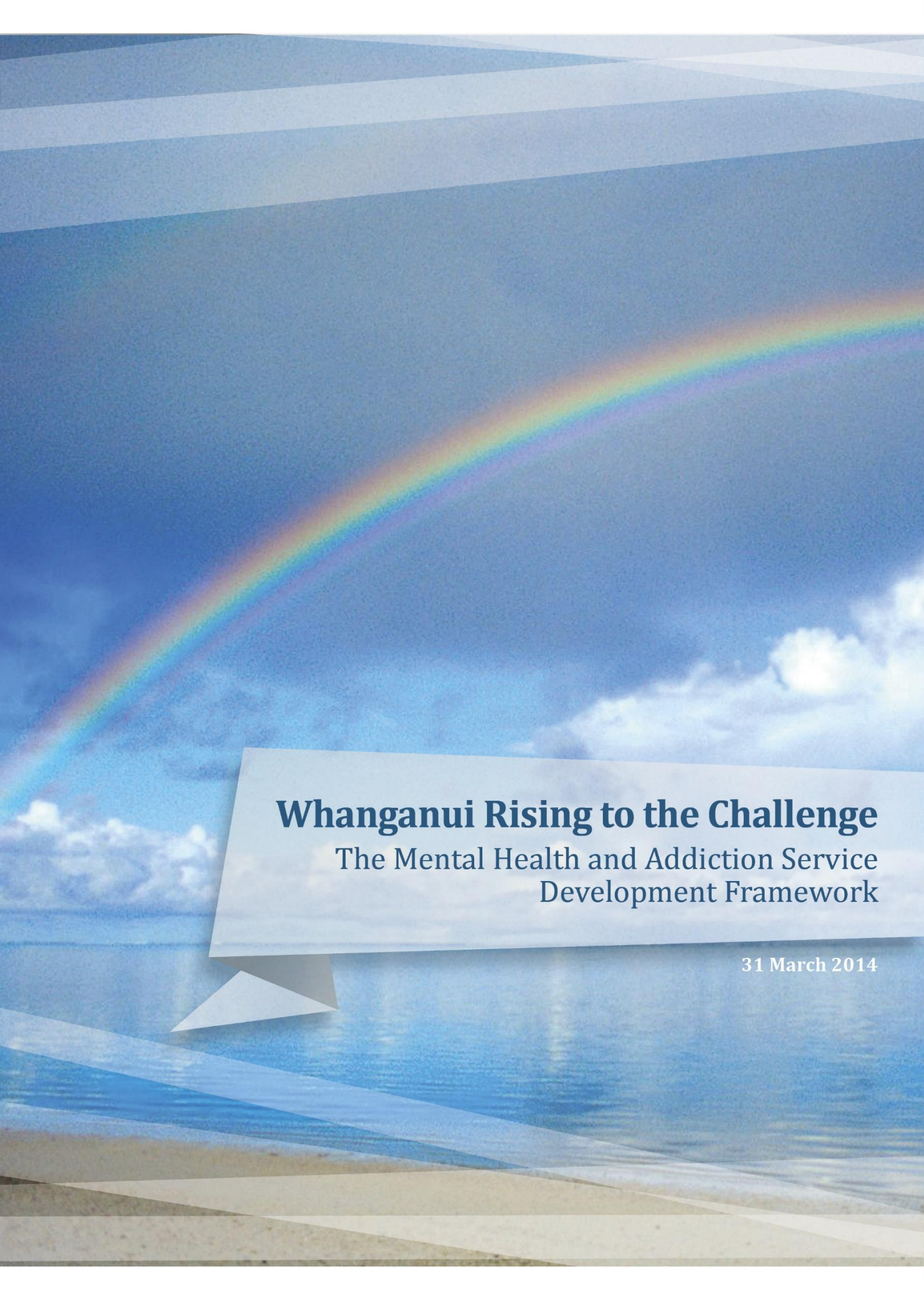


Whanganui Rising to the Challenge

The Mental Health and Addiction Service Development Framework

31 March 2014

The first stage, lasting for more than a century was the establishment of large institutions for the mentally ill.

It was followed in the mid-1970s by a transitional stage of deinstitutionalisation with wholesale discharge and the eventual closure of all mental hospitals.

The third stage, now in progress, has seen the development of community-based mental health services, especially for those whose conditions are highly visible (psychoses, severe disturbances of mood, self-harm, and addictions).

In contrast the fourth stage may not be about disorders at all but about dysfunctional relationships, maladaptive attitudes and behaviours, exaggerated responses to life crises, emotional and cognitive symptoms associated with poor physical health, and a failure to adapt to changing times and circumstances.

Professor Sir Mason Durie (2010)

Foreword

The Whanganui health district has embarked on a journey, in response to the invitation set out in *Rising to the Challenge: the Mental Health and Addiction Service Development Plan,* for the health sector to lead the way in the development of a system that supports mental health and wellbeing.

The vision under *Rising to the Challenge* is that:

> All New Zealanders will have the tools to weather adversity, actively support each other's wellbeing, and attain their potential within their family and whanau and communities. Whatever our age, gender or culture, when we need support to improve our mental health and wellbeing or address addiction, we will be able to rapidly access the interventions we need from a range of effective, well-integrated services. We will have confidence that our publicly funded health and social services are working together to make best use of public funds and to support the best possible outcomes for those who are most vulnerable.

Whanganui's approach to development of this framework recognises that neither the district health board, nor the health sector more broadly, can do this alone. Although accountability for development of the framework ultimately rests with the district health board, our approach is deliberately framed as a broader response.

The composition of the planning group set up to oversee this work, and the process undertaken to engage communities, demonstrates Whanganui's commitment to a partnership approach. This includes partnership with service users and their family/whanau, staff working in the mental health and addiction arena and most importantly, communities.

The first step in this journey, as set out in our framework, recognises the need to balance the aspirational nature of *Rising to the Challenge* and the need to invest in future generations, with the practical realities of meeting current need.

The work has linkages to other district priorities including:

- Maternal and child health, in recognition of the critical importance of the early years in shaping resilience and setting patterns of future behaviour;
- The commitment to whanau ora/person-centred care, where the service user and their family/whanau are at the centre of a system that provides empowerment and focuses on recovery;
- Reducing disparities across the board, recognising the importance of the social determinants of health and health promotion as catalysts for change.

Our framework is not just about service delivery. Rather, it promotes the pivotal role of the community in nurturing, supporting, challenging and guiding us in maximising our ability and independence. A person's interaction with the public service, in the health and social context, is only one facet, or way station, on our journey through life.

Maintaining momentum will require leadership at all levels. Leadership, in the context of our framework, is vested in behaviour rather than position. Mobilising all parts of the sector will test the resolve of all involved. Resources are limited and expectations are high.

The aspiration, as conveyed by the World Health Organisation in 2013 is that:

> Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

We will continue to build relationships, share stories, and take the time to find out what people really value.

We look forward to your support as we continue on this journey!

Francois Rawlinson Tracey Schiebli

Contents

Introduction

Whanganui Rising to the Challenge is a framework for the development of mental health and addiction services in the Whanganui health district over the next five years and into the future.

Whanganui health district's Mental Health and Addiction Service Development Project has been, and will continue to be, a collaborative project involving a range of stakeholders in the mental health and addiction sector, including users of the services, their families, specialist staff, provider organisations and primary health care teams.

There has been significant investment in mental health and addiction services, including in primary health, but the challenge is to improve services within current resources so as to reach more people, more quickly and more equitably in a way that will ensure improved health outcomes.

It is expected that more attention will be given to all age groups with high prevalence conditions, while continuing to improve outcomes for people with low prevalence conditions and/or high needs.

