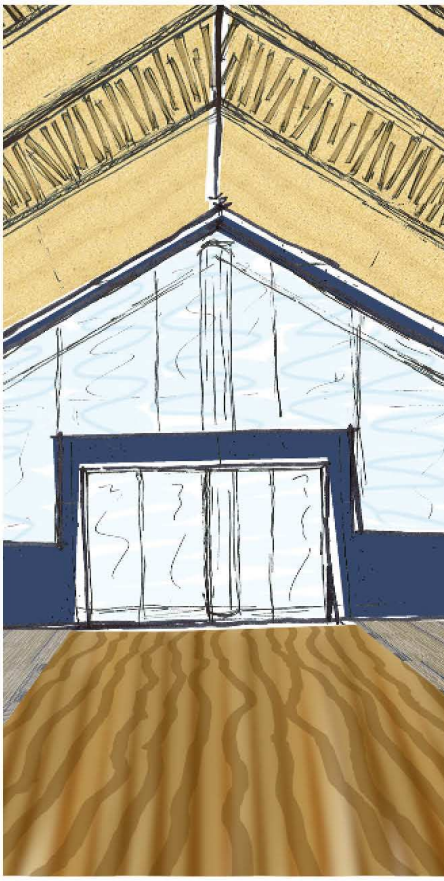
PUAWAI:

Midland Regional Forensic Psychiatric Services

Stakeholders Report



June 2011

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1. Summary

The nine months since the opening (August 2010) of Puawai: Midland Regional Forensic Psychiatric Service has seen the bedding in, and ongoing operationalisation of the (*one service: two providers)* model of functioning. The Regional Forensic Clinical Governance forum operates monthly, bringing together clinical and managerial staff from both Hauora Waikato and Health Waikato providers to address common service issues. Work has continued in developing common processes and procedures between and across both organisations (including a monthly bed planning/pathways planning liaison meeting, the establishment of a Memorandum of Understanding (MoU) between court liaison services and ongoing joint staff educational sessions). All sub-service units within Puawai have been busy with inpatient occupancies in excess of 85%. Regional liaison continues with adult mental health services across the Midland region and a number of supra-regional activities have been undertaken during this period (involving Puawai and the Auckland Regional Forensic Psychiatry Services (ARFPS), with the development of a joint "Prison Model of Care" (appendix 1), several joint training initiatives and closer collaboration between the Auckland and Midland region.

The draft story of the development of "Puawai" was written and will be submitted for publication in a history of psychiatric services within the Waikato (appendix 2).

A new facility on both Waikato Hospital and Tamahere Hospital sites continue to function well. In particular, the new facilities (Te Puna-a-Taane and Puawaitanga), have provided many new opportunities for the provision of therapeutic and cultural programmes with significant success. The Health Waikato service now has three dedicated Kaitakawaenga working within the service, providing assessment and intervention services for Māori whānau, as appropriate.

Although the service continues to do well, a number of risks have arisen during this period:

a. Department of Corrections have indicated that they will withdraw transport services for remand prisoners (in hospital pursuant to Section 45 of the Mental Health (Compulsory Assessment & Treatment) Act 1992), between hospital and court on 1 July 2011.

b. The Department of Corrections intend to implement the national prison screening initiative, despite no additional funding available from Vote Health for this.

Risk mitigation strategies exist for all perceived risks (as discussed later in this report).

2. One Service: Two Providers

The Clinical Governance forum of Puawai continues to meet on a monthly basis. This is the main forum in which significant decisions are taken, affecting the service as a whole. In the past eight months, a number of particular initiatives have been undertaken, under the guise of the Clinical Governance group. These have included:

a. The setting of a series of service based KPIs, across both organisations. The service based KPIs have been developed by staff within services and complement the national KPI data that are gathered from participating DHBs, and reported nationally.

b. A MoU has been drawn up and is in the process of being decided, between court liaison services of both Health Waikato and Hauora Waikato, outlined in a series of agreements and understandings about a common values and principles of practice, common ways of working and a joint complaints process, supporting co-operative and collaborative practice.

