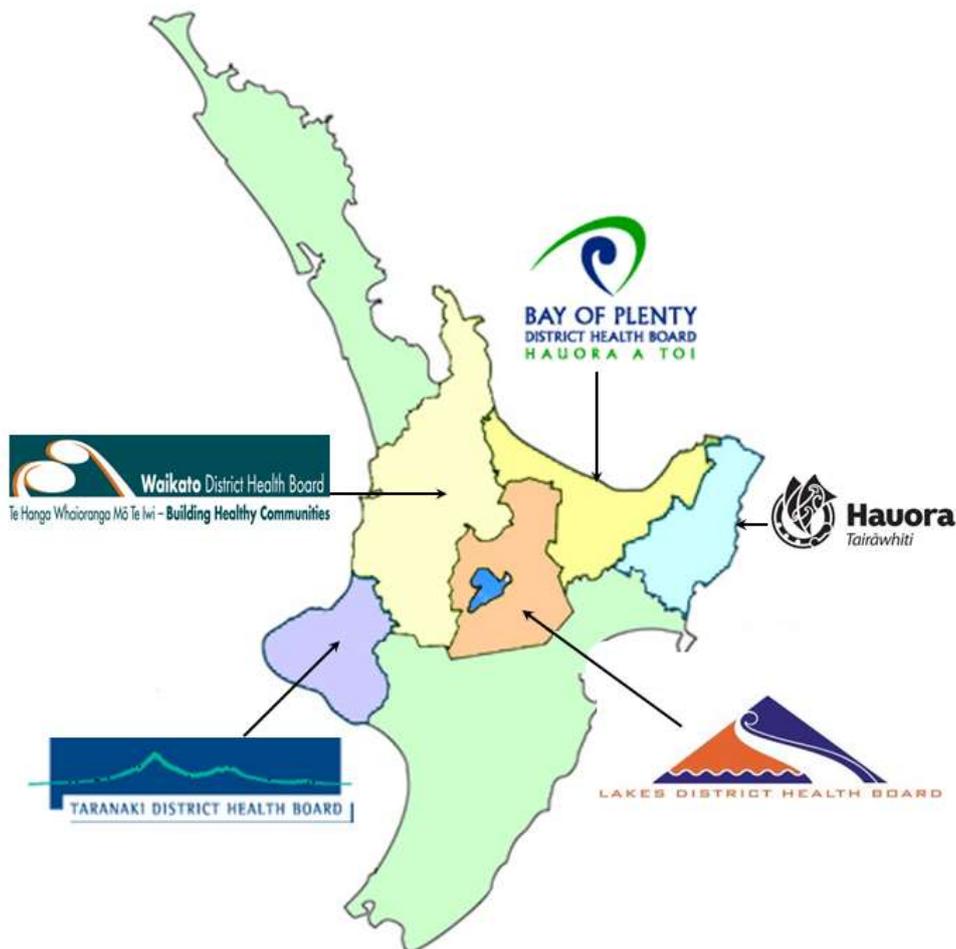


Midland Region Mental Health and Addiction Workforce Action Plan 2018 - 2021



FINAL: May 2018

Prepared by: Steve Neale (MRMH&A Workforce Planning Lead)

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1. Executive Summary

The Health Workforce New Zealand, Mental Health and Addiction Workforce Action Plan (MoH, 2017)¹, lays out the expected direction for workforce development for the Mental Health and Addiction sector. The plan has four priority areas, each of which has three to four actions. To ensure that our plan delivers the best possible results, the Midland Regional Mental Health and Addiction (MRMH&A) Workforce Leadership Network agreed to select one significant action from each priority area.

Key Actions selected from the Ministry of Health Workforce Action Plan (2017 – 21):

- a) Use data gathered to revise and adapt the workforce development infrastructure (national, regional and local) to ensure expected outcomes are being met (Priority Area 1, Action 3).
- b) Strengthen collaborative ways of working to deliver coordinated and integrated responses (Priority Area 2, Action 2).
- c) Strengthen and sustain the capability and competence of the mental health and addiction workforce (Priority Area 3, Action 3).
- d) Develop mental health and addiction career pathways both for those already working in health and social services and for new recruits (Priority Area 4, Action 4).

