

Mental Health & Addictions Funding Plan Information Pack

November 2009 (updated 21 December, 2009)

Introduction

The large number of discrete prioritization proposals (20) received for mental health (many of which are for specific geographical areas) has raised concerns that the usual prioritisation approach will 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) has therefore approved an alternative approach to be taken by Planning & Funding specifically for mental health and addictions prioritisation proposals¹.

This approach will result in the development of a mental health & addictions funding plan which will initially provide direction for decision-making related to the level of Waikato DHB support for the 2009 mental health & addictions prioritisation papers. However the plan will also identify general areas where Planning & Funding should focus any service investment over the next 3 to 5 years.

The information in this pack will contribute to the development of the plan, as will the other information outlined below.

Information contained in this pack

- Benchmarking information (updated)
- Summary of guiding documents
- Excerpts from the 2009/10 District Annual Plan (DAP) and draft reporting requirements for 2010/2011
- Timeline (updated)

Other information which will inform the plan (but is not contained in this pack)

- expert clinical advice;
- feedback from the mental health & addictions local advisory group/sector; and
- feedback from Waikato DHB advisory groups, community health forums and primary health organisations.

Next Steps

It is expected that a draft funding plan based on the above information will be available for final consultation just prior to Christmas, with a deadline for feedback towards the end of January 2010 (to meet the Waikato DHB Board deadline).

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

Population Based Funding (PBF) Comparison

Review of comparative expenditure against service categories.

The attached schedules compare mental health volumes and expenditure on the Waikato DHB domiciled population with other populations. The information for most services² will be presented with

- Waikato DHB levels compared with national levels (or subnational i.e. older people where only two regions data has been included)
- Waikato DHB compared with other larger centres
- Waikato DHB compared with other midland DHBs

The information from other DHBs is as reported in the 2007/08 agreement expenditure data received from the Ministry of Health, which is the most recently available. Whilst this should be fairly reliable there is likely to be some errors (or “noise”) in the data and for this reason a margin of error should be expected. Within the timeframe we are unlikely to be able to access full information from all DHBs to update this for increases since 2007/08, so the external data used for comparative purposes is expected to be understated.

For Waikato DHB data the information contained within the 2007/08 agreement expenditure file has been used as a base and updated to 2009/10 agreement information. These include an adjustment in relation to the Mental Health Solutions Limited agreement (between service categories) and inclusion of a range of increases (or prioritisations yet to be commenced) since the 2007/08 year, which have been adjusted back to estimated 07/08 price levels to enable comparison. A complete list of these changes is available in schedule 1.

Important note: In considering the data it is important to recognise the following key factors:

1. That the comparative level may not be the correct level (i.e. may be low for all DHBs) but will drive the global PBF calculations;
2. That the relationship between certain categories and local service models will impact on the real need;
3. As stated above there will be a margin of error in the data and the comparisons are between 09/10 (and prioritised out year volumes) for Waikato DHB compared with 07/08 for other DHBs.
4. The comparative data for DHBs was accessed through a national file and has not been independently verified with these DHBs.

² Forensic data has not been included in this comparison as process is outside of local prioritisation.

Population based funding (PBF)

The vast majority of funding DHB's receive is through the population based funding formula. The population based funding formula is a formula which has been developed to allocate the total funding pool across DHBs (i.e. it is a tool for allocation of available funding across DHBs rather than driving the amount of funding available for allocation).

The PBF formula is developed by looking at the different demographic sub-units and calculating (using the best information available) the likely health costs for that sub-group.

Examples of Mental Health funding

	Female Maori					Female OTHER				
AGE	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5
0-4	\$ 165	\$165	\$ 165	\$ 165	\$ 165	\$ 49	\$ 65	\$ 88	\$ 105	\$ 106
5-9	\$ 165	\$165	\$ 165	\$ 165	\$ 165	\$ 49	\$ 65	\$ 88	\$ 105	\$ 106
10-14	\$ 165	\$165	\$ 165	\$ 165	\$ 165	\$ 49	\$ 65	\$ 88	\$ 105	\$ 106
15-19	\$ 514	\$514	\$ 514	\$ 514	\$ 514	\$ 152	\$ 203	\$ 274	\$ 327	\$ 331
20-24	\$ 456	\$456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293
25-29	\$ 456	\$ 456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293
30-34	\$ 456	\$456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293
35-39	\$ 456	\$456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293
40-44	\$ 456	\$456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293
45-49	\$ 456	\$456	\$ 456	\$ 456	\$ 456	\$ 135	\$ 180	\$ 242	\$ 290	\$ 293

(a)

(b)

(c)

- (a) A female 43 year old Maori living in any quintile areas would attract revenue of \$456
- (b) A female 43 year of "other" ethnicity (non Maori or pacific) living in a quintile 3 area would attract revenue of \$ 242
- (c) A female 43 year of "other" ethnicity (non Maori or pacific) living in a quintile 5 area would attract revenue of \$ 293

This information is then multiplied for each of the 600 population subunits to arrive at a total funding amount for each DHB. The national figures are then added together and each DHB's share of the indicative national pool is that DHB's PBF weighting.

Waikato DHB receives 9.12% of the national mental health funding compared with its share of total funding of 8.65%.

Limitations to PBF calculations.

National calculations have been based on the best information available nationally. For some services (egg personal health inpatient services) all information collected will be available with gender, age, ethnicity, and domicile information meaning that the resulting information should be fairly accurate. For mental health however the information available from national systems is less robust. For this reason weightings have been averaged across

certain groups as there has not been the detail necessary to work out weightings for each sub-group. Whilst this may mean some results look strange (i.e. mental health expenditure on a 0-4 year old being the same as a 10-14 year old, or expenditure on Maori not varying across quintiles) the overall result should reflect relative usage. In future years the model will be refined as national expenditure data with more supporting demographic detail becomes available.

Unmet need

As expenditure data is based on the identified actual expenditure where there is unmet need for services from a particular ethnicity or age group this may not be reflected in the weights. This is addressed in two ways. For mental health the Ministry adjusted the expenditure upwards on the Pacific Island population to be the same as 'other ethnicities'. At a national level there is also an adjustment (non service specific) for 'unmet need' which is weighted towards ethnicity and deprivation. Waikato DHB receives 9.52% of the unmet need allocation.

Blueprint Comparison

The Blueprint guidelines were printed in 1998 and were developed as guidelines for future service development and as a benchmark for the sector to head towards in terms of overall funding levels.

Blueprint information was designed to be used at the more macro level and particularly for smaller DHBs there was caution advised in relation to how the information was applied.

The blueprint document has not been updated since the 1998 version and accordingly there are queries whether certain components of blueprint are applicable to current clinical practice, and whether the targets are appropriate where external social or demographic factors may have changed significantly since this time.

Other key aspects to note include:

- Blueprint benchmarks are at a raw population level (i.e. X FTEs per 100,000 total population). This is assumed to be based on the population mix circa 1997, however in relation to age bands if there have been significant changes in the child and youth or over 65 years population since this time, or if a DHB's demographic mix is significantly different to the national mix, the benchmark may not be appropriate.
- There are no ethnicity adjustment or deprivation adjustment factors within the blueprint guidelines. Waikato DHB receives an increased portion of total national funding through PBF for these factors, so they are seen as significant influencers of funding requirements.
- Ministry develop and circulate data mapping DHB volumes to the blueprint categories. This occurs at purchase unit levels. In many instances this is straightforward; however in some areas (particularly child youth and community support services) the mapping may not align with service planning groupings.

Relevant pages in the Blueprint document (attached) are pages 99-102, which illustrate the resources per 100,000 population for each service.

For the purposes of this document a Waikato DHB population of 360,330 is used i.e. a factor of 3.6 is applied to the blueprint document's guideline for volumes of resource recommended for a service type.

Variance Summary

This table summarises the following detailed information and shows the variance identified in the analysis

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	N/A	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
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	0.43 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	TBA Note: Further work is being undertaken regarding the 3 A&D lines
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 skews 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.

The following information contains the detailed analysis and assumptions which have been used to arrive at the variances.

Adult Community Clinical FTEs

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	199.74	
Blueprint guideline		191.7
Waikato DHB volumes 2009/10	149.32	149.32
Variance from PBF share of national volumes	50.42	
Variance from Blueprint		42.38

Reason for the difference in these variances

In this area Waikato DHB's variation from blueprint guidelines is smaller than its variation for PBF share which initially appears surprising. There are a number of factors which are likely to contribute to this including:

- The mental health PBF allocations have relatively high weightings for Maori and deprivation increasing Waikato's PBF share, whereas blueprint calculations do not include these factors.
- The possibility that the NZ population dispersment may lead to increased general adult community FTE roles rather than specialist roles. Reflecting this, national delivery against this blueprint category is high.
- The purchase models (i.e. separating residential services into bed and FTE components as per Waikato community high and complex service) may overstate contracted community FTE delivery.
- The potential changes in demand since the blueprint targets published in 1998.

Linkages with other purchase units

This purchase area is part of a continuum between inpatient services, these clinical community roles and community support FTEs. As identified in the section on adult inpatient beds, access to general acute beds is close to the expected level, however sub-acute care/rehabilitation beds are significantly below both PBF share and blueprint levels. It is understood this has been an intentional approach reflecting an increased focus on community based care, however it would be expected for this to be reflected in an increased demand for community clinical positions.

Comments and Assumptions

The level of clinical FTE staff purchased for the Waikato DHB population is significantly below the expected level.

Adult Inpatient Beds

Unit of measure: Available beds

	PBF share	Blueprint guideline
PBF share of national volumes	83.50	
Blueprint guideline		97.2
Waikato DHB volumes 2009/10	64.25	64.25
Variance from PBF share of national volumes	19.25	
Variance from Blueprint		32.95

Further breakdown of blueprint variance	Acute beds	Sub-acute beds
- Blueprint figures	54	43.2
- Contracted	51.2	13
Variance	2.8 beds	30.2 beds

There are a few factors impacting on variances which should be taken into consideration.

Acute beds

Whilst the variance from blueprint for adult beds is significant this is largely in the non acute areas. The blueprint calculation for Waikato DHB would indicate 54 acute beds. Contracted service delivery is 51.25 so this area is relatively close to the blueprint target.

These beds have however operated at extremely high occupancy levels. This may be due to changes in demand since the blueprint model was developed, however it may also be due to purchasing levels/access issues for other categories of beds (particularly child and Youth, eating disorders and high and complex needs clients unable to be managed appropriately within the sub-acute beds). The occupancy of the acute beds has potentially been overstated compared with the appropriate demand once high and complex inpatient and eating disorder inpatient and residential services are implemented.

Medium term – Sub- acute & Rehabilitation beds

Waikato DHB is significantly below the blueprint target for sub-acute/rehabilitation beds. Waikato DHB accesses 13 beds (following completion of the high and complex inpatient service) compared with a blueprint calculation of 43.2 beds.

Likewise Waikato DHB comparisons against national purchase levels are significantly lower. There is however a distortion in this area, as 123.7 of the 239 sub-acute beds purchased nationally are in the southern region.

Comments and Assumptions

1. Waikato DHB is purchasing close to blueprint levels for acute beds and this situation should be improved further by addressing high and complex (inpatient and residential unit) and eating disorder services.
2. The model of providing sub-acute /rehabilitation beds within the community setting is appropriate. The key requirement is having the correct level of clinical inputs to support these services.

07/08 Blueprint

Adult Inpatient Beds

Background data

Variance from PBF share	19.25	Beds
(note - a postive variance means purchase level is below estimated PBF share)	3,111,328	\$\$
	19.34%	% \$\$

	Total Mental health PBF weights	Actual numbers Beds	% of national	Dollars	% of national
Waikato (as per dataset)		58.25		\$11,728,429	
Waikato (adjusted for known changes)	8.96%	64.25	6.89%	\$12,978,722	7.23%
Waikato figures if at PBF share	0.00%	83.50		\$16,090,050	
National 07/08 data		925.88		\$178,326,160	
National (with revised Waikato figures)	100.00	931.88	100.00%	\$179,576,453	100.00%
Regions					
Northern	37.55%	289.71	31.09%	\$62,370,404	34.73%
Midland (incl revised Waikato figures)	21.24%	151.58	16.27%	\$30,113,323	16.77%
Central	19.94%	200.19	21.48%	\$36,818,119	20.50%
Southern	21.27%	290.40	31.16%	\$50,274,607	28.00%
Large DHB					
Auckland	10.87%	88.76	9.53%	\$18,402,501	10.25%
Counties	11.94%	64.90	6.96%	\$13,624,948	7.59%
Waitemata	10.32%	94.87	10.18%	\$22,410,742	12.48%
Capital and Coast	5.94%	64.57	6.93%	\$12,282,682	6.84%
Canterbury	10.37%	147.50	15.83%	\$24,204,168	13.48%
Otago	3.95%	55.00	5.90%	\$9,995,691	5.57%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%	35.86	3.85%	\$7,036,916	3.92%
Lakes	2.83%	12.34	1.32%	\$2,448,782	1.36%
Tairāwhiti	1.49%	10.54	1.13%	\$1,862,999	1.04%
Taranaki	2.55%	26.43	2.84%	\$5,390,534	3.00%
Waikato	9.12%	64.25	6.89%	\$12,978,722	7.23%

Waikato Adjustment factors

09/10 High & Complex Inpatient beds

6	\$1,250,293
0	\$0
0	\$0

Total adjustment

6	\$1,250,293
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Comments & Data sources

Data sources

Adult Residential Beds & Community Support FTE

It is difficult to analyse these two areas separately due to arrangements such as the Mental Health Solution Limited agreements where the services are purchased as community support FTE but may previously (or could in other DHBs) be classified as residential beds. These funding approaches make it difficult to compare national groupings.

This does however create an increased margin of error within the calculations so from a practical perspective we have combined the funding analysis for these two areas.

Combined expenditure comparison with other DHBs

	PBF share
PBF share of national expenditure	\$19,357,728
Waikato DHB funding 2009/10	\$19,504,939
Variance from PBF share of national expenditure	\$147,211 over

Residential beds (unadjusted)

Unit of measure: Occupied beds

	PBF share	Blueprint guideline
PBF share of national volumes	169.44	
Blueprint guideline		258**
Waikato DHB volumes 2009/10	139.48	139.48
Variance from PBF share of national volumes	29.96	
Variance from Blueprint		118.52 under

**Note: the blueprint calculations were based on groupings of level 1&2, level 3+ and residential intensive long term treatment. Since the blueprint was developed there has been a national movement away from purchasing level 1 & 2 services.

Community Support FTE

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	182.08	
Blueprint guideline		145.9
Waikato DHB volumes 2009/10	187.24	187.24
Variance from PBF share of national volumes	5.16 over	
Variance from Blueprint		41.34 over

This area is difficult to get a real national comparison due to Mental Health Solutions Limited and other questions re comparability. It is also difficult to know, what, if any the impact of the closure of Tokanui and service users choosing to remain domiciled in the Waikato DHB area has had in the demand for residential services. This factor remains to a lesser extent in relation to the HBC and the number of clients from outside of Waikato who may have shifted towards Hamilton services post discharge.

The number of beds available in the Waikato DHB is probably around the correct level but there may be particular populations of need within the population that are not as well catered for. Key groups include women, service users with ageing related issues and physical health needs.

Comments and Assumptions

Further work needs to occur in order to get a sense of whether the mix of services being purchased is in line with other DHBs nationally. As per the table above however expenditure is in line with the national levels so changes required in the medium term are more likely to Reflect realignments than additional investment.

Combined residential and Community Support FTEs

07/08 Blueprint

Background data

	Total Mental health PBF weights	Actual numbers FTE	% of national	Dollars	% of national
Waikato (as per dataset)				\$18,403,307	
Waikato (adjusted for known changes)	9.12%			\$19,504,939	9.19%
Waikato figures if at PBF share	0.00%			\$19,357,728	
National 07/08 data				\$211,154,159	
National (with revised Waikato figures)	100.00			\$212,255,791	100.00%
Regions				\$0	
Northern	37.55%			\$80,325,673	37.84%
Midland (incl revised Waikato figures)	21.24%			\$44,216,923	20.83%
Central	19.94%			\$41,514,015	19.56%
Southern	21.27%			\$46,199,219	21.77%
Large DHB					
Auckland	10.87%			\$22,439,075	10.57%
Counties	11.94%			\$23,790,144	11.21%
Waitemata	10.32%			\$21,421,614	10.09%
Capital and Coast	5.94%			\$16,818,204	7.92%
Canterbury	10.37%			\$20,045,747	9.44%
Otago	3.95%			\$9,464,363	4.46%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$11,355,025	5.35%
Lakes	2.83%			\$5,995,245	2.82%
Tairāwhiti	1.49%			\$2,058,746	0.97%
Taranaki	2.55%			\$5,296,997	2.50%
Waikato	9.12%			\$19,504,939	9.19%

Comments & Data sources

Data sources

Specialist Community Clinical FTE

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	12.85	
Blueprint guideline		17.2
Waikato DHB volumes 2009/10	16.08	16.08
Variance from PBF share of national volumes	3.23 (over)	
Variance from Blueprint		1.12 under

Within this grouping are:

- maternal mental health positions
- eating disorder positions
- services for refugees
- mental health / ID dual diagnosis positions
- disabling personality disorders.

Within the national blueprint categories, severe anxiety disorders and mental illness prevention services have also been included under this category but have been excluded from the 17.2 guideline figure calculated.

Note: Confirmation of funding for a further 1 FTE eating disorder position, funding for local service provision and a share of the regional eating disorder team based in Auckland is expected shortly.

