



Hāpai te Tūmanako - Raise HOPE Implementation Plan

WORKFORCE DEVELOPMENT ACTION PLAN

2016-2019

Our Vision

“To have a sustainable, experienced and highly skilled workforce delivering quality mental health and addiction services to the Southern community”

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Executive Summary

Currently in the Southern District there is no sector-wide Workforce Development Plan for mental health and addiction services. The sector faces a number of challenges including an aging workforce, recruitment and retention issues in some occupational groups and localities, limited capacity and capability in primary health, and the ability of the sector and workforce to manage increasing demand for services and increasing numbers of people presenting with multiple and complex needs.

This plan outlines the key priorities and programme of work over the next four years for workforce development in the Southern District. The plan will support the development of a mental health and addictions workforce that is sustainable and highly skilled and able to meet the future demands of consumers, families and whanau. The plan has taken a whole of systems approach and has been developed in collaboration with mental health and addiction sector experts, consumer and family/whanau representatives and regional and national workforce agencies. It is also aligned with workforce development priorities and activities at a national and regional level including the South Island Alliance Mental Health and Addiction Workforce Plan 2016-2021 and Rising to the Challenge - The Mental Health & Addiction Service Development Plan 2012-2017 (MoH).

The plan identifies the following key priorities for action:

- ⇒ Establish an updated governance structure to oversee and coordinate workforce development activity in the Southern District.
- ⇒ Align workforce development planning and activity with the implementation of the Stepped Care model.
- ⇒ Establish a new Education and Training HUB and dedicated workforce development roles to coordinate and deliver local workforce development projects and initiatives.
- ⇒ Develop and implement an annual Education and Training Programme in collaboration with the sector, consumers and families and whanau.
- ⇒ Increase focus on growing and enhancing the capacity and capability of the primary health care workforce and the establishment of new partnerships with specialist mental health and addiction providers.
- ⇒ Increase focus on 'holistic practice' - growing and enhancing the workforce's ability to deliver care and treatment that takes a whole of person approach.
- ⇒ Develop and implement a new 'Top of Scope' framework for all roles working in the sector.
- ⇒ Establish new training opportunities and workforce opportunities in the sector including peer support, nurse practitioners and primary care specialists.

The priorities and actions outlined in this plan are aligned with the implementation of the Stepped Care Model in the Southern District. Stepped Care will require the workforce to behave and work differently in the future. This includes a holistic, whole of person approach (physical health and wellbeing), increased collaboration with colleagues and other providers, a workforce that reflects the communities we work in, flexible mobile services in different settings, shared care arrangements, new and innovative use of technology, and consistent application of evidence based treatment and psychological therapies.

Implementing the priorities and actions outlined in this plan will be an evolving process providing opportunities to review and measure progress along the way and to consider any changes or amendments that need to be incorporated as implementation progresses.

WHY are we developing a Workforce Development Plan?

Workforce planning is vital to the ongoing delivery of effective and high quality mental health and addiction services. It enhances the mental health and wellbeing of people by ensuring a highly skilled, sustainable workforce delivering quality services. The mental health and addiction sector faces a number of ongoing challenges if it is going to achieve this. The key priority areas identified during the development of this plan and that require action are:

- Currently there is no overarching Workforce Development Plan for the Mental Health and Addiction Sector in the Southern District;
- There is limited capacity and resourcing in the sector to plan and coordinate activity that addresses current and future workforce needs and issues;
- The ability of the sector and workforce to manage increasing demand for services and the increasing number of people presenting with multiple and complex needs;
- The sector has an aging workforce and faces challenges recruiting and retaining new graduates, young people, and experienced and culturally appropriate staff;
- Limited capacity and capability in primary health and no coordinated, resourced programme for professional development;
- There is little planning and design for the future workforce in key occupational groups including peer support, nurse practitioners and primary health specialties;
- A lack of alignment and collaboration between the education and training priorities and activities of the Provider Arm, NGO services and other community providers.
- Maintain and promote a competent skilled workforce, e.g. matching the capabilities of the Mental Health & Addiction workforce to the growing complexity of client need.

This document will be the lead planning tool for workforce development in the Southern District. Its mandate is to provide a strategic overview of workforce development in the Southern District and to identify the priorities and activities that will govern how workforce activity is coordinated and managed in the future.

