

Whanganui Rising to the Challenge

REFLECTIONS ON PROGRESS AND OPTIONS FOR THE FUTURE

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This short paper reflects the progress to date for the implementation of Whanganui Rising to the Challenge (the framework) and outlines opportunities for building on the work undertaken to date.

Background

In late 2014 work began on a project applying the principles formed in 'Whanganui Rising to the Challenge – The Mental Health and Addiction Service Framework 2014'. The framework was developed in 2013 and 2014 as a regional response to 'Rising to the Challenge – The Ministry of Health Mental and Addiction Service Development Plan 2012 -2013'.

The vision proposed by the framework '*That the people of the Whanganui region understand, value and promote mental health and wellbeing, possess the knowledge and resilience to weather adversity and where necessary have access to excellent mental health and addiction services that are recovery focused and provide hope*' is significant in scope and aspiration and extends beyond Mental Health and Addiction services into a range of social, public health and general health services. The framework forms an interconnected improvement and change narrative with eight elements supported by various mechanisms for change. Appendix 1, adapted from the framework, illustrates the interlinked nature of the elements.

Implementation

Initially the post framework implementation was structured as a traditional health service improvement programme using established quality improvement structures and approaches. Largely based on the Institute for Health Care Improvement 'Breakthrough' methodology¹, this approach was limited in both scope and flexibility when applied to the reality of what is a complicated, dynamically complex² service environment. The project was effectively framed in a way that was failing to engage staff and community stakeholders and was acting as a barrier to change.

An alternative approach was proposed, structuring the implementation of the framework as a significant large scale change and improvement initiative for the Whanganui region. This approach has meant applying emerging best practice concepts for leading and delivering large scale change^{3 4} to the principles contained in the framework. This has meant working with the project sponsors and clinical leads to establish a permissive shared purpose and moving away from a mechanistic reliance on tools.

There are three workstreams each with 8 – 12 core members providing a mix of expertise and representation across DHB, community and patient/whanau stakeholders. These are - Adult Mental Health and Addictions (Triage), Older People (The confused adult patient), Child and Youth (Behavioural conditions). Each of the three workstreams is guided by the Whanganui DHB Annual Plan. Although each focus area is different – a number of common themes have become apparent across all work areas (Appendix 2).

The project has actively used the framework as a way of giving the workgroups the permission and power to do the things that they want to do to effect change. Workgroups now know they are supported to take charge of the direction of change for their group. The objective has been to build a 'shared purpose' - consciously looking to build intrinsic motivation and values based change – while balancing the extrinsic motivators (targets, methods, policy etc.). Effectively this has seen more

¹ The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

² Leading Large Scale Change: a practical guide (2011), NHS Institute

³ Ibid

⁴ <http://www.nhs.uk/capacity-capability/nhs-change-model.aspx>

⁵ White Paper: The new era of thinking and practice in change and transformation. A call to action for leaders of health and care - See more at: <http://www.nhs.uk/resource-search/publications/white-paper.aspx#sthash.loesYLG5.dpuf>

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human and authentic conversations framing the project in a way that focuses on the “why” of work rather than a singular focus on a top down diagnostic imperative to make improvements.

In taking an emancipatory and strengths based approach to developing change ideas and using the principles within the framework we are laying the groundwork for long-term sustainable and evolving service improvement.

Sustainable and ongoing change can only be achieved where the capacity and capability of the people within the system is supported by the shared vision and values of management and the community.

Widening the Focus

The project is working to address the skills and capacity of staff and services to provide agency and leadership for change. These aspects of the framework are key to building long term sustainable change. Delivering services that are whanau/family and person-centred requires systems and people that can create an environment that celebrates ‘being human’ with a focus on co-design and valuing each person’s knowledge and skills.

The project is working closely with the Whanganui DHB Community Mental Health Services to build service improvement capacity as part of the Releasing Time to Care (RTTC) work being undertaken with these teams. This will allow internal service improvements to be aligned with the framework and build greater agency for change within these services. By including teams such as Community Mental Health (CMHT), the Mental Health Assessment and Home Treatment Service (MHAHT) and the SUPP youth service the wider elements of the framework can be introduced as part of a ‘new normal’ where co-design and human centred practice are part of all service developments.

