are considered and valued
- Promotes a positive public profile and relations through the establishment of a NLG brand

- Provides the NLG with an opportunity to address wider issues and to lobby for change at local, regional and national level as required
- Responds to issues impacting on the sector as a united NLG

### Quorum

The quorum for meetings is half plus one NLG representative from the total number of representatives.

### Meetings

- The NLG will meet monthly initially to support timely implementation of the Hapai te Tumanako - Raise Hope strategy via the Implementation Plan. Meetings may extend to quarterly once the development phase is completed.
- The purpose of NLG meetings is to support the Raise Hope Implementation Plan, provide a strategic focus, grow relationships, extend thinking, enhance service delivery and provide oversight of planned action.

### Accountability

- The NLG will be accountable to the Executive Director, Planning and Funding, Southern DHB.
- The DHB holds the legislative responsibility for planning services and meeting the health needs of its population. The Network must play a role in improving outcomes across the sector and thus must commit to taking a sector-wide view throughout the operation of the group.

### Decision making process

- The aim is for consensus decision making, with the final decision incorporating all views to model collaboration. The NLG needs “workable” decisions rather than perfect/idealistic decisions.
- Any decision by the NLG will require a quorum.
- Should there not be a quorum present, ratification of any decision will be done via e mail with the representatives of the NLG not present.

### Conflict of Interest

Any situations that arise where there may be a conflict of interest by a representative, the NLG will discuss and attempt to resolve within the group.

### Disputes resolution

Where there is disagreement which cannot be resolved, the issue will be escalated to the Executive Director, Planning and Funding.

### Review

The terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its representatives and the health system.

## Roles and Responsibilities of the NLG

### **Chairperson**

- Focus representatives' experience and collective wisdom to work collaboratively and constructively
- Lead the NLG to provide strategic leadership and oversight
- Identify and recommend opportunities for service improvement and redesign
- Develop the NLG to respond to service need, engaging with sector stakeholders and interested parties best suited for the purpose of service innovation
- Work with Planning and Funding staff to produce work plans and other reports as required
- Provide leadership when implementing the NLG's outputs
- Be well prepared for meetings and work with Planning and Funding staff to guide discussion towards action and/or decision
- Is responsible and has authority for all communication on behalf of the NLG
- The Chair will be elected annually

Attributes sought for the Independent Chair are:

- highly experienced chair
- strong leader
- ability to think strategically
- knowledge of the health sector preferred but not necessary
- proven ability to drive change
- proven ability to empower
- experience and/or empathy with Mental Health and Addictions sector (could be through knowledge of friend or family with mental health issues)

### **Deputy Chair**

- The Deputy Chair is expected to carry out the role of Chair in the Chair's absence. Specifically is a voice for the NLG when the chair is unavailable
- The Deputy Chair will be elected annually

### **Network Members**

- It is recognised that all organisations in the NLG retain their own legal structure and independence
- Members are representatives of their sector group, but are elected to provide a range of skills, knowledge and competencies required for the NLG to achieve success
- Each representative will convey information from the NLG table back to their relevant sector group that they represent
- Each representative is expected to make a positive contribution to the NLG
- Each representative agrees to consistently attend NLG meetings on a regular basis
- When a representative is absent for two or more consecutive meetings without prior apology, the Chair will consider the membership status for revocation following discussion with the member or reasonable attempts to contact the member

### Pre Meeting arrangements

1. NLG representatives will forward agenda items to designated Planning and Funding staff 7 working days prior to the meeting
2. The confirmed agenda and associated papers will be sent out no later than 5 working days before the meeting

3. Representatives are expected to read the agenda and papers before the meeting

#### During meetings

1. All representatives are responsible for monitoring equal opportunity for “airtime” and ensure that rules and other agreed processes are followed.
2. The Chair will set up a decision making process that is consensual
3. At meeting close, representatives will agree to the key meeting decisions/actions to be communicated to others and the best way to communicate key messages

#### Post meetings

1. Meeting notes will be circulated and uploaded onto the website
2. It is each representative’s responsibility to ensure that information is disseminated to others in their respective organisations in accordance with NLG policy
3. Once the NLG has made a decision, members agree to act as one voice on matters agreed.

#### Ex- officio roles

Designated Planning and Funding staff will attend meetings in an ex-officio capacity and will have no voting rights.

## **Appendix B**

### **Geographic Networks.**

Geographic networks are vital to the successful implementation of Hāpai te Tūmanako- Raise HOPE. The geographic networks will link with the NLG to implement change in their respective areas.

Planning and Funding staff will work with the IAG/NLG to assist with the formal establishment of geographic networks. Each geographic network will develop its own ToR .

It is intended that the geographic networks will be established and beginning to formally function by February, 2015.