

Review of the Midland Forensic Futures Strategy



Final Draft Report

September 2013

Contents

1. Introduction	3
2. Project Background	3
3. Project Approach	4
4. Midland Forensic Futures: Purpose of the Document	4
5. New Beginnings	6
6. Future Challenges	6
7. Youth Forensic	7
8. Cultural Services for Māori	8
9. Cultural Services for People of Minority Ethnicities	8
10. Forensic Psychiatric Services for Women	8
11. Developing Agreed Assessment Reporting Criteria	9
12. Expansion of Forensic Services - Capacity and New Prisons	10
13. Workforce Development/Planning	10
14. Rehabilitation and Community Supports	11
15. Forensic ID Services	12
16. Centralising Management of Services	12
17. Interface with General Mental Health Services	12
18. What has occurred?	13
19. Summary	15
20. Bibliography/Reference Material	16
APPENDIX ONE: PUAWAI; Midland Regional Forensic Psychiatric Service Stakeholders' report 2012	17

1. Introduction

HealthShare Ltd, on behalf of the Midland DHBs has commissioned a project to conduct a service review of progress made against the Midland Forensic Futures Strategic Plan (2008-2013), so that seamless delivery of service occurs between providers and across service and geographic boundaries.

The objectives of the project were to:

1. Review progress made against the key strategic objectives set out in the Midland Forensic Futures Strategic Plan 2008-2013.
2. Identify how the sector finds the services provided by Regional Forensics
 1. What works well
 2. What gaps exist
 3. Solutions for moving forward.
3. Future proof the Forensic Futures plan by:
 - Setting strategic objectives that are time-framed and measurable, and which acknowledge current financial situation and funding for forensic services via the national top slice.

This report describes the activity that has taken place since the Midland Forensic Futures report was completed. In essence the activity described in the plan has largely been completed, and would now be considered as 'business as usual'. The establishment of an effective Regional Governance structure and the rebuild of Puawai have been significant contributors to meeting the strategic objectives that were described in the Plan.

It is also important to recognise that the environment has continued to change in a number of areas since the Midland Forensic Futures report was finalised, such as adopting a national approach to meeting acute inpatient demands, the development and implementation of the supra-regional Prison Model of Care, and an increased need for inpatient medium secure beds and comprehensive services for people with high and complex needs.

We acknowledge that these elements are broader than the original scope of the review of the Midland Forensic Futures Strategy, but are significant, therefore some of these aspects are highlighted in the Future Challenges section of this report.

2. Project Background

The Midland region completed the Forensic Futures Strategic Plan in 2008. The plan identified several short term key strategic priorities:

- Meeting the needs of growing number of custodial remand facilities within the Midland region. Development and/or extension of prison/police custodial consultation and liaison services – required an additional 8 FTEs
- Meet the needs of women within medium secure environment and longer term stay – this required a facilities re-design and 6 additional inpatient treatment beds
- Increase of inmates of Pacific ethnicity at Springhill prison – required an additional 1 FTE

- Increase liaison between forensic services and Midland adult mental health services – required 2 additional FTE.

Whilst a joint regional youth forensic plan was not part of the Forensic Futures Strategic Plan in 2008, the plan did identify that the following youth specific FTEs were required:

1. 2 FTEs for youth court liaison
2. 3 FTES Youth Corrections/justice in-reach services.

In 2011 the National Health Board (via the Ministry of Health) identified that the Midland Forensic Futures strategy had not been formally reviewed and requested that this be undertaken. This project is intended to:

- Review progress made against the key strategic objectives
- Identify how the sector finds the services provided by Regional Forensics, and
- Future proof the Forensic Futures plan by setting strategic objectives that are time-framed and measurable.

3. Project Approach

The approach included the following processes:

- Approval of the project scope and the proposed content of the report
- Consulting with key stakeholder groups on current services, gaps, needs, priorities and risks
- Collecting, analysing and presenting the information to stakeholder groups
- Report writing and editing
- Ongoing checking processes to ensure that the information, and the way it is presented is going to be useful
- Monthly reporting to the Project Sponsor
- Submitting the final draft report and refreshed Forensic Futures Plan to the Project Sponsor.

4. Midland Forensic Futures: Purpose of the Document

This document described the way in which the Midland region would respond to the main challenges in the area of forensic psychiatric service provision through until the year 2013. It outlined ways in which existing services would be improved as well as how the region would address a series of new challenges brought about by population growth; in particular, a growth in the prison muster within the region.

The response outlined the key areas of national significance, requiring a national approach to maximise consistency, whilst also drawing attention to the issues of real magnitude in the Midland region. Some of these issues related to demographic factors, service gaps and needs, while others relate to the specific context of service provision in the Midland region.

Finally, the document outlined a series of short term priorities (2 years) for the region in response to the Ministry of Health's request.