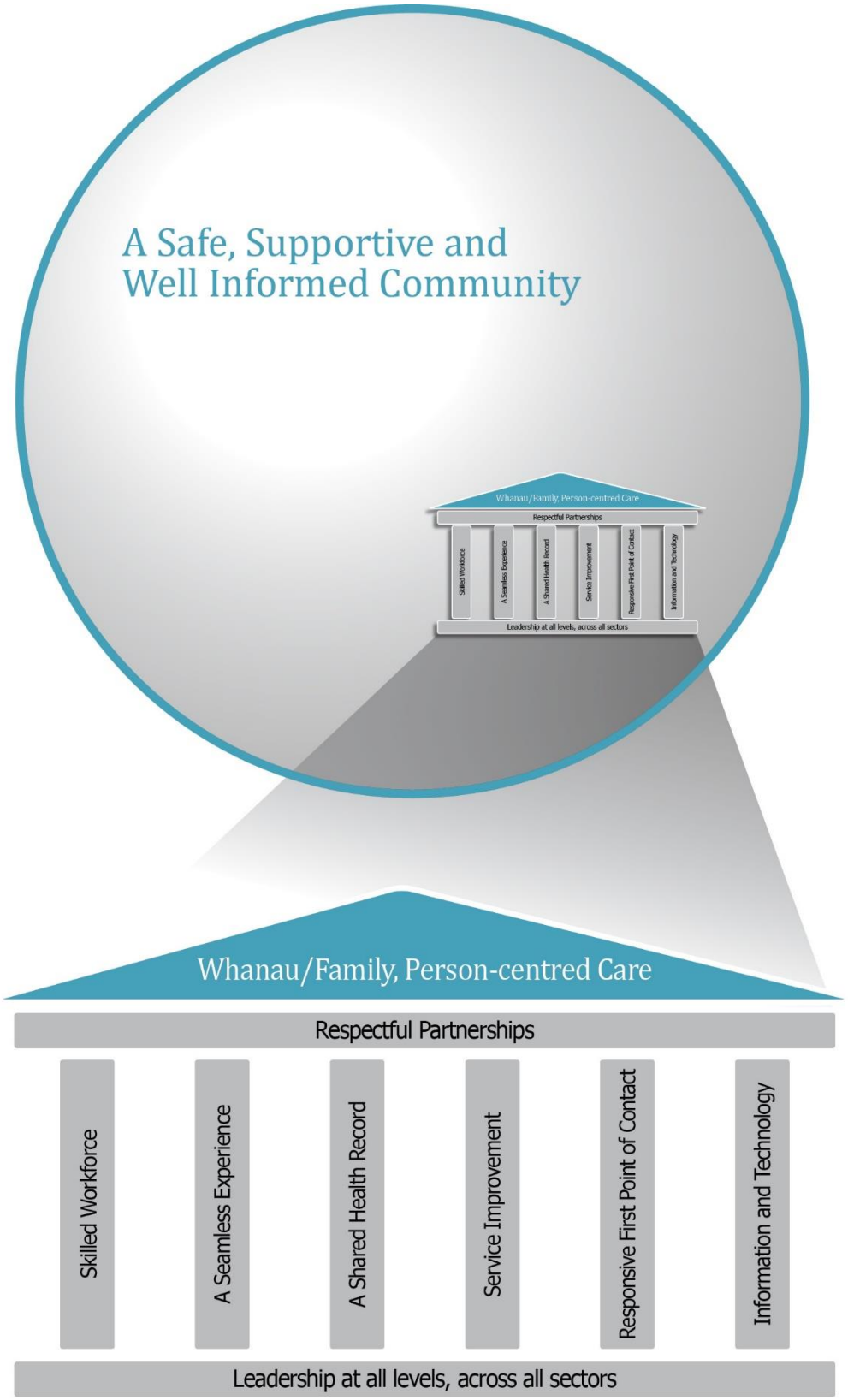
Achieving this will require innovation and flexibility across a broad range of professional disciplines and agencies in order to create an integrated, seamless service for people who have mental health conditions and addiction, whatever their health or social need.

Specialist mental health and addiction services will, however, be a very small part of ensuring that the people of the Whanganui health district enjoy mental health and wellbeing.

It is essential that the Whanganui health district be a safe, supportive and well informed community with an active citizenry. It is within this community that most people will receive all the help and support they need to maintain their mental and physical health, without recourse to ongoing specialist involvement.

The importance of the Whanganui health district's community, and the range of supports that contribute to the maintenance of health and resilience, is illustrated in Diagram 1:

Members of the Whanganui health district's community who have an interest in mental health and addiction services, including service users, whanau/family members and those working in the sector, have identified key elements needed to promote mental health and support those with mental health conditions and addiction. These key elements are illustrated in Diagram 2:



Vision

That the people of the Whanganui health district understand, value and promote mental health and wellbeing, possess the knowledge and resilience to weather adversity, and, when necessary, have access to excellent mental health and addiction services that are recovery focused and provide hope.

Principles

The principles of the mental health and addiction service include:

- person and whanau/family is at the centre – contributing to the aspirations of whanau ora
- a commitment to the principles of co-design
- recognition of the importance of the social determinants of health
- evidence informed clinical practice
- information is used to inform service delivery.

In addition it is expected there will be:

- a focus on resilience and recovery
- integration across all services
- timely access to responsive services
- reduced disparities in outcomes
- more efficient use of existing resources.

What the Whanganui Health District Needs

Members of the community who have an interest in mental health and addiction services, including service users, whanau/family members and those working in the sector, have identified key elements the Whanganui health district needs to promote mental health and support those with mental health conditions and addiction.

1. Safe, supportive and well informed communities that value the social determinants of health, have high levels of health literacy, and do not stigmatise those with mental health conditions and addiction.
2. The service user and their whanau/family to be at the centre of an holistic health service, including mental health and addiction services that are recovery focused. They will have:
    a. access to the information and knowledge they require,
    b. early access to services when help is needed,
    c. options in the time, place and style of services, and
    d. an opportunity to be involved in service improvement.
3. A skilled workforce that is culturally responsive, kind and instils hope.
4. Respectful partnerships between the service user, their whanau/family and their health professionals; also between all health professionals and other agencies involved with a service user.
5. A seamless experience for service users, across providers, agencies, and teams.
6. An emphasis on leadership, including among service users, in the community, organisationally and clinically.
7. A shared heath record that is available to those who need it, to provide integrated, coordinated care.
8. A commitment to continuous service improvement.
9. Regardless of where a person chooses to seek help, be it the general practice with which they are enrolled, an NGO, or specialist services, they will be received positively and guided to the help that they need.
10. Information, and technology, that supports the planning and provision of mental health and addiction services for the Whanganui health district.

Environment

Whanganui Rising to the Challenge is the local expression of a renewed emphasis on mental health and addiction, and related services, around the world.

International

In May 2013, the 66th World Health Assembly adopted the World Health Organization's Comprehensive Mental Health Action Plan 2013-2020. This sets four major objectives; strengthen effective leadership and governance for mental health;

- provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- implement strategies for promotion and prevention in mental health, and
- strengthen information systems, evidence and research for mental health.

The plan sets important new directions for mental health including a central role for provision of community-based care and a greater emphasis on human rights. It also emphasises the empowerment of people with mental disabilities and the need to develop strong civil society and health promotion and prevention activities.

Source – WHO Comprehensive Mental Health Action Plan 2013-2020

New Zealand

A number of key documents provide the direction for the future of New Zealand's mental health and addiction services.

Health Workforce New Zealand released *Toward the Next Wave of Mental Health and Addiction Services and Capability*, and *Towards the Next Wave: Consumer life course journeys* (2011).

The Mental Health Commission released *Blueprint II: How Things Need To Be*, and its companion document *Blueprint II: Making Change Happen* in June 2012. These documents, which look out over a 10 year period, cover both health and social services, and signal wider social responsibility for mental health and addiction services.

In December 2012, the Ministry of Health released *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017*. This is a health policy document that has whole of government accountability and Cabinet signoff. It outlines the government's priorities for action in mental health and addiction services over a five year period; 2013-18.

In addition, the New Zealand government has a range of mental health and addiction related work underway. The Whanganui health district is participating in these projects, including:

Prime Minister's Youth Mental Health Project

This is a package of 22 initiatives aimed at improving the mental health and well-being of young people aged 12-19 years with, or at risk of developing, mild to moderate mental health issues. It will be implemented over a period of four years (2012-2016).

Vulnerable Children's Action Plan

The Vulnerable Children's Action Plan is the framework for intersectoral action to change the way in which communities respond to children at risk of harm, now or in the future.

Drivers of Crime

Addressing the Drivers of Crime is a whole-of-government approach to reducing offending and victimisation, with a particular focus on improving outcomes for Māori. The work is led by the Social Sector Forum, which is made up of chief executives from major government departments. Areas of focus include:

- improving maternity and early parenting support
- addressing conduct and behaviour problems in childhood
- reducing harm from alcohol and improve treatment
- managing low-level repeat offenders.

New Zealand Suicide Prevention Action Plan 2013-2016

In recognition of the fact that New Zealand has one of the highest rates of suicide in developed countries, the New Zealand Government have implemented an all ages approach to suicide prevention through the New Zealand Suicide Prevention Strategy 2006-2016 which is overseen by a Ministerial Committee.

Preventing and Minimising Gambling Harm

This is a six-year strategic plan 2010/11–2015/16, which sets out a high-level framework to guide the structure, delivery and direction of Ministry funded problem gambling services and activities. It also outlines strategic alliances with other key stakeholders and organisations with an interest in preventing and minimising gambling harm.

The National Depression Initiative (NDI)

Providing a framework to reduce the impact of depression on the lives of New Zealanders by aiding early recognition, appropriate treatment, and recovery.

