



**Wairarapa District Health
Board
Mental Health Services
Annual Plan
July 2001 to June 2002**

Appendix 1



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Executive Summary

Preamble

The New Zealand Health Strategy (MoH 2000) establishes the overall framework for action on health and outlines the working environment for District Health Boards. Future development of the Strategy will reflect the more established nature of District Health Boards, which will have developed close community and intersectoral links. It also highlights the fact that health services are just one of many factors that can keep us healthy, help us recover from ill health or make it easier for us to live with chronic illness. If we really want to make a positive difference to health, we will need to coordinate action across different areas of government and address a broad range of social, economic and lifestyle issues.

The level and quality of specialist mental health services have improved over recent years. Significant gains are still required to ensure services meet the full range of needs of people who experience mental and psychological distress. The Government is committed to continually improving mental health services through implementing the Mental Health Commission's Blueprint, which draws on the objectives of *Looking Forward* (MoH 1994) and *Moving Forward* (MoH 1997).

The following documents define the range, expectations and the quality of mental health services nationally. They also identify that three per cent of the adult population and five per cent of children and young people should receive mental health services.

- The Ministry of Health's Looking Forward and Moving Forward Strategic Planning documents
- The Mental Health Commission's Blueprint for Mental Health Services
- The Health Funding Authority's Funding Plan 1998 - 2002

Principles underpinning these documents include having more and better mental health services, with the focus on:

- personal dignity
- privacy
- empowerment
- consumer participation in their care
- access
- best possible outcomes for consumers
- cultural safety and appropriate services for Maori and for other ethnic peoples
- services which enable the least disruption to individuals and their families/carers
- a well trained and developed workforce, and
- close working relationships with Primary providers and other sectors.

In developing its services the Wairarapa District Health Board will focus primarily on:

- A move towards meeting the National Mental Health Strategy targets
- Movement towards bridging the gap between current provision and ideal resource
- Resource levels as described by the Mental Health Commission's Blueprint
- Joint work with other sectors such as Housing, Education and Welfare to ensure relationships and responsibilities are explicit and understood
- Services that are closely integrated to ensure continuity of treatment and support
- Involvement of consumers in the planning, development and delivery of services
- Involvement of families and carers in planning and purchasing decisions as well as in service development and planning for individuals
- Maori having choice of culturally effective mainstream or Kaupapa Maori services
- Treatment and support in the community in so far as it is safe to do so
- A range of supports for people with high needs, including service co-ordination, accommodation and community support options, employment, and vocational or educational support
- Effective service co-ordination and clear accountabilities

Introduction

The Wairarapa District Health Board's Mental Health Service, as a rural provider, has traditionally met a broad spectrum of Mental Health need, from providing services for people with serious mental illness, and narcotics abuse to the treatment of other less severe distress. Mental Health Services have maintained close links with local communities and other health practitioners.

Until recently, services have struggled, although with Government identifying mental health as a priority, new services and initiatives have developed.



The Mental Health Service continues to develop, focusing on people with serious mental health problems, improving levels of clinical safety (in particular risk assessment), improving the quality of services, establishing collaborative working relationships in the community, with other relevant sectors and within the region; and meeting contractual requirements. However, regional and local resource constraints limit our ability to respond to increasing public expectations.

Mason Funding

Mason funding totalling \$126,876 in 2001/02 for the Wairarapa, has enabled ongoing development and consolidation of new initiatives, including:

- **Support Needs Assessments (Mason value \$49,562).** With the introduction of the Support in the Community service model, review and reconfiguration of Clinical Support Needs Assessments will commence in 2001. Review of support needs are completed in consultation with clients, carers, mental health case managers and residential providers.
- **The consolidation of Service Co-ordination (Mason value \$4112).** Memoranda of Understanding are reviewed with providers. Regular liaison and consultation with residential and community support service providers is well established, enabling consultation and input to Service Coordination. The Mental Health Forum has successfully identified and implemented two mental health community projects in the Wairarapa in 2000/01 - focusing on Participatory Action Research into the mental health needs of Youth in the Wairarapa (with the support of the Mental Health Commission) and Integrated Care. There is also active participation in the Wairarapa Strengthening Families Program.
- **Crisis Respite (Mason value \$20,375).** Systems for access to Crisis Respite have stabilised 2000/01, which is also being used to prevent acute admissions and transition patients from Acute Inpatient services, allowing them to remain close to their support networks and return to the community with increased integration. Three local residential facilities provide varying levels of Crisis Respite. The Child, Adolescent and Family Carer Relief and Home Support services are well established with processes to ensure efficient assessment and review and incorporate support from clinical services. Young people and their families have been accessing these services, with more family referrals expected in 2001/2002. The planning process for the Child, Adolescent and Family Crisis Respite Service will be completed in 2001/2002. The challenge will be to continue access to services within limited resources.
- **Administration and On-buying of Home Support Services and Carer Relief Services (Mason value \$52,827, which includes administration costs of \$11,822).** Contracts are in place with providers of residential and home support services. Access to services is arranged by referral to Service Coordination through the client's mental health case manager. Demand for these services grew rapidly in 1998/99.

New Service Initiatives

New service initiatives will or have already enhanced local services in the Wairarapa. These include:

- plans to recruit to the position of Consumer Advisor;
- planning with Regional services to establish partnership agreements to build and enhance local capacity and capability;
- working with the Wairarapa Mental Health Forum to develop a model for Integrated Mental Health Care for the Wairarapa;
- establishing a local Mental Health Advisory group in conjunction with Regional Mental Health Networks and the Regional Planning Forum;
- augmentation of the Child, Adolescent and Family Service with increased specialist skills and outreach clinics to the South Wairarapa;
- planning and development of Acute Care Packages for Children & Young people in consultation with the Regional Reference group;
- augmentation of the Acute Inpatient Service with planning and development of an Acute Day Service;
- local residential social detoxification services included in the Mobile Detoxification Service;
- further augmentation to Maori mental health services;
- mental health outreach clinics at general practitioners' surgeries, other community agencies and the South Wairarapa;
- planning and development of Shared Care arrangements with Primary Providers i.e. GPs;
- an increased focus on early intervention, health maintenance, relapse prevention and health promotion; and
- a Workforce Development Plan.

Quality Initiatives

Quality initiatives include:

- the development of a Quality Project group to develop and review clinical processes and service policies and procedures in line with the Quality and Risk Management plan, National Service Specifications and Mental Health Sector Standards;
- establishing mechanisms for audit and monitoring of service delivery, staff practice and performance;
- development of a Consumer Advisory group for consultation and input to Mental Health Services;
- a review of case management, treatment and discharge processes aligned to criteria for service provision;
- developing working memoranda with other Hospital and Health Service services and community agencies,
- development of a legal tracking system;
- completion of the National Health Information Service Project (Wairarapa Health Mental Health Services was the first Service to achieve compliance);
- a review of the administration of client files and client information;
- evaluation of client questionnaires and surveys to enhance service development;
- increased consultant/medical contact and input to community agencies;
- development of consumer focus groups for consultation and input to the Methadone Programme; and
- development of client/family/carer questionnaires and surveys to enhance service development.

A review of the Service Coordinator's role and responsibilities will ensure that mental health services are coordinated more in collaboration with community agencies, other sectors and regional services. We invite primary providers and community agencies to multi-disciplinary forums for case management, treatment and discharge planning.

An Adult Service psychiatrist holds clinics from general practice surgeries in the South Wairarapa.

Under the auspices of the Strengthening Families Project (Health, Education and Welfare), an interagency protocol has improved communication and care co-ordination of shared clients.

Regular liaison is maintained with the Consumer Advisory group and processes have been developed to ensure consumer consultation and input to all service policies and procedures.

Most Regional Specialist Services now hold regular clinics and training in the Wairarapa. Regional Intensive/Extended Care Rehabilitation beds allocated to the Wairarapa from Capital and Coast Health are regularly utilised.

The next 12 months will be a period of consolidation for the Mental Health Services. The emphasis will be on continued quality service development particularly in Maori Mental Services, Child, Adolescent and Family Services, Acute Inpatient and Day Hospital Services. The priority is the development of an integrated, efficient service structure, which optimises available resources, maximises service quality and safety through developed systems for monitoring and audit, recovery and best practice initiatives aligned to the Mental Health Sector Standards.

Key Risks

Ongoing recruitment of professional staff threatens the viability of the services. Closer clinical partnership with dards.

Ongoing recruitment of professional staff threatens the viability of the services. Closer clinical partnership Alliances are being explored with other District Health Boards particularly Capital and Coast.



Nature and Scope of Service

Wairarapa District Health Board Mental Health Services provide the following:

- **COMMUNITY ADULT MENTAL HEALTH SERVICES** - staffed by multi-disciplinary team of mental health professionals. An Outpatient service operates between 8.00am and 4.30pm Monday to Friday provides outreach services to the outlying districts of the Wairarapa and incorporates a 24-hour Crisis service and Service Coordination.
- **Psychiatric Crisis Service:** The 24-hour mobile Psychiatric Crisis Service provides crisis assessment and intervention, assertive and brief follow up and access to Acute Inpatient and Crisis Respite services. The medical staff provide coverage during work hours, with support from three General Practitioners for rostered on call duties after hours. Designated Crisis staff with members of the Community Mental Health Team provide coverage after hours.
- **Service Co-ordination:** The Service Co-ordination team comprises members of the Community Adult Mental Health Team who complete all Support Needs Assessments and prioritise access to Residential, Planned Respite, Support for Independence, Support in the Community services and Home-based Support Services. Access is organised to some Regional Specialist Services such as the Forensics, Dual Diagnosis/Alcohol and Drug, Personality Psychotherapy, Early Intervention and Intensive/Extended Care Rehabilitation Services. The Service Co-ordinator in the Adult Mental Health Service and the Educator/Coordinator in the Child, Adolescent and Family Service monitor Service Co-ordination.

Current full time equivalent clinical staff includes:

	Full Time Equivalent Staff
Team Leader/CPN	1.0
Clinical Psychologist	1.0
Community Psychiatric Nurses	3.0
Crisis team staff	2.0
House Surgeon	1.2
Occupational Therapist	0.8
Social Worker	0.8
Counsellor/Therapist	1.0
Service Coordinator/Clinician	1.0
Clinical Director/Clinician	1.0
Senior Medical Staff	2.3
Total Clinical Staff	15.1
Administration Support Staff	2.6

Recent recruitment has seen offers of employment for a Counsellor/Therapist, Crisis Mental Health Professional, Community Psychiatric Nurse and Clinical Director, with all positions expected to be filled by December 2001. 2.6 full time equivalent Administration staff support the Community Mental Health Team, Crisis Team, Maori Mental Health Team and Alcohol & Drug Team.

