TO THE WORLD YOU MAY BE ONE PERSON, BUT TO one PERSON you may be THE WORLD.
Anonymous

INNOVATION & INTEGRATION

The 2 transformative leaders had to be change agents or drivers of new models as well as ensuring current delivery of service met demand and expectations.

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Background

- Institutional Care until 1980's.
- Advent of new antipsychotic medications.
- 'Community participation': deinstitutionalisation - hostels, group homes, residential rehabilitation in inpatient settings and in NGOs.
- 'Community Integration': in 2008 a national project looked at Mental Health & accommodation. It indicated there was a need to separate accommodation from support services. 'The Way Forward': 2009 - new national service specs for Housing & Recovery.

Our vision: Inclusive Society

- The task of ADHB and WDHB F&P and Service Coordination was to develop a model that reflects this.
- Silos and fragmented systems needed to be deconstructed so seamless and more flexible services can be provided.
- A reduction in the varying access pathways and duplication in current systems / processes.
- The pendulum has swung - Mindsets are shifting to reflect greater flexibility and individualisation of support provision in line with the consumer movement and the development of the philosophy of recovery.
- Both the DHBs viewed the separation of accommodation and support as the next step in provision of more flexible responses to service users changing needs.
- The Reconfiguration currently taking place in ADHB & WDHB is the next step towards achieving this.

What were the proposed changes?

- Contracts would be aligned across NGO's and those with multiple contracts would be collapsed into a single 'support hours' contract. (Community Support, Work / Home Based Recovery Support Service, Packages of Care, Iwi Support Work Services, Peer Support)

- That some Residential Services would be reconfigured into 'support hours' (planned staged implementation)

- Ensure existing housing stock is maintained. NGOs have become landlords offering shared tenancies to service users.

Why change?

- Service delivery would be more integrated and consistent across support providers
- Increase flexibility / responsiveness of support services to the continuum of support needs
- Ensure service availability to meet the needs of those with highest need (i.e. primarily service-users of secondary mental health services)
- Establish clear and consistent funding mechanisms for support, and flexi-fund
- A separation of housing / accommodation
- Having a central point of coordination (via service coordination) ensures there is an overview of the total number of support hours available across the district

Expectations of the changes

- Increase the scope of service delivery across life domains to include active assistance / role modelling (may need to do for until person learns skills to do for self) and medication support.
- The ability to access NGO support staff both clinical and non clinical.
- Service coordination forms a conduit between services. They are interconnectors by having a mandate to prioritise referrals, oversee access pathways, prioritise and facilitate access, coordinate oversight of support hours and monitor the flow in the support continuum.

How were the changes operationalised?

- ADHB / WDHB F & P and Service Coordination collaborated to develop an integrated funding / service model across Auckland and Waitemata DHBs including a NGO Provider Reporting systems. (Still to be aligned further across the 2 DHBs as part of a move to generic systems).
- Collaboratively developed a draft ‘support hours provider specifications / operating protocol’ ready for consultation with the NGO sector
- Development of a tool that provides a mechanism to allocate ‘support hours’ and aligned to the proposed new funding model
- Joint communications with the NGO sector and clinical services regarding the proposed reconfiguration of services / funding
- Development of an assessment tool that was able to support the proposed service delivery model changes varied slightly between ADHB and WDHB


ADHB

Implementation ADHB

- MH-NASC created its own SC **Database** to capture information re service users that are referred to it for improved data analysis and trends.
- New and improved **tools** in NASC: comprehensive Support Needs Assessments (SNAs), Collaborative Action Plans (CAPs), and use of a SNAG tool to determine and allocate the number of SHrs.
- ADHB is proceeding cautiously and has recognised already that it needs to revisit its service mix.
- What was formerly known as Level 3 res rehab is been gradually phased out at the same time acknowledging there is a requirement to meet the **needs of the population** in the DHB's catchment area, e.g. there is a significant number of service users with a profile that matches 'long-term supported accommodation'. This reflects an increasing ageing population but also longer life expectancy (and a number of them had been in institutional care.)

ADHB cont…

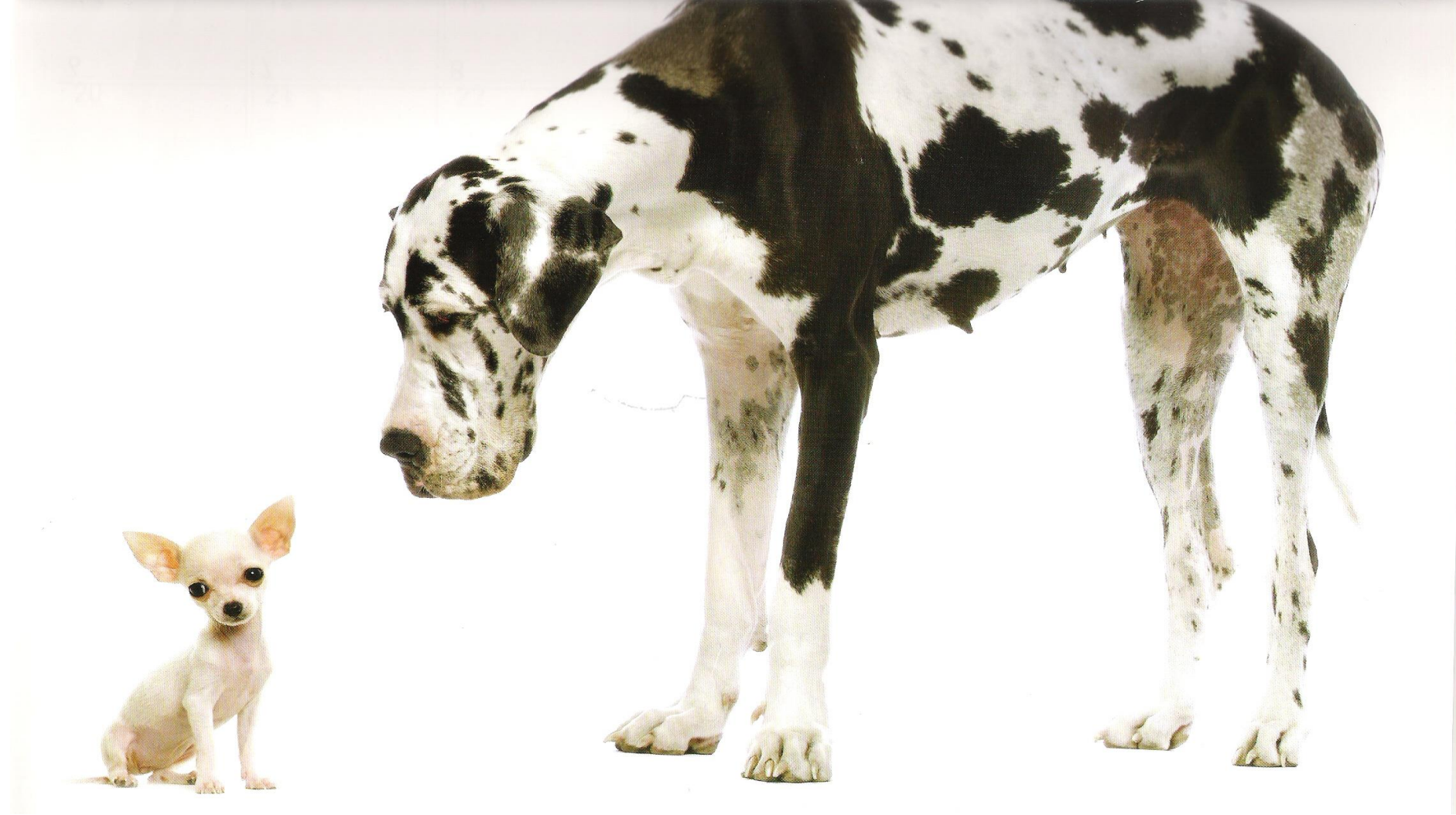
- **Flexifund** – there is an ADHB clinical arm and an NGO flexifund, which are utilised for individualised service user needs.
- Some former Level 3 NGOs have been reconfigured to offer an **Intensive** Res Rehab service with 24 hour awake staff
- ADHB has also got a contracted organisation **CORT** that offers support to service users to procure **accommodation** and to sustain it. They build or source housing.
- Be flexible to adjust to proposed local system changes and **strategic direction**, e.g. closer alignment of NGOs with the CMHS in the ADHB and its implications for service coordination, e.g. minimal SHrs could be directly negotiated between the clinical team and a NGO if there is a dedicated pool of SHrs for that.

Implementation WDHB

- LCS assessment tool, systems and processes were redeveloped to align to proposed contract changes.
- An **information framework** was created that facilitates and records the current abilities, resources, goals and support needs of a person with a mental health disability. Support Needs and Multi Agency Support Plan (**SNAP**)
- The Support plan is a living document. It combines both the clients goals and the goals from needs assessment. It is an **interagency agreement** regarding support planning. Has specific transitional planning / advanced directive section.
- Utilisation involves partnership and collaboration between the service user, families, the NGOs, Local Coordination Services, mental health clinicians and other agencies. It allows a more integrated approach.

WDHB cont…

- The ‘Support hours’ service model development has included all stakeholders and continues. (eg Referral Form)
- Service model allows for direct access to NGO’s for low level support (under 4 hours.)
- Consistent process and systems for allocating support utilised by LCS and all mainstream providers for low level support packages.
- SNAP adopted as formal information collection / support plan document by NGO services contracted to Support hours model.
- All service users supported under support hours contract will have a SNAP appropriate to their identified needs.
- Reconfigured residential rehabilitation services provide tenancies separate to support hours
- Utilisation of differing contracted support services and roles to breech support / service gaps. SNAP used to outline differing roles.
- Use of flexifund / One off Contracts



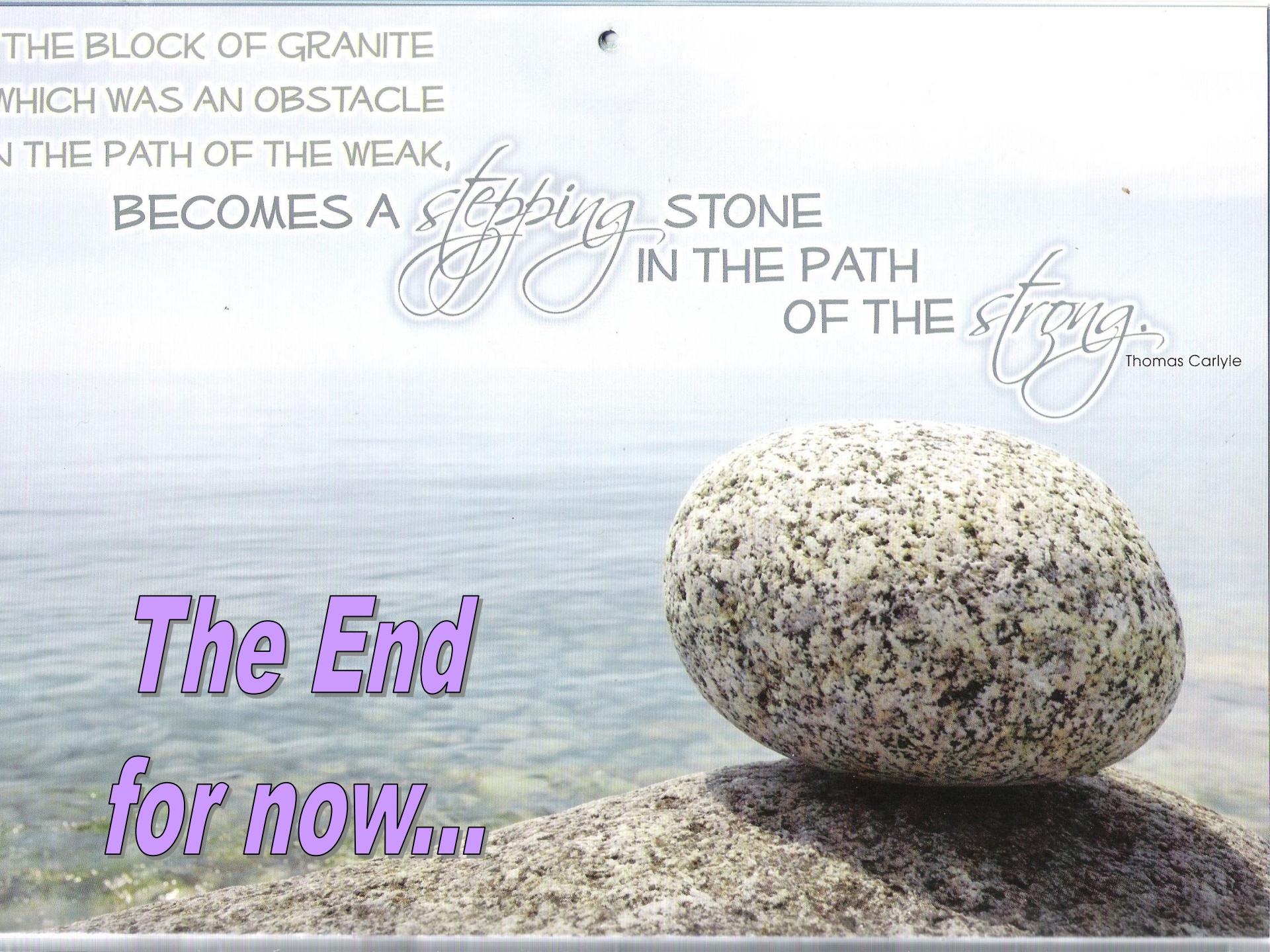
While ADHB and WDHB both started out with the same model – there are differences between them!

Consequences – intended / unintended

- Improved quality and consistency of the service user experience across community mental health settings.
- Increased collaboration between service users and families, NGO services and DHB Services in accordance with recovery values.
