Time for Change Te Hurihanga

Report on the Consultation on the Draft Model of Care for Non-clinical Day Programmes

24 May 2023

In February and March 2023, sixteen listening sessions and one on-line forums were held across the Southern district to discuss developing non-clinical Day Programmes. An on-line survey for providers, and an on-line plus hard copy survey for people with lived experience was also available.

A draft model of care for non-clinical Day Programmes was then developed based on feedback from the workshops, and surveys, as well as background papers. The model of care for non-clinical Day Programmes describes what type of services we need, and how they need to work.

The draft model of care was released to the sector on 5th April 2023. Feedback was requested by 5th May 2023.

This document represents the feedback received on the draft model of care and our responses to it. The following avenues were made available for people to provide feedback:

- Five workshops for people with lived experience, held in Dunedin, Invercargill, Oamaru, Cromwell and Alexandra.
- Two on-line zoom meetings with providers.
- Written feedback (emailed)

All feedback has been included in the report. The feedback has been collated and presented in the Table below. Te Hurihanga response is also recorded in the Table.

Thank you to everyone who has contributed their thoughts and expertise to help to develop the model of care for non-clinical Day Programmes.

Table of provider and tāngata whaiora (a person seeking health) feedback and Te Hurihanga responses

	Reference in Draft Model of Care	Feedback from stakeholders	Te Hurihanga response
1	**General**		
1-1	General - overall	There were several general positive comments on the direction of the draft model of care were received, two below were: • "Overall, I believe this is a positive change for tāngata whaiora in Dunedin and the wider district." • "This encompasses what we do a lot better so is a positive change." One comment was received was that it was: • "often a Western lens". Another responder said that • "active destigmatisation was required. People don't think they deserve help until they are in crisis".	• It has been encouraging to read about and hear the comments about the direction. • We have really valued hearing people's personal experience, and it has informed the development of the MOC. • Equity for Maori is a cornerstone for Te Hurihanga Time for Change. Services are required to deliver their day programmes in ways that demonstrate their commitment to Te Tiriti o Waitangi.
1-2	General - moving towards a mental health focus	There was a concern raised that day programmes could • "become too centred on mental health issues, or to become clinical" and move away from the main aim", namely "support wellbeing through creativity and community". There was a comment that the service requirements (trained staff, assessments, action plan, measuring progress) meant: • "we are getting dangerously close to building services around a model and recording system rather than around the individual needs of tāngata whaiora".	• We expect Day Programmes provide **a range of activities** and develops tāngata whaiora life and living skills using a **strengths based approach**. • The Model of Care describes what type of services are needed and how they should work. The individuals' needs are not prescribed. It is important to record what is happening so that tāngata whaiora and staff have the same information. These are not new requirements for Day Programme providers (refer to Service Specifications)

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1-3	General - vision	A comment was made that the draft Model of Care lacked a • "statement of intent" and an "overall vision". One responder said that • "…it reads almost disjointed as though we need a statement or a vision of what we are trying to achieve".	• The Principles and Commitment to Te Titiri o Waitangi are the "overall vision" of how the service is to be provided. These were written from the perspective of the person receiving the service. • We acknowledge that the Provider perspective is used in the rest of the Model of Care. • We felt it important that the overarching statement of the service (the Principles) reflects the experience of the tāngata whaiora.
1-4	General - recovery focus	Another comment received was that the draft model of care lacked a • "recovery focus".	• Please refer to the Principles - we feel that this covers the recovery pathway. • The current Service Specification also refers to a "Recovery Orientated Service", and this will continue to be applicable
2	**Principles**	A number of positive comments were received on the Principles, and one personal reflection. A comment was made about "mutuality" in partnerships and contributing to services.	• Correction to "7 principles" not 6 • Acknowledged the comment on mutuality, and its importance in peer relationships and peer support.
3	**Commitment to Te Tiriti o Waitangi, and Equity**	There were 2 themes in the feedback: • Time and resources to implement actions to address equity. • Lack of engagement of people.	• The Relationship Manager will discuss this with each Provider

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		There was a request for Te Whatu Ora support in this area.	
4	**Objectives**	There were positive comments on the Objectives. There was one request to add in "acceptance" into the first objective so that it read "To uphold the dignity of people through acceptance, personal choice and self-determination". There was another comment about the objective "Support individual-led decision making, leadership and capacity", and that the term "capacity" does not add anything.	• The first objective is the individual's right to personal choice and self-determination. The term "acceptance" is not an individual's right, but the behaviour of the person to uphold the dignity of the individual. We have therefore not changed the Draft Model of Care on this point. • We accept that this is not a good choice of words. We have reworded this principle.
5	**Diversity**	No specific feedback was received on Diversity	
6	**Requirements**		
6A	Quality	One person provided feedback on Quality, requesting clarity on whether quality referred to the contents on page 4, or if it referred to wider system changes, or page 14	• Current contracts with providers include mandatory Quality Standard. • We have included a reference to this in the Draft Model of Care to emphasis their importance. • Also, we wanted to reinforce the importance of feedback from tāngata whaiora and how this is used to inform service delivery.

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6B	Policies	There were a couple of comments received on Collaborative note-taking, both responders indicating they would like more information on what this is. One responder said they do "goal setting" rather than collaborative note taking. Another responder said that having to collate evidence of quality of services will take a lot of time.	• The Relationship Manager will discuss this with each Provider
6C	Workforce Development	Positive feedback on this was received from some responders. There was one response that the statement on "training was too restrictive" and requested it also include "a range of talking therapies". One responder was uncertain about the required qualifications of staff and asked for the criteria to reflect the level of expertise required, specifically about specialist mental health clinical requirements.	• The request for inclusion of "talking therapies" has been noted. The current statement includes "…and other relevant training" which we feel covers the concern raised. • We have therefore not changed the Draft Model of Care to reflect this feedback. • We note the request for clarification on qualifications. The draft Model of Care is for non-clinical day programmes, and the staff qualification requirements have not changed.
6D	Service accessibility		
6D-1	Who are Day Programmes for?	There was one concern raised about tāngata whaiora over 65 years and the negative impact on the workforce (time needed to look after their personal cares). It was also suggested that a service for people of all ages may be "daunting" for a young person. A few comments were received about 'referrals":	• We note the feedback on over-65-year-olds. It is expected that providers take a flexible approach based on need. • We have noted the comments about self-referrals. The new Model of Care reflects the desire to remove barriers to

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		• Suggested that referrers could use the same form. • Concerns about the "risks" to staff about self-referral, in particular risks assessment, safety planning. • That need to ensure the person who has self-referred also has a key contact to be referred back to if needed. • That self-referral means staff are unable to have a discussion with the referrer at the same time to form a more complete picture about the person's needs. A comment was made to include "addictions" in the first bullet point about eligibility.	accessing day programmes, and self-referral is an important entry point. • There will be some parameters – it's for people who are connected with hospital and specialist services or primary care. • Specific issues will be discussed with individual providers. • We agree to include the reference to "addictions" and will change the Draft Model of Care to read: "Are people who have lived experience of mental distress and/or addictions, particularly for people with high and/or complex needs associated with this distress/addiction."
6D-2	Where will community Day Programmes be provided?	One response to this requirement was that "An accessible community setting is essential, as are local community run programmes".	• We feel this is already covered in the requirements.

6D-3	When will Day Programmes be provided?	Several responses were received on this requirement, and are collated below:
		• Opening in the evenings and on weekends:
		  ○ We are not funded to open weekends and evenings.
		  ○ We do not have staff to cover weekends and evenings.
		• Suggestions on ways to provide support on weekends and evenings:
		  ○ Resource packs
		  ○ Shared contact lists
		  ○ Telehealth.
		  ○ Virtual options.
			• The focus is not on doing more with the same resources but to ask how can existing funding be used differently and being aware of the other options available in the community.
			• There has been strong feedback from tāngata whaiora for evening and weekend support/programmes, and this has been reflected in the Model of Care.

