



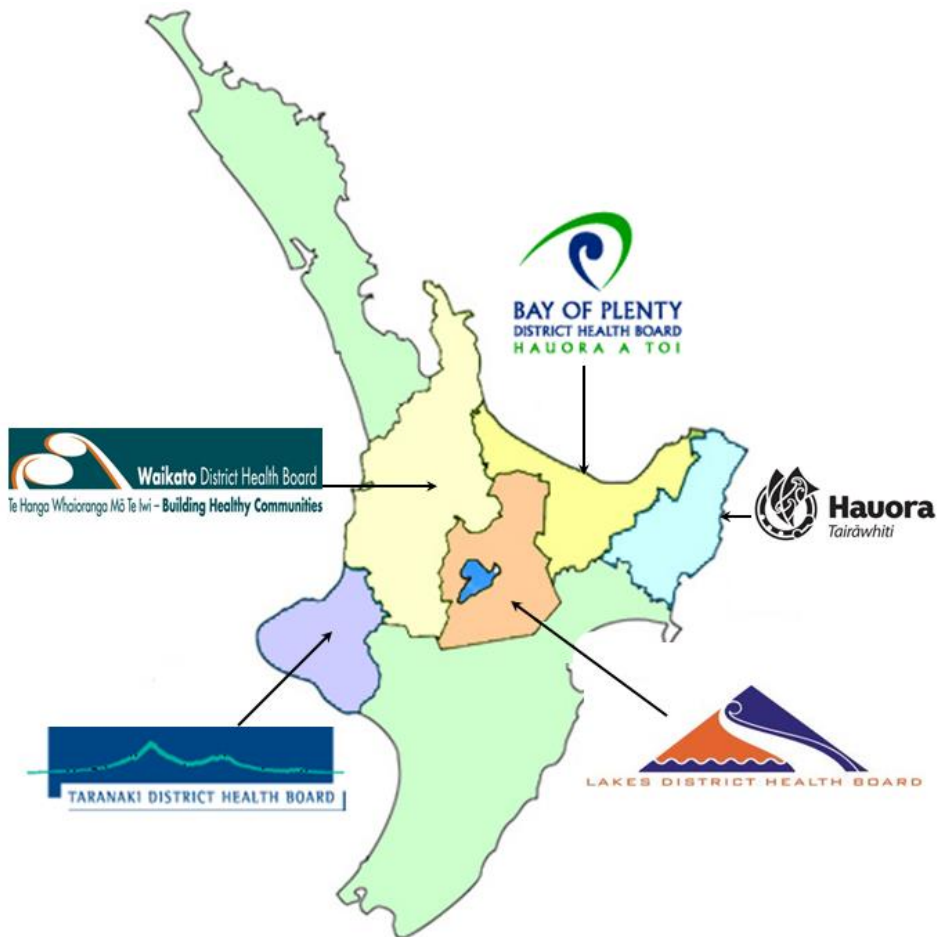
Midland district health boards' shared services agency



MENTAL HEALTH & ADDICTION REGIONAL NETWORK

Service Development • Workforce Development • Partnerships & Relationships

# Midland Region Workforce Strategic Plan 2015 – 2018



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## 1. INTRODUCTION

In December 2012 the Mental Health Commission (MHC) released the Blueprint II and the Ministry of Health (MoH) released the Mental Health and Addictions Service Development Plan (SDP), “Rising to the Challenge”. The impetus of both documents for mental health and addiction services is to increase national consistency focusing on access, service quality and outcomes for people who use services for their whānau and for the communities that they live in. Both documents set a service development pathway with clear actions and expectations for the next five years.

### **Revision of the Midland Mental Health and Addiction Strategic Plan**

The revision will articulate the strategies and goals that the five Midland District Health Boards (DHBs) agree to approach regionally while acknowledging the importance of individual DHBs strategic and district plans.

The success of this plan will be reliant on the efforts of skilled and motivated staff working alongside service users and their whānau. It will require strong leadership and commitment to implement the changes envisaged, change management capability, and the active engagement of the health, justice and social services<sup>1</sup>.

The key resource that the sector has available is the workforce. The collective skills, experience, expertise and knowledge of our workforce is strong and with the excellent training and workforce development structures already in place, the workforce will continue to develop. With workforce using most of the resources in mental health and addiction services, “who does what” is critical to improving productivity. Increasing the proportion of time available for high-value client focused activities is perhaps the most direct way of lifting system performance available to the sector.<sup>2</sup>

Therefore in the Midland region we need to ensure that the organisations, services, teams and individual roles, are all working at the top of their scope. In practical terms this means that we must always be asking “who is the best person, with the right skills and expertise to do the job” and ensuring we use diverse skills across a range of roles as best we can<sup>3</sup>.

## 2. BACKGROUND

The regional Workforce Planning Lead (WFPL) roles were reviewed in 2013 by Te Pou, with the job title and scope of role changing significantly to focus on providing leadership in workforce planning and development. The rewrite of the Midland Workforce Strategic Plan was due to a number of key strategic documents entering into the workforce space:

- More than numbers national workforce stocktake
- On Track – Knowing where we are going
- Draft National Workforce Action Plan.

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<sup>1</sup> Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012 – 2017, Ministry of Health

<sup>2</sup> Blueprint II Improving mental health and wellbeing for all New Zealanders – How things need to be, Mental Health Commission (2012)

<sup>3</sup> Blueprint II: Improving mental health and well being for all New Zealanders – Making change happen, Mental Health Commission (2012)

### 3. REGIONAL WORKFORCE PLANNING LEADS

Te Pou supports New Zealand's four regions (Northern, Midland, Central and Southern) to ensure regional consistency drives local solutions.

To date the regional WFPLs have focused on the national workforce stocktake of regional adult mental health and addiction services. Additional to the adult workforce stocktake, The Werry Centre has also completed a workforce Stocktake for the national ICAMH services both provider arm and NGO. The four WFPL's are charged with the provision of Mental Health and Addiction Regional Workforce information, planning and project management services:

- a) To build a strong and enduring workforce to deliver mental health and addiction services to all people; and
- b) To foster a culture of continuous quality improvement in which information and knowledge is welcomed and used to enhance recovery and service development.

