Local Specialist Mental Health & Addiction Service concept proposal 2022

‘One system, one service, locally delivered’

Design model and approach for feedback

Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

Contents

Executive summary

‘One system, one service, locally delivered’

‘Services that go to where YOU are. Services in the middle of the community’[1]

Introduction

Over the past year, we have signalled changes to the way we will deliver mental health and addiction services across the system for people[2] who live in the greater Wellington area.

The purpose of this paper is to:

- Provide a high-level outline on the concept, principles and model of care that will inform the future design and delivery of our local, community-based adult specialist mental health and addiction services.
- Set out the key system enablers required to achieve our vision and deliver equitable and effective services to people.

Once feedback on this concept paper is completed, a second paper will be drafted in early 2023 which will incorporate feedback from all stakeholders and include a more detailed change proposal and implementation plan. This will also be widely released so people can have their say on the future delivery of our services.

This is a living document that we will continue to refine as we work with you and our key stakeholders to develop the final service model and the structures that will be required to deliver it successfully.

Scope of this concept proposal

This proposal’s scope covers community-based adult mental health and addiction services (including crisis/triage functions) provided by the Capital, Coast, and Hutt Valley District’s Mental Health, Addiction and Intellectual Disability Service (MHAIDS).

Wairarapa district is not currently in scope for this concept document however we anticipate that the principles and model of care will equally apply.

The following functions/services are out of scope for this concept proposal:

- Services that provide care to people under the age of 18 years
- Services that have a youth/specialty focus - i.e., Maternal Mental Health Service, Central Regional Eating Disorder Service (CREDS) and Early Intervention Service
- Services that provide specialty care to older persons over the age of 65
- Services that provide mental health needs assessment and service coordination
- Services that provide tertiary-level consultation and assessment for people with an intellectual disability

[1] Feedback from workshop participant, 18 January 2022 Co-design Workshop: Lived experience, disability, and whānau and support people Community Mental Health and Addiction Project (Synergia)

[2] We have referred both to people and tāngata whaiora through the document in different contexts to acknowledge people who use our services.

The relationship between this concept proposal, locality networks and community mental health and wellbeing hubs

During 2022 we held a series of consultation workshops/hui which described the development of local community mental health wellbeing hubs which would offer support for people suffering from mental distress. Following feedback from these workshops, we reviewed our direction, and it became clear that our specialist mental health and addiction services were not suited to being based in these community hubs.

The community hubs and locality networks are being discussed and developed across the Wellington and Hutt Valley district. Close linkages/referral pathways between the hubs and local specialist mental health and addiction services will need to be implemented to ensure smooth transitions for people across the continuum. Locality networks are being developed by identified communities themselves across the district, with mental health and addiction services being part of these networks either physically or virtually.

It is important to clarify that people will still be able to access support in their communities through a range of primary care and community-based services, and/or via community mental health and wellbeing hubs if that is where their needs will be appropriately met.

A separate project and workstream around the establishment of the mental health and wellbeing hubs is part of the overall MHAIDS change programme and further information will be communicated to key stakeholders over the coming months.

Context

Case for change – why do we need to change and why now?

Over the past 12 months, you have told us that our current model of care and approach is not sustainable and has not always been able to deliver the experience or outcomes needed by people using our services. We know there are some exemplars of excellent practice within our services and we want to build on the strengths we currently have.

We recognise that staff within the existing community mental health teams and crisis response teams are doing the best job they can to support tāngata whaiora and whānau. Despite this, we are seeing and hearing strong signals that the current system is under major pressure. This is demonstrated by the increasing feedback from staff who feel under resourced, overworked, and unable to support the people in their care. We also need to listen to the clear feedback that we receive from people and referrers trying to access services that there are too many barriers and inconsistent responses from clinical teams.

You have also told us that we need to re-build trust in our service delivery. This means we need to actively understand and respond to priority populations that in the past may have experienced inappropriate, ineffective and inequitable services.

Our goal, as outlined in our vision, values and principles, is to continue to improve the services we deliver and put the people who are using our services first. We plan to significantly increase our investment in the peer support workforce, while also acknowledging that the voices of people with lived experience will be critical in service design and delivery in the future.

To achieve this, there needs to be a universal culture and system shift to the way we deliver services, and we acknowledge the changes proposed are significant. We also hope to attract more people to enter the mental health and addiction workforce and continue to grow our services to achieve our overall vision.

