



Midland district health boards' shared services agency



MENTAL HEALTH & ADDICTION REGIONAL NETWORK

Service Development • Workforce Development • Partnerships & Relationships

Project Title	Midland Service User and Peer Support Competency Framework Project
Prepared by	Eseta Nonu-Reid, Midland Regional Director –MH&A Network
Date	10 May 2013
Version	3

Project Statement

The purpose of this project is to:

1. Develop a service user and peer support competency framework
2. Provide a Midland perspective to the Tri-party project with Te Pou, Northern Alliance and Midland Share Services
3. Gain endorsement from the Midland DHBs to the developed framework
4. Feed into the MoH Service Development plan strategies

Objectives

- To establish a list of competencies that guide staff employed in the range of consumer positions across Midland
 - To develop a competency framework for all consumer workers that recognises Essential, Capable, Advanced and Leadership skills.
 - To clarify the following:
 - Mapping the developed competencies to the appropriate sector standards
 - Clarify the recognised qualifications pathways that may be held by consumer staff
 - Clarify what Māori qualifications (if any) may be held by consumer staff
 - That the proposed list of qualifications is:
 - aligned to national work and directions in this area (within boundary of the national service specifications)
- To develop a competency framework and qualification pathways for endorsement

Strategic Accountability

The project will be guided by:

- Ministry of Health: Service Development Plan: Rising to the Challenge, 2012
- Mental Health Commission: Blueprint II, 2012
- Midland Region Mental Health and Addiction Needs Assessment 2011
- Midland Region Mental Health and Addictions Strategic Plan 2008-2015
- Midland Region Mental Health Workforce Development Plan 2013 – 2016 (draft)
- Midland Regional Clinical Services Plan 2013/14

Background

The MoH Service Develop Plan identifies the need to strengthen the consumer voice and role within mental health and addiction services. Service development needs to be inclusive of all consumer roles especially consumer leadership to ensure that the most strategic influence not just at a regional level but at a national level as well.

Currently there is no national consistent competencies framework for consumer workers or profession body accountability or code of conduct. Job descriptions, job roles and accountabilities are varied dependant on the interpretation of the new service specifications. Midland has agreed to enter into a tri-party project with the Northern region and Te Pou to develop a service user and peer support competency framework. The project that Midland will be undertaking is to ensure that the Midland perspective is well developed and articulated in the supra-regional approach.

These excerpts from Rising To The Challenge all direct the need to advance the service user workforce as a valued and skilled part of the greater mental health and addiction workforce. At this stage the lack of national baseline competency frameworks and guidelines for employment and best practice hinder the development and quality consistency of this workforce.

MoH Service Development Plan Objectives:***People with low-prevalence conditions and/or high needs: priority services***

Service	Accountability	Funding source
<i>Self-management education</i>	<i>DHBs</i>	<i>Reprioritised or demographic</i>
<i>Peer support services</i>	<i>DHBs</i>	<i>Reprioritised or demographic</i>

Self-management education

DHBs will fund the delivery of self-management programmes (including e-programmes, which are supported through a national governance framework, self-management education and programmes provided by peer support specialists) that equip people with the knowledge and skills to manage their condition and minimise its adverse impact on their life, and to work in partnership with services to enhance their wellbeing.

Peer support services

DHBs will fund the delivery of peer support services across a range of settings, taking great care to ensure the integrity of this role whenever it works alongside or within other mental health and addiction services, and ensuring access to recognised peer support training for the staff employed in these roles.

Increasing service integration and effectiveness for adults with high-prevalence conditions: priority services

Service	Accountability	Funding source
<i>Self-management and wellness education in primary care</i>	<i>DHBs and PHOs</i>	<i>Re-prioritised existing funding or new demographic funding</i>

Self-management and wellness education in primary care

Primary care services will be encouraged to provide access to self-management and wellness programmes for people with emerging mental health and addiction issues. (This will include e-programmes, face-to-face individual and group programmes and programmes provided by people with lived experience of mental health and addiction issues). Such programmes will be

aimed at promoting wellness, building resilience and supporting people to develop and implement self-management plans.

Respecting and protecting the positive contribution of our growing older population: priority services

Service	Accountability	Funding source
<i>Peer support services</i>	<i>DHBs</i>	<i>Re-prioritised existing funding or new demographic funding</i>

Peer support services

DHBs will develop roles across a number of settings for well-trained peer support workers to work with older people and their families/whānau experiencing mental health and addiction issues.

Approach

The approach will include the following processes:

- Review work previously completed
- Canvas the sector for their views
- Canvas national groups for their views as part of the Northern, Midland and Te Pou project
- Develop a competency framework and qualification pathway
- Undertake stakeholder consultation
- Gain agreement from Clinical Governance and Midland Portfolio Managers
- Submit to Midland GMS Planning and Funding for sign off

Options Considered

1. Do nothing

Doing nothing runs the risk that this piece of work will be done elsewhere and the expectation will be that Midland conforms rather than Midland leading the way.

2. Each Midland DHB gather its own information as required

This would not be acceptable to the MoH as does not provide a regional picture. It also runs the risk of having five different approaches and outcomes.

3. Undertake a Midland Project

This option is seen by the region to be as the most efficient way to achieve the MoH expectations regarding a regional agreement that can then feed into national developments.

Option 1 would result in not meeting the expectations of the Ministry of Health. Option 2 would result in high cost to individual DHBs and could result in inconsistent decision making across the region. Option 3 is a cost effective way to carry out this work.

The project will include

Key areas to be covered in the report include (*this is subject to discussion with the key stakeholder groups*):

- A scan of current competency frameworks
- Consultation with key stakeholders to gather information
- Development of a competency framework for further consultation
- Regional agreement that feeds into national developments

The project will not include

The report will not, include information about DHBs from outside the region.
The project will exclude doing original research.

