

Mental Health & Addictions Funding Plan

Phase 1 December 2009

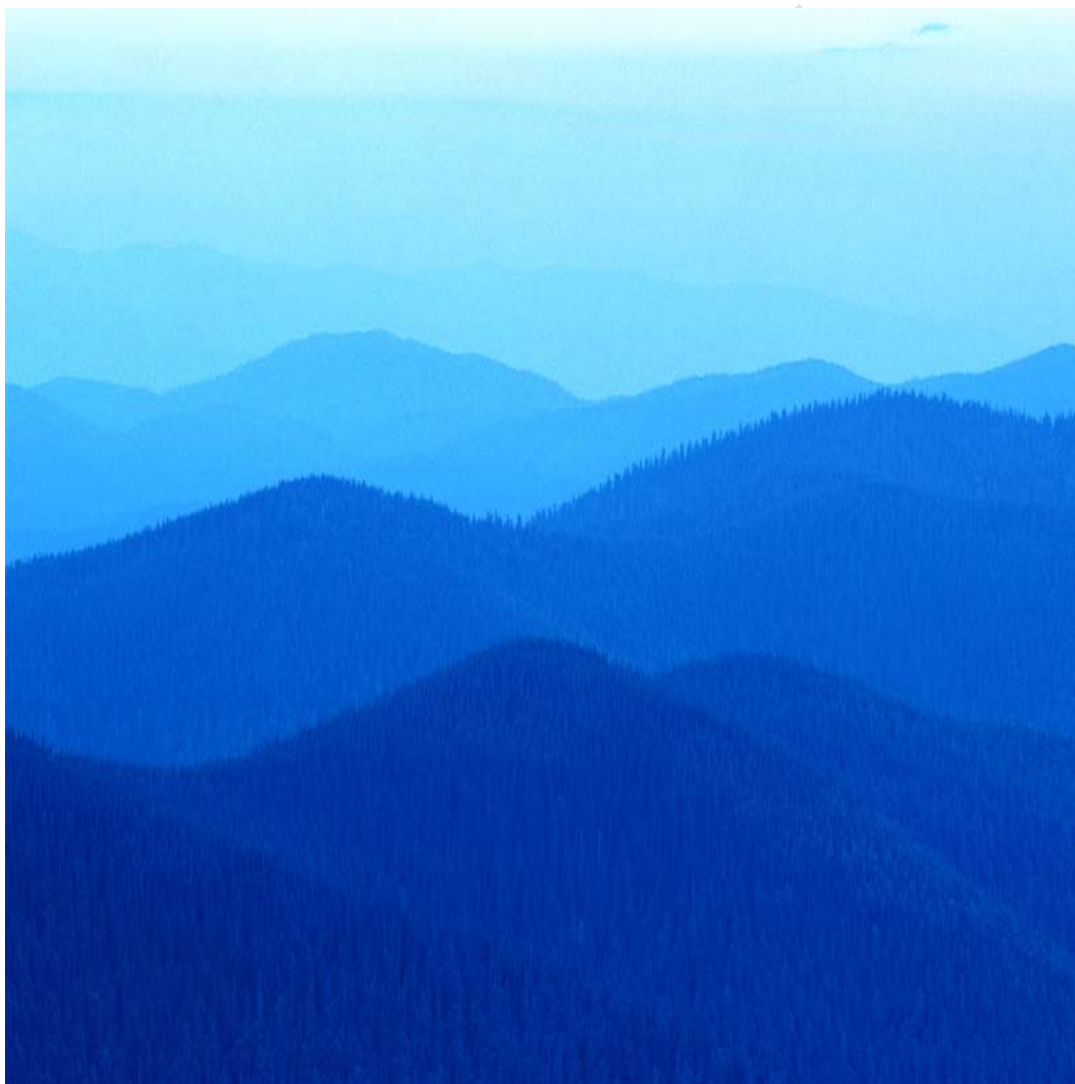


Table of Contents

Waikato District Health Board Vision.....	3
Purpose of the Funding Plan	3
Summary of Findings & Proposed Actions	3
Introduction	4
Relationships with Māori.....	4
Mental Health & Addictions Prioritisation Papers 2009/10	4
Improving Access	5
Phase 1 Findings	5
<i>Benchmarking</i>	5
<i>Table 1 Variance Summary</i>	6
Feedback Received.....	7
<i>Clinical Advisory Group</i>	7
<i>Health Waikato Adult Mental Health Services</i>	7
<i>Iwi Maori Council</i>	7
<i>Sector Feedback</i>	7
<i>Other Feedback</i>	8
Conclusion	8
<i>Service investment opportunities (Phase 1)</i>	8
Recommendations	8
Next Steps	9
<i>Phase 1</i>	9
<i>Phase 2</i>	9
Appendices	10
<i>Clinical Advisory Group Members</i>	10
<i>Engagement List</i>	10
<i>Prioritisation Papers 2009/2010</i>	11
<i>Timeline</i>	12

Waikato District Health Board Vision

Te Hanga Whaioranga Mo Te Iwi – Building Health Communities

Waikato District Health Board (DHB) will improve the health, independence and quality of life of the communities it serves by addressing the needs of the population and reducing health disparities.

Purpose of the Funding Plan

To provide the Mental Health & Addictions sector with a transparent framework within which funding decisions are made for the 3% of the Waikato DHB population who have the most serious mental illnesses and addiction issues.

Phase 1

- High level funding plan available for sector feedback from 18 December, 2009
- Further work be undertaken to determine the relative priority of any other shortfalls identified in the recently drafted mental health & addiction data
- Detailed funding arrangements for Adult Mental Health Community Clinical Services (2010/2011) available from end March 2010
- Exploration of solutions regarding child & youth inpatient services

Phase 2

- Development of a longer horizon funding plan (commences late 2010 timeframe to be confirmed)

Summary of Findings & Proposed Actions

Service	Finding	Comment	Proposed Action
Adult Community Clinical FTE	50.42 FTE under PBF (25%) 42.38 FTE under Blueprint (22%)	Significant variance from expected level	Identified for additional resource in 2010/2011
