

Access and Choice

Expanding access and choice for primary mental health and addiction supports

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He Ara Oranga

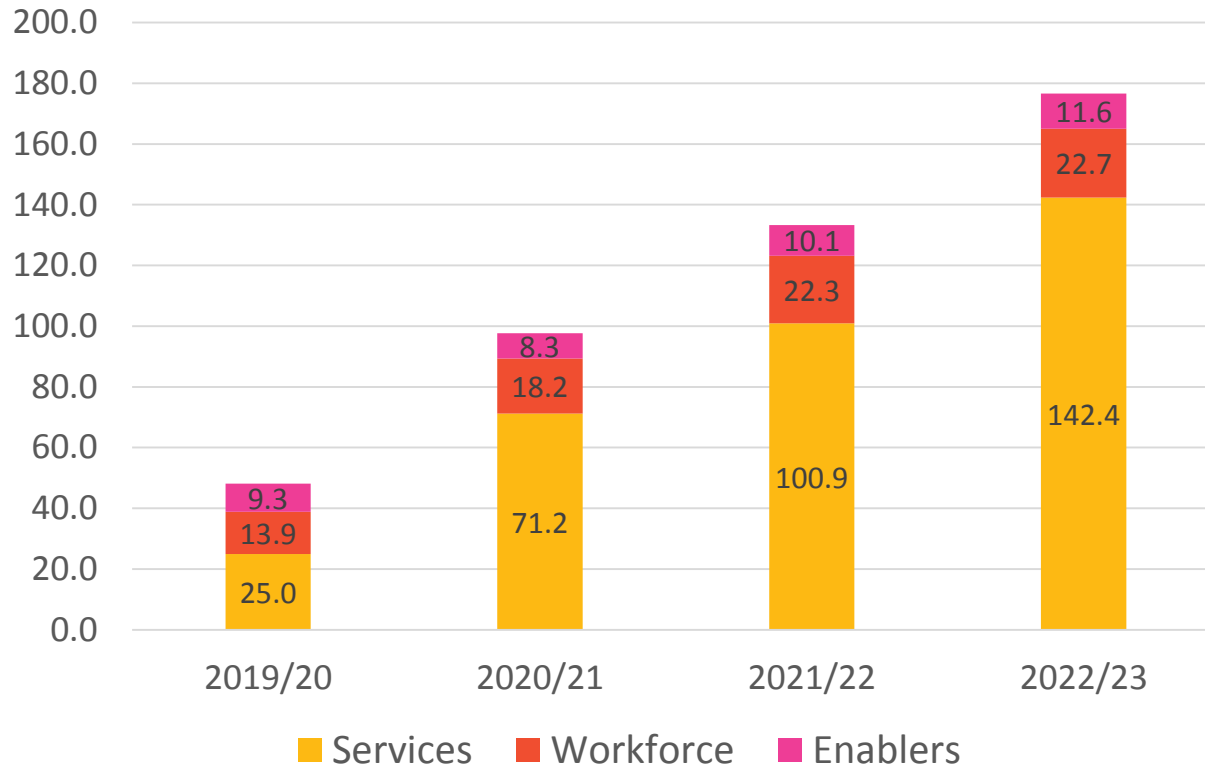
Report of the Government Inquiry into
Mental Health and Addiction

Purpose

- Increase access, equity of access
- Increase choice
- Provide more timely support
- Positive health outcomes
- Equitable health outcomes

Funding Overview

Access and Choice \$M



Where Are We Heading?



Secondary Services

Primary Services

Communities

people and their whānau

Maternal & Child

Virtual / Digital

NGO Services

General Practices

School-based Services

Other?