The final report covered a number of key areas which included:

Section	Content
1.0 Introduction	<ul style="list-style-type: none"> • Development of the Midland Forensic Futures Response • The Forensic Futures Consultation Draft • Funding for Forensic Psychiatric Services • Midland Region Population <ul style="list-style-type: none"> ○ Land Area/Ethnicity/Age/Population projections • Forensic Psychiatric Services within the Midland region • New Beginnings • Future Challenges
2.0 Youth Forensic Mental Health Services	<ul style="list-style-type: none"> • Overarching summary
3.0 Cultural Services for Māori	<ul style="list-style-type: none"> • Background/Model of Care/Service Development
4.0 Cultural Services for People of Minority Ethnicities	<ul style="list-style-type: none"> • Overarching summary
5.0 Forensic Psychiatric Services for Women	<ul style="list-style-type: none"> • Overarching summary
6.0 Developing Agreed Assessment Reporting Criteria	<ul style="list-style-type: none"> • Overarching summary
7.0 Expansion of Forensic Services – Capacity and New Prisons	<ul style="list-style-type: none"> • Current and Future Forensic Inpatient Beds <ul style="list-style-type: none"> ○ Limitations ○ Risks ○ Prison Location and Muster ○ Screening ○ Prison/Detention FTE requirements ○ Demand for Prison/Detention Services ○ Multi disciplinary clinical staff ○ Cultural Coefficients
8.0 Workforce Planning/ Development	<ul style="list-style-type: none"> • Overarching summary
9.0 Rehabilitation and Community Supports	<ul style="list-style-type: none"> • Advocacy/Regional Support of Local Development
10.0 Forensic ID Services	<ul style="list-style-type: none"> • Overarching summary
11.0 Centralising Management of Services	<ul style="list-style-type: none"> • The Joint Services Agreement
12.0 The Interface with General Mental Health Services	<ul style="list-style-type: none"> • Philosophy of Forensic Psychiatric Service Provision • Who are the Priorities for Forensic Services? • Increasing Collaboration & Co-operation with Local Clinical Services • Increasing the Capacity and Capability of Local Iwi Māori
13.0 Beyond the Brief	<ul style="list-style-type: none"> • Alcohol and other drug services for forensic patients • Interface with Corrections Service • Interface with Auckland Mental Health and Primary care providers
14.0 Identified Short Term (2 years) Priorities	<ul style="list-style-type: none"> • Short Term Priorities within the Midland region • Immediate Prioritisation of New/Extended Services.

5. New Beginnings

It was noted that the Midland region is unique in that it has two major providers of forensic psychiatric services – the Provider Arm of the Waikato District Health Board and Hauora Waikato, a Hamilton based trust, mandated by the Tainui iwi and contracted by the Waikato District Health Board to provide minimum secure forensic rehabilitation and court liaison services.

Recent developments have seen more collaborative and cooperative working relationships with the establishment of the Midland Forensic Psychiatric Development Group (MFPDG), and the signing of a Joint Service Level Agreement between the Boards of each organisation. This agreement established an independent governance group for the provision of forensic services across the Midland region and joint clinical leadership. Ultimately this agreement has offered the opportunity to maximise the strengths identified by having two providers, each with its own area of expertise, in a “one service, two providers” model.

A business case for the redesign of services and the redevelopment of facilities on the Waikato hospital campus has subsequently been developed by this group.

6. Future Challenges

The Midland Forensic Futures report reflected the environment at the time of writing the report. It is recognised that service development needs and planning processes are not static. It is also important to recognise that the environment has continued to change since the report was finalised, such as adopting a national approach to meeting acute inpatient demands, the development and implementation of the supra-regional Prison Model of Care, and an increased need for inpatient medium secure beds and to comprehensive services for people with high and complex needs. Additionally, a number of strategic documents and national policy directions (e.g. MOH Youth Forensic guiding framework) have since been adopted. A continued focus needs to be on ensuring alignment of Midlands’s regional planning processes within a national context. Some of the future challenges are highlighted in more detail below.

The plan included prison and community based capacity, but excluded inpatient capacity, through funded beds. This highlighted the need for additional inpatient capacity and associated funding to realise this. Since the Midland Forensic Futures report was finalised, feedback from the service reflects there has been an exponential increase in Midland’s own regional need for inpatient medium secure beds (as evidenced by turnover and the existence of a waiting list for admission)

The increase in demand for services (across Midland and Auckland) and the need to adequately resource, this was seen to represent the greatest single threat to the Midland Regional Forensic Psychiatric Services.

Subsequent to the development of the Midland Forensic Futures plan, 5 additional national beds have been established that Midland clients can access. Additionally there is the provision now to treat all inpatient beds as ‘national’. Whilst there has been significant discussion about topslicing forensic psychiatric funding, there has been no national agreement as to how a national network will be operationalised or managed. It is expected

that this will continue to be a challenge, specifically managing the tension between servicing regional Midland need vs national (Auckland) need.

There remains a need to establish a national position that ensures there is a reciprocal service level agreement regarding the funding and access/provision of services for non-Midland DHB patients receiving service from the Midland Regional Forensic Psychiatric Service.