- **CHILD, ADOLESCENT & FAMILY SERVICES** – a specialist team that also operate on an outpatient basis. Current full-time equivalent clinical staff includes:

	Full Time Equivalent Staff
2 P/T Consultant Child Psychiatrists	0.90
Psychologist	1.0
Team Leader/Family Therapist	1.0
Social Worker	1.0
Child Psychotherapist	1.0
Total Clinical staff	4.9
Administration Support Staff	0.7

- **MAORI MENTAL HEALTH PROFESSIONAL & SUPPORT STAFF** – work within mainstream services and are linked to the Adult and Child, Adolescent & Family Services. Current full-time equivalent clinical staff includes:

	Adult	CAFs
Counsellors	1.00	1.00
Support Worker		1.00



Social Worker	1.00
Total MMH Clinical Staff	4.00

- **ACUTE INPATIENT SERVICES** – provide inpatient assessment, care and treatment planning with the multi-disciplinary team perspective provided by Community Adult Mental Health staff i.e. Occupational Therapist, Social Worker, Medical and Psychologist. Current clinical staffing for the Acute Inpatient Services includes:

	Full Time Equivalent Staff
Mental Health Support Staff	4.17
Psychiatric Nurses	8.43
Clinical Nurse Leader	1.00
Senior Medical Staff	0.50
Total Clinical Staff	14.1
Administration Support Staff	0.40

There are current vacancies for the Clinical Nurse Leader position and Registered Nurses. An Acting Clinical Nurse Leader will be in place by the beginning of September 2001. Recent recruitment will see two Registered Nursing vacancies filled by the beginning of October 2001 with ongoing recruitment to fill further vacancies. To enhance continuity of care, one of the Adult Community psychiatrists provides oversight of the ward, with support from other community senior medical staff.

- **ALCOHOL & DRUG SERVICES** – consist of the Methadone Maintenance programme and Specialist Mobile Community Detoxification Services. Current clinical full time equivalent staff includes one Team Leader/Methadone Coordinator, one Community Detoxification Community Psychiatric Nurse and two Medical Officers on a retainer and fee for service basis.

Team Leader/Methadone Coordinator	1.00
Community Detox CPN	1.00
Senior Medical	0.05
Total Clinical Staff	2.05

Mission Statement

Our Mission Statement is:

“To develop a service for the people of the Wairarapa so that each client can work towards achieving their optimum level of mental health.”

Kaupapa

Underpinning our Mission Statement:

- We uphold the articles and principles of the Treaty of Waitangi and work with Tangata Whenua to ensure services are provided appropriately to Maori.
- Services must reflect the unique needs of the individual, and be provided in such a way that respects and upholds personal dignity.
- We believe the principles of partnership and empowerment are essential to the provision of quality Mental Health services.
- We acknowledge the skills and commitment of individuals and groups within our local community and our need to work with them, to ensure an optimum range of mental health supports to the client.
- Co-operation and communication between all sectors is essential to co-ordinated quality service provision.
- Mental health services should be accessible and appropriate to the needs of the individual.
- The Mental Health Service should reflect a high level of commitment and competency towards ensuring its services and service planning adheres to professional standards

Strategic Overview

The Reorganisation and Restructuring of Mental Health Services

The Wairarapa continues to develop Mental Health Services. Local population numbers and other local factors that impact on mental health needs are assessed and used to ensure good collaboration and partnership between service providers. Achieving good coordination is time consuming and resource intensive.

To fulfil the requirements of legislation such as the Mental Health Act and amendments, in addition to complying with national standards, considerable time and energy continues to be spent on facilitation, training, and deployment of staff and administration resources.

The establishment of District Health Boards and the Regional Mental Health Networks has resulted in providers being actively involved in the Regional Mental Health and Addiction Planning Forum. A local Community Advisory group has been set up to provide consultation and collaboration with community groups, services and other sectors and to provide advice in the local and regional planning of Mental Health services.

Community/Consumer Expectations

Raised community expectations put pressure on our ability to meet the demand for services within the available resources. Reviews and literature highlight the need for mental health services to be more accountable, mobile and active in the fields of education, wellness and community liaison. Services must also be more accessible for consultation and support.

Developing a 'Recovery' approach in Mental Health Services must empower consumers, assure their rights, get the best possible outcomes for them, increase their control over their mental health and well-being and enable them to fully participate in society.

Ongoing liaison and consultation to ensure consumer participation as it relates to advice on policy, development, funding, delivery and monitoring.

The Treaty of Waitangi

Central to the Treaty relationship and implementation of Treaty principles is a common understanding that Maori will have an important role in implementing health strategies for Maori and that the Crown and Maori will relate to each other in good faith with mutual respect, cooperation and trust. (*The NZ Health Strategy 2000*)

Local Maori mental health services are contracted through a Maori Non Government Organisation and the Wairarapa District Health Board, although this does not necessarily reflect the configuration of the current service and the true nature of the work undertaken. Workforce development and training continues to require considerable planning and implementation to address issues for Maori.

The Mental Health Service will continue to reflect the Government's commitment toward improving Maori health by continuing development of culturally appropriate and safe practices and procedures as integral requirements in the purchase and provision of health services to Maori. The Wairarapa District Health Board supports active participation, meaningful consultation with Maori and Maori involvement in the planning of mental health services.

Deinstitutionalisation/Regional/Community-based Services

The move to community-based services increases pressure on the Wairarapa District Health Board in terms of meeting the need for safe and appropriate services. The ongoing limited access to regional acute and intensive care facilities increases the risk to consumers, staff and the community. Increased development and stabilisation of some of the regional specialist services will enhance our ability to provide appropriate expertise and follow-up for consumers particularly with high support needs. The use of teleconferencing will assist local staff to access specialist skills and expertise.

Rural Factors

Our rural isolation increases the challenge of ensuring the accessibility and availability of mental health services. The demands on the secondary services when there is a limited level of primary providers with mental health experience, requires ongoing review of local service provision and delivery.

Limited access to regional services for dual diagnosis and high support needs and limited training for staff makes it difficult to develop the necessary skills, knowledge and experience base locally to provide the range of treatment options for this consumer group. The development of Partnership agreements with other regional services in relation to service development will enhance local service capacity and capability.

Close working relationships with the Police, other services and sectors will enable effective liaison and follow up, essential to the provision of services in outlying isolated districts.



Regional Mental Health Networks/Local Community Advisory Group

In line with the development of District Health Boards, the Wairarapa was involved in the establishment of the Central Regional Mental Health Network. Continued involvement will ensure links to the Regional Mental Health & Addiction Planning Forum and the establishment of a local Community Advisory Group to assist with the planning and funding of local and regional mental health services.

Contract Issues

A contractual requirement is to manage volumes to revenue for services.

While crisis respite and carer relief services have improved treatment options, increased expectations with the Mental Health Act and Amendments, Mental Health Sector Standards and consumer, community and organisational expectations, will mean ongoing monitoring of the crisis services, to align it with expectations and within resources. This will have resource implications and may impact on other areas of the service.

Staff Recruitment and Workforce Development

The national shortage of appropriately trained and experienced mental health personnel is compounded in the Wairarapa by our size, rural isolation and distance from centres of learning.

Staff changes in the service have resulted in a considerable reshuffle in some positions within the service requiring a review of some of the roles. Ongoing vacancies and recruitment difficulties affect our ability to provide leadership and stability for staff. Initiatives to develop strategies to address recruitment and workforce issues are costly and resource intensive.

The development of Partnership agreements with other Regional services in relation to professional development and standards of practice will increase access to training opportunities, peer support and supervision and enhance staff capability in terms of best practice initiatives.

Strategic Issues

Strengths

Mental Health Services have a highly skilled, flexible and experienced multidisciplinary team of staff and is able to offer a range of assessments, treatment options and case management.

Wairarapa Mental Health Services has an holistic approach to client care and ensures that it is up to date with current trends by continuing education as part of its quality program.

The service has developed closer links with local community, statutory and professional groups through active participation in the Mental Health Forum and the establishment of a local Community Advisory group.

The ongoing review of clinical processes for referral, case management, treatment and discharge planning has enhanced further service development in areas of early intervention, primary care interface, health maintenance, relapse prevention and health promotion.

The Mental Health Service is mobile, which increases its ability to be responsive to client needs in outlying areas.

In line with the Mental Health Act 1992 and amendments, Duly Authorised Officers are part of the Psychiatric Crisis Team, to perform duties as specified by the Act.

The development of the Inpatient Service and the Community Detoxification Service, and the recent augmentation of the Child Adolescent & Family, Maori Mental Health and Methadone Services provide a more integrated and accessible range of services to the client.

The development of a Consumer Advisory group has enhanced consumer participation and input to Mental Health services.

An integrated model of Alcohol and Drug Services with effective liaison with regional specialist services.

The ongoing development and increasing usage of Crisis Respite, Support for Independence, Community Support Services, Home-based Support, Carer Relief, has improved local treatment options for the client.

The development of the Service Coordinator's role has improved service integration and continuity between the Mental Health Services, other Wairarapa District Health Board departments, statutory agencies, non-governmental organizations and regional services.

The ongoing development of close working relationships with local Iwi, Kaumatua and Kuia, has improved consultation and assisted discussion and mutual understanding on service issues, particularly toward improving services to Maori.

Workforce development strategies have assisted in enhancing staff practice and performance.

Service Pressures

An increased emphasis on community-based agencies providing services means that the Mental Health Services need to review the configuration of some services and this may have an impact on services and staff.

Service demand, limited staffing and the ongoing difficulty of recruiting staff to essential positions has hindered the development of new services, particularly the teams developing and organising processes and protocols, and service improvement initiatives.

Increased staffing and services in the Child, Adolescent & Family service has increased pressure on the working environment with the current facility no longer suitable to the service's needs. A new facility is under consideration.

Social and economic stress in local communities gives rise to increased family dysfunction, substance abuse and mental ill health, creating higher levels of referral and self-referrals, particularly with high levels of acuity and risk.

A limited level of local primary and community providers with mental health skills and expertise increases expectations on the secondary service resulting in difficulties in maintaining service provision and delivery within the contracted criteria of three percent for Adult and five percent for CAFs.

The changing structures in health, with an emphasis on increased accountability, deinstitutionalisation, the need for effective community liaison and co-ordination, has increased implications for staff time and resources to implement and administrate.

The development of culturally safe and appropriate mental health services requires time, commitment, thorough planning, staff training, discussion and co-operation.

Negative publicity through the local and national media on mental health services continues to undermine public confidence and perceptions of mental health services, stigmatises clients and negates the positive gains and developments made.

Opportunities

The recognition by Government of mental health as a priority, and policies that place greater emphasis on wider social and economic factors and community-based services.

Recent national reviews have enabled the opportunity for the development of new service initiatives. Together with additional resources, this has created the ability to review the current operation and function of services that we provide.

