



# **Terms of Reference**

## **For the independent review**

### **of the Southern Mental**

#### **Health and Addiction System**

##### **Continuum of Care**

**August 2020**

## 1. Overview

The DHB CEO, with the support of the Southern District Health Board, the chairs of the Iwi Governance Committee and Southern Alliance wish to engage in an independent review of the mental health and addiction continuum of care in the South.

The purpose of the review is to examine the current Southern Mental Health and Addiction System service configuration and delivery and:

- Bring a forward-looking lens to undertake a comprehensive review, culminating in a set of actionable recommendations that will support transformational change of the Southern Mental Health and Addiction System. It will be underpinned by robust stakeholder engagement (co-design) process and align with the direction set by the Government's decisions on the recommendations made in *He Ara Oranga* (2018) which places tangata whaiora and whānau at the centre of the system.
- Identify and articulate what would enable the elements and culture of the system to work better, including the steps needed to redesign a continuum of care that delivers well integrated pathways; safe, equitable, purposeful and appropriate resources across the district; and recognises our rural profile with tangata whaiora and whānau at the centre of the system and brings interventions earlier and closer to home in primary and community settings. This will include advice on potential models of care for further consideration.
- Undertake this review with an equity lens to ensure that equitable outcomes for youth, Māori, Pacifica, rural and remote populations are considered underpinned by a strong commitment to understanding the needs and actions required to improve the experience of tangata whaiora, Māori and whānau, Māori who access mental health and services.
- Consider the current range of services across the mental health and addiction continuum in Southern, across all areas of the district and all populations, how they are configured, and what can/should be developed sustainably to support the people of Southern better, now and into the future.
- Identify examples of excellent work and systems, particularly those which provide a spring board to build capacity, equity and consistency across Southern.
- Review previous reviews and work undertaken, particularly in the Specialist Services, for example, Model of Care work and Rural Crisis After Hours Services, Mental Health Analysis Paper (Alma Consulting). This review may include review of complex cases.
- Undertake an evaluation that is consistent with contemporary models of care, practices, systems and service delivery, is integrated and seamless, efficient and effective, across the whole continuum ensuring transition between services reflects a system where the lived experience of service users is valued and integrated every step of the way.

- Recognises that the culture of any system is integral to achieving transformational change and is ready to embrace the challenge that will be needed. Input from staff and people with lived experience across the sector will be a key component.
- Identifies the structure and resources required to sustain leadership and sustainable change.
- Identifies a pathway to implementation of recommendations.

## **2. Focus of the Review**

This review will be undertaken with regard to the context and direction for mental health and addiction services - as per the key strategic documents (see appendix one) listed below:

- Crown copyright New Zealand (2018) *He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction: New Zealand*
- Southern District Health Board (2019) *Raise Hope Hāpai Te Tūmanako System Strategic Plan Southern Mental Health and Addiction System 2019-2023: Dunedin New Zealand* and the original *Raise Hope Hāpai Te Tūmanako* (2012).
- Southern District Health Board (2018) *Southern Primary and Community Care Strategy: Dunedin New Zealand*
- Southern District Health Board (2018) *Southern Primary and Community Care Action Plan: Dunedin New Zealand*
- Health and Disability System Review. 2019. *Health and Disability System Review - Interim Report. Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā.* Wellington: HDSR.

The focus will be on all mental health and addiction services that are funded by the Southern District Health Board (see appendix two) with a view to identifying opportunities for system improvement including better access to services at all points across the continuum of care and better integration between primary, community and acute services.

## **3. Background**

The Southern Mental Health and Addiction System, like many elsewhere in New Zealand, and indeed internationally, is under pressure. Whilst it is clear that the DHB faces some challenges in terms of the potentially outdated models of care and the large geographic area it covers, the Southern Mental Health and Addiction System is fortunate to have many valuable strengths to build on. Many people receive good care every day from our skilled and committed primary, specialist (secondary) and NGO workforce. For this reason it is important that the review also acknowledges existing good practice and identifies pockets of innovation and excellence so that these can be shared with the rest of the system.