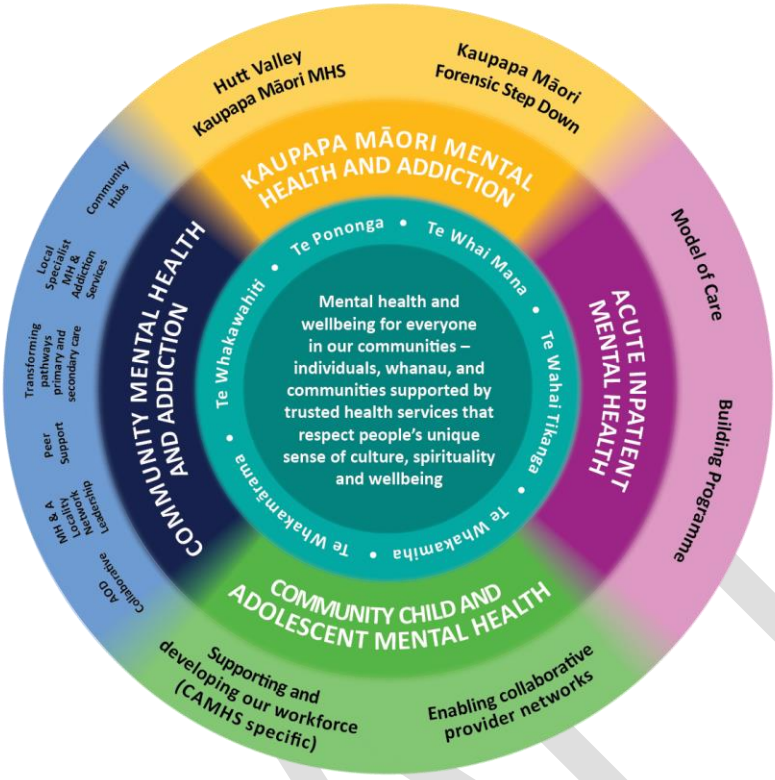
National and local strategies

The Mental Health and Addiction Change Programme builds on extensive work undertaken over many years. The programme, overarching vision, and guiding principles are in alignment with themes from the listed key reports, which include equitable access and outcomes, collaborative networks and partnerships, and integrated models of care.

Key reports

- Te Pae Tata – Te Whatu Ora Interim Health Plan (October 2022)
- He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction (2018)
- Kia Manawanui Aotearoa - Long-term pathway to mental wellbeing (2021) Ministry of Health
- Te Pae Amorangi Hutt Valley DHB Maori Health Strategy 2018-2027 (2018)
- Living Life Well – a strategy for Mental Health and Addiction 2019-2025 (2019)
- Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 – 2025 (3DHB, 2019)
- Sub-Regional Disability Strategy (2017-2022)
- Taurite Ora Māori Health Strategy 2019-2030 (2019)

Mental Health and Addiction Change Programme Overview



This paper is focused on the Community Mental Health and Addiction part of the change programme overview above, previously known as Integrated Locality Teams. We have changed the name to 'Local Specialist Mental Health and Addiction Services' to better reflect the proposed design and structure of the new system. The programme is overlapping, with many key parts intersecting to enable system change.

Further information about the transformational change programme can be found by clicking here.

Below are the objectives from key projects in the Mental Health and Addiction change programme:

Overarching programme objective:

To create a system that places people first – that prioritises early intervention and supports people in the communities they live, work, play, and learn

Acute Inpatient Mental Health

- To develop a contemporary acute model of care to inform facility design
- To enable service improvements in preparation for the new facility
- To engage with a wide range of stakeholders in the planning and design
- To inform a design that enables flexible use of space to support enhanced therapeutic opportunities and less restrictive practices
- To improve health and wellbeing outcomes through a therapeutic environment that recognises and supports cultural identity

Kaupapa Māori Mental Health and Addiction

Kaupapa Māori Mental Health Service

- To develop, in line with Te Rau Matatini best practice framework, Kaupapa Māori mental health and addiction services in Te Awakairangi, that support whānau Māori in a manner that preserves their unique cultural heritage as tangata whenua, spirituality and wellbeing

Kaupapa Māori Forensic Step Down Service

- To implement the new Kaupapa Māori Forensic Step Down service, in partnership with Te Waka Whaiora

