# Blueprint II Feedback

**An outcomes oriented, whole-of-population life course**

1. Do you agree with the five outcomes that are proposed to shape how things need to be?

**General Comments about this section:**

Presented overarching principles, did not agree – No to the outcomes, but identified the following principles

- Due to the breadth of the outcomes, we are unable to agree to these, as we are unable to understand how this is applied to Maori
- Unable to understand how this can maintain and strengthen Maori Mental Health gains ie too generic

**The following are their overarching principles**

- Treaty of Waitangi must be demonstrated through Blueprint II and other foundation documents (1e)
- Whanau ora framework
- He Korowai Oranga
- Declaration of Indigenous Rights
- He Puawai Wero

**Use of Maori models of Outcomes measures to demonstrate evidence using**

- Hua Oranga
- Maintaining and building on the gains made by Maori
- Maori participation in the systems that are developed to meet the needs of Maori
- Maori Health is not a tack on (ie deprivation funding)

a. Systems have been developed to respond earlier in the trajectory of development of mental health and addiction (MH&A) issues to reduce lifetime impact.
YES/NO

b. Resilience, recovery and independence have been increased to minimise usage of high risk pathways through mental health, addiction, care and protection, and justice services.
YES/NO

c. Resiliency of those with high prevalence MH&A conditions has been developed to reduce the impact on loss of health, functioning and independence.
YES/NO

d. Recovery for those most severely affected by MH&A conditions has been strengthened. YES/NO

e. The effectiveness and productivity of the health system as a whole has increased. YES/NO

2. If you disagree, please tell us why.

3. Are there any other objectives we need to shape how things need to be?

**A system of care that is people centred, responsive, timely and integrated, builds resiliency and is recovery focused**

4. Do you agree with the six areas of change required in system response?

a. Self care and resiliency support. Increase support for consumers and family-centred services to respond most appropriately, to build capacity for self care and promote resiliency and wellbeing.
YES/NO

b. Develop a responsive “no wait” system to ensure prompt access to services, reduce escalation and loss of resiliency.
YES/NO

c. Closer to home responses in less intensive settings, to shorten the response pathway and reduce pressure on limited specialised resources.
YES/NO

d. Integrated responses across addiction, mental health and behavioural disorders, to provide a more effective balance of response. Where longer duration of support is needed, our systems of care must retain the focus on pathways to recovery.
YES/NO

e. Strengthened focus on the flows along pathways to resilience and recovery; reduce coercion, reduce duration in services and frequency of relapse.
YES/NO

f. Join up services across general health and the social sector to gain greater impact and synergy from combined capability and resources.
YES/NO

5. If you disagree, please tell us why.

6. Are there any other areas required in system response?

**Creating a step change in performance that maximises results we achieve from our limited resources of energy, time, capability and money**

7. Do you agree with the ideas proposed to create a change in performance?

8. If you agree with any of the ideas proposed to create a change in performance, please rank them in the order of priority for you.

Ideas proposed to create change in performance YES/NO READINESS RANKING
1=NOT READY
3= SOMEWHAT READY
5= COMPLETELY READY

a. One system multi-funded – aligning resources and integrating responses across health and social sectors.
YES/NO

b. A fast access ‘no wait’ system that meets needs earlier, less intensively and can restore people back to their own support structures faster.

YES/NO

c. Reducing variation in clinical practice, safety and quality. YES/NO

d. Increasing clinical time to care through reducing waste. YES/NO

e. Organising roles and teams so that everyone is operating at the top of their scope.
YES/NO

f. Response pathways provide fast assessment & direct access to the least intensive, most effective, closest to home response possible.
YES/NO

g. Organising care into integrated stepped or stratified layers of care. YES/NO

9. If you disagree, please tell us why, and tell us of any other ideas that you may have on how to create a change in performance.

