

Mental Health and Addiction Services – Quarter 2 2017-18

Key feature article





At a National Substance Addiction Compulsory Assessment Treatment (SACAT) Steering Group meeting held on the 5th December 2017 in Auckland, the Ministry of Health (MoH) reached agreement for four regional submissions to form a consolidated SACAT budget bid to the Minister of Health on the 26th Jan 2018. A proposed meeting is scheduled for the 19th January 2018 where the MoH will consider the regional submissions and associated costings as tabled by each region.

Each submission is to describe the top three priorities for resourcing the implementation of SACAT, however it remains unclear what level of initial and future resourcing support is available for the SACAT implementation. Some considerable amount of work has already been completed across the Midland region to support a submission. The Midland Addiction Model of Care and Local Implementation Readiness Reports have formed the background information for this process.

The final draft Midland Proposal has been submitted to the GMs Planning & Funding for approval.

Key achievements:

Chair: Professor Graham Mellsop 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 the Ministry of Health for approval. Awaiting outcome EDS Liaison quarterly meeting occurred in November. EDS Map of Medicine pathway discussed at the November meeting. To be discussed further at Mach meeting. EDS Workforce Development discussed at November meeting. Further work to occur at March meeting
<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 SACAT Implementation Readiness workshops have completed across the region facilitated by the Workforce Planning Lead. These were followed by Mana Enhancing workshops facilitated by Te Rau Matatini in November. Midland Funding proposal drafted for GM P&F sign off
<ul style="list-style-type: none"> Submit a Midland proposal to the MoH 	C	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"> Following discussion and presentations at the combined Clinical Governance and Portfolio Managers meeting it was agreed that the Physical healthcare for low prevalence mental health disorders was a better fit at a local level and reported through the DAP process. There is strong evidence at a local level that a number of initiatives are occurring in each of the DHBs which are inclusive of the Primary sector
<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 	G	C			

Chair: Professor Graham Mellisop Regional Director: Eseta Nonu-Reid	Q1	Q2	Q3	Q4	Narrative Update
disorders are identified and addressed consistently					
<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	C			 BOPDHB Improving PH Outcomes for Pen  Equally Well Waikato.pdf  Lakes Equally Well.pdf  Taranaki EW.pdf
4. MH&A clinical workstation – the successful implementation of modern clinical workstations across the Midland region					<ul style="list-style-type: none"> eSpace continue to develop high level mapping and are working on a way to speed up delivery and implementation which will build on the work already done by the region and will closely involve clinical champions. At present, there has been an expectation by the Region's Leaders that hundreds of documents are developed and signed off before we can enter a build-phase. This will result in a significant delay for us and concepts and designs, that are eventually signed off might be redundant/irrelevant by the time they are built. From our work stream's perspective, we have developed a strategy of rapid development and deployment that we believe will allow us in MHAS (and other areas) to move forward at a rapid pace but this strategy is contingent on being accepted by the Region's Leadership.
<ul style="list-style-type: none"> Ensure all approvals for PID and Business Case are obtained and there is regional agreement going forward 	C				
<ul style="list-style-type: none"> Undertake a Training Needs Analysis across the region and design a workforce plan 	G	NA			
<ul style="list-style-type: none"> Work with local Champions Group to ensure local processes are implemented. 	G				
5. Midland Infant Perinatal Clinical Network - the Midland Infant Perinatal Clinical Network will:					<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
<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 					
<ul style="list-style-type: none"> Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency 					
<ul style="list-style-type: none"> Participate in the evaluation of the e-Learning tool in partnership with the Central region. 					

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

- Infant Perinatal Clinical Network
- Eating Disorders Clinical Network
- Joint Clinical Governance and Portfolio Managers Networks



**Quarter 2 Combined
Report 2017-18 Final**

- Participation in the National SACAT regional meetings hosted by the MoH and Matua Raki
- Migration of the Regional MH&A Network from Lakes to the Waikato platform
- National Shared Services meeting held at NRA
- SACAT Funding teleconferences
- HealthShare Senior Leadership Planning day
- MH&A Regional Team Planning day

Quantitative Data

1. Infant Perinatal Contacts

The data shows total contacts (excluding Did Not Attend) for the Midland DHBs as access to NGO data is re-established. Each DHB shows a different trend although but appear to have increased again in Q1 2017/18.

