



Local Adult Specialist Mental Health and Addiction Services

Summary of change proposal – June 2023

Our vision



"Mental health and wellbeing for everyone, in our communities - individuals, whānau and communities supported by trusted health services that respect people's unique sense of culture, spirituality and wellbeing."

This is a summary of a new principle-based model of care and suggested delivery approach for our local, community-based adult specialist mental health and addiction service. More detail can be found in the local concept paper, which was released in January 2023 and is available on our MHAIDS website.

The proposed new service will provide integrated, specialist clinical assessment, treatment, and advice to tāngata whaiora with intensive mental health and addiction needs across the Capital, Coast and Hutt Valley district. These services are currently delivered by our general adult community mental health teams, Crisis Resolution Service and Te Haika.

As external stakeholders, and for those involved in the design, we want to update you on what is happening.

We have released a change proposal to internal MHAIDS staff only which describes our vision, principles and model of care as well as the leadership structures and future direction.

Once this change proposal has gone through an internal consultation process, a decision document and implementation plan will be released which outlines how we will achieve our vision of 'one system, one service, locally delivered'. Further communications on this will be released once the proposal consultation has ended.

We have included definitions of some terms with which you may be unfamiliar.



Introduction



The Mental Health, Addiction and Intellectual Disability Service (MHAIDS) and the Strategy Planning and Performance (SPP) team have been working in partnership with stakeholders across our district including NGOs, primary care, and government agencies to make changes to the design and delivery of mental health and addiction services. This work is described as the Mental Health and Addiction Change Programme.

The aim of the programme is to create a system that places people first. We are committed to delivering a service that offers more choices and options for people in locations close to where they live, work and play. In this, as in many other ways, our direction aligns with Te Pae Tata, the Interim Health Plan (Te Whatu Ora, 2022).

A feature of the Change Programme is the shaping of our current Specialist Adult Community Mental Health Services into a Local Adult Specialist Mental Health and Addiction Service. To achieve this, we have undertaken a co-design process with staff, stakeholders and priority partners, including Māori, Pacific peoples, those with lived experience and disabled people.

In this document we outline the changes that are proposed across specialist adult community mental health and addiction services delivered by MHAIDS. It describes a modern, integrated model of care, centring the needs and aspirations of tāngata whaiora and whānau.

We have been pleased with the level of engagement from everyone throughout this process, and we look forward to continuing to build positive relationships with our key stakeholders across the system. We also want to acknowledge the voices of tāngata whaiora and whānau who use our services and trust we have captured their perspectives as we move forward.

A decision document will be developed once consultation on this proposal is complete. Staged implementation of the change will begin shortly thereafter, and we acknowledge that changes will take time to be fully realised. We are committed to transparency and openness

in our approach. We plan to focus on continuous improvement throughout our implementation, and we are confident that it brings us closer to achieving the vision of the Mental Health and Addiction Change Programme.

We are excited to present this work to you, your input has been key in getting us to this point, and we invite you to get involved through giving feedback, which can be emailed to mhachange@ccdhb.org.nz.

Background

There are four workstreams in the Mental Health and Addiction Change Programme, which complement one another but are able to progress independently.