c. An updated emergency/risk procedure (indications for, and process covering transfers of patients from the lower security to higher security settings – often including transfers between Tamahere and the Waikato Hospital sites), has been developed between staff from all units (across organisations). Rather than being seen as protocols between organisations, this is a protocol which describes the process of transferring from a lower secure environment to a higher secure environment in an urgent or emergency situations, independent of the organisations involved.

d. The ongoing monthly bed planning/pathway mapping meeting continues to be successful in planning effective pathways of patients through Puawai and across organisational boundaries.

e. A series of joint/collaborative training forums continue (Forensic Core Skills Refresher sessions involving psychiatrists and psychologists from both Health Waikato and Hauora Waikato, occurring on a monthly basis).

3. Cultural services – Health Waikato

Following a process of defining the required capacity for providing appropriate cultural services to patients within the Health Waikato service, three kaitakawaenga staff were dedicated to Puawai from Te Puna Oranga. Service level agreements were drawn up for each of these positions identifying clearly expected outputs and processes for dual management and accountability (between Te Puna Oranga and clinical nurse managers within Puawai). Whilst there continue to be some logistical issues, these staff have worked well with the development of a number of new cultural programmes and interventions and enhanced assessments and therapeutic interventions provided for patients and clearer lines of accountability and management. The service metaphor, new unit names and general approach to the development of therapeutic programmes across Puawai, have now been bedded in well and are generally accepted by all staff.

4. Service activity

Both the Health Waikato and Hauora Waikato services have been very busy over the past nine months in all areas. Occupancy within all units remains in excess of 85% (since the opening of all units). Acuity has remained high with significant demands on staff. Utilisation data (to be published in the upcoming fourth Stakeholders' Report), copies appended to this report, outlining the use of resources by each District Health Board (DHB) within the region.

5. Regional activity

Regional activities continue with regular Mental Health Service liaison meetings/clinics occurring on a monthly basis in each region. Feedback remains generally good. The Executive Clinical Director (ECD) and service manager of Puawai are planning another visit with all local adult mental health services from each DHB to review the success of these relationships.

6. Supra-regional activities

Given the close proximity and areas of shared business between Puawai and the ARFPS, a number of areas of common interest allow a common approach to certain interventions. A common "Prison Model of Care", was developed and agreed by each service and is about to be implemented (August/September 2011). Funding has also been secured from the Health Research Council to evaluate the success of this model of care. Further, this model of care has been presented to the New Zealand Forensic Psychiatry Advisory Group (NZFPAG) and is likely to become the basic framework for a common prison model of care across the country. A series of joint training initiatives have occurred, e.g. assessment and treatment of sex offenders, etc., and have allowed sharing of experiences and expertise. In addition, Puawai has offered support to the ARFPS in times of excessive demand for services.

7. National activity

The ECD continues to chair the NZFPAG and the Puawai service continues to host this forum. In a time when there is some disorganisation in terms of a national cross sectoral approach (involving the Department of Corrections and the Ministry of Health), in approaching certain issues, this forum has become increasingly important in terms of providing a common voice and view from each of the Regional Forensic Psychiatric Services on a range of issues.

Recent discussions have occurred regarding the undertaking of a further census (to update the national forensic services census of 2005) and/or a review of service activity as described by the national PRIMHED data. The NZFPAG forum is very keen to assist the Ministry of Health in undertaking such a review, mindful of the way in which the data from such a review might be used in future, e.g. to guide additional funding, etc., and have clearly indicated a desire to be involved with this.

NZFPAG forum (and each individual service) has also been notified formally (on June 7) that (following a series of legal discussions/debates between the Department of Corrections and Ministry of Health involving a final opinion from Crown Law), the Department of Corrections will withdraw transport services for prisoners (on remand to hospital pursuant to Section 45 of the Mental Health (Compulsory Assessment & Treatment) Act 1992) between forensic services and the courts on July 7.

This has major significance for services as they have neither the staff nor resources to transfer high profile, high risk prisoners between hospital and Courts. The Ministry of Health are due to report to the Department of Corrections (June 24) regarding the progress made by DHBs in moving towards implementation.