Cross Cutting Themes:

All of the current policy drivers call for an “integrated, competent, capable, high-quality and motivated workforce focused on improving health and wellbeing” for service users and their whānau (MoH, 2017). Therefore all actions outlined in the plan will be referenced and undertaken in ways which support that.

Other cross cutting themes include

- Trauma Informed Practice
- Workforce Wellness
- Reduction of Seclusion and Restraint

In the interests of not over-whelming the field, these themes will also be woven throughout the actions that we undertake.

¹ https://www.health.govt.nz/system/files/documents/publications/mental-health-addiction-workforce_-_action-plan-2017-2021-feb17.pdf

2. Introduction

The Midland Region MH&A Workforce Action Plan (2018-21), follows on from the region's 2015-18 plan. All initiatives outlined in the former plan were completed to a high standard and affected change in a number of areas (see 5, "Midland Regional Workforce Achievements 2015-18", for details). The 2018-21 plan builds upon the achievements delivered through the former plan and aligns itself to current and recent developments in policy and practice.

The Health Workforce New Zealand, Mental Health and Addiction Workforce Action Plan (MoH, 2017)², lays out the expected direction for workforce development for the Mental Health and Addiction sector. The plan has four priority areas, each of which has three to four actions. To ensure that our plan delivers the best possible results, the Midland Regional Mental Health and Addiction (MRMH&A) Workforce Leadership Network agreed to select one significant action from each priority area.

The Key Actions selected from the Ministry of Health Workforce Action Plan (2017 – 21) are as follows:

- a) Use data gathered to revise and adapt the workforce development infrastructure (national, regional and local) to ensure expected outcomes are being met (Priority Area 1, Action 3).
- b) Strengthen collaborative ways of working to deliver coordinated and integrated responses (Priority Area 2, Action 2).
- c) Strengthen and sustain the capability and competence of the mental health and addiction workforce (Priority Area 3, Action 3).
- d) Develop mental health and addiction career pathways both for those already working in health and social services and for new recruits (Priority Area 4, Action 4).

Other current, primary (but by no means exclusive) policy-drivers for the development of the updated Action Plan include:

- Equally Well (MoH, Te Pou Whakaaro Nui)³ as well as the December, 2017 update of the evidence base⁴
- Supporting Parents, Healthy Children (MoH, Werry Workforce Whāraurau)⁵
- The Substance Addiction Compulsory Assessment and Treatment Act (SACAT, 2017)⁶
- Fast Track: Challenges and opportunities for the mental health and addiction community support workforce (Te Pou Whakaaro Nui, 2017)⁷

Where there are no specific actions referring to implementing these policies, implementation can be considered to be cross cutting. Therefore these policies will be implemented in a more discrete fashion, as part of other related work-strands.

² <https://www.health.govt.nz/system/files/documents/publications/mental-health-addiction-workforce-action-plan-2017-2021-feb17.pdf>

³ <https://www.tepou.co.nz/initiatives/equally-well-physical-health/37>

⁴ <https://www.tepou.co.nz/resources/the-physical-health-of-people-with-mental-health-conditions-and-or-addiction-evidence-update-december-2017/854>

⁵ <https://www.health.govt.nz/publication/supporting-parents-healthy-children>

⁶ [preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017](https://www.health.govt.nz/publication/preparing-commencement-substance-addiction-compulsory-assessment-and-treatment-act-2017)

⁷ <https://www.tepou.co.nz/resources/Fast%20Track:%20Challenges%20and%20opportunities%20for%20the%20mental%20health%20and%20addiction%20community%20support%20workforce/817>

All of the current policy drivers call for an “integrated, competent, capable, high-quality and motivated workforce focused on improving health and wellbeing” for service users and their whānau (MoH, 2017. p. viii). This has also been consistent with our findings from SACAT implementation and the Co-Existing Problems (CEP) survey. Integrated and service-user referenced service provision can, therefore assume to be the overall outcome that we seek. All actions outlined in the plan will be referenced and undertaken in ways which support that.

