

Raise Hope

Hāpai Te Tūmanako



**System Strategic Plan
Southern Mental Health & Addiction System
2019 - 2023**

MIHI

He hōnore, he korōria ki te Atua. Nāna nei te tīmatataka me te whakaotinga o kā mea katoa. Ka pō, ka ao, ka ao, ka awatea. Ki te whai ao, ki te ao mārama. Whano, whano, haere mai te toki, haumi e, hui e, tāiki e!

Honour and glory to the Creator who is the beginning and the completion of all things. 'Tis night, 'tis day, 'tis daylight. So it is!

Anei te mihi mīharo i te tuatahi ki kā mate o kā hau e whā, haere ki te awhiawhinga a te Atua ki ruka rawa. Āpiti hono tatai hono, kā huka mate ki kā huka mate. Āpiti hono, tātai hono, te huka ora ki te huka ora.

This is a very special greeting in the first instance to the departed, go to the embrace of the Creator on high. Let the dead be with the dead. Let the living be with the living.

Kia mōhio ai tātou ki tēnei whakataukī, “He maramataka tō tēnā whetū, he maramataka anō tō tērā whetū.”

We should be cognisant of this proverbial saying which states “Each star has its own brilliance, radiance and special shine.

Nāia nei te mihi maioha ki kā kaituhituhi kua mahia te mahi kia whakarauoratia anōtia ai tēnei rautaki mā tātou, i tipu mai ai i te rautaki tuatahi. Nā te kōrero ā-hāpori, nā te tautoko a kā ratoka ā-hāpori hoki, kua kaha rawa te tirohanga kua puta mai.

This is a special acknowledgement to the authors who completed the work to refresh this strategy. New thinking within the community and community services are reflected and articulates a new depth of thought that has emerged since the first strategy came into being.

Nō reira, e aku rahi, e aku raketira, tēnā koutou katoa.

Therefore, my chiefs, good day to you all

INTRODUCTION

Raise Hope – Hāpai te Tūmanako Strategic Plan 2012-2015 provided Southern DHB Mental Health and Addictions Services with a direction to achieve better health outcomes for our population – by bringing together information and activities being undertaken addiction system in a whole of Southern mental health and addiction system. It is a living plan in the sense that the key messages are still relevant today. **Raise Hope – Hāpai te Tūmanako Strategic Plan 2012-2015** focused on:

- Intervening in targeted, effective ways across the life course
- Locating support close to tangata whaiora and in communities
- Preventing mental illness and addiction by intervening early
- Constantly improving sector quality, capability, productivity and capacity
- Working was one sector with a systems approach.

This refreshed **Raise Hope – Hāpai te Tūmanako Strategy 2019-2023** has been updated to ensure it moves with the current environment and continues to provide a future focus on achieving equitable health outcomes for all. It emphasises a commitment to well-being with an expectation of a whole of community participation. This is demonstrated by the focus on wellness and on the areas of tinana (physical), hinengaro (emotional/mental) and whānau (family). The strategy includes an action/work plan and workforce development plan providing a strong platform for mental health and addictions today and into the future and enables alliances with other initiatives such as the Southern Primary and Community Care Strategy and intended outcomes of the Mental Health Inquiry. Like its predecessor it will be a living and dynamic plan to recognise the changing context for mental health and addiction services provided by He Ara Oranga.

WE REMAIN FOCUSED ON

The key points set out in **The Stepped Care Action Plan 2016-2020**, a whole-of-sector, systems and population approach to improve outcomes for tangata whaiora and whānau remain and continue to set the direction for the future. However the use of the term 'Stepped Care' is no longer used as a seamless Integrated Model of Care better describes our model as we continue to focus on:

- A tangata whaiora, whānau centred approach with a well-being-focus in a wider social context
- Provision happens early in ways and environments that are non-stigmatising
- Tangata whaiora, whānau and providers/practitioners collaborate as one integrated team (whatever the location or discipline) to ensure joined up co-ordinated services
- Tangata whaiora and whānau can enter at any point and have access to the level and mix of services needed at the right time and place
- The mental health and addiction workforce, tangata whaiora, whānau, and wider communities work collaboratively to deliver outcomes with well-being teams available in easily accessible community based hubs
- Tangata whaiora are actively engaged in informing and shaping sector wide developments – “nothing about us without us”
- Developing higher skilled support, peer and generalist mental health and addictions workforce in the community and primary care
- Practice cultures, structures and funding enable early intervention at an appropriate level:
 - ⇒ Are responsive to growing demands and reduce barriers to care
 - ⇒ Encourage people to own and manage their well-being
 - ⇒ Are culturally appropriate
 - ⇒ Include whānau in the process of recovery
 - ⇒ Use agree in-common screening, assessment protocols and care pathways, reducing repetitive telling of the tangata whaiora’s story

- ⇒ Provide for development of an tangata whaiora information portal, where there is sharing of one single agreed record of care
- ⇒ Minimise waiting and focus on discharge planning from the start.

Implementing the refreshed Raise Hope – Hāpai te Tūmanako Strategy 2019 - 2023 is the responsibility of the whole mental health and addictions sector.