Kaupapa Māori Mental Health and Addiction



Acute Inpatient Mental Health



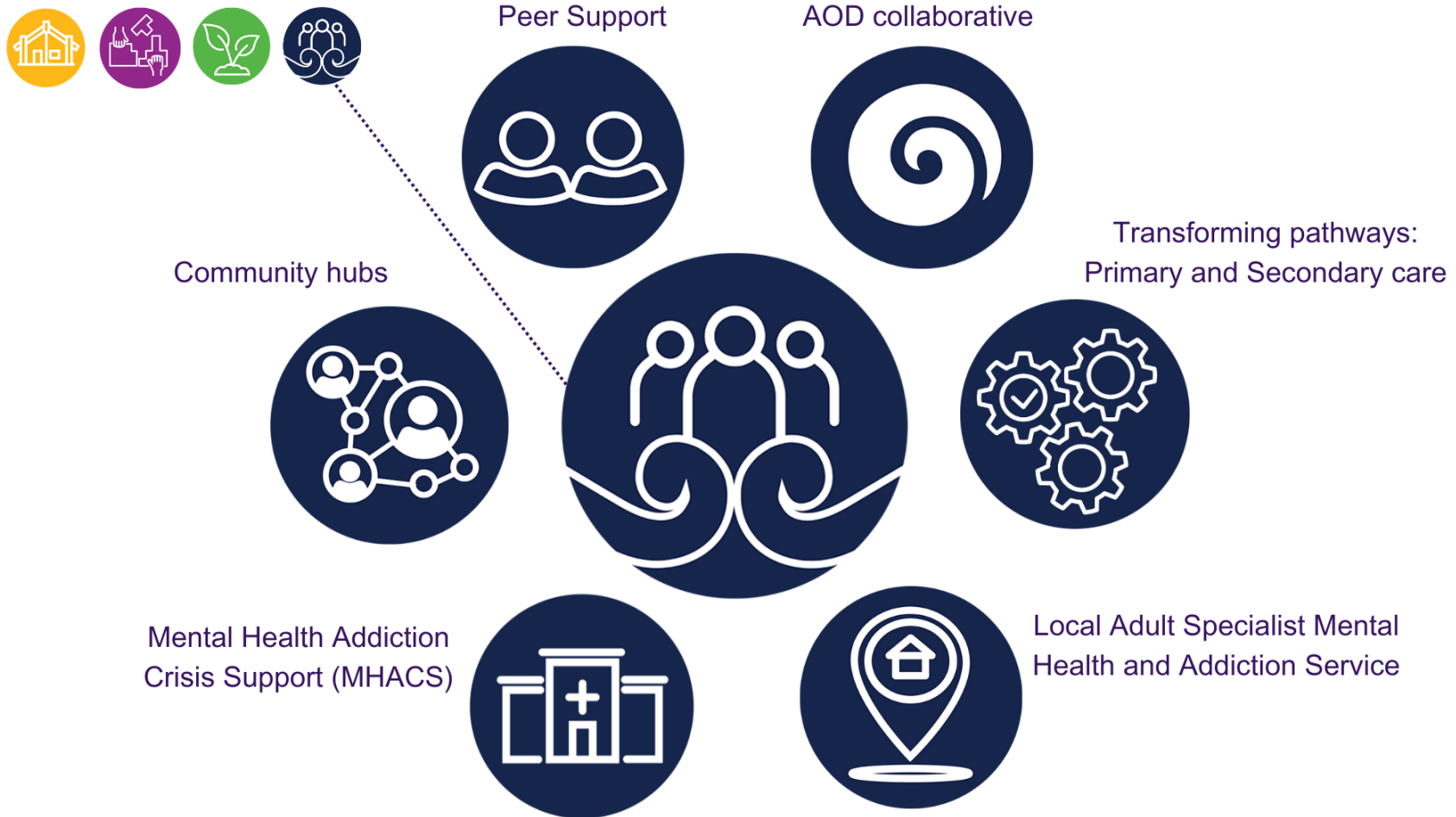
Community Child & Adolescent Mental Health



Community Mental Health and Addiction

The Community Mental Health and Addiction workstream covers several projects which collectively strengthen community-based services. This includes work to improve integration across the continuum of care and provide more options and choices closer to home. Like the workstreams, these projects complement one another but can progress independently.

Projects in the community workstream are illustrated below.



This change proposal relates to the Local Adult Specialist Mental Health and Addiction Service project.

Our vision, principles and model of care



Our vision is for an integrated mental health and addiction service, with a focus on local delivery across the district. This includes:

- A whole of system approach, providing timely and focused care in the community
- Consistent principles for design and model of care with flexibility to deliver locally appropriate functions
- A service that values people with lived experience in its design and service delivery
- Culturally responsive care that places responsibility on our service to meet our obligations under Te Tiriti o Waitangi
- A service that aims to eliminate inequities experienced by Pacific peoples, disabled people/tāngata whaikaha) and other groups.
- Reducing the distress and harm caused by poor mental health
- Supporting staff with specific workforce training and development.

Integrated care is about the organisation and delivery of health services to provide seamless, coordinated, efficient and effective care that responds to all of the health needs a person may have. The practice of integrated care involves collaboration and cooperation between providers and services and occurs across primary, secondary and tertiary care.



One system, one service, locally delivered

Our integrated model of care

The model of care is the foundation that guides what we do and how we practice.