	The project will not conduct a prioritisation process based on the information.
Completion Criteria	The project will be completed once the final report is signed off by the Midland Planning and Funding-Alliance Leadership Team (PF-ALT).
Internal Stakeholders	<p>Project Sponsor, Eseta Nonu-Reid</p> <p>Midland Consumer Leadership Network – He Tipuana Nga Kakano</p> <p>Midland Clinical Governance Network</p> <p>Midland Portfolio Managers</p>
External Stakeholders	<p>Midland region has a number of existing regional groups representing key stakeholders who will be consulted as part of the project:</p> <ul style="list-style-type: none"> • Midland Whanau Leadership Network – Te Ao Whanau • Midland Maori Leadership Network - Te Huinga o Nga Pou Hauora • Midland Addiction Leadership Network • Midland Workforce Leadership Network • Others as identified during the process. <p>Relevant key stakeholders will be invited to identify, from their knowledge and experience, the gaps, needs, priorities and risks for the region and for their particular DHBs.</p>
Implications for Maori	Maori are over-represented in prevalence data and in mental health and addictions services. This project will ensure that good information is provided to support planning to meet the needs of Maori whanau in the Midland region.
IM Implications	The regional network meetings, email, teleconferencing, video conferencing and Midland website will be utilised to convey information about the project to the sector.
Resources and Project Structure	<p>The project will be lead by a project consultant who will be responsible for carrying out the work, consultation, communication and writing the report. The project consultant will report directly to the Midland Region Director, Mental Health and Addiction Service Development.</p> <p>Midland staff to be involved in this project are:</p> <ul style="list-style-type: none"> • Belinda Walker (Midland region) who will provide project advice and assistance • Akatu Marsters – who will provide administrative support • An expert Reference Group will be established to support the project consultant. The Reference Group will comprise of the Consumer Leadership Network – He Tipuana Nga Kakano members • The Midland Clinical Governance Network and Portfolio Managers Group are key to the process, quality monitoring and input to the report

Key milestones and timeline

Project relationships and linkages

Other projects or initiatives that this project relates to and key contact people that provide liaison:

Project	Contact
Link with other individual DHB or regional projects relevant to this project	Midland Portfolio Managers
Midland Region Services Plan	Midland Regional Director
Midland Benchmarking project	Midland Regional Director

Financial Summary

Budget (one-off costs)

The project consultant will be contracted for up to 50 hours. A total amount of \$5,500.00 has been allocated for this project.

In addition disbursement of \$5,000 will be include in the contract to cover the costs below:

Costing Activity	Indicative Costs
Travel	\$2,000
Meeting costs	\$1,000 (nil if the project uses existing meetings)
Accommodation/meals	\$1,000
Printing/Publication	\$1,000 (nil if the project uses electronic distribution only)

Ongoing cost: Nil

Cost Savings: The cost of carrying out this project as a regional project will be significantly less than the cost of all five DHBs carrying out their own competency framework for consumer staff roles.

Risk management	Risks associated with the project. <ol style="list-style-type: none"> 1. Stakeholder meetings do not match up with project timeframe - Low 2. Delays in receiving information from the various information sources – Low 3. Risk that cannot get regional agreement to a competency framework Medium 4. Risk of poor alignment with national developments Medium 5. Financial risk for implementing the framework Medium 	Risk Mitigation <ul style="list-style-type: none"> • Build timeframes for project around stakeholder meeting times • Build sufficient time into project plan or renegotiate timeframes with project sponsor • Consultation throughout the project key to ensure that this objective is achieved. • Advocacy at a national level is undertaken by Midland representatives throughout the project • Contracts for services include workforce development plans for consumer staff
Risks the region is exposed to if the project does not proceed. <ul style="list-style-type: none"> • The MoH Service Development Plan is clear in its expectation re Consumer participation at all levels. To ensure the most effective participation there needs to be clarity around the competency levels of the individual workers. Status quo is not viable option. 		
Quality	Quality will be facilitated through <ul style="list-style-type: none"> • Use of an expert Reference Group will provide guidance to the project • Use of regional Clinical Governance Network and Portfolio Managers to provide guidance to the project • Sector involvement throughout the project • The project Consultant needs to have credibility within the sector and region and a strong understanding of mental health and addiction consumer issues • A sign off process for both the project scope and the final document following final consultation 	
Assumptions	The following assumptions have been made: <ul style="list-style-type: none"> • The project will be funded by Midland Regional Network, Mental Health and Addictions • The project will be sponsored by Midland Regional Director, Mental Health and Addiction Service Development • The project is supported by Midland Clinical Governance Network and Portfolio Managers group • The Midland regional networks will actively participate in and support the project 	
Constraints	None known at this time	
Communication Plan	There will be at least two written communications with stakeholders, one at the start of the project, outlining the project and its objectives and another at the end of the project, thanking stakeholders for their contribution to the project and providing the final report. <p>During the project, stakeholders will be consulted at their scheduled meetings on gaps, needs, priorities and risks. Monthly project updates will be circulated to the regional stakeholder networks and posted on the Midland website.</p>	

The Project Consultant will attend each of the Regional Network meetings at the end of the project.

Some of the key messages to be included in communications with stakeholders will be:

- The purpose of this project
- We want this to be a report that is well used and contributes to meeting the identified needs in the region
- Consultation will occur across the Midland region in each of the four participating DHB areas.

**Sign-off
(signatures
required)**

Project Consultant: Sue Lewer

Project Sponsor: Eseta Nonu-Reid

GM Planning & Funding Lakes DHB: Mary Smith

Date:
