

Central Region Strategic Plan for the Development of Mental Health and Addiction Services

Regional Gaps Analysis

Central Region District Health Boards

Central Region Strategic Plan for the Development of Mental Health and Addiction Services: Regional Gaps Analysis

Central Region District Health Boards

Prepared on behalf of Central Region's Technical Advisory Services Limited by Jaime Greaves

Central Region's Technical Advisory Services Limited
PO Box 23 075
Wellington
6140

Phone 04 801 2430
Fax 04 801 6230

Info@centraltas.co.nz
www.centraltas.co.nz

© Central Region's Technical Advisory Services Limited

Contents

Executive Summary	1
1. History / Progress to Date	3
2. Changing the Future – About This Document and the Next Steps	4
2.1. <i>Gaps Analysis</i>	4
2.2. <i>Local Action</i>	4
2.3. <i>Sub-Regional Action</i>	4
2.4. <i>Regional Action</i>	4
2.5. <i>National Action</i>	5
2.6. <i>Ongoing Evaluation and Adjustment</i>	5
3. Underlying Principles	6
4. Service Gaps	8
4.1. <i>Meeting the Continuum of Need</i>	8
4.2. <i>Continuum of Services</i>	10
4.3. <i>Population Groups</i>	12
5. Configuration Gaps	16
5.1. <i>The Central Region Approach</i>	16
5.2. <i>Regional Support and Networking</i>	18
5.3. <i>Regional Governance and Planning</i>	19
5.4. <i>Collaborative Arrangements for Service Planning and Delivery</i>	19
6. Workforce Gaps	21
7. Infrastructure Gaps	23
7.1. <i>Support Systems</i>	23
7.2. <i>Funding, Contracting, and Service Frameworks</i>	24
7.3. <i>Research and Evaluation</i>	25
7.4. <i>Service and Technology</i>	25
7.5. <i>Quality</i>	26
8. Resource Gaps	27
8.1. <i>Regional Service Guidelines</i>	27
9. Appendix A – Definitions and Abbreviations	40
10. Appendix B – Approach and Information Sources	42
10.1. <i>Information Gathering</i>	42
10.2. <i>References</i>	43

Disclaimer

Central Region's Technical Advisory Service (TAS) endeavours to ensure the services it provides are of a good quality. While care has been used in processing, analysing, and extracting information, TAS gives no warranty that the information supplied is free from error. TAS shall not be liable for any loss suffered through the use, directly or indirectly, of any information, product, or service.

Acknowledgement

TAS would like to thank all the people who provided the qualitative and quantitative information on which this report is based, and those who provided valuable feedback and guidance in developing this report. Your time, commitment, and contribution are greatly appreciated.

Copyright Statement

The content of this document is protected by the Copyright Act 1994. The information provided on behalf of the Central Region District Health Boards, may be reproduced without further permission, subject to the following conditions.

- You must reproduce the material accurately, using the most recent version.
- You must not use the material in a manner that is offensive, deceptive or misleading.
- You must acknowledge the source and copyright status of the material.

Whilst every effort has been made to ensure its accuracy, the Central Region District Health Boards will not be liable for the provision of any incorrect incomplete information.

The six District Health Boards that comprise the Central Region are Hawke's Bay, Wairarapa, MidCentral, Whanganui, Hutt Valley and Capital & Coast.

Executive Summary

This report is a summary of the gaps between the current situation in the Central Region and the vision for 2016 articulated in the *Central Region Strategic Plan for the Development of Mental Health and Addiction Services (the Strategic Plan)*. The gaps analysis provides a summary of the differences seen in the underlying principles, services, configuration, workforce, infrastructure and resources. It also outlines the main factors or aspects that are incongruent between the current reality and the 2016 vision.

The gaps analysis report discusses the gaps by comparing the vision and outcomes the region expects for 2016 with the current situation in 2007. Also outlined are examples of a number of changes that need to occur to move the region towards its destination for 2016.

For the vision to become reality in the Central Region, work must occur at all levels of the mental health and addiction sector – locally, sub-regionally, regionally, and nationally. Ways of working need to change from the governance and strategic planning level to individual practices and attitudes. In most areas, however, the gaps seen are not insurmountable. They can be overcome by adjusting services and practices rather than starting anew in all areas. There are a few areas where the changes required are significant and if the region is to move towards the vision for 2016, attention will need to focus on these areas.

Underlying Principles

The principles underlying the Strategic Plan are well understood and supported in the mental health sector. Many of them are reflected in District Health Boards' (DHBs) own local service development plans and regional undertakings. The gaps regarding the underlying principles relate to how services and systems in the region give meaning to those principles and action them.

For example, the principle that systems and services are flexible and responsive is a common goal throughout the region. Despite the consistent agreement with this principle, services and systems often struggle to be truly responsive to a wide array of needs and to meet those needs in a way that is tailored to an individual's circumstances. Systems can be rigid and slow in adapting to emerging best practice or innovation; responsiveness is often equated with cultural appropriateness for Māori and fails to take a wider view; service users may be shifted from service to service as their needs change without any service adequately meeting all their needs or addressing the underlying issues.

Service Gaps

There are numerous gaps in regards to specific service areas or population groups within the region. Some of these gaps are consistent across the continuum of local services in most districts, while others are due to a lack of a coordinated regional service or approach.

The continuum of services has specific gaps and issues in all areas, but what are possibly the most substantive exist in children youth and older peoples services. Districts are working to increase their responsiveness in this area, but changes to date have been slow, and a number of developments are not fully meeting best practice standards and service users' needs.

Other areas of disparity also include services for those with mild or moderate needs, service for Māori, Pacific, and Asian peoples, and service for older adults. None of these groups are currently able to access the range of services locally or regionally that would meet their needs. Barriers between areas of speciality, between individual services, and between sectors all contribute to fragmenting and complicating the system for these groups.

Configuration Gaps

The system of services within the region is still, to a large degree, poorly coordinated and overly fragmented. There is a lack of consistency across the region that causes duplication and inefficiencies. Regional activity is not coordinated and regional provision is overseen by local accountability structures rather than by a shared regional system.

Workforce Gaps

Workforce activity tends to only focus on recruitment and training, to the deficit of other aspects of workforce development such as organisation development and research. Approaches to workforce focus on the local district with little thought of possible regional or sub-regional collaboration.

Infrastructure Gaps

Infrastructure gaps are significant barriers to the development of services and systems that reflect the guiding principles of the regional *Strategic Plan*. A number of the gaps identified are due to deficits in national systems or lack of development. There is currently a great deal of work being done on many of these systems which could significantly reduce the gaps, particularly in the areas of the contracting and service frameworks.

Resource Gaps

The resource guidelines / targets in the *Strategic Plan* provide a general indication of the types and quantity of services the region would need to provide in order to deliver a comprehensive range of services. Based on this guidance, most service areas have been assessed as currently being under resourced. Over all, there is a 30% gap between current actual funding and the targets, with a large number of services also not optimally configured.

The information provided in this document will be used to form an agreement around the regional work priorities and programmes for the central region DHBs over the next three years.

1. History / Progress to Date

Since the inception of DHBs in 2001, the developments in the Central Region's regional mental health and addiction sector have focussed on specific improvements in individual service areas. This approach has meant that a number of urgent regional issues have been collaboratively addressed. However, these developments have been discrete, ad-hoc initiatives aimed at addressing particular gaps or issues. While such developments are integral to improving service users' experiences of the mental health and addiction system, these initiatives have also served to increase fragmentation in the regional mental health and addiction sector.

In late 2005, the Central Region identified the need to take a broader look at the whole system and to develop a regional mental health and addiction plan that would combine local and regional work into an integrated regional plan for the future.

The *Regional Mental Health and Addiction Service Development Plan: Step 1 – Describing the Future* was released in draft in September 2006 for sector consultation. Following an analysis of feedback received, the plan was revised and the document, now titled *Central Region Strategic Plan for the Development of Mental Health and Addiction Services* (the *Strategic Plan*), was adopted by each of the six DHBs through local approval processes.

The *Strategic Plan* puts forward an integrated regional mental health and addiction system that combines local, regional, and national knowledge with international evidence and practice. It describes what Central Region mental health and addiction services should look like in 10 years time and includes guidance on service configuration, location and resource requirements to meet the expected levels of service need in 2016.

All Central Region DHBs have implemented, or initiated, mental health service redesign projects in their local areas. In many cases, these projects will lead to significant improvements in the delivery and coordination of mental health and addiction services. However, this work is usually limited to locally delivered services and does not consider the potential regional impacts of local developments, the areas in which it would be more effective or efficient to work with other DHBs, or how to build on work done in other districts to reduce duplication. This current way of working across the region means that there are significant and innovative developments occurring locally in each district but this is happening in isolated pockets without a systematic regional approach or significant dissemination of information or learnings across DHBs.

In order to ensure the past, disjointed approaches do not continue to dominate service and sector development, and to jointly progress the vision of an integrated regional mental health and addiction system, Central Region DHBs have commissioned a regional gaps analysis.

2. Changing the Future – About This Document and the Next Steps

2.1. Gaps Analysis

This document has been developed to provide a high-level overview of the gaps between the current mental health and addiction services position in the Central Region and the vision for this service 2016, as articulated in the *Strategic Plan*. The gaps analysis provides a summary of the differences seen in the underlying principles, services, configuration, workforce, infrastructure and resources. It also outlines the main factors or aspects that are incongruent between the current reality and the 2016 vision.

The gaps identified in this document are a summary of the gaps as seen when looking at a regional level. Thus, while individual districts may have made significant developments in a particular area, if the majority of DHBs have not, a gap for the region as a whole has been identified. In these cases the path to addressing the gaps may involve sharing the learning from those districts that have already addressed the gap, and possibly even adopting a similar solution.

From this analysis of gaps, a number of work areas will be proposed for progressing the *Strategic Plan* at a regional level. While these areas are not always those with the largest gaps, they are all integral to supporting DHBs to build a solid foundation for local initiatives and other regional developments. Smaller, targeted pieces of work looking at those specific components of the continuum of services that may be best addressed at a regional level are also identified in this document.

2.2. Local Action

For the vision in the *Strategic Plan* to become a reality in each Central Region district and for the implementation to be reflective of the needs of unique local populations, most actions must be driven locally. To this end, each Central Region DHB will need to either develop a local implementation plan or clearly incorporate the actioning of the *Strategic Plan* into other local developments such as their mental health and addiction plan. Local change management will be essential to implementing the plan as many of the developments required will relate specifically to changing the way in which services operate, rather than developing new services.

2.3. Sub-Regional Action

To successfully meet the needs of their populations, DHBs must be able to balance the tensions between the imperative to address local priorities and needs through locally provided services and the realities of limited funding, workforce shortages, and competing regional or national priorities. In order to do this in the future, DHBs will need to develop effective sub-regional relationships. Links between funders, providers and staff at the sub-regional level will enable DHBs to work flexibly across district boundaries and ensure that service users have access to a full range of services accessible as close to home as possible.

It is expected that districts within the region will work together to develop and support sub-regional collaboration. However, working at a sub-regional level will not be limited solely to Central Region DHBs. Partnerships will be formed across district and regional boundaries, ensuring that districts have the opportunity to choose which other areas they work with. For example it may be appropriate for Whanganui DHB to choose to work with Taranaki DHB due to the close proximity of the districts and the fact that some of Taranaki's services are particularly well established and effective.

2.4. Regional Action

A key premise of the *Strategic Plan*, however, is that to achieve the 2016 vision DHBs will need to work together. None of the Central Region DHBs can provide a complete continuum of viable, high quality, effective, and efficient services on its own. The *Strategic Plan* provides high-level guidance about particular areas where DHBs are

likely to need to work collaboratively although DHBs must decide which services are best delivered in conjunction with other districts.

The *Strategic Plan* proposes the development of a shared regional governance and planning structure to support a collaborative, regional approach. It is envisaged that the development of this structure will be a primary focus of the next phase of this project. The structure will facilitate the development of a:

- transparent and responsive framework for regional planning
- governance group for regional services
- system for regional support and networking.

2.5. National Action

The *Strategic Plan* discusses several key aspects of the wider systemic infrastructure that is needed to enable the region to implement the vision for 2016. The majority of action in this area must happen at a national level because of both the obligatory framework that mental health and addiction services exist within (for example the imperative to fund and deliver services in line with the National Service Framework) and the simple efficacy of progressing some developments at a national level.