Local specialist mental health and addiction care is one component of a complete service continuum of care. Our service will flexibly deliver locally appropriate functions that respond to the needs of our communities.

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

To deliver best practice care, we will apply the set of principles below through identified clinical functions, streams and supporting pathways.



Our principles

The principles underpinning our integrated model of care

Principle 1: Grounded in Te Tiriti ō Waitangi - Whakapapa ki Te Tiriti ō Waitangi

Principle 2: Informed by peers and those with lived experience - Ka whakamōhio e nga hoa me te hunga whai wheako ora

Principle 3: A welcoming, person and whānau-led approach - He huarahi manaaki, tāngata me te whānau

Principle 4: Timely access to services in the community - Te whai waahi ki nga ratonga i roto i te hapori



Key changes



Staff will work from the six locations/home bases listed below to provide the specialist mental health functions needed by tāngata whaiora in each community.

- Porirua
- Wellington
- Kāpiti
- Lower Hutt
- Upper Hutt
- Wairarapa

However, we also require staff to be flexible and, at times, see tāngata whaiora and whānau in locations which best meet their needs.

Each locality will work as a team of clinicians delivering functions as described below. We are also proposing the introduction of an After Hours District and Hospital function which supports our services 24/7 and includes hospital-level inpatient mental health and addiction services.

Within this model, each clinician will contribute to those functions which are best suited to their capabilities, training, and expertise. The three core functions for the community are:

- **Primary and Community Transitions**
- **First Response**
- **Local Adult Specialist Mental Health and Addiction**

Tāngata whaiora (plural: **Tāngata whaiora**) means 'a person seeking health'. This term can also be used to refer to a person receiving assessment and treatment in mental health, addiction and intellectual disability services.

Primary and Community Transitions

The key role of this function will be managing the interface/relationships between the Local Adult Specialist Mental Health and Addiction Service and primary care/GP providers, with a focus on physical and mental health.

This will be delivered via the current Primary Care Liaison service, with specialist mental health and addiction clinicians providing advice to primary care providers such as GPs to help with care planning and the support of tāngata whaiora transitioning in and out of specialist mental health and addiction services.

This function will also include peer support and employment support.

First Response

This function aims to ensure timely and responsive access to specialist assessment, treatment, and advice for those with both urgent and non-urgent mental health and addiction issues.

This will be delivered by two separate streams:

Access Response – manages requests for local adult specialist mental health and addiction services either via telephone or by face-to-face assessments.

Rapid Response – proposed functions include:

- A mobile, flexible crisis response in the community for people who are experiencing acute mental distress
- Increasing our intensive home treatment service, so tāngata whaiora and whānau can recover from their crisis in an environment that is familiar to them
- More specialist mental health and addiction staff based in our local Emergency Departments
- Increasing the capacity of our Co-response Service across the district
- Peer support
- Increasing our investment in kaupapa Māori non-government services to help with an early response to crisis for Māori whānau, and a more specific cultural response

The Wellington **Co-Response** team involves staff from mental health services, Free Ambulance and the Wellington District Police jointly attending 111 calls made by or about someone needing help in a mental health crisis.

Local Adult Specialist Mental Health and Addiction

This function aims to provide strengths-based and recovery focused support using a trauma-informed, evidence-based approach for tāngata whaiora that need a more intensive, holistic response while they live in their communities.

Some proposed functions within this include:

- Focused Intervention – short term, time limited care – including for people who are recovering from a crisis
- Assertive Outreach
- Local Adult Specialist Adult Mental Health Services incorporating the Flexible Assertive Community Treatment model

Our proposed integrated model of care – describing the functions

The functions and proposed integrated model of care is summarised in the illustration below:

Supported by

- Existing local community networks
- Peer support and lived experience embedded across all functions