At the recent meeting of NZFPAG (June 14) it was made very clear to Ministry of Health representatives that DHBs have not had any time to prepare and that they will NOT be in any position to enact this at such short notice. The forum have unanimously fed back to the ministry that given the major significance of this change, a national perspective (and solution) should be sought and that this should be led by the Ministry of health. Ministry officials have agreed to pursue this with their colleagues in the Department of Corrections. This issue has now been escalated to the Director General of Health and the Chief Executive Officer of the Department of Corrections. The proposed withdrawal of services has been rescinded pending a long term solution being found. A meeting of all interested parties is due to be convened soon to agree a long-term solution.

The Department of Corrections have also indicated that they intend to implement at the national prison screening project (planned to be completed by late 2011). They have indicated that they would consider doing this in a phased way, possibly involving one or more regional services. This has been held up, as despite the fact that the Department of Corrections were successful in receiving funding from the last budget, the Ministry of Health were not. As a consequence, whilst the Department of Corrections has resources for this implementation, the Regional Forensic Psychiatric Services have not received any additional funding for this from the Ministry of Health. Puawai have indicated an initial interest in being considered for this, once outstanding issues regarding the health based funding for this have been sorted. A further teleconference discussion is due to be held to discuss this with appropriate officials from the Ministry of Health and Department of Corrections.

8. Puawai: The Story

A brief outline of the development of Puawai was written by the ECD and is due to be submitted for publication as a historical account of psychiatric services provided within the Waikato region. A copy of the final draft is appended for the information of the Governance Group.

9. Outstanding risks/mitigations strategies

a. Withdrawal of transport services

Department of Corrections (for remandees to hospital – transported between hospital and courts). This affects the Health Waikato services and has been noted as a risk with management within the Waikato DHB. This issue is currently being discussed urgently between the NZFPAG, Department of Corrections and Ministry of Health, as it represents a major risk for all Regional Forensic Psychiatric Services.

b. Phased implementation of the prison screening project

This issue has also been discussed between the NZFPAG, Department of Corrections and the Ministry of Health as, again, it represents an area of significant risk for all of the Regional Forensic Psychiatric Services. It is perhaps less risky for Puawai than for some other forensic services.

10. Service Utilisation

10.1 Bed utilisation

DHB count		% Bed Days
BoP	11.00	11.58%
Eastern BoP	2.00	2.11%
Western BoP	6.00	6.32%
Inter	4.00	4.21%
Lakes	11.00	11.58%
Taranaki	4.00	4.21%
Waikato	57.00	60.00%
Grand Total	95.00	100%

Sum of LOS	Total	Percentage
BoP	1910	22.53%
Eastern BoP	254	3.00%
Western BoP	279	3.29%
Inter	222	2.62%
Lakes	1569	18.50%
Taranaki	481	5.67%
Waikato	3764	44.39
Grand Total	8479	100%

Average of LOS	
	Total
BoP	173.64
Eastern BoP	127.00
Western BoP	46.50
Inter	55.50
Lakes	142.64
Taranaki	120.25
Waikato	66.04
Grand Total	**89.25**

10.2 Referral data

The tables below show the number of referrals per team from Puawai during the period 1 November 2010 to 31 May 2011. In addition, this is displayed as the number of referral sources and a breakdown of referrals by ethnicity.

Referral Source	FIDS	Court	Prison	Community	Total
Community health services		1			**1**
Courts & criminal justice system		77		2	**79**
Internal	1	2	2	2	**7**
Justice Department	4	182	243	30	**459**
Other referral source		5	1	4	**10**
Labour Department		1			**1**
	5	**268**	**246**	**38**	**557**