Mental Health is defined “as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” This plan works to achieve this objective through the coordinated efforts of communities and society, which are inclusive of the wider health sector, and in particular the mental health and addictions sector.

Health determinants such as social inclusion, freedom from discrimination and violence, and access to economic resources are pivotal to good mental health. The determinants provide a starting point to initiate discussions and engage strategically with other sectors to achieve well-being and resilience for the southern population. In practice, addressing determinants means being cognisant of their presence and impact, and then working alongside other agencies in different sectors to reduce their effects, and ultimately gain access to more equitable treatment.

This may include, for example, supporting initiatives from a mental health and addictions perspective for adequate and appropriate housing, for access to supportive employment and education, and the removal of inhibitors to well-being, such as unconscious bias, stigma and discrimination. This will mean taking action on the ground as well as engaging with other sectors of society at the policy and planning level.

WORKFORCE DEVELOPMENT

The sector faces a number of challenges including an ageing workforce, recruitment and retention issues in some occupational groups and localities, limited capacity and capability in primary health, and the ability of the sector and workforce to manage increasing demand for services and increasing numbers of people presenting with multiple and complex needs.

Within Raise Hope – Hāpai te Tūmanako we will support the development of a mental health and addictions workforce that is sustainable and highly skilled and able to meet the future demands of consumers, families and whānau.

OUTCOMES FRAMEWORK PRIORITIES

There are three priority areas within the mental health and addiction outcomes framework. We aim to achieve the following:

- More tangata whaiora with mental distress, addiction issues, and resulting challenges will experience better physical health.
- More tangata whaiora with mental distress, addiction issues, and resulting challenges will experience a recovery-focused approach.
- Whānau are better enabled to support and care for each other.

ALL ACTIVITIES ARE UNDERPINNED THE FOLLOWING PRINCIPLES

- Treaty of Waitangi principles of partnership, participation, and protection.
- Working to eliminate societal influences on poor mental health.
- Preventing mental distress, and addiction through early intervention.
- Intervening in targeted, effective ways across the life course.
- Working as one, with a systemic approach.
- Striving to improve outcome quality, service capability, productivity, and capacity.
- Equitable outcomes for Māori
- Equitable outcomes for remote populations.

ENSURING EQUITABLE HEALTH AND WELL-BEING OUTCOMES

Health inequities can be defined as differences in health status, in the distribution of health determinants, and health outcomes between different population groups. Inequities are unfair, unjust and need to change. The problem we are faced with is achieving equitable health outcomes for all our population groups in our geographically-spread Southern DHB catchment. We know that inequities exist and we know nationally mental health services have struggled to achieve positive health outcomes for Māori.

As a whole system, which is broader than health alone, we need to work collaboratively in an integrated way across all levels to get better mental health care to more people sooner. Mental illnesses are the largest contributors to the overall burden of non-communicable diseases. There is limited access to high quality, culturally responsive, and contextually-appropriate mental healthcare services across the Southern district.

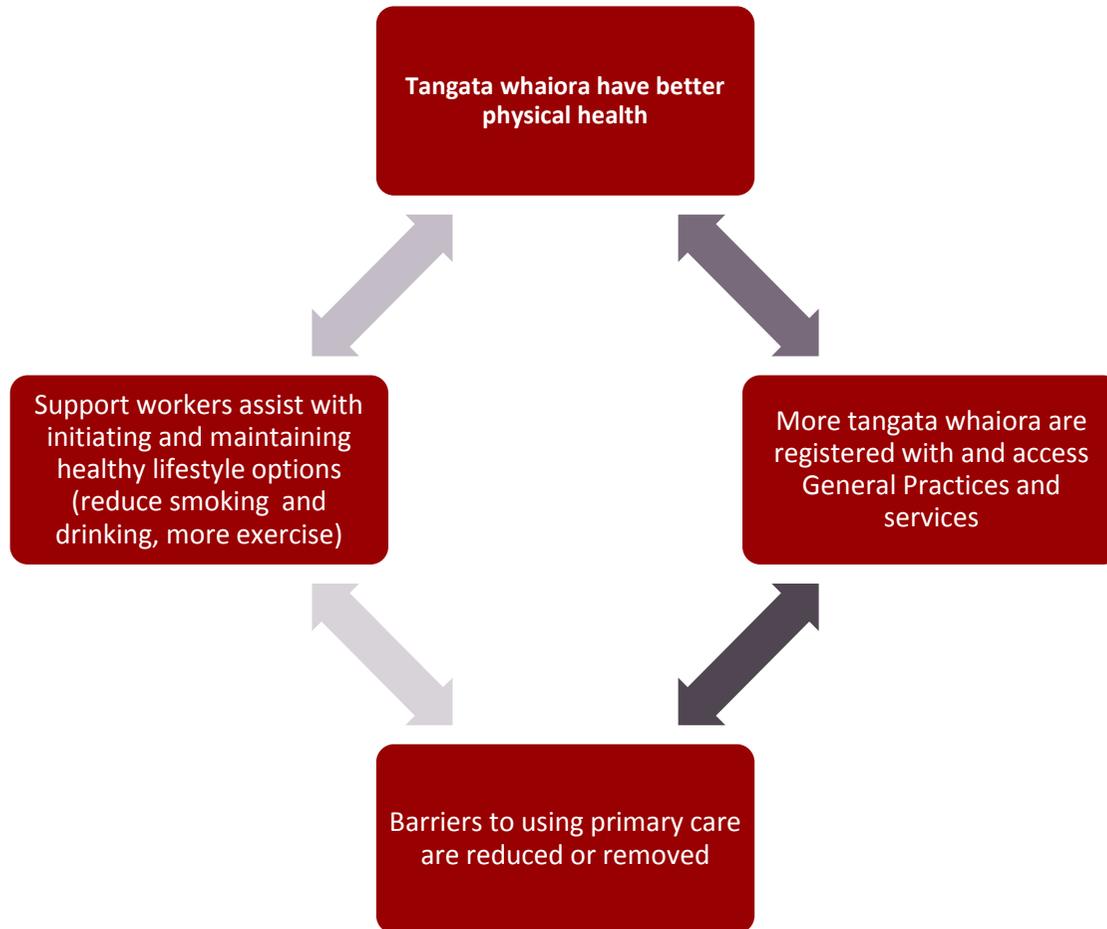
Addressing people's mental-health needs is crucial if they are to fulfil their potential and contribute fully to their whānau as well as their communities. Timely access to mental health care can often influence the outcome, delays and unmet need can cause further harm. Quality mental health services for the Southern population requires a strong focus and commitment to achieving equitable health outcomes for all population groups. Strengthening health equity is about removing barriers to health care and bias that contribute to poor health outcomes. We all have a responsibility to address the disparities and inequities within the mental health and addiction system.