Child & Youth Inpatient Beds	4.47 beds under PBF (78%) 5.94 beds under Blueprint (83%)	Variance from expected level	Identified for further work to explore regional developments and undertake discussions with the C&Y sector & Auckland DHB
Methadone places	106.33 under PBF (26%) 239 places under Blueprint (44%)	Variance is expected - extremely high rates in the South Island skews data. Waikato DHB cohort significantly different to that of Canterbury. Currently no waiting list and no evidence that increased service is required	Nil at present

Introduction

The large number of discrete prioritization proposals (20) received for mental health (many of which are for specific geographical areas) raised concerns that the usual prioritisation approach would not lead to a coherent overall service picture that would maximise the benefit from the investment. The Waikato DHB Community and Public Health Advisory Committee (CPHAC) therefore approved an alternative approach to be taken by Planning & Funding specifically for mental health and addictions prioritisation proposals¹.

This approach has resulted in the development of this phase 1 mental health & addictions funding plan, which provides high-level direction for decision-making related to Waikato DHB 2009 mental health & addictions investment. While it is unknown in the current fiscal environment what new money will be available in future, where there is new money for mental health & addictions services, Planning & Funding will be guided by this planning process.

By end of March 2010 specific investment priorities within Adult Mental Health community clinical services will be identified, where Planning & Funding will focus any new money in 2010/2011. This will be developed with the active participation of Te Puna Oranga to ensure the approach meets the needs of Maori and that Maori are fully engaged in the process.

This initial phase 1 plan is based on the following research and engagement:

- benchmarking information;
- relevant literature e.g., Service Specifications, Waikato DHB plans;
- expert clinical advice;
- feedback from the mental health & addictions local advisory group/sector, and
- feedback from DHB advisory groups, community health forums and primary health organisations

A full list of organisations invited to feed back on the benchmarking information in phase 1 is in the Appendix.