Another change since the original plan was signed off has been the development and implementation of a supra-regional Prison Model of Care (PMOC) with Auckland. The Midland Regional Forensic Psychiatric Service has not seen an increase in their prison caseloads (as was expected) compared to Auckland. A cross service peer review process of the respective service delivery models is underway to try and understand whether this is in fact a difference in demand, or whether it is more of a reflection of differences in services' thresholds. This activity may help inform the numbers and skills/competencies of prison teams going forward.

The interface between the Midland Regional Forensic Psychiatric Service and the adult general mental health services of the constituent District Health Boards was described as a significant one. It was identified that there was a critical need to clearly define the core responsibilities of each, particularly with regards to the population of patients who represent some level of risk to themselves or others, require civil commitment (subject to the Mental Health (Compulsory Assessment and Treatment) Act 1992), and a degree of coercive care, yet have no live criminal proceedings.

Currently, the Midland region is in the process of reviewing the range and availability of services for patients with "High and Complex needs". There are no longer-term, semi secure regional inpatient rehabilitative services available for this group of people and a variable range of community based services across the region. This is becoming an increasing problem, and it is noted that currently, Waikato DHB is the only DHB in the Midland region with the capacity to provide this. In addition to increasing the range and consistency of such services across the region, there is also an identified need to look at new and innovative ways of providing specialist forensic support and liaison to adult general mental health services in caring for patients with complex needs and, at times, containment. There is the potential to look at the work other regions (such as Auckland) are doing in the area of "High and Complex needs" and potentially align with this.

It was recognised that it was important that the Regional service develop a framework for reporting its activities to its constituent DHBs, and there is Midland support to develop a national framework for reporting indicators of performance quality and measuring services against these indicators.

7. Youth Forensic

The Midland region highlighted the importance of agreeing on a comprehensive framework for service provision, and were particularly aware of a strong judicial request for court liaison services across the region. The region identified the provision of assessment and treatment services to the custodial and youth justice populations as a major priority.

Subsequent work has been undertaken with key stakeholders across Forensic services (Adult & Youth), CAMHS services, MSD/CYFs, Corrections and Justice to develop a Youth Forensic Model of Care that will inform future development plans and service configuration (subject to new investment) for the Midland region.

8. Cultural Services for Māori

The Midland Regional Forensic Service has now adopted a new model of care, based on specific and generally agreed service values and principles that ensure the provision of forensic psychiatric services are consistent with the principles of the Treaty of Waitangi and responsive to Māori needs. It was intended that this model would form the framework for service provision within the Midland Regional Forensic Psychiatric Services, independent of service provider or level of security.

At the time of completing this review, it was confirmed that current models of care have been revisited in terms of the extent to which they were based on the service values and consistent with the agreed service principles. It was noted that this would continue to be an ongoing and challenging piece of work with wide ranging implications both for the existing configuration of services and the capacity and capability of the workforce.

It was further noted that there was a need for significant discussion and liaison both internally and externally about the challenges that would lie ahead. The plan stated that the Midland Regional Forensic Psychiatric Service was committed to increasing and improving the involvement of Māori at all levels of service planning and provision. Further, the service saw it had a responsibility to support and assist all stakeholders to be better placed to provide appropriate services for Māori within their area of origin. In addition to clinical providers, the service recognised its responsibility to liaise with, and support, incremental development of the capacity and capability of Māori to provide appropriate services for their own whanaunga, within their own rohe.

9. Cultural Services for People of Minority Ethnicities

The demography of New Zealand has changed subtly yet distinctly over recent years. With the changing demography of the Midland region, it was anticipated that there would be a comparable change in the range of ethnicities represented within the prison setting, and therefore, the Midland Regional Forensic Psychiatric Services. This has also been impacted by the opening of Springhill prison, servicing offenders from the South Auckland and North Waikato regions, where it was anticipated that there would be an increased number of Pacific Peoples requiring services.

Culturally appropriate care must begin in prison, span the complete episode of forensic psychiatric care, and continue after patients are returned to their areas of origin, requiring not only the development of cultural expertise within forensic psychiatric services, but also robust working relationships and ongoing liaison with cultural services within the general mental health environment, across the Midland region and in South Auckland.

In extending the intensity and scope of care provided to mentally disordered offenders (particularly within the prison environment), the Midland Forensic Futures Document anticipated an immediate requirement for one FTE position as Pacific Cultural Liaison facilitator working within a multidisciplinary structure across the Midland Regional Forensic Psychiatry Services.

10. Forensic Psychiatric Services for Women

It was noted that Forensic service planning and delivery for women required specific consideration of the identified needs of women across the service spectrum. Services within

the Midland region wanted to ensure the highest possible quality of care for women, incorporating a model of best practice nationally.