OUTCOMES FOCUS

In co-designing a mental health and addictions system, our primary but not only areas of focus will be:

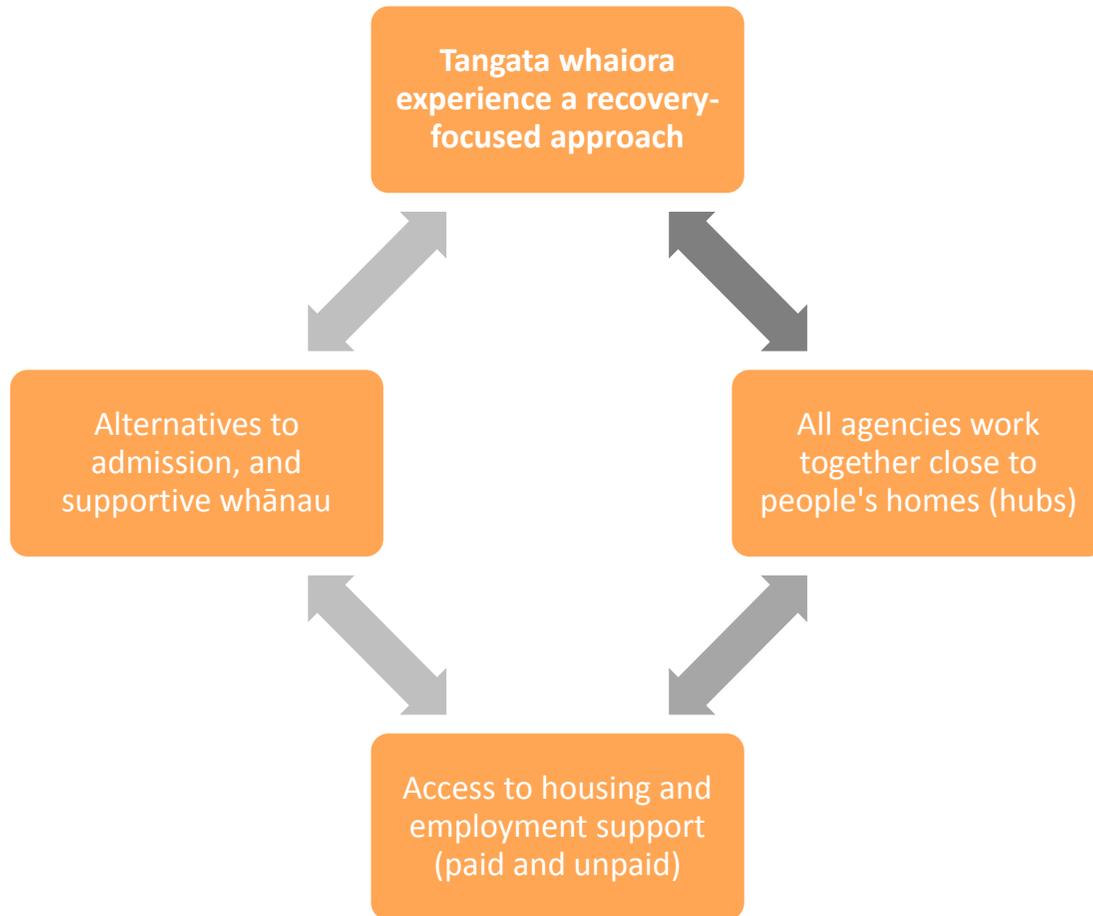
- Tangata whaiora with mental distress, addiction issues, and resulting challenges, will experience better physical health
- Tangata whaiora with mental distress, addiction issues, and resulting challenges, will experience a recovery-focused approach
- Whānau are better enabled to support and care for each other

The way in which we will achieve these outcomes is through these actions:



There is a very strong link between people’s physical health and their mental well-being and many people with mental distress have poor physical health. There are many reasons why people with mental distress have poor physical health, one of which is the cost of access to primary care. We seek to remove barriers to accessing primary health care, and through this improve people’s general well-being.

