



Implementation Plan for Hāpai te Tūmanako - Raise HOPE Strategy

Executive Summary

This Implementation Plan defines the actions we need to take to implement Hāpai te Tūmanako - Raise HOPE, the Southern DHB Mental Health and Addiction Strategic Plan.

This plan outlines the framework on which the five identified strategies and five high level outcomes of Hāpai te Tūmanako - Raise HOPE will be implemented and describes the actions required to achieve that. It outlines a new system and service model and signals changes in resource allocation to support the new model and new ways of working. The plan is outcomes based, focusing on outputs and results based accountability.

The hope in the title of this plan acknowledges the central place hope plays in the recovery of people who use services. It is also an acronym- standing for **H**ealth, **O**utcomes, **P**erformance and **E**quity – all things we will raise by implementing this plan.

Introduction

Hāpai te Tūmanako – Raise HOPE Strategic Plan (the Plan) is the result of a year long process which saw Southern DHB working alongside stakeholders from throughout the sector to systematically gather data on our resources and our communities, and to identify what we must achieve with our resources, for our communities. Although the Plan was developed prior to the national plan, *Rising to the Challenge – The Mental Health and Addiction Service Development Plan 2012 – 2107 (MoH)*, it is very much aligned to national direction.

There is a clear signal from Government and in Hāpai te Tūmanako - Raise HOPE, that future services should be more consumer, family/whānau centred, with a focus on primary care-based mental health services available in local communities. Targeted, early intervention and a whole of system/whole of sector approach is required and must be delivered within existing resource.

The Plan will shape service development and service delivery to support better access and delivery of mental health and addictions services by outlining new systems and service models to underpin service wide quality improvement.

The Plan identifies high level Milestones, the actions required to achieve the milestones and time frames for achievement. A Network Leadership Group (NLG) will lead this work and actions will be delivered via projects undertaken by work groups. The work groups are the interface between Hāpai te Tūmanako – Raise HOPE Strategy and the Implementation Plan actions which operationalise the strategy.

Implementing the Plan

Hāpai te Tūmanako - Raise HOPE identifies 5 Mental Health and Addictions strategic directions and 5 high level outcomes to be achieved through the implementation plan.

The 5 Strategic Directions

1. Prevent mental illness/addiction and intervene early
2. Intervene in targeted, effective ways across the life course
3. Locate support closer to consumers and in communities
4. Work as one sector with a whole of systems approach
5. Constantly improve sector quality, capability, productivity and capability

The 5 Outcomes

1. More people with mental illness and/or addiction shall have good physical health
2. More people with mental illness and/or addiction experience recovery
3. The health and well being of the community is improved
4. Family/whānau are better enabled to support themselves and their family/whānau
5. Fewer people are affected by the misuse of alcohol and drugs

All outcomes are underpinned by the 5 mental health and addiction strategic directions.

The strategy highlights two further areas of focus linked to the strategies and outcomes. They are:

Person Focus

There are important target groups that the outcomes framework will apply to and be measured across:

- Māori/Tangata Whenua and people who, as a group, experience mental health and addiction inequalities
- Those with health inequalities
- Those where we know we can intervene early (child and youth)
- Target groups identified in Health Workforce NZ report “*Towards the next Wave*”, including:
 - Families and whānau with risk factors
 - Children with cognitive, developmental and behavioural disorders
 - Youth with risk factors
 - People with low prevalence, high severity psychiatric problems
 - People with alcohol and other drug problems
 - People involved in the forensic/justice system
 - People with organic degenerative conditions (e.g. dementia)

Determinants focus

A number of factors can impact on mental health, including education, housing, justice and social welfare. The determinants focus identifies key areas where we need to be strategically engaging with other sectors to achieve the best mental health for the Southern DHB population. This means working with these sectors at both a policy and practical level.

Framework for Change

The framework to facilitate the achievement of the 5 high level outcomes, the person and determinants focus and the 5 strategic directions of Hāpai te Tūmanako- Raise HOPE, comprises four major areas: Systems Model, Service Model, Workforce and Infrastructure.