Close proximity to and liaison with local community groups who have a strong sense of identification and commitment to health services, creating opportunities for effective working partnerships, collaboration and support.

Additional community-based services such as *Support in the Community Services* and *Nga Oranga o te Rae* provide increased options for community care and support particularly for Maori and provide opportunities for secondary services to focus more specifically on clinical treatment and support.

The Mental Health Team is highly skilled and experienced, functions with flexibility and commitment, and is able to offer a broad range of experience and expertise.

Increasing public awareness and discussion of mental health issues provides opportunities for education and development of preventative strategies.



Ongoing health changes and the emphasis on deinstitutionalisation, places greater responsibility on the District Health Board to resource community based Mental Health Services.

The establishment of Regional Mental Health Networks and the subsequent Regional Mental Health & Addiction Planning forum in conjunction with the local Community Advisory group will ensure inclusion of the community and services in local and regional planning and funding of Mental Health services.

Regional Mental Health Networks increase opportunities for partnership agreements to enhance local service capacity and staff capability.

The development of supportive interfaces with other Wairarapa DHB services provides flow on benefits to clients.

The lack of any local services in the past has enabled the Wairarapa to develop a service geared to local needs, without the negative effects of historical service structures.

The development of an effective basis for consultation and liaison with local Iwi on the development of culturally appropriate mental health services to Maori.

Key Activities and Efficiency Gains For 2000/2001

Information Systems

Improvement and consolidation of information systems has enabled us to review information as it relates to clinical service provision and delivery. We are using data more effectively for service planning and development, and in measuring performance against contract.

Funding from the former Health Funding Authority to resource changes to the national reporting framework, meant changes were successfully completed and on time. Reaching agreement and the signing of a Memorandum of Understanding with the former Health Funding Authority will assist in ensuring that future changes are undertaken with minimal cost and inconvenience to the Wairarapa District Health Board. Early participation and completion of the Ministry of Health Information Project has improved the database and increased the opportunities to benchmark with other regions. It has also meant that Wairarapa DHB will be able to meet future information requirements from central agencies.

Administration

A review of the administration of client files and information has resulted in the reorganisation of client files ensuring timely collection and collation of information, improving the communication and information flows.

Service Co-ordination

Review of the Service Coordinator's role and consolidation of service coordination has improved systems for needs assessments, referral and access to residential providers and other community support services with improved liaison and service integration.

Systems for the use of Planned Respite, Crisis Respite/Carer Relief, Support for Independence and Home-based Support Services have improved case management and enhanced client and families/carer's independence in terms of seeking alternatives to admission.

Regular liaison meetings with other providers, community and statutory agencies and regional services continues to improve the flow of communication, enhancing the level of treatment planning and support for client care.

Child Adolescent and Family

A review of services identified the need for increased specialist skills in the Child, Adolescent and Family service in both Maori mental health and mainstream, with recruitment over the past year to the positions of Child Psychotherapist, Social Worker and Maori mental health Support Worker.

Planning for augmentation to local services with Acute Care Packages is underway in conjunction with the Regional Reference group. The development of Acute Care Packages will also ensure the establishment of local Crisis Respite care for children and young people.

Intensive Clinical Wrap Around services have been developed on a regional basis and will be provided to the Wairarapa by Hutt Valley DHB Child & Youth services.

Consolidation of the Carer Relief and Home Support Services has enabled an efficient system for determining needs and providing this care in conjunction with other clinical intervention and support.

Staffing

Workforce development strategies have been implemented that include staff orientation, performance appraisal and development plans, clinical supervision, line and administration supervision for Team Leaders and training to match interests, skills and knowledge requirements.

Discussions are underway with regional services about partnership agreements for professional, clinical and service structure development that will enhance local capacity and capability.

Informal networking has established access to regional mental health services for mental health and cultural training for local staff.

Quality Project Group

Consolidation of the Quality Project group ensures involvement of key staff and has increased the multi-disciplinary perspective to quality and risk management planning, also ensuring staff consultation and input to quality improvement initiatives, policies and procedures.



The group leads service participation in the organisation's self-assessment preparing for Accreditation and is responsible for the review and implementation of the Mental Health Sector Standards.

Training has been arranged over the past 12 months to enhance the function of the group which will also increase our ability to ensure further quality and service development in areas of early intervention, health maintenance, relapse prevention, primary care interface and health promotion.

Maori Mental Health

We have identified further needs for enhancing clinical services to Maori, developing working relationships with primary providers and mainstream agencies, and developing stronger links with Iwi, Kaumatua and Kuia for Maori advisory services. Recruitment of Maori Mental Health professional and support staff over the past year will enhance the ability to provide culturally appropriate services to Maori.

Maori mental health staff are involved at service level, with quality improvement, service planning and development, clinical processes, policies and procedures.

Maori mental health staff are involved in training programmes, while further training needs have been identified and training organised for all mental health staff regarding partnership in terms of the Treaty of Waitangi, cultural awareness and safety.

Liaison

Participation in the Wairarapa Mental Health Forum has built stronger links with other mental health service providers and community agencies. Mental Health Services have contributed significantly to the development of the integrated care project for the Wairarapa, resulting in an increased and positive profile in the community.

Formal liaison is maintained with residential and community support service providers, community and statutory agencies, and regional services. This has enhanced our working relationships.

Refining protocols with other agencies has ensured the complementary use of resources, lessened the risk of service breakdown, and assisted all parties to understand their respective roles in the relationship. It also helps minimise the waste of clinical time, manage risk more effectively, promotes collaboration and provides a more integrated service to clients.

Regional Mental Health Networks/Local Community Advisory Group

In line with the development of District Health Boards, the Wairarapa was involved in the establishment of the Central Regional Mental Health Network. Continued involvement will ensure links to the Regional Mental Health & Addiction Planning Forum and the establishment of a local Community Advisory Group to assist with the planning and funding of local and regional mental health services.

Consumers

The development of a Consumer Advisory group has increased consumer involvement and input to services and will enable further development to ensure participation at all levels in Mental Health Services. Planning with the Consumer Advisory group established a process for the development of a Consumer Advisor role, including training for staff in Consumer participation.

Crisis

A review of the Crisis Service configuration in line with the national review of Adult Crisis services was undertaken in response to consumer, service, staff and organisational needs, which will enable the ability to ensure Crisis Services are provided within current resources and meets the needs of consumers and the community.

Alcohol and Drug Services

The gazetting of the Methadone Service, and direct contracting with the former Health Funding Authority, has increased revenue and enabled a more focused and appropriate service to patients, with a greater ability to respond to local requirements.

Active involvement and participation in the local A & D Council has enhanced service initiatives to the local community.

The Specialist Mobile Community Detoxification Service, allows clients to remain in the Wairarapa, while providing a range of services previously unavailable locally, including residential social detoxification.

Increased staff to patient ratios have improved safety and reduced risk management concerns, while improving the service to clients.

An updated information pack and brochure provides ready and available information to clients and the public.

The formal protocol with the Wairarapa Addiction Service, ensures close working relationships, and provides integrated Alcohol and Drug Services for the community. It is a model for rural service providers.

Consumer focus groups have increased involvement and input to the Methadone Service and have assisted with service development initiatives.

Frequent contact and liaison with general practitioners, and community and statutory agencies is improving awareness and knowledge of the Community Detoxification Service.

Acute Day Service

In line with the former Health Funding Authority's contractual requirements and the emphasis on community-based initiatives, a review of the Day Activity programme was undertaken with transition of the programme to a local Day Activity provider. This has meant a more efficient and effective level of integrated service provision in the community, which reduces duplication of services.

Planning is underway for the development of an Acute Day Service with an emphasis on increasing options for community-based treatment, reducing acute inpatient admissions and enabling a more effective transition for patients from hospital to the community.



Risk Assessment

Risk	Priority	Solution	Target	Responsibility	Update
Operational					
Stress - staff absence, ill-health, financial	10x6x7 420 A	<ul style="list-style-type: none"> Stress management training. Protocols Good Employer principles - EAP. Crisis management procedures 	<ul style="list-style-type: none"> Identify needs - arrange training. Check incorporated in Hazard Identification Plans 	JR	Debriefing policy developed. Organisational Stress policy developed See Hazard Identification Report.
Unplanned incident	10x6x7 420 A	<ul style="list-style-type: none"> Updating the DHB and MoH on potential risk due to funding problems or inadequate regional services Ongoing Reportable and Sentinel Events reporting and monitoring Alignment of clinical process to ensure integrated service continuum Effective communication between key service areas Internal monitoring of Reportable and Sentinel Events and clinical practice via the Quality Project group 	<p>As required.</p> <p>Ongoing.</p> <p>Ongoing</p> <p>Ongoing.</p> <p>Ongoing.</p>	SE	MOU completed with 90% of all external providers, with annual reviews. Ongoing discussions with the Regional Planning Forum and Capital Coast Health regarding provision of specialist services. Quality Project group established to ensure alignment of clinical processes to procedures and Sector standards. Challenging Incidents training. Risk assessment, risk management training – further courses planned for 2002. Ongoing incident reporting monitoring and debriefing complete with appropriate changes documented and actioned.

Risk	Priority	Solution	Target	Responsibility	Update
Occupation Overuse Syndrome. Bad practice and unsuitable workstation areas. Daily	6x6x7 252 A	<ul style="list-style-type: none"> Pre-employment screening Hazard identification process. Training programme to be undertaken by all new employees Purchase equipment. 	<ul style="list-style-type: none"> - verbal questions - ascertain need for written form Annual programme/audit. Monitoring implementation of plans and annual process. Programme for checking hazard plans. 	MB, KG, GH	Hazard identification process in place. Needs HR process incorporated into manual. Process for including in application and appointment for further development. Organisational induction and study days include manual handling and OSH issues. Equipment identified in capitals plan.
Security - Stolen property, damage to property, patient safety, staff safety	6x10x3 180 A	Review security	<ul style="list-style-type: none"> Meeting with QSE Manager Recommendation from Julie 	JS JR	Ongoing. QSE responsible for security. Risk management group reviewing security. All incidents documented and reported, with subsequent review.
Security - External access to patient information leading to breach of the Privacy Act -	6x6x3 108 B	<ul style="list-style-type: none"> Firewall. Systems control. 	<ul style="list-style-type: none"> Capital approved in plan. Implement firewall. 	GI HP MH files SE	Service specific procedures being developed in relation to Privacy legislation and the handling of personal information
Personal Grievances Sued and claims upheld. Financial outlay. Caused through not following process.	3x2x7 42 C	<ul style="list-style-type: none"> HR policy and procedures Training 	<ul style="list-style-type: none"> Finalise manual. Educate service managers. 	GH	HR issues as part of monthly organisational study day. Planned appraisal teaching.
Financial					
Lack of capital leading to deterioration of infrastructure leading to inability to provide safe, clinical services	6x1x3 18 C	<ul style="list-style-type: none"> Strategic planning Facilities development group Capital planning 	<ul style="list-style-type: none"> Investigate alternative funding, eg lease Develop long-term facility plan. 	MB FDG	Registration of interest for leasing IT equipment.