Relationships with Māori

Waikato DHB is committed to improving Maori well-being as well as Maori participation and partnership through the development of the phases of the funding plan process. Engagement with Maori has been through a number of mechanisms in development of the high level funding plan and this approach will be strengthened through the remainder of phase 1 and phase 2.

Mental Health & Addictions Prioritisation Papers 2009/10

Those papers relating to adult mental health community clinical FTEs will be reviewed by the Clinical Advisory Group and further advice will be sought from Health Waikato Adult Mental Health Services.

¹ Non-mental health & addictions proposals will follow the usual process

Proposers of those relating to service areas outside adult mental health community clinical services will be advised that they have been unsuccessful for 2010/11. These papers will be retained by Planning & Funding to be considered as inputs into the longer term mental health & addictions funding plan.

Detail of all mental health & addictions prioritisation papers submitted (including funding requested) can be found in the Appendix.

Improving Access

Waikato DHB is committed to reducing inequalities and the work undertaken in this area will enable progress to be made. One of the key ways this can be achieved is through identifying the indicators that can be used both to inform planning and development, and be used by service providers to reported on. Where available these indicators will be defined by determinants of health such as age, ethnicity, socio-economic status and geographic location.

As well as clinical input around these indicators, it is expected that Maori will be specifically engaged in the development process. This work will be increasingly relevant as we move towards the longer horizon plan commencing mid-2010, and it is expected that outcome measures will be developed by this time.

Phase 1 Findings

Benchmarking

The table below is a summary of benchmarking information and the variances against Blueprint (1998) and population based funding (PBF).

The quantitative information used to benchmark should be fairly reliable, however there will be some errors (or “noise”) in the data and for this reason a margin of error is expected. Within the timeframe we have been unable to access full information from all DHBs to update for increases since 2007/08, so the external data used for comparative purposes is expected to be understated.

The detailed benchmarking and qualitative information can be found in the updated information pack available on the Waikato DHB website www.waikatodhb.govt.nz

Table 1 has been updated since the draft information was presented to stakeholders, to reflect the review of population based funding by age group that was requested by the Clinical Advisory Group. Further work regarding this is currently being undertaken.

Table 1 Variance Summary

Service	Waikato DHB volume 2009/10	Variance to PBF share	Variance to blueprint	Comments
Adult community clinical FTE	149.32	50.42 under	42.38 under	Significant variance from expected level using both benchmarks
Adult inpatient beds	64.25	19.25 under	32.95 under	Significant variance but largely within the sub-acute area potentially explained by model of providing care in residential settings
Adult residential beds and community support	\$19,504,939 m	\$147,211 over ²	N/A	Combined expenditure in line with national average
Specialist community clinical FTE	16.08	3.23 over	1.12 under	With the additional funding expected for eating disorders it is expected this area will be at (or above) the blueprint guideline. There may however be sub-groups within the specialist services which require further review (i.e. possible growth in mental health ID dual diagnosis clients).
Specialist beds	National information incomplete in terms of what has been mapped to this service. Eating disorders will largely be addressed through national process.			
Health of older persons inpatient beds	14.63	1.94 over	0.3 over	Slightly above comparative purchase levels however is explainable through demographic changes.
Health of older persons community FTEs	25.73	0.4 over	4.87 under	Significant investment has occurred over the last few years - probably needs the opportunity for new services to bed in before further considerations given.
Child and youth community clinical FTE	102.71	9.94 over	0.29 under	This area has been the subject of an extensive review over the last 3 years and has had increased investment. Currently at blueprint targets and high compared with PBF share.
Child and youth inpatient beds	1.26	4.47 under	5.94 under	Appears to be under purchase levels. A small increase in this area could be a priority focus.
Child and youth residential & respite services	\$894,153	\$149,361 over	N/A	High by comparison with other DHBs - needs to be considered in conjunction with the preceding child & youth service areas.
Alcohol & drug residential services	46.05	3.73 under	1.00 under	To be advised. Further analysis is being carried out on the A&D area
Alcohol & drug Inpatient detox services	2.0	0.34 under	1.00 under	A degree of under-funding, however noted that service is not yet operating at the 2 beds committed (funding prioritised in 2008/09.)
Alcohol & drug community assessment & treatment FTEs	56.93	3.78 over	8.77 under	Blueprint benchmarks are considered to be less robust in A&D than in other areas. PBF benchmark indicates that Waikato DHB is in line with national purchase levels. Consideration may be given to this area in Phase 2.
Methadone placements	301	106.33 under	239 under	Variance is expected - extremely high rates in the South Island skew data. Waikato DHB cohort significantly different to that of Canterbury. Currently no waiting list and no evidence that increased service is required
Non-blueprint services	\$3,399,250 m	\$1,209,237 m (35.57%) over	N/A	Represents only 3.4% of the total mental health investment by Waikato DHB. With the one-line adjusters removed Waikato DHB appears to invest in non-Blueprint services at a dollar rate that is higher than the DHB's population share would indicate.