Systems Model

The systems model is based on the premise that all providers explicitly adopt a system philosophy that reflects the Hāpai te Tūmanako - Raise HOPE 5 strategic directions. The model recognises that every stakeholder has a voice and a contribution. It prescribes prevention, early targeted intervention, with a whole of sector approach. Services will be delivered in communities where possible and a culture of continuous improvement will ensure high quality services are provided. All providers will offer high quality, safe care in the community, that reflects what consumers want and need.

To lead and embed the system and service model throughout the Southern DHB, a Network Leadership Group (NLG) will be established. This group will lead successful implementation of Hāpai te Tūmanako - Raise HOPE, connect the Mental Health and Addictions sector across the district and motivate engagement, service development and new ways of working.

Service Model- a tiered approach to service provision

We need to do things very differently if we are to extend across a broader range of mental health and addiction responses and develop a no wait system which provides early and timely responses.¹

To achieve the 5 high level outcomes of Hāpai te Tūmanako- Raise HOPE requires changing the level and mix of services provided in our district as well as where and when we intervene, more services will be delivered in the primary/community setting and there will need to be changes in the way our workforce is used.

An important component of this change will be the full implementation of a stepped care approach – a framework through which to provide better access to services. It involves the introduction of a tiered approach to service provision - intervening in the least intensive way from self care and across primary, community and specialist services to get the best possible outcomes, freeing up capacity at specialist tiers of the service to provide effective treatments for those with more complex needs.

To provide safe, high quality services in communities will require a multidisciplinary approach. A Stepped Care service model will support the majority of the population accessing services, i.e. early intervention and increased access to resources at the primary and community level. A smaller percentage will need to access specialist secondary services with optimum assessment, intervention and throughput, and an even smaller percentage will require access to tertiary specialist inpatient and crisis resolution services from time to time.

A stepped care continuum will need to have clear pathways and be integrated across primary, secondary and tertiary services to ensure effective access and ease of movement between the different levels of service provision, with high volume, low intensity interventions being provided to those with the least complex difficulties. Subsequent steps are defined by increasing levels of complexity².

Interventions used should have the best chance of achieving positive outcomes with the least intrusive manner and should be regularly reviewed and stepped up or down as needed.

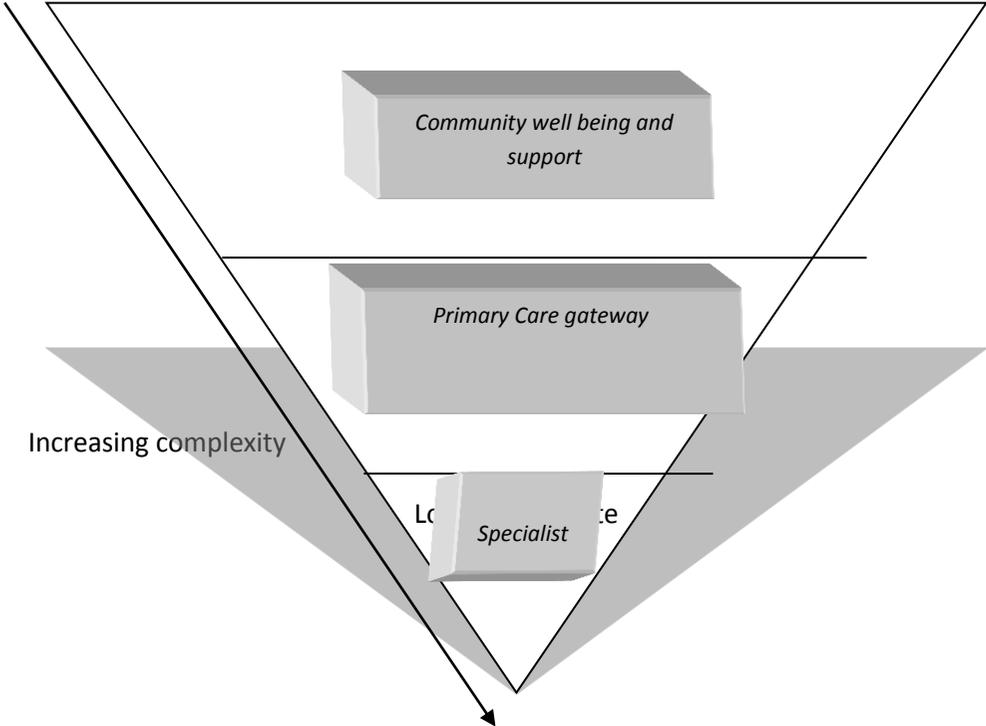
It will require streamlining referral pathways to ensure a seamless progression.