Central Region

The emerging model of care for mental health and addiction services is based on local delivery wherever possible. However, if local delivery is not sustainable, or to improve outcomes and value for money, service delivery will involve regional service arrangements.

The Whanganui health district is part of the Central Region's Mental Health and Addiction Advisory Network (MHAN), working with Capital and Coast, MidCentral, Hutt Valley, Hawke's Bay, and Wairarapa DHBs to ensure that regional services are responsive, effective and well integrated with local services, improving equity of access and enhancing health outcomes for Māori.

Regional services include:

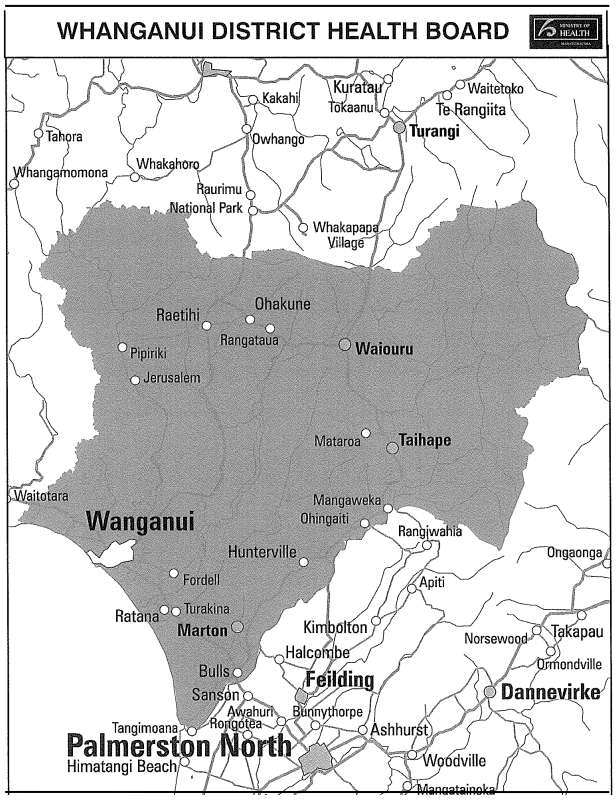
- Rangatahi/Adolescent Inpatient Service
- Youth Early Intervention Service
- Maternal Mental Health
- Specialist Psychotherapy/Personality Disorder
- Dual Diagnosis; Mental Health/Intellectual Disability
- Eating Disorders Service
- Alcohol and Other Drug (AOD) Addictions Community, Day Programmes and Residential Rehabilitation
- Multisystemic therapy
- Regional Rehabilitation
- Forensic Services, including – Community (Courts/Prisons), Youth Forensic, Forensic inpatient, Forensic Step-Down Residential and Youth Forensics
- Starship Inpatient Services.

Regional projects are currently underway in the following areas:

- Adult Forensic Services
- Youth Forensic Services
- Regional Addiction Services
- Regional Rehabilitation Services
- Eating Disorder Services
- Maternal and Perinatal Services.

Whanganui Health District

The Whanganui health district includes the Whanganui and Rangitikei Territorial Local Authority areas, and South Ruapehu, part of the Ruapehu Territorial Local Authority. The district had a resident population[1] of 60,114 (Census 2013, Statistics New Zealand) and covers a total land area of 9,742 square kilometres, much of which is sparsely populated. The terrain is mountainous and coastal with major rivers flowing through the district.



The district has two major centres; Whanganui City with a resident population of 38,088 and Marton with a resident population of 4,548. In addition, there are five smaller settlements with a resident population less than 2000; Waiouru 738, Taihape 1,509, Bulls 1515, Ohakune 987 and Raetihi 1,002. (Census 2013, Statistics New Zealand).

Key points in the Whanganui health district's population profile

- Ethnicity
  - Māori are 25% of the population
  - Pacific peoples are 3% of the population
  - Asian people are 3% of the population.
- The population is declining with a 3% drop in the eight years between the 2006 census and the latest census in 2013.
- The population is aging with 18% of the population over 65 years in 2013, compared to 15% in 2006. Of the over 65 population, 13% were over 85 years in 2013 compared to 11% in 2006.
- The population is highly rural with 37% of the population living outside of the main urban area of Whanganui.
- There are high levels of socio-economic deprivation with 34.8% of the population living in circumstances of deprivation equal to that of 20% of the New Zealand population. This increases to 53.3% for Māori. (NZDep Index based on 2006 census data).

[1] The term "resident population" refers to the usually resident population identified by Statistics New Zealand at the 2013 census.

Whanganui health district faces the challenges of its demographic characteristics.

- The population is small and declining which has implications for funding.
- Increased demand on health services is associated with
    - an aging population
    - a high and increasing proportion of Māori
    - high levels of deprivation.
- The population is widely distributed across sometimes difficult terrain which increases travel time to provide services.

However, in the face of these challenges the Whanganui health district has developed strengths.

- The small population allows the development of effective networks among services, and it is noted that health and social services work well together across the mental health sector.
- The geographical challenges have prompted the development of locally based services in rural areas.

In relation to mental health and addiction services, it is of note that the district has high levels of mental health conditions and addiction. Māori are over represented in this group; hence improved services to, and uptake by, Māori are key to improving outcomes and reducing disparities.

Mental Health and Addiction Services

Mental health and addiction services are provided to the people of the Whanganui health district by a range of providers including the Whanganui District Health Board (WDHB), general practices and other primary health providers, mental health and addiction non-government organisations (NGOs), Iwi-based services and community agencies.

Services are provided on the Wanganui Hospital campus, at other facilities in Marton, Taihape, Raetihi, Ohakune and Waiouru, and across the community.

A Stocktake and Gap Analysis of mental health and addiction services against the Ministry of Health document *Rising to the Challenge (2012)* was undertaken in October 2013, with the following findings;

- Of the 56 items listed, 17 items (30%) were achieved.
- Of the 39 items not achieved, 37 had actions in progress.
- Only two items not achieved did not have actions in progress at the time of the stocktake. These were:
    - Early intervention for young people with psychosis – this is a gap the service is aware of and an early intervention pathway is to be developed by Child and Adolescent Mental Health Services (CAMHS) as part of the development of the exemplar.
    - Build the capability to address the needs of refugees – a regional service was exited as the health district had no refugee population at the time.

The Stocktake and Gap Analysis Summary is included as Appendix One.

A number of key projects and workstreams are underway locally. These include:

- Exemplar Co-existing Problem (CEP) Youth Services
- Releasing Time to Care
- The Dementia Pathway
- The Seclusion and Restraint Project
- The Waiting Times Project.

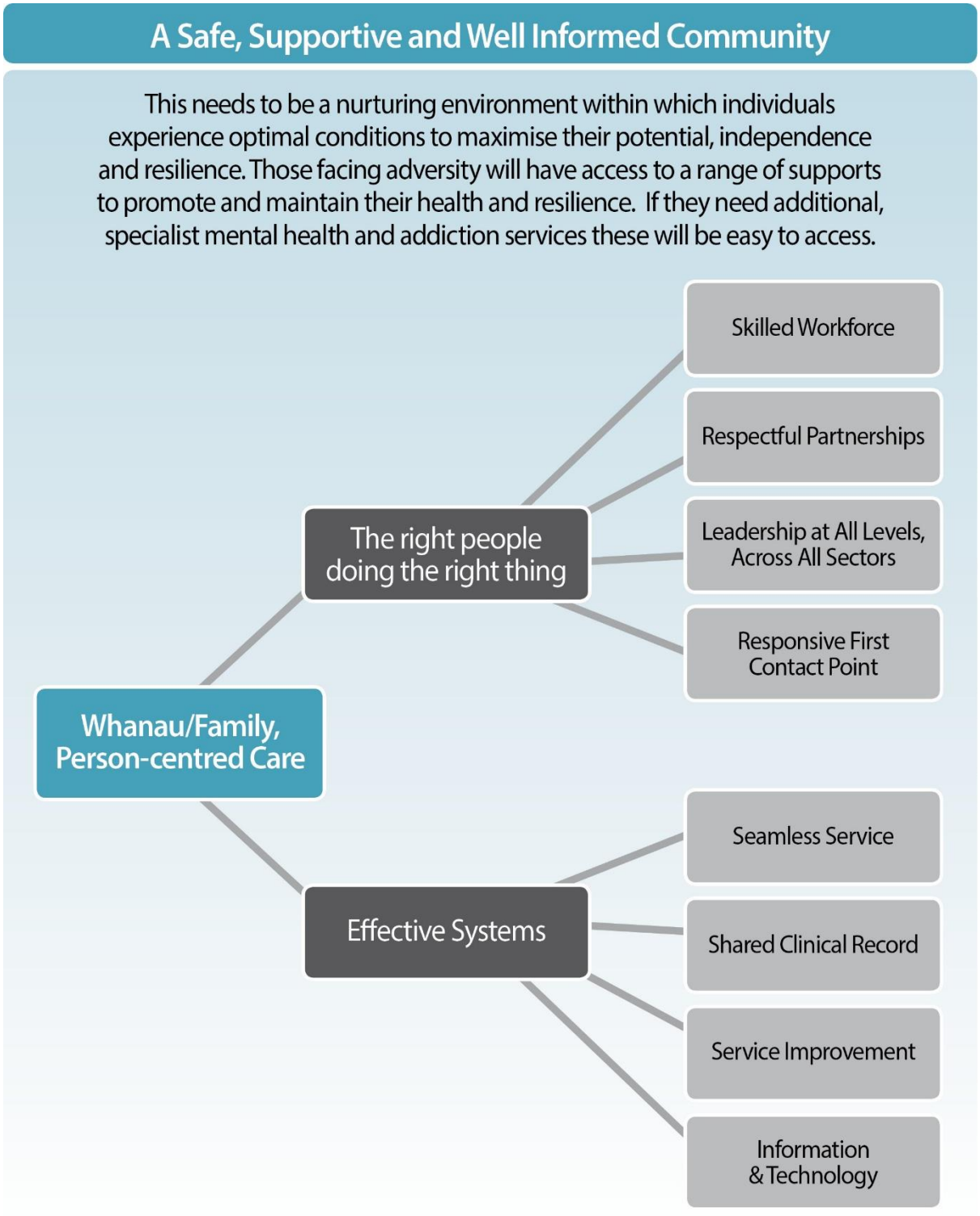
Whanganui DHB reports quarterly to the Ministry of Health on a range of indicators of performance including policy priorities.