At the time of developing this plan the mental health and addictions sector in the Southern District is planning to implement a new Stepped Care Service Model. This will impact on every part of the sector including the workforce. Any re-design of services will affect how people currently practice, the make-up of occupational groups in the workforce, and where people work.

What does this Workforce Development Plan do?

- Identifies and analyses what resources and capacity are already available in the mental health and addiction sector in the Southern District.
- Identify what resources will be required to implement workforce development priorities and actions.
- Develop and grow the capacity and capability of the current workforce to meet the expected and future needs of implementing the Stepped Care Model.
- Use resources effectively and ensure value for money.
- Prioritises workforce activity to align with, and compliment, regional and national priorities and activity.
- Identifies opportunities to work differently and to be innovative.

2016-2019 Action Plan

The Action Plan provides a detailed breakdown of all major workforce development activity in the Southern District over the next four years. This programme of work will support the changes needed in the workforce's capacity and capability if it is to meet the changing demands and expectations of consumers and families and whanau.

The Action Plan identifies the infrastructure and tools required to enable and manage changes to the workforce on a district-wide and sector-wide scale. The Action Plan also provides a detailed breakdown of the activity to be delivered at each step of the Stepped Care model. It will be these changes that ensure the model is successfully implemented and that the vision of *'a sustainable, experienced and highly skilled workforce delivering quality mental health and addiction services to the Southern community'* is achieved.

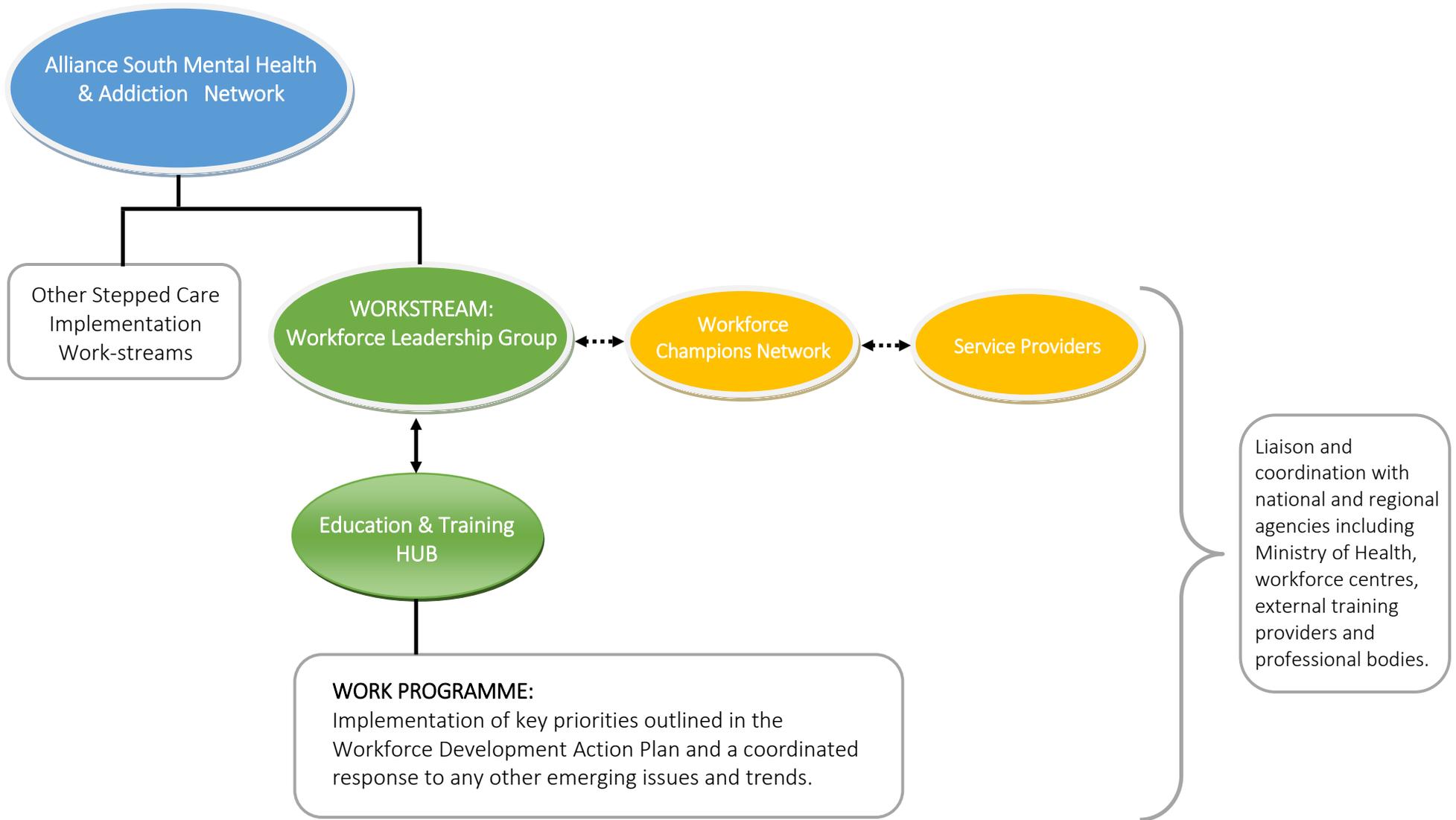
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Sector-wide Priorities, Activity and Infrastructure