Outputs/Activities

Each of the three workstreams have developed individual responses to their specific focus areas the wider impact of the work has been significant in both Mental Health and personal health services. The framework project has been able to support the planning and service improvement process in a number of ways.

- Joint Planning workshops with Community Mental Health (CMH), Child and Adolescent Mental Health (CAMHS) and the SUPP co-existing problems service;
- Co-design training to build capacity and capability – open to all improvement leads and teams
- Improvement Methods and Measures workshop - open to all improvement leads and teams
- Shared purpose and patient pathways mapped (Paediatrics, CAMHS, SuPP, Mental Health Acute Home Treatment Team (MHAHTT), Child Development Team) – contributing to a shared purpose and understanding of services.
- Referral forms and triage process revised (CMH and CAMHS)
- Health care Assistant (HCA) Training (close observation for confused patients)
- Screening tools tested (delirium)
- GP Direct Access peer support
- Seven co-design projects
- Systems improvements (data collection, recording, forms, process redesign)
- Revised consent process (CAMHS)
- 30 identified improvement projects

The current workstream approach has provided mixed success – where there is a shared understanding of need (adult mental health triage and confused patients) there has been significant change in the way services are understood and delivered.

Where there was little shared understanding of need (children and youth with behavioural difficulties) the workstreams have seen little progress against the main goal – however, significant

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and tangible change has occurred within the teams involved in the work as intrinsic drivers for change have been able to be addressed.

A number of systemic issues have been found during the implementation process including clinical process, consent and IT related process barriers.

Future Direction – The Planning Environment

The Whanganui Rising to the Challenge framework offers the opportunity to address wider service structure challenges and priorities outside the current workstream model. The current priorities for health planning and improvement offer an opportunity to capitalise on the momentum created to date.

The Ministry of Health has recently released a refreshed version of the New Zealand Health Strategy⁶. The draft updated Strategy proposes a clear view of the future we want for the health system over the next 10 years, to ensure all New Zealanders **live well, stay well, get well**. The draft updated Strategy covers challenges and opportunities for the health system, the future we want, including principles and behaviour that will enable it, and five strategic themes:



These themes and 20 associated actions (Appendix 2) form the key planning backbone for all future DHB and Regional service planning. Over time all service development and planning activities should be clearly linked to the themes⁷.

The Minister of Health has also made the 'shifting and integrating of services' including mental health services 'closer to home' (per the strategy) an explicit priority for DHBs. In the planning advice issued to DHBs the Ministry has further articulated the requirements around service configuration and shifting services allowing for local level innovation⁸ around delivering care 'closer to home' and a 'one team' approach using the strengths of each region and service to inform how this might be best achieved.

The implementation of 'Rising to the Challenge – The Ministry of Health Mental and Addiction Service Development Plan 2012 -2013' remains a planning priority for DHBs and features under the chronic conditions priority area for the Ministry of Health – with four key objectives - service integration, making best use of resources, increased access and a focus on resilience and recovery.

⁶ <http://www.health.govt.nz/publication/new-zealand-health-strategy-consultation>

⁷ The Minister's Letter of Expectations for district health boards and subsidiary entities

⁸ Shifting Services 2015/16 <http://nsfl.health.govt.nz/dhb-planning-package/201516-planning-package/supplementary-information-201516-planning-guidelines-2>

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The increased strategic focus on integrating and shifting services aligns with the co-ordination and people centred development approaches that are core to the framework. The planning environment is one that allows the Whanganui region to build on the substantive capacity building undertaken to date to deliver innovative 'local fit' solutions for care in the community.

In addition to the planning advice and Ministerial priorities the recent draft Mental Health and Addiction Workforce Action Plan 2016-2017 consolidates the intention to move care 'closer to home' and a 'one team' approach to service delivery around integration, support and mentoring of health professionals, 'line of sight' (joined up) planning and improving outcomes around chronic disease.