In addition, Whanganui health district takes an active part in the ongoing national Key Performance Indicator (KPI) Project which aims to improve the quality of information in order to promote benchmarking among DHBs.

Examples of both Ministry of Health reporting and KPI reporting are provided in Appendix Two.

Delivering What the Whanganui Health District Needs

Stakeholders in Whanganui health district's mental health and addiction services have identified a number of key elements essential to promote mental health and provide effective mental health and addiction services. These include both people and systems focused elements as illustrated below.



This section discusses each element of what the Whanganui health district needs in turn, and identifies mechanisms that will assist in achieving the required state. Examples of the actions required to implement change will be provided for some, although not all areas.

What the Whanganui Health District Needs
Refers to 10 key **elements** required to promote mental health and provide effective mental health and addiction services

↓

Mechanisms for achieving what the Whanganui health district needs
Some mechanisms are relevant to more than one element of what the Whanganui health district needs

↓

Examples of the actions required to implement change
Examples of potential actions are provided for some, but not all mechanisms

There are overlaps in the mechanisms to achieve what the Whanganui health district needs;

1. A Safe, Supportive and Well Informed Community

Safe, supportive and well informed communities that value the social determinants of health, have high levels of health literacy, and do not stigmatise those with mental health conditions and addiction.

The goal is that the Whanganui health district is a strong, nurturing community, or series of communities, in which all its members can live healthy, productive lives, with access to the knowledge and resources that promote resilience and support the development and maintenance of mental health and wellbeing.

Creating communities in which people of all ages and stages in the life course can thrive involves meeting a range of human needs including health, housing, employment, justice, education and social connection. To be successful, this requires involvement of individuals and families as well as collaboration between all public sector and community agencies.

It is important that individuals, families/whanau and communities know how to maintain their health, including their mental health, and how to respond when they, or others, face adversity. Part of this is reducing stigma by increasing the public's awareness and understanding of mental health and addiction through public education.

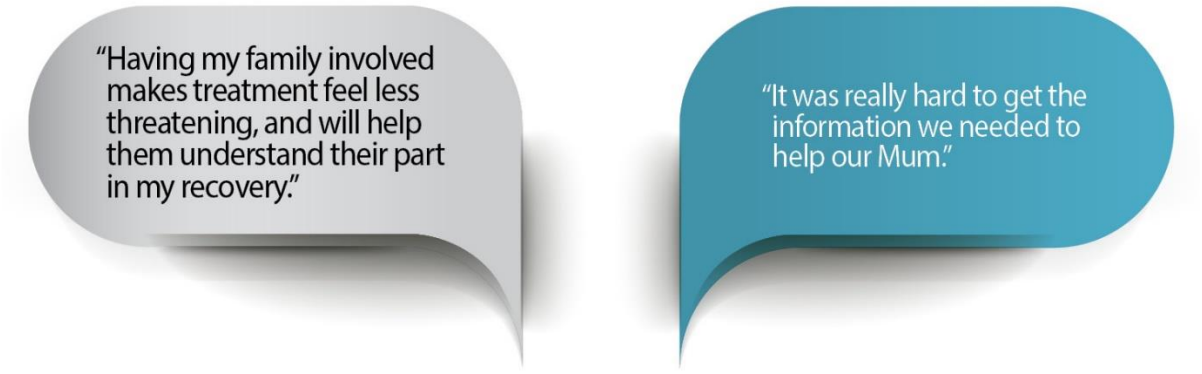
Mechanisms

1. Active citizenship; where individual members of a community take responsibility and initiative in areas of public concern.
2. Restorative practices; as a way to both build healthy, respectful relationships within the community, and repair harm.
3. Effective partnerships across all public sector and community agencies, and disciplines; so that all parties can work together to strengthen communities.
4. Health promotion, for example
    a. Programmes that increase the community's knowledge about promoting and maintaining mental health and wellbeing.
    b. Programmes that increase public awareness of mental health conditions and addiction, how to support those with mental health conditions and addiction, and how to challenge stigma and discrimination wherever it is found.
    c. Ensuring that all programme planning and design has a health promotion component.
    d. Information and tools available to support self-management and empower families.

2. Whanau/Family, Person-centred Care

The service user and their whanau/family to be at the centre of an holistic health service, including mental health and addiction services that are recovery focused. They will have:

- *access to the information and knowledge they require,*
- *early access to services when help is needed,*
- *options in the time, place and style of services, and*
- *an opportunity to contribute to service improvement.*



Delivering an holistic health service to people with mental health conditions and addictions will be based on the combined principles of whanau ora and person-centred care.

The Whanganui health district is committed to operating within a patient centred, whole of system approach where a person and their whanau/family is at the centre – contributing to the aspirations of whanau ora.

Whanau ora:

- recognises that every individual is a part of a collective entity or whanau
- endorses a group capacity for self management and self-determination
- has a life course and intergenerational dimension
- is built on a Māori cultural foundation
- asserts a positive role for whanau within society
- can be applied across a wide range of social and economic sectors.[2]

Person-centred care is a partnership between a service user and their whanau/family, who are recognised as the expert on their expectations, experiences and life situation, and a health professional who has technical expertise.

The health professional, the service user and their whanau/family learn together; the service user and their whanau/family about their mental health conditions or addiction, and the health professional about the inner world (beliefs, emotions, expectations) and outer world (job, family, hobbies) of the service user and their whanau/family. This learning leads to the development of trust, respect and mutually agreed treatment goals; what each member of the partnership will do.

[2] The characteristics of whānau ora are taken from Dr Mihi Ratima's Whānau Ora Concept Paper, 22 March 2013, replicated on p.62 of Huarahi Oranga: Māori Health Strategy Review, Whanganui DHB, May 2013.

Mechanisms

1. Whanau/family, person-centred care is embedded in the model of care for mental health and addiction services.
2. Equitable access to services provided in a way that reduces disparities, for example:
    a. Services are available in a range of settings and at times appropriate for population groups, including youth, those in employment, rural communities, Māori, Pacific peoples and those with disabilities.
    b. Services are available close to where service users' live so as to keep families together, maintaining their daily activities, and prevents the indirect costs of seeking specialist care in distant locations.
    c. Brokerage and navigator services.
3. Service user and whanau/family involvement is promoted and supported by, for example:
    a. Consumer and Family Advisors.
    b. Peer support workers; peer advocates, educators and navigators.
    c. Whanau ora/whanau support workers.
4. Primary-secondary integration; to promote early access to services, for example:
    a. Specialist services co-located in primary care settings.
    b. General practice teams and community services have increased involvement in the care of people with mental health and addictions.
5. Workforce planning and development, for example:
    a. Programmes to assist the workforce to develop an understanding of whanau ora and person-centred care.
    b. Programmes to support staff to feel confident in working with Māori whanau and can demonstrate how Māori cultural values and norms become best practice in the service.
6. Co-design principles are integrated into service planning.