- Collaborative consistent systems and processes across NGO's and DHBs so that information can shared.
- Stronger liaison between MH NASC and MH P & F management.
- Stronger relationships between DHB and NGOs.
- Peer supervision / information sharing at team leader level across and external to our DHBs.
- Development of specific operational processes/ systems from the ground up
- A more integrated, consistent approach to any new service development
- Increased innovation in supporting service users who do not fit any existing or combination of existing service provision – including controlled access for individualised packages, and Exceptional Circumstance Funded persons

Future

- Promote and build on collaborative working relationships at all levels.
- A merger of the Planning & Funding teams across ADHB and WDHB is in process which will inevitably lead to a closer alignment of services contracted through the provider arms and NGO providers.
- Improved MoH reporting mechanisms including the use of the national outcomes measurement tool Honos in Support Needs Assessments and Service Coordination Reviews.
- Trial new tools and models, revisit workforce capability and development.
- One IT system across providers and one plan per person.
- Be receptive to auditing and continuous quality improvement processes to improve effectiveness of services.
- Refinement of model of support in Housing & Recovery framework.
- Stronger collaboration with other NASCs to ensure that service users receive appropriate support services.
- Continue to raise awareness of the importance of NASC to be recognised as a specialist role, linked to a professional body, and NASCA.
- Blueprint 2 – ongoing service development to refine systems and processes to meet increased demand.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WHICH WAS AN OBSTACLE
N THE PATH OF THE WEAK,
BECOMES A stepping STONE
IN THE PATH
OF THE strong.
Thomas Carlyle
The End
for now...