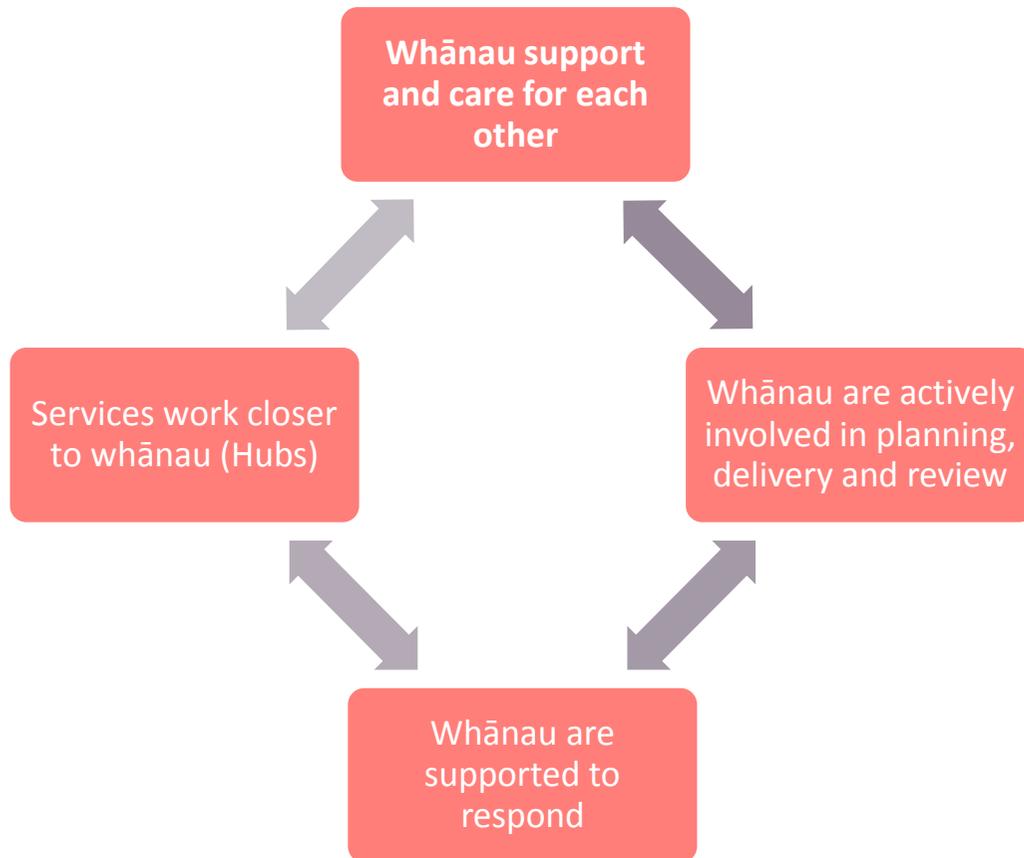
To enable people to access primary care and physical health services, we believe it is useful for them to have support, ideally through a peer worker or navigator. This person might also support people to maintain a healthy lifestyle.



A recovery-focused approach to mental distress and addiction is one of the most effective approaches for supporting people and helping them to wellness and resilience. To be successful, all services need to synchronise their efforts and work collectively towards a shared goal. The evidence clearly shows that the necessary ingredients for recovery are a secure home, meaningful/purposeful activity, and supportive relationships.

It is important to align our activities to those tangata whaiora and their whānau have identified in their Wellness and Recovery Action Plan (WRAP) as taking them towards the wellness and recovery they seek.

WHĀNAU: ENABLED TO SUPPORT AND CARE FOR EACH OTHER



Whānau play a critical role in supporting the well-being of those around them, and in turn it is important that they are supported to do so.

In this section we are focused on work to develop the resilience and capacity of whānau, enabling them to respond to need when required.

We know that relevant support needs to be available as close to the need as possible, and this will become a key principle in the redesign and delivery of our services.

We will also support whānau in their active involvement and engagement, through our co-design process.

Raise Hope – Hāpai Te Tūmanako – Action Plan

Tangata whaiora will experience improved well-being

What does 'good' look like?