Midland Perinatal (DHB) Total Contacts

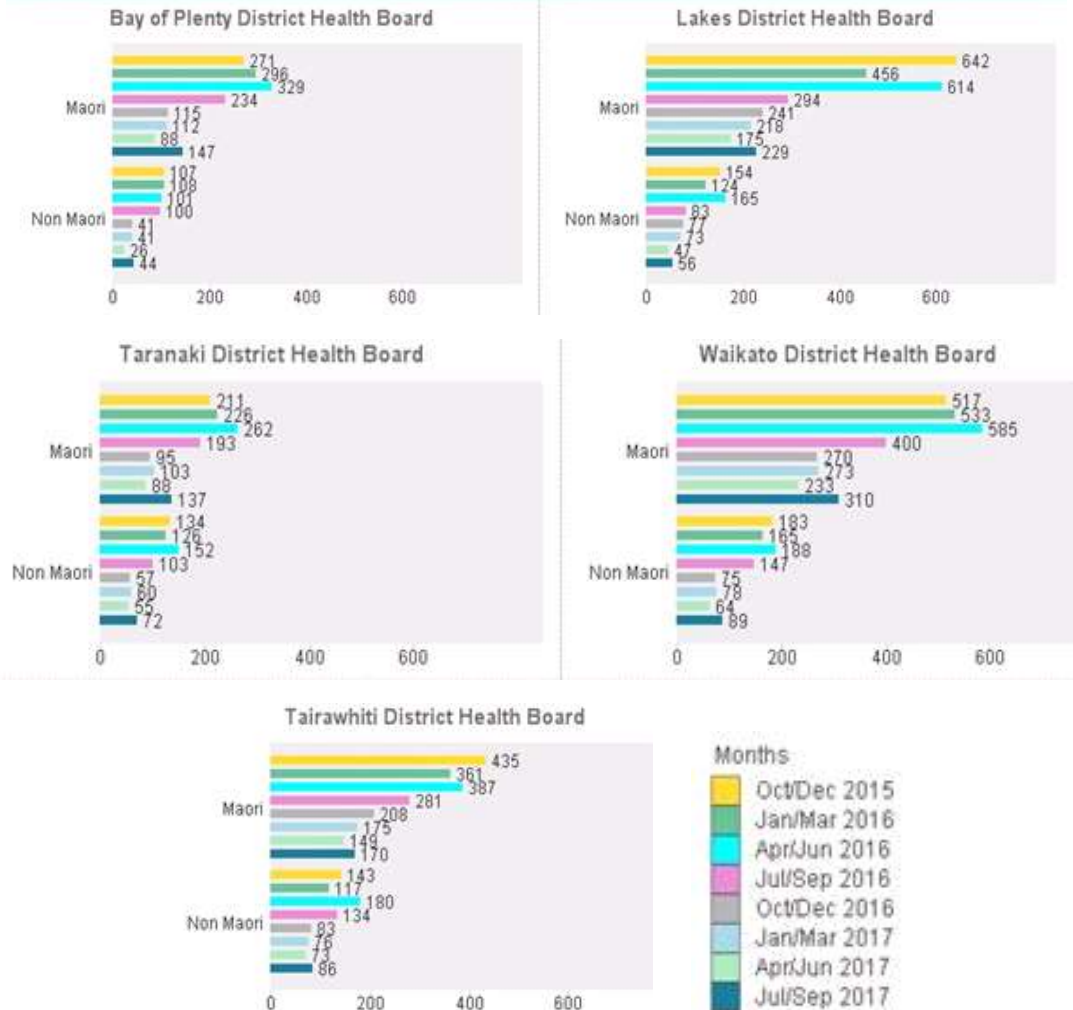
DHBs	2015/16				2016/17				2017/18	Trend
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Bay of Plenty	803	787	805	861	785	719	667	687	707	
Lakes	243	224	215	272	248	204	247	303	339	
Hauora Tairāwhiti	21	31	54	68	69	84	58	68	63	
Taranaki	661	673	525	582	572	515	402	518	571	
Waikato	868	700	725	816	759	649	523	650	934	

Data Source: PRIMHD

2. Section 29 Ethnicity for Maori Health Plan

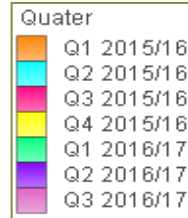
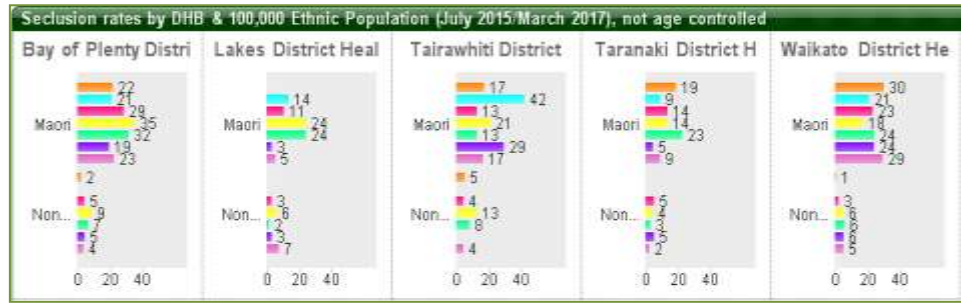
The data shows for most DHBs there was a slight increase in the rate of clients with S29 notices. This trend will need to be monitored over the next two quarters to establish whether this is an anomaly.