In many cases, this work will be lead by individuals and agencies outside of the Central Region. Despite this, it is integrally important for those from the region to participate in these developments (for example through advisory group membership, specialist input, or general consultation feedback) and help guide them in a direction consistent with the regional vision.

2.6. Ongoing Evaluation and Adjustment

Service and system development is a dynamic, ongoing process in which changes to one service area may have a flow-on effect and impact on services in other areas. Additionally, the impacts of any developments may not be those that were expected at onset. For example, a change to the admission criteria for intensive, facility-based services will have an effect on the work done in community teams but also may have an impact on the length of stay in community facilities. These factors make it essential that service developments are evaluated post-implementation, the learnings shared throughout the sector and approaches adjusted accordingly.

As initiatives are undertaken and local and regional gaps are filled, the needs and priorities of the region will shift. It will be necessary after addressing the priorities in this document to reassess the region's needs and identify further areas for development over time.

3. Underlying Principles

The Central Region’s vision for 2016 is underpinned by a set of shared principles or values. These principles form the foundations for all service development and delivery as well as for regional collaboration. They are not new concepts for the mental health and addiction sector, but currently they are not always incorporated in development activity or integrated into service delivery. If the region is to fully implement the regional *Strategic Plan*, these principles must be realised at all levels of planning, governance, management and operations.

2007 Current Situation	Principles of 2016
<p>Services are service / system focused</p> <ul style="list-style-type: none"> - Services can dictate the path of recovery and direct access and service provision - Providers can see themselves as “knowing what is best” for service users, are too busy, and may not engage service users well enough - Narrow scopes of work do not see the entire context of a service user’s life - Boundaries between service areas can cause significant disruption in service provision 	<p>Services are person focused</p> <ul style="list-style-type: none"> - <i>People are actively engaged in their recovery and service provision</i> - <i>Services aid or facilitate recovery</i> - <i>The entire context of the person is taken into account - holistic approaches</i> - <i>Boundaries between service areas do not impact on service delivery to individuals</i>
<p>The system and services can be inflexible and have limited responsiveness</p> <ul style="list-style-type: none"> - Consideration of responsiveness is limited – primarily thought of in relation to Māori - Innovation is more difficult in rigid systems and structures - There are often gaps or lags in service as service users’ needs change or services provided may remain the same despite these changes 	<p>The system and services are flexible and responsive</p> <ul style="list-style-type: none"> - <i>Responsiveness applies for all cultures and groups of identity</i> - <i>Innovation is encouraged and supported</i> - <i>As needs change, service provision adjusts or changes seamlessly</i>
<p>Safety is not always ensured</p> <ul style="list-style-type: none"> - Inpatient services in particular can be unsafe for service users and staff - Admission can be a traumatising experience - Spiritual and cultural safety is not always ensured 	<p>Services are safe for everyone involved with them</p> <ul style="list-style-type: none"> - <i>Services are physically, emotionally, spiritually and culturally safe</i> - <i>Safety applies to service users, family / whānau, and staff</i>
<p>Limited access</p> <ul style="list-style-type: none"> - Crisis or an adverse event in the community is often the trigger for service provision - Inconsistent and confusing intake processes and acceptance criteria - Services are hard to access after-hours and there is limited after hours support 	<p>Early, easy access</p> <ul style="list-style-type: none"> - <i>Primary services are key access point for secondary services</i> - <i>Transparent, consistent intake</i> - <i>All hours access</i>


2007 Current Situation	Principles of 2016
<p>Service delivery is not always as local as possible</p> <ul style="list-style-type: none"> - Some core services are not delivered locally – either there is no service or service is provided regionally - Few sub-regional services - Little regional support for local services – typically through regional services or informal networks 	<p>Service delivery is as local as possible</p> <ul style="list-style-type: none"> - <i>Core services are delivered locally</i> - <i>Sub-regional services</i> - <i>Regional support for local services</i>
<p>The sector is constrained by “the 3%”</p> <ul style="list-style-type: none"> - Limited support or links with primary services - Specialist expertise is not accessible before crisis or until serious loss occurs - Diagnosis or perceived severity is a criteria for accessing services - “The 3%” is used as a benchmark and as the overall prevalence rate for serious mental illness or addiction 	<p>The sector looks broader than “the 3%”</p> <ul style="list-style-type: none"> - <i>Consultation, liaison, education and support for primary services</i> - <i>Services are available before crisis point is reached or serious loss occurs</i> - <i>Need, and services’ ability to meet need, is the defining criteria for service delivery</i> - <i>Epidemiological data is understood and used as guidance</i>
<p>Sporadic integration</p> <ul style="list-style-type: none"> - Planning and service development does not always engage all relevant stakeholder or key agents - Coordination may not include primary, social or NGO services - Co-location of services is rare across agencies or sectors 	<p>Integration at all levels</p> <ul style="list-style-type: none"> - <i>Collaborative planning and service development</i> - <i>Coordination of services including primary, NGO and social services</i> - <i>Co-location of services across agencies and sectors</i>
<p>Central Region DHBs do not work together enough</p> <ul style="list-style-type: none"> - Sub-regional services are not common - A regional approach is not often taken – ie independent infrastructure developments - Local approaches and local solutions can have adverse effects on the region as a whole 	<p>The Central Region works together</p> <ul style="list-style-type: none"> - <i>Sub-regional services are provided in areas where this is viable and can be responsive to all districts served</i> - <i>Regional solutions benefit local populations – shared regional approach achieves economies of scale and sharing of learnings</i> - <i>Local populations do not benefit to the detriment of the regional population</i>

4. Service Gaps

The *Strategic Plan* states that 2016 will see a focus on meeting the needs of all people of the Central Region. This will include consideration of the entire range of needs – from the healthy population at one end of the continuum, to those at the other end who are in crisis. A continuum of services will be delivered to match the needs of the region’s population and those with specific needs will be supported appropriately.

4.1. Meeting the Continuum of Need

Conceptualising need as a dynamic continuum that people can move along at any stage of their lives supports the provision of flexible, responsive, and dynamic services. Current service provision focuses on the small portion of the population with the highest level of dysfunction and associated needs. By 2016, services for this group will still exist but there will have been an increase in the services available for people with a lower level of need, particularly those services and supports that reduce the likelihood of further escalation.

Meeting the Continuum of Need in 2007	Examples of Key Changes Needed	Meeting the Continuum of Need in 2016
		
<p>Not all needs are met</p> <ul style="list-style-type: none"> - Services exist for those with the highest level of need; fewer services are in place for those with lesser needs - Social /support needs are often not fully addressed for people with high needs 	<ul style="list-style-type: none"> • Embed mental health and addiction promotion, screening, early intervention and support in primary care • Strengthen links with social sector at strategic and operational levels • Co-locate social services and mental health and addiction services • Joint initiative to reduce barriers to well-being 	<p>All levels of need are met</p> <ul style="list-style-type: none"> - <i>Services are available for those with all / any level of need</i> - <i>Those with the highest level of need have all their needs met</i>
<p>Needs change</p> <ul style="list-style-type: none"> - Some services do not work in a way that promotes hope and optimism for moving forward – ie maintenance model vs recovery and place-holding / lack of progression in residential services - Services do not always change as service user needs shift 	<ul style="list-style-type: none"> • Services address underlying issues / causes of distress • Services are incentivised through various means to support people to move through services as appropriate • Services are configured and contracted to respond flexibly to needs 	<p>Needs change</p> <ul style="list-style-type: none"> - <i>There is always hope and optimism for moving forward</i> - <i>People move along the continuum of need and service is adjusted or changed alongside</i>
<p>The healthy population</p> <ul style="list-style-type: none"> - Limited public health initiatives - Few programmes focussing on well-being - Limited knowledge of mental health and how to maintain it 	<ul style="list-style-type: none"> • Focus on overall well-being and strategies to maintain wellness • Increased availability of information and coverage of education • Initiatives to improve knowledge base in the community on maintaining good mental health and well-being 	<p>The healthy population</p> <ul style="list-style-type: none"> - <i>Focus on maintaining good health and avoiding threats to well-being</i> - <i>Support is primarily through information and education on well-being and risks</i> - <i>Knowledge of mental health and maintaining wellness</i>

Meeting the Continuum of Need in 2007	Examples of Key Changes Needed	Meeting the Continuum of Need in 2016
<p>Vulnerable people</p> <ul style="list-style-type: none"> - Preventative supports, self-help and building resilience not universally available - Many barriers to early access including cost, cultural appropriateness and stigma 	<ul style="list-style-type: none"> • Support is readily available and well known in communities • Reduce stigma and discriminating attitudes • Reduce barriers to access such as cost, availability, and responsiveness 	<p>Vulnerable people</p> <ul style="list-style-type: none"> - <i>Recognition that the majority of people will be vulnerable at some point(s)</i> - <i>Easy, early access to supports</i> - <i>Support focus on building resilience – strengthening current resources and managing difficulties as they arise</i>
<p>People with mild to moderate needs</p> <ul style="list-style-type: none"> - Little access to funded mental health and addictions services – limited primary pilots currently in place - Services are often not available until needs / severity has escalated - Limited service options 	<ul style="list-style-type: none"> • Appropriate services developed and readily available in all areas • Supports available are fully or partially funded • Range of services are available 	<p>People with mild to moderate needs</p> <ul style="list-style-type: none"> - <i>Direct access to mental health and addiction services</i> - <i>Support services aid with resolving issues and preventing escalation</i> - <i>Choice in services – including family supports and peer-run services</i>
<p>People with high needs</p> <ul style="list-style-type: none"> - Services focus on symptom management - Limited flexibility in meeting short-term vs ongoing needs - Services do not link consistently / systematically with social and primary 	<ul style="list-style-type: none"> • Focus shifts away from symptom management – paradigm shift is reflected • Development of short-term, intensive services • Needs are addressed holistically – broad view of meeting needs • Increased direct links with primary and social supports 	<p>People with high needs</p> <ul style="list-style-type: none"> - <i>Support services focus on resolving issues and increasing self management</i> - <i>Support can be short and intensive as well as ongoing</i> - <i>Services include or link with primary and social services</i>
<p>People in crisis</p> <ul style="list-style-type: none"> - Services focus on safety / risk and symptom management - Links with community supports are variable - A limited range of service options 	<ul style="list-style-type: none"> • Risk aversion is not accepted • Services have the capacity to look at causes of distress • Proactive crisis resolution • Crisis services are configured to be delivered in collaboration with other services – continuously linking with other relevant supports and services during crisis, including primary services • Increased range of crisis supports available 	<p>People in crisis</p> <ul style="list-style-type: none"> - <i>Services are short-term and focus on crisis resolution / addressing causes of distress</i> - <i>Services have strong links with community supports / services</i> - <i>A variety of service options for people in crisis</i>

4.2. Continuum of Services

The *Strategic Plan* outlines the types of services that are expected to be delivered in 2016. By this time, there will have been a widening of the continuum of services that reflects the understanding of the associated continuum of needs. These services will be part of an integrated, seamless system of services that provides person-centred services in line with service users' needs.

2007 Current Services	Examples of Key Changes Needed	2016 Services
		
<p>Healthy living – promotion services</p> <ul style="list-style-type: none"> - Some targeted health promotion campaigns – Push Play etc 	<ul style="list-style-type: none"> • Information on maintaining well-being is easily available in a number of mediums • Mental health and addiction services exemplify healthy workplaces • A wide view of well-being is taken 	<p>Well-being & healthy living – promotion services</p> <ul style="list-style-type: none"> - <i>Community education – including school based well-being education programmes</i> - <i>Promotion of healthy life-styles</i>
<p>Mental illness and addiction prevention services</p> <ul style="list-style-type: none"> - Some internet based information services - Some community specific programmes 	<ul style="list-style-type: none"> • Information on illness and addiction is easily available in a number of mediums • Information on minimising risk and self-help is widely available and taken-up • Prevention services are proactive in at-risk communities 	<p>Mental illness and addiction prevention services</p> <ul style="list-style-type: none"> - <i>Telephone support / information</i> - <i>A wide range of internet information services</i> - <i>Community specific prevention programmes</i>
<p>Primary health services and private health services</p> <ul style="list-style-type: none"> - Privately paid counselling services - General Practitioner services - Locally based pilot services /initiatives 	<ul style="list-style-type: none"> • These are typically a person's first point of contact with mental health and addiction services • Wider range of primary services are available – barriers such as cost or cultural safety are addressed • Increased role in and capacity for early detection and screening 	<p>Primary services</p> <ul style="list-style-type: none"> - <i>Brief, targeted interventions</i> - <i>Physical and mental health and addiction services</i> - <i>Information on wellness and recovery</i>
<p>Community mental health services</p> <ul style="list-style-type: none"> - Community mental health teams - Assertive community services - Services for children, youth and adults 	<ul style="list-style-type: none"> • Services are mobile or delivered where people receive other services • Increased capability within local services to meet a range of needs • Increased availability of services – after hours coverage etc 	<p>Community recovery services</p> <ul style="list-style-type: none"> - <i>Mobile community services</i> - <i>Wide range of services including psychological services</i> - <i>Services for children, youth, older adults, and adults</i>
<p>Residential and inpatient services</p> <ul style="list-style-type: none"> - Level 2, 3 and 4 facilities - Acute inpatient services - Extended residential rehabilitation 	<ul style="list-style-type: none"> • Increased integration between residential and community services • An increased reliance on in-home services • A shared understanding of who services are for and when they are best utilised 	<p>Residential recovery services</p> <ul style="list-style-type: none"> - <i>Specialised community recovery houses / facilities</i> - <i>Long-term residences (ongoing residential services)</i> - <i>Short-term transitional residences</i>

2007 Current Services	Examples of Key Changes Needed	2016 Services
Residential services and support services <ul style="list-style-type: none"> - Level 2, 3 and 4 facilities - Community support services - Transitional facilities - Extended residential rehabilitation 	<ul style="list-style-type: none"> • Supports not tied to residential settings • Increase in supported landlords / housing coordination • Increase in supports which enable people to remain in the housing of their choice 	Residential support services <ul style="list-style-type: none"> - Supported landlord services / housing coordination - Community support services including home support
Residential treatment services <ul style="list-style-type: none"> - Addictions residential treatment facilities 	<ul style="list-style-type: none"> • A full range of services – specific to particular addiction needs • Strong links between residential providers and community recovery services • A focus on dual competencies for all workers / staff 	Addiction residential services <ul style="list-style-type: none"> - Addiction treatment services - Therapeutic communities - Community based detoxification
Crisis services <ul style="list-style-type: none"> - Acute inpatient services - Home based treatment teams - Crisis assessment teams 	<ul style="list-style-type: none"> • Increased mobile / community crisis services • Decreased reliance on inpatient facilities • Increased capacity in core services to maintain support for service users in crisis 	Mobile / community crisis services <ul style="list-style-type: none"> - Home based crisis services - Integrated crisis services - Intensive mobile clinical services
Acute inpatient services <ul style="list-style-type: none"> - Intensive care inpatient unit - Acute inpatient services 	<ul style="list-style-type: none"> • Clear guidelines for the use of highly specialised intensive services • Alternatives to inpatient services – residential recovery and mobile / community crisis services • Decreased reliance on inpatient facilities in regular practice 	Intensive services <ul style="list-style-type: none"> - Intensive facilities – on medical campuses
Secure forensic services <ul style="list-style-type: none"> - Outside of the system of services 	<ul style="list-style-type: none"> • Increased linkages with community recovery services to support transition to the community • Increased connectivity between these services in the region 	Secure forensic services <ul style="list-style-type: none"> - A part of the system of services
Coordination of services <ul style="list-style-type: none"> - A somewhat disjointed / siloed sector - A complex system of services to navigate - Fragmented service provision 	<ul style="list-style-type: none"> • Regionally consistent protocols and practices • Shared knowledge of local, regional and national services • Coordination looks wider than the mental health and addiction sector to include social and health services 	Coordination of services <ul style="list-style-type: none"> - Sector wide coordination of services - Easily navigable system of services - Seamless service provision

2007 Current Services	Examples of Key Changes Needed	2016 Services
<p>Peer-support and peer-run services</p> <ul style="list-style-type: none"> - Services almost solely in the areas of peer support and advocacy – systemic and individual - Limited variety of peer-support in most areas and limited availability - Limited organisational infrastructure and workforce development structures 	<ul style="list-style-type: none"> • Peer run services are contracted throughout the system • Service user leadership is promoted in a number of specific population groups • Organisational development • Targeted workforce development 	<p>Peer-support and peer-run services</p> <ul style="list-style-type: none"> - <i>Peer –run services seen throughout the continuum of services</i> - <i>Peer-support for specific population groups – family/whānau, youth, Māori etc</i> - <i>Sustainable services</i>

4.3. Population Groups

The Central Region has a diverse population with many unique social and cultural groups. While people who identify with these groups are not all the same, there are unifying beliefs, overarching needs and similar characteristics within these groups that provide a common basis for meeting their specific needs.

Services for Population Groups in 2007	Examples of Key Changes Needed	Services for Population Groups in 2016
<p>Infants, children, and youth</p> <ul style="list-style-type: none"> - Few dedicated ethnic / culturally based services - Family / whānau are not always optimally involved - Primary focus is on meeting needs once there are substantial problems - No continuum of support for eating disorders – only moderate-high needs are addressed 	<ul style="list-style-type: none"> • Increased capacity and capability of culturally based services to meet needs of this group • Consistent approach to family / whānau involvement • Increased capacity in services to work with families/whānau • Increased capacity and capability in other sectors for early detection and referral • Strategically develop a local and regional continuum of services for eating disorders – from early support to intensive needs 	<p>Infants, children and youth</p> <ul style="list-style-type: none"> - <i>Ethnic / culturally based services</i> - <i>Services will actively work with families/whānau</i> - <i>Focus on early detection and pre-emptive supports</i> - <i>Continuum of services for eating disorders – includes a focus on early support for youth</i>
<p>Young adults</p> <ul style="list-style-type: none"> - Few dedicated, appropriate services - Regional first episode psychosis services but limited local coverage or capacity 	<ul style="list-style-type: none"> • Support the development of expertise in this area • Local services in this area with regional / sub-regional support and networking 	<p>Young adults</p> <ul style="list-style-type: none"> - <i>Developmentally / life-stage appropriate services</i> - <i>First episode psychosis services</i>

Services for Population Groups in 2007	Examples of Key Changes Needed	Services for Population Groups in 2016
<p>Older adults</p> <ul style="list-style-type: none"> - Few specialist older adult mental health and addiction services - Unclear responsibility for this group - Significant barriers between services - Inequitable, low level of support for carers 	<ul style="list-style-type: none"> • Development of regional specialised expertise to support local services • Development options to encourage staff to further increase their skills and knowledge • Formal clarification of roles and responsibilities for all services and service areas • Joint funding and joint services • Equitable, appropriate supports for carers 	<p>Older adults</p> <ul style="list-style-type: none"> - <i>Developmentally / life-stage appropriate services</i> - <i>No barriers between services</i> - <i>Supports specifically for meeting the needs of carers</i>
<p>Māori People</p> <ul style="list-style-type: none"> - A limited range of kaupapa Māori services - More access services later and with a higher level of need –ie more acute admission - Needs not well met in general services – few cultural assessments, low access to cultural supports - Workforce development needed to appropriately assist Maori people 	<ul style="list-style-type: none"> • Systematic and planned increase or Māori services – locally and regionally • Increased access through responsive primary services • Extensive education and training for staff in all general services – DHB and NGO • Cultural assessments are done by skilled staff as a part of care / recovery planning 	<p>Māori People</p> <ul style="list-style-type: none"> - <i>Access to a full range of kaupapa Māori services</i> - <i>Early access to services and preventative supports</i> - <i>All needs are met appropriately</i>
<p>Pacific People</p> <ul style="list-style-type: none"> - Access service at a more acute level - Needs not well met in general services – low level of cultural capability and awareness - Severely limited provision of culturally specific services - Workforce development needed to appropriately assist Pacific people 	<ul style="list-style-type: none"> • Increased access through responsive primary services • Targeted prevention and awareness activities in Pacific peoples communities • Training and education for all staff in general services – NGO and DHB • Increased Pacific peoples workforce • Regional network of providers – sharing supports, learnings and approaches 	<p>Pacific People</p> <ul style="list-style-type: none"> - <i>Access services equitably</i> - <i>Needs are met appropriately</i> - <i>A range of culturally specific services</i>
<p>Asian People</p> <ul style="list-style-type: none"> - No formal access to specialist advice or input - Limited cultural awareness and sensitivity in general services 	<ul style="list-style-type: none"> • Formal links with Northern Region services and specialist practitioners • Targeted training and education • Increase links with Asian peoples community services 	<p>Asian People</p> <ul style="list-style-type: none"> - <i>Access to specialist advice from Northern Region services</i> - <i>Cultural awareness and sensitivity in all services</i>

Services for Population Groups in 2007	Examples of Key Changes Needed	Services for Population Groups in 2016
<p>Refugees</p> <ul style="list-style-type: none"> - Limited specialist expertise in the region - Barriers to engagement and effective support such as access to interpreters and lack of cultural awareness - Most services do not use trauma informed practices 	<ul style="list-style-type: none"> • Targeted development of regional expertise • Barriers are addressed – increased links with community services used by refugee populations, uptake of interpreters, wide cultural awareness • Staff are educated regarding and services incorporate trauma informed practices 	<p>Refugees</p> <ul style="list-style-type: none"> - <i>Specialised supports / services are available</i> - <i>Barriers to effective support are addressed</i> - <i>All service is trauma informed</i>
<p>Family and Whānau</p> <ul style="list-style-type: none"> - Very few direct supports family / whānau and little education - No specific supports for children of service users - Variable levels of family engagement involvement in service delivery - Māori services incorporate whānau ora / family focused approach 	<ul style="list-style-type: none"> • Region wide development of direct supports and education for family / whānau • Innovative supports for children in partnership with social agencies • Agreed guidelines for family engagement are implemented across all services • Consistent understanding of whānau ora and family focused approaches • Contracting and service monitoring approaches adequately address whānau ora and family inclusive practices 	<p>Family and Whānau</p> <ul style="list-style-type: none"> - <i>Family/ whānau supports and education</i> - <i>Specific supports for children of service users</i> - <i>Engagement and involvement in service delivery</i> - <i>Whānau ora and family focused approaches are common throughout services</i>
<p>Parents with a Mental Illness or Addiction</p> <ul style="list-style-type: none"> - Many services and supports are not appropriate for or supportive of parents - Specific supports for parents are rare and difficult to gain access to - Children are often “unseen” by services and the impacts of parents’ distress is rarely addressed 	<ul style="list-style-type: none"> • All services have policies and practices for supporting parents and provide child-friendly environments • Supports for parents are available and have transparent access criteria in all districts • Services support parents to minimise the impacts of their mental illness or addiction – education, crisis / care planning and direct support for children 	<p>Parents with a Mental Illness or Addiction</p> <ul style="list-style-type: none"> - <i>Supports and services are child-friendly</i> - <i>Service users are supported in their role as parents</i> - <i>The impacts on children are addressed</i>

Services for Population Groups in 2007	Examples of Key Changes Needed	Services for Population Groups in 2016
<p>Service Users with Addictions</p> <ul style="list-style-type: none"> - Majority of staff do not have the skills and knowledge to address dual needs - Limited range of intensive services with service closures and few replacements - Not all services address underlying issues and psychological needs 	<ul style="list-style-type: none"> • The entire workforce has dual competencies • Intensive service needs in the region are reassessed and gaps filled – a full range of intensive services are provided for the region • All service support service users to look at underlying issues and psychological needs 	<p>Service Users with Addictions</p> <ul style="list-style-type: none"> - <i>Needs are met by a skilled workforce</i> - <i>Intensive or high needs are met</i> - <i>All services are recovery focussed and meet psychological and addiction needs</i>
<p>Service Users with Other Disabilities</p> <ul style="list-style-type: none"> - Limited capability and capacity in some areas for supporting people with other disabilities - Disability specific needs are often unmet or met in a disjointed fashion - Aids to access alternate medium for education and communication or aids for physical accessibility are not well used 	<ul style="list-style-type: none"> • Systems to support local delivery are developed • Strong regional links between services and staff – oversight, mentoring, training, liaison, and consultation • Formal links between physical health, disability, and mental health services / supports • Experts and service users aid service to develop appropriate policies and practices to reduce barriers 	<p>Service Users with Other Disabilities</p> <ul style="list-style-type: none"> - <i>Service users are supported as locally as feasible</i> - <i>Disability specific needs are met by services or in conjunction with other services</i> - <i>Barriers to access are addressed</i>
<p>Service Users under the Jurisdiction of the Criminal Justice System</p> <ul style="list-style-type: none"> - Discrimination hampers reintegration and continuity of support in the community - Limited service coverage for service users in general prisons - Under developed services in the region for young offenders with a mental illness or addiction 	<ul style="list-style-type: none"> • Increased links between forensic services and general community services • Target education and anti-discrimination with community services • Increased capacity for mental health and addiction services and support in general prisons • Work with Ministry of Health to develop solutions for young offenders 	<p>Service Users under the Jurisdiction of the Criminal Justice System</p> <ul style="list-style-type: none"> - <i>Reintegration into the community is a primary focus and support continues in the community</i> - <i>Needs of people with a mental illness or addiction in general prisons are met</i> - <i>Early intervention with young offenders</i>

5. Configuration Gaps

The configuration of services within the Central Region will have changed by 2016, with closer links between districts, services and staff. The region will have developed mechanism and processes to support closer working arrangements and a coordinated regional approach.