#### 3.1 Key Tasks for the Midland Region Workforce Planning Lead

The Midland WFPL will be responsible for enabling:

1. *A consistent whole of systems approach:*

- 1.1. Workforce development infrastructure – national and regional coordination to develop an efficient and integrated workforce. Fostering cross-sectorial relationships to support collaborative and coordinated ways of working and effective monitoring and feedback mechanisms
- 1.2. Organisational development – strong leadership, engaged management and effective organisational design that will develop service culture and systems. The workforce will need to be responsive and well-aligned to service needs, innovative models of care and support to better meet people's needs
- 1.3. Recruitment and retention – increase capacity and capability of the workforce, recruitment and retention needs are coordinator nationally and regionally
- 1.4. Learning and development – a well training workforce that responds to service needs is required. The development of training pathways and training that builds capability for working in multi-disciplinary teams that provides holistic care that is culturally appropriate
- 1.5. Information, research and evaluation – best use of information systems is required to improve access to training and effectiveness of service delivery. Data collection for a national picture with analysis and feedback to the regions and services will assist workforce development and local service delivery.

2. Within Rising to the Challenge, the Ministry of Health has identified that the work of the national workforce development centres will focus on the following four imperatives (Four Key Imperatives), undertaking:

- 2.1. Organisational development
- 2.2. Recruitment and retention
- 2.3. Training and development
- 2.4. Service modelling.

3. While the imperatives described above remain relevant, from 2013, the Ministry of Health's clear expectation is that health and disability services will increasingly demonstrate effectiveness in terms of:
  - value for money
  - service integration
  - reduced health inequalities, and
  - service access.

These goals feature prominently in *“Rising to the Challenge – The Mental Health and Addiction Service Development Plan 2012-2017”*, which relies heavily on a ‘whole system’ response to growing challenges. The SDP asserts that these goals will be achieved more quickly if information is used widely and in new ways to accelerate organisational learning, change and development. The SDP also describes the Crown’s service development priorities for DHBs as follows:

- integration of primary and secondary services
  - better use of information to demonstrate outcomes for service users, and
  - a whole system response to address employment and housing issues for service users.
4. Nationally consistent workforce planning and development, information collection, project management, data analysis, and stakeholder engagement have, therefore, been prioritised as a significant need and will be the major focus of the Service. In recognition of the paucity of workforce data, the following activity:
    - 4.1 Phase One, regional workforce stocktake, using nationally consistent tools and techniques as agreed with Te Pou (in consultation with Health Workforce New Zealand), in partnership with DHBs, NGOS and providers of primary mental health services, was prioritised and has been achieved
    - 4.2 The stocktake was overseen by the Regional Clinical Governance Network who also approved the recommendations and supported the development of a regional workforce development plan identified and achieved in Phase One.

Phase Two is to be undertaken in 2016 and will include implementation of the Midland recommendations, and the On Track seven priority areas for action and the following activity:
    - 4.3 Develop a Midland region MH&A Workforce Planning and Development model through Qlikview
    - 4.4 Support the development of District Wide workforce plans (DHB & NGO)
    - 4.5 Support the implementation of Midland recommendations by including these in regional and local plans under the following headings:
      - Models of care
      - Ethnicities
      - Peer support workforce
      - Knowledge and skills
      - Relationships
      - Leadership

4.6 Support the implementation of On Track seven priority areas for action by including these in regional and local plans:

- Support service user self-determination
- Focus on system redesign
- Improve workforce capability
- Address investment and sustainability issues
- Enhance community engagement
- Use the evidence
- Strengthen organisational infrastructure

5. Networking relationships are a priority of this role ([Appendix 1](#) – Midland Workforce Planning Lead Key Relationship Matrix)

#### **4. MIDLAND REGION WORKFORCE LEADERSHIP NETWORK**

In 2012 the existing Workforce Advisory Group was reviewed with the National Workforce Centres. It was agreed that a higher degree of strategic leadership was required and moving from an advisory group to a managed network was strongly endorsed. An Expression of Interest (EOI) process with defined evaluative criteria specific to workforce development was undertaken across the Midland region. EOI's were sought from key leaders and personnel with an interest and expertise in workforce development. A panel of key leaders within the Midland region evaluated the EOI's against the set criteria. Membership of this group also includes representatives from the National Workforce Centres: Te Rau Matatini, Te Pou, Matua Raki, Werry Centre and Le Va. All five national Workforce Centres are represented.

The purpose of the Workforce Leadership Network (WLN) is to provide regional strategic leadership and a mandated voice at a regional and national level for workforce that has a:<sup>4</sup>

- Regional focus
- A mental health and addiction focus across the life span
- Linked to the National Workforce Centres direction
- Linked to Health Workforce New Zealand direction.

The WLN's function is to:

- Influence, support and participate in regional activity, including implementation of the 2015/18 MH&A Strategic Reference Guide on behalf of the Midland DHBs, and
- The Midland Regional Workforce Leadership Network will provide expert advice to the Midland Regional Director through the development of initiatives leading over time to:
  - Improve outcomes through optimal treatment of mental health and addictions issues – resulting in recovery focussed, effective and efficient services for people and whānau accessing services
  - Reduce disparity in outcomes for mental health and addictions services between population groups and DHB areas across the Midland region
  - Efficient and effective use of people, financial and other resources.

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<sup>4</sup> Midland Workforce Leadership Network, Terms of Reference, 2013

- Midland Regional Workforce Leadership Network will also:
  - Participate in key regional workforce decisions and ensure they are endorsed in a timely manner
  - Agree strategic workforce priorities to guide operationalisation across the region
  - Review and monitor regional workforce activity effectiveness where applicable
  - Ensure partnerships when working with clinicians, managers and people using services
  - Identify risks/gaps, assess and propose solutions
  - Participate in the completion of a Strategic Workforce Workplan with key stakeholders

## 5. MIDLAND REGIONAL NETWORK & WORKFORCE ACHIEVEMENTS 2013 - 2015

The development of the Midland Workforce Plan 2011 - 2015, guided the development of the Midland workforce initiatives, these are some of the achievements made to date between 2013 - 2015 prior to the current re-write:

1. Midland Regional Collaboration plan – strengthens the infrastructure, needs, trends and aligns workforce initiatives across the Midland region. ([Appendix 2](#) – HealthShare Structure)

2. The Midland Regional Network, Mental Health and Addictions supported three Summits in 2013. All three Summits were held in Rotorua during October and November 2013. The Youth Summit – “Rise Up to Recovery, to the Challenge, to the Future” held two streams, one for providers and one stream for youth.