However, it is acknowledged that the DHB has a number of issues and road blocks that are symptomatic of a system under pressure that it is keen to explore in more depth - with a view to developing a better understanding of the underlying root causes and how we might do a number of things better:

- The Office of the Health and Disability Commissioner has signalled concerns around the increasing number of complaints it receives related to the services that are provided by Southern DHB, particularly the services provided by the MHAID. The pattern of issues of concern relate to discharge planning, complex case management, risk management, family/whānau engagement and communication with consumers and family/whānau. The provision of inpatient care in the Wakari inpatient units, cover in Lakes District and the interface between MHAID and the Emergency Department have been signalled as particular areas of concern.
- It is important for us to understand the culture of the system and how this impacts on outcomes for people as they access one or more services and transition between services.
- We want to ensure that we have a culture that supports engagement between the people who access and work in the Southern Mental Health and Addiction System.
- Increasing access to services, especially for vulnerable groups, to services with lengthy wait times across the continuum, from Primary Mental Health Brief Intervention to NGOs to specialist care. It is important every part of the system is working well and to capacity, for example, if people cannot access mental health and addiction services at a primary level in a timely way this flows through and puts other parts of the system under pressure.
- Integration within and between clinical multidisciplinary teams, NGOs and primary health.
- It remains a challenge to find suitable support and accommodation to support accommodation needs for people. This ranges from crisis accommodation, respite through to private landlords to long term accommodation, and homes for life for long term complex people whose needs are not able to be met adequately through current configuration and funding arrangements for service providers. In Dunedin the trend continues for people who have complex and challenging behaviours to return to hospital as a result of a break down in their living arrangements with a residential provider. This puts added pressure on our inpatient resources. There are good interface processes with providers but ultimately they feel they are not adequately resourced or supported.
- Information systems have challenged and continue to challenge the mental health and addiction system and the way information systems do and do not connect across primary, NGO and DHB provided services. Within the DHB many specialist staff work with two patient management systems. Current work relates to Health Connect South

and the implementation of the Mental Health Solution - moving towards Paper Less. NGOs do not have access to Health Connect South.

- Delivering an equitable service across a widespread geographic area is challenging. The increasing demand for crisis mental health services in each locality (including emergency out-of-hours crisis services) is creating a variance in service delivery levels.
- Similarly, the model of care, particularly for specialist services, varies across the district, particularly in our two main centres of Dunedin and Invercargill. Although this is a feature that has largely come about through history, it means that tangata whaiora are not always receiving the level of access and range of services between and across sites that is consistent.
- Likewise recruiting and retaining workforce, particularly in rural areas or in towns that have high living costs is challenging.
- Facilities, particularly the inpatient units on the Wakari site, some of which have been identified as needing urgent attention to support contemporary care given their age and condition.

#### **4. What will the Review identify?**

It is critical that the review of our mental health and addiction system is undertaken in way that recognises the pressures on services and, at the same time, supports the current work to implement new models of care.

The review will take a whole of district whole of system view and consider:

1. The conditions that support current pockets of innovative and/or excellent practice.
2. The pressure points in the mental health and addiction system and their underlying root causes, identifying barriers, connectivity, gaps and opportunities for service development, configuration which is equitable across the Southern area.
3. The changes and/or improvements that need to be made to the model of care in order to better meet the needs of the population in each locality.
4. The best structure and mix/configuration of resources and services and the preferred model of service delivery in each locality.
5. What governance and leadership should look like in order to ensure that modern, contemporary clinical practice can be delivered effectively.

## 5. Key principles underpinning the Review

This review will be underpinned by the key principles set out in *Raise Hope – Hāpai te Tūmanko* as follows:

- Treaty of Waitangi principles based on the stage one report for the Wai 2575 (Health Services and Outcomes Kaupapa Inquiry) tino rangatiratanga, equity, active protection, options and partnership
- 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 remote populations.

Southern DHB recognises that Māori experience significantly higher rates of mental illness, higher rates of suicide and greater prevalence of addictions. While the prevalence of mental distress among Māori is almost 50% higher than among non-Māori, Māori are 30% more likely than other ethnic groups to have their mental illness undiagnosed. We support the acceleration and delivery of Kaupapa Māori services and options. The inclusion of whānau and significant others in the recovery pathway and building our peer support capacity and capability.

## 6. Methodology

The review will be sponsored by the CEO of the DHB, with the Executive Director, Strategy, Primary and Community acting as the key conduit for day to day management of the programme, accountable to the Project Steering group.

A steering group will be established as will review team will be established by Southern DHB. This team will be external to the Southern Mental Health and Addiction system with a skill set that includes extensive experience in delivering and leading mental health and addiction strategy, service development and transformation. Southern DHB will provide support to the team, liaison and access to key informants and information as requested.