5.1. The Central Region Approach

The 2007 Current Approach	Examples of Key Changes Needed	The Regional Approach in 2016
<p>Local priorities subsume or outweigh regional / sub-regional priorities</p> <ul style="list-style-type: none"> - Local priorities compete with sub-regional and regional priorities 	<ul style="list-style-type: none"> • A transparent and consistent prioritisation system used for all levels of prioritisation • Cross level prioritisation that is clear and consistent 	<p>Prioritised development of local, sub-regional, and regional services</p> <ul style="list-style-type: none"> - <i>Sub-regional and regional priorities compliment and support local priorities</i>
<ul style="list-style-type: none"> - Many services are not viable - Workforce limitations are significant issues for many organisations and can undermine the viability of services - Funding for some services is not at a viable level – ie does not cover costs incurred, both under and over - Population and level of need does not match level of service in some areas - Many organisations do not have a viable and sustainable infrastructure – particularly an issue for NGOs 	<ul style="list-style-type: none"> • A regional approach to workforce • Staff input is used to inform positive changes to working conditions • Services are assessed for financial viability • Results of the national pricing project are used to help ensure services are funded appropriately • Population information, including needs, inform service development and reconfiguration • Supported development of infrastructure in NGOs – ensuring consistency and economies of scale 	<p>All services are viable</p> <ul style="list-style-type: none"> - <i>A viable workforce to provide services</i> - <i>Financial viability – sufficient finances to cover costs and support ongoing development</i> - <i>Sufficient population and population needs to make provision sustainable</i> - <i>Viable infrastructure – appropriate infrastructure and systems to enable delivery of high quality, safe services</i>
<p>Limited local system of services</p> <ul style="list-style-type: none"> - No district has access to a complete range of services and there is no system to determine at what level services should be provided - Expertise is generally developed in response to local priorities and is not typically shared with other districts 	<ul style="list-style-type: none"> • Champions of a regional approach • A regionally consistent approach to system development • Clear guidance on level of service required (local, sub-regional and regional) • Regional sharing of expertise and experience • Shared funding of regional resources 	<p>A comprehensive regional system of services</p> <ul style="list-style-type: none"> - <i>The combination of local, sub-regional and regional services enables a full range of services to be provided</i> - <i>Districts are aligned to support each other and provide complimentary services</i> - <i>Expertise is supported and shared across the system</i>

The 2007 Current Approach	Examples of Key Changes Needed	The Regional Approach in 2016
<p style="text-align: center;">Duplication</p> <ul style="list-style-type: none"> - Independent infrastructure often developed in isolation - Collaborative approach to system and service development is increasingly being used – particularly by P&F - Sporadic or inconsistent dissemination of information and learnings 	<ul style="list-style-type: none"> • Regional approach to infrastructure development • Collaborative approaches to development are seen across all levels • Formal and informal mechanisms of disseminating information and learnings between districts and services 	<p style="text-align: center;">Minimal duplication</p> <ul style="list-style-type: none"> - <i>Aligned infrastructure</i> - <i>Collaborative approach to system and service development</i> - <i>Dissemination of information and learnings</i>
<p style="text-align: center;">Few collaborative arrangements</p> <ul style="list-style-type: none"> - Shared delivery is still relatively uncommon - Inequitable access to regional and sub-regional services - Regional crisis coverage (ie in a natural disaster) is still unclear - Inter-district supports for staff such as mentoring and supervision are not common 	<ul style="list-style-type: none"> • Shared delivery options are explored for new services • Mechanisms for ensuring equitable access to services and to remedy any imbalances • Regional approach to crisis / disaster management • Formal inter-district agreements for supporting staff 	<p style="text-align: center;">Collaborative System</p> <ul style="list-style-type: none"> - <i>Shared delivery</i> - <i>Equitable access</i> - <i>Regional crisis coverage</i> - <i>Staff supports / mentoring / supervision</i>

5.2. Regional Support and Networking

2007 Support and Networking	Examples of Key Changes Needed	Regional Support and Networking in 2016
<p>Local informal support and networking</p> <ul style="list-style-type: none"> - Regional support and networking is very limited and primarily occurs around the regional speciality services - Limited primarily to clinical practices with limited systemic activity - Development is primarily championed locally and not shared widely 	<ul style="list-style-type: none"> • A more formal region-wide system for support and networking across various service areas • Consistent regional protocols – ie referral, transfer and exit guidelines; peer support and advocacy guidelines • Regional research and evaluation agenda developed and maintained • Support for the transfer of the latest best practice into local service delivery • All services use consistent quality assurance and patient safety management frameworks • Dissemination of learnings from local service innovation and development • Regional workforce development framework 	<p>A regional support and networking system</p> <ul style="list-style-type: none"> - <i>Across all areas, with a focus on specialised service areas such as for older adults, head injuries etc</i> - <i>Covers most aspects of service provision and development including policies and practices, infrastructure, research and education</i> - <i>Champions development across the region and promotes the sharing of emerging information and best-practice</i>
<p>Specialist expertise is primarily a local resource</p> <ul style="list-style-type: none"> - Accountability is to local districts only - Focussed primarily on local casework - Limited development work with other staff 	<ul style="list-style-type: none"> • Shared funding for this group • This is incorporated under the regional planning and governance structure – accountable to the region • System to enable access to specialist resources 	<p>Specialist expertise is a regional resource</p> <ul style="list-style-type: none"> - <i>Regional resources supports local delivery</i> - <i>Support through: consultation and liaison, training, shared casework for service users with highly complex issues or needs, second opinions and assessment, and peer review and support</i>
<p>Use of virtual / videoconferencing technology is not widespread</p>	<ul style="list-style-type: none"> • Increased knowledge of and capability for videoconferencing among clinical and support staff • Videoconferencing is being used regularly • Regular exploration of new or developing technology 	<ul style="list-style-type: none"> - <i>Regional support and networking occurs via a virtual network linking the region</i>

5.3. Regional Governance and Planning

For a regional approach discussed in the *Strategic Plan*, including regional support and networking, to become the standard approach in the Central Region, a shared structure for governance and planning must be in place.

2007 Regional Planning	Regional Governance and Planning in 2016
<p>A regional funding and planning network</p> <ul style="list-style-type: none"> - Focus on updating and sharing information on work in the region and shared initiatives - Regional Strategic Planning is happening in more areas however, there are still gaps - District of service provides governance of regional services through local governance structures - Inconsistent monitoring of regional services – some regional services are well monitored regionally but others are not - Historically, regional solutions have not benefited all local populations equally 	<p>Shared governance and planning structure</p> <ul style="list-style-type: none"> - <i>Regional Strategic Planning for key regional areas</i> - <i>Management and oversight of the regional support and networking system</i> - <i>Shared governance of regional services with all districts represented in the governance structure</i> - <i>Consistent regional monitoring of regional services</i> - <i>Primary role in ensuring regional solutions benefit local populations</i>

5.4. Collaborative Arrangements for Service Planning and Delivery

2007 Current Situation	Principles for 2016
<p>Barriers to a coordinated approach exist between PHOs, NGOs and DHB provider arms</p> <ul style="list-style-type: none"> - Little overarching coordination - Silo-ed or competitive funding - Excluding access criteria and practices - Disparate focus and skills / expertise - Differing strategic contexts and priorities 	<p>Well coordinated local networks of PHOs, NGOs and DHB provider arms</p> <ul style="list-style-type: none"> - <i>Overarching coordination of services and the wider system of services</i> - <i>Integrated and joint approaches to funding</i> - <i>Collaborative approaches to meeting all needs</i> - <i>Complimentary skills / expertise and a shared focus on meeting needs</i> - <i>Consistent overarching strategic alignment</i>
<p>Fledgling Intersectoral approaches:</p> <ul style="list-style-type: none"> - Joint funding is rare and can be an onerous process – ie funding for outcomes - Sporadic co-location with other health and social services - Limited intersectoral planning at any level – limited to intersectoral input rather than joint planning 	<p>Common Intersectoral approaches:</p> <ul style="list-style-type: none"> - <i>Joint funding of services reduces barriers to appropriately meeting needs and reduces duplication and compliance costs for providers</i> - <i>Co-location of mental health and addiction services with other health and social services</i> - <i>Intersectoral planning at both operational and strategic levels</i>

2007 Current Situation	Principles for 2016
<p>Developing arrangements between DHBs:</p> <ul style="list-style-type: none"> - A small number of shared appointments – usually a response to difficulties in recruiting to specific posts - Limited consideration of joint services – typically around existing regional areas or highly specialised services - Locally focused infrastructure developments increase disparity and fragmentation - Most services develop policies and protocols in isolation and this can cause inconsistencies in approaches between districts 	<p>Collaborative arrangements between DHBs:</p> <ul style="list-style-type: none"> - <i>Shared appointments between districts are both responsive to specific, urgent need and used strategically to increase local capacity</i> - <i>A considered approach to developing joint services – both sub-regionally and regionally</i> - <i>Common infrastructure across the region</i> - <i>Common policies and protocols are used across the region promoting consistency and transparency across the region</i>
<p>DHB and regional level planning can miss the needs of small local populations and communities</p>	<p><i>Planning is reflective of all local populations and communities</i></p>
<p>Some integrated services across Capital & Coast and Hutt Valley districts</p>	<p><i>An integrated continuum of services across Capital & Coast and Hutt Valley districts</i></p>

6. Workforce Gaps

An appropriately skilled and supported workforce is central to the realisation of the regional *Strategic Plan*. Developments in all five aspects of the national workforce framework will be needed to enable service providers to deliver high quality, recovery focussed services that meet the needs of service users and their family / whānau.