Other cross cutting themes include

- Trauma Informed Practice
- Workforce Wellness
- Reduction of Seclusion and Restraint
- Provision for children and young people, including care and protection issues

In the interests of not over-whelming the field, these themes will also be woven throughout the actions that we undertake.

The Midland Workforce Leadership Network (MRWLN) has developed this most recent Action Plan to identify and evidence our work programme for the next 3-years.

3. Midland Regional Mental Health and Addiction Workforce Planning Lead

The Midland Regional Workforce Planning Lead is charged with the provision of Mental Health and Addiction regional workforce information, planning, project management and connecting communities:

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

Some of the activities undertaken to support those tasks have included:

- Managing and coordinating projects to ensure the delivery of project outcomes and providing timely reporting
- Initiating, leading, promoting and supporting local and regional mental health and addiction workforce development planning processes and implementation of related interventions, initiatives and projects
- Initiating effective and collaborative relationships with stakeholders in order to promote workforce development.

The role has continued to grow and develop over the years and has become increasingly project management oriented. The role now operates within a broader network of health and social services across the Midland region.

4. Midland Regional Workforce Leadership Network

The MRWLN was reviewed in February 2018. It was agreed that the forum was less effective as a virtual network and became once again, a face-to-face forum.

An Expression of Interest process was undertaken across the other Midland MH&A Leadership Networks. Expressions were sought from regional leaders, network-representatives and personnel with an interest and expertise in MH&A workforce development and National Workforce Centre representation.

The purpose of the Workforce Leadership Network is to provide regional strategic leadership and a mandated voice at a regional and national level for workforce that has:

- A regional focus
- A mental health and addiction focus
- A range of related senior thematic leads, including Service User Involvement, Māori Leadership, Clinical Governance, Portfolio Management, NGO and Provider Arm Management
- Links to the Midland Training Hub, Health Workforce New Zealand and the National Workforce Centres.

5. Midland Regional Workforce Achievements 2015 - 2018

The development of the Midland Workforce Action Plan 2015 - 2018, guided the development of the Midland workforce initiatives, these are some (and by no means all) of the achievements made to date between 2015 – 2018, prior to the current re-write:

1. The WFPL supported the national workforce centres with the implementation of the workforce stocktake process ensuring that outcomes benefitted the Midland Region.
2. Implementation and facilitation of training in order to build local capacity that was required to ensure competency, including the Service User Competency framework; Northern regional implementation of the Infant Perinatal Competency framework across Midland and supporting the Central region to jointly develop the Infant Perinatal E-Learning tool.
3. Provided the Midland region support, training and regional direction for the local implementation and growth in the following priority areas:
 - a. Models of care
 - b. Ethnicities: developing Whānau Ora approaches and build competencies, Cultural Specialist roles; Cultural Competency Plans through Te Huinga o Nga Pou Hauora and alignment with Te Rau Matatini
 - c. Peer support workforce
 - d. Ensuring that On Track - 'knowing where we are going' included in the Midland Mental Health and Addiction Regional Networks recommendations and aligned with the above Model of care
 - e. Co-existing Problems (Matua Raḷi / Te Pou): Clinical Governance and the regional Portfolio Managers reviewed and accepted the findings of the report.
4. In partnership with the National Workforce Centres utilising 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.
5. Relevant managed networks linked with Midland PRIMHD Decision Support to utilise data analysis for better decision making when providing strategic advice and direction.
6. Utilised outcome data and information to ensure quality service delivery, with particular focus on:
 - a. Seclusion minimisation and reduction
 - b. Personal restraint minimisation and reduction
 - c. Legal Status and use of Mental Health Act.
 - d. Waiting times for Addiction services
 - e. Improve life outcomes in Addiction services (ADOM)
7. Enhanced NGO community engagement:
 - a. NGOs adopted community development principles
 - b. Staff facilitated more 'everyday democracy', by partnering with individuals and their families/whānau to exercise the power that they have to shape their own lives

- c. NGOs work to become connected and build the capability of their organisations and the MH&A workforce to engage with the local community.
8. Supported the implementation of the Substance Addiction Compulsory Assessment and Treatment Legislation, including:
 - a. The development of a regionally agreed Model of Care
 - b. A total of 11 SACAT Implementation Workshops (ranging from 1 – 3 in each DHB area) to a total of 196 individuals across the region
 - c. Supported a total of five of Mana Enhancing Practice Workshops with Te Rau Matatini (1 in each DHB area)
 9. Assessed the provision of CEP training across the region in order to develop and support future CEP workforce development
 10. Supported Te Pou to develop the revised Let's Get Real framework.