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
Tangata whaiora in Southern are enrolled and engaging with GP practices.	Understand the baseline level of tangata whaiora enrolment and engagement.	Digital Insights Early Intervention and Prevention Equity Workforce	GM MHAID ND WellSouth NLG Locality Groups	December 2019	Establish the number of tangata whaiora who access specialist mental health and addiction services (primary and secondary) and engage with GP practices.	The mental health and addiction system is engaged in the implementation of the Primary and Community Strategy Action Plan. Partnership established between all mental health and addiction providers and WellSouth to enhance integration, for example through use of Client-Led Integrated Care (CLIC) and

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
						Personalised Care Plans.
Barriers to accessing primary care are reduced or removed.	Inform and support tangata whaiora to engage with GP practices. Changes to Community Services Cards are communicated to the mental health and addictions sector.	Early intervention and prevention Equity Integrated connected care Digital insights	WellSouth MHAID	March 2020	Information is included in the quarterly NLG Newsletter and accessible to the community.	Ongoing communication strategy is developed and maintained to ensure information that supports easy access to primary care is communicated freely.
	Connecting Care – Supporting Transitions (HQSC) project spans the care pathway for tangata whaiora of all ages.		MHAID Sponsor NLG NGO WellSouth	March 2020	Primary care and NGOs are connected and engaged in Connecting Care – Supporting Transitions project.	Programme proceeds within the HQSC timeframes and milestones.
	Connect with government actions (inquiry) to improve access.		WellSouth MHAID Clinical Services NLG	June 2020	A strategy meeting is scheduled to occur within two months of the government action plan being released for consultation to	This section is completed when further information is received from the government.

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
	Further information from Government in June 2019.		Locality Networks		enable a local response and actions to be identified and confirmed.	
Healthy lifestyle	Options to support tangata whaiora achieve health lifestyle are identified and visible.	<p>Knowing our communities</p> <p>Early identification and prevention</p> <p>Equity</p> <p>Extend leverage from national opportunities</p> <p>Better, sooner more convenient care</p>	<p>NLG</p> <p>NGO providers</p> <p>WellSouth</p> <p>NLG Locality Chairs</p> <p>Green Prescription Providers (for example, Regional Sports Trusts)</p> <p>Public Health South</p>	June 2020	Community Healthy Lifestyle Facilitators and green prescription providers are identified and communicated to the sector via the Mental Health and Addiction NLG Locality Groups	<p>Establish the current uptake of green prescriptions by tangata whaiora who access mental health and addiction services.</p> <p>Number of green prescriptions issued to tangata whaiora increases by 10%.</p> <p>Collaborate with Sport Otago and Sport Southland to develop a training package and build relationships with those organisations to facilitate better access for tangata whaiora</p>

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
						<p>Healthy lifestyle strategy developed and supported by a communications plan.</p> <p>Whole of system participation and programme milestones met in the Improving Medication Management and Improving Physical Health (HQSC) projects.</p>
Smokefree 2025	<p>Programme is piloted where all people who access mental health and addiction services and smoke are offered the option of switching to vaping and NRT.</p> <p>MHAID clinical inpatient services implement use of spray to manage effects of withdrawal.</p>		<p>WellSouth MHAID Clinical Services NGOs Public Health South</p>	June 2020	<p>MHAID clinical services met required targets for ABC.</p> <p>ABC: A – Ask B – Brief advice C – Cessation support</p> <p>Pilot undertaken to offer tangata whaiora who access mental health and addiction services and smoke,</p>	Learnings from pilot taken and applied across the system.

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
	Establish baseline smoking rate.				the option of switching to vaping and NRT.	
Co-Existing Problems (CEP)	Opportunities that raise understanding and a CEP way of working and support a harm minimisation approach are identified and included in all workforce development strategies.		WellSouth MHAID Clinical Services NGOs NLG	February 2020	MHAID review and refresh CEP programme of work and identify action plan for improvement and increased integration. One CEP whole of mental health and addiction system activity occurs in the 2019-20.	The NLG Workforce Development Plan includes a CEP focus. CEP Action Plan is implemented by MHAID Clinical Services. Survey of workforce to assess whole of system CEP capability.
Addiction Services	Pathway that meets the needs of tangata whaiora with addictions.		MHAID Clinical Services WellSouth NLG NGOs	June 2020	Inclusion within the acute continuum review. Clinical Pathway in place to guide referral pathways.	Review the addiction continuum of services. Pathway implemented to meet the needs of tangata whaiora with addictions with a focus of providing more addiction services closer to

Outcome	Action 2019	Strategic Levers	Accountability	Timeframe 1 July 2019 - 2020	Measure	1 July 2020 –2030 June 2023 actions
						where people live, for example, via Community Health Hubs or Health Care Homes.

	framework is developed.	Better, sooner, more convenient care delivery				
Suicide prevention	Suicide Prevention Plan is completed and actioned.	Engagement Knowing our communities Better, sooner, more convenient care delivery	WellSouth NLG Public Health South MHAID Clinical Services	June 2020	Safeside Education is delivered to MHAID Clinical Staff. The number of young people presenting to ED with self-harm decreases by 5% <i>SDHB SLM measure.</i>	Southern DHB Suicide Prevention Plan is implemented. Research, adopt and resource a best practice suicide prevention and postvention framework across primary, community and specialist services. An appropriate measure is developed.
Access to housing and employment (paid or unpaid) Support (or purposeful activity)	Develop Individual Placement and Support (IPS) based employment support service. Align to government plan	Equity Extend leverage from national opportunities	DHB GM & RM Associate Māori Health Strategy & Improvement Officer (AMāHSIO).	June 2020	Outcome of the Vocational Day and Activity Service review is known and implemented. Reduce the number of discharges from	Full implementation of Vocational Day and Activity new model by 2021.