Identifying processes to support and manage the transition between the tiers of treatment is fundamental to the successful implementation of this model.

¹ Blueprint II – Improving mental health and well being for all New Zealanders. How things need to be. Mental Health Commission, June 2012

² The Matrix – Mental Health in Scotland, 2011. A Guide to delivering evidence based Psychological Therapies in Scotland. NHS – Education for Scotland.

The Stepped Continuum of Care



Workforce

To achieve change and ensure that the workforce can support the delivery of new and existing services in different ways into the future will require a comprehensive workforce development plan.

The Workforce Development Plan will consider recruitment, retention, succession planning and professional development to support the stepped care model and the new services that will be provided. It will ensure that the right workforce is in the right place, avoiding duplications and gaps. It will include all staff involved in the delivery of Mental Health and Addictions services – Peer and peer support, Nursing, Medical, Allied Health, Primary, Support and Clerical.

It will consider Health Workforce NZ planning which has been informed by *Rising to the Challenge – The Mental Health and Addiction Service Development Plan 2012 – 2017*, the South Island Workforce Development Plan and Te Pou.

Infrastructure

The ability to work as a whole of sector with a systems approach relies heavily on fit for purpose infrastructure.

1. Information - information collection, accuracy and reporting is critical for planning purposes, for measuring success and for informing decision making. Information must be consistent, easily accessible and able to be retrieved in a timely way.
2. Quality – a quality improvement focus providing high quality and safety of care for the consumer, family and whānau is critical to support system wide and service quality improvements, whilst maintaining confidence that legislative guidelines are being met. A culture of continuous improvement, ensuring that care is **“Right for the patient, right for service”**³ will ensure that those who use mental health and addiction services receive the best care possible.
Fundamental to continuous improvement is staff training and support.
3. Technology – a key enabler to service provision, particularly across the large geographical area of the Southern District, is technology. The potential to use telemedicine and other fixed and mobile communication options can greatly enhance workers’ effectiveness and services offered to consumers.

³ South Island Regional Plan

The Milestones

The table below identifies milestones required to implement Raise HOPE – Hāpai te Tūmanako - Raise HOPE.

MILESTONE		Implementation Actions	Implementation notes	By Whom	Completion Date
1.	Systems:				
1.1	All providers will explicitly adopt a Hāpai te Tūmanako - Raise HOPE system philosophy - the 5 Strategic directions. These strategic directions will incorporate and reflect a consistent understanding of a range of health priorities for Māori.	Formalise a system philosophy that reflects the 5 strategic directions of Hāpai te Tūmanako - Raise HOPE : <ul style="list-style-type: none"> • Prevent Mental Illness and intervene early • Intervene in targeted, effective ways across the life course • Locate support close to consumers and in communities • Work as one sector with a systems approach • Constantly improve sector quality, capability, productivity and capacity 	The MH & A sector will adopt: <ul style="list-style-type: none"> • A system model where every stakeholder has a voice and a contribution • A system that is not hierarchical • A system that aligns to the Southern DHB Vision, Hāpai te Tūmanako - Raise HOPE and Rising to the Challenge • A system that operates from strengths based recovery approach that is visible in each service interaction and in the workforce practices and culture. 	Network Leadership Group (NLG)	February, 2015
1.2	Establish a district Network Leadership Group (NLG) to lead the MH & A sector. This group will be,	Establish a network to lead the sector to achieve the 5 high level outcomes of Hāpai te Tūmanako - Raise HOPE : <ul style="list-style-type: none"> • More people with mental illness and/or addiction will have better physical health 	<ul style="list-style-type: none"> • The network will provide direction, leadership, connect the MH & A system and motivate and encourage. It will comprise consumers, Māori, Pacific, family/whānau, senior provider representatives and 	Planning and Funding	December, 2014