The review will likely include, but is not limited to, the following components:

- A desktop review of relevant data / information / previous reviews in order to better understand the Mental Health and Addiction services that are being provided in the Southern district (including the current service mix/configuration, service utilisation patterns, referral pathways, potential gaps, feedback including complaints, population need and the population served).
- Benchmarking of existing level and mix of services against similar services nationally.

- Face-to-face interviews and/or group forums with key stakeholders in each of the four localities (Dunedin, Southland, Waitaki, South Otago and the Central Lakes areas). It is expected that the review team will physically visit these sites.
- Surveys of broader staff and key groups to obtain and triangulate views.
- Obtain the perspective of service users and family/whānau, particularly tangata whaiora, Māori and whānau Māori.
- Produce a final report which includes the findings of the review and offers recommendations relating to contemporary models of care and service delivery. The final report will also identify current pockets of excellence as well as identifying areas for possible improvement.

Input into these terms of reference has been sought from the Ministry of Health, the Health and Disability Commission, Southern Mental Health and Addiction Network Leadership Group and the, Iwi Governance Committee.

## Appendix One – Key strategic documents

### 1. He Ara Oranga

He Ara Oranga report of the Government Inquiry into Mental Health and Addiction was published in November 2018. This report signals a turning point for New Zealand and indeed our Southern communities who have told us they too are concerned about distress and addiction affecting many of our whānau and that we need to take action to ensure practical help and support when people need it.

### 2. Raise Hope – Hāpai te Tūmanko

Raise Hope – Hāpai te Tūmanko is the Southern DHB Mental Health and Addiction Strategic plan. The Mental Health and Addiction Network Leadership Group (NLG) have worked hard since the release of He Ara Oranga to refresh Raise Hope – Hāpai te Tūmanko II and signal the work programme for the sector over the next four years. The other key alignment for Raise Hope – Hāpai te Tūmanko is with the Southern Primary and Community Strategy and Action Plan which is about integration within the Southern Health System.

Raise Hope – Hāpai te Tūmanko II is clear that it has an outcomes focus and is committed to co-designing a Southern Mental Health and Addiction system. The three priorities, but not the only areas of focus are:

- 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.

### 3. Primary and Community Care Strategy and Action Plan

In 2017 the DHB released its Primary and Community Care Strategy and Action Plan that sets out a very clear articulation of the future strategic directions and programmes of work that are required to transform the way in which services are delivered across the health system. Mental Health is very much at the forefront of this future strategic direction, and we envisage that in the future a significant portion of our Mental Health services will be delivered in a more integrated way with our Primary Care and NGO partners.

A new delivery system, as outlined in the Primary and Community Strategy will enable the effective colocation of community health services, both mobile and in-clinic services (e.g. rehabilitation), hospital specialist care, onsite pharmacy and diagnostics, enhanced urgent care and minor procedures. Community Health Hubs will be developed through either existing infrastructure or new sites. In rural areas, rural hospitals may act as a hub but with

the explicit expectation that this includes primary care delivering the HCH model of care<sup>1</sup>. The DHB have been progressing the design of the Community Health Hubs. The Community Health (Care) Hubs Strategic Brief and the plan for Phase 1 of the start-up of Community Health Hubs (30 October 2019) states that “Community Health Hubs will be developed sequentially and incrementally across the Southern district”. The plan outlines a two phased approach as follows:

- Phase one will focus on new models of care for child health, mental health and health of older people. This phase will also gather information for infrastructure development as well as interest from potential providers of services.
- Phase two is yet to be designed. It is likely to include development of new models of care for other health areas or services, as well as to further explore and develop (in partnership with key stakeholders) the Community Health Hub infrastructure.

#### **4. Health and Disability System Review Interim Report**

The review will also need to be cognisant of the issues raised in the *Health and Disability System Review Interim Report* published in August 2019, with the final report expected in March 2020.

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<sup>1</sup> Southern DHB Primary and Community Care Action Plan.

## Appendix Two – More information about Southern DHB

Southern DHB is one of 20 DHBs in New Zealand. Southern DHB has the largest geographic area and serves a population of 320,000. In 2010 the former Southland and Otago District Health Boards merged to become Southern DHB. The Planning and Funding functions (including mental health) merged around this time.

Towards the end of 2012 the Otago and Southland Mental Health Addiction and Intellectual Disability services merged to become the Southern Mental Health Addiction and Intellectual Disability Directorate (MHAID).

In 2017 there was another restructure, which integrated mental health and addiction planning and funding functions with the Specialist MHAID services. This restructure signalled the need for a more connected Southern Mental Health and Addiction System within the Southern health system.