This section outlines the over-arching, sector-wide workforce priorities and actions required to support the implementation of this plan. Implementing the plan requires us to think about the capacity and resources we already have available to complete the work, and also what new infrastructure and resources we will need in the future to ensure we achieve our goals. This section includes a diagram of the new structure for the governance, coordination and implementation of workforce development activity in the district.

Goal	Actions	Implementation Measures	Responsible/Partners	Timeframes
Workforce development activity is effectively led, prioritised, coordinated and implemented.	<ul style="list-style-type: none"> Establish a Workforce Leadership Group (WLG) to oversee and coordinate workforce development activity in the district. 	- Workforce Leadership Group established	- Mental Health & Addiction Network	By March 2017
	<ul style="list-style-type: none"> Establish a network of Workforce Champions to work with the WLG to coordinate and support the implementation of specific workforce development projects. 	- Workforce Champions Network established	- Workforce Leadership Group	By March 2017
	<ul style="list-style-type: none"> Complete a proposal/business case for two new full-time workforce development roles in the district that will make-up a new Education and Training HUB. The HUB will coordinate, promote and distribute all education and training activity and information. 	- Funding confirmed - Procurement completed - Education & Training HUB established	- Workforce Leadership Group - Southern DHB Planning & Funding	By December 2017 By June 2018
	<ul style="list-style-type: none"> Hold an annual Workforce Summit for the purposes of planning and coordinating sector-wide workforce activity and to support the development of sector-wide 2017-18 Education & Training Programme. 	- Workforce Summit completed, findings incorporated into 2017-18 Education & Training Programme	- Workforce Leadership Group - Workforce Champions Network	By March 2017
	<ul style="list-style-type: none"> Develop and coordinate the 2017-18 Education and Training Programme for the mental health and addictions sector. 	- Programme produced, implemented and evaluated	- Workforce Leadership Group - MH&A Service Providers - Training Providers - Education & Training HUB	July 2017-June 2018 By December 2018
	<ul style="list-style-type: none"> Establish an interactive/electronic/web based platform for the management of workforce activity (e.g. e-bulletins, on-line education and training calendar, information and resources). 	- New e-platform developed and implemented	- Education & Training HUB - Workforce Leadership Group - MH&A Service Providers	By October 2018 By December 2018
	<ul style="list-style-type: none"> Develop and establish a 'Top of Scope' Framework for all roles delivering mental health and addiction services in the Southern District. The Framework will align with the implementation of the Stepped Care Service Model, Let's Get Real Framework and Te Pou's 'Scope it Right' workforce development resource. 	- Top of Scope Framework designed - Top of Scope Framework adopted and implemented by service providers and Planning & Funding	- MH&A Network - SDHB Maori Health Dir. - Maori Health Providers	By December 2018
	<ul style="list-style-type: none"> Develop and implement workforce development priorities and projects in partnership with the Southern DHB Maori Health Directorate and Maori health providers. 	- Workforce development activity is aligned with the Southern Maori Health Strategy		

Figure 1: Workforce Development Infrastructure - Southern District



Step 1 - Self Care and Informal Community Responses

Step 1 services include a broad range of informal and formal community supports and resources available to the population at any time. Most people in the community do not require services or are able to self-manage their condition by accessing the information and support they need.

The self-care and community workforce is diverse and encompasses a wide range of roles and organisations. It includes: health promoters, suicide prevention roles, school/tertiary counsellors, other health and social service staff and front line staff who work in support agencies, public organisations and government departments. The priorities and activities outlined under step 1 are about supporting, educating and upskilling this workforce so that they are able to provide people with relevant, timely and accurate information to support them, or that more formally, provides them with a referral/contact to a service that can provide the most appropriate response.

Goal	Workforce Priorities and Actions	Implementation Measures	Responsible/Partners	Timeframes
<p>The Southern population has a high level of health literacy & knowledge regarding mental health and addiction conditions and services/supports.</p> <p>Reduced stigma and discrimination towards people with mental health and/or alcohol and drug issues.</p>	<ul style="list-style-type: none"> Information and resources (education and training, and information about services, support groups and conditions/illnesses) is made available to the community via all key contact/access points (e.g. service providers, health and social services, government agencies). Deliver additional education and awareness events (specifically Mental Health is Everyone's Business (MHIEB) and Consumer & Family/Whanau Engagement) to the Step 1 workforce and in local communities considered high priority. 	<ul style="list-style-type: none"> Universal suite of resources completed and distributed to service providers and stakeholder groups Included in 2017-18 Education and Training Programme Six MHIEB workshops delivered annually Six Consumer and Family/Whanau inclusive practice workshops delivered annually Included in 2017-18 Education and Training Programme Uptake/attendance at events monitored and evaluated 	<ul style="list-style-type: none"> Workforce Leadership Group MH&A Service Providers Public Health South Wellsouth External Providers Workforce Leadership Group MH&A Service Providers Training Providers 	<p>By December 2017</p> <p>By December 2017 then annually</p>
<p>Individuals at risk of suicide are identified and supported.</p>	<ul style="list-style-type: none"> Deliver a programme/schedule of suicide prevention training events to front-line staff working in community based services, health services and government agencies (e.g. Schools, Work & Income, Victim Support, Police, Probation, Prisons, Volunteer services, Primary and Secondary Health Services). 	<ul style="list-style-type: none"> Up to six suicide prevention/awareness training workshops delivered annually Included in 2017-18 Education and Training Programme Uptake/attendance at events monitored and evaluated 	<ul style="list-style-type: none"> Wellsouth Public Health South Kia Piki Te Ora Service External Providers 	<p>By December 2017 then annually</p>

Step 2 - Primary Health Services

Step 2 services are delivered in primary health and community/NGO settings and support people who are experiencing a mild mental health and/or alcohol and drug condition. This is where most people already receive the advice, care and treatment they need to stay well.

The Primary Health Service workforce operates in a number of settings and includes general practitioners, practice nurses, school/tertiary counsellors, mental health and addiction services and other community based services and health and social service providers.

Goal	Workforce Priorities and Actions	Implementation Measures	Responsible/Partners	Timeframes
Primary Health providers deliver comprehensive, effective services to consumers and families and whanau.	<ul style="list-style-type: none"> Develop and implement a training programme for Primary Health staff that enhances their ability to identify and respond to anyone presenting with a mild mental health and/or alcohol and drug condition, and also know how and where to refer anyone needing more intensive support. Primary Health providers will partner with specialist mental health and addiction services to access the appropriate peer or professional expertise they need to support and enhance their own practice and professional development (e.g. colleagues, brief intervention staff, and other multi-disciplinary specialties). 	<ul style="list-style-type: none"> Six mental health and addiction primary health workshops delivered annually 25% of practices complete training in year one and in subsequent years Programme included in the 2017-18 Education and Training Programme and subsequent years Uptake/attendance at events monitored and evaluated Partnership arrangements agreed and trialed in year one in Stepped Care Implementation sites in the Clutha and Southland Districts Primary Health Services develop, implement and can evidence policies and practices that support the professional development of their workforce 	<ul style="list-style-type: none"> Workforce Leadership Group Primary Health Services MH&A Service Providers Education & Training HUB Clutha & Southland Stepped Care Implementation Design Groups Primary Health Services MH&A Service Providers Professional bodies 	<ul style="list-style-type: none"> July 2017-June 2018 then annually By December 2017

Step 3 - Primary Mental Health and Addiction Services & Specialist Community Services

Step 3 services are delivered in primary and community settings and support people who are experiencing moderate to severe mental health and/or alcohol and drug conditions. Services include child and youth and adult services, Maori services, community support, rehabilitation and vocational services and family/whānau services.

The Primary Mental Health and Addiction Services and Specialist Community Services workforce is diverse and operates in a number of settings. It includes general practitioners, practice nurses, counsellors, support workers, addiction specialists, peer support workers, nurses, occupational therapists, social workers, Maori health specialists, family support workers and advocates and psychologists and psychiatrists. They work across the district and across all age ranges including child and adolescent, adult and older people.

Goal	Workforce Priorities and Actions	Implementation Measures	Responsible/Partners	Timeframes
Primary Mental Health & Addiction Services and Specialist Community Services workforce provides comprehensive, effective services to consumers and families and whanau.	<ul style="list-style-type: none"> ▪ Training priorities for 2017-18 are: <ul style="list-style-type: none"> ○ Training events are designed to be multi-agency, multi-disciplinary, embedding a 'one-team' approach. ○ Co-existing Problems (CEP) training for staff not already trained and practicing as CEP practitioners. ○ Physical Health Needs ('Equally Well') training tailored to specific roles and/or scope of practice. ○ Supporting Parents, Healthy Children training. ○ Treaty of Waitangi and Cultural Competencies training including practices that support tangata whaiora and whanau. 	<ul style="list-style-type: none"> - 75% of all training events are multi-agency - 90% of clinicians are CEP practicing by June 2018. 100% by June 2019. - Minimum of six workshops held in the district for each priority training topic (CEP, Physical Health, Supporting Parents, Health Children and Cultural Competency). - Training programme evaluated including evidence of uptake and participant feedback 	<ul style="list-style-type: none"> - Workforce Leadership Group - MH&A Service Providers - Training Providers - Education & Training HUB 	July 2017-June 2018 then annually
	<ul style="list-style-type: none"> ▪ All services implement the 'Let's Get Real' Framework in their relevant policies and procedures. Implementation will include services accessing the appropriate training, and updates to the relevant HR practices. 	<ul style="list-style-type: none"> - 75% of contracted providers can evidence Let's Get Real implementation by June 2018. 100% by June 2019. - Training completed - Audit/review of HR practices 	<ul style="list-style-type: none"> - Workforce Leadership Group - MH&A Service Providers - Southern DHB Planning & Funding - Education & Training HUB 	July 2017-June 2018
	<ul style="list-style-type: none"> ▪ Grow and enhance the peer-led workforce. Priority given to applicants from existing services and networks and to people from high-risk communities including Maori, young people, the disabled, and lesbian, bisexual, gay and transgender. 	<ul style="list-style-type: none"> - Funding confirmed for six peer support training places - Applicants confirmed and training completed - To be reviewed annually 	<ul style="list-style-type: none"> - Southern DHB Planning & Funding - MH&A Service Providers 	July 2017-June 2018
	<ul style="list-style-type: none"> ▪ Grow and enhance the role of Nurse Practitioners in mental health and addiction services. 	<ul style="list-style-type: none"> - Funding confirmed for three nurse practitioner training places annually. 	<ul style="list-style-type: none"> - Southern DHB Planning & Funding - MH&A Service Providers 	By June 2017 then annually

Steps 4 & 5 - Specialist and Long-Term Services/Acute Services

Step 4 services are delivered in hospital and community settings and support people who are experiencing severe mental health and/or alcohol and drug conditions. Services also include community based residential services that support people who live independently in the community with longer-term and enduring conditions. Step 5 services are delivered to people with severe mental health and/or alcohol and drug problems experiencing acute and/or complex illnesses. Emergency and after-hour services are available to people in crisis, and inpatient services for people who require short-term hospital based support and treatment.