² Percentage applied is total population and should ideally be split to remove child/youth and >65y. This will be done over the next period of phase 1

Feedback Received

Clinical Advisory Group

The CAG endorsed the process used by Planning & Funding to develop the funding plan. They supported the initial focus on adult mental health community clinical FTEs, the intention to explore solutions to an identified shortfall in child & youth inpatient beds with key stakeholders and the intention to do further work to determine the relative priority of any other shortfalls identified in the recently drafted mental health & addictions data.

Health Waikato Adult Mental Health Services

The initial benchmarking has indicated clinical service gaps. Clinical services are largely provided by the provider arm so Health Waikato Adult Mental Health Services were asked to respond with their perceptions of the gaps. Their initial response was as follows:

“The information reinforces some of the areas in adult services that were identified as needing enhancement and development by the recent Adult Mental Health Services Improvement Project. The project did not focus on the levels of funding but rather on the intention to reorganise for delivery of contemporary services as a part of our vision for a more effective service delivery model. The lack of child & youth inpatient beds for the region has been of concern. Admitting youth to an adult inpatient setting is not acceptable, however no workable solution has been found to date.”

The following feedback has been summarised. Full feedback may be viewed on the internet at www.waikatodhb.govt.nz

Iwi Maori Council

A presentation was made to Iwi Maori Council on 2 December, 2009. Feedback received via Te Puna Oranga (Māori Health Service) included:

- ensuring that indicators of potential inequalities are developed in partnership with Te Puna Oranga (Māori Health Service), and
- ensuring that planning includes Iwi Māori Council

Sector Feedback

Mental Health & Addictions feedback was invited via the Local Advisory Group, the Te Puna Oranga Māori provider hui on 30 November and a Sector Briefing held on 27 November. An information pack has been available on the Waikato DHB internet site since 20 November.

Respondents were Hauraki Child & Youth Cluster, Pathways, Women's Wellness Ltd, Centre 401, Rostrevor House.

The following was identified from the feedback, however it was unclear if feedback was related to the information presented at the sector briefing.

- Crisis respite for children & youth in Hauraki and more generally, respite services for adults and clients of maternal mental health services to prevent hospitalisation
- Support for accommodation to keep healthy (levels 1&2) ie, away from alcohol & drugs. In particular for homeless people/those who are not eligible to gain support from Pathways/those without life skills

- Support for updating Recovery education by people with experience of mental illness is required
- Secondary/clinical services: support for discharge to NGOs, need for more clinical staff and beds, more permanent relationships with doctors (they often change), specialist services for families of children/young people diagnosed with ADHD/ADD
- Primary services, particularly for children & youth in Hauraki. Physical support to access GPs and social groups was identified as a gap
- Counselling, employment support, more Kaupapa Maori services
- Family advisor sitting as an advisory position to the Board