	on IPS and link to support available.	Community engagement Knowing our communities			inpatient units that are delayed waiting for accommodation.	
	Establish evidence based support worker and peer support ratios.	Workforce	DHB Clinical Services NGO Providers NLG	June 2020	Symposium held to build understanding and momentum and commitment within the system to develop a peer workforce.	Resources are rebalanced across the system between DHB, NGO and community providers. Pilot, based on evidence based support worker and peer support ratios, is undertaken.
System Change	Resources are rebalanced across the system between DHB, NGO and community providers.		NLG DHB	June 2020	Review (external) of DHB-provided mental health and addiction services by undertaking a benchmarking exercise to compare Southern DHB services with best-practice examples of how services are	Co-design programme of work continues implementation of the outcomes of the external review, building capacity, options and equity across the district.

					delivered elsewhere in NZ.	
Alternatives to Admission, and Supportive Whānau	Scope service requirements, including peer-led, for early intervention services using co-design.	Early Identification and Prevention Equity Extend leverage from national opportunities.	GM & RM AMāHSIO	June 2020	Scope service requirements using co-design. Initiatives to increase support for individuals with deliberate self-harm are scoped.	Peer-led acute respite service established by February 2021.
	Improve access to psychological therapy for all ages.	Community engagement. Knowing our communities. Workforce	WellSouth PHO MHAID clinical services AMāHSIO	June 2020	Implementation of Access to Psychological Therapies project. Updates provided by project sponsor quarterly to NLG.	Access to Psychological Therapies project rolls out across the mental health and addiction system.
	Improve access to alternative treatments (Māori healing) for all ages		AMāHSIO	June 2020	Register of alternative treatments and how to access them completed.	Level of uptake of alternative treatments is known.
	Develop district wide access to Kaupapa Māori services.		GM & RM AMāHSIO	June 2020	Kaupapa services are listed and maintained on HealthPoint.	To be confirmed by December 2019.

Whānau are Better Enabled to Support & Care for Each Other

Financial Investment alone does not fix the system.

Title	Action 2019	Strategic Levers	Accountability	Timeframe	Measure	2020 to 2023 Actions
Whānau supported to respond	Ensure whānau are engaged in the early part of transfer of care planning	Early identification Primary & Community placement of services	NGO Providers DHB Clinical Services MHAID Sponsor WellSouth	June 2020	HSQC Connecting Care – Improving Transition project milestones are met.	HSQC Connecting Care – Improving Transition project milestones are met and improvements implemented.
	Ensure engagement and links to other agencies especially Oranga Tamariki, MSD, Education are supported.	Early Identification and prevention. Equity Integrated Connected care Knowing our communities Extend leverage from national opportunities	NLG NGO Providers DHB Clinical Services Locality Networks	February 2020	NLG Chair, MHAID GM and RM facilitate three cross-agency meetings per year.	Respectful business as usual relationships are established. People have an understanding of how to access government agencies.
Whānau actively involved in planning and delivery	Whānau are involved throughout service involvement. Whānau participation in district networks.	Integrated care Digital insights possible	NGO Providers DHB Clinical Services	June 2020	Whānau representative on NLG	District-wide whānau network established.

Title	Action 2019	Strategic Levers	Accountability	Timeframe	Measure	2020 to 2023 Actions
					Whānau actively involved in co-design process.	
	Supporting Parents & Healthy Children (SPHC) phase 2 commenced. Services are engaged early and child needs identified with a developmental perspective.	Equity Early intervention and prevention Integrated and connected care	NLG SPHC Sponsor and co-ordinator	June 2020	Transition/Wellness Recovery Action Plan audit. SPHC phase 2 implementation rolled out.	SPHC phase 2 implemented Work with Oranga Tamariki to deliver one joint training session.
	Link tangata whaiora and Whanau to appropriate community resources and services	Integrated connected care – local resources Knowing our communities. Equity	NLG NGO Providers Public Health South NLG Locality Groups	June 2020	HealthPoint directory maintained.	Links established with existing social networks including marae-based, faith-based, and diversity-based (LGBTTI, cultural groups, etc.)

WORKFORCE DEVELOPMENT ACTION PLAN

1 July 2019 to 30 June 2021

Introduction and Summary

This Workforce Development Action Plan supports Raise Hope – Hāpai te Tūmanako. The Southern district needs a sector-wide mental health and addiction workforce development plan to expand the ability of the sector and workforce to manage increasing demand for services, a changing environment and increasing numbers of people presenting with multiple and complex needs.

