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|  | **All District Health Boards** | | |
| **CONSUMER LEADERSHIP, CONSULTANCY AND LIAISON SERVICES –**  **SERVICES PROVIDING CONSUMER LEADERSHIP**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER THREE**  **SERVICE SPECIFICATION** | | |
| STATUS: These service specifications may be amended to meet local agreement needs. | | NON-MANDATORY |
| Review history | | Date |
| First Published on NSF Library | | June 2009 |
| **Amended**: clarified reporting requirements | | March 2013 |
| **Amended:** added MHC33S purchase unit code, removed standard provider monitoring reporting tables. | | April 2017 |
| Consideration for next Service Specification Review | | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**CONSUMER LEADERSHIP, CONSULTANCY AND LIAISON SERVICES**

**SERVICES PROVIDING CONSUMER LEADERSHIP**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHC33C, MHC33D, MHC33E, MHC33F, MHC33S**

This tier three service specification for Consumer Leadership, Consultancy and Liaison (the Service) must be used in conjunction with tier one Mental Health and Addiction Services, and tier two Services Providing Consumer Leadership service specifications.

**1. Service Definition**

The Service provides recovery-oriented consumer leadership, consultancy, liaison and advice to mental health and addiction services. The Service includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.

**2. Service Objectives**

The objectives of this Service are to:

* work in partnership with DHB planning and funding and senior management to support innovation, integration and flexible delivery of mental health and addiction services that are responsive to the needs of Service Users
* ensure Service Users, including former Service Users, have input into the development of specific mental health and addiction services across the continuum
* actively promote the ongoing development and utilisation of the lived experience of recovery in mental health and addiction services
* effectively reflect and communicate the needs, interests and rights of people accessing mental health and addiction services by providing or facilitating recovery, and, where appropriate, a harm-reduction perspective to planning, policy development and review, service development and monitoring, and education
* actively engage and liaise with Service User networks and relevant local, regional and national groups/forums, to convey Service Users’ perspectives to local mental health and addiction services
* provide leadership to mental health and addiction service providers from a Service User’s perspective and the philosophy of recovery and harm reduction.

**2.1 Māori Health**

Refer to the tier one Mental Health and Addiction service specification.

**3. Service Users**

The Service Users are likely to be other providers in both DHB and Non-Government Organisations (NGO).

**4. Access**

**4.1 Entry and Exit Criteria**

Access criteria and role definition will be developed by the service provider in conjunction with the funder of the Service.

**5. Service Components**

**5.1 Processes**

The following processes apply but are not limited to: engagement, consultation, liaison and advice.

**5.2 Settings**

The Service is provided in community or hospital based settings.

**5.3 Key Inputs**

The provider of the Service will have a lived experience and identify as a mental health Service User; this is the prerequisite for all mental health consumer leaders.

The prerequisite for all addiction consumer leaders is lived experience and identification as an addiction Service User.

Consumer leaders will be supported to access training relevant to their specific roles.

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Stakeholders of the mental health and addiction sector | Engage and liaise as appropriate  Communication and network mechanisms | Actively engage and liaise with Service User networks and relevant local, regional and national groups/forums, to convey Service Users’ perspectives to local mental health and addiction services  Mechanisms are in place to strengthen relationships with other providers in the sector and support the referral of Service Users to other services provided within the continuum. |

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHC33C | Consumer leadership, consultancy & liaison - Nursing and/or allied health staff | A service delivered by nurses and/or allied health staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process. | FTE |
| MHC33D | Consumer leadership, consultancy & liaison - Non-clinical staff | A service delivered by non-clinical support staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process. | FTE |
| MHC33E | Consumer leadership, consultancy & liaison - Cultural staff | A service delivered by cultural support staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process. | FTE |
| MHC33F | Consumer advocacy service - Peer support | An advocacy service provided by current or former mental health and/or addiction peer support service users. | FTE |
| MHC33S | Consumer leadership, consultancy & liaison | A service to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process. | Service |

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| **Unit of Measure** | **Unit of Measure Definition** |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 Reporting**

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)