This tailored model has since been developed. It is gender sensitive and, in addition to the general service values and principles, incorporates the following:

- Women patients have their own distinct needs requiring a specific approach to their care
- Māori women, as a subset of this, have additional and specific needs
- Women present differently (to men) with specific risks that must be managed
- Women are a minority group requiring specific advocacy and service planning
- Services must be flexible and able to respond to the needs of women
- Accommodation arrangements and therapeutic interventions must be flexible and accommodate the specific needs of women.

Women forensic patients may be the primary caregivers to dependent children and/or specific roles within whanau, which must, where possible be supported to continue. Services have therefore been developed to accommodate for this.

The following improvements and key principles continue to underpin further development in this area:

- As identified in the facilities redesign process, women are now cared for in separate modular environments, with separate sleeping, washing and living facilities, and the ability to eat separately
- Services are flexible in terms of supporting women to maintain and consolidate their roles as mothers and caregivers
- Women will, where necessary, be cared for by women and have specific programmes and interventions which are oriented towards their specific needs
- Gender specific policies and procedures were needed to guide family sensitive practices (including parenting programmes)
- Women will have access to physical screening and treatment (i.e. cervical, breast screening and sexual health treatment and advice).

In terms of treatment and access to programmes, women now have access to gender sensitive therapies and occupational groups. This includes art therapy, psychotherapy and female specific groups. Consideration has also been given to enhancing the access to children and family as well as traditional Māori cultural roles and activities.

11. Developing Agreed Assessment Reporting Criteria

The Midland Forensic Futures plan noted that nationally, there needs to be further discussion and agreement on what information collection is required to develop a shared approach to continuous quality improvement and how we ensure that information collection for forensic service planning and delivery is connected to other key national reporting mechanisms. Three “layers” of information collection were identified in the plan:

- a) Information to be collected and analysed at a national level, on a quarterly basis (such as bed occupancy, referral types, gender, ethnicity etc)
- b) Information that is useful to report to districts and iwi Māori on a quarterly basis (such as total patients in the Midland region, bed days by DHB of origin, breakdown by district etc)
- c) The development of agreed quality indicators for forensic services requiring more work such as:

- An investment in infrastructure and the development of systems to support and integrate data collection across a range of domains, with a suggestion that the MoH and Te Pou establish a project which links the reporting requirements for forensic quality improvement with other key reporting processes such as MH SMART and PRIMHD
- Feedback mechanisms needing to be developed to inform quality improvement processes at a service delivery level. At a national level KPI reporting could then be used to inform strategic planning and the development of best practice guidelines for the sector and a shared description of the care pathway and continuum. This information could then be used to assist services to collaborate on areas of research or clinical audit.

Since the original Midland Forensic Futures plan was developed, reporting at a regional level has significantly improved. Six monthly stakeholder reports are produced that describe the activity of Midland regional forensic psychiatric services over the preceding period. These reports include:

- Service utilisation
- Referrals by source and ethnicity
- Emerging challenges
- Future priorities.

Refer to Appendix One for a copy of PUAWAI: Midland Regional Forensic Psychiatric Service Stakeholders report – 2012.

12. Expansion of Forensic Services - Capacity and New Prisons

The Forensic Futures Document described the status of current and future forensic inpatient beds.

The future forensic population needs were outlined, but it was noted there were a number of limitations and risks related to this information, specifically in respect to:

- The national benchmarks and validity
- Prison muster forecasts
- Availability of accurate regional information about prison receptions
- Cultural context (eg. high ratio of Māori, and cultural coefficients)
- Population forecasts
- New services coming on stream (e.g. Rotorua Police detention facility, Springhill Corrections facility, and possible additional police detention cells in Tauranga)
- The interdependency of prison based services, inpatient psychiatric assessment, treatment and rehabilitation services, and community based services. If one is not adequately resourced, it puts pressure on each of the others, and ultimately on general adult services at a district level.

13. Workforce Development/Planning

The Forensic futures document noted that workforce planning processes needed to focus on the recruitment, retention and professional development of staff. It reflected that these areas were currently being encapsulated into a workforce plan at a service wide level as part of developing a new model of care in the Regional Forensic Service and would be translated

into professional development plans for individuals. A high quality forensic service is dependent upon the development and maintenance of specialist skills and expertise across all disciplines, with a focus on continual quality improvement.

In order to implement a Model of care based on the service principles and values described in the Forensic Futures document, the service established a project group to oversee the workforce development requirements of the Provider Arm service.

The focus of the project group was to look at issues of capacity, entry to, transfer within and exit from the forensic service. A stated focus was also on the capability, education, training, skills and attitudes required to deliver on the model of care and underpinning values and philosophy.

This plan has now been completed and includes:

- An overview of the Workforce Development Project (including Objectives and the Model for Workforce planning)
- Definitions and Philosophy of Care
- Criteria for each of the clinical areas
- Skill mix analysis (Acute secure/medium secure rehabilitation/low secure open rehabilitation)
- Skill set
- Staff competencies
- Training.

Additional activity included:

- Range of training opportunities
- Orientation & refresher education days
- Hauora Māori programmes.

The Forensic Futures document noted that the existing workforce numbers and skill mix required significant enhancement to ensure the successful implementation of the model, across inpatient and community teams, as well as Court Liaison.

The Forensic Futures document described specific FTES that needed to be part of each multidisciplinary team, and will equate to a minimum of seven FTEs. With one FTE at present, this remains a gap of six. In addition, kaumatua and kuia will also require additional resourcing.

14. Rehabilitation and Community Supports

It was noted that there was an urgent need to increase and improve discussions and collaborative working relationships with other sectors involved in providing support and rehabilitative services for those with mental illness, particularly in local areas.

Areas identified as gaps included:

- Supported housing options
- Employment and/or supported training
- Development or regaining of a meaningful and satisfying life.

The Forensic Futures document noted that there was not an opportunity to specifically quantify the increased community resources required in each district and this was an area for future discussion and development. Subsequent discussions with the DHB and NGOs

have occurred to strengthen collaborative relationships and improve access to rehabilitation options and community supports for people locally.

15. Forensic ID Services

At the time of writing the Forensic Futures document, it was noted that there was a review of the community secure service definition and the specifications surrounding this component of the care continuum.

A collaborative approach between forensic intellectual disability services (FIDS) and disability supported accommodation services (RIDSAS) was highlighted as needing exploration as the preferable option utilising the current two hospital beds for treatment and rehabilitation. This would require agreement to a common set of service values and principles and agreement about a shared model of service delivery that is both cognisant of the importance of facilitating independence yet, at the same time is fully and appropriately assessing and managing risk.

A shared clinical and disability support approach to care would address a number of issues. Further development was also needed from a community liaison team perspective.

The Business case developed described the facility redesign plans, to ensure there would be more suitable areas available for this patient group in an inpatient setting.

It was also noted that there was a clear need to identify best practice standards nationally, and a workforce development plan to address the current gaps in both capacity and capability for this population group.

16. Centralising Management of Services

WDHB (Provider Arm) and Hauora Waikato have developed and agreed a “Joint Service Agreement” for the provision of forensic services within the Midland region.

Both services have made a commitment to the provision of one common service, provided by two organisations. This service model is now well entrenched and the last year has seen good working relationships between Waikato DHB provider arm forensic service and Hauora Waikato. The new facilities in both organisations are now well established and regularly used by patients, staff and visitors alike. Puawai leadership are involved in key forums involving each of its key partners.

17. Interface with General Mental Health Services

The philosophy of Forensic Psychiatric Service provision was outlined, and the priority group for services was described. Key focus areas included:

- Increasing collaboration and cooperation with locally based clinical services
- Increasing the capacity and capability of local iwi Māori.

The most recent stakeholder report reflects that Puawai (the Midland Regional Forensic Psychiatric Service) maintains good working relationships with all of its key partners (including district adult mental health services, the intellectual disability sector, the Departments of Corrections and Justice, The Ministry of Health and the Director of Health, Waikato DHB and iwi Māori)

18. What has occurred?

Activity described in the Midland Forensic Futures plan has largely been completed. Growth of the service and new FTEs has been limited due to no additional funding being made available from the Ministry of Health.

The **Short term priorities** identified in the document included:

- 8 FTEs – Prison/police custodial consultation and liaison services (prison muster growth)
- 1 FTE – Pacific Cultural services in Prison
- 2 FTES – Youth Court Liaison
- 3 FTES – Youth prison, consultation & liaison service
- 2 FTEs – Consult liaison with General MH services
- 2 FTEs – Prison Liaison (in response to the prison screening tool)
- 6 inpatient beds to accommodate for Springhill and other detention facility developments

These continue to be priorities areas, and would be revisited subject to new and additional funding being received from the Ministry of Health.

Strategic Objectives	Key Activities	Status
Business case for the redesign of services	<p>The Business case for the redesign of services and the redevelopment of facilities on the Waikato hospital campus that was developed by the Joint Working Group of Hauora Waikato and the Waikato Forensic and Rehabilitation service has been completed and implemented. This Business Case included:</p> <ul style="list-style-type: none"> • Strategic Analysis and background • Clinical/service analysis and requirements • Facility analysis and requirements • Transition and reconfiguration plans. 	Completed
High and Complex Needs	<p>Midland Region has commenced a project reviewing the range and availability of services for patients with “High and Complex” needs – tangata whaiora who require a higher level of intervention than acute inpatient care, but at a lesser level than forensic inpatient care.</p>	Commenced
Reporting Requirements	<p>The Regional service has developed a framework for reporting its activities to constituent DHBs. An agreed Assessment Reporting approach has been developed. This is populated on a 6 monthly basis and reflects regional forensic psychiatry activity across Midland.</p>	Completed
Cultural Services for Māori	<p>It was reported that services are being delivered against the agreed Model of Care for Māori – alignment of the two service providers to the commitment of one service, based on a common model of care, and a set of values and service</p>	Completed

Strategic Objectives	Key Activities	Status
	principles: <ul style="list-style-type: none"> • Recovery • Context • Effectiveness • Efficiency • Continuous improvement 	
Cultural services for people of minority ethnicities	In extending the intensity and scope of care provided to mentally disordered offenders (particularly within the prison environment), the Midland Forensic Futures Document anticipated an immediate requirement for one FTE position as Pacific Cultural Liaison facilitator working within a multidisciplinary structure across the Midland Regional Forensic Psychiatry Services.	This did not eventuate as no additional funding was received.
Women Forensic patients	As part of the redesign of Puawai, services, interventions and the design of the physical environment have been reviewed to meet the specific needs of women forensic patients	Completed
Expansion of Forensic Services – Capacity and New Prison	Limited expansion of services due to no additional funding being received	To commence subject to additional funding being received
Workforce Planning/ Development	A Regional Workforce Plan has been developed	Completed
Rehabilitation and Community supports	The Forensic Futures document noted that there was not an opportunity to specifically quantify the increased community resources required in each district and this is an area for future discussion and development. As part of the service redesign, a stronger focus on rehabilitation and community focus has occurred.	DHB/NGO relationships are strengthened
Forensic Intellectual Disability	The Business case describes the facility redesign plans to have more suitable areas available for this patient group in an inpatient setting. There is a clear need to identify best practice standards nationally, and a workforce development plan to address the current gaps in both capacity and capability.	Alignment with the National ID Service has occurred.
Centralising Management of Services	The Joint Services Agreement between Waikato Forensic Services and Hauora Waikato has been developed and operationalised.	Completed
Interface with General Mental Health Services	Continues to be a work in progress	Ongoing

19. Summary

In 2011 the National Health Board (via the Ministry of Health) identified that the Midland Forensic Futures strategy had not been formally reviewed and requested that this be undertaken. HealthShare Ltd subsequently commissioned a project, on behalf of the Midland DHBs to review progress made against the key strategic objectives and identify how the sector finds the services provided by Regional Forensics.

This report describes the activity that has taken place since the Midland Forensic Futures (2008 – 2013) report was completed. The majority of the strategic priorities identified have been addressed, or continue to be a work in progress.

It is noted that limited additional funding has been received from the Ministry of Health to fully develop and enhance Regional Forensic Services in the manner that would be optimal, and the stated requirements for additional FTEs across the service continuum remains a priority.

However, with the existing resource allocation, this review has shown that with the redesign of services and facilities, the establishment of a stronger clinical governance approach, and the development of a regional Workforce Plan, a number of the strategic objectives have been achieved. Additionally, a regional reporting framework has been established, and in general, stakeholders feedback reflects that the regional forensic service and collaborative relationships continues to be strengthened.

It was noted that there continues to be a number of future challenges facing Midland Forensic Psychiatric services since the completion of the first regional strategy. It is recommended that once the Midland Regional Clinical Governance Network accepts and finalises this report, consideration is given to undertake a piece of work to refresh the Midland Forensic Futures Strategy.

20. Bibliography/Reference Material

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PUAWAI: Midland Regional Forensic Psychiatric Services Stakeholder Report. 2012

Midland Regional Forensic Psychiatric Services Stakeholders Report



April 2009



WHAKATAUKI

E rere kia puawai
E tupu kia puawai
Huia ka puawai

**The water flows
and the new buds of the forest arise
and so there is growth**

Table of contents

Pages

- 1. Summary 20
- 2. Emerging challenges 21
- 3. Service utilisation 25
 - 3.1 *Bed utilisation*..... 25
 - 3.2 *Referral data* 26
- 4. The coming year 27

1. Summary

The last year has seen a period of consolidation for Puawai, both in terms of developing and extending its internal capacity for providing forensic mental health services, as well as in the service's ability to respond to the needs of other key stakeholders.

It would be remiss not to recognise the recent publication of "Changing Times, Changing Places – from Tokanui Hospital to Mental Health Services in the Waikato, 1910-2012", a historical publication outlining the history of mental health services within the Waikato, between the years 1910 and 2012. Whilst this publication gives a good account of the development of general mental health services across this period, chapter nine entitled "Midland Regional Forensic Psychiatric Service 1990-2010" gives a number of accounts of the development of the forensic services across the midland regional across this 20 year period.

The service model of "one service : two providers" is now well entrenched and the last year has seen good working relationships between the Waikato District Health Board (DHB) provider arm forensic service and Hauora Waikato. The new facilities in both organisations are now well established and regularly used by patients, staff and visitors, alike.

The Puawai: Midland Regional Forensic Psychiatric Service (Puawai) maintains good working relationships with all of its key partners (including district adult mental health services, the intellectual disability sector, the Departments of Justice and Corrections, the Ministry of Health and the Director of Mental Health, the Waikato DHB and iwi Māori) and Puawai leadership are involved in key forums involving each of its key partners.