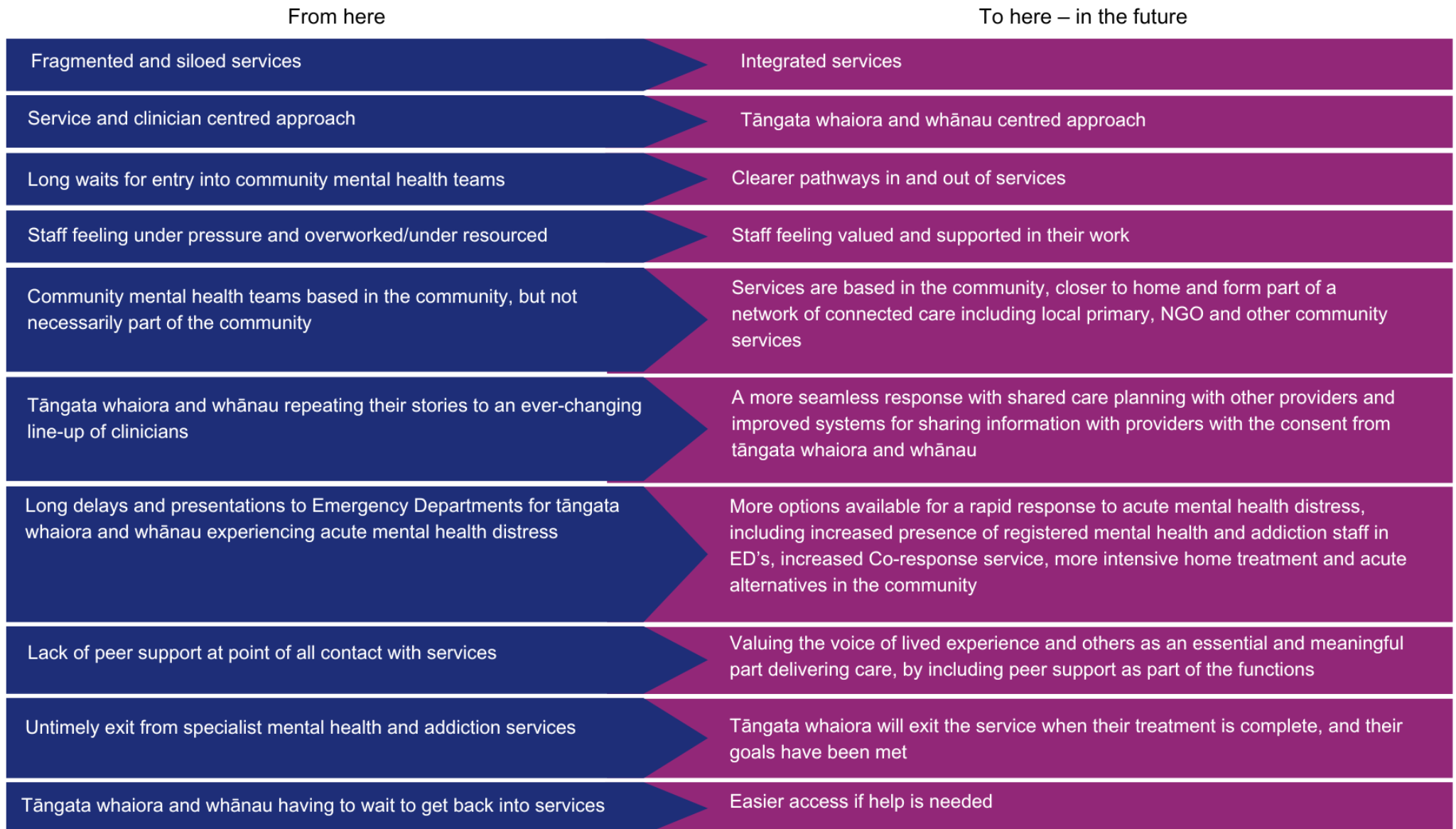




To realise our vision, we plan to start with:

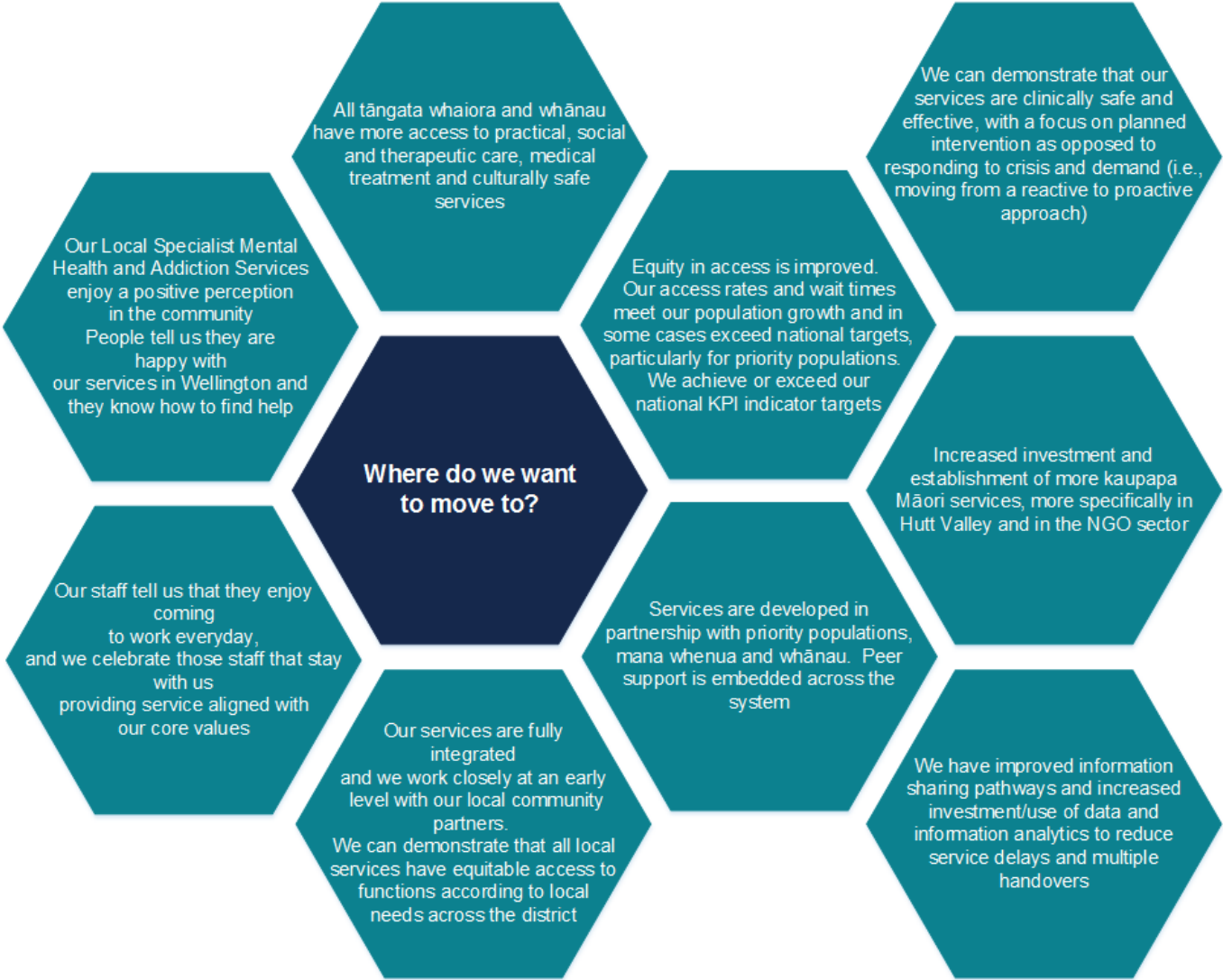
- Establishing a Leadership and Culture workstream under the Mental Health and Addiction Change Programme, which has a shared system understanding of organisational culture and will focus on leadership, governance and staff development and training (including orientation and supervision).
- Changing the current management roles to support the one service, locally delivered approach.
- Closing the current Crisis Resolution Service (Wellington/Hutt Valley) and Te Haika service and combining the staff and functions delivered into each local home base.
- Focus on cultural competency and service delivery for Māori whānau, particularly those who access mainstream mental health and addiction services.
- Embedding an equity approach into the delivery of services, including the introduction of a new Whānau/Equity Lead role. This role will sit alongside senior management and our Lived Experience Advisory Team to facilitate change throughout our system. The introduction of this role recognises the need for specific support for people with diverse needs.
- Making changes to the after-hours first and rapid response management, recognising that mental health and addiction services are 24/7.
- Flexible opening and closing hours for our local home bases, to meet our community needs.
- Streamline our information sharing and documentation processes so there are no barriers to an integrated service.

How will the proposed changes deliver improvements?





Where do we want to move to?





Timeline



31 July	Change proposal consultation closes
31 July	Project team to review all feedback and work on decision documents
8 September	Decision documents released internally
Mid-September	Comms sent to extremal stakeholders