

Mental Health and Addiction Services – Quarter 1 2017-18

Key feature article

The Substance Addiction Compulsory Assessment Treatment Act workshops have commenced across the Midland region. The workshops are focusing on assisting districts to develop Implementation Action Plans for their area involving provider arm, NGO and primary health services. The workshops are facilitated by Steve Neale, Midland Workforce Planning Lead. The Taranaki and Bay of Plenty workshops have been well attended. Registrations for the Lakes, Tairāwhiti and Waikato workshops have been slow but it is anticipated that more will register closer to the day.

The Implementation workshops will be closely followed by the Mana Enhancing workshops which will be facilitated by Terry Huriwai from Te Rau Matatini in November. Places for these workshops are limited and priority will be given to people who hold statutory roles.

Further workshops will be scheduled for early December and late January with the SACAT Act going live on the 21st February 2018. For more information please check the Midland MH&A website www.midlandmentalhealthnetwork.co.nz

Key achievements:

Chair: Professor Graham Mellsoop Regional Director: Eseta Nonu-Reid	Q1	Q2	Q3	Q4	Narrative Update
1. Midland eating disorders model of care – continued regional provision of eating disorder inpatient services					<ul style="list-style-type: none"> Final EDS Model of Care submitted to GMs P&F for sign off. Awaiting outcome EDS Liaison quarterly meetings commenced this month. EDS Map of Medicine pathway to commence next quarter involving the MH&A EDS Liaisons and primary care
<ul style="list-style-type: none"> Implement the Midland Eating Disorders Model of Care as outlined in the MoH Change Management proposal 	G				
<ul style="list-style-type: none"> Implement the workforce recommendations 	G				
2. Substance abuse legislation – improved addiction service capacity and capability for implementation of substance abuse legislation					<ul style="list-style-type: none"> Midland Addiction Model of Care completed and signed off by the regional CEs for submission to the MoH Teleconferences with the Midland Addiction Leadership Network scheduled during the quarter to review the MoH drafts of the statutory roles. Feedback submitted to the MoH High Midland engagement at the Midland SACAT workshop held by the MoH in Hamilton. Notice of the November workshop sent widely to the Midland networks Work to commence in the next quarter to develop the Addiction Map of Medicine which will include SACAT Development of Implementation Plan workshops have commenced across the region facilitated by the Workforce Planning Lead. These will be followed by Mana Enhancing workshops facilitated by Te Rau Matatini in November.
<ul style="list-style-type: none"> Submit a Midland proposal to the MoH 	C				
<ul style="list-style-type: none"> Implement the objectives as identified in the proposal 	G				
<ul style="list-style-type: none"> Implement the workforce development requirements 	G				
3. Physical health care for low prevalence mental health disorders – develop a plan to improve physical health outcomes of people with low prevalence disorders					<ul style="list-style-type: none"> Discussions within Clinical Governance continue. No progress made this quarter

Chair: Professor Graham Mellisop Regional Director: Eseta Nonu-Reid	Q1	Q2	Q3	Q4	Narrative Update
<ul style="list-style-type: none"> Develop a regional agreement across the Midland region that identifies an agreed strategy to ensure physical health needs for low prevalence disorders are identified and addressed consistently 	G				
<ul style="list-style-type: none"> Develop an integration paper in collaboration with Primary Mental Health to determine an agreed model of care focusing on whole-of-health needs. 	A				
<p>4. MH&A clinical workstation – the successful implementation of modern clinical workstations across the Midland region</p> <ul style="list-style-type: none"> Ensure all approvals for PID and Business Case are obtained and there is regional agreement going forward Undertake a Training Needs Analysis across the region and design a workforce plan Work with local Champions Group to ensure local processes are implemented. 	C				<ul style="list-style-type: none"> The Mental Health & Addictions work stream has now been fully integrated in to the wider eSPACE programme of work The approach has changed the entire delivery mechanism and how this will work out is currently being worked through. The appointment of Dr Andrew Darby as Clinical Executive for the MH&A work will provide strategic clinical input into the wider programme of work. Identification of the Minimum Valuable Product and data mapping of information has progressed with the aim of clearly articulating the information flow processes within the new regional system from a MH&A perspective
	G				
	G				
<p>5. Midland Infant Perinatal Clinical Network - the Midland Infant Perinatal Clinical Network will:</p> <ul style="list-style-type: none"> Complete the review of the primary care pathway (Map of Medicine) and consult with primary, maternity and mental health and addictions services Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency Participate in the evaluation of the e-Learning tool in partnership with the Central region. 					<ul style="list-style-type: none"> Map of Medicine pathway completed. To progress with Maternity and Primary Health for final comments before publishing 4 regional best practice guidelines placed on the agenda for discussion at next quarters regional meeting No progress made with Central re the e-Learning Tool