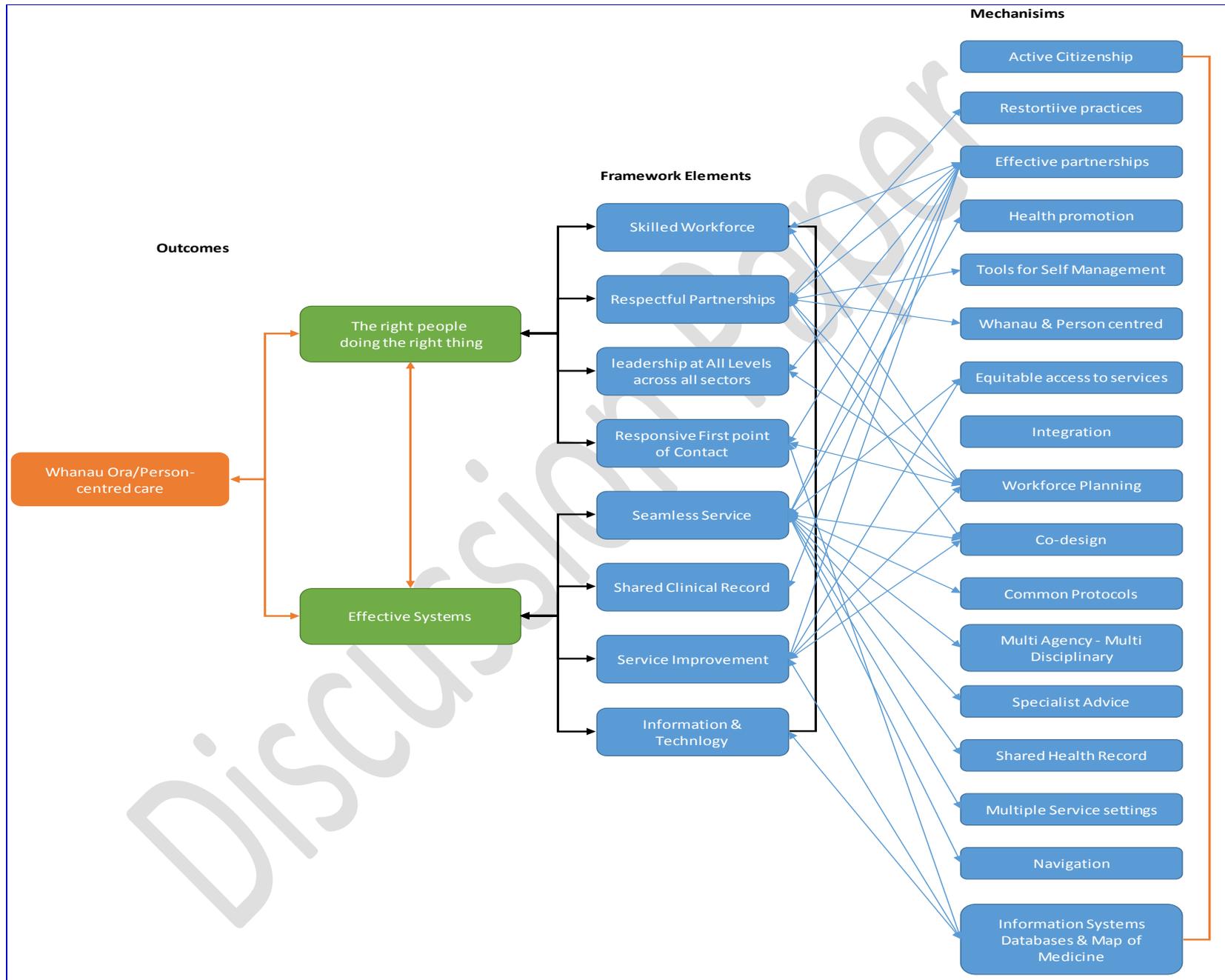
These themes are also supported by the 'Equally Well framework for collaborative action' that proposes a framework to address the long standing inequity for people with mental health and/or addiction problems who have relatively poor physical health outcomes (Appendix 5). The potential to align the combined planning and service development focus for mental health and personal health services with this direction is consistent the Ministry, regional and DHB planning direction.

The Whanganui Rising to the Challenge framework has a role to play in supporting the development of an innovative approach that addresses the fiscal and workforce constraints of the current service model. One option is to investigate and test the adoption of an adaptive and holistic 'community of care' approach to delivering mental health and addiction services alongside public health, primary care and community/peer services.

Such an approach is not limited to the devolution of services, rather it could use a co-location and participatory model where DHB and community resourced clinicians work together in common multi-disciplinary settings – supported by specialised mental health and addiction focused General Practice clinicians for the care of specific geographic area or community. Done well this type of approach will support greater capability across the multidisciplinary team with specialist clinicians moving to work at 'top of scope' providing support and advice to others within the team.