2007 Workforce	Examples of Key Changes Needed	The Workforce for 2016
<p>Workforce Development Infrastructure</p> <ul style="list-style-type: none"> - Ad-hoc / informal links between local, regional and national developments - Limited scope of development initiatives – primarily recruitment and training - Little strategic consistency at the local level 	<ul style="list-style-type: none"> • Coordination of workforce development at a regional level • Direct links with national centre / initiatives • Reduction in duplication of workforce development activities • Shared strategic direction for workforce development activities 	<p>Workforce Development Infrastructure</p> <ul style="list-style-type: none"> - <i>Links between local, regional, and national developments</i> - <i>Innovative development initiatives</i> - <i>Consistent strategic direction</i>
<p>Organisational Development</p> <ul style="list-style-type: none"> - Differing values, philosophies, and visions across and within organisations - The workforce is not well supported in all areas – ie systems can be labour intensive and stressful - Designated service user roles are limited and experience of mental illness or addiction is not always valued in general roles 	<ul style="list-style-type: none"> • Embedded recovery principles and building resilience • Services work to the Regional Plan • Staff are supported through flexible working arrangements • Active recruitment of people with experience of mental illness or addiction • Development of a range of service user roles – ie service user evaluators and researchers, strategic advisors, etc 	<p>Organisational Development</p> <ul style="list-style-type: none"> - <i>Based on shared philosophy and vision</i> - <i>Organisations value and support staff</i> - <i>Service users are engaged and supported in a variety of roles</i>
<p>Recruitment and Retention</p> <ul style="list-style-type: none"> - Not seen as a desirable area to work, perceived better working conditions overseas and NGOs struggle to offer competitive packages - Generally only a local approach to staffing and only occasionally a sub-regional approach. Approaches to staffing are usually organisation specific - Optimum mix and balance of staff is not well maintained – shortages in a number of professions, restructures, legislative requirements (ie Health Practitioners Competency Act) and changing practices also impact 	<ul style="list-style-type: none"> • Equitable pay and working conditions across providers • Develop a collaborative approach to staffing • Target recruitment and workforce development • Minimise ongoing disruption and contradictory directives 	<p>Recruitment and Retention</p> <ul style="list-style-type: none"> - <i>People are attracted, recruited and retained across a variety of roles and services</i> - <i>There is a coordinated regional approach to staffing</i> - <i>Optimum mix and balance of staff is maintained</i>

2007 Workforce	Examples of Key Changes Needed	The Workforce for 2016
<p>Training and Development</p> <ul style="list-style-type: none"> - Systems do not change to reflect training and changing practices, or system change occurs slowly - Entry level staff often do not come equipped with the skills or knowledge to work effectively - Mentoring, secondments and project work are not common 	<ul style="list-style-type: none"> • Organisation management champion change • Work with training and education providers on the development of training programmes • Core competencies are agreed within the region and all staff have relevant training and skill development • Regional system for supporting professional support and development 	<p>Training and Development</p> <ul style="list-style-type: none"> - <i>Learning is transferred from training into practice</i> - <i>Training programmes produce adequately skilled staff</i> - <i>Supports and development opportunities such as mentoring, secondments, supervision and project work are readily available</i>
<p>Research and Evaluation</p> <ul style="list-style-type: none"> - Workforce information is not routinely or consistently collected, thus not available - Limited level of research and/or evaluation is undertaken – often linked to student research or academic activity - The majority of research and evaluation findings are not well disseminated or used in service development 	<ul style="list-style-type: none"> • Routine collection of workforce information at the regional or national level is supported • Local workforce information collection systems are aligned and further developed • A regional research agenda is set to systematically increase information in key areas for development • Dissemination of research and evaluation findings 	<p>Research and Evaluation</p> <ul style="list-style-type: none"> - <i>Standardised information on the workforce is collected and available</i> - <i>Staff are encouraged and supported to undertake research and evaluations</i> - <i>Research and evaluations are used to inform service developments</i>

7. Infrastructure Gaps

In 2016, there will be a shared commitment to the continued development of a strong infrastructure in the Central Region. The investment in systems and structures will support the delivery of recovery focused services and be seen across both NGOs and the DHB provider arms.

7.1. Support Systems

2007 Support Systems	Support Systems for 2016
<p>There is an increasing awareness of the need to work together on the development of infrastructure</p> <ul style="list-style-type: none"> - There is a minimal degree of regional consistency - There is some ongoing collaboration in this area but this is very limited or sporadic and has had variable results 	<p>Services work collaboratively around infrastructure developments</p> <ul style="list-style-type: none"> - <i>Systems have a degree of regional consistency</i> - <i>Ongoing collaboration ensure alignment of infrastructure developments</i>
<p>Collaborative note-taking and involvement in assessment is variable</p>	<p><i>Collaborative note-taking and assessment is standard practice</i></p>
<p>Little sharing of information across the region</p> <ul style="list-style-type: none"> - Information sharing practices are generally informal and inconsistent - Majority of services use paper-based notes and those few electronic systems are not yet compatible - Most services have a very limited technological capacity 	<p>Seamless consensual sharing of information across the region</p> <ul style="list-style-type: none"> - <i>Shared / standard practice in the region for sharing information</i> - <i>Compatible electronic notes systems used across services</i> - <i>All services have a high technological capacity – NGO and provider arm</i>
<p>Negligible regional consistency in systems including HR and IT</p>	<p><i>Support systems such as IT and HR have a degree of regional consistency</i></p>
<p>Many system developments across the region are occurring in parallel with little coordination and a significant amount of duplication</p>	<p><i>Minimal duplication in systems developments</i></p>
<p>The majority of services do not adequately or consistently collect cost information</p>	<p><i>Consistent, reliable cost information is available across the region</i></p>

7.2. Funding, Contracting, and Service Frameworks

Funding, Contracting, and Service Frameworks of 2007	Example of Key Changes Needed	Funding, Contracting, and Service Frameworks in 2016
<p>There is increasing improvisation and variation in funding, contracting and service specifications as DHBs work in the current less flexible dated system</p>	<ul style="list-style-type: none"> • Increased collaboration and information sharing about local funding arrangements across the region • Analysis of funding and services across the region (including reasons for differences) 	<p><i>Funding, contracts and service specifications are consistent across similar services</i></p>
<p>Most funding and contracting arrangements have no incentives to provide recovery focused services and assist people to move through services</p>	<ul style="list-style-type: none"> • Sharing of innovative ways of incentivising services and the results 	<p><i>Funding and contracts incentivise services to provide recovery focussed services and assist people to become increasingly independent</i></p>
<p>The true costs of providing most services are not well understood and costing information is not yet at a sufficiently reliable state to inform funding</p>	<ul style="list-style-type: none"> • National focus on the collection of cost data • Increasing NGO capability to collect consistent cost data • Aligning provider arm service costing systems to ensure consistency in costing data collected 	<p><i>Contract prices are informed by the true costs of providing services</i></p>
<p>Inter-district services are being dealt with in an increasingly consistent manner and guidelines are being developed in some areas</p> <ul style="list-style-type: none"> - Many inter-district arrangements are not systematically monitored or reviewed 	<ul style="list-style-type: none"> • Guidelines developed need to have process in each district adjusted to fit and these need to be followed • Guidelines and arrangements need to be regularly reviewed for relevance and appropriateness • An approach to funding existing inter-district services need to be agreed 	<p>Consistency in contracting, funding and monitoring for inter-district services is supported through regional guidelines</p> <p><i>Arrangements are monitored and reviewed regularly</i></p>


7.3. Research and Evaluation

2007 Research and Evaluation	2016 Research and Evaluation
<p>Research and evaluation is acknowledged as important but not actively supported</p> <ul style="list-style-type: none"> - Research and evaluation are considered as additional to the core work of the sector - There is no regional agenda and limited agenda's locally - New Zealand based research and evaluation results are not often widely circulated 	<p>Regional culture that values and supports research and evaluation</p> <ul style="list-style-type: none"> - <i>Research and evaluation are considered core components of the sector</i> - <i>A regional research agenda informs and helps to direct local and regional research and evaluation activity</i> - <i>Learnings from research and evaluations are widely disseminated</i>

7.4. Service and Technology

2007 Current Situation	Key Changes Needed	Principles for 2016
<p>Technology is not well utilised to increase service coverage or provide easier access</p> <ul style="list-style-type: none"> - Telephone based services are not available in all areas to both existing service users and the general public. There is also a very limited scope of existing services - Internet based interventions are not generally available - Internet information can be difficult to find and it is difficult to verify if the information is from a reliable source - Videoconferencing is better used in some districts than others – ranging from regularly used to almost never used – and is not well used by regional services - Other technology is not well supported or well used in the region 	<ul style="list-style-type: none"> • There is a regional approach to introducing and integrating new and emerging technology across the region • All districts provide or ensure access to a range of telephone supports and services, including general information • Internet based services and supports are supported, particularly in primary services • Appropriate internet based information is made available through reliable sources • Videoconferencing is championed in the region and ongoing education is available • Regional and sub-regional services make use of videoconferencing to support other centres / satellite or remote services • Other technologies are actively investigated as they emerge • Districts are supportive of technological developments and system change 	<p>Technological advances enable a wider range of interventions to be accessed by more people</p> <ul style="list-style-type: none"> - <i>Telephone based services are available to service users and the general public for information and direct supports – ie crisis counselling and peer support</i> - <i>Internet based supports / services are available</i> - <i>Information is easily available through the internet</i> - <i>Videoconferencing is used to efficiently use limited resources and provide services and support to staff in remote areas</i> - <i>Other technology such as decision support tools, electronic referrals and internet booking are used in relevant areas</i>

7.5. Quality

2007 Current Situation	Principles for 2016
	
<p>Quality assurance incorporates more than contractual / clinical audits</p> <ul style="list-style-type: none"> - Standard quality measures are not very diverse - Auditing is focussed on contractual compliance and compliance with relevant standards - Outcomes, qualitative evaluation and satisfaction surveys are not consistently used to inform quality improvement 	<p>Quality assurance incorporates more than contractual / clinical audits</p> <ul style="list-style-type: none"> - <i>Quality measures used are broad in range</i> - <i>Auditing is outcomes focused and looks wider than compliance</i> - <i>Outcomes, qualitative evaluation and satisfaction surveys are consistently reviewed and used to improve service quality</i>
<p>Collection of outcome data is becoming a part of standard practice in some services – information is not yet being routinely used</p>	<p><i>Outcome measures, including self-assessment, are routinely used to inform clinical practice, quality improvement and system development</i></p>
<p>Individual services have their own systems for clinical audits and peer review that can sit outside standard practices</p>	<p><i>Clinical audits and peer review protocols are standardised and integrated into practice</i></p>
<p>There is no consistent mechanism to share the results of positive developments and feedback – learnings from negative feedback and adverse events is not often shared</p>	<p><i>There is a region wide sharing of learnings from both positive developments and feedback as well as negative feedback and adverse events</i></p>
<p>There is no regional benchmarking or regular comparison of services performance</p>	<p><i>Regional benchmarking and comparison of services occurs and is used to aid development</i></p>

8. Resource Gaps

The regional *Strategic Plan* updates and realigns the *Blueprint* service guidelines to fit with the continuum of services detailed in the plan. Overall resource requirements remain equitable with those originally detailed in the *Blueprint*, however, the nature and configuration has been amended to fit with the regional configuration. The remainder of this section outlines the discrepancies between the levels of service detailed in the *Strategic Plan* and funding for the 2006/2007 fiscal year. See Appendix B for an overview of the methodology used to calculate this.

8.1. Regional Service Guidelines

The regional funding for 2006/2007 was \$71,473,544 less than the Strategic Plan targets. The largest variance was seen in the residential service area.

Table 1 2006 Calculated Volume and Funding Gaps by *Blueprint* Service Type

<i>Blueprint</i> Service Type	Central Region 2006 Calculated Volumes Less Strategic Plan Targets	Central Region 2006 Actual Funding Less Strategic Plan Targets	
	Volume Difference	Funding Difference	Funding – Percent of Target
1. Inpatient - Beds/Care Packages ¹	-123.13	-\$24,426,623.11	70%
2. Community Mental Health Teams - FTE/Care Packages	-231.38	-\$23,689,418.14	72%
3. Residential - Beds	-378.86	-\$14,402,004.46	44%
4. Community Support - FTE/Care Packages	-92.19	-\$7,185,283.31	73%
5. Consumer - FTE/Programmes	1.36	\$105,309.71	103%
6. A&D Residential - Beds	-15.38	-\$373,069.36	81%
7. A&D Community - FTE/Care Packages	-42.70	-\$3,599,917.22	68%
8. Methadone - Places	-330.70	-\$742,851.47	76%
9. Non <i>Blueprint</i> Services	-	\$2,840,313.24	-
TOTAL	-1,212.97	-\$71,473,544	70%

¹ This service area includes the new components of acute service options. Most of these are not inpatient services but have been included under the inpatient *Blueprint* Service Type to make it possible to look at all acute services together. For example, the calculations for the inpatient *Blueprint* Service Type (1) included the details of the mobile community crisis service described in the *Strategic Plan*.