As can be seen from the detail sheet attached this has been an area where there has been significant investment in Waikato DHB since the 2007/08 year. It is expected that there would also have been significant investment in these services in other DHBs so comparing Waikato's current commitments with the sector's 07/08 expenditure will have a large margin of error.

A level of caution should be applied in relation to national purchasing of specialist positions as the small populations/geographical isolation of many DHBs may result in less specialist/more generalist positions being funded.

Comments and Assumptions

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. suggested growth in mental health ID dual diagnosis clients).

Background data

Variance from PBF share	(3.23)	FTE
(note - a postive variance means purchase level is below estimated PBF share)	-215,982	\$\$
	-13.23%	% \$\$

	Total Mental health PBF weights	Actual numbers FTE	% of national	Dollars	% of national
Waikato (as per dataset)		9.50		\$1,150,164	
Waikato (adjusted for known changes)	9.12%	16.08	11.41%	\$1,848,470	10.33%
Waikato figures if at PBF share	0.00%	12.85		\$1,632,489	
National 07/08 data		134.33		\$17,201,788	
National (with revised Waikato figures)	100.00	140.91	100.00%	\$17,900,095	100.00%
Regions					
Northern	37.55%	58.15	41.27%	\$7,785,125	43.49%
Midland (incl revised Waikato figures)	21.24%	27.69	19.65%	\$3,028,645	16.92%
Central	19.94%	30.52	21.66%	\$4,013,691	22.42%
Southern	21.27%	24.55	17.42%	\$3,072,633	17.17%
Large DHB					
Auckland	10.87%	22.77	16.16%	\$3,057,978	17.08%
Counties	11.94%	11.62	8.24%	\$1,496,093	8.36%
Waitemata	10.32%	20.62	14.63%	\$2,816,115	15.73%
Capital and Coast	5.94%	7.80	5.54%	\$1,080,710	6.04%
Canterbury	10.37%	19.45	13.80%	\$2,435,725	13.61%
Otago	3.95%	0.60	0.43%	\$82,687	0.46%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%	6.10	4.33%	\$620,222	3.46%
Lakes	2.83%	2.41	1.71%	\$193,000	1.08%
Tairāwhiti	1.49%	2.11	1.50%	\$244,545	1.37%
Taranaki	2.55%	1.00	0.71%	\$122,408	0.68%
Waikato	9.12%	16.08	11.41%	\$1,848,470	10.33%

Waikato Adjustment factors

Add - Maternal MH (MHCS28A)	0.00	\$0
Add - Maternal MH (MHCS28B)	3.00	\$302,697
Add - specialist eating disorders (MHCS09)	0.10	\$21,554
Add - specialist eating disorders (MHCS09)	2.00	\$201,798
Add - refugee/new migrant svce (incl Poc)	0.20	\$43,107
	1.28	\$129,151
Total adjustment	6.58	\$698,306

Comments & Data sources

Data sources

Specialist Beds

Information on this area was not comparable so data table not prepared.

In looking at the national data reported against specialist beds the only items reported are:

- maternal respite and inpatient
- eating disorder services in Canterbury provider division.

This indicated a total of 26.7 beds nationally.

Services such as access to eating disorder services at Ashburn Hall have not been categorised as specialist beds.

Waikato DHB women requiring maternal inpatient services would have inpatient admissions to HBC and would receive assistance with mental health oversight through the mothercraft unit (if able to be catered for) which is not reported as a mental health service.

Comments and Assumptions

- Eating disorders has been considered through the recent national review which will result in increased access to inpatient and residential beds in Auckland.
- Maternal beds/access is unable to be benchmarked on the data available.

Mental Health of Older People Inpatient Beds

Unit of measure: Available beds

	PBF share	Blueprint guideline
PBF share of (northern and Midland)	12.69	
Blueprint guideline		14.4
Waikato DHB volumes 2009/10	14.63	14.63
Variance from PBF share of national volumes	1.94 over	
Variance from Blueprint		0.3 over

Note: Contracted volumes reflect the increased purchase of beds as a result of prioritisation in March 2008. This prioritisation had applied benchmarking information on bed numbers compared to the older population in the northern region.

The above volumes suggest Waikato DHB is sitting slightly above the blueprint guideline and 2.38 beds above PBF share.

Two factors should be considered in relation to this:

- The blueprint guidelines published in 1998 apply a factor across the total population. In 1997 the national population over 65 years of age was 435,818 or 11.52% of the national population. In 2009 it is estimated that 552,060 (12.80%) of the national population is over 65 years of age. This reflects a growth in the over 65 population since the blueprint model was developed of 26.7% nationally and 32.7% for Waikato. In this same period of time the total populations grew by 14.1% nationally and 10.7% for Waikato.

Given the relative growth in the proportion of the population over 65 years of age it is likely that the blueprint calculation is no longer appropriate at total population level. Calculating the blueprint guidelines on the over 65 population only, given the growth in the over 65 year population since 1997, would result in a requirement for 16.46 beds.

- As noted above the PBF share has been calculated based on northern and midland regions only as the central and southern regions purchase these services under older persons services. Waikato DHB, having 12.8% of its population over 65 years old, is significantly higher than the average across the remainder of the northern & midland region of 11.66% (10.7% in northern region and 15% in the remainder of midland).

Comments and Assumptions

Whilst Waikato DHB access appears slightly high in this area the variances are explained by the portion of the population in this age group in relation to both blueprint calculations and the PBF shares.

No further increases would appear indicated at this time based on comparative data.

07/08 Blueprint

Older Peoples Beds

Background data

Variance from PBF share	(1.94)	Beds
(note - a postive variance means purchase level is below estimated PBF share)	-289,225	\$\$
	-10.92%	% \$\$

	Total Mental health PBF weights	Actual numbers Beds	% of national	Dollars	% of national
Waikato (as per dataset)		10.71		\$2,150,653	
Waikato (adjusted for known changes)	16.07%	14.63	18.53%	\$2,937,821	17.83%
Waikato figures if at PBF share	0.00%	12.69		\$2,648,596	
National 07/08 data		75.04		\$15,693,202	
Northern and Midland data (with adjusted Waikato)	100.00	78.96	100.00%	\$16,480,370	100.00%
Regions					
Northern	63.87%	50.91	64.48%	\$10,427,066	63.27%
Midland (incl revised Waikato figures)	36.13%	28.05	35.52%	\$5,553,772	33.70%
Central	0.00%	0.54	0.68%	\$93,871	0.57%
Southern	0.00%	2.05	2.60%	\$405,660	2.46%
Large DHB					
Auckland	18.50%	15.48	19.60%	\$3,156,052	19.15%
Counties	20.31%	14.52	18.39%	\$2,736,498	16.60%
Waitemata	17.56%	17.00	21.53%	\$3,784,988	22.97%
Midland DHBs					
Bay of Plenty	8.94%	6.26	7.93%	\$1,238,647	7.52%
Lakes	4.81%	2.03	2.57%	\$381,302	2.31%
Tairāwhiti	2.53%	1.13	1.43%	\$205,806	1.25%
Taranaki	4.34%	4.00	5.07%	\$790,196	4.79%
Waikato	15.51%	14.63	18.53%	\$2,937,821	17.83%

Waikato Adjustment factors

Addl 4 inpatient beds (net of Midland IDF)

0	\$0
3.92	\$787,167
0	\$0

Total adjustment

3.92 \$787,167

Comments & Data sources

Data sources

Mental Health of Older People Community FTEs

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	25.31	
Blueprint guideline		30.60
Waikato DHB volumes 2009/10	25.73	25.73
Variance from PBF share of Northern and Midland volumes	0.43 over	
Variance from Blueprint		4.87 under

Information on purchase levels against this area is only available for the northern and midland districts as the central and southern region purchase through older person's services rather than mental health.

Waikato DHB has invested in these services over recent years including an additional 7.7 FTE within the provider division services (across the core team and the memory clinic).

New FTEs are currently being employed as a result of new investment to take contracted volumes to the 25.73 noted above.

The same factors that apply to the older persons' inpatient beds in respect of the blueprint guideline being calculated nationally at a time when the proportion of the population over 65 was significantly lower, and the relative proportions of the population over 65 in the different DHB districts will also apply to this service.

Comments and Assumptions

It is reasonable to assume that in the period since 2007/08 there will have been some investment in this area in other DHBs also, which would mean that Waikato DHB was sitting on (rather than above) its PBF share.

Given that overall expenditure is sitting close to PBF share and the significant investment that has occurred over the last few years this area probably needs the opportunity for new services to bed in before further considerations are given.