10. What do you think is needed for the MH&A sector to make these changes?

**Building evidence informed system change capability**

11. Do you agree with the move to a more evidence informed approach to system level change?

1. Identify the small number of innovative system-of-care developments that can initiate the step change in performance needed.
YES/NO

2. Using these as our focus, work with the sector to apply the evidence base for effective change to identify the system antecedents, system readiness and adoption/assimilation capabilities needed.
YES/NO

3. Again drawing on the evidence base, make recommendations to Government and central agencies on change support infrastructure required that will align the formal policy, monitoring and resourcing frameworks with sector led change networks and the change intelligence support needed.
YES/NO

12. If you disagree, please tell us why.

13. Are there any other approaches to system level change you would recommend?

**Developing effective sector leadership**

14. Do you agree with the five proposed areas to develop sector leadership?

a. Stronger national and regional mental health and addiction networks, strengthened with a stronger role in shared governance and accountability for achieving agreed local outcomes and performance goals.
**YES**/NO

- However need to ensure equal partnership for Maori, accountability to Iwi/Maori Maata Waka
- Simplicity – too academic, needs to be real korero

b. Ministerial targets for MH&A. These targets should be seen as an opportunity to enhance the profile of MH&A as an important contributor to the wider system of government in areas such as employment, transition to adulthood and at-risk youth.
**YES**/NO
- But realistic targets taking into account the NGO sector, again simplicity

c. Continued advocacy and championship. The Office of the Health and Disability Commissioner (which will include a Mental Health Commissioner from 1 July 2012) should have the role of championing the new Blueprint and monitoring its implementation.
YES/**NO**
- Because MH&A is not a disability, whanau often become well

d. Aligned accountability processes. The National Health Board and Ministry of Health should support the development and implementation of new national KPIs and accountabilities for District Health Boards that step beyond the current Blueprint access targets.
YES/**NO**
- KPIs are not outcomes based ie. Whanau Ora

e. Aligned central agency support. All central health agencies should work with their housing, education, justice and welfare partners to achieve a more supportive environment for recovery and resiliency.
**YES**/NO
- Kaimahi know each others services. We know Whanau Ora at grass root level however lets see it happen at ministerial level

15. If you disagree, please tell us why.

16. Are there any other areas you would propose to develop sector leadership?

**Guiding outcomes oriented development and resourcing decisions**
17. Do you agree with the approach to supporting sector led performance improvement?

a. An evolution of existing KPIs. Using the base of the existing national KPI programme, develop an agreed set of nationally consistent KPIs with a stronger output and outcome focus using the Triple Aim / Results Based Accountability approach that is aligned with broader sector based direction.
**YES**/NO
- As per 14D & 14E – use a different language other than benchmark

b. Providing an integrated, benchmarked, outcomes oriented approach to performance. Develop the emerging benchmarking capability in the KPI programme into sector supported approach to whole-of-system development that supports change development and resourcing and contracting mechanisms.
YES/NO

c. Introduce nationally consistent resource allocation guidelines. Develop a MH&A resource allocation decision support tool. This tool would provide a consistent systematic process for analysing need, performance and resourcing, to inform DHB MH&A resource allocation decisions (described in next section).
YES/NO

d. Annual process of review. DHBs would be required to apply the decision support tool on at least an annual basis. The data from this process would inform a national database that would enable

improved benchmarking, cross system learning and a national view of required forward investment levels in MH&A outcomes.
YES/NO

- Not in principle, however too mainstream

18. If you disagree, please tell us why.

19. Are there any other requirements for supporting sector led performance improvement?

**Evolving how we organise funding**

20. Do you agree we need to review how MH&A funding frameworks operate?

a. A modified ring-fence (i.e. over time, ring-fenced funding could be better aligned with population mental health and addiction needs and population-based health funding).
YES/**NO**

- No to population based, Yes to ring fenced and increase to deprivation funding

b. Increase the accuracy and reliability of future PBFF funding YES/NO

c. Improve the balance between inputs, outputs and outcomes in monitoring. YES/NO

- However focus on whanau based outcomes

21. If you disagree, please tell us why.

22. Do you have any other suggestions for evolving MH&A funding frameworks?

**Where do we start?**

23. What are the top three issues the MHC needs to take into account to support sector led implementation of any changes?

**Group 1**

1. Treaty of Waitangi (article 4)
2. Indigenous rights (a platform for other cultures, if Maori can't get it right, how can we get it right for others)
3. Health needs of Maori is not under a deprivation sub clause
4. Develop Maori workforce

**Group 2**

1. The Blueprint needs to reflect Tiriti o Waitangi
2. Whanau ora needs to be reflected in the Blueprint
3. Our whanau identified outcome focuses
4. Workforce

24. What are the top three issues the MHC needs to take into account to ensure better outcomes for vulnerable groups including Māori, Pacific peoples, refugees and people living under economic deprivation?

1. Reducing inequalities – peoples goals equal resources

2. Quality client info systems, secondary and primary (resources)
3. Maori Workforce Development is difficult (growing our own )
4. Rights Based vs Deprivation base – equal resources