Risk	Priority	Solution	Target	Responsibility	Update
1. Clinical					
Maintaining clinical viability. Loss of services. Loss of staff. Closure of services.	6x10x40 2440 A	<ul style="list-style-type: none"> Business planning- Shareholders approval Working in partnership with other DHBs to form clinical alliances and back up plans and professional development options. HR strategies Financial viability 	<ul style="list-style-type: none"> Negotiate longer-term contracts. Achieve breakeven Business Plan. Negotiate appropriate funding. 	JG, MB NW SMT	
Small Size and volume purchasing Loss of services.	6x10x49 2440 A	<ul style="list-style-type: none"> Ensure monitoring of contractual revenue and volumes is in place. 	<ul style="list-style-type: none"> Volume management plan. Robust volume monitoring system in place. 	BMT	Achieved. compliance with national reporting requirements – MHINC. MH Database.
Medical/nursing/ clinical practice - patient safety	6x10x7 420	<ul style="list-style-type: none"> Following protocols, procedures and standards. 	<ul style="list-style-type: none"> Develop and finalise standards. Staff training. 	Service Mgrs SMOs	Being developed in quality plans.
Lack of defined protocols and standards. <ul style="list-style-type: none"> Failure at audit. Patient/staff incident. Loss of contract. Loss of quality. 	6x10x7 420 A	Ongoing definition and development of protocols and standards.	<ul style="list-style-type: none"> Completion of quality plans. 	Service Mgrs MT SMOs	Mental Health Project initiated to align clinical processes and protocols to Mental Health Sector Standards and new services Quality plan developed in 80% of areas.
2. Legislative					
Non-compliance with legislation could lead to liability.	10x10x7 700 A	<ul style="list-style-type: none"> Continue with legislative compliance programme Education/Training 	<ul style="list-style-type: none"> Investigate MDC database. 	MB	In corporate quality plan.
Non-compliance with Privacy Act could lead to litigation	6x6x7 252 A	<ul style="list-style-type: none"> Training. Change in practice. 	<ul style="list-style-type: none"> Train staff. Part of in-service training. 	Service Mgrs	Training completed – ongoing training organisational study days. Develop service specific procedure
Health and Safety pre-employment screening Organisation liable for potential ACC costs for non-identification of relevant health and safety issues	3x3x7 63 C	<ul style="list-style-type: none"> Appropriate Human Resource policy. 	<ul style="list-style-type: none"> Policy in Human Resource manual. Review process. 	JR	Policy updated.

Strategic Directions 2001 - 2003

The Wairarapa District Health Board Mental Health Services Strategic Plan aligns services with Government policy, national strategies, Mental Health Services National Service Specifications and contractual requirements, which maximise the quality, efficiency and effectiveness of services. The measure of this will be the extent to which services are accessible, responsive to community need, accountable, of a high standard and cost effective. The emphasis is on developing a stronger local Mental Health Service, working in collaboration to enhance working relationships with Primary and Community providers, Regional services and other sectors. We will emphasise developing and monitoring services to achieve a reduction in the level of preventable mental illness so that community-based options enhance the integration of services within the Wairarapa community and clients receive treatment in the least restrictive environment possible.

Goal

To develop a comprehensive range of services for the people of the Wairarapa so that each client can work towards achieving their optimum level of mental health

Strategic Objectives

- To develop and retain a comprehensive mental health service for the Wairarapa
- To organise Wairarapa Mental Health Services as a rural centre of excellence
- To work with the Wairarapa District Health Board Planning and Funding Directorate and Regional Mental Health Network in relation to planning and funding of local and regional services, also seeking partnership agreements and alliances within the region that will enhance local service capacity and staff capability

Key Actions

To improve the range of informative, culturally appropriate brochures on Mental Health Services and other services available, with particular emphasis on developing a brochure for Maori consumers.

Milestones achieved to date:

- A review of the Adult and Child, Adolescent and Family service brochures in 2000 with updated information, aligned to the organisational policy.
- Maori Mental Health services information brochure completed in July 2000.
- A range of relevant information brochures on different psychiatric conditions, mental health issues, agencies and services – local, regional and national, are available and updated regularly.
- Intake packages for referral notice to consumers include service brochures and the Health and Disability Consumers' Code of Rights pamphlet.

Future Action:

- Annual review and update of Service Information brochures to be undertaken by the Quality Project group ensuring alignment to the Mental Health Sector Standards, documented in the Quality Project work plan by November 2001.

To promote a positive culture for the professional development of staff to retain a highly skilled and committed workforce by:

- ensuring a comprehensive introduction and orientation to the service and organisation;
- developing strategies for workforce development;
- completing training needs analysis, performance appraisals and setting development plans for all staff on an annual basis;
- continuing individual and team training and peer support for all staff;
- promoting increased skills, knowledge and experience base by working with client groups, such as early intervention, dual diagnosis, eating disorders, maternal mental health, forensics and personality psychotherapy;
- ensuring line and clinical supervision for all staff.

Milestones achieved to date:

- A formal orientation procedure and programme developed in 1999, ensures introduction of all new staff to the service, organisation, and role and responsibilities of the position.
- Performance Appraisal and Professional Development plans undertaken with staff on an annual basis.
- An In-service Training Programme is developed at the commencement of each year and multi-disciplinary forums are established in each service area that include clinical and peer support and evaluation.
- Increased postgraduate training in nursing studies, social work and counselling studies and Cognitive Behavioural Therapy approved for staff in 2001/02;
- Access to training at regional Mental Health services for local staff;



- Regular clinics and training held locally by Regional Specialist services;
- Training for Maori mental health staff approved on the Te Rau Puawai training programme;
- Staff attending Treaty of Waitangi, Tikanga, Te Reo course.
- Successful completion of the Advanced Diploma of Mental Health Nursing by nursing staff in 2000
- Successful completion of the Entry to Specialist Mental Health Nursing programme at Whitireia Polytechnic by nursing staff in 2000 and enrolment for 2002
- Successful completion of the National Mental Health Support Workers certificate by one staff member with another enrolled in 2001.
- Ongoing DAO training and peer review
- Contracts signed off for staff to receive Clinical Supervision.

Future Action:

- A Service/Organisational Structure information booklet for staff to be developed by December 2001.
- Recruitment to the position of Clinical Director by November 2001 to ensure clinical development plans and provide focused clinical leadership and direction.
- A Workforce Development Plan to be developed aligned to 'Tuutahitia te wero – meeting the challenges' (HFA Sept. 2000) and the Wairarapa DHB HR policy, completed by July 2002.
- Workforce Development Plan to incorporate strategies for recruitment and retention of suitably qualified mental health professionals.
- Strategies to include continued clinical placement for students of nursing, medical, counselling, social work and psychology programmes
- Strategies to consider sponsorship of recruits to nursing degree programmes and postgraduate studies, with a view to bond agreements by February 2002
- Strategies to include ongoing enrolment of support staff in the National Mental Health Support Workers Certificate.
- Strategies will include partnership agreements with regional services for joint recruitment by October 2001.
- Partnership agreements with regional services by November 2001, which will incorporate plans for professional and clinical development of staff
- Partnership agreements to incorporate professional and peer development and review and supervision for senior medical staff

To implement appropriate processes for referral and access to Mental Health Services for Maori with local Iwi and the Mental Health Service team.

Milestones achieved to date:

- Quality Project Group established with the inclusion of Maori mental health staff, to ensure quality of clinical and service development and compliance with Sector Standards.
- Involvement at all levels of service planning and regular meetings held between Maori mental health staff, management and key staff to discuss service issues as they relate to the development and delivery of services to Maori.
- Maori mental health staff facilitate case management for Maori clients and are available for consultation and support to other staff to enhance consideration of cultural issues.
- Formal liaison established with Kaumatua and Kuia, who meet Mental Health staff and management every three months to provide advice and input to services.
- Regular liaison and consultation with the Wairarapa DHB Maori Health Coordinator to provide advice, support and input to Mental Health Services as required, which includes involvement in recruitment of key positions in the service.
- Ongoing staff training in Tikanga and Te Reo

Future Action:

- Review and update of customer satisfaction surveys for Maori mental health to link with service planning and development and identify appropriate methods for seeking consultation, participation and input from Maori by December 2001.
- Further service planning will include appropriately defined clinical services to Maori, primary/secondary interface with Iwi and mainstream services and Maori advisory services.
- Review of the Quality and Risk management plan ensures systems for monitoring and auditing incorporated into Maori mental health service procedures and clinical processes to enhance quality improvement and effective service delivery.
- A documented plan outlining the development of Maori mental health services aligned to the National Maori Mental Health Strategy (MoH July 2001), including timeframes and resource requirements for implementation specific to service delivery to Maori by July 2002.

To develop Service Coordination to improve access to a comprehensive range of services

Milestones achieved to date:

- Service Coordinator's position reviewed to develop a more focused role in ensuring links with community agencies, organisations and regional services for effective coordination and working relationships.
- Service Coordination team established to ensure development of comprehensive Needs Assessments, including reviews and regular liaison with community providers and agencies.
- Formal liaison group with terms of reference established with mental health services and community providers.
- Systems developed to ensure a more coordinated approach by mental health case managers in working with residential and community support services that enhances independent living for clients and utilises the range of services available to create pathways for community living and support.
- Improved information systems that enable better monitoring of service activities
- Child, Adolescent and Family Service Carer Relief and Crisis Respite programme for service coordination, needs assessment and allocation of resources completed in 2000.

Future Action:

- Review of Service Coordination in line with development of new community-based initiatives i.e. Support in the Community services and Nga Oranga o Te Rae by October 2001.
- Review of Needs Assessments to incorporate a more specific focus on clinical support needs by December 2001
- Identify Service Coordination needs in the Child, Adolescent & Family service in relation to the development of new service initiatives i.e. Regional Acute Inpatient Services for Children & Youth, Acute Care Packages and Crisis Respite care by October 2001.

To provide Acute Inpatient Services and develop an Acute Day Service

Milestones achieved to date:

- Development and implementation of some operational policies and procedures to facilitate the efficient function of Inpatient services
- Ongoing recruitment to the position of Clinical Nurse Leader and other nursing positions
- Fee for Service agreement for access to Acute and Intensive Care beds maintained with Capital & Coast DHB to augment local capacity.
- Planning underway for the development of the Acute Day Service
- Workforce Development Plan to include recruitment and retention strategies for Inpatient staffing

Future Action:

- Clinical Nurse Leader position to be filled in an 'acting' capacity by September 2001 to enable recruitment to a permanent position by December 2001.
- Continued quality development of operational policies and procedures for Inpatient services in conjunction with the Quality Project group, Clinical Director and Service Coordinator by December 2001
- Partnership agreement with regional services by November 2001 for joint recruitment and to enhance clinical and professional development and capability

To develop, confirm and review working relationships with all mental health providers and relevant community groups in the Wairarapa.