Peer Support

Youth Services

Pacific Services

Māori Services



Key Features

- Free access to primary mental health & addiction supports
- No entry criteria/barriers
- Choice of settings
- Easy Access
- What you need now – no pre-defined packages
- Individuals/Whānau/Groups
- All Ages
- National consistency with local flavour
- Coordination & collaboration

Priority Groups

Māori, Pacific and Youth are priority groups within general services

AND

Funding directed for services specifically for these groups

Year One

Funding Approach

- Existing Primary Mental Health Initiatives to continue
- Expansion of existing pilots
- Collaborative design process for new programmes /services

Expansion of Existing Programmes

- Procurement Process for integrated general practice services-
 - Collaborative responses – DHBs, PHOs, NGOs
 - District or Regional Level
- Other –
 - Māori Services
 - Youth Focussed Services

Integrated General Practice Services

Core components with local implementation:

- Self-management support using peer health coaching model
- NGO supported access to natural community supports
- Confident and Competent GPs and Practice Nurses
- Mental Health professionals – Health Improvement Practitioner model.
- Close coordination and collaboration between general practice and specialist mental health services

Collaborative Design – Initial Priorities

- Māori Services
- Youth Services
- Pacific Services
- Services for Rural & Remote communities

Key Enablers

- Workforce
- Ensuring the voice of people with lived experience is front and centre in all of this work.

**Kia ora
Thank You**

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Kaupapa Māori primary mental health and addiction services

Maraea Johns

Principal Advisor Māori

Mental Health and Addiction Directorate

Whakapapa – acknowledgement and context

- Many voices in He Ara Oranga identified that the system is not working for Māori
- Mātanga Mauri Ora Advisory Group
- Māori health strategy – He Korowai Oranga
- Waitangi Tribunal Claim WAI2575

Priority Group – Māori directed approach

Māori priority group in the general population approach, **and** a directed approach.

The directed approach seeks to support and grow Kaupapa Māori mental health providers to deliver a primary mental health and addiction service.

Primary Kaupapa Māori mental health and addiction service?

What might this look like from a Māori lens?

What is a primary Kaupapa Māori mental health and addiction service?

Ministry MHA Directorate working together with *Mātanga Mauri Ora*

We should return to kupu (words) that expresses us better e.g **Oranga Hinengaro - Oranga Wairua - Oranga Whānau**

- It is about wellbeing
- It is about establishing, designing, developing and delivering a by Māori with Māori for Māori kaupapa.
- Lived experience is key. Autonomy to stand in our own mana.
- Informed by Mātauranga Māori
- Whānau focussed – this is the manawa (heart) of it.
- Evaluated through a Māori lens.
- Eliminating racism, stigma & discrimination.



Year One directed approach – Māori

- Identify existing Kaupapa Māori services that provide Māori primary mental health and addiction service and includes elements of:
 - alignment to the direction of expanding access and choice
 - co-design
 - evaluation
- Establish, build and/or strengthen **Relationships** and support Māori to determine, design, develop and deliver primary mental health and addiction services. (Collaborative design process for new services)

Next steps

Aug – Nov	Host (or attend existing) hui to workshop a new Māori primary mental health and addiction model of care.
Nov – Feb	Based on workshops, develop the new model of care and write service specifications. Determine commissioning framework for new services.
Mar – Apr	Commission new services.
July 2020	New services commence (roll out sequence tbd)

**Kia ora
Thank You**

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Shaping the Future for Recovery

Budget 2019 initiatives and developing a national model of care

Richard Taylor
Manager, Addictions

Gaps and Opportunities

- Alcohol and drug addiction recovery services are under pressure.
- There are great models and initiatives around the country, but these are inconsistently applied, and there are gaps.
- Budget 2019 provides us with an opportunity to begin filling those gaps now.
- Work has also begun to shape the future.

Budget 2019

Specialist Services

- Funding of \$44 million over four years.
- Supporting the services already in place, focused on residential care, managed withdrawal, and continuing care/aftercare
- Funding to DHBs on a regional basis, with a strong expectation that funding will support NGO contracts.
- Includes some funding to develop promising models of continuing care.

Budget 2019

Primary / Community Interventions

- Funding of \$14 million, phased up over four years.
- Filling a known gap in the existing model of care.
- Co-developed approach locally.
- There are also existing models around the country that show promise and can be learnt from.
- Considering how it can support potential amendment to the Misuse of Drugs Act.

Budget 2019

Pregnancy and Parenting Service

- Currently in place at Waitemata, Northland, Tairāwhiti and Hawke's Bay DHBs.
- Expansion to two more pilot sites.
- Using the same process and criteria as previous pilot roll out.
- Locations for sites determined based on child wellbeing risk factors identified in the IDI.