Core activities within Puawai remain the assessment, treatment and rehabilitation of mentally abnormal offenders, in the courts and prisons services, inpatient treatment and rehabilitation facility, as well as in the community. Both the Waikato DHB and Hauora Waikato retain court liaison services which have worked in a collaborative nature across the midland region. Prison inreach assessment and treatment services are provided by the Waikato DHB provider arm. Acute and secure care and mainstream rehabilitation inpatient services are provided by the Waikato DHB and sited on the Waikato Hospital campus.

These services involve generic forensic mental health services, as well as two inpatient beds for intellectually disabled offenders and the capacity to house several women in an independent pod. Kaupapa Māori inpatient forensic rehabilitation services are provided at Tamahere Hospital & Healing Centre which has 15 regional inpatient beds.

Over the past year, Puawai has seen significant increase in demand. Particularly, the service has undertaken 280 psychiatric reports, actioned 362 prison based referrals and inpatient services have seen a 72% increase in admissions through the past year, when compared with the previous year (to June 2011 46 admissions, to June 2012 64 admissions).

A joint clinical governance forum has met on a monthly basis, including both representatives of the Waikato DHB provider arm and Hauora Waikato, making up the main forum for clinical decision making for the service. Over the past year, a number of initiatives have been undertaken under the banner of the clinical governance group:

1. Implementation of the START (short term assessment of risk and treatability) as a consistent adjunct to clinical decision making, e.g. for changes in leave status, transfers between wards, etc.
2. A multiple disciplinary work group looking at defining different pathways into, across and out of Puawai.
3. Refining the progress and interventions provided within Puawai (both within each provider organisation, as well as ensuring a coherence between organisations).
4. A review of documentation and recording of information.
5. A super regional (jointly with the Auckland Regional Forensic Psychiatry Services) development of a "Prison Model of Care" to be provided across all prisons within the northern and midland region.
6. The implementation of the national prison screening project (a project jointly developed by the Department of Corrections and the Ministry of Health).
7. Refinement of liaison clinics provided to Adult Mental Health Services.

2. Emerging challenges

The most significant emerging challenge remains that of the increased demand for forensic mental health services, within prisons across the country, particularly in the northern and midland regions. For a long time, the Auckland Regional Forensic Psychiatry Services has had a significant waiting list for inpatient acute and secure beds (principally for men but also more recently for women). As a consequence, it is not uncommon for this service to have a waiting list for admission of, at least, ten patients. Over the past year, Puawai has also faced an increase in demand, such that it is also not uncommon for this service to have waiting list of 2-3 patients for acute secure inpatient beds.

There have been a series of national discussions facilitated by the current Director of Mental Health, looking at ways of trying to manage this demand. Clearly, there is a need to look at both short to intermediate term interventions, as well as longer term interventions. It is generally agreed that any short to intermediate term interventions can only be seen as temporary and relieving the pressure on the northern region, as opposed to a final solution.

There is general agreement by the chief executive officers of the DHBs across the country, that as inpatient forensic psychiatric beds are “top sliced”, they should be viewed as a nation resource (as opposed to a regional resource). Accordingly, there are currently significant discussions underway looking at ways in which other inpatient forensic mental health services might be in a position to take patients from the northern region (where they have capacity), therefore, reducing demand on inpatient beds, within the northern region. Clearly, such a change in the way in which inpatient beds are allocated also requires a review and standardisation of a number of other processes within and across forensic mental health services to ensure some consistency. Discussions about how the admission of such patients from out of area and approaches to standardising some of the thresholds and processes for admission and for progress through forensic mental health services continues to be discussed both in the national forensic forum, NZFPAG (New Zealand Forensic Psychiatry Advisory Group), as well as in the national clinical directors, managers and directors of area mental health services meetings.

Clearly, Puawai are to admit patients from out of area, then this will only serve to further increase demand on such services from prisoners within prisons in the midland region. In addition to this, the Waikato DHB is currently looking at the development of an inpatient semi-secure longer term rehabilitation facility for patients deemed to have “high and complex needs”. Discussions surrounding the need for such a resource have continued within and across the midland region for over a decade. Particularly, there have been many discussions as to whether such a resource might be regional, sub-regional or local with DHBs having different perspectives on this. Clearly, there is a potentially large interface between the longer term rehabilitation units of forensic mental health services and longer term inpatient rehabilitation facilities developed for those with high and complex needs.

As a result of both, on one hand, the adoption of a national approach to inpatient forensic mental health beds (potentially increasing the demand for acute forensic mental health beds within the midland region at the front end) and the Waikato DHB’s intention to develop a high and complex needs facility for Waikato residents, there is a need to ensure the efficient flow

of patients through forensic mental health services and to ensure that those housed within their longer term forensic rehabilitation units are, in fact, the core business of forensic mental health services, requiring a forensic specific approach to their rehabilitation, as opposed to being patients that might otherwise be described as having “high and complex needs”.