Section 29 Unique Clients by Ethnicity & 100,000 Ethnic Population (October 2015/Sep 2017), not age controlled



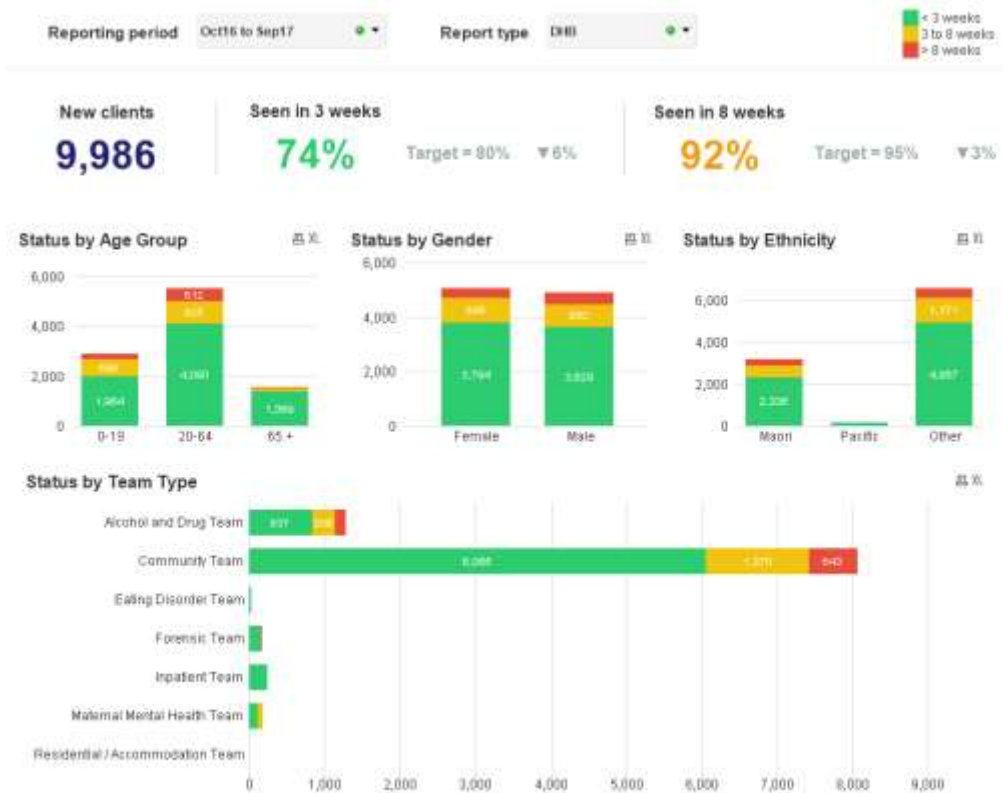
3. Seclusion Minimisation

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 times targets. Discussions held regionally and locally to address inconsistencies on utilising PRIMHD codes and data input.



Reporting period Oct16 to Sep17

Report type NGO

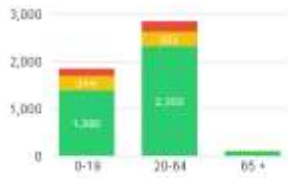
■ = 3 weeks
■ = 3 to 8 weeks
■ = 8 weeks

New clients
4,804

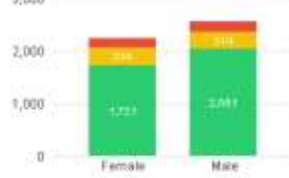
Seen in 3 weeks
79% Target = 80% ▼ 1%

Seen in 8 weeks
92% Target = 95% ▼ 3%

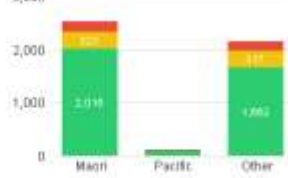
Status by Age Group



Status by Gender



Status by Ethnicity



Status by Team Type