Background data

Variance from PBF share	(0.43)	FTE
(note - a postive variance means purchase level is below estimated PBF share)	-28,049	\$\$
	-0.92%	% \$\$

	Total Mental health PBF weights	Actual numbers FTE	% of national	Dollars	% of national
Waikato (as per dataset)		18.03		\$2,103,568	
Waikato (adjusted for known changes)	16.07%	25.73	16.34%	\$3,075,372	16.22%
Waikato figures if at PBF share	0.00%	25.31		\$3,047,323	
National 07/08 data		149.76		\$17,989,567	
National (with revised Waikato figures)	100.00	157.46	100.00%	\$18,961,371	100.00%
Regions					
Northern	63.87%	92.13	58.51%	\$11,326,516	59.73%
Midland (incl revised Waikato figures)	36.13%	62.33	39.59%	\$7,279,417	38.39%
Central	0.00%	1.00	0.64%	\$119,835	0.63%
Southern	0.00%	2.00	1.27%	\$235,602	1.24%
Large DHB					
Auckland	18.50%	27.22	17.28%	\$3,255,461	17.17%
Counties	20.31%	21.68	13.77%	\$2,513,259	13.25%
Waitemata	17.56%	32.94	20.92%	\$4,343,028	22.90%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	8.94%	19.96	12.67%	\$2,241,618	11.82%
Lakes	4.81%	6.34	4.03%	\$701,352	3.70%
Tairāwhiti	2.53%	1.50	0.95%	\$221,500	1.17%
Taranaki	4.34%	8.80	5.59%	\$1,039,575	5.48%
Waikato	15.51%	25.73	16.34%	\$3,075,372	16.22%

Waikato Adjustment factors

Extension of Memory clinic - 0809	0.00	\$0
Addn to core MHSOP services	3.00	\$302,697
Addn to core MHSOP services - SMO	1.70	\$366,410
Total adjustment	7.70	\$971,804

Comments & Data sources

Includes OP Day programmes

Data sources

Child and Youth Mental Health Community FTEs

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	92.77	
Blueprint guideline		103.00
Waikato DHB volumes 2009/10	102.71	102.71
Variance from PBF share of national volumes	9.94 over	
Variance from Blueprint		0.29 under

This grouping includes youth related alcohol and drug services delivered via FTE. Also includes wrap-around services (programme based and converted to FTEs).

Comments and Assumptions

This area has been the subject of an extensive review over the last 3 years and has had increased investment. As this service is one of few areas where Waikato DHB is at blueprint targets and high compared with PBF share it is not considered as an area with relative service gaps at this time.

Note: funding for a further .5 FTE for the Southern cluster has recently been advised by the Ministry of Health.

Note: C&Y A&D positions mapped in blueprint to A&D services

Background data

Variance from PBF share	(9.94)	FTE
(note - a positive variance means purchase level is below estimated PBF share)	-1,035,051	\$\$
	-10.43%	% \$\$

	Total Mental health PBF weights	Actual numbers FTE	% of national	Dollars	% of national
Waikato (as per dataset)		90.71		\$9,636,630	
Waikato (adjusted for known changes)	9.71%	102.71	10.75%	\$10,956,781	10.72%
Waikato figures if at PBF share	0.00%	92.77		\$9,921,731	
National 07/08 data		943.42		\$100,860,390	
National (with revised Waikato figures)	100.00	955.42	100.00%	\$102,180,541	100.00%
Regions					
Northern	37.55%	298.69	31.26%	\$33,731,760	33.01%
Midland (incl revised Waikato figures)	21.24%	233.15	24.40%	\$23,617,905	23.11%
Central	19.94%	198.06	20.73%	\$20,748,131	20.31%
Southern	21.27%	225.49	23.60%	\$24,080,039	23.57%
Large DHB					
Auckland	10.87%	77.92	8.16%	\$8,785,305	8.60%
Counties	11.94%	84.50	8.84%	\$9,135,954	8.94%
Waitemata	10.32%	98.42	10.30%	\$11,724,619	11.47%
Capital and Coast	5.94%	63.41	6.64%	\$7,211,660	7.06%
Canterbury	10.37%	94.14	9.85%	\$10,320,171	10.10%
Otago	3.95%	49.97	5.23%	\$5,452,661	5.34%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%	61.14	6.40%	\$5,718,717	5.60%
Lakes	2.83%	34.33	3.59%	\$3,379,184	3.31%
Tairāwhiti	1.49%	11.79	1.23%	\$1,148,090	1.12%
Taranaki	2.55%	23.18	2.43%	\$2,415,133	2.36%
Waikato	9.12%	102.71	10.75%	\$10,956,781	10.72%

Waikato Adjustment factors

Add - C & Y primary liaison (MHCS07)	4.00	\$406,916
Add - C & Y after hours (MHCS07)	1.00	\$132,248
Add - re-orientation of C & Y to A & D roles	9.50	\$983,792
Additional youth A & D positions (MHCS36A)	2.00	\$207,114
Add- Starship now charging IDF for FTE input	0.50	\$51,779
Less C & Y NASC positions re-allocated (MHCS08A1)	-4.00	-\$359,968
Less - reconfiguration of Richmond service	-1.00	-\$101,729
Total adjustment	12.00	\$1,320,151

Comments & Data sources

Data sources

Child & Youth Mental Health Inpatient Beds

Unit of measure: Available beds

	PBF share	Blueprint guideline
PBF share of national volumes	5.73	
Blueprint guideline		7.20
Waikato DHB volumes 2009/10	1.26	1.26
Variance from PBF share of national volumes	4.47 under	
Variance from Blueprint		5.94 under

Contracted volumes represent Waikato DHB's share of three regional beds made available by Starship Hospital.

In addition to the service at Starship there are still a number of child & youth admissions (under 18 years) into the beds in Henry Rongomau Bennett centre. For these admissions the average length of stay over the last 4 years has been 12.9 days however 59% of admissions have been for 2 days or less.

Table: Number of child and youth discharges.

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Starship	2	2	21	20	29	23	18
HRBC	104	106	136	131	98	71	55

Current purchase levels in this area appears to be low in terms of both blueprint and PBF share basis.

It is understood however that admission to an inpatient unit for children and youth should if at all possible be avoided and therefore a DHB may choose to purchase at lower levels if these are supported by additional other services available in the community e.g., after hours, respite, community FTEs.

Admissions of youth into an adult service are not considered optimal. There is thus a service gap of available youth-specific beds, and a gap at least to the level of the current HRBC admissions. Anecdotally, most admissions of young people to HRBC are on weekends and after hours. Paediatric beds are used in a small number of cases relating to overdose or behavioural issues (under 5 per year).

Comments and Assumptions

Attention should be given to this area to explore opportunities for a small increase in access or alternative service models to inpatient admissions to avoid admission of youth into adult facilities. Given the low numbers of admissions a dedicated area for children and youth in the Waikato may not be a realistic option.

It is recommended that a small increase in this area be a priority focus.

Child & Youth Mental Health Residential & Respite Services

	PBF share
PBF share of national expenditure	\$744,792
Waikato DHB funding 2009/10	\$894,153
Variance from PBF share of national expenditure	\$149,361 over

As this grouping incorporates a mix of bed and programme-based approaches no useful comparison can be made using volumes against other DHBs or in terms of application of the blueprint guidelines.

Incorporates

- Residential mental health beds – 6 available beds
- Planned respite services purchased as programmes rather than bed capacity

Some service changes have occurred to increase clinical input over the last year to enable a more clinical focus for this area, to ensure clinical safety.

Comments and Assumptions

The above figures appear high by comparison with other DHBs however need to be considered in conjunction with the preceding child & youth pages.

Background data

Variance from PBF share		
(note - a positive variance means purchase level is below estimated PBF share)	-149,361	\$\$
	-20.05%	% \$\$

	Total Mental health PBF weights	Actual numbers Programmes	% of national	Dollars	% of national
Waikato (as per dataset)				\$798,537	
Waikato (adjusted for known changes)	9.71%			\$894,153	11.66%
Waikato figures if at PBF share	0.00%			\$744,792	
National 07/08 data				\$7,574,746	
National (with revised Waikato figures)	100.00			\$7,670,362	100.00%
Regions					
Northern	37.55%			\$1,029,235	13.42%
Midland (incl revised Waikato figures)	21.24%			\$1,748,115	22.79%
Central	19.94%			\$2,956,176	38.54%
Southern	21.27%			\$1,936,836	25.25%
Large DHB					
Auckland	10.87%			\$251,942	3.28%
Counties	11.94%			\$211,503	2.76%
Waitemata	10.32%			\$540,244	7.04%
Capital and Coast	5.94%			\$870,444	11.35%
Canterbury	10.37%			\$812,651	10.59%
Otago	3.95%			\$266,344	3.47%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$408,610	5.33%
Lakes	2.83%			\$405,000	5.28%
Tairāwhiti	1.49%			\$0	0.00%
Taranaki	2.55%			\$40,352	0.53%
Waikato	9.12%			\$894,153	11.66%

Waikato Adjustment factors

Reconfiguration of Richmond beds	1.95	\$146,447
Reconfiguration of YHT respite svce (equivalent FTE)	0.50	\$52,600
Less Home-based support FTEs disestablished as part of C & Y review	-1.50	-\$103,431
Total adjustment	0.95	\$95,616

Comments & Data sources

4 residential beds reconfigured to 6 with clinical input

MHCR10
MHRE04,05

Data sources

Alcohol and Drug Residential Services

- Includes adult and youth services

As the PBF benchmark and the blueprint guideline use differing approaches for youth services these have been separated out.