The plan identifies the following key priorities for action:

- ⇒ Align workforce development planning and activity with the implementation of Raise Hope – Hāpai te Tūmanako
- ⇒ Develop and implement a bi-annual education and training programme in collaboration with the sector, consumers and families and whānau
- ⇒ Increase focus on growing and enhancing the capacity and capability of the primary health care workforce and the establishment of new partnerships with specialist mental health and addiction providers
- ⇒ Increase the focus on growing and enhancing the peer workforce across the sector
- ⇒ Increase focus on 'holistic practice' – growing and enhancing the workforce's ability to deliver care and treatment that takes a whole-of-person approach
- ⇒ Establish new training opportunities and workforce opportunities in the sector including peer support, nurse practitioners and primary care specialists
- ⇒ Ensure a safe environment of growth, education and development in our communities.

This plan is a live document and guides the work required over the next two years with a rolling 12-month review to aid ongoing progress in the Southern district. The plan follows the guiding principles of the three primary goals of Raise Hope with attention on the workforce needs for each area of care provision. Our aim is to ensure a progressive, highly skilled, collaborative sector. This plan is also aligned with workforce development priorities and activities at a national and regional level.

Key Priorities:

Workforce planning is vital to the ongoing delivery of effective and high-quality mental health and addiction services. It enhances the mental health and well-being of people by ensuring a highly skilled, sustainable workforce delivering quality services. The key priority areas identified during the development of this plan that require action are:

- ⇒ An overarching Workforce Development Plan for the mental health and addiction sector in the Southern district inclusive of all services
- ⇒ A sector-wide plan of coordinated activity that addresses current and future workforce needs and issues

- ⇒ An improved ability to respond to the demand for services and the increasing number of people presenting with multiple and complex needs
- ⇒ The sector has an ageing workforce and faces challenges recruiting and retaining new graduates, young people, and experienced and culturally appropriate staff
- ⇒ Greater coordination in primary health incorporating professional development and advancement
- ⇒ Future workforce planning in key occupational groups including peer support, nurse practitioners and primary health specialties
- ⇒ Alignment and collaboration between the education and training priorities and activities of the DHB-operated specialist services, NGO services, primary care and other community providers
- ⇒ Maintenance and promotion of a competent skilled workforce, e.g. matching expertise to need.

TANGATA WHAIORA WILL EXPERIENCE IMPROVED WELL-BEING

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
Primary care	<p>1. Education programme and resources curated and/or developed for GP practices to increase mental health and addiction knowledge and capability across the life span in primary care, including pharmacists and other relevant community service providers, other government organisations. A co-design process to establish needs and modes of delivery.</p> <p>2. Explore the efficacy and role of GP MH&A champions in areas.</p> <p>3. All NLG workforce planning and activity includes a whole-of-sector approach to</p>	<p>1. MHAID Clinical Services</p> <p>2. WellSouth</p> <p>3. NLG</p>	<p>1. June 2020</p> <p>2. March 2020</p> <p>3. Dec 2019</p>	<p>1. Education programme for primary health developed.</p> <p>2. Feasibility paper presented to NLG, decision re roles made.</p> <p>3. Primary care considered in all whole sector planning</p>	<p>a) Education roll-out to GPs: initial pilot in 4 localities to test, then roll out to 20 practices each year on an ongoing rolling cycle.</p> <p>b) Develop process for MDT meetings between primary care clinicians and MH&A specialists to align with Primary and Community Health Strategy, Community Health Hubs and Health Care Homes</p> <p>c) Explore certified education in MH&A for primary care clinicians (GPs, Nurse</p>

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
	building the MH&A capacity and capability of the primary care workforce.				Practitioners, practice nurses, and pharmacists etc.)
Community support workers	<ol style="list-style-type: none"> 1. Scope the development of a community support worker (CSW) role/s with additional knowledge of primary care access and funding model. That CSW could be used as a resource for other CSWs working in the sector and needing advice/guidance 2. Scope options for developing a Healthy Living training package for CSWs with appropriate community providers (e.g. Sport Otago and Sport Southland) and build relationships with those organisations to facilitate better access for tangata whaiora to healthy lifestyle activities. 	<ol style="list-style-type: none"> 1. WellSouth, 2. PHS 	<ol style="list-style-type: none"> 1. March 2020 2. June 2020 	<ol style="list-style-type: none"> 1. Feasibility paper presented to NLG, decision re roles made. 2. Feasibility paper presented to NLG, decision re training made. 	<ol style="list-style-type: none"> a) Design and implement CSW role. Pilot in one Locality Network area (see Primary and Community Strategy) based on the feasibility study. b) Roll out CSW role to other Locality Network areas on the basis of the pilot's review. c) Trial Healthy Living training package in Locality Network area d) Roll out trial Healthy Living training package to other Locality Network areas on the basis of the trial's review.