The Family Whānau Summit – “An Unskilled Workforce...Yeah Right!” provided the opportunity for final consultation of the family whānau competency document as part of the programme.

The Consumer Summit – “Without me there’s no partnership...Are you with me...”

The Midland Māori Summit – “Hei Wero, Hei Taniwha, Blending Cultural and Clinical” was held in June 2014 at Tunohopu Marae, Ohinemutu. The Keynote speakers were the highest rated presentations and triggered some relevant discussions amongst the participants.

3. The Perinatal and Infant Mental Health and Addiction Project, Phase One (2013) was established to increase knowledge and understanding of the Midland region’s perinatal and infant mental health, and addiction services needs. A workshop attended by Midland region stakeholders considered stocktake information and evidence from the literature. A project report was completed with clear recommendations identified.
4. The Perinatal and Infant Mental Health and Addiction Project, Phase Two (2014), this project engaged stakeholders from primary health care and community in a series of local workshops to consider services that were available. A project report was completed with clear recommendations.
5. A recommendation from the Perinatal and Infant Mental Health and Addiction project report was that training and development occur across the regional and across the sector involving not only mental health and addiction but include primary, NGO, WellChild, secondary, tertiary, maternity and pediatric services to build capacity and capability.
6. A series of Infant Perinatal Mental Health and Addiction workshops were held in each of the Midland DHB areas –

Workshop One: The Introduction of Infant Perinatal Health – The First 5 Years was held November and December 2014.

Workshop Two: Perinatal and Infant Mental Health – Attachment and Caregiving held over March – May 2015. These workshops were targeted towards all staff working across the infant perinatal continuum.

Workshop Three: focused on mental health and addictions clinicians working with mothers and babies and tailored to the specific learning needs of these clinicians.

7. The context for Trauma Informed Care (TIC) is in the MoH Rising to the Challenge which identifies a need for services to be sensitive to peoples past experiences of trauma. TIC Introduction workshops were held in the 5 DHB areas in 2013. Screening for trauma fits with the national MoH Violence Intervention Programme.
8. Midland Co-existing Problems (CEP) Enhanced Practitioner Training – was held in Hamilton September 2014. This workshop was open to CEP enhanced practitioners who attended a train the trainer workshop in October 2012. This was an opportunity to share and discuss how the knowledge, skills and connections developed in the previous workshop had made a difference and to reconnect with other enhanced practitioners in the region and discuss what was going well and what else is needed to support the development of CEP capability in the workplace. A report was completed after this workshop with clear recommendations.

A recommendation from the September 2014 workshop identified the need to build CEP responsive services by up-skilling Team Leaders and Managers. Workshops were held October 2015 and in partnership with Matua Rāki. The purpose of this workshop was to understand a systems approach, increase support and leadership to CEP best practice.

9. Develop and support effective and efficient use of systems including use of network leadership groups for the dissemination of information and resources.
10. In April 2014 the MoH provided one off funding to establish a Midland Regional Infant Perinatal mental health clinical network to provide a strategic leadership role for staff employed in DHB and NGOs who deliver infant perinatal mental health care across the Midland region.
11. In 2013 and 2014 the Midland Regional Network provided 31scholarships over the two years for staff in clinical leadership roles to attend the Brian Durant two day workshop: Building Strengths, Developing Competencies in supervision. This 2 day training explored how a strengths based philosophy can be extended into and utilised by those in supervisory roles to provide focused supervision that not only leads to better and safer practice, but also improves job satisfaction and agency culture as a result. Participants gained skills in practical methods for working with staff in ways that enhance their sense of competence and effectiveness.

For further detailed information please refer to: [www.midlandmentalhealthnetwork.co.nz](http://www.midlandmentalhealthnetwork.co.nz)



## 6. MIDLAND TRAINING OUTCOMES - WORKFORCE STRATEGIC PLAN 2013 - 2015:

National Priorities	Regional Outcome	Evaluation Outcome
Let's Get Real	Ongoing business as usual	Business as usual
Perinatal and Infant Mental Health and Addiction Workshop Series. These workshops were targeted towards all staff working across the infant perinatal continuum	<ul style="list-style-type: none"> <li>▪ Workshop one was an introduction of Infant Perinatal Health – The first 5 years held in November and December 2014.</li> <li>▪ Workshop two – Attachment and Caregiving held in March, May and June 2015.</li> <li>▪ Workshop three – held in May and June 2015.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 288 participants \$90.46 per person</li> <li>▪ 101 participants \$127.85 per person</li> <li>▪ 57 participants \$215.25 per person</li> <li>▪ <b>446 Total Participants \$117.32 per person</b></li> </ul>
Co-existing Problems increasing capability and capacity across the continuum from beginner to advanced practitioner, aligned with Midland CEP Strategic Plan 2012/15	<ul style="list-style-type: none"> <li>▪ CEP Practitioners follow up workshop held in Hamilton, Kakariki House, in September 2014. This workshop was open to CEP enhanced practitioners who attended a train the trainer workshop with Dr Fraser Todd, Suzette Poole and Ashley Koning in October 2012.</li> <li>▪ CEP Service Development workshops were held in May 2015. This workshop was opened to DHB &amp; NGO leaders and managers. Workshops were cancelled in Tairāwhiti and Taranaki due to low registrations.</li> </ul>	<ul style="list-style-type: none"> <li>• No cost</li> <li>▪ 67 participants \$19.09 per person</li> </ul>
Motivation to Change – Consumer focus	<ul style="list-style-type: none"> <li>▪ In 2013 Midland region network provided Scholarships: – To attend externally facilitated two day workshops, Building Strengthens, Developing Competencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10 recipients \$380.00 per person</li> </ul>