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Appendix 2 Common elements across Workstreams

- Co-ordination and shared understanding
- Informed and compassionate staff
- An integrated service that is informed by "What Matters" to people and their Whanau and communities
- When it doesn't matter where the care happens as long as it does happen - with people being strengthened and resourced
- Improved patient/whanau experience
- Robust, consistent, transparent processes - excellent patient care
- Education
- Health Literacy (Community and Staff)

Discussion Paper

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Appendix 3 Health Strategy Themes and Action Areas

Health Strategy Theme	People-powered	Closer to home	Value and high performance	One team	Smart system
Action Area	1. Improve coordination and expand delivery of information to support self-management in health through digital solutions.	3. Ensure the right services are delivered at the right location in an equitable and clinically and financially sustainable way.	7. Implement service user experience measures.	13. Improve governance and decision-making processes across the system, through a focus on capability, innovation and best practice, in order to improve overall outcomes.	18. Increase New Zealand's national data quality and analytical capability to improve transparency across the health system.
	2. Promote people-led service design including for high-need priority populations.	4. Enable all people working in the health system to add the greatest value by providing the right care at the earliest time, fully utilising their skills and training.	8. Implement a health outcome-focused framework to better reflect links between people, their needs, and outcomes of services.	14. Clarify roles and responsibilities and accountabilities across the system as part of the implementation of the Strategy.	19. Establish a national electronic health record that is accessed via certified systems including patient portals, health provider portals, and mobile applications.
		5. Increase the effort on prevention, early intervention, rehabilitation and wellbeing for long-term conditions and for obesity.	9. Work with the system to develop a performance management approach with reporting that enhances public transparency.	15. Establish a simplified and integrated health advisory structure.	20. Develop capability for effective identification, development, prioritisation, regulation, and uptake of knowledge and technologies.
		6. Collaborate across government agencies, using social investment approaches, to improve the health outcomes and the equity of health and social outcomes for children, families and whānau, particularly those at risk.	10. Align funding across the system to get the best value from health investment, starting with better access to those most in need, improved delivery of major capital expenditure, and more effective commissioning by contracting for outcomes.	16. Implement a system leadership and talent management programme and workforce development initiatives to enhance capacity, capability, diversity and succession planning and build workforce flexibility.	
			11. Develop and use a health investment approach with DHBs and consider using this to target high-need priority populations to improve overall outcomes while developing and spreading better practices.	17. Create a 'one team' approach for health through an annual whole of system forum, sharing best practice and contributing to a culture of trust and partnership.	
			12. Continuously improve system quality and safety.		

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Appendix 4 Workstream Highlights

The three project workstreams have identified and continue to progress a number of initiatives and improvements to implement the framework. As work progresses other elements of the framework are being introduced to support equitable and human centred service improvements.

The adult workstream is in the process of testing a heavily revised triage/referral approach developed in collaboration with the Regional Health Network at Gonville Health, Te Oranganui and Aramoho Health GP practices. It is verbally reported that there has been a “significant reduction” in CMH and Addictions services declined referrals and ‘did not attend (dna’s) compared with the previous year – further data is being assessed to confirm this.

The older people’s workstream focus on the confused has continued in the medical ward and is in the process of planning organisational wide training on delirium awareness, screening and interventions for all hospital clinical staff. The approach developed by the workstream for patients with cognitive impairment is being discussed with the rest home sector.

An agreement has been established with the Health Care Improvement Scotland to use their recently developed ‘Think Delirium’ screening and intervention programme including free use of on line education tools for clinical staff. EMT have recently approved a ‘dementia friendly’ path moving forward and plans are underway to provide a more domesticated dining room for these patients. This is expected to improve nutrition, mobilisation, socialisation and keeping strength of normal daily activities. The symbol, Care with Dignity, has also now been approved as a respectful way to identify patients with cognitive impairment.



The workstream is also supporting two co-design projects one of which is focused on ensuring the ED experience for patients is improved and one working on developing the dementia design project.