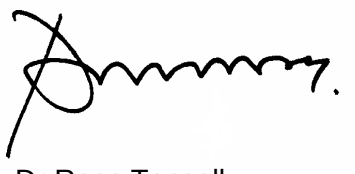
Ethnicity	FIDS	Courts	Prison	Community	Total
Chinese		2			**2**
Cook Island Maori		3	3		**6**
European No Further Definition		1	1		**2**
Fijian		1	4		**5**
Indian		1			**1**
Latin American/Hispanic		2			**2**
Māori	3	136	128	28	**295**
Nuiean			1		**1**
Not stated		9	4		**13**
NZ European/Pakeha	2	101	93	8	**204**
Other				1	**1**
Other European		9	6		**15**
Other Pacific Peoples			1	1	**2**
Samoan		2	3		**5**
Tongan		1	2		**3**
	5	**268**	**246**	**38**	**557**

Admissions

Puna Taunaki	11
Puna Whiti	1
Puna Poipoi	1
Puna Awhi-Rua	2
Puna Maatai	27
Total Admissions	**42**

Naku iti Noa

Na



Dr Rees Tapsell

Executive Clinical Director

PUAWAI: Midland Regional Forensic Psychiatric Service

Appendix 1 (Prison Model of Care)

Attached separately

Appendix 2 (Puawai: The Story)

(The Midland Regional Forensic Psychiatric Service)

E rere ki a Puawai
E tipu ki a Puawai
Huia ka Puawai

'As the water flows and the new buds of the forest arrive: So there is growth'

Introduction

This *whakatauki* (traditional Maori proverb) encapsulates the story of the coming together of a forensic psychiatric service provided by Health Waikato (the Waikato District Health Board provider arm) and Hauora Waikato, (a *'kaupapa Maori'* mental health service provider), to form "*PUAWAI: The Midland Regional Forensic Psychiatric Service".* This service operates as a single service, provided by two sister organisations, unified by a single identity, a common metaphor and a shared model of care.

'PUAWAI' is responsible for the assessment, treatment and rehabilitation of mentally abnormal offenders from the Midland region, spanning the Waikato, Lakes, Taranaki and Bay of Plenty District Health Board districts. It is one of five such services in the country and has inpatient, court, prison and community based services. Situated within the tribal lands of the Tainui people, amidst the '*kingitanga'*, it serves a regional population with higher than average numbers of Maori and has a disproportionately high number of Maori service users. 'PUAWAI' operates a general model of care that incorporates a culturally appropriate approach to the provision of 'best practice' forensic psychiatric assessment treatment and rehabilitation, with the option of a specialist kaupapa Maori approach to rehabilitation.

Background

The progressive de-institutionalisation of Tokanui Hospital, through the late 1980s and 1990s, saw the development of a community service along with court and prison liaison services in the early 1990s and the eventual migration of the Waikato Regional Forensic Psychiatric Service from 'D Ward', in Tokanui Hospital, to the Henry Rongomau Bennett Centre (HRBC), within the Waikato Hospital campus, in December 1997. The service thus provided medium and minimum secure inpatient services as well as court and prison liaison services and community based forensic services for the Midland region.

Equally, at this time, *'Whai ora'* (a kaupapa Maori inpatient psychiatric unit based within Tokanui hospital), migrated from the Tokanui campus to settle eventually on *Ngati Haua* land, now the 'Tamahere Hospital and Healing Centre', run by Hauora Waikato, a Maori owned and operated non government mental health service provider. From a poorly funded fledgling service, Hauora Waikato has grown and is funded to provide a wide range of forensic psychiatric services including fifteen adult, *kaupapa Maori* inpatient forensic rehabilitation beds on the Tamahere site, court liaison, court report writing services (under the auspices of '*Toka Tu Mataara* forensic services') and Te Ara Kaupare (a youth forensic psychiatric service) for parts of the Waikato and wider Midland region.

The funding of two separate forensic services was unique and offered the opportunity for complementary services and a choice for forensic mental health service users.

Unfortunately, the early years following de-institutionalisation, were characterised by conflict, competition and mistrust between the two providers and this opportunity was never really realised. With independent organisational governance, fundamentally different models of care, different approaches to service provision and poor inter-service relationships, the opportunities for co-operation and collaboration were far and few between.

An independent review conducted in 2005 by a review team lead by the Professor Paul Mullen, noted the problems that had arisen between the two providers and lamented the lost opportunities. It noted a number of areas for potential improvement including: the need for culturally appropriate model of care across both providers; the need for more cooperation and collaboration between providers and; the need for improved facilities on the Waikato Hospital campus site.