Community Mental Health and Addiction

Integrated Community Mental Health and Addiction Services

- To enable the timely and efficient management of urgent & non-urgent referrals
- To support local capability and capacity to respond to local needs
- To design and pilot integrated locality based mental health and addiction services
- To improve the ability of local communities and services to respond to local MHA need
- To support improved co-ordination and integration across health and social care agencies
- To improve the person's experience of care
- To support a more holistic response to supporting people and whānau wellbeing

Community Child Adolescent Mental Health and Addiction

- To use the Choice and Partnership Model (CAPA) to its full potential to ensure responsive and consistent services for whānau
- To support improved consistency and collaboration across mental health and addiction services
- To improve timely access to services for whānau (reduce waiting times)
- To improve equity of access to services for Māori and Pacific peoples
- To enable positive and trusting relationships between children, adolescents, and their whānau, and service providers

Our proposed model of care

What are we trying to achieve?

A model of care is a multifaceted concept that broadly defines the way health services are delivered. It describes how services deliver best practice care by applying a set of principles across identified clinical streams and supporting pathways through care for people who access services. The model of care is the foundation that guides what we do and how we practice[3].

This approach supports our vision for an integrated mental health and addiction service, with a focus on local delivery across the district – 'one system, one service, locally delivered'

Local specialist mental health and addiction care is one component of a complete service continuum of care pathway. This is underpinned by an integrated whole of system approach where the relationship between the components of the pathway is as important as the individual components.

The proposed service will follow consistent principles in the design and care model but will be flexible to deliver locally appropriate functions that will meet our communities' needs.

The service seeks to eliminate inequities experienced by Māori, Pacific peoples, disabled people and other groups.

The principles which underpin our model of care

'Often you can be asked, "What can we do for you?" but you don't know, and want to respond with, "well I was hoping you could tell me"'[4]

The following principles will guide the design of the new concept and will define our ongoing model of care. These principles should be used to test any future changes to our service delivery to ensure we are staying true to the vision of our transformation.

Developing the principles

We appreciate the valuable feedback we have received throughout the engagement process to date. Everyone who contributed was clear and consistent that they want services that are:

- Easily accessible, both in a physical environment sense and with a welcoming service approach
- Culturally safe and equitable, following the principles and intent of Te Tiriti ō Waitangi and with a Whānau Ora approach

[3] From the Adult acute inpatient model of care paper, draft for discussion, November 2022 (Sapere)

[4] [4] Feedback from workshop participant, 18 January 2022 Co-design Workshop: Lived experience, disability, and whānau and support people Community Mental Health and Addiction Project (Synergia)

- Capable of providing care in the community, either in the home or close to where people live, work and play
- Focused on a 'whole system' approach – i.e., the specialist mental health and addiction service working in partnership with primary care and non-government (NGO) providers
- Holistic, integrated and collaborative, and recognise people's physical health and social needs
- Trauma informed – people do not want to repeat their stories
- Clinically safe and effective, with a focus on planned intervention as opposed to responding to crisis and demand (i.e., moving from a reactive to proactive approach)
- Mindful and aware of the needs of our diverse population, for instance, Pacific peoples, refugee and migrant communities, disabled people, rainbow communities, and those living in rural areas/isolated from health services
- Uses the human rights model[5] and the principles from the Enabling Good Lives approach when engaging in service delivery and design
- Offering help and hope

[5] Te Pae Tata Interim Health Plan 2022 Health of Tāngata whaikaha Disabled people

Principles of care

Principle 1: Grounded in Te Tiriti ō Waitangi[6]