Milestones achieved to date:

- Memoranda of Understanding confirmed with all essential providers and organizations, including annual review.
- Formal liaison maintained with residential providers and other relevant community groups and agencies.
- Participation in the Wairarapa Mental Health Forum and active involvement in relevant projects with other mental health providers and community agencies
- Active participation in the development of a model for Integrated Mental Health care in the Wairarapa
- Establishment of a local Community Advisory Group in line with Regional Mental Health Networks and the Regional Mental Health & Addiction Planning Forum

Future Action:

- To develop and confirm formal working relationships with other relevant sectors by December 2001
- To increase representation on the Community Advisory Group from a broad range of community agencies, providers and other sectors including Housing, Welfare, Education and Employment by September 2001



- To confirm membership of the local Community Advisory group and representation on the Regional Planning Steering group by September 2001
- To work with the Community Advisory group and Regional Mental Health & Addiction Forum in relation to the strategic planning for local and regional services

To build effective working relationships with Regional Specialist Services, thereby ensuring effective access to and partnership with these services

Milestones achieved to date:

- Protocols and Memoranda developed and reviewed with the Regional Forensic, Intensive and Extended Care Rehabilitation and Dual Diagnosis/Alcohol and Drug services.
- Participation in the Regional Forensic and Rehab Clinical Forum
- Working memoranda confirmed and signed with Regional Specialist Services in 2000
- Regular clinics and training arranged in the Wairarapa with most Regional Specialist Services
- Regular liaison, consultation, training and peer supervision with the Regional Dual Diagnosis Alcohol and Drug Service
- Participation in the Regional Reference group for planning of Child & Youth services

Future Action:

- To increase the use of teleconferencing to enhance access to Regional Specialist and other services and increase treatment options for local consumers

To build relationships with mental health consumers, including improved consumer participation and input into service provision and development.

Milestones achieved to date:

- Review of the working relationship with mental health consumers groups and updating the Memorandum of Understanding with the Wairarapa Mental Health Consumers Union by 1 August 2000
- All service protocols and processes internally audited to ensure they align to the Mental Health Standards
- Development of the Mental Health Consumer Advisory Group with regular updates from mental health management to the Consumer Advisory group regarding service planning and development
- Mental health service policies and procedures distributed to the Consumer Advisory group for input and consultation.
- Mental Health service planning, in consultation with consumer groups, to include the recruitment of a Consumer Advisor
- Case conferences are held on a regular basis with consumers, their families/carers and mental health professionals for treatment planning and case management

Future Action:

- To develop a framework for service delivery by July 2002, that applies the principles of 'Recovery' to enhance best practice initiatives and an integrated approach to client care
- To ensure staff training in the principles of 'Recovery' and best practice by February 2002
- Development of procedures and protocols to clarify the role and responsibilities and functional relationships of the Consumer Advisor position in mental health services by February 2001
- Recruitment to the position of Consumer Advisor by March 2002

To enhance working relationships with primary providers to ensure stronger primary/secondary interface for the provision of mental health care to the community

Milestones achieved to date:

- Increased representation on the Mental Health Forum which meets once a month to discuss mental health and other related issues
- Visits to regional providers to gain information and understanding of integrated/shared-care options in 2000
- Three local GPs currently assist with provision of After-hours Crisis Services including duties as Responsible Clinicians under the Mental Health Act
- One local GP provides Methadone maintenance services in general practice
- Meetings held with the Assessment, Treatment and Rehabilitation Service and nursing homes and hospitals for the elderly to develop a Memoranda of Understanding and establish working protocols for effective interface

- Provision of Crisis Respite and Carer Relief via sub-contract with a local Nursing Home and Hospital in 2000
- General practitioners, other relevant mental health providers and agencies are invited as appropriate to the multi-disciplinary case conferences for treatment, case management and discharge planning with the consent of the consumer
- Regular clinical updates and progress reports are sent to GPs and referrers
- Initial discussions held with the Public Health sector regarding mental health education and promotion and the Destigmatisation programme in the Wairarapa with a view to a joint approach

Future Action:

- Meeting with general practitioners and other primary/secondary providers, on a regular basis, to identify processes that will enable effective liaison, integration of care and discharge planning, early intervention and relapse prevention - to be established in conjunction with a Shared care project by July 2002
- Invitations to be sent to GPs and other Primary providers by September 2001, for representation on the local Community Advisory group
- Liaison with regional providers to explore mental health integrated/shared care arrangements
- Development of a proposal by March 2002 for the funding and implementation of a project for Shared mental health care with Primary providers to increase choices in care and treatment options for consumers and their families by July 2002
- To increase Outreach clinics, both Adult and Child, Youth and Family, using a multi-disciplinary team approach, at general practice surgeries and other community sites, particularly in the South Wairarapa by July 2002
- Training initiatives in relation to the use of Opiates, the Methadone maintenance programme and Harm reduction model to be arranged for interested GPs by November 2001
- Establishing links with local providers of education and health promotion to enhance involvement and ensure development locally of strategies for mental health maintenance and promotion both for consumers and the community
- Developing formal links and regular liaison with other sectors such as welfare, housing and employment agencies



Operational Plan for Services in 2001/2002

2001/2002 will see further development and consolidation of new service initiatives. Alongside these developments, current services will be organised and evaluated to ensure integration at all levels, and standards of service provision that reflect a commitment to best practice and excellence of service delivery in the Wairarapa.

General Adult Mental Health Services

Community Mental Health Services

Objectives for Community Adult Mental Health Services are to:

- provide high quality community mental health services, which are mobile, accessible and readily available to clients and their families;
- develop a flexible, responsive and comprehensive range of outpatient services;
- review processes for the range of treatment options available to ensure the inclusion of early intervention, relapse prevention, health maintenance and health promotion;
- facilitate appropriate access to inpatient services;
- seek client access to and follow up from Specialist Regional Mental Health Services;
- provide services as required by the Mental Health Act 1992; and
- work with Primary providers developing shared care options to ensure early intervention and relapse prevention.

Objectives for the Community Mental Health Services in the South Wairarapa are to:

- establish outreach clinics utilising a multi-disciplinary approach
- provide individual counselling, therapy and domiciliary services; and
- strengthen local resources and increase opportunities for early intervention, by close liaison with primary health care providers.

Key actions:

- establish regular liaison with primary and other providers to develop options and resources for shared care, including strategies for early intervention and relapse prevention by March 2002;
- investigate a suitable site for multi-disciplinary outreach clinics with documented resource requirements by March 2002 and clinics established by July 2002;
- establish regular liaison with Public Health providers with confirmed joint arrangements for health education and promotion and the Destigmatisation programme by September 2001; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

24-Hour Mobile Crisis Service

Objectives for the 24-hour On-call Crisis Service are to:

- provide an efficient and effective twenty four-hour mobile Psychiatric Crisis Service;
- liaise with other providers to improve client and community knowledge of the availability of services after-hours;
- develop local training to improve the skills of crisis staff, including risk assessment, crisis intervention and risk management;
- ensure effective systems and processes for arranging access to Acute Inpatient services;
- review the current configuration of Psychiatric Crisis Services in response to service and organisational pressures; and

Key actions:

- complete the review of current Crisis service configuration and develop a proposal for alternative options for service provision and delivery within current resources by January 2002;
- review involvement of the Emergency department, including effective liaison and training as necessary.
- make recommendations as appropriate to the Wairarapa DHB for the reconfiguration of Crisis services by February 2002;
- if approved, further planning and implementation, (including consumer and community information) of the reconfiguration of services by July 2002.

Objectives for the Acute Day Service are to:

- provide a range of options for acute care and treatment to both Inpatients and Outpatients;
- augment Community Mental Health and Inpatient services;
- prevent acute Inpatient admissions; and
- provide a more integrated approach to the transition of Inpatients to the community.

Key actions:

- establish a Terms of Reference and work plan for the development of Acute Day Services;
- identify resource and personnel requirements for the Acute Day Service by November 2001;
- develop operational policies and procedures pertaining to the provision and delivery of Acute Day Services;
- ensure annual review and audit of operational policies and procedures;
- establish Acute Day Services to be fully operational by March 2002; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by March 2002.

Acute Inpatient Service

Objectives for the Inpatient Service are to:

- provide efficient and effective services to patients, ensuring involvement of family and carers;
- ensure adequate resources for service provision and delivery;
- develop operational policies and procedures pertaining to the provision and development of the Inpatient and Acute Day Services;
- ensure annual review and audit of operational policies and procedures; and
- review arrangements with Capital Coast Health for access to Acute and Intensive Care Inpatient services and update the Memorandum of Understanding and protocols for treatment and discharge planning.

Key actions:

- establish an 'acting' CNL role by September 2001 until permanent recruitment;
- continue recruitment to fill Registered Nursing positions including strategies for workforce development, recruitment and retention of staff by July 2002;
- completion of the review of contract and protocols for intensive care inpatient services with Capital Coast Health by November 2001; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

Alcohol and Drug Services

Methadone Service

Objectives for the Methadone Service are to:

- provide a quality Methadone Maintenance Outpatient Service;
- provide support services including counselling, educational groups and a variety of therapy services as appropriate to the individual needs of clients;
- receive clinical supervision and support from Capital & Coast DHB Alcohol and Drug Service;
- develop education and liaison services with Wairarapa pharmacists, general practitioners, police, community organisations and local substance abuse services;
- raise local awareness, understanding and information on the Methadone Service by providing articles and information for the local media; and
- review response from consumer survey and identify service developments as appropriate; and
- develop processes for ongoing consumer input and consultation to the quality development of services.

Key actions:

- continue with consumer focus groups to ensure consultation and input to Methadone services;
- identify further service development to enhance Methadone services; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

Generic Alcohol and Drug Service

Objectives for the Alcohol and Drug service are to:

- provide assessment, treatment, counselling and support services as appropriate to clients' individual needs;
- provide Specialist Community Detoxification services in conjunction with general practitioners and other community providers;



- provide information and education to other providers;
- facilitate access to residential rehabilitation services by providing clinical and managerial representation to the Wairarapa Alcohol and Drug Council; and
- ensure care co-ordination for shared clients, who have a dual diagnosis, through the established protocols of the Wairarapa Addiction Services, Capital & Coast DHB Dual Diagnosis Service and the Mental Health Service.