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
Specialist mental health and addiction workforce	<ol style="list-style-type: none"> 1. Priority on GP enrolment: Increase awareness of mechanisms and processes for accessing subsidised primary health care: GP, pharmacy, optometry 2. Training in awareness, identification and referral pathways for high incidence health conditions and co-existing mental health/well-being issues. To include a developmental focus: <ul style="list-style-type: none"> ○ Young People: e.g. sexual health, oral health ○ Adult: e.g. healthy eating, increased activity ○ Older people: falls, diabetes, cancer screening ○ Supporting parents for healthy children: e.g. child protection, early intervention, immunisation, WellChild checks 3. Pathways to psychological therapies workforce development pilot 	<ol style="list-style-type: none"> 1. NLG 2. MHAID Clinical Services, WellSouth, NGO Providers 3. MHAID Clinical Services 	<ol style="list-style-type: none"> 1. Sept 2019 2. March 2020 3. June 2020 	<ol style="list-style-type: none"> 1. Comms plan and collateral resources developed and circulated. Baseline enrolment established. Ongoing change to enrolments evident. 2. Training programme developed and implemented 3. Pilot completed, evaluated and adapted for a whole-of-system approach 	<ol style="list-style-type: none"> 1. Implement the new CSW roles and function district-wide with at least one CSW with additional knowledge of primary care in every NGO and/or centre. 2. Partner with WellSouth to incorporate mental health CSW into the Client-Led integrated Care (CLIC) project with a special focus on having mental health CSW being trained on the CLIC project and able to work within the primary care environment. 3. Pathways to psychological therapies approach implemented across the whole system.
Co-Existing Problems (CEP)	<ol style="list-style-type: none"> 1. Survey of workforce to assess whole-of-system CEP capability. 2. Opportunities that raise understanding of a CEP way of working and that support a harm minimisation approach are identified and included in all workforce development strategies, drawing on national work and 	<ol style="list-style-type: none"> 1. NLG 2. NLG 	<ol style="list-style-type: none"> 1. Nov 2019 2. June 2020 	<ol style="list-style-type: none"> 1. Results of the survey are collated and circulated to the sector. 2. Based on the survey results, one CEP whole of mental health and addiction 	<ol style="list-style-type: none"> a) Based on survey develop at least one significant whole-of-system CEP activity for each year of this plan b) Repeat survey in 2023

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
	actions, i.e. Werry Workforce Whāurau, Matua Raki, Te Pou.			system activity occurs in the 2019-20 year to highlight and raise awareness and importance of the workforce being CEP competent.	

TANGATA WHAIORA WILL EXPERIENCE A RECOVERY-BASED APPROACH

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
Whole of system	<ol style="list-style-type: none"> 1. Work with government and community groups to produce a practical resource for health practitioners to support people to access stable, safe and healthy housing (localised to communities) 2. Train workforce in the use of the housing resource 3. Training on rationale and model for supporting engagement in Meaningful Occupation for mental health workforce (Possibly work with Otago Polytechnic School of Occupational Therapy). 	<ol style="list-style-type: none"> 1. NLG, MHAID Clinical Services, NGOs 2. NLG, MHAID Clinical Services, NGOs 3. NLG, MHAID Clinical Services, NGOs 	<ol style="list-style-type: none"> 1. June 2020 2. March 2020 3. June 2020 	<ol style="list-style-type: none"> 1. Resource developed 2. Training delivered within at least one locality area 3. Partners for meaningful full occupation training established 	<ol style="list-style-type: none"> a) Housing training delivered to all locality areas. b) Work with government, community groups and vocationally focused mental health providers to produce a practical resource for health practitioners to support people to engage in meaningful occupation (localised to communities) c) Meaningful Occupation training developed and delivered
Community support workers	<ol style="list-style-type: none"> 1. Trauma-informed care training for CSWs 	<ol style="list-style-type: none"> 1. NLG, MHAID Clinical Services, NGOs 	<ol style="list-style-type: none"> 1. March 2020 	<ol style="list-style-type: none"> 1. Training delivered 	

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Specialist mental health and addiction workforce	1. Collaborative note taking training to be developed and implemented	4. NLG, MHAID Clinical Services, WellSouth, NGO Providers	4. May 2020	1. Training trialled and reviewed in one primary and one secondary service	a) Reviewed collaborative note-taking training is rolled out to all services.

WHĀNAU ARE BETTER ENABLED TO SUPPORT & CARE FOR EACH OTHER

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
Whānau	1. Crisis response training and opportunities for families to gain knowledge on how to support their whānau members when unwell.	1. NLG, MHAID Clinical Services, NGOs	1. June 2020	1. Training developed and trialled in one locality network area	a) Crisis response training and opportunities for whānau delivered in all locality areas
Community support workers	1. Train CSWs across the district to set up and run family support groups.	1. NLG, NGOs	1. March 2020	1. Training delivered	
Peer workers	1. Establish evidence based support worker and peer support ratios.	1. <u>NLG</u> ; MHAID Clinical Services, NGO Providers	1. June 2020	1. Symposium held to build understanding, momentum and commitment within the system to develop a peer workforce.	a) Resources are rebalanced across the system between DHB, NGO and community providers. b) Pilot undertaken, based on evidence-based support worker and peer support ratios.
Specialist mental health and addiction workforce	1. Single Session Family Consultation training extended to all specialist MH&A practitioners (primary and secondary).	1. <u>NLG</u> , MHAID Clinical Services, WellSouth,	1. June 2020	1. Training has been delivered	

Outcome	Action 2019/20	Accountability	Timeframe	Measure	2020/21 actions
		NGO providers			