<p>The Midland Regional Network continues to invest and improve the regions workforce capacity and capability by offering introductory workshops in Trauma Informed Care.</p>	<ul style="list-style-type: none"> <li>▪ Trauma Informed Care one day workshop's held in each local district across the Midland region.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 179 participants \$110.75 per person</li> </ul>
<p>The Midland Regional Network supported feedback to the development of the On Track report.</p>	<ul style="list-style-type: none"> <li>▪ On Track – Knowing where we are going, presented to all Midland leadership networks.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No cost</li> </ul>
<p>Midland region Mental Health and Addiction supported three summits held over October and November 2013 and one in 2014.</p>	<ul style="list-style-type: none"> <li>▪ 2013 The Youth Summit</li> <li>▪ 2013 The Family Whānau Summit</li> <li>▪ 2013 The Consumer Summit</li> <li>▪ 2014 The Māori Summit</li> </ul>	<ul style="list-style-type: none"> <li>▪ Day One 137 participants \$64.41 per person</li> <li>▪ Day Two 110 participants \$76.26 per person</li> <li>▪ Day One 54participants \$59.18 per person</li> <li>▪ Day Two 50 participants \$44.78 per person</li> <li>▪ Day One 56participants \$73.62 per person</li> <li>▪ Day Two 48 participants \$79.06 per person</li> <li>▪ Day One 93 participants \$52.97 per person</li> <li>▪ Day Two 67 participants \$69.78 per person</li> </ul>

## 7. MENTAL HEALTH AND ADDICTIONS INTERNATIONAL SCOPE

It is accepted that, for the mental health and addiction sector, the international situation is characterised by the following:

- Shortage of workforce, with the need to build both capacity and capability
- The prevalence of indigenous models of service delivery
- The growing acceptance of participation and involvement of people using services and family whānau in all levels of service delivery, i.e. governance, funding and planning, management, quality, care planning, evaluation and audit; this is particularly so in the USA, United Kingdom and Canada
- Evidence-based programmes and practices
- An increased devolution of funding to support early intervention through primary care services
- Tighter regulation of professional registration
- Persistent upholding of a preference for multidisciplinary approaches to service delivery
- Greater demand for efficiencies
- Greater reliance on inter-agency cooperation and coordination.

The above mirrors the New Zealand environment, particularly as one of the key government drivers is 'value for money.'

## 8. MENTAL HEALTH AND ADDICTIONS NEW ZEALAND SCOPE 2012 – 2017

In New Zealand, the situation for the mental health and addiction sector is characterised by the following:

- The government is focusing on developing a better performing public sector. The expectation is that the health sector will become more innovative, efficient and focused on delivering on what New Zealanders really want and expect. At the same time, public services will have a sharper focus on cost and value for money.
- The current MoH priorities for mental health and addiction services include:
  - Youth Mental Health Project
  - Vulnerable Children Work Stream
  - Drivers of Crime programme with a focus on Conduct Disorders and Alcohol and Other Drugs
  - Youth Forensic Services Development
  - Suicide Prevention Action Plan Implementation
  - Whānau Ora Initiatives
  - Welfare Reforms

### 8.1 The Blueprint II Key Focus Points:

- Services are required to work collaboratively, providing seamless and consistent services
- There is a range of issues that impact on mental health and wellbeing such as: housing, income, education and employment
- There are four population groups that are the target:
  - People with low-prevalence conditions and/or high complexity
  - Infants, children and youth with high-prevalence conditions
  - Adults with high-prevalence conditions
  - Older people with high-prevalence conditions
- Areas of overlap or cross over with these groups utilise the life span approach

## 8.2 Overarching Goals of the MoH ‘Rising to the Challenge’ Plan:

**Table 1: The ABCD overarching goals and desired results**

Overarching goal		Results we wish to see
<b>A</b>	Actively using our current resources more effectively	Increased value for money
<b>B</b>	Building infrastructure for integration between primary and specialist services	Enhanced integration
<b>C</b>	Cementing and building on gains in resilience and recovery for: <ol style="list-style-type: none"> <li>i. people with low-prevalence conditions and/or high needs (psychotic disorders and severe personality disorders, anxiety disorders, depression, alcohol and drug issues or co-existing conditions)</li> <li>ii.               <ol style="list-style-type: none"> <li>a) Maori</li> <li>b) Pacific peoples, refugees, people with disabilities and other groups</li> </ol> </li> </ol>	Improved mental health and wellbeing, physical health and social inclusion  Disparities in health outcomes addressed
<b>D</b>	Delivering increased access for: <ol style="list-style-type: none"> <li>i. infants, children and youth</li> <li>ii. adults with high-prevalence conditions (mild to moderate anxiety, depression, alcohol and drug issues or co-existing conditions, and medically unexplained symptoms)</li> <li>iii. our growing older population</li> </ol>	Expanded access and decreased waiting times in order to: <ul style="list-style-type: none"> <li>• avert future adverse outcomes</li> <li>• improve outcomes</li> <li>• support their positive contribution in the home and community of their choice</li> </ul>

## 9. NATIONAL PRIORITIES FOR MENTAL HEALTH AND ADDICTIONS WORKFORCE

### **EXPECTED RESULT - SUPPORTING AND STRENGTHENING THE WORKFORCE**

A Mental Health and Addiction workforce with the capabilities and motivation to implement this plan

#### 9.1 National Workforce Centres

Currently, New Zealand has four National Workforce Centres for the mental health and addictions sector, which are described below:

1. The Werry Centre, Infant, Child and Adolescent.
2. Te Rau Matatini, Māori Workforce Development
3. Te Pou, Information, Research, Workforce Development
  - Matua Raki (Addictions under the umbrella of Te Pou)
4. Le Va, Pacific People's Workforce Development

The National Workforce Centres are responsible for delivering the Ministry of Health and Health Workforce New Zealand's priorities.