More recently MHAID was reassigned from the Executive Director of Specialist Services to the Strategy, Primary and Community group to better reflect its alignment with the wider health system.

The MHAID specialist service provided by the DHB include:

- Mental health and addiction services across a widespread rural area, Waitaki, Central Otago, Southern Lakes, Balclutha and Gore, with two main urban hubs, Dunedin and Invercargill.
- 106 inpatient beds – Ward 9c acute unit (16 beds), Ward 9b intensive care and acute (17 beds), Ward 9a Forensic Medium Secure (13 beds), Ward 10a Intellectual Disability Medium Secure (12 beds), Helensburgh Cottage Intellectual Disability Community Secure (4 beds), Ward 11 (16 beds) Sub-acute, clinical rehabilitation located on the Wakari site in Dunedin, Ward 6c Mental Health Older Persons (12 beds) located in Dunedin Hospital and the Southland Mental Health Inpatient Unit (16 beds) on the Southland Hospital campus. Inpatient services maintain a length of stay and readmission rate below the national average. Seclusion is tracking down with it not being unusual for particular inpatient units to have a month of no seclusion now.
- Full range of community mental health services including Adult Community Mental Health Teams (two in Dunedin, one in Invercargill, Central Lakes (2 sites), Southern Rivers (2 sites) and Oamaru.
- Crisis Mental Health Services are provided by Emergency Psychiatric Services
- Full range of community specialist services including Community Forensic Services, Child and Youth Services, Early Intervention, Maternal Mental Health, Mental Health Older Persons

Other mental health and addiction services provided by NGOs include:

A range of NGO services are delivered:

PROVIDER	ADDRESS	SERVICES
ABLE	34 Prince Albert Road St Kilda Dunedin 9012	Family Whānau support – education, information and advocacy Adult, Infant, Child and Adolescent Mental Health Activity Based Recovery Support Mental Health Promotion and Suicide Prevention
ADVENTURE DEVELOPMENT	599 Princes Street Dunedin 9054 (PO Box 189)	Child Adolescent and Youth Alcohol and Drug Community Services - Southland Community child, adolescent and youth service for co-existing problems - Southland and Otago
AROHA KI TE TAMARIKI CHARITABLE TRUST (trading as Mirror Services)	Evan Parry House Level 8/43 Princes Street Dunedin 9016	Children and Youth Alcohol and Drug Community Services Children and Youth planned respite services for day programme users Children and Youth Mental Health Counselling Programmes Exemplar CEP Enhanced Youth Alcohol and other Drug Service
ASHBURN HALL CHARITABLE TRUST	496 Taieri Road Halfway Bush Dunedin 9010	Community service for eating disorders Community support package of care
BAINFIELD ORGANIC GARDENS	Invercargill Christian Centre 165 Leet Street Invercargill	Vocational Support
BAINFIELD PARK RESIDENTIAL CARE LTD	500 North Road Waikiwi Lorneville Invercargill 9810	Housing and Recovery Day/Awake Night Support
CORSTOPHINE BAPTIST COMMUNITY TRUST	336 South Road Caversham Dunedin	Child, Adolescent and Youth Mental Health Community Care with an Accommodation Component

PROVIDER	ADDRESS	SERVICES
		Housing and Recovery Services Daytime/Responsive Night Support Clinical Rehabilitation Service Community Based Adult Community Support Child, Adolescent and Youth Community Support Services
CARROLL ST TRUST	91 Carroll Street Dunedin 9016	Housing and Recovery Services Day/Awake Night Support Housing and Recovery Services Daytime/Responsive Night Support <ul style="list-style-type: none"> <li>- Carroll St</li> <li>- Forbury Road</li> </ul> Adult community Support Supportive Landlord Service
CREATIVE ARTS TRUST (ARTSENTA)	462 Princes Street Dunedin 9016	Activity based recovery support services
DOWNIE STEWART FOUNDATION (Moana House)	401 High Street Dunedin 9016	Community Alcohol and Drug Service Residential Alcohol and Drug Treatment Programme Community Alcohol and Other Drug Service – transition and continuing care
GORE & DISTRICTS COMMUNITY COUNSELLING CENTRE	13 Traford Street East Gore Gore 9710	Community based alcohol and other drug specialist services
KOPUTAI ANNEXE (Lodge) TRUST	41 Ajax Road Port Chalmers Dunedin	Planned Adult Respite Community support packages of care
SOCIAL GOOD CO. SYNERGY WELLNESS	66 Prince Albert Road Dunedin	Adult Needs Assessment and Service Co-ordination – Otago and Waitaki Infant/Child Adolescent and Youth Needs Assessment and Service Co-ordination – Otago and Waitaki
NGA KETE MATAURANGA POUNAMU CHARITABLE TRUST	92 Spey Street Invercargill	Kaupapa Māori Alcohol & Drug Services Kaupapa Māori Mental Health Services Tamariki & Rangatahi