Tino rangatiratanga	By having one service, one system, locally delivered, we will be able to improve our ability to plan and deliver services that meet the needs of Māori across our district. Te Rōpū Whakatau (Māori Expert Advisory Group) has been set up to work in partnership with the transformation programme and provide expert input and advice at all stages of the process to ensure the design and delivery model is responsive to the needs of Māori in our communities. The Iwi Māori Partnership Board, when it is fully established, will have an interest and accountability under Pae Ora legislation (2022), to ensure the design and delivery of all services to all Māori whānau improves outcomes for Māori. The Iwi Māori Partnership Boards and the Māori Expert Advisory Group will be important groups provide guidance on how the service can best meet the needs of Māori in their localities. Voices of whānau and kaupapa Māori led models of service delivery and measurement will be critical.
Equity	Investment in kaupapa Māori services is a major priority to ensure all tāngata whaiora have access to these services within their locality. This also includes the establishment of kaupapa Māori mental health services in the Hutt Valley district. The service will prioritise access for Māori and other priority populations via the community mental health and wellbeing hubs, and Māori, iwi and community-based organisations. This will reduce and remove barriers to accessing services as well as expand our current service provision. We have access to detailed data from our analytics team, which shows us that investment in NGO Māori specific providers leads to greater engagement and potentially better outcomes for Māori whānau. We plan to use this data in future for service commissioning, following testing of our assumptions and assessing for changes.
Active protection	The service will proactively use evidence and data to understand its effectiveness at achieving equitable outcomes for Māori, including workforce. We acknowledge that Māori whānau have experienced traditionally poor mental health outcomes, intergenerational trauma[7] and distrust of our services, with elevated levels of compulsory treatment. We will work in partnership with Māori

[6] Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry Wai 2575 (Waitangi Tribunal, 2019)

[7] He Ara Oranga, (2018) Government Inquiry into Mental Health and Addiction, Ministry of Health Wellington

	services and staff to address these inequities and ensure that our services are safe and effective. Access to kaupapa Māori peer support services will be embedded across the system. We also plan to take a more active Whānau Ora approach, which takes into context the wellbeing of the whole whānau, including tamariki, rangatahi and kaumātua.
Options	Tāngata whaiora have a choice of services to best meet their needs, including access to kaupapa Māori and other specialist services across the district. Ensuring access to culturally safe and appropriate services will be central to the new service model. This will also inform decision making regarding future workforce development and training requirements. We want to build on the strengths of our current service provision within cultural services and expand the options available for Māori whānau. In future, this will include more culturally specific crisis respite services and a Whānau Ora approach to Intensive Home Treatment.
Partnership	The development of the new model of service delivery will include an active relationship with Māori as Te Tiriti ō Waitangi partners at both district and local levels. We want to ensure all staff who work with whānau Māori are culturally aware and competent. Kaimahi currently working in kaupapa Māori services across our district are given the opportunity to become advanced practitioners and specific cultural therapy training and supervision. We also want to offer a pro-equity recruitment approach, with kaimahi being representative of their local communities.

Other key principles underpinning our model of care

Principle 2: Informed by peers and those with lived experience

- We value the unique skills and voice that people with lived experience bring, and listen to their experiences to enable and sustain change
- Co-design and partnership are key principles in service change and delivery
- Peer support is available and embedded across the service continuum, from entry to exit
- Our peer support workforce has an established career framework and pathway. We invest appropriately in peer support services and staff and this includes training, supervision and fair pay.
- We change our current service feedback approach to capture the experience of people who use our services as opposed to satisfaction. This feedback is embedded into service delivery in a planned, structured way to achieve and sustain change.

Principle 3: A welcoming, person and whānau-led approach

- We take time to listen and to understand what people want and need for their recovery
- We welcome people into the service and have a 'how can we help you?' culture
- We understand the wider family/whānau support network context and who is needed to support wellness
- Our approach is proactive and responsive to individual needs, providing options and choice in service delivery. This includes consistent access to kaupapa Māori and other tailored services, choice in where a person receives support and how this is delivered to them
- We support NGO and primary care providers who provide health promotion and early intervention for people with complex mental health and addiction issues
- We focus on recovery and provide clarity of this journey with a strong focus on supporting the person's goal setting, regular review and progress toward goals
- We have strong connections with NGOs who can support tāngata whaiora and their whānau

Principle 4: Timely access to services in the community

- We have clear referral pathways and service specifications, and everyone is aware of what is expected of the service
- Transitions in and out of the service are well supported and planned
- We ensure open communication with tāngata whaiora and whānau
- Our service is inclusive, culturally safe and respectful of all needs (gender, ethnicity, disability, etc.)
- We work with locality leadership groups to determine the best service delivery models to meet the needs of each community across the district
- In future, ideally within three years, we will have full shared care records with our primary care/NGO providers across the district, including the ability for all services involved in care coordination to update the person's plans and notes. We acknowledge that this will require some major systemic shifts and will use the principles around data sharing and protection from key legislation and other government agencies to guide this process in consultation with people who use our services.