	responsible for leading the successful implementation of the new system and service model. There will be recognised involvement of mana whenua in the implementation of the new system and service model.	<ul style="list-style-type: none"> • More people with mental illness and/or addiction experience recovery • The health and well being of the community is improved • Family/whānau are better enabled to support themselves and their family/whānau • Fewer people will be affected by the misuse of alcohol and drugs. 	<p>intersectoral partners.</p> <p>The district network will be supported by Planning and Funding Hapai te Tumanako-Raise HOPE work stream resources.</p>		
2	Service model				
	Develop a model for the district that will be an enabler for the achievement of the 5 Strategic directions and 5 Outcomes of the Hāpai te Tūmanako - Raise HOPE strategy.	<p>Develop a Stepped Continuum of Care model where most people access services in the community/primary care setting, with some needing to access specialist and inpatient services from time to time.</p> <p>Develop the model with clear and visible expectations and observable changes about new ways of working and culture</p>	<p>Develop a Stepped Continuum of Care with:</p> <ul style="list-style-type: none"> • Clear pathways and protocols for consumer progression within the model, specifically focussing on the supporting transitions between tiers of treatment • Clearly defined thresholds for accessing different tiers of treatment • Clearly defined processes to monitor stepping up, discharge or referral • Streamlined referral pathways to specialist services <p>Ensure that the model supports:</p> <ul style="list-style-type: none"> • Seamless integration between primary and secondary services (whole of sector/whole of systems approach) • Service delivery that identifies the target groups of : 	NLG	Dec, 2014

		Refine and streamline referral pathways to enable consumers to easily move within the Stepped Care Continuum.	<ul style="list-style-type: none"> *Māori – Tangata Whenua *Those with health inequalities (Māori, Pacific) *Those we know we can intervene early (child and youth) *people with low prevalence conditions and/or high needs *infants, children and youth with high prevalence conditions *older people with high prevalence conditions <p>Ensure seamless access into and out of services under the proposition that “any door is the right door”.</p> <p>Ensure the model reflects the cultural values and beliefs of mana whenua and Mataawaka and demonstrates manaakitanga between Maori and Pacific Island cultures.</p> <p>Review the role of NASC to fit with the stepped care model by developing system wide agreement on eligibility criteria for a range of services so that people can access support they need, regardless of where they are in the system.</p>		
3	What does success look like?				
		Develop a set of outcome measures and KPIs by which to measure success against the identified outcomes of Hāpai te Tūmanako - Raise HOPE.	A number of national KPIs have already been developed, but we may need to identify other measures that will inform and guide the process of change and development and to show whether or not we are succeeding. Incorporate SDHB District Annual Plan KPIs	NLG	Oct, 2014

			As a part of this process, we can develop greater compliance with the existing PRIMHD system and ensure that we can align data collection to achieve consistent reporting.		
4	Transition Planning				
4.1	Develop a plan for the transition from the current service delivery to phased implementation of new services.	<p>Develop a transition plan that will identify service delivery changes required to realise success:</p> <ol style="list-style-type: none"> 1. Complete a phased review of all Mental Health and Addiction services across the district, both inpatient and community based services. 2. Review services for fitness for purpose, effectiveness and fiscal sustainability. 3. Identify services gaps at all levels 4. Develop services across the district with DHBs, NGOs, PHO and GPs working together to provide more effective prevention, early intervention, crisis resolution and 	<p>Phase the review by group through the stepped care model:</p> <ul style="list-style-type: none"> *Child and Youth: across the continuum¹ *Adult: across the continuum *Older People: across the continuum <p>¹Develop a collaborative project with MSD/CYF to review of all residential (bed) based services for children and young people district wide. (Includes crisis/respice residential)</p> <p>Identify and develop resources that will support well being, resilience and recovery, including:</p> <ul style="list-style-type: none"> • Web based information services • E therapy 	NLG	<p>Feb, 2016</p> <p>August,2016</p> <p>Feb,2017</p>