The step 4 and 5 workforce is diverse and operates in a number of settings. It consists of alcohol and drug counsellors, nurses, occupational therapists, social workers and psychologists and psychiatrists. Long-term community based residential services include support workers, peer support workers and family support workers and advocates. The Step 4 workforce works across the district and across all age ranges including child and adolescent, adult and older people.

Goal	Workforce Priorities and Actions	Implementation Measures	Responsible/Partners	Timeframes
Specialist, long-term and acute workforce provides comprehensive, effective services to consumers and families and whanau.	<ul style="list-style-type: none"> ▪ Training priorities for 2017-18 are:: <ul style="list-style-type: none"> ○ Training events are designed to be multi-agency, multi-disciplinary, embedding a 'one-team' approach. ○ Co-existing Problems (CEP) training for staff not already trained and practicing as CEP practitioners. ○ Physical Health Needs ('Equally Well') training tailored to specific roles and/or scope of practice. ○ Supporting Parents, Healthy Children training ○ Treaty of Waitangi, Cultural Competencies training includes practices supporting tangata whaiora and whanau. ▪ All services implement the 'Let's Get Real' Framework in their relevant policies and procedures. Implementation will include services accessing the appropriate training, and updates to the relevant HR practices. 	<ul style="list-style-type: none"> - 75% of all training events are multi-agency - 90% of clinicians are CEP practicing by June 2018. 100% by June 2019. - Minimum of six workshops held in the district for each priority training topic (CEP, Physical Health, Supporting Parents, Health Children and Cultural Competency). - Training programme evaluated including evidence of uptake and participant feedback 	<ul style="list-style-type: none"> - Workforce Leadership Group - MH&A Service Providers - Training Providers - Education & Training HUB 	July 2017-June 2018 then annually
		<ul style="list-style-type: none"> - 75% of contracted providers can evidence Let's Get Real implementation by June 2018. 100% by June 2019. - Training completed - Audit/review of HR practices 	<ul style="list-style-type: none"> - Workforce Leadership Group - MH&A Service Providers - Planning & Funding - Education & Training HUB 	July 2017-June 2018

Appendices

Appendix A) Workforce Development Project Working Group

Heather Casey

Nursing Director - Southern DHB Mental Health, Addictions and ID Service

Richard Harris

Project Manager - Southern DHB Planning & Funding

Barb Long

Chief Executive Officer - Corstorphine Baptist Community Trust

Johnnie Potiki

Consumer Advisor - Southern DHB Mental Health, Addiction & ID Service

Nancy Todd

Maori Health Manager - Southern District Health Board (joined March 2016)

Karen Goffe

Maori Health Manager - Southern District Health Board (ceased February 2016)

Kaylene Holland

Primary Health Services Manager - Wellsouth Primary Health Network

Clive McArthur

Chief Executive - Adventure Development Ltd

Tina Simmonds

Team Leader/Clinical Nurse Specialist - Wellsouth Primary Health Network

Val Williams

Planning Lead - Workforce Development, South Island Alliance

Appendix B) Background

In 2014 the Raise HOPE Implementation Advisory Group completed the Hāpai te Tūmanako - Raise HOPE Implementation Plan. The purpose of the plan was to identify and prioritise the steps required to achieve the sectors strategic goals and vision. To successfully achieve the vision requires transformational change across all parts of the mental health and addictions sector. Developing and implementing a Workforce Development Plan for the mental health and addictions sector in the Southern District is identified as a priority project in the implementation plan. A sustainable, experienced and highly skilled workforce is vital to the successful implementation of the sectors vision and strategic goals.

In February 2015 a detailed project plan was developed by Southern DHB Planning and Funding outlining the steps that would be taken to develop the Workforce Development Plan 2016-2019. The plan was signed off by project sponsor Sandra Boardman, Executive Director, Southern DHB Planning and Funding. A working group of Network Leadership Group members was established with additional expertise sourced from outside of the group (membership list on page 12).

One of the key considerations for the project working group throughout the development of this plan has been how it will link and complement the Stepped Care Model project. The Stepped Care project is being implemented by a working group of the Network Leadership Group who have been developing a new service model for the mental health and addictions sector in the Southern district and the completion of an implementation plan. The changes that will be proposed in the implementation plan are likely to impact on the current and future workforce. Potentially this will mean changes to services and service delivery, where services are delivered, new and different models of care and treatment, and changes to the skills mix and competencies of people working in the sector.