Other Feedback

General feedback on service gaps was invited from Waikato District Health Board Community Health Forums (CHF), Advisory Groups and Primary Health Organisations (PHOs). Respondents were the Rural Health Advisory Group, AgeWise, Matamata-Piako CHF and South Waikato CHF. Responses were as follows:

- Rural crisis response
- Calming and restraint education for aged residential care staff
- Accommodation for >65yr with mental health & addiction issues and chronic conditions
- Alcohol & drug services for those >65yr and youth 13 -17yr
- Counselling for those 11 -14yr and males >25yr
- Crisis, self harm services, residential care
- Primary care co-ordination

A document containing the complete feedback from all respondents will be available on the Waikato DHB website before Christmas, along with this phase 1 funding plan.

Conclusion

Service investment opportunities (Phase 1)

Even with the considerations relating to data, significant difference has been found in the area of adult community clinical FTEs (see Table 1).

The other area that has indicated possible under-resourcing is inpatient beds for the child & youth population. Phase 1 will include further work to identify current approaches to regional developments, and discussions with the child & youth mental health & addictions sector and Auckland DHB.

Recommendations

That:

1. The focus for any new investment 2010/2011 should be adult mental health community clinical services;
2. Further work be undertaken to explore child & youth regional inpatient developments and undertake discussions with the C&Y sector & Auckland DHB regarding solutions to a shortfall in child & youth inpatient beds
3. Further work be undertaken to determine the relative priority of any other shortfalls identified in the recently drafted mental health & addiction data

4. A longer term mental health & addiction funding plan be developed towards the end of 2010

Next Steps

Phase 1

This high level plan is available for feedback from 22/12/09 to 20/01/10

By 31 March 2010

Development of detailed funding arrangements for 2010/11 (specific to adult clinical community mental health services) will be undertaken. This will identify service configuration and expected funding. It will include key performance indicators (KPIs) for measuring the impact of the investment. KPIs will be aligned with the District Annual Plan (DAP).

Active participation will be sought from Te Puna Oranga to ensure Maori are fully engaged and that the approach meets the needs of Maori.

Phase 2

Development of a longer horizon mental health & addictions funding plan to commence late 2010 (timeframe to be confirmed).

A working group made up of members of Planning & Funding and Te Puna Oranga (Maori Health Service) will progress work relating to inequalities and outcome monitoring. This work will inform Phase 2.

Appendices

Clinical Advisory Group Members

Brett Paradine	General Manager Planning & Funding (Chair)	
Rajiv Singh	Clinical Services Director / DAMHS Mental Health & Addictions Service	
Louise Leonard	Clinical Nurse Manager Community Alcohol & Drug Service (CADS)	
John Strachan	Clinical Director Mental Health Services for Older People	
Erina Morrison	Clinical Nurse Director Mental Health	
Rees Tapsell	Clinical Director Forensic Service	
Arran Culver	Pou Whakawaruwaru Consultant Child & Adolescent Psychiatrist Hauora Waikato	
Graham Mellsop	Professor of Psychiatry Waikato DHB Academic Centre	
Andrew Darby	Clinical Director Adult Mental Health	by invitation
Eleni Nikolau	Clinical Director Adult Mental Health	by invitation

Members of P&F working group (in attendance as required)