6. Actions from Priority Areas outlined in the National Workforce Action Plan

The MoH 2017 MH&A National Workforce Action Plan, lays out the expected direction for workforce development for mental health and addiction planning authorities.

The Plan has four Priority Areas:

- 1) A workforce that is focused on people and improved **outcomes**;
- 2) A workforce that is **integrated and connected** across the continuum;
- 3) A workforce that is **competent and capable**;
- 4) A workforce that is the **right size and skill mix**.

The full list of priorities, actions and outcomes are attached in [Appendix 1](#).

Each of the priority areas have 3-4 actions, a total of 14 actions aimed at delivering the expected outcomes. MRWLN agreed to select one action from each priority area with the intention of choosing actions that:

- a) are the most useful and meaningful to our stakeholders;
- b) fit best with other developing regional work-strands;
- c) deliver as comprehensively as we can in each priority area without placing too high a burden on our stakeholders.

6.1 Selected Actions and Tasks

The actions that the MRWLN selected as focus areas over the next 2-years and the approach to achieving those actions are:

| Priority Area 1 | Action Selected From Workplan | 2018 - 2019 | 2019 - 2020 | 2020 - 2021 |
|--|---|--|---|--|
| <p>A workforce that is focused on people and improved outcomes</p> | <p>Action 3 Use data gathered to revise and adapt the workforce development infrastructure (national, regional and local) to ensure expected outcomes are being met.</p> | <ul style="list-style-type: none"> ▪ Work with HealthShare’s Data Analyst and Regional Director of Workforce Development to determine best use of existing data to examine the size, demographic information and emerging issues for our workforce. ▪ Work alongside the National Workforce Centres to bring more data and analysis, in order to develop our understanding of workforce issues. ▪ Agree and produce regular reporting framework for workforce | <ul style="list-style-type: none"> ▪ Develop analysis to produce useful workforce intelligence for regional stakeholders | <ul style="list-style-type: none"> ▪ Review workforce data reporting and analysis to assess its value to the region |

| Priority Area 2 | Action Selected From Workplan | 2018 - 2019 | 2019 - 2020 | 2020 - 2021 |
|---|---|---|---|--|
| <p>A workforce that is integrated and connected across the continuum.</p> | <p>Action 2: Strengthen collaborative ways of working to deliver coordinated and integrated responses.</p> | <ul style="list-style-type: none"> ▪ The ongoing implementation of SACAT, as a pathway into, through and out of treatment, requiring integrated working between a range of providers and stakeholders across the continuum ▪ Second phase of SACAT Training, focussing on integrated systems approach, whānau and service user / peer involvement | <ul style="list-style-type: none"> ▪ Support the development of NGOs as equal partners in planning and provision ▪ Audit providers to ascertain levels and content / effectiveness of shared planning processes ▪ Work with the National Workforce Steering Group to develop NGO equity consistently across the region | <ul style="list-style-type: none"> ▪ Evaluate effectiveness |

| Priority Area 3 | Action Selected From Workplan | 2018 - 2019 | 2019 - 2020 | 2020 - 2021 |
|---|--|--|---|--|
| A workforce that is competent and capable | <p>Action 3: Strengthen and sustain the capability and competence of the mental health and addiction workforce.</p> | <ul style="list-style-type: none"> ▪ Assist regional DHBs to develop responses to Supporting Parents Healthy Children ▪ Work regionally alongside Te Pou to develop Equally Well. ▪ Analyse the issues underpinning current CEP practice and develop workforce responses that address shortfalls. ▪ Become a trained trainer in Single Session Whānau Consultation and Five Step Whānau Intervention | <ul style="list-style-type: none"> ▪ Support development of family support training supervision and support hubs in each DHB | <ul style="list-style-type: none"> ▪ Evaluate the effectiveness of Whānau Support provision across the region |