		<p>general support at the local level.</p> <p>5. Identify specific strategies to: *achieve greater integration between mental health and physical health services *target Infants and Mothers, Child and Youth * target at risk groups: Māori-Tangata Whenua, Pacific People</p> <p>6. Develop services that target at risk groups as identified in HWNZ “Towards the Next Wave”, page 4 of this document.</p> <p>7. Develop new acute alternative services for inpatients.</p> <p>8. Develop community based services as an alternative to inpatient services.</p>	<ul style="list-style-type: none"> Existing community networks <p>Identify and develop services that deliver early interventions and crisis resolution at the local level</p> <p>Work in partnership with Southern DHB Māori Health Directorate, Community based Māori providers, Pacific Trust (Otago), PIACT (Southland) to develop integrated approaches for Māori and their whānau and Pacific people using the Whānau Ora/Fanau Ola approach to build resilience and capability.</p> <p>Through clear and connected pathways, ensure ready access to a variety of appropriate cultural supports.</p> <p>Extend acute treatment to include community – based options, including in the home</p> <p>Develop and implement an alternative service to manage people who present with mental health issues who would benefit from enhanced assessment and treatment initiation over a short period, thereby avoiding an acute</p>		
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4.2	Planning and Funding	<p>Develop funding models that will support significant shift to community/primary based services</p> <p>Undertake a procurement process to invest in new services that meet criteria (as described in 4.1, Implementation Action 2).</p> <p>Disinvest from services that do not meet criteria (as described in 4.1, Implementation Action 2).</p> <p>Link funding to performance – outputs against agreed KPIs.</p>	<p>inpatient admission. Ensure clear and well documented pathways that incorporate concepts of culture, models and frameworks that are Māori and Pacific Island inclusive.</p> <p>Extend Acute and planned respite options to include access for people in the primary care sector</p> <p>Review supported landlord places across the district</p> <p>Planning and Funding expects that as a result of the system and service model changes, 40% of Mental Health and Addictions funding will be allocated to community/primary activity by 1 July, 2019</p>	Planning and Funding	<p>July,2019</p> <p>Mar 2016 – June 2019. (phased in/out as reviews are undertaken)</p> <p>June 2019</p>
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5	Infrastructure				
5.1	Information	Streamline information collection so that accurate data can be used for planning purposes, to measure success and to inform decision making. Ensure the workforce is supported to efficiently enter and extract accurate data	Work with DHB, NLG, IT, NGO, PHO to develop clear processes for timely and accurate data inputting, collection and training to support staff.	NLG, IT	
5.2	Quality	All service providers will develop an auditable quality plan	Plans will incorporate the 6 dimensions of quality, be consumer/family/whānau focused and outline methodologies to deliver quality.	NLG, All service providers	As contracts are signed.
5.3	Information Technology	Develop a technology plan to scope needs and make resources available to support integration and shared care planning between primary and specialist services. The plan will be referenced against the Regional IT Services Plan and the National IT plan. Develop a district process for sharing clinical information between providers (South Island and National IT plans are some years from completion).	Technology initiatives that will enhance service delivery and enable improved knowledge sharing (telemedicine, video conferencing and mobile communication options) will be utilised where appropriate and recognising that staff training will be necessary. Initiatives to support consumers in their communities, for example e-therapies, will be utilised where appropriate.	NLG, DHB, NGOs, IT	
6	Workforce development				
6.1	Workforce development	Develop a work plan for the sector. The plan will ensure a workforce with skills matched to	Develop a work plan for the sector that will: <ul style="list-style-type: none"> reinforce the system philosophy that 	NLG, Planning and Funding	June, 2015

		<p>the new system and service delivery model.</p>	<p>consumers and their family/whānau are the focus of all service delivery</p> <ul style="list-style-type: none"> • recognise existing skills and build on these • identify skills mis-match and recommend training programmes to upskill staff where necessary • support workforce development across the mental health and addictions sector. HWFNZ will be the prime mover of educational needs for a Māori specific workforce. • develop peer lead services and workforce • enhance quality improvement culture and service delivery standards. Models and frameworks will be inclusive of concepts that Māori can relate to and implement in their healing • recommend changes to workforce roles • increase the use of specialist mental health expertise to support the primary sector. Specific people will be identified within the current workforce who are experts in the cultural aspects (Māori specific) of mental health • improve cultural competency • improve consistency and use of community support worker resource • support and develop teaching and learning • increase mental health and addiction sector involvement in physical health 		
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			<p>and public health programmes</p> <ul style="list-style-type: none">• raise awareness amongst mental health and general health staff, of the high risk of co-morbid conditions and improve skills identifying these.		
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