Engagement List

Ballymena Properties	Ruapehu Community Health Forum
Centre 401 Trust	Hamilton City Community Health Forum
Family & Caregiver Support Inc	Matamata-Piako / Waipa Community Health Forum
Laura Fergusson Trust	Thames Coromandel Community Health Forum
Hauora Waikato Mental Health Services	South Waikato Community Health Forum
Healthcare of New Zealand	Waitomo / Otorohanga Community Health Forum
Manaaki Trust	Pacific Advisory Group
Progress to Health	Iwi Māori Council
Mental health Solutions	Local Advisory Group
Connect Supporting recovery	AgeWISE
People Relying on People	Rural Health Advisory Group
Richmond Fellowship NZ Incorporated	Waikato Primary Health
Stepping Out Hauraki	Hauraki PHO
Te Awhi Whanau Charitable Trust	North Waikato PHO
The Ngati Maniapoto Marae Pact Trust	Toiora Maori PHO Coalition
Workwise	Webhealth
Alcohol & Drug Community Support	Blueprint centre for learning
Cambridge Community Agencies Network Charitable Trust	The Waikato Clinical Psychology Educational Trust
Northern King Country Drug & Alcohol Counselling	Schizophrenia Fellowship - Supporting Families in Mental Illness
Pacific Peoples Addiction Services	Ngā Ringa Awhina
Te Runanga O Kirikiriroa Charitable Trust	HealthShare
The Salvation Army New Zealand Bridge	Whai Marama Youth Connex
Waahi Whaanui Trust	Rostrevor House
Odyssey House Trust	The Youth Horizons Trust
Higher Ground	Taumarunui Kokiri Trust
Pai Ake Trust	Care NZ Limited
Te Korowai Hauora o Hauraki Incorporated	Health Waikato Adult Mental Health Service

Te Rohe Potae
 Waikato Alcohol and Drug Addiction Counselling
 Centre (Hanmer Clinic Hamilton)
 Te Puna Oranga (Māori Health Service) –
 Waikato DHB Māori Health Unit
 Pathways

Waikato Pasifika Health Trust
 Regional Mental Health Network
 Raukawa Trust Board t/a Raukawa Health
 Services
 Women's Wellness Ltd

Prioritisation Papers 2009/2010

Prioritisation papers submitted by Health Waikato (7)

Title	Funding Requested	Sustainable?
Dialectical Behavioural Therapy Training	\$200,000	No
Police Consultation Liaison FTEs	\$125,038 pa. Consideration to increase this to 2.0 FTE in 2011.	Yes
AOD South Increase in FTEs	\$371,983.27 pa	Yes
Home-based Treatment	\$1,172,547.00 pa	Yes
Consultation Liaison Service Extension	\$537,230 pa	Yes
Intellectual Disability/Dual Diagnosis Additional FTE	\$117,204.82 pa	Yes
Kaitakawaenga FTE	\$80,000 pa	Yes

Prioritisation papers submitted by other organisations (5)

Title	Funding Requested	Sustainable?
Metabolic screening and management clinic at Pharmacy 547	\$85,000 pa	Yes
Mental Health Specific Maori Community Health Worker (Co morbidities of Mental illness and Chronic Disease)	\$100,000 pa	Yes
Pou Korowai (Cultural advice and guidance)	\$100,000 pa	Yes
Maternal Mental Health Respite Services – 5 FTE pa	Not costed	Yes
Improve access by Maori and enhance quality of C&Y MH& A services in Hauraki	\$263,775 pa	Yes

Prioritisation papers endorsed by Local Advisory Group (8)

Title	Funding Requested	Sustainable?
Follow up and Reintegration: Enhancing quality outcomes for adolescents exiting residential drug and alcohol treatment in the Midland	\$100,000 pa	Yes
Withdrawal Management and Client Development: Getting ready for adolescent residential drug and alcohol treatment in the Midland Region	Not costed	Yes
Enhancement of core service delivery South C&Y cluster – 3 clinical FTEs pa	Not costed	Yes
Increase peer support workers in wards 2 FTEs	\$186,250 pa	Yes
Accommodation AoD to provide 10 beds with 24/7 staffing	\$249,400 pa	Yes
Increase by 3.5 Clinical FTEs - Child & Youth AoD	\$380,789 pa	Yes
Increase AoD counselling in schools to extend the number of Alcohol and other Drug counsellors in Waikato Secondary Schools by 3 full time equivalent (FTEs)	\$326,392 pa	Yes
Supported accommodation – older people with age related issues	\$463,306 (10/11), thereafter \$694,960 pa	Yes

Total Approx \$4.859m (Note: several proposals have not been costed)

Timeline

Mental Health & Addictions Funding Plan Phase 1 Indicative Project Timeline

Wednesday, December 16, 2009