Key actions:

- ensure ongoing training and development of staff to enhance the continued development of specialist skills and knowledge to ensure the retention of credentialed clinicians;
- arrange ongoing programmes for further information and education sessions to other providers by July 2002;
- review and finalise a contract for social detoxification with a local residential provider by August 2002;
- review of the Memorandum of Understanding and protocols for working with other relevant services for Dual Diagnosis consumers by November 2001; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

Child Adolescent and Family Mental Health Service

Clinical Service

Objectives for the Child Adolescent and Family Mental Health Clinical Service are to:

- provide a comprehensive range of quality clinical treatment options that are readily accessible for clients and their families;
- provide a flexible, responsive and comprehensive range of outpatient services including outreach clinics to the South Wairarapa;
- identify local service development initiatives aligned to '*He Nuka mo nga Taitamariki – a national work plan*' and '*New futures – a strategic framework*';
- facilitate access to local Inpatient services and ensure effective case management and joint approaches to treatment and discharge planning;
- enhance local capacity through participation in the Regional Reference group for the development of regional Acute Inpatient Services, Acute Care Packages and Intensive Clinical Wrap Around services for children and youth;
- develop and undertake group work with children and young persons who have parents with a psychiatric disability, in collaboration with the Community Mental Health Team; and
- provide group work programs for children referred by the Courts, who have experienced or witnessed domestic violence.

Key actions:

- continued participation in the Strengthening Families and involvement in the Family Start programmes in the Wairarapa in 2002;
- review of the contract with the Court for group work programmes completed in March 2000 with a continued contract;
- investigate a suitable site and resource requirements for outreach clinics to the South Wairarapa by July 2002;
- develop a proposal to establish Acute Care Packages and Crisis Respite care with implementation by October 2001;
- plan and implement ongoing training sessions for other providers and adult mental health service staff by September 2001;
- identify systems for efficient clinical processes to ensure advice and consultation to the Adult Crisis Service with the follow up of any presentation of a child or young person to the Crisis service;
- document and finalise further clinical policies and procedures required in relation to the interface with Adult Services with annual review;
- identify and implement recruitment strategies to enhance specialist skills in identified areas of Maori Mental Health, primary interface, education and promotion by March 2002; and
- review of the Implementation Plan for compliance with Mental Health Sector Standards by December 2001.

Common Service Objectives

Maori Mental Health

Objectives for Maori Mental Health are to:

- develop mental health services for Maori aligned to the National Maori Mental Health Strategy, which respect specific needs, cultural traditions and rights;
- ensure consultation and input from Maori into all aspects of service development, provision and delivery;
- organise Marae-based clinics as required, and use community resources appropriate to the needs of Maori clients;
- provide appropriate information describing mental health services to Maori;
- enhance staff awareness of Treaty issues and cultural safety pertaining to clinical practice; and
- liaise regularly with groups representing local Maori by attending Kaumatua Council, Wairarapa Maori Executive Taiwhenua and Te Hauora Runanga O Wairarapa Incorporated, Rangitane O Wairarapa, and Te Roopu A Iwi Incorporated Maatua Whangai.

Key actions:

- regular liaison between Maori mental health staff, management and other clinical staff with further service planning to ensure clinical services appropriate to Maori by July 2002;
- service planning to include the recruitment of more staff to provide Maori mental health services;
- representation by mental health staff on the Maori Health Committee and regular liaison between the Maori Health Coordinator, Mental Health Service staff and Kaumatua and Kuia every three months;
- representation from local Iwi agencies on the mental health Consumer Advisory group has been established;
- invite representation on the local Community Advisory Group and A&D Council;
- arrange training and work shops in the Treaty of Waitangi, Tikanga and Te Reo; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

Service Co-ordination

Objectives for service co-ordination are to:

- ensure Support Needs Assessment identifies residential and community supports required;
- co-ordinate and prioritise access to Residential, Home-based Support, Support in the Community services and Planned Respite care;
- identify processes utilising residential and community support services that facilitate a continuum to enhance independent living for consumers in the community;
- improve the co-ordination, efficiency and integration of Mental Health service provision; and
- organise systems and processes in the Child, Adolescent & Family Service for the provision of Respite care.

Key actions:

- Service Coordinator's role redefined in March 2000, to ensure effective use in organising mental health services and linking with community agencies, other health providers and regional services;
- clinical processes reviewed by the multi-disciplinary team to ensure a more integrated approach to working with community agencies, regional services and other providers to be completed by December 2001;
- continued participation in the Wairarapa Mental Health Forum's Integrated Care project in 2001/02; and
- Planning underway to develop service co-ordination within the Child, Adolescent & Family service to facilitate access to Respite care and Acute Care Packages to be completed by October 2001.

Administration and Information Technology

Objectives for administration and information technology are to:

- provide an efficient, effective administration service to Mental Health Service clients and staff;
- review and redevelop management and office systems to enhance efficiency;
- develop and refine information systems that monitor service performance and provide information to the Wairarapa DHB and the Ministry of Health; and
- provide regular, timely and accurate data for MHINC.

Key actions:

- review of Administration team and systems with further development of policies and procedures as required by December 2001;
- review of the administration of client information and files with more efficient collection and collation of information completed in 1999 with a further annual review by July 2002;
- completion of the Mental Health Information project with signing off in May 2000; and
- review of the Implementation Plan for compliance with the Mental Health Sector Standards by December 2001.

Workforce Development and Training



Objectives for workforce development and training are to:

- monitor staff practice and performance through annual performance appraisals and development plans;
- ensure clinical and team leadership and direction across all services;
- provide regular in-service training for staff professional development;
- provide individual, peer and professional supervision for staff;
- arrange a partnership agreement with regional services for professional and clinical development;
- encourage attendance at courses, and provide relevant literature and library resources; and
- assist staff through selected relevant training.

Key actions:

- develop and implement a Workforce Development Plan to be completed by July 2002, including:
- alignment to the organisational HR policy;
- employment including staff recruitment and retention strategies;
- professional development;
- cultural development;
- performance and training needs;
- supervision;
- progress of Treaty of Waitangi responsibilities; and
- a staff consumer focus in providing services.

Quality

Objectives for quality development are to:

- review and update the objectives in the Mental Health Quality Plan attached as Appendix 1;
- evaluate services against key performance indicators contained in the Quality Plan;
- ensure Risk management planning in conjunction with the Quality plan;
- increase staff awareness of and participation in Quality improvement planning and initiatives;
- complete Implementation planning of the Mental Health Sector Standards by the end of the year 2000 with a review by December 2001;
- develop systems for monitoring and audit of all service and clinical policies and procedures to ensure compliance with clinical, legislative and quality standards;
- review and update customer satisfaction surveys and monitor service quality using these;
- improve information and promotion of Mental Health Services; by reviewing the information brochures that describe services and how to access them; and
- review and update the service co-ordination and support needs assessment processes each quarter.

Key actions:

- monthly updates on quality plans provided by Team Leaders, aligned to the Mental Health Sector Standard;
- review the format of the current Quality Plan by October 2001, to ensure consistent and continuous application across the Mental Health Service with specific objectives met for each service area;
- results from key performance indicators utilised in service planning and development;
- 80 per cent of the Mental Health Sector Standards Implementation Plan completed to date with plans for full compliance by December 2001;
- ongoing development and review of operational policies and procedures via the Quality Project group;
- all policies and procedures to incorporate systems for monitoring and auditing by July 2002;
- a review and update of the consumer survey questionnaire to be completed in conjunction with the organisational Quality Coordinator by November 2000;
- an update of the Mental Health service information brochure completed in December 1999 with a process for annual review and updates.

Consumer and Carer Input and Involvement

Objectives for consumer input and involvement are to:

- regular consultation and liaison with consumer groups;
- meet twice yearly with parents, adolescent and young children's consultation groups;
- implement the Consumer section of the Quality Plan;
- continue to work with the Consumer Focus group and staff for recruitment to the position of Consumer Advisor in the mental health service;
- review all policies and procedures to ensure that carers are appropriately informed, involved and consulted in the consumer care and treatment planning process;
- seek feedback from consumers in all areas of the Mental Health service via the customer satisfaction questionnaire; and
- ensure compliance to the National Mental Health Standards criteria through the completion of the National Mental Health Standards Implementation Plan Standard 9 (Consumers) and Standard 10 (Carers).

Key actions:

- utilise feedback from consumer survey questionnaires to enhance planning for service provision and delivery;
- ensure input from consumer groups to plan for the recruitment and function of a Consumer Advisor position in Mental Health Services by November 2001; and
- recruitment to the position of Consumer Advisor in Mental Health Service by March 2002.

Sector Relationships

Objectives for sector relationships are to:

- develop links with other sectors and agencies, where mental health consumers require support and assistance to enhance an independent level of functioning;
- participate in health promotion and educational strategies that improve mental health in the community, particularly the Public Health Service's Mental Health Promotion strategy;
- meet monthly with the Paediatric Service to co-ordinate service delivery for shared clients;
- investigate providing a joint Paediatric/Child Adolescent and Family Outpatients Clinic periodically; and
- participate in the Interagency Protocol (Strengthening Families) to co-ordinate better the services to shared clients.

Key milestones:

- establish regular liaison with other sectors i.e. Housing, Welfare, Employment and Education, to provide mental health information and education and facilitate formal working relationships;
- establish regular liaison with Public Health providers to develop working relationships and initiate a joint approach to education and health promotion; and
- establish regular liaison with other health providers to facilitate shared care arrangements.



Key Performance Indicators

MEASURE	TARGET FOR 2001/02	ACTUALS FOR 2000/01
Community Mental Health Team (Adult Service):		
Percentage of Client Reviews completed within 30 days of due date	82%	62.5%
Average length of treatment from first presentation in crisis to end of Crisis Service treatment (days)	40 days	32 days
Number of clients presenting in crisis within one month of their previous crisis	8 clients	5.6 clients
Overall service rated "very good" by consumers	80%	57%
Days waiting between referral and first contact	12 days	8.4 days
Child, Adolescent and Family Service:		
Percentage of Client Reviews completed within 30 days of due date	82%	83.7%
Days waiting between referral and first contact	15.5 days	20.4 days
Acute Inpatients:		
Average length of stay (in days)	12.0 days	7.49 days
Number of acute readmissions (per month)	2	1.2
Occupancy of ward (percentage)	80%	71.8%
Alcohol and Drug Service Methadone Programme		
Percentage of Client Reviews completed within 30 days of due date	82%	49.8%
Days Waiting between referral and first contact	7 days	9.4 days
Alcohol and Drug Home Detoxification Service		
Days Waiting between referral and first contact	3 days	2.9 days
Maori Mental Health		
Percentage of Child Adolescent and Family Service Maori clients seen during the month whose treatment involved liaison with a Maori Mental Health Professional	65%	42.3%
Percentage of adult Maori clients seen during the month whose treatment involved liaison with a Maori Mental Health Professional	35%	28.9%

Quality Plan

The Wairarapa District Health Board Mental Health Services Quality Plan is underpinned by:

- Wairarapa DHB's quality objectives as outlined in the Business Plan,
- the Mental Health Service's Business Plan and Mission Statement,
- the Mental Health Sector Standards, and
- the former Health Funding Authority's Funding Plan for Mental Health Services.