What we did in addition to what we said we would do

- Regional Stakeholder Network meetings held in the quarter:
 - Te Huinga o Nga Pou Hauora (Maori)
 - He Tipuana Nga Kakano (Consumer)

- Te Ao Whanau (Family)
- Addiction Leadership
- Opioid Substitution Treatment Clinical Network
- Infant Perinatal Clinical Network
- Eating Disorders Clinical Network
- Quality & Safety Commission workshop held in Rotorua well attended by the Midland region
- Co-Existing Problems survey developed and sent out in the quarter. End date extended to afford more opportunity for people to respond
- Family Whanau survey developed but mail out deferred until close off date of the CEP survey
- The regional Workforce Leadership Network reviewed by the Stakeholder groups. New way of gaining workforce advice to commence in October.
- Midland MH&A Network team planning day held in the quarter
- HealthShare Development day held in the quarter focused on Mission, Vision and Values
- Participated in the joint Health Equity hui with the GMs Maori and HealthShare held in Rotorua. A further workshop is to be scheduled before the end of the year

Quantitative Data

1. Infant Perinatal Contacts

There has been a decrease in the overall Midland contacts over the last year. Incomplete data entry could account for this.

Midland Perinatal (DHB & NGO) Total Contacts											
Data source: PRIMHD											
DHBs	2014/15		2015/16				2016/17				Trend
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Bay of Plenty	600	783	902	911	856	986	885	673	761	786	
Lakes	179	141	371	503	328	483	448	315	312	404	
Hauora Tairāwhiti	18	16	11	17	11	135	81	93	38	83	
Taranaki	462	666	971	856	600	656	644	563	445	581	
Waikato	828	1056	1157	936	1001	1070	1043	861	715	775	

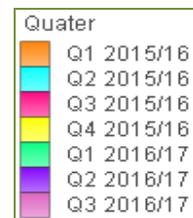
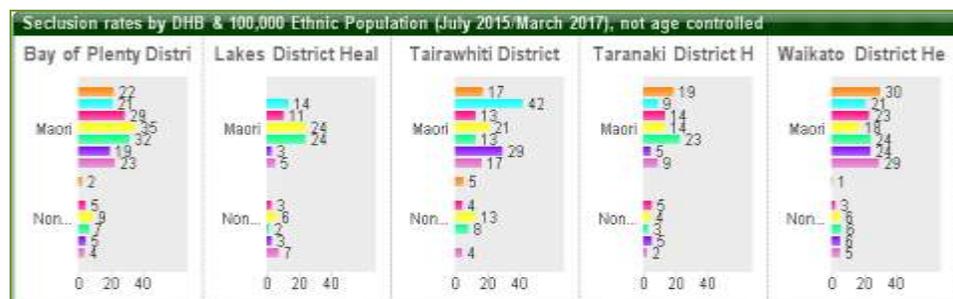
2. Section 29 Ethnicity for Maori Health Plan

Overall there has been a steady decrease in the number of Maori placed under Section 29 with a couple of exceptions over the last eight quarters. The MHA project will identify different strategies that the DHBs have undertaken to reduce the number of Maori being placed under a Section 29 to ensure lessons learned are transferred across the region.



3. Seclusion Minimisation

The proportion of Maori to Non-Maori seclusion still continue to be high, however discussions are being held at regional level to look at seclusion reduction strategies.



4. DHB & NGO wait Times

Overall progress has been made by Midland DHBs and NGOs compared to the previous reports in meeting their wait time targets. Discussions held regionally and locally to address inconsistencies on utilising PRIMHD codes and data input.