The PBF national volumes are a derived figure, as residential services are purchased across the country using both a bed based methodology (with prices reflecting the full service cost) and bed- and FTE methodology (reflecting FTE inputs with a bed price reflecting hotel costs only).

PBF share:

Unit of measure: occupied beds – adult and youth services combined

	PBF share
PBF share of national volumes	49.78
Blueprint guideline	
Waikato DHB volumes 2009/10	46.05
Variance from PBF share of national volumes	3.73 under

Blueprint guideline a. – adult services

Unit of measure: available beds

Service	Waikato DHB current resource	Blueprint guideline	Variance
Supported Living	7.00	7.20	0.20 under
Adult residential incl social detox	28.0 note 1	19.80	0.80 under
Dual diagnosis residential		9.00	
Total beds	35.00	36.00	1.00 under

- Note 1. Adult residential includes 4 beds contracted but un-utilised to date as expected demand has not eventuated. Actual purchase levels do not distinguish between A&D and dual diagnosis.

Blueprint guideline b. – youth services

Unit of measure: available beds

Service	Waikato DHB current resource	Blueprint guideline	Variance
Youth residential programmes	11.05 Note 2	3.42	7.63 over

- Note 2. The above figures incorporate bed days volumes delivered by Rongo Atea (6.67 beds) and Raukawa Trust Board's waka-based pilot programme (4.38 beds). Whilst Rongo Atea is clearly an residential programme the nature of the waka based programme could be reflected as either bed based or FTE based.

Comments and Assumptions

From a PBF share perspective there appears to be a level of under- delivery against combined adult and youth based residential services. This conflicts with the perspective obtained using blueprint guidelines.

Adult residential services appear to be at relatively acceptable levels when using the blueprint guideline, while youth residential services appear to be over-resourced.

Further analysis is being carried out in the A&D area

Background data

Variance from PBF share	3.73	Beds
(note - a positive variance means purchase level is below estimated PBF share)	743,858	\$\$
	27.12%	% \$\$

	Total Mental health PBF weights	Actual numbers Beds	% of national	Dollars	% of national
Waikato (as per dataset)		39.20		\$1,629,621	
Waikato (adjusted for known changes)		46.05	8.44%	\$1,999,149	6.65%
Waikato figures if at PBF share	9.12%	49.78	8.96%	\$2,743,007	
National 07/08 data		538.91		\$29,490,917	
National (with revised Waikato figures)	100.00	545.82	100.00%	\$30,076,827	100.00%
Regions					
Northern	37.55%			\$10,819,133	35.97%
Midland (incl revised Waikato figures)	21.24%			\$6,074,991	20.20%
Central	19.94%			\$6,341,262	21.08%
Southern	21.27%			\$6,841,440	22.75%
Large DHB					
Auckland	10.87%			\$2,941,175	9.78%
Counties	11.94%			\$3,270,078	10.87%
Waitemata	10.32%			\$3,442,697	11.45%
Capital and Coast	5.94%			\$1,523,329	5.06%
Canterbury	10.37%			\$3,306,866	10.99%
Otago	3.95%			\$1,202,256	4.00%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$1,860,379	6.19%
Lakes	2.83%			\$810,119	2.69%
Tairāwhiti	1.49%			\$371,024	1.23%
Taranaki	2.55%			\$1,034,320	3.44%
Waikato	9.12%			\$1,999,149	6.65%

Waikato Adjustment factors

Add - Increase in Odyssey Beds to 8 only minor uptake
Te Uthina - new investment

0.70 \$17,502

6.15 \$352,026

Total adjustment

6.85 \$369,528

Comments & Data sources

Odyssey beds increased to 8 but occupancy remains at 0708 levels

Data sources

Alcohol and Drug Community FTEs

- Includes clinical and non-clinical services for adults only

Unit of measure: Contracted FTEs

	PBF share	Blueprint guideline
PBF share of national volumes	53.15	
Blueprint guideline		65.70
Waikato DHB volumes 2009/10	56.93 Note 1	56.93 Note 1
Variance from PBF share of national volumes	3.78 over	
Variance from Blueprint		8.77 under

Note 1. This figure varies from that advised in previous versions, as an error was discovered and has now been corrected.

The PBF national volumes are a derived figure, as residential services are purchased across the country using both a bed based methodology (with prices reflecting the full service cost) and bed- and FTE methodology (reflecting FTE inputs with a bed price reflecting hotel costs only).

Comments and Assumptions

As there is a degree of scepticism surrounding the blueprint guideline this should be viewed with caution.

A level of over-resourcing is apparent when using the PBF share approach and therefore this area is not considered an area with relative service gaps at this time.

Further analysis is being carried out in the A&D area

Background data

Variance from PBF share	(3.78)	FTE
(note - a positive variance means purchase level is below estimated PBF share)	-1,242,697	\$\$
	-27.43%	% \$\$

	Total Mental health PBF weights	Actual numbers FTE	% of national	Dollars	% of national
Waikato (as per dataset)		53.76		\$4,163,264	
Waikato (adjusted for known changes)	9.12%	56.93	9.77%	\$5,773,732	11.62%
Waikato figures if at PBF share	0.00%	53.15		\$4,531,035	
National 07/08 data		579.60		\$49,314,631	
National (with revised Waikato figures)	100.00	582.77	100.00%	\$49,682,402	100.00%
Regions					
Northern	37.55%			\$20,006,135	40.27%
Midland (incl revised Waikato figures)	21.24%			\$13,317,722	26.81%
Central	19.94%			\$8,083,263	16.27%
Southern	21.27%			\$8,275,282	16.66%
Large DHB					
Auckland	10.87%			\$5,048,880	10.16%
Counties	11.94%			\$5,943,516	11.96%
Waitemata	10.32%			\$6,275,062	12.63%
Capital and Coast	5.94%			\$2,062,170	4.15%
Canterbury	10.37%			\$3,417,680	6.88%
Otago	3.95%			\$1,611,960	3.24%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$3,657,607	7.36%
Lakes	2.83%			\$1,411,306	2.84%
Tairāwhiti	1.49%			\$1,017,527	2.05%
Taranaki	2.55%			\$1,457,549	2.93%
Waikato	9.12%			\$5,773,732	11.62%

Waikato Adjustment factors

Add - prioritised funding (MHCS01A)	2.50	\$241,228
Hutt positions upgraded to clinical on devolution	0.00	\$61,894
Conversion of Svce co-ordination role (Pai ake)	0.67	\$64,649
Total adjustment	3.17	\$367,771

Comments & Data sources

Data sources

Alcohol and Drug Inpatient Detox beds

Unit of measure: Available beds

	PBF share	Blueprint guideline
PBF share of national volumes	2.34	
Blueprint guideline		3.00 Note 1
Waikato DHB volumes 2009/10	2.00	2.00
Variance from PBF share of national volumes	0.34 under	
Variance from Blueprint		1.00 under

Note 1. The blueprint guideline of 10.80 beds for the Waikato DHB population was queried with the Ministry of Health (MoH) as it appeared excessive, given the level of current demand. MoH confirmed that the guideline was not robust and that based on a comparison with Waitemata DHB the level of service that should be available to Waikato DHB was between 3.0 and 3.5 beds. The MoH guideline of 3.0 beds has been used in this table.

Comments and Assumptions.

Existing resources appear to be less than either benchmark would indicate is optimal.

It should be noted here that although funding for a second inpatient detox bed has been prioritised there have been difficulties in reaching the commissioning stage.

Further analysis is being carried out in the A&D area

Background data

Variance from PBF share	0.34	Beds
(note - a positive variance means purchase level is below estimated PBF share)	33,659	\$\$
	7.35%	% \$\$

	Total Mental health PBF weights	Actual numbers Beds	% of national	Dollars	% of national
Waikato (as per dataset)		1.00		\$207,726	
Waikato (adjusted for known changes)		2.00	7.78%	\$424,108	8.45%
Waikato figures if at PBF share	9.12%	2.34	9.12%	\$457,767	
National 07/08 data		24.71		\$4,802,998	
National (with revised Waikato figures)	100.00	25.71	100.00%	\$5,019,380	100.00%
Regions					
Northern	37.55%			\$2,433,633	48.48%
Midland (incl revised Waikato figures)	21.24%			\$432,763	8.62%
Central	19.94%			\$842,467	16.78%
Southern	21.27%			\$1,310,518	26.11%
Large DHB					
Auckland	10.87%			\$1,008,414	20.09%
Counties	11.94%			\$472,753	9.42%
Waitemata	10.32%			\$926,618	18.46%
Capital and Coast	5.94%			\$415,662	8.28%
Canterbury	10.37%			\$639,271	12.74%
Otago	3.95%			\$243,494	4.85%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$8,655	0.17%
Lakes	2.83%			\$0	0.00%
Tairāwhiti	1.49%			\$0	0.00%
Taranaki	2.55%			\$0	0.00%
Waikato	9.12%			\$424,108	8.45%

Waikato Adjustment factors

Add - detox bed not yet commissioned

1.00

\$216,382

Total adjustment

1.00

\$216,382

Comments & Data sources

Data sources

Methadone Placements

Unit of measure: Contracted placements

	PBF share	Blueprint guideline
PBF share of national volumes	407.33	
Blueprint guideline		540.00
Waikato DHB volumes 2009/10	301.00	301.00
Variance from PBF share of national volumes	106.33 under	
Variance from Blueprint		239.00 under

The above variance from national levels is partially the result of extremely high rates in the South Island. The cohort within the Waikato DHB is different to that of Canterbury in that there are significantly fewer injecting drug users. Even the inclusion of Springhill, Prison has not increased demand - only 9 of the current methadone client group are prisoners.