Purpose:

- ⇒ To outline a whole-of-sector approach to workforce development which can guide and support mental health and addiction providers and stakeholders.
- ⇒ To assist all organisations in the Southern District to sustain and develop an appropriate, skilled and competent mental health and addictions workforce.
- ⇒ To build workforce capacity across the sector. This will include fostering leaders, managers, clinical and non-clinical staff, the service user workforce, the family/whānau support workforce, Maori workforce, Pacific Peoples workforce and strong and robust governance teams.
- ⇒ To ensure that workforce development and evidence based practices compliment and support one another, are cost effective and financially sustainable.
- ⇒ To promote sharing of evidence based and innovative practice across the sector.
- ⇒ To support and compliment the implementation of Stepped Care.

Appendix C) VISION and Principles

OUR VISION:

To have a sustainable, experienced and highly skilled workforce delivering quality mental health and addiction services to the Southern community.

OUR PRINCIPLES:

- ✓ Service users and families/whānau are at the centre of everything we do.
- ✓ Anyone accessing services receives a consistent and high standard of care and support.
- ✓ We have a 'whole of person' approach to the wellbeing of the people we support.
- ✓ Everyone who works in the sector makes a valuable contribution.
- ✓ The diversity and skills of the workforce reflect the communities and people we support.
- ✓ We work in safe and supportive environments where staff thrive and work at the top of their scope.
- ✓ Innovation and creativity are encouraged and rewarded.
- ✓ Leaders excel in all parts of the sector and are supported and nourished.
- ✓ Everyone has access to training that supports their professional development.
- ✓ We share the expertise and resources we have with one another.

Appendix D) HOW the plan has been developed

The information used to develop this plan has come from a number of sources. First, a series of workforce surveys were completed in 2014 and 2015 of contracted service providers. The project team also completed a comprehensive review of local, regional and national policy documents and strategic plans.

The process for completing the Workforce Development Plan has been managed by a Project Working Group tasked with ensuring that all activities were completed to a high standard including consultation with the Network Leadership Group, Planning and Funding, mental health and addiction services and liaison with relevant workforce agencies.

In summary, the planning process included:

- A comprehensive snapshot of the mental health and addictions workforce in the Southern District including emerging trends, threats and opportunities
- The identification and establishment of clear career pathways for the mental health and addictions workforce
- The review of how professional development and education and training are planned, funded, implemented and evaluated by the sector
- Detailed work-plans that include all activities, responsibilities and milestones to successfully implement the plan
- A range of success measures that ensure all workforce development activity is achieving its goal, is sustainable and is evidence based
- Local workforce development will be connected and aligned with workforce planning and priorities at regional and national levels
- Activity will be results focussed to ensure that all workforce development is of a high quality and is regularly reviewed and evaluated to evidence progress and success

Appendix E) WHAT does the Southern workforce look like?

In 2014 and 2015 workforce surveys were completed by Te Pou, the Werry Centre and Southern DHB Planning and Funding. The purpose of the surveys was to provide an accurate picture of the organisations that work in the sector, their workforce, their education and training priorities and where there may be potential gaps, weaknesses and opportunities. The information gathered from the surveys are an invaluable tool that support the mental health and addictions sector to:

- Establish baseline data and information about the sectors workforce that can be used to measure changes, patterns and trends.
- Increase our knowledge of the sector and support future workforce development planning and priority setting.
- Provide a strategic tool for planning workforce development activity now and into the future.

The Surveys

In 2014 Te Pou completed an organisational survey of adult mental health and alcohol and drug services in the Southern district. In 2014 the Werry Centre also completed a survey of all child and youth mental health services. In 2015 Southern DHB Planning and Funding surveyed local providers who were not included in the Te Pou and Werry Centre surveys (child and youth alcohol and drug services and Primary Health services). In 2015 Southern DHB Planning and Funding also surveyed all contracted providers regarding their workforce practices and priorities (recruitment, orientation, education, training and professional development, career planning and pathways and succession planning).