Regional Gaps Analysis

Table 2. 2006 Overall Funding Gaps by DHB and *Blueprint* Service Type

Blueprint Service Type	2006 - Funding Gaps						
	C&C 2006 Actual Funding Above / Below Strategic Plan Targets	HB 2006 Actual Funding Above / Below Strategic Plan Targets	Hutt 2006 Actual Funding Above / Below Strategic Plan Targets	MC 2006 Actual Funding Above / Below Strategic Plan Targets	Wairarapa 2006 Actual Funding Above / Below Strategic Plan Targets	Whanganui 2006 Actual Funding Above / Below Strategic Plan Targets	Central Region 2006 Actual Funding Above / Below Strategic Plan Targets
1. Inpatient - Beds/Care Packages	Below	Below	Below	Below	Below	Above	Below
2. Community Mental Health Teams - FTE/Care Packages	Below	Below	Below	Below	Below	Below	Below
3. Residential - Beds	Below	Below	Below	Below	Below	Below	Below
4. Community Support - FTE/Care Packages	Below	Below	Below	Below	Above	Below	Below
5. Consumer - FTE/Programmes	Below	Above	Below	Below	Above	Above	Above
6. A&D Residential - Beds	Below	Below	Below	Above	Above	Below	Below
7. A&D Community - FTE/Care Packages	Below	Below	Below	Below	Above	Above	Below
8. Methadone - Places	Below	Below	Below	Below	Above	Below	Below
9. Non Blueprint Services	Above	Above	Above	Above	Above	Above	Above
TOTAL	Below	Below	Below	Below	Below	Below	Below

The table on the following pages outlines the discrepancies between services detailed in the *Strategic Plan* and the 2006/2007 funding and configuration of services for each service type.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ²	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Prevention Services							
Prevention Services	11.2 Mental Illness Prevention Services - Community Staff	By 2016, strong and effective strategies for mental health and addiction promotion and prevention will be in place and routinely included in PHOs and public health activity. These services and initiatives will support people to manage difficulties and stressors in their lives to prevent the development of distress. Prevention activities will occur across all levels of need and will typically be available through indirect services or supportive systems.	Across all levels	No target			Not currently funded through DHB funding streams.
Primary Services							
Primary Services	1.14 Primary Service Liaison	These positions provide professional consultation / liaison to primary health professionals supporting those with a mental illness. As services for those with mild to moderate mental health and addiction needs are within the scope of primary health services, any additional resources in this area will be appropriately funded through primary health. A portion of this service may be addressed through the collocation of community recovery with primary services.	Local	-\$1,860,702	Most DHBs	Local	Most DHBs contract for some degree of primary services but most are not defined as primary liaison positions. This does not include the Ministry of Health primary pilots.
Community Recovery Services							
Community Recovery Services	1.1 Foster Families (A component of Acute Inpatient)	Specifically trained 'foster families' will be supported to provide short-term accommodation for those in crisis. These families will be fully supported by mobile / community crisis services.	Local	No target	No DHBs	-	This component of service provision that would enable people in crisis or in need of respite to be supported in homes in the community has not been developed.
Community Recovery Services	1.2 Community Mental Health Teams (CMHTs)	Community recovery services will work easily across a number of settings including service users' homes, GP surgeries, etc. All of these teams will have the capability and skill to work across boundaries, such as addictions, maternal mental health, etc, and actively work together with other providers / sectors to ensure that service users get the best support possible.	Local	\$6,418,143	All DHBs	Local and regional	Mostly local services except for one regional service - community transition (forensic).

² Funding gaps are expressed as actual funding less calculated target funding. Thus, a negative number signifies an area where the current funding is less than the target and a positive number shows where current funding exceeds the target amount.

This table does not include the \$2,840,313 of non-Blueprint funding for workforce development, quality improvements and other systemic or organizational development activity.

Regional Gaps Analysis

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ²	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services	1.2 Assertive Outreach (A component of CMHTs)	Some community recovery services will specialise in assertive services for those with severe and enduring mental illness who would otherwise not remain in contact with mental health services. These are often people who are homeless or hard to engage.	Local	-\$6,672,821	Few DHBs	Local	A limited number of DHBs provide assertive outreach services – some of these do not contract the service specifically but existing teams have developed expertise and practice similar to that in assertive outreach services.
Community Recovery Services	1.4 Access to Newer Anti-psychotic Medication	Ongoing access to new pharmaceutical interventions will be ensured for those who would benefit from them. Ongoing medical oversight for these service users will be provided through medical services and the effects of ongoing use will be mitigated.	Local	No target	Not currently funded through DHB funding streams		
Community Recovery Services	1.9 Support and Education for Recovery	These services are targeted at the specific information and recovery education needs of service users and their family / whānau. Services include information about a range of topics including mental illness, service user rights, recovery planning, and supports for parents with a mental illness and their children.	Local	-\$2,342,381	All DHBs	Local	All districts provide some form of day activities / activity rehabilitation where a degree of recovery education may take place. There are no specifically contracted recovery education services.
Community Recovery Services	1.10 Outreach (Rural)	Rural outreach is not needed by all districts in the Central Region. For those DHBs with significant rural populations, DHBs will have comprehensive, mobile, rural outreach services which are mutually supported by all other teams / services.	Sub-Regional	-\$1,193,234	Some DHBs	Local	No DHBs contract for these services but several provide services similar in configuration. These are in all DHBs with substantial rural populations
Community Recovery Services	1.11 Consumer Advisory Services and Consumer Run Initiatives	This area includes service user advisory services and peer support services. These services will be an integral part of the continuum of services and will be resourced appropriately. Service users will be involved in the delivery of a range of services, the majority of which will be included in other areas and not counted under this guideline. For example, a service user run recovery house will be counted under the acute guidelines (Blueprint Code 1.1).	Local	\$492,669	All DHBs	Local, sub-regional, and regional	Each DHB provider arm has local consumer advisor/s. Each DHB has other local peer supports / advocacy / peer run services. There are two regional services as well as specific positions linked to the regional speciality services in C&C. One regional service is for addiction. There is one sub-regional service.
Community Recovery Services	1.12 Family Advisory Services and Family Run Initiatives	These services are independent family / whānau advisors and family / whānau support services. They provide advocacy and advice services as well as specific family / whānau run initiatives. Direct family / whānau involvement and support needs, in the majority of cases, will be met by the relevant service working with service users.	Local	-\$387,359	All DHBs	Local and regional	One DHB provider arm has local consumer advisor/s. Each DHB has other local family support / advocacy / advisory services. One DHB has a family / whānau addiction service.
Community Recovery Services	1.13 General Hospital Liaison	This service plays an important role in the integration of mental health and other health services by providing support to clinicians caring for the physical health needs of those in general hospital facilities who require some mental health or addiction support.	Local	-\$1,244,926	Some DHBs	Local	-
Community Recovery Services	1.15 Early Intervention Services (EIS)	Local first episode psychosis services will deliver specialised services for those with their first experience of psychosis to the local DHB populations.	Local / Sub-Regional	-\$2,015,852	All DHBs	Regional and local	All DHBs have access to the regional specialty service - first incidence psychosis. Two DHBs also provide addiction early intervention services.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ²	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services	1.8 Employment and Education Support	In 2016, this will be translated into support to assist people into regular paid employment and education, and / or to help maintain them there. It may manifest as employer subsidies for those employees needing specific supports such as shorter hours or extended leave, or as specific support to undertake study. Social services and the education sector will be highly involved with developments in these areas and will collaborate closely with the mental health and addiction sector.	Local	-\$5,158,221	Most DHBs	Local and sub-regional	Most DHBs provide employment support / supported employment and education support services. Many of these are still using a sheltered employment model rather than a recovery focussed support for employment model.
Community Recovery Services	2.1 Foster Families (A component of Acute Inpatient Child and Youth)	Specifically trained 'foster families' will be supported to provide short-term accommodation for children and youth in crisis. These families will be fully supported by mobile / community crisis services.	Local	No Target	No DHBs	-	This component of service provision that would enable children in crisis or in need of respite to be supported in homes in the community is not well developed.
Community Recovery Services	2.3 Community Mental Health Teams – Child, Youth and Families	Community recovery services for infants, children, youth and their families / whānau will be available in their communities. Those working in these services will have a wide range of skills and capabilities, including addictions. These services will maintain key roles with service users utilising other child and youth facilities.	Local	-\$7,136,903	All DHBs	Local, sub-regional, regional	Regional early intervention, refugee child and youth, and prison / court liaison services; sub-regional child and youth wrap around service.
Community Recovery Services	2.5 Day Programmes – Child and Youth	This service will be seen as a core component of services offered by infant, child, and youth services.	Local	-\$1,680,768	Some DHBs	Local and sub-regional	The sub-regional service is attached to the rangatahi unit in C&C - for C&C and Hutt - other local options also in two other DHBs.
Community Recovery Services	3.3 Older People – Community Teams	Local community recovery services specialising in supporting older adults with mental illness or addiction will be available to older adults regardless of their residence.	Local	-\$7,074,432	Few DHBs	Local	Most services for older adults are funded through the HOP funding stream but there are significant issues in this area.
Community Recovery Services	4.7 Forensic – Court Liaison	Court liaison services will provide expert assessments and advice to courts. Advice will be provided through directly working with justice / court staff and through the writing of court reports.	Sub-Regional	\$2,155,063	All DHBs	Regional	Not a separate service but run as part of the regional forensic court / prison community teams - Located in areas with prisons / courts.
Community Recovery Services	4.7 Forensic – Prison Liaison	These services will provide consultation and support to prison staff working with service users in prisons. Due to the increased epidemiological evidence indicating that the incidence of mental illness and addictions is much higher among those involved in the criminal justice system, there will need to be an increased capacity for forensic services to appropriately support service users during their time in the justice system.	Sub-Regional				

Regional Gaps Analysis

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ²	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services	4.7 Forensic – Community Liaison Services	Specialist forensic staff will support local community services to meet the needs of service users who are currently or have recently been involved with the justice system. This service will support local community recovery services.	Sub-Regional				
Community Recovery Services	5.1 Alcohol and Drug – Community Assessment and Treatment	The need for addiction services is increasing as is the severity and complexity of presentations. A significant proportion of mental health service users have an addiction and vice versa. It is essential that all staff working in either mental health or addictions have core skills and capabilities in both areas to ensure that they can meet all the needs of service users.	Local	-\$3,150,558	All DHBs	Local and sub-regional	All DHBs have local services. The one sub-regional is between Hutt and C&C.
Community Recovery Services	5.2.1 Alcohol and Drug – Methadone Specialist	Opioid substitution will be provided by recovery focused services that work within the holistic framework of the wider mental health and addictions sector. These services will aim to address not only the addiction issues related to opioid dependency, but also any underlying issues that may impact on recovery.	Local	-\$173,151	All DHBs	Local and Sub-regional	Sub-regional provision is between Hutt and C&C – all other DHBs have local services.
Community Recovery Services	5.2.2 Alcohol and Drug – Methadone GP	Opioid substitution will be provided by recovery focused services that work within the holistic framework of the wider mental health and addictions sector. Those receiving opioid substitution services from GPs will continue to receive support from addictions and / or mental health services.	Local	-\$569,701	All DHBs	Local and Sub-regional	Sub-regional provision is between Hutt and C&C – all other DHBs have local services.
Community Recovery Services	6.1 Mental Health and Alcohol and Drug Services – Specialist Expertise	This service will be included under general community recovery services and a specialist team will no longer be needed as service users with dual diagnosis will be served by the community recovery team they are referred to – mental health or addiction teams.	Local	-\$1,134,239	Most DHBs	Sub-regional, local	One sub-regional specialist service and some local specialist expertise is contracted.
Community Recovery Services	6.1 / 4.7 Mental Illness and Alcohol and Drug Disorders – Specialist Expertise	Those with specialist dual diagnosis expertise will provide support to forensic staff working with those in the criminal justice system with a mental health and addiction dual diagnosis.	Regional		No DHBs	-	These services are specifically for forensics. They are not currently contacted.
Community Recovery Services	6.3 Mental health and Alcohol and Drug Services – Community Teams	This service will be included under general community recovery services and a specialist team will no longer be needed as service users with dual diagnosis will be served by the community recovery team they are referred to – mental health or addiction teams.	Local	-\$1,354,794	No DHBs	-	There is some capability and capacity in existing community teams (primarily addictions) in this area but there are no community services contracted for this.
Community Recovery Services	7.1 Mental Health and Intellectual Disability – Specialist Expertise	This service is for those service users with the highest level of complexity and need due to a significant dual diagnosis. This service will provide support to local community recovery services working with these service users.	Regional	-\$489,284	All DHBs	Regional	One regional specialty service and limited local expertise in general services.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ²	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services	8.2 Head Injury or Neurological Disorder with Behavioural Problems – Community Teams	Community based services for those service users with a head injury or neurological disorder and associated behavioural problems will provide specialist support to local services.	Sub-Regional	-\$174,493	No DHBs	-	This is not currently contracted – some provision is likely through general services and services funded through other sources – ACC, etc.
Community Recovery Services	10.1 Eating Disorders – Community Teams	Community recovery services for those with an eating disorder will provide support to those with eating disorders within their community. These services will aim to reduce the impact of eating disorders through specifically targeted services to increase body weight, support a healthy body image, and address any co-existing/ underlying disorders such as depression and anxiety. These services will provide additional consultation and support to general community recovery services supporting service users with a lower level of need.	Sub-Regional	-\$1,360,316	Most DHBs	Local and sub-regional	Most DHBs provide or have access to a limited degree of community eating disorder expertise. It is not contracted specifically in most areas.
Community Recovery Services	10.3 Services for Profoundly Deaf People who have a Mental Illness – Community Consultation Liaison	Consultation and liaison services will work with other service providers who are supporting deaf service users. These services will be provided in conjunction with specific disability supports (such as signers) that enable deaf service users to access services.	Regional	-\$104,696	No DHBs	-	Currently, the only specialty deaf service is a small regional community support service (under 1.5 - Home Based Support) and there is not consultation / liaison specialist service.
Community Recovery Services	10.4 Services for Refugees who have Mental Health Disorders – Community Teams	In 2016, the majority of refugees with a mental illness will be seen by local community recovery services. These services will provide trauma informed interventions with support from those with expertise in providing services for those who have undergone torture or trauma.	Sub-Regional	\$87,732	Few DHBs	Sub-regional	Sub-regional service available in the two DHBs with the largest refugee populations.
Community Recovery Services	10.5 Services for People with Disabling Personality Disorders – Community Teams	Specific expertise in supporting service users with severe personality disorders will be available for all staff in general services working with this group.	Regional	\$388,082	All DHBs	Regional	There is a regional specialty service and a position attached to the regional residential service.
Community Recovery Services	10.6 Service for People with Severe Anxiety Disorders – Community Teams	Specific expertise in supporting service users with severe anxiety disorders will be available for all staff in general services working with this group.	Sub-Regional	-\$261,739	No DHBs	-	No specific services exist for this group – some degree of expertise is likely in some general services.
Community Recovery Services	9.2 Mothers and Babies – Community Staff	Community recovery services specialising in maternal mental health will aim to meet a woman's mental illness related needs while pregnant and post-natally with a specific view to supporting women in their own home. Supports will address the complex interactions between mental well-being, maternal pressures, and infant health.	Sub-Regional	-\$660,008	All DHBs	Regional and local	There is a regional specialty service and local capacity contracted in a few DHBs.