Comments and Assumptions

It has been clarified with Health Waikato that there is no waiting list for this service.

Background data

Variance from PBF share	106.33	Places
(note - a postive variance means purchase level is below estimated PBF share)	252,811	\$\$
	21.70%	% \$\$

	Total Mental health PBF weights	Actual numbers Places	% of national	Dollars	% of national
Waikato (as per dataset)		301.00		\$911,998	
Waikato (adjusted for known changes)	8.96%	301.00	6.62%	\$911,998	7.02%
Waikato figures if at PBF share	0.00%	407.33		\$1,164,809	
National 07/08 data		4546.12		\$13,000,101	
National (with revised Waikato figures)	100.00	4546.12	100.00%	\$13,000,101	100.00%
Regions					
Northern	37.55%	1304.00	28.68%	\$3,849,298	29.61%
Midland (incl revised Waikato figures)	21.24%	796.89	17.53%	\$2,206,722	16.97%
Central	19.94%	993.08	21.84%	\$2,702,439	20.79%
Southern	21.27%	1452.15	31.94%	\$4,241,643	32.63%
Large DHB					
Auckland	10.87%	500.11	11.00%	\$1,478,389	11.37%
Counties	11.94%	161.88	3.56%	\$481,282	3.70%
Waitemata	10.32%	432.25	9.51%	\$1,301,581	10.01%
Capital and Coast	5.94%	271.75	5.98%	\$791,545	6.09%
Canterbury	10.37%	698.15	15.36%	\$2,023,134	15.56%
Otago	3.95%	323.00	7.10%	\$970,089	7.46%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%	213.36	4.69%	\$554,154	4.26%
Lakes	2.83%	89.53	1.97%	\$218,990	1.68%
Tairāwhiti	1.49%	47.00	1.03%	\$135,177	1.04%
Taranaki	2.55%	146.00	3.21%	\$386,403	2.97%
Waikato	9.12%	301.00	6.62%	\$911,998	7.02%

Waikato Adjustment factors
(increases or commitments since base

0	0
0	0
0	0

Total adjustment

0 0

Comments & Data sources
Data sources

Non-Blueprint Service Lines

	PBF share - all service lines	PBF share – excluding one-line adjustments
PBF share of national expenditure	\$4,455,299	\$2,190,011
Waikato DHB funding 2009/10	\$3,399,250	\$3,399,250
Variance from PBF share of national expenditure	\$1,056,049 under	\$1,209,237 over
% Variance from PBF share of national expenditure	31.07% under	35.57% over

Non-blueprint service lines are a specific set of purchase codes deemed to be beyond the scope of the Ministry’s analysis of services, as the purchase unit codes excluded from the analysis are related only indirectly to ongoing service delivery – for example research and development, workforce development and quality improvement initiatives (MHRD01, MHWD01 & 02 and MHQI01). However as can be seen from the service line details DHBs utilise a large range of codes, some of which may well have service delivery components that are not readily identifiable from the descriptions supplied.

The above table depicts Waikato DHB’s position before and after “one-line” pricing adjustments (totalling \$24.8m nationally and utilised by thirteen DHBs, but not by Waikato DHB) have been removed.

Factors to be considered are:

- At 2009/10 levels, investment in non-blueprint services represents only 3.4% of the total mental health investment by Waikato DHB.
- The schedule of service lines included in this analysis indicates that a number of items could be deemed to have a direct service delivery component (e.g. the 0800 telephone line, residential co-ordination team)

Comments and Assumptions

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. However as this area is not a homogeneous grouping of like services, caution should be used in considering information on this category.

07/08 Blueprint

non Blueprint

Background data

Variance from PBF share	0.00	non Blueprint
(note - a postive variance means purchase level is below estimated PBF share)	-1,209,237	\$\$
	-55.22%	% \$\$

	Total Mental health PBF weights	Actual numbers Non Blueprint services	% of national	Dollars	% of national
Waikato (as per dataset)				\$3,275,719	
Waikato (adjusted for known changes)	9.12%			\$3,399,249	14.16%
Waikato figures if at PBF share	0.00%			\$2,190,011	
National 07/08 data				\$23,889,753	
National (with revised Waikato figures)	100.00			\$24,013,283	100.00%
Regions					
Northern	37.55%			\$6,302,916	26.25%
Midland (incl revised Waikato figures)	21.24%			\$6,542,850	27.25%
Central	19.94%			\$7,400,142	30.82%
Southern	21.27%			\$3,767,374	15.69%
Large DHB					
Auckland	10.87%			\$1,109,509	4.62%
Counties	11.94%			\$2,238,848	9.32%
Waitemata	10.32%			\$2,319,590	9.66%
Capital and Coast	5.94%			\$2,432,026	10.13%
Canterbury	10.37%			\$1,293,296	5.39%
Otago	3.95%			\$287,145	1.20%
Note - regional allocated based on PBF share					
Midland DHBs					
Bay of Plenty	5.26%			\$957,144	3.99%
Lakes	2.83%			\$708,597	2.95%
Tairāwhiti	1.49%			\$714,224	2.97%
Taranaki	2.55%			\$732,359	3.05%
Waikato	9.12%			\$3,399,249	14.16%

Waikato Adjustment factors

Remove 07/08 one-off projects					
Regionals MH network omitted fr 07/08				\$263,655	
Workforce training - 3 yr investment				-\$52,750	
Addl investment in Wko MH audit programme				\$23,805	
Incr in 0800 line commitment				\$211,667	
Remove academic pon commitment				-\$462,267	
0910 pilot via TPO				\$120,000	
0910 C & Y cluster co-ordination				\$201,108	
0809 price adj re: reporting				\$80,000	
0809 Primhd support				\$48,014	
Total adjustment		-1		\$123,530	

Comments & Data sources

Data sources

NON-BLUEPRINT ITEMS

Analysis of nation-wide dhb funding - 0708

Purch_Unit	PU Description	Sum of 2007/08 Total \$			Update to 2009/10	
		All DHBs	Exclude one-line adjusters	Comparative funding	Waikato DHB funding	Adjustment back to 0708 comparative
C01010	Well Child Framework Services	\$251,700		\$251,700		
C01014	School Health Services	\$177,372		\$177,372		
COGP0046	Inequalities Funding	\$19,500		\$19,500		
COOC0040	Training and Workforce Development	\$3,338		\$3,338		
COOC0055	Primary Youth Health Servic	\$481,572		\$481,572		
COOC0059	Health Promotion	\$33,999		\$33,999		
COOC9999	Personal Health Projects	\$395,277		\$395,277		
HOP1004	Restorative Home Based Support Level 1	\$9,336		\$9,336		
HS0015	Youth Sexual Health	\$46,170		\$46,170		
IN002	Service Integration and Health Information Projects	\$2,500		\$2,500		
M90002	General Practice Liaison	\$25,422		\$25,422		
MAOR0102	Maori Workforce Development	\$82,000		\$82,000		
MAOR0112	Maori Health Development	\$70,000		\$70,000		
MAOR0113	Maori Disability Support Services - Liaison Services	\$72,000		\$72,000		
MAOR0117	Whanau Ora - Maori Community Health Services	\$1,310,712		\$1,310,712	\$81,420	\$81,420
MAOR0130	Respiratory support services 0-14 years	\$121,044		\$121,044		
MAOR0140	Kaupapa Maori Advanced Chronic Care Nursing	\$128,256		\$128,256		
MHCMADJ	Community Mental Health Programmes Premium/Discount	\$2,870,535	-\$2,870,535	\$0		
MHCR08	Residential Co-ordination Service	\$862,444		\$862,444	\$378,168	\$378,168
MHCS34	Sub-contracted Services	\$283,663		\$283,663		
MHCS35	Community Services for Pacific Islands People	\$633,344		\$633,344		
MHIS14	Inpatient Access Fee	\$1,773,621	-\$1,773,621	\$0		
MHQI01	Quality Improvements	\$8,952,828		\$8,952,828	\$1,659,646	\$48,266
MHRD01	Research and Development	\$1,886,905		\$1,886,905	\$51,135	\$128,014
MHWD01	Workforce Development	\$5,918,707		\$5,918,707	\$1,105,351	-\$52,750
MHWD02	Workforce Development - CTA Places	\$52,154		\$52,154		
OLAMH	One Line Adjuster	\$20,194,527	-\$20,194,527	\$0		
OT03003	Pain management programme	\$24,000		\$24,000		
PHOE0002	Practice Viability - Additional Primary Healthcare Initiatives	\$154,392		\$154,392		
PHOM0008	Management Fee	\$38,000		\$38,000		
PHOMH001	PHCS MH Initiatives and Innovations	\$1,641,166		\$1,641,166		
RM001007	Nutrition	\$1,400		\$1,400		
RM00105	Mental Health	\$84,479		\$84,479		
S-1148	Non Sec 51 General Practice Services	\$114,183		\$114,183		
S-2513	Voluntary Group Support	\$11,889		\$11,889		
Grand Total		\$48,728,435	-\$24,838,683	\$23,889,752	\$3,275,720	\$123,530
check:		\$0			\$0	\$0
% share with one-liner adj. removed:				9.12%	13.71%	14.23%
Variance from PBF share:					50.35%	56.02%