## 10. MINISTRY OF HEALTH KEY WORKFORCE PRIORITIES 2012 – 2017

The MoH Service Development Plan 'Rising to the Challenge' outlines the following priorities:

#### 10.1 Development of a National Workforce Action Plan

The national workforce plan was developed with a wide range of key stakeholders and feedback from the Midland region 8 December 2015. This plan will guide the health sector and workforce organisations to develop the workforce in order to support the priorities within Rising to the Challenge. The Midland Recommendations from 'More than numbers' survey report and 'On Track knowing where we are going' will inform the Midland perspective.

The national workforce development plan will identify:

1. Workforce skills and competence required in order to deliver the plan taking into consideration:
  - More than numbers report
  - On Track report
  - Future services, and changing demography and future demand for services
2. Systems, supports, training, evaluation and improved audit processes required
3. Strategies to recruit and retain people in the workforce, including strategies to address any specific workforce shortages
4. Mechanisms for the MoH to track progress in implementing the workforce plan.

## **10.2 Competencies**

The national workforce plan will identify competencies for people working across the spectrum of health services (primary care, general health, and specialist mental health and addiction) that will support the implementation of the plan to:

- Form effective partnerships with people who use the services and their whānau and / or support people to enable self management and wellness
- Incorporate knowledge of tikanga, Whānau Ora, Māori models of care and cultural competence in working with Māori
- Incorporate cultural competence when working with other large ethnic groups within New Zealand
- Shape practice to be culturally appropriate for each person
- Undertake wellness planning
- Provide brief evidence-informed psychological therapies or motivational interviewing
- Provide trauma informed service delivery
- Deliver stepped care models of service delivery
- Work collaboratively (this will be strengthened through multi-disciplinary training).

## **10.3 Workforce Priorities for DHBs and NGO Services:**

The national workforce plan will focus on the development of:

- Peer lead training and resources delivered to the DHB clinicians and teams
- Focus on decreasing the gap between specialist services and primary health services in the community
- Liaison and support roles offered between these two groups of service providers
- Co-existing disorders skills and knowledge of all mental health and addiction workforce, clinicians and other support roles within services
- Further work is required to decrease the use of seclusion and personal restraint with a focus on reviewing current service delivery to ensure that all services are aligned with evidenced interventions and support services to ensure ongoing effectiveness
- Strengthening around non-regulated workforce including NGO providers, peer support services with the inclusion of housing and social inclusion
- Support the development of District Wide Workforce Plans.

## **10.4 Workforce Priorities for Managers, Professional Leaders, Planners and Funders and Policy Makers:**

The following list is the priorities for this group of service providers to support and implement the principles and priorities of the national workforce plan:

- Build capacity to analyse and utilise information effectively to inform decisions about policies and investments, develop plans and improve services
- Implement a workforce development programme to enable planners and funders to execute and monitor the planning and funding framework

- Leading the implementation of measures to improve service delivery and productivity, such as “Choice and Partnership Approach” and the 7 helpful habits of effective CAMHS<sup>5</sup>
- Develop the capability to lead the changes required to implement the plan, fully engaging the workforce in planning and implementing change and supporting participation in events that provide opportunities for rapid transfer of knowledge around effective services and innovations
- Continuing towards a workforce that reflects the population that it serves across primary and secondary services
- Continuation of the embedding of Let’s get Real, Real Skills Plus and Real Skills Plus Sei Tapu into every day.

### **10.5 Workforce Priorities for Other Agencies and Sectors:**

The proposed changes in *Rising to the Challenge* (Ministry of Health, 2012) and *Blueprint 11* (Mental Health Commission, 2012) can be achieved by a new direction on how mental health and addiction (MH&A) services are delivered to people using services and their families/whānau. *On Track: Knowing where we are going* provides a road map for the future of NGO mental health and addiction services. There is an expectation that all agencies and sectors will build capacity and capability to recognise and respond to mental health and addiction needs. This requires across government, whole-of-systems approach that recognises community engagement and a collaborative approach to addressing social determinants of health.

## **11. SUMMARY**

The next three years will be challenging as services are expected to implement the Blueprint II, ‘Rising to the Challenge’ and the National Workforce Action Plan priorities with no new resourcing. Historically when resources are tight, the first area where funding is significantly reduced, is workforce development.

The Midland challenge will be to manage the tension between prioritising funding and advocating for workforce development that will make a difference in the lives of people who use our services and their whānau.

- More than Numbers – Midland Priorities
- On Track – Collaborative ways of working.

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<sup>5</sup> York and Kingsbury 2009

## 12. MIDLAND REGIONAL WORKFORCE STRATEGIC PLAN 2015 – 2018

Goal 1	Objective	Action Required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Development of a National Workforce Plan</b>	The MR Workforce Leadership Network will be informed of national planning and national expectations impacting on local MH&A workforce planning and development.	<ul style="list-style-type: none"> <li>▪ The WFPL will provide feedback and analysis of National work plan to each of the Midland leadership networks.</li> <li>▪ MRWLN will disperse information to local networks for feedback.</li> </ul>	✓ ✓		
	The Midland region will have data pertaining to national workforce, including stocktake and needs analysis.	The WFPL will support the national workforce centres with the implementation of workforce stocktake process ensuring that outcomes benefit Midland and that the: <ol style="list-style-type: none"> <li>1. MR WLN is consulted</li> <li>2. MR managed networks are consulted</li> <li>3. On Track report is aligned to MR recommendation's</li> <li>4. MR recommendations are identified and implemented annually</li> </ol>	✓	✓	✓
	Midland Workforce Planning Lead will be involved and expected to provide feedback on workforce development planning locally, and influence regional and nationally.	Facilitation of Midland leadership networks to provide feedback on regional workforce activity and lift the profile of workforce development: <ol style="list-style-type: none"> <li>1. Workforce Leadership Network</li> <li>2. Family Whānau Leadership Network - Te Ao Whānau</li> <li>3. Māori Leadership Network – Te Huinga o Ngā Pou Hauora</li> <li>4. Addictions Leadership Network</li> <li>5. Consumer Leadership Network – He Tipuana Nga Kakano</li> <li>6. Clinical Governance Network</li> <li>7. Portfolio Managers Group</li> </ol>	✓	✓	✓
	The Workforce Planning Lead will build relationships and networks to enhance local and national development and capability.	Priority will be given to: <ul style="list-style-type: none"> <li>▪ Midland Provider Arms and NGO sector</li> <li>▪ Midland Leadership Networks</li> <li>▪ National Workforce Centres</li> <li>▪ Midland Training Network</li> <li>▪ National Regional Workforce Planning Leads</li> <li>▪ Ministry of Health</li> <li>▪ Mental Health Commission</li> <li>▪ Health Workforce NZ</li> </ul>	✓	✓	✓