Early beginnings

Informal attempts at establishing a co-operative relationship and a more integrated approach to service provision were repeatedly frustrated by a lack of ultimate commitment to a new way of working and/or a lack of any common accountability or commitment to a common model of care.

Discussions were short circuited by the arrival of a new chief executive officer (CEO) of the Waikato District Health Board in late 2006. With no history in Waikato and significant experience of successful working relationships between government and non government health service providers, Mr Stamp immediately saw the potential benefits for patients of having a more integrated forensic mental health service, albeit provided by two different organisations. Equally he saw that if such an integrated model of service delivery were to be realised, each organisation would have to commit to a common approach and a single common point of clinical and managerial accountability.

At the same time, he acknowledged that limitations of the physical environment of the HRBC in delivering appropriate treatment and rehabilitation for forensic mental health service users, many of whom required inpatient care and containment for lengthy periods.

The CEO issued three challenges to both organisations:

1. To develop a model for a single, integrated forensic mental health service, provided by two providers;
2. To develop a common model of care that was contemporary, incorporating best practice forensic mental health care with Te Ao Maori (the Maori world view and approach) and;
3. To develop a business case for the development/refurbishment of forensic psychiatric facilities within the HRBC that best supported the provision of the new model of care (above).

One Service: Two Providers

Under the guidance of Mr Stamp, a work group made up of representatives from each organisation was appointed to address all three challenges. Mindful of the need for commitment from each organisation and the need for a common source of accountability, a common governance group was established.
This was comprised of senior leaders from each organisation, a representative of the Midland District Health Board chief executive officers and an independent chairman with significant experience in the area of forensic mental health service development/provision.

With the establishment of this group in 2008 a common executive clinical director (ECD) was appointed, sitting across both organisations, mandated by, and responsible to, the governance group (GG).

Under the leadership of the GG, the ECD worked with the leadership of each organisation in the development of the common model of care and the business case for the development of some new facilities and the refurbishment of some existing facilities, on the HRBC site to better support the delivery of the agreed model of care (see below).

A senior Maori leader from within the *Tainui* people was commissioned to develop a common name for the single service and for all units and facilities across the service. Further, a service metaphor was born out of the natural environment and surrounds of the Midland region encompassing the bush and the many waterways of the region in describing the journey of a service user moving through the various stages of forensic assessment, treatment, rehabilitation and eventual return to independent community life. The name '*PUAWAI'* (depicting the importance of both holding/containing and cleansing or healing elements) was identified from within the metaphor as the common service name. In the midst of significant changes for both services the service metaphor and service name provided a single point of focus for both services that was based on the journey of a service user. The metaphor identified the various stages of that journey, the roles that the various service units might play in facilitating that journey and appropriate names for each unit which (across providers) that depicted their function.

A process of consultation was undertaken with key stakeholders (including each of the iwi groups) from around the Midland region and the common model of care; metaphor, overall service and constituent unit names were universally supported. Of note, as a sign of their support for the initiative, each *iwi* group from around the Midland region gifted a *kohatu* (rock) to be placed around the courtyard, outside the *Te Puna a Taane* (the new *whare* and spiritual heart of the DHB service in the refurbished HRBC site).

A common service logo (based on the metaphor) was developed and variations on the logo were adopted to represent each separate unit within the service, forming the icon for the single service and the importance of the common model of care.

At a service delivery level the ECD worked closely with leaders from each service in developing a single service continuum with common processes and protocols across key service interfaces and a common point of accountability. This encouraged a move away from seeing the service as made up by two providers to one which spans a range of different interfaces between constituent parts of a service continuum. Thus agreements across the interfaces between two units became more about function and patient need, than about service/unit sovereignty. This was formalised with the development of a service wide 'Clinical Governance Group' involving representatives of all service areas (and both providers), across the spectrum of care.