There are currently operational discussions occurring within the Midland Regional Clinical Governance group regarding some of the clinical and operational issues, as well as discussions between the regions funders and planners around these issues. Further challenge is the need to maintain good relationships with all key stakeholders / partners to Puawai, particularly it is very important to maintain a good relationship with the Department of Corrections as many of the decisions that they make, e.g. the siting and resiting of prisons, effect aspects of our service provision, e.g. demand on services. Further, particularly in the light of discussions above, it is critically important to maintain very good working relationships with general adult mental health services in supporting the repatriation of patients from Puawai, back to their DHB of origin.

There are also a number of challenges related to a society that is becoming increasingly risk adverse yet punitive, presenting difficulties in the rehabilitation and reintegration of some special patients with histories of serious offending. Further, offenders are younger (presenting an increased need for a full spectrum of youth forensic services), women are committing more serious offences and there are an increasing number of specific sorts of offenders which challenge our current service configuration, e.g. elderly men with profound cognitive changes, offenders with severe head injuries.

The interface between Puawai and the intellectual disability sector remains a challenge. With increased demand for secure services and a limited number of community based secure and semi-secure facilities and challenges regarding the consistency of thresholds for entry into certain services, there is the need for ongoing liaison in order that demand by intellectually disabled offenders, for secure inpatient services, is well managed.

The financial situation which all health and mental health services find themselves in presents further challenges for all services, in terms of maintaining the quality and standards of services provided, whilst also remain physically responsible.

The Waikato DHB's Mental Health & Addictions Service is currently undergoing a major change programme, most evident within Adult Mental Health Services but relevant to all services, including Puawai. In particular, there have been a number of staff changes within

the senior management team and the appointment of a new operations manager for the forensic services within the Waikato DHB (Ms Eileen Hughes) and the previous service manager (Ms Rachael Aitchison), whilst currently on maternity leave, has recently taken up a job as an assistant general manager for the Mental Health & Addictions Service.

3. Service utilisation

3.1 Bed utilisation

Discharged patients

	Total	Percentage
Sum Of LOS		
BoP	0	0.00%
Eastern BoP	0	0.00%
Western BoP	416	5.01%
Inter	275	3.31%
Lakes	518	6.24%
Taranaki	24	0.29%
Waikato	7068	85.15%
Grand Total	8301	100.00%

Discharged Patients

	Total
Average of LOS	
BoP	N/A
Eastern BoP	N/A
Western BoP	59.42
Inter	55
Lakes	103.6
Taranaki	24
Waikato	82.18
Grand Total	79.81

DHB Count

		% Bed Days
BoP	7	7.82%
Eastern BoP	2	0.70%
Western BoP	5	3.23%
Inter	5	3.00%
Lakes	15	17.32%
Taranaki	6	7.06%
Waikato	61	60.88%
Grand Total	101	1

Total Bed days per area

		% Bed Days
DHB Count		
BoP	1318	7.82%
Eastern BoP	118	0.70%
Western BoP	544	3.23%
Inter	506	3.00%
Lakes	2919	17.32%
Taranaki	1190	7.06%
Waikato	10263	60.88%
Grand Total	16858	100.00%

3.2 Referral data

The tables below show the number of referrals per team from Puawai during the period 1 June 2011 to 30 June 2012. In addition, this is displayed as the number of referral sources and a breakdown of referrals by ethnicity.

Referrals by source	Community	Court	FIDS	Prison	Grand Total
Courts & criminal justice system	1	239		1	241
External A&D Provider		3			3
Internal		2	2		4
Corrections Department	24	215	13	337	589
Labour Department		2			2
Grand Total	25	461	15	338	839

Referrals by ethnicity	Community	Court	FIDS	Prison	Grand Total
African (Or Cultural Group Of African Origin)		1		3	4
Asian No Further Definition		1			1
Chinese		1		1	2
Cook Island Maori		2		3	5
European No Further Definition		7		3	10
Fijian		2		2	4
Indian	1	1			2
Latin American/Hispanic				1	1
Maori	18	236	5	184	443
Middle Eastern				1	1
Niuean		2		1	3
Not Stated		6	1	10	17
NZ European / Pakeha	6	182	8	104	300
Other		2	1		3
Other European		12		9	21
Response Unidentifiable		4		2	6
Samoan		1		9	10
Tokelauan				1	1
Tongan		1		4	5
Grand Total	25	461	15	338	839

4. The coming year

Major priorities for the coming year remain:

1. Managing the tension between nationalisation of inpatient forensic psychiatric beds and the demand within the midland region.
2. Developing some regional clarity around the interface between longer term inpatient rehabilitation services provided by forensic mental health services versus similar services, provided for those with no particular current forensic needs that might better be described as patients with high and complex needs.
3. Maintaining good relationships with key stakeholders both within and without the mental health sector in the midland region.

Naku iti Noa

Na



Dr Rees Tapsell

Executive Clinical Director

PUAWAI: Midland Regional Forensic Psychiatric Service