| Priority Area 4 | Action Selected From Workplan | 2018 - 2019 | 2019 - 2020 | 2020 - 2021 |
|---|--|--|-------------|-------------|
| A workforce that is the right size and skill mix. | <p>Action 4: Develop mental health and addiction career pathways both for those already working in health and social services and for new recruits.</p> | <ul style="list-style-type: none"> ▪ Examine training pathways into and through L3, L4 and beyond for Support Workforce, Apprenticeships and etcetera to determine and adopt most effective training pathways for MH&A practitioners ▪ Explore utilisation of Kia ora Hauora to recruit and retain young Māori into clinical roles | | |

Appendix 1: Ministry of Health Mental Health and Addiction Work Plan, Key Priority Areas, Actions and Outcomes

The following three pages are taken directly from the MoH Mental Health and Addiction Work Force Action Plan. (The actions highlighted in yellow indicate MRWLN’s planned areas of focus over the next 2-years)

Key Priority Areas & Actions:

| 1 | A workforce that is focused on people and improved outcomes | 2 | A workforce that is integrated and connected across the continuum | 3 | A workforce that is competent and capable | 4 | A workforce that is the right size and skill mix |
|---|--|-----|---|-----|---|-----|--|
| Outputs: What actions are we taking? | | | | | | | |
| 1.1 | Implement an outcomes approach by commissioning workforce development in line with the New Zealand Health Strategy and national frameworks. | 2.1 | Enable a more mobile, responsive workforce that can adapt to new models of care. | 3.1 | Build capability across the health workforce to respond to mental health, addiction and physical health issues. | 4.1 | Use workforce data to understand the current and future size and skill mix of the workforce. |
| 1.2 | Develop strong leadership programmes and pathways at all levels to support the changing environment. | 2.2 | Strengthen collaborative ways of working to deliver coordinated and integrated responses. | 3.2 | Support the development of the primary and community workforce to respond effectively and facilitate access to appropriate responses. | 4.2 | Grow and develop the Māori workforce. |
| 1.3 | Use data gathered to revise and adapt the workforce development infrastructure (national, regional and local) to ensure expected outcomes are being met. | 2.3 | Facilitate health and other agencies to share information, knowledge and resources they can use to address the social determinants of health. | 3.3 | Strengthen and sustain the capability and competence of the mental health and addiction workforce. | 4.3 | Develop recruitment and retention strategies to address shortages and grow the Pacific, peer and consumer workforces. |
| | | | | 3.4 | Strengthen the workforce’s capability to work in multidisciplinary ways. | 4.4 | Develop mental health and addiction career pathways both for those already working in health and social services and for new recruits. |

Expected Outcomes:

| 1 A workforce that is focused on people and improved outcomes | 2 A workforce that is integrated and connected across the continuum | 3 A workforce that is competent and capable | 4 A workforce that is the right size and skill mix |
|--|--|--|---|
| Expected outcomes: What do we want by 2021? | | | |
| <ul style="list-style-type: none"> Workforce centres and programmes are aligned to the New Zealand Health Strategy and lead the way as new priorities and models are developed. Leadership capacity is strong across the continuum, supported through programmes and mentoring for both current and emerging leaders. Outcome measures and results are monitored and data is used to revise and adapt the workforce development infrastructure (national, regional and local) to ensure expected outcomes are being achieved. | <ul style="list-style-type: none"> Collaborative ways of working and care planning are clearly reflected and aligned at national, regional and local levels (from policy to practice). The workforce is mobile, is integrated with communities and primary care and has strong links with a number of different agencies, sharing skills, knowledge and resources. The mental health and addiction workforce is regularly working with welfare, justice, corrections and education. Understanding of how each contributes to wellbeing has increased. | <ul style="list-style-type: none"> People with long-term conditions, including mental health and addiction issues, have improved health outcomes (reduced health loss). The workforce has a good understanding of people-centred and strength-based practice, which is part of all health training and development programmes. The workforce is culturally competent. Competency frameworks form the basis for all recruitment, training and professional development. Multidisciplinary teams are well-established and include both the regulated and kaiāwhina health workforce. | <ul style="list-style-type: none"> Predictions of future needs and models of care determine the required size and skill mix of the workforce. Dynamic modelling is used to understand current and future requirements as new models and priorities emerge. The workforce is culturally diverse to reflect the population, particularly Māori and Pacific peoples. The workforce reflects the diversity and experience of service users, and works in collaboration with the service user and their family and whānau. |
| | <ul style="list-style-type: none"> Agencies are working together to coordinate care and improve wellbeing at national, regional and local levels. | <ul style="list-style-type: none"> Members of multidisciplinary teams work to the full breadth of their scope of practice. They value their contribution to improving health and wellbeing. | <ul style="list-style-type: none"> Decisions about the right size and skill mix of the mental health and addiction workforce are based on an understanding of the contribution of the health workforce across the continuum as well as the contribution from other agencies. |