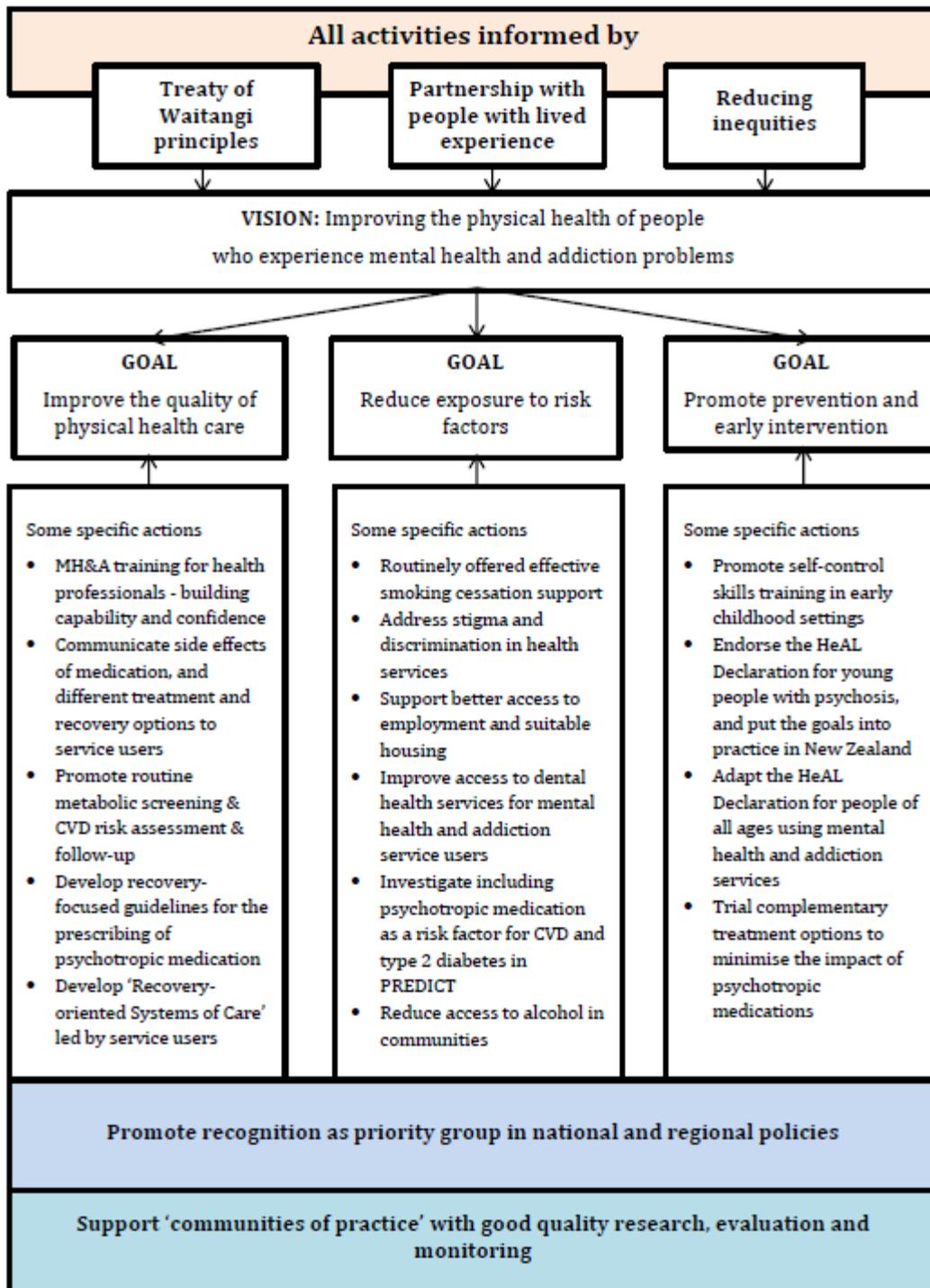
The Child and Youth workstream is actively working on developing an alternative approach to the review and allocation of children and young people with behavioural issues. The Child Development Team has joined with CAMHS and Paediatrics to map the current clinical pathway for children and young people with behavioural difficulties. This initial mapping process is being used to develop ways of integrated working to better meet the needs of this patient group.

CAMHS is actively participating in a range of co-design initiatives to gain a better understanding of the whanau/family and consumer stories relating to the service. The SUPP service is also working on a co-design project to help with the development of that service and the integration with both NGO and CAMHS services.

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Appendix 5

Equally Well Collaborative Action Framework



ENDS