Goal 2	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
Competency Development	Midland region will support the implementation of measured outcomes to ensure the diverse needs and expectations of Māori, Service Users and their Whānau are met.	Implementation and facilitation of training in order to build local capacity that will be required to ensure competency: <ul style="list-style-type: none"> <li>Support Te Pou to implement the Service User Competency framework across Midland</li> <li>Support the Northern region to implement the Infant Perinatal Competency framework across Midland</li> <li>Support the Central region to jointly develop the Infant Perinatal E-Learning tool</li> </ul>	✓	✓	✓
	Increase competency capability and capacity across the Midland region	Provide the Midland region support, training and regional direction for the local implementation and growth in these priority areas :	✓	✓	✓
	Regional plans will focus on the workforce required to deliver the goals described by: <ul style="list-style-type: none"> <li>Rising to the Challenge</li> <li>Towards the Next Wave and</li> <li>More than Numbers Workforce Report 'Recommendations' at a local and regional level.</li> </ul>	<b>1. Models of care</b> These plans should: <ul style="list-style-type: none"> <li>focus on future workforce needs and respond to workforce challenges</li> <li>provide specialist or clinical out-reach services to community services (example: Youth Forensic Services)</li> <li>include greater emphasis on community delivery of services</li> <li>link Clinical Workstations into the model of care</li> <li>consider recommendations from On Track about NGO workforce development <ul style="list-style-type: none"> <li>Focus on system redesign</li> <li>Improve workforce capability</li> <li>Address investment and sustainability issues</li> <li>Support service user self-determination</li> <li>Enhance community engagement</li> <li>Use the evidence</li> <li>Strengthen organisational infrastructure</li> <li>Be supported by transition plans (example: Youth Transition).</li> </ul> </li> </ul>	✓	✓	✓
Improving Māori health outcomes and improving service delivery to Pasifika and Asian people.	<b>2. Ethnicities</b> Workforce planning will aim to: <ul style="list-style-type: none"> <li>develop Whānau Ora approaches and build</li> </ul>	✓	✓	✓	

	<p>The peer support workforce will be a key component of future service delivery that prioritises a seamless experience for tangata whai ora and their whānau.</p> <p>The Midland region will adopt a regional approach to building knowledge and skills in the workforce with an emphasis on:</p>	<p>competencies</p> <ul style="list-style-type: none"> <li>▪ build the workforce in cultural specialist roles</li> <li>▪ increase cultural competencies and cultural auditing practices across the mainstream workforce</li> <li>▪ support implementation of cultural competency plans at a regional level through Te Huinga o Nga Pou Hauora and alignment with Te Rau Matatini</li> <li>▪ build Whānau Ora (whānau-centred practice)</li> <li>▪ emphasise the value of dedicated cultural advisor roles</li> <li>▪ expand and formalise cultural specialist roles</li> <li>▪ develop a regional strategy to support and build the whānau support workforce.</li> </ul> <p><b>3. Peer support workforce</b> The Midland region aim to develop this workforce by:</p> <ul style="list-style-type: none"> <li>▪ developing a regional strategy to build the peer support workforce</li> <li>▪ building the peer support workforce including expanding of the number and type of roles</li> <li>▪ growing the community-based peer support workforce</li> <li>▪ exploring appropriate and relevant training courses, beyond the current national certificate</li> <li>▪ raising the profile of peer support as both a career opportunity and a valued workforce.</li> </ul> <p><b>4. Knowledge and skills</b></p> <ul style="list-style-type: none"> <li>▪ strengthening whānau-centred practices; broadening the focus beyond individual service consumers</li> <li>▪ co-existing problems capability and leadership, including workshops for regional managers and advanced practitioners</li> <li>▪ building workforce competence in using IT, and supporting a regional approach to shared information systems</li> <li>▪ closing confidence gaps; using local knowledge to support regional training, and being careful not to reproduce silos</li> <li>▪ improving collaborative practice skills within the mental</li> </ul>	<p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p>
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	<p>Rising to the Challenge promotes greater integration of services across primary and secondary care, mental health and addiction and other government sectors. Regional and local plans will include workforce skill development and strategies to promote:</p> <p>The priorities described by Rising to the Challenge and Towards the Net Wave require transformational change at an individual, organisational and sector level, enacted locally, regionally and nationally. Leadership will be a key factor in the success of workforce planning and development initiatives to implement these changes. In order to prepare sector and organisation leaders to drive these changes, the regional plans will:</p> <p>A commitment to supporting a regional follow up collaborative conversation with all network groups together will focus 'On Track – How to move forward' 2015. Workforce implications will fall out of the conversation for 2016 – Mental Health and Addictions will have a greater or lesser role in supporting the process of wellbeing at various points in time, according to the individual's and their family whānau needs and preferences.</p>	<p>health and addiction workforce.</p> <ul style="list-style-type: none"> <li>▪ Support capacity and capability building of staff as the clinical portal is implemented</li> </ul> <p><b>5. Relationships</b></p> <ul style="list-style-type: none"> <li>▪ improved and effective cross-sector relationships</li> <li>▪ collaborative practice with primary healthcare services at a local and regional level</li> <li>▪ greater integration across mental health and addiction services, and across DHB and NGO providers</li> <li>▪ collaborative practice skills for practitioners and leaders by providing workshops with a practical focus.</li> </ul> <p><b>6. Leadership</b></p> <ul style="list-style-type: none"> <li>▪ identify leadership implications from Rising to the Challenge</li> <li>▪ build regional capacity to prepare and grow the leadership needed to support transformational change</li> <li>▪ Identify and support the development of emerging leadership the region through succession planning</li> <li>▪ be responsive to future workforce trends (example: the ageing workforce).</li> </ul> <p><b>7. On Track</b> - 'knowing where we are going' is included in the Midland Mental Health and Addiction Regional Networks recommendations and aligns with the above workforce planning (see Model of care).</p> <ul style="list-style-type: none"> <li>▪ support service user self-determination</li> <li>▪ focus on system redesign</li> <li>▪ improve workforce capability</li> <li>▪ address investment and sustainability issues</li> <li>▪ enhance community engagement</li> <li>▪ use the evidence</li> <li>▪ strengthen organisational infrastructure</li> </ul>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>
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		<b>8. Co-existing Problems (Matua Raki / Te Pou)</b> <ul style="list-style-type: none"> <li>▪ The Clinical Governance and the regional Portfolio Managers review and accept the findings of the report.</li> <li>▪ A further CEP Practitioners two day workshop will be held in 2015 – 2016.</li> <li>▪ Youth</li> </ul>	✓	✓	✓
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Goal 3	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Priorities specific to DHBs and NGO services</b>	The MR WLN will provide strategic influence and direction for the Midland mental health and addiction sector.	<ul style="list-style-type: none"> <li>▪ The WFPL will ensure that MRWLN receive evidenced based information, up to date information around national initiatives leading to key local priorities for the inclusion in local development and planning</li> </ul>	✓	✓	✓
	Strengthen and develop minimum competency guidelines as specified in the MoH Service Development Plan.	<ul style="list-style-type: none"> <li>▪ Support the development and process for the Midland regional managed networks to define minimum skills and competency frameworks for the following roles:               <ol style="list-style-type: none"> <li>1. Supporting Parents Healthy Children (COPMIA) workforce</li> </ol> </li> <li>▪ The MR WLN will ensure that these factors are considered:               <ol style="list-style-type: none"> <li>1. Training needs for up-skilling to “top of scope” within minimum expected competency</li> <li>2. Across the life span approach to all competency development.</li> </ol> </li> </ul>	✓	✓	✓