Survey highlights include:

739 people work in mental health and alcohol and drug services (86% Mental Health, 13% Alcohol & Drug)

71% of the workforce are employed by Southern DHB Mental Health, Addiction and ID Services

29% of the workforce are employed by Non-Government Organisations (NGO)

627 (85%) of the workforce specialise in care for adults 18+

112 (15%) of the workforce specialise in care for children and adolescents (0-17)

60% of the workforce are in clinical roles

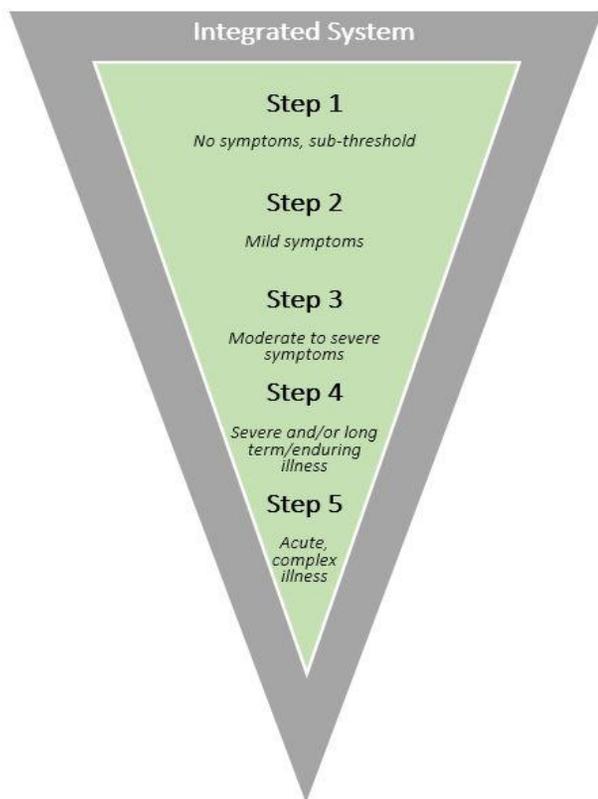
28% of the workforce are in non-clinical roles

12% of the workforce are administration and management roles

Occupational groups: **41%** Nurses **29%** Support Workers **12%** Administration & Management **9%** Allied Health **6%** Medical & other professionals

Appendix F) The Southern Stepped Care Model of Service Delivery

The workforce priorities and actions described in this plan are designed to complement and support the implementation of the Stepped Care model and to ensure a sustainable, experienced and highly skilled workforce now and into the future. The Stepped Care model for Southern DHB Mental Health and Addiction services identifies five steps of service delivery. Interventions are delivered at each step with differing levels of intensity to meet the different needs of every service user. Services intervene early to help avoid the need for more intensive interventions. Services use the least intrusive support and/or treatment required to meet the presenting need and have clearly defined thresholds to decide who should access support at each step. People have the ability to manage their own health and wellbeing at any step. A key role of mental health and addiction services is to coach and empower people to grow this ability.



Step 1 - Self Care & Informal Community Responses: Services include a broad range of informal and formal community supports and resources available to the population at any time. Most people in the community do not require services or are able to self-manage their condition by accessing the information and support they need.

Step 2 - Primary Health Services: Delivered in primary health and community/NGO settings and support people who are experiencing a mild mental health and/or alcohol and drug condition. This is where most people already receive the advice, care and treatment they need to stay well.

Step 3 - Primary Mental Health & Addiction Services & Specialist Community Services: Delivered in primary and community settings and support people who are experiencing moderate to severe mental health and/or alcohol and drug conditions. Services include child and youth and adult services, Maori services, community support, rehabilitation and vocational services and family/whānau services.

Step 4 - Specialist & Long-Term Services: Delivered in hospital and community settings and support people who are experiencing severe mental health and/or alcohol and drug conditions. Services also include community based residential services that support people who live independently in the community with longer-term and enduring conditions.

Step 5 - Specialist Acute and/or services for highly complex needs: Delivered to people with severe mental health and/or alcohol and drug problems experiencing acute and/or complex illnesses. Emergency and after-hour services are available to people in crisis, and inpatient services for people who require short-term hospital based support and treatment.