The implementation of a single service, with seamless movement of patients and staff, across the interface between providers was assisted by the unexpected need to subcontract 12 additional beds (and therefore transfer 12 patients) from the HRBC site to Tamahere Hospital and Healing Centre for a period of approximately two years, whilst the new facilities were built, and others refurbished, on the HRBC site.
This necessitated a much closer working relationship and the temporary movement of some staff from the DHB campus to the Tamahere Hospital and Healing Centre.

A common model of care and the facilities development

The common model of care required the explicit description of a series of service values and principles, that were both consistent with *Te Ao Maori* (the Maori world view-incorporating Maori values, Maori traditional processes, practices and activities) as well as with contemporary, best practice forensic mental health care, across the security spectrum. These values and principles formed the basis for all subsequent service development.

Identifying specific elements of the model of care allowed identification of a range of different interventions (both clinical and cultural), the necessary staff skills required to deliver them and the need for the strategic recruitment of specific staff (with specialist skills and abilities).

Equally, the common service values, principles and the model of care formed the basis for the development of new facilities and/or the refurbishment of existing ones. There were a number of other imperatives for further facilities development on the HRBC site. These included:

- any new development had to be affordable within current resources, thus excluding the possibility of major rebuilds and/or a 'Greenfields' development;

- any new development had to reflect the new service metaphor and support service delivery consistent with the new model of care;
- any new development had to enable the provision of care to specific sub-populations of service users, e.g. intellectually disabled offenders, different genders etc.
- new/refurbished facilities had to be mindful that some service users would be required to live in them for extended periods;
- any new developments needed to offer a range of settings for care and containment.

Thus developments on the HRBC site involved:

- the development of a new and dedicated entrance, housing reception and the service security team, reflecting the new name (PUAWAI) and regional identity of the service;
- the development of a new *Ngakau* (heart) for the service that reflects the service metaphor and acknowledges the importance of growth and development. This centre incorporates a general purpose *whare* (or communal meeting place), named *Te Puna a Taane,* and a *kokiri* (rehabilitation/activities centre) named *Te Puawaitanga* , separated by a courtyard which gives the sense of being surrounded by natural elements and which would house each of the kohatu, gifted by the various iwi of the Midland region.
- the refurbishment of all other units with a reduction of the number of patients in each unit and a move to a modular design of bedrooms allowing for the specific care of certain sub-populations;
- the development of two new semi independent units with different levels of inherent security and intensity of rehabilitation;
- a general increase in the capacity of the service overall;
- the re-decorating of all units to reflect a warmer and more homely environment.

Equally, the Tamahere Hospital and Healing Centre became a specific kaupapa Maori rehabilitation service within PUAWAI and also underwent significant growth and development with an increase in its capacity (both in terms of staff and facilities), developments in the programmes provided within *Kohi Maara* (the kaupapa Maori rehabilitation programme) and increased lifestyle, occupational and recreational opportunities for service users.

A regional and supra regional perspective

In addition to the consultation process regarding the new model of care and proposed service changes, a twice yearly stakeholders' report is published identifying issues relevant to service provision and giving regional feedback on service utilisation. The ECD also undertakes annual regional visit to constituent DHBs to discuss relevant issues of mutual interest. The ECD and service manager from the DHB service also sit on the Midland regional leadership group where regional issues of interest are discussed.

Regional forensic psychiatric liaison meetings/clinics are held on a monthly basis in each DHB area around the region and regionally agreed process for the interface between the regional service and the various DHB adult mental health services have been established.

The ECD and service manager of the Waikato DHB service sit on the New Zealand Forensic Psychiatry Advisory Group and participate in national and supra-regional service planning. Mindful of the special relationship with the Auckland Regional Forensic Psychiatry Services and areas of shared interest, e.g. Springhill Corrections Facility, the Midland Regional Forensic Psychiatric Service has participated in a number of joint training and service development activities.

Huia ki a PUAWAI - and so there is growth……

There continue to be a number of local, regional and national challenges for PUAWAI, however, the opening of the new service on 26 August 2010 jointly by the Hon Jonathan Coleman (Associate Minister of Health) and a representative of Kingi Tuheitia (the Maori king), celebrated the work of so many and cemented a firm foundation of One Service, provided by Two Providers.