Developing a National Model of Care

- We can build off work already happening on a regional basis to develop models of care.
- Ministry leading a process nationally to develop what a good addiction treatment system in Aotearoa should include and the principles that should underpin it.
- National framework but flexible to allow for local approaches.
- Inform future funding decisions.
- Engagement already begun, but will include full health sector, lived experience and Māori.

Budget 2019

Strategy to Prevent and Minimise Gambling Harm

- \$60m over three years.
- Developed after public consultation process.
- Includes funding for piloting new services, peer support and residential care.
- Develop a lived experience network
- Available on Ministry website:

<https://www.health.govt.nz/publication/strategy-prevent-and-minimise-gambling-harm-2019-20-2021-22>

**Kia ora
Thank You**

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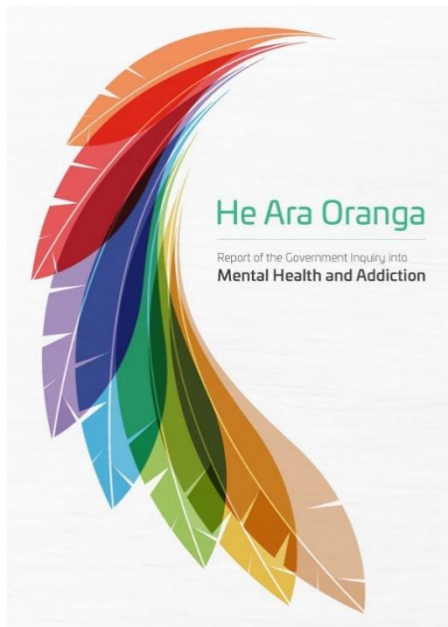
Supporting innovation

Enabling implementation of the Government's
response to He Ara Oranga

Sue Hallwright
Programme Manager, Innovation and Change
Mental Health and Addiction



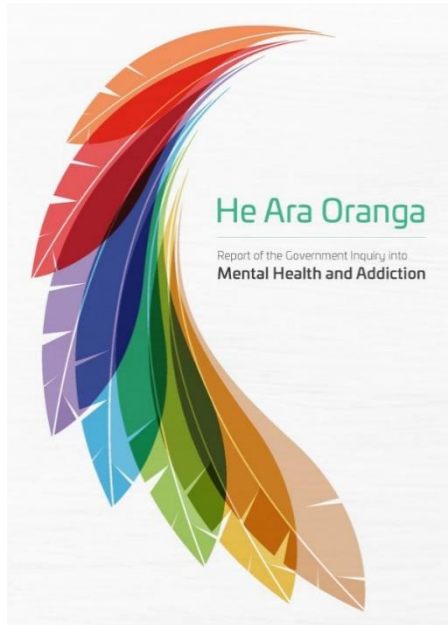
He Ara Oranga Found



Pockets of excellence exist

Ad hoc funding, 'letting a thousand flowers bloom', and encouraging innovation without clear pathways to evaluate and scale up.