PROVIDER	ADDRESS	SERVICES
OAMARU MENTAL HEALTH SUPPORT CHARITABLE TRUST	21 Itchen Street Oamaru	Adult activity based recovery services/rehabilitation
OTAGO ACCOMMODATION TRUST	PO Box 2321 South Dunedin Dunedin 9044	Supportive Landlord Service
OTAGO MENTAL HEALTH SUPPORT TRUST	Floor 3 109 Princes Street Dunedin 9016	Consumer leadership, consultancy & liaison Peer support service Consumer leadership, consultancy & liaison
PACT	80 Filleul Street Dunedin 9016	Adult community support services –Otago and Southland Kaupapa Māori community clinical support service - Otago Activity based recovery support services -Balclutha and Dunedin Supportive landlord service – Otago and Southland Planned adult respite – Otago and Southland Adult crisis respite – Oamaru and Otago Housing and recovery services daytime/responsive night support Balclutha/Otago/Southland Housing and recovery services daytime/awake night support – Otago/Southland Women’s service package of care - Otago Infant, child, adolescents and youth community mental health services - Southland Child, adolescents and youth community based activity service -Southland Infant, child, adolescent and youth community mental health services - Southland Infant, child, adolescent & youth community mental health services – peer support. Child, adolescent and youth

PROVIDER	ADDRESS	SERVICES
		mental health community care with and accommodation component - Southland. Infant, child, adolescent and youth crisis respite -Southland. Consumer leadership.
PRESBYTERIAN SUPPORT OTAGO INCORPORATED	407 Moray Place Dunedin 9016	Activity based recovery support services Vocational support services Adult community support
ST CLAIR PARK RESIDENTIAL CENTRE	287 Middleton Road Dunedin	Housing and recovery services daytime/awake nights
TE KAKAKURA TRUST (TRADING AS TE KAHUI REO WHAKAKOTAKI O TE KAKAKURA)	25 Queens Drive Invercargill	Planned adult respite Adult community support services - cultural support staff Housing and recovery services daytime/responsive night support
UNIVERSITY OF OTAGO COMMUNITY MENTAL HEALTH SERVICE	Student Health Service Cnr Walsh & Albany Streets Dunedin 9054	The mental health support provided is funded by the University. SDHB funds a small part of SMO FTE
VOLUNTEERING OTAGO TRUST	Dunedin Community House 1/283-301 Moray Place Dunedin 9016	Activity based recovery support services

### Mental health and addiction services provided by Primary care services

WellSouth Primary Health Organisation provides Mental Health Brief Intervention across the district and also holds the contract for Suicide Prevention and Postvention.

### Local initiatives and partnerships

To support the transformation, the specialist services, often in partnership with NGO and Primary Partners, have made significant in-roads into improving the quality, safety and integration of mental health and addiction services. Examples of this are as follows:

- A Mental Health and Addiction Network Leadership Group (NLG) supported by four locality groups provides leadership for the southern mental health and addiction system. Membership includes service users, whānau, and primary, NGO, specialist services, Māori and an independent chair. A cross government forum also sits with the

NLG. The NLG is currently strengthening its connection with the Southern Health Alliance.

- Service User Network established across the Southern district
- HQSC projects: Working towards Zero Seclusion, Connecting Care – Improving transitions between services and Learning from Adverse Events.
- Implementation of Safe Wards, SafeSide Suicide Prevention Training, Trauma Informed Care focus, Supporting Parents Healthy Children, Increasing Access to Psychological Therapy, pilot of shared Personal Plan in conjunction with WellSouth PHO.
- Mental Health and Addiction Key Performance Indicator programme – Active in three streams – Adult, Child and Youth and Forensic.
- Marama Realtime Feedback has been implemented albeit with some technical issues that are now being resolved, enabling Southern DHB (4.24 in November 2019) to benchmark with other DHBs and the national average score (4.39 in November 2019).
- Co-design workshops for whole of system design – nine workshops held across the district in the 2018-19 year with a focus on whole of system, Day and Vocational Activity Services, Mental Health Needs Assessment Service Co-ordination and Suicide Prevention.