Local Specialist Mental Health & Addiction Service – proposed approach

Proposed delivery model

To be able to deliver the desired model of care consistent with our stated principles, we are proposing a delivery model where people can move through the system depending on their treatment needs.

The proposed new delivery model would bring together all existing telephone triage, crisis response teams, community mental health teams and primary care liaison functions into two streams with specific functions, delivering specialist mental health and addiction assessment and treatment across the district.

This approach is in line with the direction from Te Whatu Ora, our new national health authority. They have signaled that their goal is to remove the 'postcode lottery' and variation in treatment options across different geographical areas. We are aware that this is an issue in our current mental health and addiction services, and people receive different levels of care and treatment dependent on where they are living.

The proposed two new streams are:

- First Response
- Local Mental Health and Addiction Wellbeing

Each stream will be locality-based, delivering specialist advice, assessment and treatment across the district. People will receive support at home, or in a location that is familiar and convenient to them (for example, near their workplace). Peer support will be integrated across all functions.

More detailed work mapping needs to be done to determine the exact number of FTE (Full Time Equivalent), workforce mix (including all occupational groups) and resource types required to manage the two streams. This mix and approach to service delivery may vary across local functions, with the more detailed implementation plan providing an outline of how these functions will be managed. Staff will be given the opportunity to comment and feedback on this.

Specific functions – proposed concept

'Make it abundantly clear that it's easy to access all these services. There can be anxiety about jumping through hoops and having to know what you need immediately. Sometimes you need time and help to find what you need, rather than just knowing straight off the bat'[8]

First Response Stream

We want to provide timely and responsive access and service entry to specialist assessment, treatment, and advice for those presenting with both urgent and non-urgent mental health and addiction issues.

Access Response

The specific role of the Access Response function is to acknowledge and respond to requests for the local specialist mental health and addiction service. It is important that this function is resourced and enabled to respond quickly.

We propose the use of warm handover between functions and teams that does not rely on time-consuming referral processes or eligibility criteria but uses agreed pathways and safe practice and documentation to guide tāngata whaiora to the right service to meet their needs.

The access function will be provided by mental health and addiction clinicians working within a multidisciplinary framework. This function will be facilitated by the following measures:

- Use a structured clinical framework to prioritise risk, acuity of referrals and response
- Be able to focus on understanding what tāngata whaiora and whānau need and what their concerns are before moving into any clinical assessment, inclusive of physical health and social needs
- Be experienced and skilled in identifying the appropriate supports to meet the needs of the person and their wider network. This may include connecting the person with appropriate community/NGO services
- Directly allocate people following an initial assessment to services in specialist mental health and addiction functions that best suits their needs, minimising the need for multiple handovers between different teams.

These functions will maintain strong linkages with their local community services, including primary care and NGO community services. This will ensure choice of support is available to tāngata whaiora and whānau and enable supported transitions to these local providers, where appropriate.

We propose that, following the first contact to discuss an initial assessment, the assessing clinician works with tāngata whaiora and whānau to allocate a navigator and/or peer support worker to assist on their pathway through the system.

[8] [8] Feedback from workshop participant, 18th January 2022 Co-design Workshop: Lived experience, disability, and whānau and support people Community Mental Health and Addiction Project (Synergia)

Rapid Response

A rapid response is available for tāngata whaiora in mental distress that is delivered in places and spaces that are safe and welcoming for tāngata whaiora and their whānau. This may be in their home, within a community wellbeing hub/crisis cafe or other location(s) within the community.

We want to expand our range of options for follow up when a person is experiencing a mental health crisis, regardless of where they are located. This also includes our current resources such as crisis respite.

Linkages and referral pathways will be implemented to ensure people who are present to the proposed hubs in acute distress can be transitioned to the rapid response function as soon as possible.

We aim to increase our investment in intensive home treatment, including culturally specific home treatment services and the co-response model with mental health and addiction staff, New Zealand Police and Wellington Free Ambulance. We know these approaches have a sound evidence base, are interagency focused and align with the national direction for crisis service delivery described in Te Pae Tata (Interim Health Plan Te Whatu Ora 2022).

During business hours, we propose to base our current rapid response function in the community team bases. Outside of business hours, the function could be based in other locations, according to need and demand/capacity.