3. A Skilled Workforce

A skilled workforce that is culturally responsive, kind and instils hope.

In delivering an effective mental health and addiction service it is essential to have a workforce that has both technical skills and the right attitude.

The continuing development of a skilled workforce must address the needs of specialist mental health and addiction services including those in the district health board and NGOs. In addition, attention must be directed to others providing services to those with mental health conditions and addiction, including all health care providers and the wider social services sector. This will provide the foundation for implementing the innovations outlined in this framework.

Mechanisms

7. Effective partnerships across all public sector and community agencies, and disciplines; so as to facilitate the sharing of expertise.
8. Workforce planning and development; across all health and social services, including district health board, NGOs, primary care providers and the wider social services sector, for example:
    a. Recruiting and employing for attitude.
    b. Programmes to mobilise and support the workforce to manage the required changes.
    c. A workforce plan to ensure that the Whanganui health district has the range of skills required to deliver mental health and addiction services across all sectors.
    d. Training programmes, as required, to meet the needs identified in the workforce plan.
    e. Programmes available across all sectors, including NGOs, primary care providers, crown agencies and the voluntary sector.

4. Respectful Partnerships

Respectful partnerships between the service user, their whanau/family and their health professionals; also between all health professionals and other agencies involved with a service user.

It is important that all members of the team involved in supporting a service user and their whanau/family with a mental health condition or addiction are able to work together to ensure the best possible outcomes for the service user.

Respectful multidisciplinary, interdepartmental and interagency partnerships that include the service user and their whanau/family need to become the service standard, not an option.

Mechanisms

9. Restorative Practices; as a way to both build healthy, respectful relationships within the community, and repair harm.
10. Effective partnerships across all public sector and community agencies, and disciplines, for example:
    a. Establish service level agreements as the basis for cooperation and collaboration in providing services to people with mental health conditions and addiction.
    b. A service user's support plan will include primary care providers and other agencies involved with the service user and their family.
11. Workforce planning and development, for example:
    a. Cultural competency
    b. Whanau/family, person-centred care
    c. Communication.
12. Service user and family/whanau involvement.
13. Co-design principles are included in all service planning.

5. A Seamless Experience

A seamless experience for service users, across providers, agencies, and teams.

Creating a seamless experience for users of mental health and addiction services will ultimately require the integration of all health and social services involved with people with mental health conditions and addiction. *Crossing Boundaries*, the report of the British Mental Health Foundation's inquiry into integrated health care for people with mental health problems, identifies nine factors that facilitate good integrated care, including:

- information sharing systems
- shared protocols
- joint funding and commissioning
- co-located services
- multidisciplinary teams
- liaison services
- navigators
- research
- reduction of stigma.

In the Whanganui health district, creating an integrated service that provides service users with a seamless experience will be a staged approach, but the aim is to establish systems so that mental health and addiction services will be available as needed; easy in, easy out, and easy back in again.

Mechanisms

14. Effective partnerships across all public sector and community agencies, and disciplines, for example:
    a. Establish common protocols or ways of working across agencies.
    b. Multi-agency and multi-disciplinary collaborations to ensure people get the services they require. These could include:
        i. A triage function that will be a single point of entry for all referrals.
        ii. A Child Development and Behaviour Assessment Team that will establish a multidisciplinary service and single point of entry for children with a range of behavioural issues.
    c. Ensure specialist advice is available to primary care providers and NGOs.
    d. A shared health record.
15. Equitable access to services provided in a way that reduces disparities, for example:
    a. Services are available in a range of settings and at times appropriate for population groups, including youth, those in employment, rural communities, Māori, Pacific peoples and those with disabilities.
    b. Services are available outside normal working hours.
    c. Brokerage and navigator services.

6. A Shared Health Record

A shared health record that is available to those who need it, to provide integrated, coordinated care.

In the current situation, a user of mental health and addiction services may have multiple health records, including the records kept by their general practice team, a mental health record, and a general hospital record if they are seeing non-mental health specialist services. This can act as a barrier to the provision of effective and timely holistic health care.

There is significant support for a shared electronic health record as a way of ensuring service users receive comprehensive care. However, some stakeholders have reservations about the safety of a shared health record.

Mechanisms

16. Effective partnerships across all public sector and community agencies, and disciplines in respect of communication, for example:
    a. Build information sharing capability using regional and national IT processes to develop a shared health record.
    b. Develop measures to ensure effective communication among all those involved in the team, including the service user and their family.

7. Leadership at All Levels, Across All Sectors

An emphasis on leadership, including in the community, organisationally and clinically.

Leading change will be a vital role in achieving what the Whanganui health district needs to promote mental health and provide effective mental health and addiction services.

According to Marshal Ganz "Leadership is accepting responsibility to create conditions that enable others to achieve a shared purpose in the face of uncertainty."

Ganz outlines the stages of leadership in social movements as:

- building relationships,
- telling the story,
- devising strategy, and
- catalysing action.

There is recognition that leadership is not dependant on an individual's position, for example as a manager, but about the personal qualities or characteristics of leadership that they display, whatever their position in the team. Much has been written about the qualities of a leader, but the recurring characteristics include:

- Integrity
- Confidence
- Commitment
- A positive attitude
- An ability to inspire others
- An ability to communicate
- Intuition
- Passion.

Mechanisms

17. Effective partnerships across all public sector and community agencies, and disciplines; including leaders modelling how to work in partnership with others.
18. Workforce planning and development, for example:
    a. Recruiting and employing for attitude, including leadership potential.
    b. Programmes to develop the skills of potential leaders.
    c. Programmes to introduce staff to change methodologies.

8. Service Improvement

A commitment to continuous service improvement.

Service improvement can take place across a number of fronts, across all sectors involved in maintaining and supporting mental health and wellness, and services for those with mental health conditions and addictions.

Mechanisms

19. Effective partnerships across all public sector and community agencies, and disciplines; to ensure a consistent approach to quality improvement.
20. Co-design methodology for service change.
21. Primary/secondary integration, for example:
    a. Strengthen general primary care systems in providing mental health and addiction services.
22. Workforce planning and development, for example:
    a. To establish a skill base in service improvement tools, including breakthrough methodology and social mobilisation.
23. Information systems, for example:
    a. Using local data and information, including demographic trends, Health Needs Assessment data and local service user and family survey findings, to inform service improvement.

9. Responsive First Point of Contact

Regardless of where a person chooses to seek support, be it the general practice with which they are enrolled, an NGO, or specialist services, they will be received positively and guided to the help that they need.

When an individual and their whanau/family have exhausted their own resources, or realise that they need more specialist help, the agency they turn to must have the capacity to guide them seamlessly to the help they need.

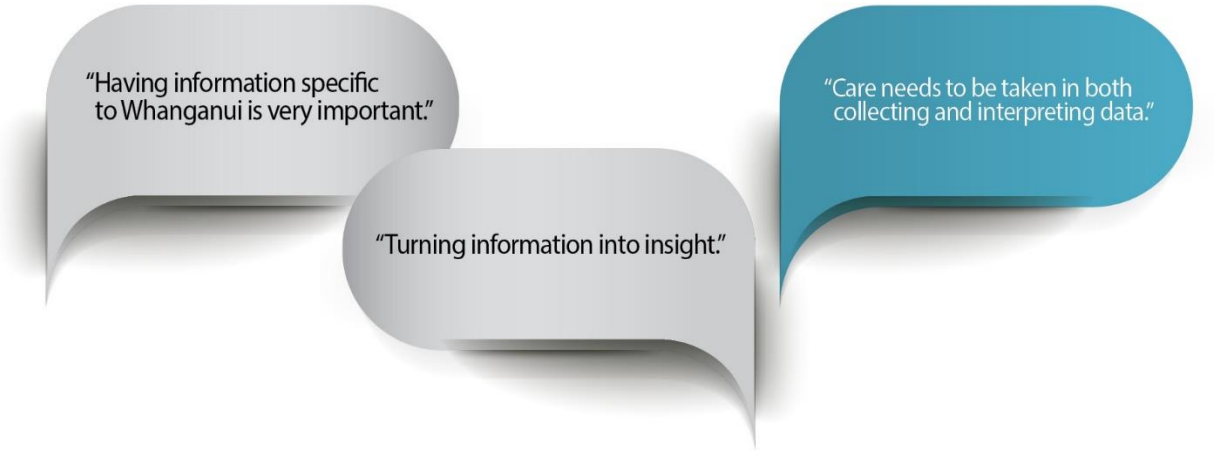
This will require all the organisations and agencies that an individual or their whanau/family may approach knowing where and how to access help.