NON-BLUEPRINT CATEGORY DETAILS

FUNDED BY WAIKATO DHB

Purchase Unit	Purchase Unit Description	Agreement details	2007/08	adjustments	2009/10	puc SUBTOTALS
MAOR0117	Whanau Ora - Maori Community Health Services	Maori Health Development	\$81,420	\$0	\$81,420	\$81,420
MHCR08	Residential Co-ordination Service	Health Waikato residential co-ordination team	\$378,168	\$0	\$378,168	\$378,168
MHQI01	Quality Improvements	0800 after hours telephone service	\$218,963	\$211,667	\$430,630	
MHQI01	Quality Improvements	Mental Health audit programme via Healthshare	\$173,918	\$23,805	\$197,723	
MHQI01	Quality Improvements	For consumer by consumer - specified project each year	\$94,680	\$0	\$94,680	
MHQI01	Quality Improvements	Midland Regional Mental Health Network	\$0	\$263,655	\$263,653	
MHQI01	Quality Improvements	Web Health (primary health integration)	\$300,000	\$0	\$300,000	
MHQI01	Quality Improvements	Early Intervention A & D pilot	\$100,116	\$0	\$100,116	
MHQI01	Quality Improvements	Child & Youth MH service cluster co-ordination	\$0	\$201,108	\$201,108	
MHQI01	Quality Improvements	Children whose parents are MH sufferers - pilot	\$0	\$120,000	\$120,000	
MHQI01	Quality Improvements	One-off projects now ceased	\$771,969	-\$771,969	\$0	\$1,707,910
MHRD01	Research & Development	Reporting & data collection projects	\$51,135	\$0	\$51,135	
MHRD01	Research & Development	Price premium re: additional reporting requirements	\$0	\$80,000	\$80,000	
MHRD01	Research & Development	Support for introduction of PRIMHD national collection & reporting	\$0	\$48,014	\$48,014	\$179,149
MHWD01	Workforce Development	Psychologist intern training	\$325,656	\$0	\$325,656	
MHWD01	Workforce Development	Nurse & Allied Health Graduate Programme	\$626,945	\$0	\$626,945	
MHWD01	Workforce Development	MH workforce - training/fee support	\$152,750	-\$52,750	\$100,000	\$1,052,601
			\$3,275,720	\$123,530	\$3,399,248	

Summary of Prioritisation Papers, Guiding Documents & Service Specifications October 2009

The following information has been summarised³ for review:

- a list of the prioritisation papers submitted in the September 2009 round and for 3 years previously
- recent MoH guidance documents (released since 2007) and the Midland strategic plan
- outcomes from local stakeholder planning meetings

1. 2009/10 Prioritisation Papers

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

1.1 Prioritisation papers submitted by Health Waikato September 2009 (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 - Te Puna Oranga - endorsed by MH&A	\$80,000 pa	Yes

1.2 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

³ Further detail is available if required

1.3 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

2. Past Prioritisation Papers

Note there was no prioritisation process for 2006/07

2008/09

Title	Blueprint Category	Amount Funding	Was it sustainable?
Additional A&D Counselling for Youth and Adults	C&Y community	\$446,930 pa	Yes
Police Consult Liaison	Community	\$125,000	No
Implementing the workforce development plan	Non Blueprint	\$300,000 for three years (one off funding for 08/09, 09/10 and 10/11)	No
Older people extension of community services and inpatient beds	Older People community Older People Inpatient	\$2,089,073 pa	Yes
Mental health service for Refugees	Community	\$134,000 pa	Yes
High and Complex Mental Health Needs Regional Inpatient service	Adult inpatient	\$2.048m pa	Yes
Additional Detoxification bed	A&D Inpatient	\$227,519 pa	Yes
Planned Urban Respite	Adult respite	\$217,282 pa	Yes

Title	Blueprint Category	Amount Funding	Was it sustainable?
Integrated employment	Community	\$405,157 pa	Yes
Support for child and youth with parents who have mental illness and addiction issues mental illness	Non Blueprint	\$125,000 per annum for two years	No
Maternal Mental Health Service	Specialist	\$349,263 pa	Yes
Extension of the Health Waikato Mental Health and Addictions Services new graduate programme	Non Blueprint	\$2,381,609.49 for three years	No
Mental Health and Addictions consumer resource and information service in the following areas: South Waikato (Te Awamutu, Otorohanga, Te Kuiti and Taumarunui	Community Consumer	\$35,648 pa Note: This re allocation of funding from regional (Auckland) consumer service	Yes
TOTAL		\$8.884m	

2007/08

Title	Blueprint Category	Amount Funding	Was it sustainable?
A&D after care	A&D community	\$ 3,600.00	No
High and Complex Community rehabilitation service	Adult Residential	\$1.5 m pa	Yes
Mental Health workforce Development	Non Blueprint	\$175,000	No
Memory Clinic	Older people Community	\$300K pa	Yes
Eating Disorders	Community	4,250K pa	Yes
TOTAL		\$2.517m	

2005/06

Year	Title	Blueprint Category	Amount Funding	Was it sustainable?
	MH Workforce Development Training Programme	Non Blueprint	\$129,250	No
	Alcohol and Drug Training	Non Blueprint	\$80,000	No
	Scholarships for NGO Providers	Non Blueprint	\$69,000	No
	Shared Dental Care	Non Blueprint	\$90,000	No
	Alcohol and Drug Residential Services	A&D Beds	\$91,000	No
	Trailblazers in Mental Health	Non Blueprint	\$5,000	No
	Self-harm & Suicide Prevention Collaboration	Non Blueprint	\$32,910 pa for three years.	No
	Mental Health New Graduate Nurse Co-ordinator	Non Blueprint	\$40,000	No
	Mental Health and	Non Blueprint	\$1.98m for three	No

Year	Title	Blueprint Category	Amount Funding	Was it sustainable?
	addictions Service New Graduate Nursing Programme		years	
TOTAL			\$2.404m	

3. Guiding Documents

Findings:

- **Māori**

Te Puawaiwhero – the 2nd Maori Mental Health & Addiction National Strategic Framework recommendations are generic in nature stating that future expenditure for Kaupapa Māori across the full range of Mental Health and Addiction services is required. *Note that Waikato DHB is one of the biggest providers of specific Kaupapa Māori Mental Health and Addiction services. See AOD for LAG endorsed papers, in the September 2009 round.*

- **Child and Youth**

Te Raukura – Mental Health and alcohol and other drugs: Improving outcomes for children and youth (MOH Dec 2007) recommendations are generic in nature. *Waikato DHB expenditure for Child and Youth services meets the requirements as set out in Blueprint (1999).*

Local planning meetings suggest that the area of most concern is the lack of regional child and youth inpatient mental health and addictions beds, including forensic beds (6 beds), supports for acute treatment in the home, and further development of Child and Youth AOD services. *The LAG endorsed prioritisation papers for consult liaison position and increased FTE for the South Cluster.*

- **Maternal and infant mental health service**

MoH is releasing a guidance document in the near future which emphasis the need for comprehensive and integrated Maternal and Infant mental health service, including specialist inpatient services. *This is an area which is poorly developed with Waikato DHB. Development in this area is inline with the recommendations from the Midland Strategic Plan.*

- **Midland Forensic**

There is a clear purchase plan for Midland forensic service for the immediate needs. *A funding proposal has been submitted to MOH for a share of Mental and Addictions allocated budget funding to support the funding plan.*

- **Eating Disorders**

MoH guidance document (Future Directions for eating Disorders Services in New Zealand (March 2008)) and the Midland Strategic Plan. *Money has already been allocated for inpatient beds for child and adults (Northern services). FTEs for local service in place, but further FTE allocation will be required over the next few years as the service develops. This development is inline with the above documents*

- **Older people**

MoH has indicated that this is an area for future development specifically the need to include specialist services for dementia. This development is in line with recommendations in the Midland Strategic Plan. *The LAG endorsed a*

prioritisation paper for specific supported accommodation services for older people and ageing related issues.