Regional Gaps Analysis

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ³	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Residential Support Services							
Residential Support Services	1.5 Home Based Support Services	These are home based services that support service users to remain in their own homes. Based on a current caseload of 15 service users per FTE this translates to 225 service users. These services would need to increase significantly under the proposed 2016 configuration, but would be included as a component of the Care Packages that would replace the residential services.	Local	\$3,228,095	All DHBs	Local, sub-regional, regional	The majority of these services are provided locally or sub-regionally. Further development in this area is needed to enable more service users to live in homes of their choice and not have support tied to places of residence.
Residential Recovery Services							
Residential Recovery Services	1.1 Residential Recovery Services (A component of Acute Inpatient)	These are non-institutional, medium-term places for those in crisis that allow for active therapeutic support of people in the least restrictive setting. Services will be tailored to meet individual needs and support people to return to their homes as quickly and as safely as possible. Short-term crisis respite needs will also be met by these services.	Local	-\$16,148,320	No DHBs	-	At the time of compiling the information for this report, one DHB was in the process of developing these services.
Residential Recovery Services	1.6 Residential Long Term	In 2016, there will be a decline in the need for long term residential beds. These services will provide a high level of ongoing support to service users who cannot be adequately supported in the community and who are not appropriate for older peoples' residential services due to high and complex needs.	Sub-Regional / Regional	-\$1,004,458	No DHBs	-	This is not specifically contracted – many of those who may require these services are placed in rest-home services or residential level 4(+) services.
Residential Recovery Services	2.6 Community residential services - child and youth	These are non-institutional facilities that allow for active therapeutic interventions in the least restrictive setting. Services will be tailored to meet individual needs and support people to return to their homes as quickly and as safely as possible. The needs and input of families will also be addressed. These services will at times offer acute support, but do so within a community setting.	Sub-Regional	\$149,547	All DHBs	Local and regional	One regional addiction service; local services in two DHBs.

³ Funding gaps are expressed as actual funding less calculated target funding. Thus, a negative number signifies an area where the current funding is less than the target and a positive number shows where current funding exceeds the target amount.

This table does not include the \$2,840,313 of non-Blueprint funding for workforce development, quality improvements and other systemic or organizational development activity.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ⁴	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Addictions Residential Services							
Addictions Residential Services	5.3 Alcohol and Drug – Residential Treatment	Alcohol and drug addictions, which require intensive residential based interventions, will be provided by a number of 'niche' services that cater to specific needs or population groups.	Regional / Sub-Regional	\$36,866	All DHBs	Regional, national, and local	Almost all service is through regional or national providers.
Addictions Residential Services	6.2 Mental Health and Alcohol and Drug Services – Community Residential Services and Treatment	For those with co-existing disorders who require more intensive interventions, addictions residential services will cater to their specific needs.	Sub-regional / Regional / National	-\$194,359	All DHBs	Regional and local	One regional facility - at time of compiling the information for this report, the contract was being exited; one local service.
Mobile / Community Crisis Services							
Mobile / Community Crisis Services	1.1 Mobile / Community Crisis Services (A Component of Acute Inpatient)	Home based interventions will be available for adults whose needs can be met by crisis / intensive supports in their own homes.	Local	-\$5,809,259	Few DHBs	Local	Some DHBs provide home based treatment types of services while not specifically being contracted as such.
Mobile / Community Crisis Services	2.1 Mobile / Community Crisis Services (A Component of Acute Inpatient Child and Youth)	Home based interventions will be available for children and youth, and their families / whānau whose needs can be met by crisis / intensive supports in their own homes.	Local / Sub-Regional	-\$1,816,690	No DHBs	-	No DHB has specific home based treatment services for children and youth – some community services do provide a degree of home based treatment type of services.
Intensive Services							
Intensive Services	1.1 Intensive Recovery Services (A Component of Acute Inpatient)	These are non-institutional, short-term places for adults in an acute episode or in crisis that require a high amount of medical input or oversight.	Sub-Regional / Local	-\$6,459,328	No DHBs	-	No acute unit in the region would currently match this description.

⁴ Funding gaps are expressed as actual funding less calculated target funding. Thus, a negative number signifies an area where the current funding is less than the target and a positive number shows where current funding exceeds the target amount.

This table does not include the \$2,840,313 of non-Blueprint funding for workforce development, quality improvements and other systemic or organizational development activity.

Regional Gaps Analysis

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ⁴	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Intensive Services	2.1 Intensive Recovery Services (A Component of Acute Inpatient Child and Youth)	These are non-institutional, short-term places for children and youth in an acute episode or in crisis that require a high amount of medical input or oversight.	Sub-Regional	\$963,541	All DHBs	Regional	The regional rangatahi unit is closely aligned with the concept of an intensive recovery service for this population.
Intensive Services	3.1 Older People – Assessment and Treatment	These services provide assessment and intervention for older adults with acute mental health needs. Services specialise in supporting older adults and are provided in a safe environment. Services will have close relationships with specialist older people's services to ensure all needs are met.	Sub-Regional / Local	-\$5,914,507	Not currently funded through DHB funding streams.		
Intensive Services	5.6 Alcohol and Drug – Social, Medical, and Dedicated Inpatient Detoxification	Medical detoxification services will be provided in intensive facilities where the medical and safety needs of service users can be adequately met. Home, community, and social detoxification will occur in the community in a supportive environment that facilitates individual recovery (see 5.5).	Local / Sub-Regional	-\$4,015,117	All DHBs	Sub-regional (regional)	Two DHBs provide these services - one is a sub-regional service that is accessed by the entire region and the other is for 3 DHBs but only funded / accessed by 2 of them.
Secure Forensic Facilities							
Secure Forensic Facilities	4.1 Forensic – Acute Medium Secure Inpatient	Secure forensic facilities will provide intensive inpatient rehabilitation / recovery services within a safe and contained environment.	Regional	\$90,014	All DHBs	Regional and National	Inpatient forensic services are a part of a nation-wide system of services and are funded and coordinated as such. The regional services in C&C and Whanganui provide a number of levels of service.
Secure Forensic Facilities	4.2 Forensic –Long Stay, Maximum Secure, Inpatient	Secure forensic facilities will provide intensive inpatient rehabilitation / recovery services within a safe and contained environment.	Regional	-\$356,159			
Secure Forensic Facilities	4.3 Forensic – Minimum Secure	Minimum secure forensic facilities will provide intensive recovery / rehabilitation services within a safe but less stringently contained environment to support reintegration into the general community.	Regional	-\$1,931,711			
Secure Forensic Facilities	2.2 Secure Inpatient – Child and Youth	Secure facilities for youth within the justice system will be provided with a recovery focused, holistic approach.	National	-\$944,081	Not currently funded through DHB funding streams.		
Services Not in the Continuum of Services							
-	1.1 Acute Inpatient	There will no longer be large acute inpatient units attached to hospitals. While still maintaining the option for medical assistance if needed, crisis services, if not in peoples own homes, will be in smaller, home-like settings, which allow for intensive support and family / whānau participation. Services will be configured to best meet the needs of the local population.	-	\$22,125,826	All DHBs	Local and sub-regional	All services are locally delivered except for one DHB which purchases a small amount of access to out of district services.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ⁴	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
-	2.1 Acute Inpatient – Child and Youth	While still maintaining the option for medical assistance if needed, crisis services, if not in people's own homes, will be in smaller, home-like settings, which allow for intensive support and family / whānau participation. Services will be configured to best meet the needs of the local population.	-	\$258,494	Few DHBs	Local	A Few DHBs contract additional capacity (beyond the regional rangatahi unit) locally. If there is no availability in the regional service, local adult units, crisis respite, paediatric wards, or intensive community supports are used - these services as, part of institutional structures are considered here.
Services That Include More Than One Continuum Component							
Community Recovery Services, Intensive Services, Residential Recovery Services	8.1 Head Injury or Neurological Disorder with Behavioural – Problems Beds or care packages	Services for those with a head injury or neurological disorder and associated behavioural problems will be supported in the community when appropriate. Many service users in this group will, however, require ongoing and long term services. In many cases, services will be provided by specialist residential providers that are able to meet the ongoing needs of these service users.	Regional	-\$3,633,380	No DHBs	-	This is not currently contracted – some provision is likely through general services and services funded through other sources – ACC, etc.
Community Recovery Services, Residential Recovery Services	2.4 Respite Services – Child and Youth	These are short-term placements or care packages for those who require a high level of therapeutic input or a break from their current environment. To be viable, these facilities may need to be co-located with child and youth intensive services or residential recovery services.	Sub-Regional	\$1,399,258	Most DHBs	Local	Only one DHB does not specifically contract for this service.
Community Recovery Services, Residential Recovery Services, Residential Support Services	4.4 Forensic – Community Residential Recovery Support and Education	These services will play an integral role in supporting forensic service users' reintegration back into the wider community. Staff will work collaboratively with local services to ensure that service users are linked in with the appropriate local supports. This will include a range of options such as access to supported landlord services, specialised mobile supports, and other community supports.	Sub-Regional	-\$792,583	No DHBs	-	At the time of compiling the information for this report, the region was considering the development of one specialised community residential facility to aid the transition back into the community.
Community Recovery Services, Addictions Residential Services, Residential Support Services	5.5 Alcohol and drug - home and community detoxification	Home, community, and social detoxification will occur in the community in a supportive environment that facilitates individual recovery. Many detoxification services will be delivered as a part of community recovery services (addiction community services), however some social and community detoxification will occur in sub-regional or regional specialised facilities.	Local, sub-regional, regional	-\$449,359	Few DHBs	Local	Few DHBs contract for these services specifically but some provision may occur through community addiction services.
Community Recovery Services, Addictions Residential Services, Residential Support Services	5.4 Alcohol and drug - supported living	Supported living options will be available in all areas to assist service users with the transition from residential or intensive services into the general community. They will generally be short-term services that help ensure service users are linked into the appropriate supports and social services.	Local	-\$215,577	Few DHBs	Local	At the time of compiling the information for this report, most DHBs were establishing these services but few had active contracts in place.