He Ara Oranga Recommended

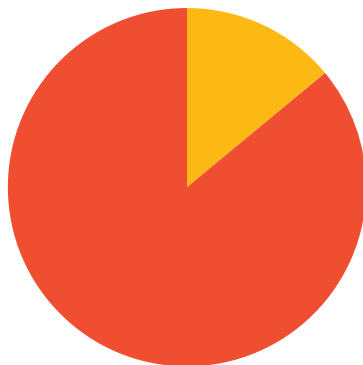


Funding support for change – national, regional and local

Using implementation science to bridge the gap between strategy and practice

He Ara Oranga Rationale for Funding Support for Change

No implementation support



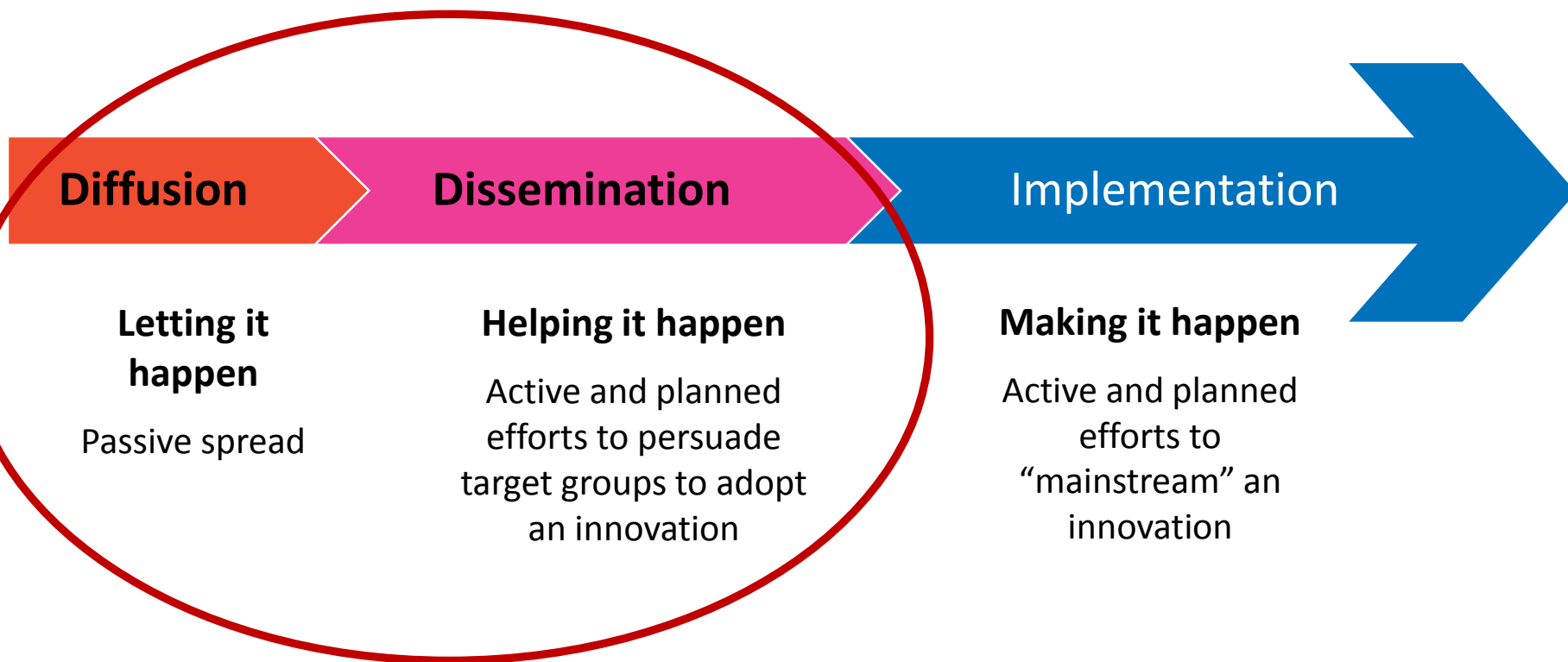
14% uptake of new practice in 17 years

With implementation support



80% uptake of new practice in 3 years

How change happens



Greenhalgh et al, 2004

What is “Implementation Support”?

Implementation support

- Deliberate, systematic implementation to scale up effective innovations
- Uses “implementation science” approach
- Done in partnership with agencies and communities including people with lived experience and their whānau
- Meaningful buy-in, community ownership, and capacity-building



Implementation support teams

- ✓ Define 'success' and the way to **measure the outcomes** we want to achieve
- ✓ Identify known **successful approaches** – core elements for all services
- ✓ **Co-design locally relevant responses** with those involved: people who will use services, families, providers, communities
- ✓ **Plan the implementation:** to guide actions that ensure funding gets to the right services and the right people
- ✓ Ensure **development of workforces** to deliver the initiatives
- ✓ **Routinely review data and share learning** between sites
- ✓ Provide **feedback to refine policy**

Skills / experience needed by people working in implementation support:

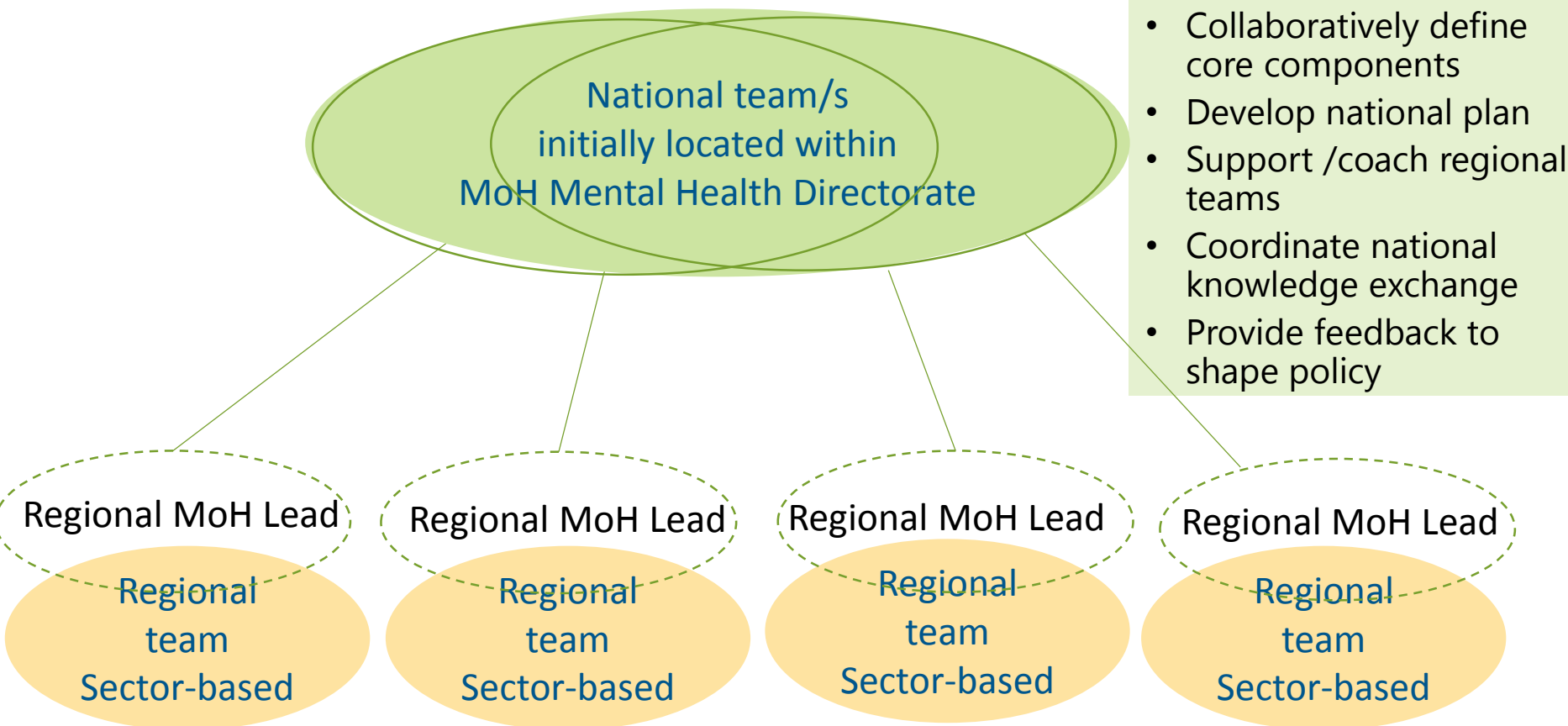
- Collaboration, facilitation, coaching
- Collaborative design
- Implementation/project management
- Knowledge brokering and exchange
- Data / evaluation
- Cultural capability
- Focus on equity for Māori
- Lived experience

Preliminary Ministry Ideas

Immediate need:

- Establish an interim infrastructure to support active implementation of innovations
- Use this infrastructure to support implementation of “access and choice” initiative

Potential initial structure



NATIONAL TEAM

- Source evidence
- Collaboratively define core components
- Develop national plan
- Support /coach regional teams
- Coordinate national knowledge exchange
- Provide feedback to shape policy

REGIONAL TEAMS

- Identify promising practice
- Facilitate local collaborative design
- Develop local implementation plan
- Support/coach provider project teams
- Coordinate knowledge exchange between sites

What next?

- Convene an interim national team
- Regional hui to progress co-design of structure over three – four months
- Preliminary national work to support Access and Choice initiative

Kia ora
Thank you

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QUESTIONS



1. What is missing from this picture?

2. How do we define lived experience in the primary and community wellbeing space?

3. How do you see your role in developing communities of recovery outside treatment settings?