Some of the small group who have intellectual disabilities are developing early dementia. *Waikato Mental health and Addictions service submitted a paper to increase the FTE s in the IDD service in the September 2009 round.*

• **Alcohol & Drug**

The local AOD forum early this year identified areas/gaps for future funding. Its recommendations focused on strengthening core services, improving services for youth, and the provision of accommodation and respite/packages of care. *LAG endorsed prioritisation papers for AOD accommodation, Youth AOD services – child and youth pre and post residential, increased counselling service for Child and Youth in NGO AOD services and schools in the September 2009 round.*

MoH has indicated the need for the establishment of specialist dual diagnosis staff and the up-skilling of mental health staff to provide an integrated approach to treatment for service users with dual diagnoses/co-existing issues. *Waikato DHB already purchases a number of dual diagnosis positions. A review and possible reallocation of this purchasing may be required to match the funding with MOH guidance recommendations. This development is in line with recommendations in the Midland Strategic Plan.*

• **Consumer**

The local consumer forum held this year identified peer support services and GP consult liaison as areas/gaps for future development. Lack of peer support services was also identified as area not currently purchased in the analysis of new service specifications. *The LAG endorsed a prioritisation papers for peer support and first voices.*

• **Primary Mental Health**

MoH has identified that this is an area for future development as money becomes available.

4. Outcomes of planning meetings

Planning Meeting	Relevant content
AOD Providers Hui 12 February 2009	<p>Towns where more adult AOD counsellors are required</p> <ul style="list-style-type: none"> • Cambridge • Morrinsville • Matamata • Te Awamutu <p>Towns where more C&Y AOD counsellors are required attached to adult services</p> <ul style="list-style-type: none"> • Morrinsville • Matamata • Te Awamutu • Hamilton <p>Other identified gaps</p>

Planning Meeting	Relevant content
	<ul style="list-style-type: none"> • Provide AOD counsellors in all high schools • Early intervention / school based education • AOD packages of care to meet social needs • AOD continuing after care services for adult and youth • AOD respite services for adults and youth e.g. STEP programme in Taranaki • Accommodation while in AOD programmes • Accommodation for released prisoners
Child and Youth crisis after hours workshop Wednesday 23 September 2009	<ul style="list-style-type: none"> • Regional C&Y inpatient mental health and addictions beds including forensic beds (6 beds)
Waikato service users workers planning meeting Thursday 8 October 2009	<ul style="list-style-type: none"> • GP consult liaison for GPs supporting services users with serious mental illness • Peer support service for service users in inpatient services and transitioning to community mental health services

Excerpts from 2009/10 District Annual Plan & Draft Reporting Requirements for DAP 2010/11

Regional collaboration – DAP 2009/10 (p65)

Midland Region Mental Health and Addictions Services
Te Tāhuhu – Improving Mental Health (Ministry of Health 2005) and Te Kōkiri (Ministry of Health 2006) commit DHBs and the Ministry of Health to building and broadening the range and effectiveness of services and supports that are funded for people who are severely affected by mental illness and addiction. Te Kōkiri also commits DHBs to strengthening linkages between specialist services, community care and primary care. Midland regional initiatives for 2009/10 include work in the following areas:

- forensic services
- youth forensic services
- clients with high and complex needs
- eating disorders
- NGO programme for the integration of mental health data (PRIMHD)
- workforce development

Additional Initiatives 2009/10 DAP (p67)

Improving the health status of people with severe mental illness and addictions		
What we intend to do (objective)	How we'll get there (actions)	Target
Building mental health services <i>(Te Kōkiri objective 2.18 & 2.19)</i>	Establish a joint Waikato DHB/NGO Mental Health High and Complex Community Rehabilitation Unit	Successful completion of request for proposal for NGO component by September 2009
Building mental health services <i>(Te Kōkiri objective 2.19)</i>	Work with Midland to establish tertiary eating disorder inpatient services within the North Island	Six monthly report on progress
Building mental health services <i>(Te Kōkiri objective 2.18)</i>	Establish Midland Inpatient High and Complex rehabilitation Unit	Six monthly report on progress
Funding mechanisms for recovery <i>(Te Kōkiri objective 8.4)</i>	Increase integrated employment model	Successful completion of request for proposal by September 2009
Building mental health services <i>(Te Kōkiri objective 2.2)</i>	Increase access to planned respite in urban areas	Six monthly report on progress
Building mental health services <i>(Te Kōkiri objective 2.2)</i>	Implement the reviewed National Service specifications	Six monthly report on progress
Transparency and trust <i>(Te Kōkiri objective 9.1)</i>	Support the implementation of PRIMHD	Six monthly report on progress
Building mental health services <i>(Te Kōkiri objective 2.24)</i>	Implementation of the Midland Forensic Future Directions Plan	Six monthly report on progress

Indicators of DHB Performance – Mental Health & Addictions

DAP 2009/10

POP-06	Improving the health status of people with severe mental illness (Total)	<p>Quantitative Indicator</p> <p><u>Numerator:</u> (Data source: Ministry of Health via NZHIS)</p> <p>The average number of people domiciled in the DHB region, seen per year rolling every three months being reported (the period is lagged by three months) for:</p> <ul style="list-style-type: none"> • child and youth aged 0-19, specified for each of the three categories Māori, Other, and in total • adults aged 20-64, specified for each of the three categories Māori, Other, and in total • older people aged 65+, specified for each of the three categories Māori, Other, and in total. <p><u>Denominator:</u> (Data Source: Ministry of Health)</p> <p>Projected population of DHB region by age and ethnicity.</p> <p>Waikato DHB Targets</p> <table border="1" data-bbox="544 1025 1225 1234"> <thead> <tr> <th></th> <th>Child & Youth (0-19)</th> <th>Adult (20 – 64)</th> <th>Older People (65+)</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>1.59%</td> <td>3.40%</td> <td>2.08%</td> </tr> <tr> <td>Other</td> <td>1.78%</td> <td>2.33%</td> <td>2.44%</td> </tr> <tr> <td>Total</td> <td>1.72%</td> <td>2.53%</td> <td>2.41%</td> </tr> </tbody> </table>		Child & Youth (0-19)	Adult (20 – 64)	Older People (65+)	Māori	1.59%	3.40%	2.08%	Other	1.78%	2.33%	2.44%	Total	1.72%	2.53%	2.41%	Q2 & Q4
	Child & Youth (0-19)	Adult (20 – 64)	Older People (65+)																
Māori	1.59%	3.40%	2.08%																
Other	1.78%	2.33%	2.44%																
Total	1.72%	2.53%	2.41%																

POP-07	Alcohol and other drug service waiting times	<p>Methodology</p> <p>Waiting times are measured from the time of referral for treatment to the date the client is admitted to treatment, following assessment. Whilst assessment and motivational or pre-modality interventions may be therapeutic, they are not considered to be treatment. If a client is engaged in these processes, they are considered to be still waiting for treatment. DHBs will report their longest waiting time, in days, for each service type for one month prior to the reporting period.</p> <p>Service type: Inpatient Detoxification, Specialist Prescribing, Structured Counselling, Day Programmes and Residential Rehabilitation.</p> <p>DHBs will report waiting times by Māori and Other ethnicities.</p>	Q2 & Q4.
POP-17	Improving mental health services	<p>Deliverables</p> <p>Provide a report on:</p> <ul style="list-style-type: none"> • The number of adults and older people (20 years plus) with enduring serious mental illness who have been in treatment* for two years or more since the first contact with any mental health service (* in treatment = at least one provider arm contact every three months for two years or more.) The subset of alcohol and other drug only clients will be reported for the 20 years plus. • The number of Child and Youth who have been in secondary care treatment* for one or more years (* in treatment = at least one provider arm contact every three months for one year or more). • The number and percentage of long-term clients with up to date crisis prevention/resiliency plans (NMHSS criteria 16.4), and describe how this is assured. <p>Waikato DHB Target</p> <p>90% of long-term clients have up-to-date relapse prevention plans (target applies to each of the following population groups Adult (total), Adult (Māori), Adult (other) and Child & Youth)</p>	Six monthly

DAP 2010/2011

Draft Reporting Requirements for Mental Health & Addictions

- Access rates for people with severe mental illness
- All clients with enduring serious mental illness are expected to have an up-to-date crisis prevention plan
- Alcohol and other drug service waiting lists and waiting times

Mental Health & Addictions Funding Plan Phase 1 Indicative Project Timeline

Wednesday, December 16, 2009