Mechanisms

24. Effective partnerships across all public sector and community agencies, and disciplines.
25. Equitable access to services provided in a way that reduces disparities, for example:
    a. Services are available in appropriate settings and at suitable times, including for youth, workers, rural communities, Māori, Pacific peoples and those with disabilities.
    b. Services are available outside normal working hours.
    c. Consideration of the barriers to people accessing primary care.
    d. Brokerage and navigator services.
26. Workforce planning and development, for example:
    a. Programmes to familiarise all staff with mental health and addiction services and wider resource availability in the Whanganui health district.
    b. Programmes to familiarise all staff with providing whanau ora/person-centred care.
27. Information systems, for example:
    a. An electronic database of all available health and social services that is regularly updated and maintained.
    b. An electronic decision support tool to assist agencies in guiding people seeking help to the appropriate place.

10. Information and Technology

Data is converted into information that supports the planning and provision of mental health and addiction services for the Whanganui health district community.



A great deal of data is collected on the provision of mental health services, much of this as part of mandatory national systems. However, little of this is translated into information that would be useful to service providers in tracking performance and initiating service improvements.

In addition, there is potential to use electronic technology to facilitate communication between service providers and with service users.

Mechanisms

28. Information systems, for example:
    a. Work within regional and national IT processes to;
        i. develop data analysis capability,
        ii. evaluate electronic tools,
        iii. create local dashboard.
    b. Consider the use of electronic technology to support staff and service users communicate effectively.
    c. Support and implement the use of existing electronic decision support tools, including Map of Medicine.
    d. The establishment of a virtual warehouse of local data.

The Journey

Whanganui Rising to the Challenge: The Mental Health and Addiction Service Development Framework has been developed using processes that have created the foundations for the change processes to implement it. It is upon these foundations that a structured approach to change will be built. The Framework development has been a collaboration between a wide range of stakeholders in the local mental health and addiction sector, including users of the services, their families, staff from a range of agencies including the Whanganui District Health Board, NGOs, primary care providers, Iwi-based mental health and addiction service providers and crown agencies, as well as other interested members of the community.

The process used to develop the Framework has created the foundations for the change processes required to implement the framework.

The process has been led by the **Mental Health and Addiction Strategic Planning Group** (MHASPG), established in June 2013.

The first step in the project was **Beyond Brainstorming**, an electronic survey that asked participants to "generate short phrases or statements describing how we can respond to the mental health and addiction needs of our community into the future." From this the process identified four themes outlining what is required to meet mental health and addiction service needs in the future;

- Patient-centred, peer-led improvement underpinned by strong leadership.
- Up-skilling, of consumers, professionals and workforce, to apply best practice.
- Support choice and control (place, time, style).
- Sustainable integration, for a seamless experience.

This was followed by a **workshop** on 5 July 2013 which involved a larger group of stakeholders and expanded on these themes.

In keeping with the collaborative nature of the project, the group engaged the services of an independent project manager in order to retain a 'fresh eyes' perspective and ensure the large range of stakeholders, across the Whanganui mental health and addiction sector, were heard.

In October 2013, four **workstreams** were established to represent the four population groups outlined in *Rising to the Challenge*;

1. People with low-prevalence conditions and/or high needs
2. Infants, children and youth with high-prevalence conditions
3. Adults with high-prevalence conditions
4. Older people with high-prevalence conditions.

These workstreams were small groups made up of a range of stakeholders, including service users, whanau/family members, NGO staff, DHB staff, primary care providers and Iwi-based health service providers. Each workstream working group was chaired, respectively, by a consumer expert (manager of Balance Whanganui), child and youth expert (WDHB paediatrician), NGO expert (manager of Whanganui Community Living Trust) and mental health expert (WDHB psychiatrist). Workstreams met four times over the course of a month. Each group used Gorman's idealised patient journey methodology to examine the current issues and future directions for each of the four population groups.

Following the completion of the workstream process a series of six **information meetings** were held in Whanganui to inform stakeholders from across the wider sector about the progress and findings of the project to date. The meetings were attended by approximately 80 people.

Following the information meetings an **electronic feedback survey** inviting feedback on the themes emerging from the project work was disseminated both to those who attended an information meeting and more widely across the health and social services sectors. Responses were received from 95 people. Respondents were representative of the stakeholder population, as follows:

- Service users (5.5%)
- Whanau/family of service users (22%)
- NGO staff, providing mental health and addiction services (36.3%)

- NGO staff, not providing mental health and addiction services (6.6%)
- Whanganui Regional Health Network staff and providers (14.3%)
- Whanganui DHB staff, providing mental health and addiction services (20.9%)
- Whanganui DHB staff, not providing mental health and addiction services (7.7%)
- Crown agency staff (5.5%)
- Interested community members (23%)
- Identified as other (6.6%).

Some stakeholders identified with more than one group so the figures do not total 100.

In February 2014, a series of six **community consultation meetings** were held in Whanganui, Taihape, Marton and Raetihi. These were attended by 109 people representing the range of stakeholders. Each meeting included discussion of the direction of the project, and how the framework will be used as a road map for the Whanganui health district's mental health and addiction services into the future.

In addition, there have been other meetings with specific groups including Iwi-based service providers, general practice teams, management teams at the Whanganui District Health Board and Whanganui Regional Health Network.

From the outset of our journey, feedback was actively sought and incorporated into the framework throughout its development.

In addition to the information and community meetings, stakeholders have been kept up to date with progress in the development of the framework with regular **newsletters** and a **website**.

Next Steps

Whanganui Rising to the Challenge: The Mental Health and Addiction Service Development Framework is the road map for change in the way the Whanganui health district promotes health and wellbeing and provides mental health and addiction services.

Implementing the framework will be resource intensive and maintaining momentum will require leadership at all levels. Leadership, in the context of the framework, is vested in behaviour rather than position, with change being led from the frontline.

Immediate questions for discussion include:

- What does success look like and how will we measure it?
- How do we best prioritise our efforts?

Implementation will initially focus on three areas:

- Growing and maintaining intersectoral relationships toward a common goal – *Better Public Health Services*
- Securing the tools to support the commitment to continuous quality improvement in planning, design and delivery of services
- Creating a well-informed community, mobilised to help create safe, supportive environments.

One of the key priorities in the Whanganui DHB 2014/15 Annual Plan is *improving the patient journey.* A range of actions have been included in the draft plan that link to mechanisms in *Whanganui Rising to the Challenge* under 'seamless experience'.

These include:

Make better use of resources

- Explore community alternatives to acute inpatient care.
- Develop systems for using information and technology that support the planning and provision of mental health and addiction services for the Whanganui community.

Improve integration between primary and specialist services

- Develop an integrated triage function between specialist services, the Whanganui Regional Health Network and NGOs.
- Continued to grow specialist advice and consultation for general practice.

Cement and build on gains in resilience and recovery (including developing services for children of parents with mental illness and addictions)

- Ensure mental health service users on medication that are known to impact on physical wellness are proactively managed by general practice.
- Deliver a workforce initiative focusing on supporting specialist clinicians to build therapeutic relationships with their service users.
- Participate in the national mental health collaboration to reduce or eliminate use of seclusion and restraint.

Deliver increased access for all age groups

- Improve access for rural people experiencing a crisis by utilising technology, for example, Skype, videoconferencing.
- Develop electronic scheduling for mental health services.

Dementia Care Pathways

- Implement the Dementia Pathway, in partnership with primary and community providers and other key stakeholders, to provide clarity of access to services across the continuum as set out in the National Dementia Care Pathway Framework (2013):
    - Apply best practice in dementia care locally.
    - Ensure the DHB has a responsive specialist team within secondary services for complicated dementias, and that the team are able to provide advice and consultation to primary care.
    - Review the care of people with dementia in an acute hospital setting.
    - Ensure dementia is incorporated into all advanced care planning (ACP) activity.

B4 School Checks

- Maintain and improve B4 School Check coverage to 90% and work with Well Child providers, Māori health providers and general practice teams to support quality improvement of B4SC programme including high quality data collection and reporting.

Other Child Health

- Monitor implementation of the local Gateway Assessment and Autism Spectrum Disorder programmes
- Maintain intersectoral partnerships including Strengthening Families (DHB, PHO, CYFS and other agencies)
- Monitor Whanganui DHB performance against the *Child Health Compass*;
- Develop strategies and monitor progress through the Child, Maternal & Youth Health Service Alliance.

School Based Health Services

The purpose of School Based Health Services (SBHS) is to improve students' access to primary health care. Core components of SBHS include primary health care clinics, youth development and wellness checks (such as the HEEADSSS assessments), proactive services including promotional health campaigns, and referrals.

- Increase coverage and quality of SBHS in Decile 1, 2 and 3 secondary schools, teen parent units and alternative education facilities.
- Deliver SBHS in accordance with the service expectations previously advised under the SBHS Crown Funding Agreement variation.