Alignment to expected outcomes from the New Zealand Health Strategy: what 'great' would look like in 2026

| | | | |
|---|---|---|---|
| <p>People-powered</p> <ul style="list-style-type: none"> Everyone who delivers and supports services in the health and disability system understands the needs and goals of the individual they are supporting as well as their family, whānau and community and focuses on the person receiving care in everything they do. <p>Value and high performance</p> <ul style="list-style-type: none"> All involved in delivering and supporting services strive for excellence and improvement, supported by evidence, research and analysis. <p>One team</p> <ul style="list-style-type: none"> The system has competent leaders who have an unwavering focus on its goals, and a culture of listening carefully and working together in the interests of people's ongoing wellbeing. <p>Smart system</p> <ul style="list-style-type: none"> A culture of enquiry and improvement exists throughout the health system, which has seamless links to research communities. The system learns and shares knowledge and innovation rapidly and widely. | <p>Closer to home</p> <ul style="list-style-type: none"> The health system works effectively with other agencies to improve outcomes in areas such as housing, social development and corrections for all children and young people, and particularly those at risk. It works through strong community links with early childhood centres, schools, marae, churches, local authorities and other social service agencies. <p>One team</p> <ul style="list-style-type: none"> New Zealanders experience joined-up care that clearly shows different organisations and professionals are working as one team. | <p>Closer to home</p> <ul style="list-style-type: none"> Our workforce in primary and community-based services has the capability and capacity to provide high-quality care as close to people's homes as possible. <p>One team</p> <ul style="list-style-type: none"> The health system is more than a sum of its parts, with each part clear on its role and working to achieve the aims of the system as a whole. <p>Smart system</p> <ul style="list-style-type: none"> The quality of health care is high as health workers spend quality time with people, make fewer errors and make better decisions. | <p>One team</p> <ul style="list-style-type: none"> New Zealand offers coherent pathways for developing leadership and talent that inspire and motivate people already working in the health system, and those considering health as a career. We invest in the capability and capacity of our workforce, including in NGOs and the volunteer sector, and make sure that investment fosters leadership, flexibility and sustainability. <p>Smart system</p> <ul style="list-style-type: none"> Data is used consistently and reliably, with appropriate safeguards, to continuously improve services. |
|---|---|---|---|

Appendix 2: Other Issues informing the Action Plan

Issues raised by Workforce Leadership Network:

- Build Peer Service User Involvement and Peer Whānau workforce
- CEP: division between MH&A - push for Psychiatrists to attend CEP
- Need to link to other strands of activity / plans
- Aim for all practitioners to complete the Matua Raḡi on-line CEP training module. Need to link actions into other regional activity.

Issues from lessons learned logs:

- Ensure delivery for Māori, by Māori, self-determination and appropriate Māori models of practice
- Equally Well initiatives to be included. This will provide opportunity for services to work together i.e. MH&A, Emergency, Maternity, Sexual Health, Child Health, and Women's Health, etc
- Ensure that Service User Involvement, Peer Support and Whānau Support networks are fully engaged in planning and delivery.