We propose to expand our rapid response mental health and addiction function in Emergency Departments (ED) (including peer support) 24/7 to provide an immediate response and transition plan for people who present to ED with a mental health and addiction related issue.

We know from feedback from people who use our services that ED is not an ideal place to wait for a mental health crisis assessment. We want to ensure that people are only seen in ED if they are physically compromised and/or there is a plan to transition/move the person to a more appropriate location for assessment and treatment.

We propose to review our after-hours rapid response functions across the system. We know that people present in crisis after office hours and, as such, we need to ensure our functions can respond. We welcome feedback from all stakeholders on how we can enhance this.

Local Mental Health and Addiction Wellbeing Stream

For tāngata whaiora that require a more intensive response while they live in their communities, we want to provide strengths-based and wellness-focused support using an evidence-based approach, holistic intervention and advanced therapies.

We will provide this care to tāngata whaiora to maintain strong links with their whānau and their local support networks (e.g., their GP, NGO support and other community links) to sustain their recovery and their ability to resume their former life roles where possible.

This stream will work closely with the First Response functions to quickly identify tāngata whaiora that require a more tailored service response and need specialist intervention.

This proposed stream would consist of multidisciplinary teams, staffed by experienced registered mental health and addiction professionals who will:

- Provide wraparound support to tāngata whaiora with high level mental health and addiction issues, including those with short term needs
- Ideally use the Flexible Assertive Community Team model and an assertive outreach approach
- Include access to clinicians with specialist skills in a range of complex conditions such as personality disorders and an increase in therapy services available
- Be experienced and skilled in identifying the appropriate supports to meet the needs of tāngata whaiora and their whānau
- Provide in-reach into inpatient units to enable early supported discharge of tāngata whaiora back into their communities after inpatient treatment.

The stream will maintain strong linkages with their local community services, including primary care and NGO community services, to ensure choice of support is available to tāngata whaiora and to enable supported transitions to these local providers where appropriate.

We want to ensure an early intervention response is available across primary and community services that are already supporting tāngata whaiora and whānau with mental health and addiction issues.

The core of this will be delivered via the enhanced Primary Care Liaison service, which will consist of a network of specialist mental health and addiction clinicians providing advice and support into primary care to enhance care planning and the support of tāngata whaiora transitioning in and out of specialist mental health and addiction services.

We are proposing to introduce a focused intervention function. This function will provide intensive assessments and time-limited interventions, including specific therapies, to tāngata whaiora requiring a more advanced mental health and addiction response and/or are emerging from a crisis. This function could also manage people who are visiting the Wellington area for a brief time.

Specialist cultural functions

Access to specialist cultural mental health and addiction functions will continue to be available. The proposed new delivery model will aim to offer more kaupapa Māori and/or culturally safe services in all localities and within each part of the service.

Ongoing workforce recruitment, development and training will be targeted at achieving this goal. We acknowledge that tāngata whaiora present to various parts of the service depending on their needs, and that all staff need to be culturally competent to respond.

At this point, we are not proposing changes to current cultural specialist mental health and addiction service configuration. We want to build on the Whānau Ora approach, increase investment in our NGO/community service providers and expand service delivery across the wider system. This will be worked through in partnership with cultural stakeholders.

In our view, we need to be clear that this is not an 'either/or' option – investment needs to be robust across the service delivery system for cultural services.

We plan to set up a workstream to design the future model of kaupapa Māori services (including the proposed service development in Hutt Valley). An equivalent workstream will be established for Pacific services.

The future of specialty functions

We would like to propose that the model used by Tūhonohono (Wellington Addiction Service) is expanded into the Hutt Valley and we will be interested in feedback on this.

We would also like to propose that, given the need for assertive community outreach, the functions of the Team for Assertive Community Treatment (TACT) and Te Roopu Āramuka Whāroaroa are reviewed. Again, feedback will guide the future delivery of this important function.

Feedback on other specialist adult community mental health and addiction functions will be considered within the feedback process for this paper.

Anticipated benefits and opportunities

For people who use our services

We see the following benefits if we go ahead with the proposed model of care:

- A more holistic, consistent approach
- Consistent access to peer support
- The ability to see services closer to where people work/live
- Increased access to specialist therapy services
- More options for cultural support, with more investment in kaupapa Māori NGO services
- More options for crisis follow-up including intensive home treatment and peer support
- Reduced waiting times and delays

For staff

The new model of care and delivery approach should also offer a range of benefits and opportunities for our staff.