Philosophy

The Wairarapa District Health Board Mental Health Service will strive towards excellence in the provision and development of services as determined by consumers, professional standards of practice, code of ethics and legislation.



Child Adolescent and Family Service QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMME
Development and implementation of Acute Care Packages and Crisis Respite services.	To identify the level and extent of a client's needs within the context of finite resources and document a plan for Acute Care Packages and Crisis Respite care required.	Planning for the development and implementation of Acute Care Packages and Crisis Respite services completed. CAFS staff to become familiar with new processes for referral	WH CAFS user manual completed and available for reference Documentation indicates efficient use of services within resources by appropriately identified needs. Staff training sessions completed to familiarise staff with manual	30-9-2001 31-10-2001	Processes and procedures for Acute Care Packages and Crisis Respite care reviewed and updated annually. Records indicate a Needs Assessment undertaken for all clients; or gaps identified and addressed. Regular liaison ensures documented care-plans to enable effective provision of care.
To comply with Mental Health Sector Standards	To ensure ongoing quality improvement and compliance with Sector Standards	To undertake a self audit to ascertain the level of compliance and shortfalls which need to be addressed	Self audit completed Audit targets reviewed quarterly	December 2001 Sep, Dec, Mar, June each year	Self-audit completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements and indicating completion timeframe. All CAFS policies to be reviewed annually, updated, signed and staff informed of changes.
Review of methods for consumer consultation and input into CAFs service delivery.	To ensure service delivery is continually monitored and remains responsive to consumers' needs through consultation	Procedures developed Mechanisms are established and implemented	Procedures completed and signed off Carer survey responses analysed; resulting service delivery changes recorded; Biannual meetings with three consumer/carers groups of current clients or cases closed in	December 2001 3 monthly Within each financial year.	Consumer input procedures and mechanisms diarised to be reviewed and upgraded annually by 31 March Bi-annual report presented to Manager detailing planned service delivery improvements resulting from survey analyses and meetings; improvements initiated. Due by May/December each year



Alcohol and Drug Service QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMMME
The Service complies with National Protocol for Methadone Treatment and with Mental Health Sector Standards	To ensure ongoing improvement and compliance with accepted Standards	To undertake a self audit to ascertain the level of compliance and shortfalls which need to be addressed	Self audit completed Audit targets reviewed quarterly	September 2001 Sep, Dec, Mar, Jun each year	Self-audit completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements and indicating completion timeframe. All Alcohol and Drug Service procedures to be reviewed annually, updated, signed and staff informed of changes.
Strong interface maintained between CMHS and Alcohol and Drug Service	To offer training opportunities to CMHS in respect of Dual Diagnosis and Alcohol and Drug problems	Training workshops organised. Peer group established for case review and evaluation.	Workshops attended. Peer group meets on a regular basis with MDT case reviews.	Ongoing	Training workshops diarised for year following.
Procedures for consumer input into Methadone Service formulated	To ensure that the Service consults with consumers and is responsive to consumers needs	To facilitate and confirm a project to identify a process for obtaining consumer feedback for the future	Process confirmed and procedures completed	December 2001	Analysis completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements.
To ensure strong interfaces between Community Detoxification Service and police, general practitioners and other community services	To ensure adequate information is provided on the nature and provision of Community Detoxification Services	Undertake visits and provide training to general practitioners, police and other community organisations	Every local general practitioner visited Training sessions offered and provided where appropriate	Ongoing November 2001	Training workshops diarised for year following.



Adult Mental Health - Maori Mental Health QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMME
<p>To provide services in a manner that is appropriate to Maori</p> <p>To develop staff awareness of alternative treatments</p>	<p>Maori Mental Health staff involved in the development of new and current services</p> <p>Enhance staff skills base to improve provision of quality health care to clients</p>	<p>Regular 3 monthly meetings between Maori Mental Health staff, Iwi, the MH Manager, and key MH staff</p> <p>Staff training in Tikanga Maori</p> <p>Staff in-service training on cultural (Maori) assessments (1 session)</p> <p>Staff in-service training on Rongoa (medicine)</p>	<p>Hui organised and information given to Maori Services providers</p> <p>Programme completed with plans for annual training</p> <p>One session held</p> <p>One session held</p>	<p>3 monthly</p> <p>Ongoing</p> <p>1 April 2002</p> <p>1 July 2002</p>	<p>Programme set up and diarised by 28 February each year to update Maori Services providers on current services and development</p> <p>Programme set up and diarised by 28 February each year to appoint tutor, and timetable classes.</p> <p>Programme set up and diarised by 28 February each year</p> <p>Programme set up and diarised by 28 February each year</p>
<p>Keeping clients informed of available services is a key to quality</p>	<p>To continuously provide information about the services available to Maori</p>	<p>Consult with Iwi and MH staff to develop a practical and informative brochure for Maori clients</p>	<p>Completion of an information brochure for Maori clients</p> <p>Annual review and update of information</p>	<p>31 July 2000</p> <p>30 September 2001</p>	<p>To review and update all information brochures in line with Mental Health Sector Standards each year by 1 September</p>
<p>Consumers are involved in the planning, implementation and evaluation of the MHS</p>	<p>To ensure participation of consumers in the planning, implementation and evaluation of the MHS is facilitated by clear, easily understood processes</p>	<p>Maori consumer training workshops planned</p> <p>Regular liaison with Maori Health Committee</p> <p>Analysis of feedback from Te Wharanga Whakamua form reflects consumer satisfaction with staff cultural awareness</p>	<p>Maori clients invited to attend workshops</p> <p>Meetings establish with Maori Health Committee</p> <p>Feedback analysed on a bi-annual basis</p>	<p>1 September 2001</p> <p>Quarterly</p> <p>December 2001</p>	<p>Programme set up and diarised by 28 February each year.</p> <p>Analysis completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements for consumer involvement and indicating completion timeframe</p>
<p>To comply with Mental Health Sector Standards</p>	<p>To ensure ongoing quality improvement and compliance with NMH Standards</p>	<p>To undertake a self audit to ascertain the level of compliance and shortfalls which need to be addressed</p>	<p>Self audit completed</p> <p>Audit targets reviewed quarterly</p>	<p>December 2001</p> <p>Sep, Dec, Mar, June each year</p>	<p>Self-audit completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements and indicating completion timeframe.</p> <p>All procedures to be reviewed annually, updated, signed and staff informed of changes.</p>



Adult Mental Health - Community Mental Health QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMME
Increasing consumer participation in all aspects of Mental Health Service development and provision	A consumer participation process is developed and agreed upon	Processes for consumer consultation in their treatment and discharge planning confirmed Consumer Advisory Group developed for input to service development and delivery Staff training on working with consumers as colleagues	Procedures written up and signed off Consumer participation process confirmed, with key objectives completed All policies and procedures reviewed by Consumer Advisory Group. Staff training sessions confirmed and staff applying principles to clinical practice.	March 2002 Ongoing November 2001	Consumers participate in clinical reviews. Regular meetings with Consumer Advisory Group. Ongoing review of focus of the group with Mental Health Manager 3 monthly. Programme set up and diarised by 28 February each year to provide ongoing staff training. Co-ordinator to diarise.
Employment of a Consumer Advisor in Mental Health Services	To ensure Consumer participation and input at all service levels	Processes for recruitment undertaken by the Consumer Advisory Group	Consumer Advisor employed by Mental Health Services	March 2002	Annual review by Individual Development Plan.
Clinical framework and processes complies with Mental Health Sector Standards	To ensure ongoing improvement and compliance with accepted clinical Standards	MDT Quality Project group established to facilitate development review of all policies and procedures in line with Quality Plan and MH Sector Standards	Staff consulted and advised of process Staff able to apply system to daily work	Ongoing	Review of all policies and procedures completed annually.



Adult Mental Health - Community Mental Health QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMME
Consumers are able to participate in all aspects of their care and treatment and regarding the provision and development of MH Services	To ensure that consumers are involved in the planning, implementation and evaluation of the MH Service	Treatment planning will ensure that consumers will have been consulted and, where possible, agreed to their treatment/care plans Ensure the consumer survey is an appropriate vehicle for receiving feedback on MH services	Review of file documentation processes Review of treatment planning procedures and processes to ensure Care Managers and other Clinical staff are informing and consulting with individual consumers. Review the consumer survey form to ensure the appropriate questions are being asked on the quality of services Survey results analysed; resulting service delivery changes recorded	December 2001 March 2002 July 2002 3 monthly	Bi-annual report presented to Manager detailing planned service delivery improvements resulting from survey analysis; Improvements initiated by May/Dec each year.
Clinical practices for crisis response meet all clinical, MOH and statutory requirements	To ensure staff undertake and understand process for crisis referral, assessment and management	To have staff undergo training in risk assessment and management	Two training sessions confirmed and completed	Ongoing	Programme set up and diarised by 28 February each year to provide ongoing staff training. Team Leader to diarise 2 sessions per year.
To comply with Mental Health Sector Standards	To ensure ongoing quality improvement and compliance with MH Sector Standards	To undertake a self audit to ascertain the level of compliance and shortfalls which need to be addressed	Self audit completed Audit targets reviewed quarterly	December 2001 Sep, Dec, Mar, Jun each year	Self-audit completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements and indicating completion timeframe. All procedures to be reviewed annually, updated, signed and staff informed of changes.



Adult Mental Health - Inpatient Mental Health QUALITY PLAN 2001/02

GOAL	OBJECTIVE	ACTION	PERFORMANCE INDICATORS	TARGET TIMEFRAME	CONTINUOUS QUALITY IMPROVEMENT PROGRAMME
Service development	Ensure procedures are in line with National Service Specifications	Establish and confirm operational procedures Define infrastructure and clinical processes for treatment programmes	Procedures completed, signed off and actioned Care planning facilitates effective treatment options	December 2001 December 2001	Policies reviewed and updated annually by March each year. Processes reviewed in consultation with consumer groups, agreed improvements initiated.
Increasing consumer participation in all aspects of Mental Health Service development and provision.	A consumer participation process is developed and agreed on.	Process for consumer consultation in their treatment and discharge planning confirmed. Processes for consumer participation in services development confirmed and agreed on. Staff training on working with consumers as colleagues.	Procedures written up and signed off. Consumer participation process confirmed, with key objectives completed. Staff training sessions confirmed and staff applying principles to clinical to clinical practice.	March 2002 March 2002 Ongoing	Consumers participate in clinical reviews. Programme set up and diarised by 28 February each year to provide ongoing staff training. Co-ordinator to diarise.
To comply with the Mental Health Sector Standards	To ensure ongoing quality improvement and compliance with Sector Standards	To undertake a self audit to ascertain the level of compliance and shortfalls which need to be addressed	Self audit completed Audit targets reviewed quarterly	December 2001 Sep, Dec, Mar, June each year	Self-audit completed by 31 March each year and a quality improvement programme completed by 30 June each year defining planned improvements and indicating completion timeframe. All Inpatient procedures to be reviewed annually, updated, signed and staff informed of changes.