HEEADSSS Wellness Checks

HEEADSSS is a psychosocial assessment tool that looks at home, education, employment, eating, activities, drugs, sexuality, suicide, depression and safety, as identified in the evidence-based best practice guideline *Identification of Common Mental Disorders and Management of Depression in Primary Care (2008)*.

- Whanganui DHB will participate in sector training during 2014/15.

Youth Primary Care Services

Establish a youth-specific (for 12-19 year olds) alliance including YOSS, PHO, school based health services and other stakeholders to determine local needs and a develop service model for primary youth services. Elements may include:

- Implement recommendations from the 2013/14 youth stocktake
- Establish a child behaviour team which is focused on the assessment and management of behaviours in children aged 3 to 14

- Develop an inter-service triage system to ensure youth can access the most appropriate service to meet their needs
- Development of youth wellness focus with education providers
- Workforce development for GPs, nurses and general practice receptionists to improve competency in working with youth in primary care
- Mechanisms to specifically targeting young people who do not attend school
- Activate specialist Mental Health/AOD care plan within three weeks of discharge back to primary care
- Ensure services are culturally-competent and provided to meet the health needs of Māori and Pacific populations
- Ensure there is optimal communication between school based health services and primary mental health services.

Youth Specialist Services

- Improve follow-up in primary care of youth aged 12-19 years discharged from specialist mental health (CAHMS) and addiction services by providing follow-up care plans to primary care providers
- Participate as a trial site for the Werry Centre Transition Planning Guideline to maximise effective transition of care within and from mental health services
- Improve access to CAMHS and Youth AOD services through wait times targets and integrated case management - meet the waiting time targets that by 2015 will enable: 80% of youth to access services within three weeks; 95% to access services within eight weeks
- Review and standardise CAPA model utilisation to ensure a nationally consistent approach is adopted
- Implement the CEP exemplar model to deliver a youth-focused and friendly CAMHS/AOD service, ensuring the service meets the needs of youth and enables them to engage through primary care, schools, youth specific clinics and within their homes.

Contributors

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Many others have participated in the project by attending meetings and providing feedback through the electronic survey.

Glossary

Active citizenship	The term refers to a philosophy which advocates that community members, while they may not have specific governing roles, do have roles in and responsibilities to society and the environment. Active citizen - a person who actively takes responsibility and initiative in areas of public concern such as crime prevention and the local community.
Addiction	The term 'addiction' relates only to alcohol and other drugs, and includes the full spectrum of severity, from mild issues through to more serious addiction.
Breakthrough Methodology	Breakthrough is a quality improvement methodology much used in the health sector. The Breakthrough Series Model was developed by the Institute for Healthcare Improvement (IHI) in 1995 to facilitate rapid improvement in health care delivery and system redesign. Effectively, it is a quality improvement collaboration that uses a Plan / Do / Study / Act or PDSA cycle to make improvements.
Brokerage	Where a health practitioner, navigator or service co-ordinator works with a service user and their whanau/family to identify their needs, develop a plan to address those needs and facilitate their access to a range of health and social services.
Co-design	Co-design is a term used in healthcare to describe programmes for planning or improving health services in collaboration with service users. There are a number of approaches to undertaking co-design projects, including: ▪ Partners in Care, from the National Health Service Institute for Innovation and Improvement ▪ Health Service Co-design, Waitemata DHB. Whanganui DHB is committed to using co-design in its planning and service improvement processes.
Consultation Liaison	Advice and support from specialist services to other health care services regarding the mental health and addiction needs of an individual, family or whanau.
Consumer consultants	Consumer consultants (consumer advisors) work in partnership with mental health service providers to enact the Health and Disability Services Standard 2.5 Consumer Participation. They present consumer perspectives at all levels of planning, implementation and evaluation, and provide feedback to service users.
DHB	District Health Board.
Family	The service user's whanau, extended family, partner, siblings, friends or other people that the service user has nominated.
HEEADSSS	Home, Education and Employment, Eating, Activities, Drugs, Sexuality, Suicide and Depression, Safety: a psycho-social assessment tool for use with adolescents.
High-prevalence conditions	Mild to moderate anxiety, depression, alcohol and drug issues or co-existing conditions, and medically unexplained symptoms.
HWNZ	Health Workforce New Zealand, the organisation responsible for the planning and development of the health workforce, ensuring staffing

	is aligned with the planning and delivery of services, and ensuring the health workforce is fit for purpose.
IT	Information technology.
KPI	Key performance indicator.
Leadership	This document uses the term leadership to describe, not a position or a management role, but "a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task." (Chemers,1997) Marshal Ganz (2010) postulates that "leadership is accepting responsibility to create conditions that enable others to achieve a shared purpose in the face of uncertainty."
Low-prevalence conditions	Psychotic disorders and severe personality disorders, anxiety disorders, depression, alcohol and drug issues or co-existing conditions.
Map of Medicine	Map of Medicine is an online collection of evidence-based, practice-informed clinical pathways that connect all the knowledge and services around a clinical condition. The map can be customised to reflect local needs by clinicians looking to support clinical decision making.
Mental health	Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2013)
Navigator	A health practitioner or trained lay person who works with a service user and their whanau/family to identify their needs, develop a plan to address those needs and broker their access to a range of health and social services.
NGO	Non-governmental organisation.
Peer Support Services	Services that enable wellbeing are delivered by peer support workers and are based on principles of respect, shared responsibility and mutual agreement/choice.
Peer Support Workers	People who themselves have lived experience of mental health or addiction issues, who have received training to provide peer support, and who use their experience to enable recovery and wellbeing in others. Peer support workers may provide support in many service contexts including acute mental health services, housing, supported employment and community support. This workforce includes peer advocates, educators and navigators.
PHO	Primary Health Organisation
Primary Care	Essential health care based on practical scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function, of the country's heath system, and is the first level of contact with the health system. Examples include general practice teams, school-based health services, prison-based health services and other first point of contact community health services provided by NGOs.
Restorative Practices	Restorative practices is a social science that integrates developments from a variety of disciplines and fields — including education, psychology, social work, criminology, sociology, organisational development and leadership — in order to build healthy communities, increase social capital, decrease crime and antisocial behaviour, repair harm and restore relationships.

The emphasis on restorative practice is not just an approach to use for repairing harm but a way to build healthy respectful relationships within the community.

Social Mobilisation

Social mobilisation, also called community organising, is defined as mass movement to engage people's participation in a process and is used by grassroots and political organisations to achieve a common goal, or to lead change.

In 2009, more than 7000 community organisers were trained to go out and mobilise a mass movement of people that would win Barack Obama the United States presidency.

On a smaller scale, the Handle the Jandal Campaign uses the same principles of engagement in South Auckland. Centred on strong leadership the campaign recruits passionate and motivated pacific youth leaders or organisers to reach out to other pacific youth. They do this by building relationships, sharing stories and taking the time to find out what people really value.

This could form the basis of a movement for mental health, wellness and destigmatisation in Whanganui.

Whanau ora

The Whanganui health district is committed to operating within a philosophy of whanau ora as it applies to all members of the community. Whanau ora:

- recognises that every individual is a part of a collective entity or whanau
- endorses a group capacity for self management and self-determination
- has a life course and intergenerational dimension
- is built on a Māori cultural foundation
- asserts a positive role for whanau within society
- can be applied across a wide range of social and economic sectors.

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All references listed above can be found at www.wdhb.org.nz/content/page/rising-to-the-challenge-documents/m/3033/

Reference Links

World Health Organisation - www.who.int/mental_health/action_plan_2013/en/

Ministry of Health - www.health.govt.nz

- www.health.govt.nz/about-ministry/what-we-do/strategic-direction/better-public-services
- www.health.govt.nz/our-work/mental-health-and-addictions/youth-mental-health-project
- www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/better-public-services/supporting-vulerable-children/supporting-vulnerable-children-result-action-plan.pdf
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- www.strengtheningfamilies.govt.nz/

Appendix One: Stocktake and Gap Analysis Summary

In October 2013, Whanganui District Health Board was required to report to the Ministry of Health on its achievement of a specific subset of expectations outlined in the document *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017.*

This is a summary of the stocktake and gap analysis undertaken in October 2013 in preparation for that report. An abbreviated table from the report is included at the end of this paper.

Information was gathered from a range of key informants who fund, manage or work in the relevant areas. This has been augmented by information emerging in the discussions of the four workstreams.

From these discussions, it is clear that a great deal of work is being undertaken to improve mental health and addiction services in Whanganui, some of it directly as a result of targets identified in *Rising to the Challenge.*

Classification of the action areas fell into three groups. First, there are the areas where the target actions have been achieved, but activity is ongoing to ensure continuing improvement. These are identified in the table below as yes; actions are achieved, and yes; actions are in progress. This accounts for 17 action areas.