These include:

- The ability to be working at ‘top of scope’ for more of your time at work
- Working closer to tāngata whaiora and whānau in their communities
- The ability to work more closely with your colleagues across the district, and across the different functions and specialities within the service
- The ability to build stronger connections both across the mental health and addiction system and in the localities that you work within
- Opportunities for greater flexibility of both work hours and locations across the district
- Greater opportunities for career progression and the development of specialisms in key areas of practice
- The chance to be involved in research evaluating the effectiveness of this system change.

Key system enablers and measuring success

Key enablers for the new service model include

- Workforce recruitment and development, including staff/ internal organisational culture and attitudes
- Investment in digital and technology, and using data and monitoring to inform a learning system
- Clear links with clinical and non-clinical support
- Up-to-date governance and partnership structures
- Partnerships with strong leadership from Māori, Pacific and lived experience.

Organisational and workforce development

The delivery of the new model of care will require a workforce recruitment, training and development programme. Additional staff will be required to ensure equitable service delivery across the district, as well as for potential new roles for which there may be a shortage of trained workforce.

Training will be intentional, to support specific elements of the desired model of care, and continually refreshed. The current orientation training, clinical and cultural supervision and advanced training programmes will be reviewed to ensure they can support the new model of care.

The peer support workforce will be developed as part of the wider change programme, and co-design with people with lived experience will be built into the change programme workstreams. This will enable access to appropriate peer support services for tāngata whaiora using the service. Training will be developed to ensure clinical and peer support workers are able to work together effectively to support tāngata whaiora as they interact with the service.

A review of our internal organisational culture and behaviour will be critical to the success of this programme change. We know that some of the principles and changes we are proposing as part of this concept will require a significant shift in thinking on all levels. We plan to build this into our implementation plan and invite all stakeholders to feedback on this.

Digital investment

Ongoing investment is required in digital infrastructure and solutions. The proposed model of care will require fit-for-purpose, accessible and interoperable systems, supporting the workforce to practice in responsive ways, and enabling easy connection and communication. Continued access to technology that supports flexible and mobile working will be essential.

Clinical and non-clinical support/linkages

The proposed new service will have close connections with a range of other clinical services including ED, pharmacy, acute mental health inpatient services, primary care and NGO community providers.

Non-clinical support includes access to adequate administrative and other support services.

Governance and partnerships

The proposed model of care is dependent on the participation and support of a range of providers, partners and community organisations.

These partnerships will be essential at both a district level and at a local level to guide service delivery.

Key partners will include existing and new locality leadership and provider networks as they develop, cross-agency relationships with NZ Police, the Ministry of Social Development and Kainga Ora, and with primary care and NGO community providers.

Monitoring and learning

We will build on our existing analytical and other capability to embed the culture of a learning system. Ongoing monitoring will inform quality improvement and other initiatives.

Key measures could include:

- Measures that shift focus from reactive to proactive care models, such as reduction in ED presentations, reduction in crisis interventions and reduction in unplanned admission to inpatient services
- Equity and access measures, such as fewer Māori whānau accessing crisis/emergency services
- Measures that capture service responsiveness and ability to deliver closer to home, such as time from referral to treatment and location of service delivery
- Measures that capture NGO/community involvement in service delivery
- Tāngata whaiora and key referrer experience, outcomes and satisfaction
- Access to a range of cultural interventions
- Whānau-tāngata whaiora partnership in recovery planning
- HoNOS
- Staff satisfaction, retention, recruitment, sickness, etc.
- Existing national Key Performance Indicators:
    - 7 day follow up - acute inpatient post-discharge community care
    - 28-day re-admission rate
    - Continuity of care - tāngata whaiora with recorded NGO activity in the 28 days before an inpatient stay
    - Whānau engagement

Next steps and FAQs

A second, more detailed proposal specifying the design of the new services and how we will manage the transition will be released following consultation feedback received from this paper.

To ensure everyone receives up to date information and the opportunity to provide feedback we have put some key links below:

- **Provide your feedback anonymously via SurveyMonkey**
- **Read our Frequently Asked Questions for more information**
- **Find out more, including a glossary of terms used, by clicking here.**