Goal 4	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Workforce Development priorities for primary care and the wider general health care workforce</b>	Increase awareness and understanding within the primary care sector, the role and function of the multi-disciplinary team in order to deliver better outcomes for service users.	In partnership with the National Workforce Centres utilise train the trainer models and e-learning with primary mental health and addiction leaders focusing on the role, function and understanding of the multi-disciplinary team relevant to mental health and addictions.	✓	✓	✓

Goal 5	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Workforce priorities for mangers, professional leaders, planners and funders and policy makers</b>	Ability to make better informed decisions utilising Midland specific up to date relevant analysed data.	<ul style="list-style-type: none"> <li>▪ Relevant managed networks linked with Midland PRIMHD Decision Support to utilise data analysis for better decision making when providing strategic advice and direction.</li> <li>▪ Utilise outcome data and information to ensure quality service delivery, with particular focus on:               <ol style="list-style-type: none"> <li>1. Seclusion minimisation and reduction</li> <li>2. Personal restraint minimisation and reduction</li> <li>3. Legal Status and use of Mental Health Act.</li> <li>4. Waiting times for Addiction services</li> <li>5. Improve life outcomes in Addiction services (ADOM)</li> </ol> </li> </ul>	✓	✓	✓
<b>Regional workforce planning includes</b>		<ul style="list-style-type: none"> <li>▪ Recommendations are prioritised and an Implementation Plan or Project Scope is developed</li> <li>▪ Workforce priorities are established annually at a regional and district level</li> <li>▪ Opportunities for workforce planning are realised in partnership with the National Workforce Centres</li> <li>▪ Workforce Planning Model (Qikview) Mental Health &amp; Addiction Forecasting</li> </ul>	✓	✓	✓

Goal 6	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Workforce priorities for the NGO sector</b>	Ability to make better informed decisions utilising Midland specific up to date relevant analysed data and priority areas for action described in On Track – Knowing where we are going	<p>The new approach to delivery of services requires MH&amp;A providers to adopt a wellness philosophy that is based on self-determination and the maintenance of wellbeing:</p> <p><b>Support self determination</b> using strength based interventions and involvement of peer support workers</p> <p><b>Focus on system redesign:</b></p> <ul style="list-style-type: none"> <li>▪ Whole-of-system approach</li> <li>▪ Service integration – models of care</li> <li>▪ Service delivery</li> <li>▪ Early intervention</li> </ul> <p><b>Improve workforce capability:</b></p> <ul style="list-style-type: none"> <li>▪ Amplify the values and attitudes of the workforce with a focus on partnering with individuals and their families whānau to shape their own future</li> <li>▪ Foster the development of adaptive leadership skills throughout organisations</li> <li>▪ Establish a clear line of sight between NGO workforce development needs (e.g. core competencies) and the training and education curricula, particularly with regard to the emergence of new and expanded roles in non-traditional community settings.</li> </ul> <p><b>Address investment and sustainability issues:</b></p> <ul style="list-style-type: none"> <li>▪ Funders and providers work together to build the capacity and capability of NGOs, so that these organisations are better equipped to deliver high-quality community MH&amp;A services</li> <li>▪ Relevant government organisations work together to build the capability of funders and to improve the commissioning of MH&amp;A NGO services</li> <li>▪ Funders establish an equitable and sustainable funding path for MH&amp;A NGOs.</li> </ul>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>

		<p><b>Enhance community engagement:</b></p> <ul style="list-style-type: none"> <li>▪ NGOs adopt community development principles</li> <li>▪ Staff facilitate more ‘everyday democracy’, by partnering with individuals and their families whānau to exercise the power that they have to shape their own lives</li> <li>▪ NGO’s get connected and build the capability of their organisations and the MH&amp;A workforce to engage with the local community.</li> </ul> <p><b>Use the evidence:</b></p> <ul style="list-style-type: none"> <li>▪ Training, coaching and peer review processes support the uptake and successful implementation of evidence-based practices and programmes</li> <li>▪ Organisations collect fidelity measures as well as outcome measures</li> <li>▪ National workforce development organisations work together to improve the science and practice of implementation.</li> </ul>	✓	✓	✓
			✓	✓	✓