Second, there are areas where activity is under way and the service is moving toward achievement of the action. These are identified in the table below as no; actions are not achieved, and yes; actions are in progress. This accounts for 36 action areas. However, some of these areas could be considered as gaps because activity and/or progress is limited.

Third, there are two areas where it has not been possible to identify any progress toward delivering on the actions at this point. These are identified in the table below as no; actions are not achieved, and no; actions are not in progress.

It should be noted that the Ministry of Health cannot have had an expectation that all action areas would have been achieved as this is a five-year plan, in its second year.

Gaps

First, there are two specific gaps identified by the stocktake;

- Early intervention for young people with psychosis – this is a gap the service is aware of and an early intervention pathway is to be developed by CAMHS as part of the development of the exemplar.
- Build the capability to address the needs of refugees – no refugee population so regional service exited.

Second, within action areas where progress is being made there are gaps in the component services;

- Space in primary care settings for specialist services.
- Trauma informed care.
- Identifying disparities for Māori and Pacific populations.
- Services for Pacific peoples.
- A coordinated, interagency approach for families, infants, children and young people, including education, child protection services and NGOs.
- Services for women with mild to moderate post natal depression.
- Psychiatry in primary care settings.
- Peer support services for older adults.

Third, there are two overarching activities where lack of resource, or priority, limits full achievement of a range of action areas;

- The use of current technology to facilitate efficient and effective communication with service users, their families and other health professionals. This includes a range of technologies from txt to telemedicine.
- The capacity to analyse data systematically and routinely to inform and support service improvement. As identified above, one particular area is in identifying disparities, and monitoring progress improvement.

Some of these gaps have been identified as likely actions for 2014/15.

Summary Table

Action Description	Actions already achieved	Actions in progress and ongoing	8 actions identified in 2013/14 Annual Plan	Please select 8 likely actions for 2014/15
Improve specialist service performance using national performance indicators and service user feedback	NO	YES		
Maximise the percentage of staff time spent in direct service delivery	YES	YES	YES	
Provide services in ways that are efficient (as well as effective)	YES	YES	YES	YES
Actively review duration of service use to ensure it aligns with need and best practice	YES	YES		
Improve service effectiveness	NO	YES		
Support fit-for-purpose service configurations	NO	YES	YES	YES
Review perinatal and infant mental health services	NO	YES		YES
Enhance social inclusion opportunities	NO	YES		
Support service users in their role as parents	NO	YES	YES	
Work to prevent suicide among people known to mental health and addiction services	NO	YES		
Reduce and eliminate the use of seclusion and restraint	NO	YES		
Promote wellness planning and support people to self-manage	YES	YES		
Improve service effectiveness through respectful engagement and partnerships with service users	NO	YES		
Ensure services are sensitive to past experiences of trauma	NO	YES		YES
Strengthen participation and leadership of service users at all levels	YES	YES	YES	
Increase participation of families and whanau at all levels	YES	YES		
Improve physical health and wellbeing	NO	YES	YES	
Enhance interventions for opioid dependence	YES	YES		
Work collectively to improve coordination	NO	YES		
Self-management education	YES	YES		
Peer support services	YES	YES		
Employment specialists	YES	YES		
Early psychosis intervention	NO	NO		YES
Acute inpatient alternatives	YES	YES		
Prioritised forensic adult mental health services developments	YES	YES		
Actively involve Māori in service planning	YES	YES		
Contribute to Whanau Ora initiatives	YES	YES		
Work together to identify and address disparities for Māori	NO	YES		YES
Evaluate service effectiveness for Māori and use this information to inform future funding and service development decisions	YES	YES		
Reduce and eliminate the use of seclusion and restraint for Māori	NO	YES		
Kaupapa Māori services	YES	YES		

Actively involve groups who experience disparities in health outcomes in service planning	NO	YES		
Build the capability to address the needs of refugees	NO	NO		
Evaluate service effectiveness in addressing disparities of outcome and use this information to inform future funding and service development decisions	NO	YES		YES
Enhance coordination between mental health and addiction and disability support services	NO	YES		
Work together to identify and address disparities	NO	YES		YES
Other population-specific interventions	NO	YES		YES
Enhance the delivery and integration of specialist mental health and AOD services within primary care, schools and other child health services	NO	YES		YES
Enhance the responsiveness and flexibility of specialist child and youth mental health and AOD services	NO	YES		YES
Support a coordinated response to meeting the needs of children in care	NO	YES		
Support a coordinated, multi-agency response for youth with complex interagency needs	NO	YES		
Specialist mental health services for high-needs families and whanau with infants	NO	YES		YES
Programmes for children of parents with mental health and addiction issues	YES	YES	YES	
Enhance the delivery and integration of specialist mental health and addiction services within primary care	NO	YES		YES
Enhance the responsiveness of specialist addiction services to justice services	NO	YES		
Self-management and wellness education in primary care	NO	YES	YES	YES
Expanded access to evidence-informed psychological therapies in primary care	NO	YES		YES
Improved responsiveness to the needs of new mothers with high-prevalence mental health or addiction issues	NO	YES		
Promote wellness planning	NO	YES		
Proactively engage families and whanau	NO	YES		
Enhance the delivery and integration of specialist mental health and addiction services within primary care and health of older people services	NO	YES		
Ensure addiction services are responsive to the needs of older people	NO	YES		YES
Enhance the responsiveness and flexibility of specialist mental health services for older people	NO	YES		
Peer support services	NO	YES		YES
Specialist mental health advice and support for people with dementia	NO	YES		
Community alternatives to acute inpatient care	NO	YES		YES

Appendix Two: Performance Monitoring

Whanganui DHB reports quarterly to the Ministry of Health on a range of indicators of performance, including policy priorities.

PP6 - Improving the health status of people with severe mental illness through improved access in the quarter ending 31 December 2013						
	Whanganui DHB target			Percentage of people domiciled in the health district seen per year		
	Māori	Other	Total	Māori	Other	Total
0-19 years	3.4 %	*	3.4%	3.12%	4.02%	3.66%
20-64 years	7.4%	*	5.0%	7.38%	4.25%	5.01%
Over 65 years	*	*	1.8%	1.15%	1.71%	1.66%

PP7 – Improving mental health services using relapse prevention planning in the quarter ending 31 December 2013						
	Number of long term clients			Relapse prevention plans in place		
	Māori	Other	Total	Māori	Other	Total
0-19 years[1]	1	12	13	1	12	13
20-64 years[2]	33	114	147	34	146	180
Over 65 years[2]	1	33	34			

[1] For the 0-19 year age group a long term client is someone who has been in Whanganui DHB's Mental Health and Addiction services continuously for one year and whose case is active at 31 December 2013.

[2] For the 20 – 65+ age group a long term client is someone who has been in Whanganui DHB's Mental Health and Addiction services continuously for two years and whose case is active at 31 December 2013.

In addition, the Whanganui health district takes an active part in the ongoing national Key Performance Indicator (KPI) Project which aims to improve the quality of information in order to promote bench marking among DHBs. The focus was initially on adult services, but is now including child and youth data, and is moving to include forensic services.

PP8 - Waiting times for non-urgent mental health and addiction services in the quarter ending 31 December 2013								
	Mental Health (DHB provider arm)				Addictions (DHB provider arm)			
	<= 3 weeks		<= 8 weeks		<= 3 weeks		<= 8 weeks	
Age	Agreed target	Achieved	Agreed target	Achieved	Agreed target	Achieved	Agreed target	Achieved
0-19	70%	75.4%	85%	99.6%	70%	56.9%	85%	87.9%
12-19		83.8%		99.3%		87.9%		93.1%
20-64	70%	72.2%	85%	89.8%	70%	61.0%	85%	88.2%
64+	70%	53.7%	85%	74.1%	70%	60%	85%	100%
Total	70%		85%		70%		85%	

The Whanganui health district also takes an active part in the ongoing national Key Performance Indicator Project which aims to improve the quality of information in order to promote bench marking among DHBs.

The following table indicates how the Whanganui health district compares with other health districts of a similar size when data is averaged over a period of four years, 2009/10 – 2012/13.

Key Performance Indicator	Four year average for DHBs with a population less than 100,000	Four year average for Whanganui health district
KPI 8 - Average length of acute inpatient stay (days)	19	21
KPI 2 – 28 day acute readmission rate	16%	12%
KPI 16 – NGO services investment- adult	33%	39%
KPI 28 – Total staff turnover	11%	11%
KPI 29 – Sick leave usage (days)	3.2	3.6