2001/2002 Mental Health Template

Wairarapa District Health Board

Consolidated (Overall)

	Estimate	Plan	Plan	Plan
	2000/01	2001/02	2002/03	2003/04
Revenue and Cost Allocation (\$)	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	3575	3681	3754	3827
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	11	10	12	13
Total Revenue	3,586	3,691	3,766	3,840
Operating Costs				
<i>Personnel Costs</i>				
Medical	626	635	653	673
Nursing	640	702	722	743
Other Clinical	682	759	782	803
Non Clinical	5	0	0	0
Management/Administration	178	174	179	183
<i>Total Personnel Costs</i>	<i>2,131</i>	<i>2,270</i>	<i>2,336</i>	<i>2,402</i>
Other Core Operating Costs (outsourcing, supplies, infrastructure)	1148	1421	1537	1568
Total Core Operating Costs	3,279	3,691	3,873	3,970
Net Operating Surplus/(Deficit)	307	-	(107)	(130)
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	307	-	(107)	(130)
Resources and Process Indicators				
Average (annual) Paid FTE Mix				
Medical	4.8	5.0	5.0	5.0
Nursing	13.4	16.1	16.1	16.1
Other Clinical	17.3	17.8	18.2	18.2
Non Clinical	2.2	1.5	1.5	1.5
Management/Administration	5.5	6.4	6.4	6.4
Total FTEs	43.2	46.8	47.2	47.2



2001/2002 Mental Health Template				
Wairarapa District Health Board				
General Adult (Inpatient)	Estimate	Plan	Plan	Plan
Revenue and Cost Allocation (\$)	2000/01	2001/02	2002/03	2003/04
	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	1286	1312	1338	1364
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	4	4	4	4
Total Revenue	1,290	1,316	1,342	1,368
Operating Costs				
<i>Personnel Costs</i>				
Medical	23	27	28	29
Nursing	402	418	430	443
Other Clinical	193	159	164	168
Non Clinical	1	0	0	0
Management/Administration	14	8	8	8
<i>Total Personnel Costs</i>	<i>633</i>	<i>612</i>	<i>630</i>	<i>648</i>
Other Core Operating Costs (outsourcing, supplies, infrastructure)	646	704	739	754
Total Core Operating Costs	1,279	1,316	1,369	1,402
Net Operating Surplus/(Deficit)	11	-	(27)	(34)
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	11	-	(27)	(34)
Resources and Process Indicators				
Average (annual) Paid FTE Mix				
Medical	0.4	0.2	0.2	0.2
Nursing	8.6	10.4	10.4	10.4
Other Clinical	5.6	5.1	5.1	5.1
Non Clinical	0.1	0	0	0
Management/Administration	0.5	0.9	0.9	0.9
Total FTEs	15.2	16.6	16.6	16.6
Contracted Bed Days (2000/01 & 2001/02, plan assumption thereafter)	3,808	3,808	3,808	3,808
Actual Bed Days Delivered (2000/01) & Planned Bed Days to be Delivered	2,483	2,920	2,920	2,920
Average Annual Occupancy Rate	80%	75%	80%	80%



2001/2002 Mental Health Template				
Wairarapa District Health Board				
General Adult (Community)				
	Estimate	Plan	Plan	Plan
	2000/01	2001/02	2002/03	2003/04
Revenue and Cost Allocation (\$)	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	1469	1498	1528	1558
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	7	5	6	7
Total Revenue	1,476	1,503	1,534	1,565
Operating Costs				
<i>Personnel Costs</i>				
Medical	476	489	503	518
Nursing	238	284	292	300
Other Clinical	262	305	314	323
Non Clinical	4	0	0	0
Management/Administration	141	145	149	153
<i>Total Personnel Costs</i>	<i>1,121</i>	<i>1,223</i>	<i>1,258</i>	<i>1,294</i>
Other Core Operating Costs (outsourcing, supplies, infrastructure)	354	280	556	567
Total Core Operating Costs	1,475	1,503	1,814	1,861
Net Operating Surplus/(Deficit)	1	-	(280)	(296)
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	1	-	(280)	(296)
Resources and Process Indicators				
Average (annual) Full Time Equivalent (FTE) Persons				
Contracted FTEs (for 2000/01 and 2001/02, plan assumption thereafter)	16.5	16.5	16.5	16.5
Delivered FTEs (for 2000/01, plan assumption thereafter)	15.6	16.3	16.3	16.3
Total FTEs	(0.9)	-	-	-
Average (annual) Paid FTE Mix				
Medical	3.5	3.9	3.9	3.9
Nursing	4.8	5.7	5.7	5.7
Other Clinical	6.7	6.7	6.7	6.7
Non Clinical	0.6	0	0	0
Management/Administration	4.2	4.5	4.5	4.5
Total FTEs	19.8	21.0	21.0	21.0
<i>FTE consistency check (should equal zero)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Total Population Served	38500	38500	38500	38500



2001/2002 Mental Health Template				
Wairarapa District Health Board				
Child & Youth (Community)				
	Estimate	Plan	Plan	Plan
	2000/01	2001/02	2002/03	2003/04
Revenue and Cost Allocation (\$)	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	607	619	631	643
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	0	1	2	2
Total Revenue	607	620	633	645
Operating Costs				
<i>Personnel Costs</i>				
Medical	119	119	122	126
Nursing	0	0	0	0
Other Clinical	144	191	197	202
Non Clinical	0	0	0	0
Management/Administration	21	21	22	22
<i>Total Personnel Costs</i>	<i>284</i>	<i>331</i>	<i>341</i>	<i>350</i>
Other Core Operating Costs (outsourcing, supplies, infrastructure)	82	289	164	167
Total Core Operating Costs	366	620	505	517
Net Operating Surplus/(Deficit)	241	-	128	128
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	241	-	128	128
Resources and Process Indicators				
Average (annual) Full Time Equivalent (FTE) Persons				
Contracted FTEs (for 2000/01 and 2001/02, plan assumption thereafter)	5.6	5.6	5.6	5.6
Delivered FTEs (for 2000/01, plan assumption thereafter)	4.3	5.1	5.1	5.1
Total FTEs	(1.3)	(0.5)	(0.5)	(0.5)
Average (annual) Paid FTE Mix				
Medical	0.9	0.9	0.9	0.9
Nursing	0	0	0	0
Other Clinical	3.4	4.2	4.2	4.2
Non Clinical	0	0	0	0
Management/Administration	0.7	0.9	0.9	0.9
Total FTEs	5.0	6.0	6.0	6.0
<i>FTE consistency check (should equal zero)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Total Population Served	38500	38500	38500	38500





2001/2002 Mental Health Template				
Wairarapa District Health Board				
Alcohol & Drug (Community)				
	Estimate	Plan	Plan	Plan
	2000/01	2001/02	2002/03	2003/04
Revenue and Cost Allocation (\$)	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	200	198	202	206
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	0	0	0	0
Total Revenue	200	198	202	206
Operating Costs				
<i>Personnel Costs</i>				
Medical	8	0	0	0
Nursing	0	0	0	0
Other Clinical	83	104	107	110
Non Clinical	0	0	0	0
Management/Administration	2	0	0	0
<i>Total Personnel Costs</i>	<i>93</i>	<i>104</i>	<i>107</i>	<i>110</i>
Other Core Operating Costs (outsourcing, supplies, infrastructure)	32	94	42	43
Total Core Operating Costs	125	198	149	153
Net Operating Surplus/(Deficit)	75	-53	53	
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	75	-53	53	
Resources and Process Indicators				
Average (annual) Full Time Equivalent (FTE) Persons				
Contracted FTEs (for 2000/01 and 2001/02, plan assumption thereafter)	1	1	1	1
Delivered FTEs (for 2000/01, plan assumption thereafter)	1.6	1.6	2	2
Total FTEs	0.6	0.6	1.0	1.0
Average (annual) Paid FTE Mix				
Medical	0	0	0	0
Nursing	0	0	0	0
Other Clinical	1.6	1.6	2	2
Non Clinical	0	0	0	0
Management/Administration	0	0.06	0.06	0.06
Total FTEs	1.60	1.67	2.07	2.07



FTE consistency check (should equal zero)	0	0	0	0
Total Population Served	38500	38500	38500	38500

2001/2002 Mental Health Template				
Wairarapa District Health Board				
Other Services (Community)	Estimate	Plan	Plan	Plan
	2000/01	2001/02	2002/03	2003/04
Revenue and Cost Allocation (\$)	(000's)	(000's)	(000's)	(000's)
Revenue				
Base Revenue (MOH Funding Envelope)	13	54	55	56
Clinical Training Agency Contract Revenue (MOH)	0	0	0	0
Blueprint Revenue (MOH)	0	0	0	0
Other Revenue	0	0	0	0
Total Revenue	13 54	55	56	
Operating Costs				
<i>Personnel Costs</i>				
Medical	0	0	0	0
Nursing	0	0	0	0
Other clinical	0	0	0	0
Non clinical	0	0	0	0
Management/Administration	0	0	0	0
<i>Total Personnel Costs</i>	-	-	-	-
Other Core Operating Costs (outsourcing, supplies, infrastructure)	34	54	36	37
Total Core Operating Costs	34	54	36	37
Net Operating Surplus/(Deficit)	(21)	-19	19	
Non-Core Operating Costs (capital costs, loss / (gain) on asset sales)				
Net Surplus/(Deficit)	(21)	-19	19	
Resources and Process Indicators				
Average (annual) Full Time Equivalent (FTE) Persons				
Contracted FTEs (for 2000/01 and 2001/02, plan assumption thereafter)	1.5	1.5	1.5	1.5
Delivered FTEs (for 2000/01, plan assumption thereafter)	1.5	1.5	1.5	1.5
Total FTEs	0 0	0	0	
Average (annual) Paid FTE Mix				
Medical	0	0	0	0
Nursing	0	0	0	0
Other clinical	0	0	0	0
Non clinical	1.5	1.5	1.5	1.5



Management/Administration	0.06	0.06	0.06	0.06
Total FTEs	1.6	1.6	1.6	1.6
<i>FTE consistency check (should equal zero)</i>	0	0	0	0
Total Population Served	38500	38500	38500	38500