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		○ Supporting tāngata whaiora through the week so they are more supported in the weekend. • It was also suggested to work together on how weekend and evening support might be available. One responder asked that the word "will" be replaced with "could".	• Options and ideas will be discussed with individual providers. • Options to consider might be: Discuss with each other as a peer group, or Explore potential flexibility in how services are provided.
6D-4	How will people know about the Day Programmes?	There were several comments on this requirement, particularly about "demand". Concerns were: • What happens when the programme is "full"? How is this managed? • More funding will be needed if more people are attending. • The bigger size of the group. • The lack of space for more people to attend. One responder provided suggestions for promotion of the service: • "Communicating to those not aware of what is available. GP clinic, ED Waiting Room, WINZ. A piece of paper they can take away." There were specific comments about tāngata whaiora (not) leaving the programme: • Question whether the day programme is meant to "let more people through or is it a permanent thing?" • That there should/must be no end time for people who attend day programmes.	• It will be important to think about how to improve the outcomes for people so they don't require the service for as long. • It is important to explore other options if a person has a long-term need. • The hope is that people are not going to be reliant on the service for the rest of their life.
6D-5	How will people's needs be identified?	There were some comments about the potential for dependency on the service: • "supporting the autonomy of tāngata whaiora is very important". • "services want to encourage independence, not reliance".	• We feel that the phrase "Engaging with the community" is a reframing of the strengths-based approach. • People need to be encouraged and recognised for their autonomy.

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		• A "guide on how to use services is needed" eg enrolling with a GP, dealing with WINZ paperwork, and also getting information from WINZ It was suggested that GPs could also promote the community services. Other comments from responders were: • There are some people who have been with the programme a long time - "a cohort of people who we have created a dependency and we have to manage that". • It is a "duty To care", rather than dependency. • There are "people who have their whole lives lived in institutions. ..... and they describe [provider name] as their family". It was also said that we could: • "Turn this around and think that the day service is a community space and so will engage with the community"	
7	**Outcomes for people accessing the Day Programme**		
7-1	Enhanced self-esteem and competence	No specific feedback received	
7-2	Increased capability	No specific feedback received	
7-3	Strengthened Connections	No specific feedback received	
7-4	Personal choice and self-determination	No specific feedback received	

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7-5	Design and run the services	A suggestion was made to combine this requirement with the "participation" requitement	• These are combined in the final model of care.
7-6	Participation in the programme delivery	As above	
7-7	Talk about experiences	No specific feedback received	
7-8	Peer support	A responder said there is • "always confusion as to what peer support actually is" and asked if it refers to trained peer support workers or is it "support and encouragement" from other tāngata whaiora? Another responder suggested that to help with the business that • "If we had a peer support worker that would help, or perhaps a visiting peer support worker."	• Peer support in the Model of Care refers to structured or formal peer support. There are trained (normally) peer support workers, who have a framework to work in, and who are normally working or volunteering in services. Peer support workers will need to meet the practice requirements of the Southern Model of Care for Peer-Governed Services. • This is different to "natural or informal peer support" for example when people meet up and share their experiences and support each other.
7-9	Advocacy	The question was raised whether a: • "[tāngata whaiora] committee" that can support people is the same as "advocacy/independent advocates"	• The Model of Care requires access to independent advocates.
advoc7-10	Effective communication between services	No specific feedback received	
7-11	Enhanced Technology and digital options	One responder was concerned that this requirement meant they would need to:	• If needed, the Relationship Manager will discuss this with the Provider