Goal 7	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Relationships and Key Stakeholders</b>	Ability to develop and maintain key relationships to ensure the Midland workforce objectives are achieved	<ul style="list-style-type: none"> <li>▪ The MR WFLN is aligned with Midland Region Training Network and thereby nationally with Health Workforce NZ</li> <li>▪ The MRWLN is aligned to the National Workforce Centres to ensure that workforce development opportunities are maximised for the region</li> <li>▪ The MRWLN ensures that all members have extensive networks to ensure effective consultation</li> </ul>	✓	✓	✓
			✓	✓	✓
			✓	✓	✓

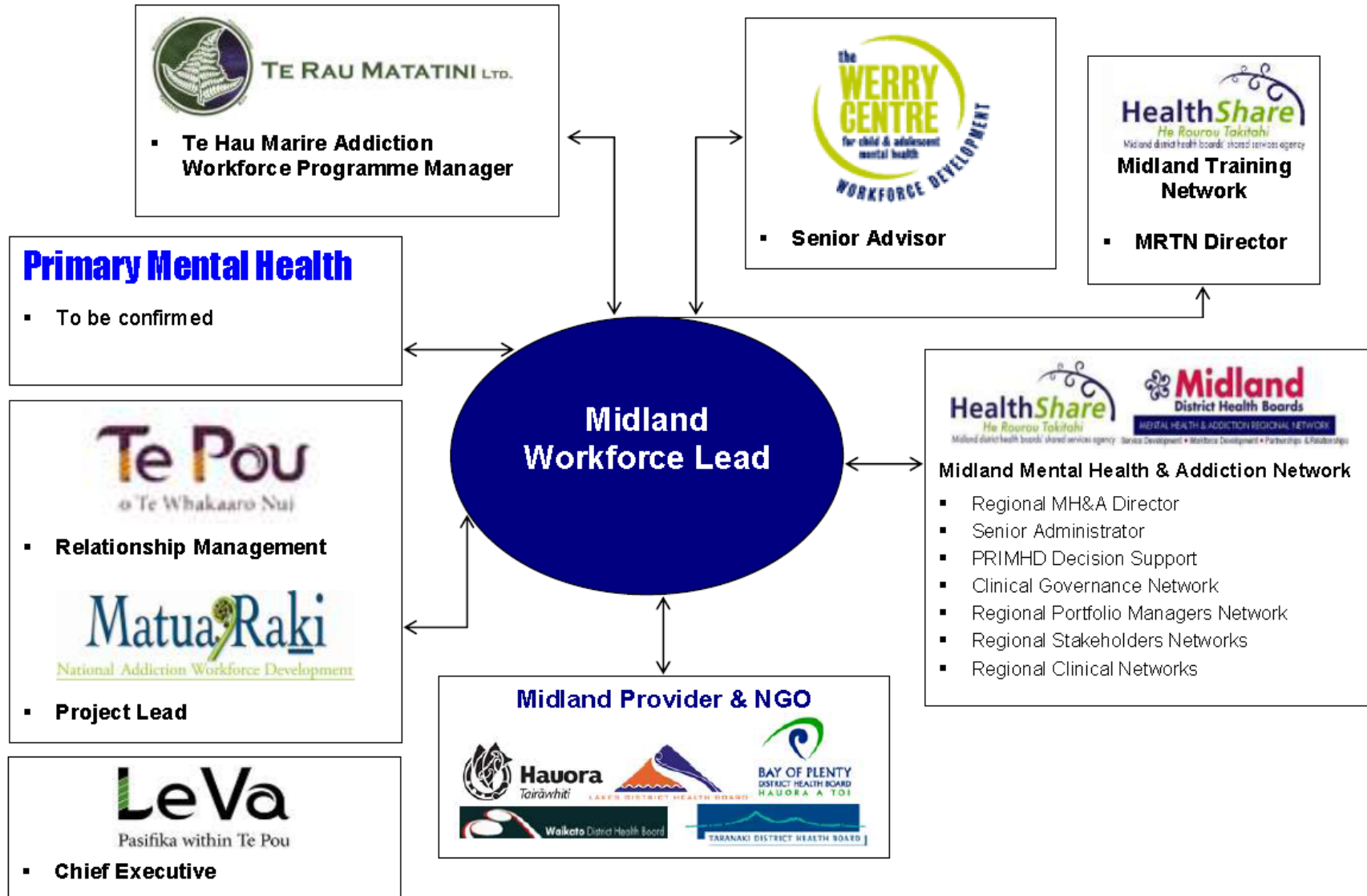
Goal 8	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>District wide workforce plans</b>	Local WFP's will include DHB's and NGO's working together to share resources, strengthen relationships, build trust and improve evaluation and audit processes.	<ul style="list-style-type: none"> <li>▪ The WFPL will take the lead in develop WFP across the DHB and facilitate this to include:               <ol style="list-style-type: none"> <li>1. Getting it right</li> <li>2. Qlikview data</li> <li>3. Scope it Right</li> <li>4. Regional Priorities</li> <li>5. Local Priorities.</li> <li>6. There will be a 3 year cycle with time-framed actions and annual evaluation.</li> </ol> </li> </ul>	✓	✓	✓

Goal 9	Objective	Action required	2015 - 2016	2016 - 2017	2017 - 2018
<b>Regional network workforce priorities</b>	MR networks will provide strategic influence and direction for the Midland mental health and addiction sector.	<ol style="list-style-type: none"> <li>1. He Tipuana Nga Kakano – Implementation of the Service User Competency Framework</li> <li>2. Te Huinga o Nga Pou Hauora – Implementation of Māori Competencies for non-Māori and Scope it Right for Māori</li> <li>3. Addiction Leadership – Models of Care work and the impacts of changing models on the workforce and CEP</li> <li>4. Te Ao Whānau – Implementation of the Whānau Competency Framework</li> </ol>	✓	✓	✓



APPENDIX 1 – Midland Workforce Planning Lead Relationship Matrix

## Midland Workforce Lead Key Relationship Matrix



APPENDIX 2 – HealthShare Structure

Midland Mental Health & Addictions Network HealthShare  
Organisational Structure