Regional Gaps Analysis

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ⁴	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services, Residential Support Services	1.3.1 Community Residential Level I / II	In line with the imperative to deliver services in the least restrictive setting, residential recovery services will not be delivered as they have been in the past. Support that enables people to live in quality homes of their choice will be provided via supported landlord and community support services. Mental health and addiction support will be provided by new mobile / community crisis services and community recovery services. All services will be highly flexible, adjusting the level of support provided over time to meet the person's level of need.	Local	-\$5,132,823	Most DHBs	Local	Few of these in existence still but the majority are still facility based.
Community Recovery Services, Residential Support Services	3.2 Older People Day Time Support	These services provide support to enable older people with a mental illness to stay in their own homes for as long as possible. Services will include home supports and link closely with older peoples' services.	Local	-\$2,631,267	One DHB	Local	Most services for older adults are funded through the Health of Older People funding steam but there are issues around access and appropriateness.
Community Recovery Services, Residential Support Services	9.3 Mothers and Babies – Respite Services or Intensive Home Support	Respite and intensive home supports will provide additional support for women involved with community recovery services. These services will be specifically designed to meet the unique needs of pregnant women and women with young children.	Sub-Regional	-\$312,845	No DHBs	-	This is not currently contracted – some provision is likely thorough general services.
Community Recovery Services, Residential Support Services, Mobile / Community Crisis Services	9.1 Mothers and Babies service	Community recovery services specialising in maternal mental health will focus on the mental well-being of women while pregnant and post-natally. These services will focus on supporting women who require intensive interventions or crisis supports in their own homes.	Sub-Regional	-\$932,161	No DHBs	-	This is not currently contracted – some provision is likely thorough general inpatient services.
Community Recovery Services, Residential Support Services, Residential Recovery Services	1.3.2 Community Residential Level III+	In line with the imperative to deliver services in the least restrictive setting, residential recovery services will not be delivered as they have been in the past. Support that enables people to live in quality homes of their choice will be provided via supported landlord and community support services. Mental health and addiction support will be provided by new mobile / community crisis services and community recovery services. All services will be highly flexible, adjusting the level of support provided over time to meet the person's level of need. The only service users in long-term residential services will be older adults who need rest home level services and those few with high and complex ongoing needs who cannot be supported in the community.	Local	\$1,033,689	All DHBs	Local and regional	The majority of residential services, as they are currently delivered, would not align with the services described for 2016.

Service Continuum	Blueprint Category	2016 Description / Comments	2016 Config	2007 Regional Funding Gap ⁴	2007 Delivery / Access	2007 Config	2007 Comments / Configuration Details
Community Recovery Services, Residential Support Services, Residential Recovery Services	1.7 Medium Term and Extended Inpatient Services	In line with the imperative to deliver services in the least restrictive setting, residential rehabilitation services will not be delivered as they have been in the past. Support that enables people to live in quality homes of their choice will be provided via supported landlord and community support services. Mental health and addiction support will be provided by intensive mobile clinical support services and CMHTs. All services will be highly flexible, adjusting the level of support provided over time to meet the person's level of need.	Local	-\$38,172	All DHBs	Local, sub-regional, regional	The majority of these services are currently provided by DHB provider arms.
Community Recovery Services, Residential Support Services, Residential Recovery Services	1.3.2 Older People – Residential Services (A Reallocation of Residential Rehabilitation)	Residential recovery services for older adults will provide services appropriate for their specific needs. In the majority of cases, these services will be provided as a part of the standard services in aged care facilities, with occasional support from mental health services for older adults. For those who require services specific to their mental health and addiction needs, there will be facilities that meet their distinct needs in a safe, non-coercive environment.	Local	-\$8,342,531	No DHBs	-	These services are not specifically funded - may be funded through other funding streams – ie Health of Older People.
Residential Recovery Services, Intensive Services	10.2 Eating Disorders	These services cater for service users with severe eating disorders who require intensive, medically based interventions. These services aim to stabilise service users' physical health and begin to prepare them for continued community based interventions.	National / Regional	\$134,388	All DHBs	Regional	The current regional service is not configured to meet intensive or medical needs.

9. Appendix A – Definitions and Abbreviations

Addiction	Addiction includes alcohol and other drug addictions and problem gambling.
Central Region	The Central Region consists of the six lower North Island District Health Boards – Capital & Coast, Hutt Valley, Wairarapa, MidCentral, Hawke’s Bay and Whanganui DHBs.
CMHT	Community Mental Health Team.
Comorbid Disorders	Simultaneously occurring disorders.
Consultation / Liaison	<p>Consultation and liaison includes:</p> <ul style="list-style-type: none"> • general professional advice on the management of particular service users or advice on best practice, research, role development and other resources to enhance local DHB services • assessment advice – indirect assessment of referrals or advice on assessments • specialist advice on the preparation of a management plan with the service user, key worker / case manager and other relevant people. <p>This advice may be delivered as documented advice, over the telephone, in a videoconference or in a face-to-face meeting or session.</p>
DHB	District Health Board in the context of this plan is an inclusive term for district areas and is not specific to provider arm services, but includes contracted NGOs and PHOs.
District	The area covered by a local District Health Board.
Early Intervention	Early intervention refers to the concept of engaging with those with a mental illness or addiction before their level of distress or need becomes severe. Early intervention will often occur in the primary health sector. For services typically referred to as Early Intervention Services (EIS), see First Episode Psychosis Services.
Family / Whānau	Family and whānau include a service user’s family, whānau, extended family, partner, friends and any other people the service user has nominated.
First Episode Psychosis Services	These services, commonly referred to as EIS, specialise in supporting young adults who are experiencing their first episode of psychosis.
General Services	General services are generic mental health and addiction services that are not specifically designed to target a unique population or are less specialised and wider ranging than specialist services.
GP	General Practitioner.
Intersectoral	Intersectoral refers to the involvement of sectors other than the mental health and addiction sector.
Kaupapa Māori Services	Services that operate under traditional Māori tikanga. Elements include whānauangatanga, whakapapa, cultural assessment, empowerment of tāngata whaiora and their whānau, te reo Māori, tikanga Māori, kaumātua guidance, access to traditional healing, etc.
Mental Health and Addiction Services	Services that provide assessment, intervention or support for those with a mental illness or addiction.

NGO	Non-Government Organisation.
Peer Services	Peer services are services provided by those with experience of mental illness. They are not limited to peer advocacy services and can occur across the continuum of services.
PHO	Primary Health Organisation.
Provider Arm	The portion of the District Health Board that directly delivers services, including hospitals and community health services.
Region	The Central Region.
Secondary Services	Secondary services are delivered by specialist mental health and addiction providers. These services are not generally available in primary health settings. This includes both provider arm and NGO services covered under the National Service Framework.
Service User	A person who uses mental health and addiction services. This excludes people experiencing mental health or addiction issues that do not use specifically designated mental health and addiction services.
Social Services	Social services are those services governed by social policy such as housing and income support.
Sub-Region	A sub-region is an area made up of more than one DHB (but is not one of the four regions).
Supports	The term 'supports' is not limited to community support work but refers to any mental health and addiction service, both clinical and non-clinical, provided to service users.
Whānau Ora	Families achieving and maintaining maximum health and well-being.

10. Appendix B – Approach and Information Sources

10.1. Information Gathering

This gaps analysis was informed by both formal information gathering exercises and by more informal discussions with a variety of people involved in the mental health and addiction sector. Additionally, information that was used to inform the drafting of the *Strategic Plan* was used, as were the discussions and comments from the regional forum and submissions on the draft plan.

10.1.1. Interviews

Targeted, joint interviews were held with Planning and Funding Portfolio Managers, provider arm Service Managers and/or Clinical Directors in each district excluding Hawke's Bay (due to difficulties in coordination). Interviews were approximately 2 to 3 hours long and held face to face or via videoconference. Each interview was semi-structured with consistent general and DHB specific issues investigated.

Questions focused on details of service configuration, delivery / models of practice and other key aspects that were not well captured in existing information sources. Interviews were recorded and further information or clarification was followed up by email or telephone conversations.

Open discussion and unstructured interviews were also held with the regional Workforce Coordinator, the regional Māori and Pacific Project Manager, a psychiatrist specialising in addiction treatment, and a Lead Auditor in the regional DHB audit programme.

10.1.2. Service Data

Service data – access, utilisation and service type – was sourced from the Mental Health Information National Collection (MHINC) standard reports published on the Health Intranet for the 2005/2006 fiscal year and the 2006 calendar year.

10.1.3. Funding Data

The 2007/2008 interdistrict flow (IDF) data was used to calculate each district's position against the service targets set out in the *Strategic Plan* (adapted from the *Blueprint* targets). Due to the fact that the targets are set for specific resource types that do not always match what is purchased (ie targets for beds and staff, but services are sometimes purchased as a block or programmes), position against the targets has been calculated based on estimated funding needed to reach the targets. Only services provided by Central Region DHBs were included due to limited information on other services available at the time. The following points detail the general approach taken to do this.

1. Map each Central Region provided service in the IDF funding data to *Strategic Plan* service areas based on knowledge of specific service delivery and configuration.
2. Calculate the individual DHB and regional **actual 2006/2007 funding** per *Strategic Plan* service area – this is for only those services, and the amount of service, that the DHB receives – not what it funds.
3. Calculate an **average 2006/2007 regional price** for each *Strategic Plan* service area where there are consistent units purchased – exclude any bulk funded or inconsistently purchased services, and significant outliers.
4. Based on the average regional price and total funding, calculate the estimated **2006/2007 volume** of services received.
5. Using population estimates, find the **population projections to 2016** of each district.
6. Using the estimated population of each district and the *Strategic Plan* service area targets, calculate **volume targets to 2016**.
7. Calculate **annual funding increase to 2016** based on the pattern of historical increase over the last 5 years.

8. Calculate **funding targets to 2016** – using the estimated population of each district, the *Strategic Plan* service area targets, calculated annual funding increase and average regional price.
9. Estimate **actual funding to 2016** based on 2006/2007 actual funding, population projections and annual funding increases.
10. Compare estimated actual funding to 2016 and funding targets to 2016.

A number of assumptions must be made to do this work. They include:

- actual population growth is equal to projected population growth
- the makeup of clinical / non-clinical / senior medical staff in service areas does not substantially change (as this would effect the price)
- the cost of providing community services is comparable to bed day price for equivalent inpatient services (this has generally been supported in the literature on acute alternatives)
- services with no average national price are similar in composition and costs to other services (these have been used to approximate price)
- costs have been weighted based on number of units purchased – to ensure small volume, high cost services do not skew the price
- funding increase is assumed to be approximately 3.8% per annum over 10 years – based projections using five years of increases allocated to DHBs – does not include increases due to Blueprint funding increases as this is not likely to continue until 2016
- calculated volumes are derived from the actual funding and average prices – thus calculated volumes may not equal contracted amounts

10.1.4. Other Information Sources

Information on regional gaps was also sourced from a number of key sources. These included:

- *Central Region Pacific Peoples' Mental Health and Addiction Service Plan*
- *Te Puawaitanga Baseline Information Analysis Report*
- *Regional Mental Health and Addiction Service Development Plan: Feedback Report*
- The MaGPIe Study results - Mental Health and General Practice Investigation
- DHB PHO enrolment data
- areas and issues identified at the regional forum on the draft *Strategic Plan* in Palmerston North
- areas and issues identified in consultation sessions on the *Strategic Plan* with DHB advisory groups
- written submissions on the draft *Strategic Plan*.

10.2. References

Regional Plan

Te Puawai

Pacific Plan

Feedback Report

H1N1 reports

The MaGPIe Research Group - MaGPIe. 2003. The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on Mental Health and General Practice Investigation. *The New Zealand Medical Journal* 116 (1171).