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		• "upgrade of devices by funders, training provision for staff and increased internet security".	
7-12	Experience and work readiness	Several comments were received from responders on volunteering and employment: • "Volunteering and meaningful activity can be just as valuable as an aspiration as employment". • "It is so important not to lose hope in the employment space". • People need to be supported to use other agencies. There was also a concern mentioned: • Concern about expectations and how that fits in with employment specialists.	• This requirement is about the individual's hopes. • This could be volunteering, or it could be paid work. But it is about holding hope for those who maybe we haven't had such aspirations for in the past. • It is understood that, for some people the aspiration it's not a work aspiration but it may be connectedness and community. • There are different aspirations and reasons for people are engaging with services. But it is also about trying to understand those and support people to achieve those hopes and encouraging a support network outside the day service. • The model of care requires services engage with other relevant supports in the community, and that will include employment specialists.
8	**Community Collaboration**		
8.1	Uptake opportunities for innovation	No specific feedback received	

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8.2	Establish/enhance Partnerships with Māori	No specific feedback received	
8.3	Collaborate with others to support holistic wellbeing	No specific feedback received	
9	**Contracting process** post June 2023	At the zoom meeting for providers there was discussion on the contract process once the Model of Care is finalised. The feedback is collated and summarised below: Assessment of progress towards the Model of Care: • How will the Day Programmes be assessed against the new Model of Care? • Will staff members be part of the assessment, and how objective will that be? • Will tāngata whaiora be part of the assessment, and if so, will their health and issues with the service be taken into account? • How are providers going to be measured? Funding • "Additional outcome expectations need to be backed up with appropriate funding". • Services are already stretched. • Funding need for extra duties/extra hours Contract process • What are the timeframes? • Who will lead the process? • How long are providers given? Contract • How is the new model going to translate into contracts?	**Assessment:** • ALL tāngata whaiora will be asked for their feedback. • The model of care is intended to have an evaluation framework or table associated with it. • For each requirement there will be a statement about what is being asked for under the new model. • There will be prompts looking for some evidence of how the provider has considered the requirement and is moving toward meeting it. • It is qualitative information that will be gathered. It's not going to be overly prescriptive. Providers need to ensure that services meet the needs of the people that use them, and organisations might have different ways to meet the MOC. • Tāngata whaiora will be re-engaged at the end of the review process, as they

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		• What kind of reporting is going to be required – considering each service is going to be working in partnership and integrating our services more? • Will there be work around the service specifications or is that separate work? • Do you foresee any tensions between Tier 1 and 2 and changes to Tier 3? Clarity on expectations: • Not clear on the changes / what is expected. • We like the idea that it is up to the providers to translate. • Suggested that a specification for provider support might help to clarify the expectations. Other organisations • How does the Model of Care translate into other organisations that the person attends, and they do not follow the new MOC? A suggestion was made that NGOs have access to a "central administration service" to meet their administration needs.	were at the beginning, and engaged along the way too. **Funding:** • It is important to note that we are asking for a change in the way that services are delivered. This does not necessarily mean increased hours or additional services. **Contract process:** • Once the final Model of Care is released, we will discuss with providers their ideas on how to make it work. It is expected that providers will also discuss with their tāngata whaiora on what they (the tāngata whaiora) need. • We will also discuss with the providers the specific terms and conditions, the Service Specifications, and the Contract • Contracts will all need to be implemented before the 30th of June (when everyone's current contracts expire). The contracts will be for one year – starting 1st July 2023. • The evaluation will be around October. This will involve conversations with providers and tāngata whaiora. **Service Specifications:** • Typically, the wording in Tier 1 and 2 has different wording that Tier 3. Tier 1 and

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			2 are generally broader about delivery of service. Tier 3 is more specific and will help in resolving any tensions. **Other organisations** • Taking into consideration other organisations is the reason why we haven't taken a prescriptive approach. • We are not expecting (nor wanting) the exact same service to be delivered across Southern. **Central Administration** • It is the provider responsibility to meet its administration needs.
10	**Feedback on the document itself**	"mismatch between the contents (page 4) and the actual contents as laid out in the document leave it fragmented."	• Thank you - this will be corrected