

DISABILITY SERVICES ADVISORY COMMITTEE

PUBLIC Agenda

24 June 2020, 1.30pm to 4pm

Board Room, Level 11, Grace Neill Block, Wellington Hospital, Capital & Coast District Health Board

Zoom ID: 982 8318 7898



	ITEM	ACTION	PRESENTER	MIN	TIME	PG
1 PROCEDURAL BUSINESS						1.30pm
1.1	Karakia					
1.2	Apologies	NOTE	Chair			
1.3	Continuous Disclosure - Register of Interest	ACCEPT	Chair			
1.4	Confirmation of Draft Minutes from 18 November 2019	APPROVE	Chair			
1.5	Matters Arising	NOTE	Chair			
1.6	Action List	NOTE	Chair			
1.7	Future Meeting Dates	DISCUSS	Chair			
2. PRESENTATION						
2.1	3DHB Disability Strategy, Disability Charter and Learnings from Covid-19	NOTE	General Manager, DHB Disability - Rachel Noble			
3 DISCUSSION						
3.1	Update on New Ministry of Health Funding within Mental Health and Addictions	DISCUSS	Director Strategy, Planning and Performance - Rachel Haggerty			
DATE OF NEXT MEETING – TO BE CONFIRMED						



3DHB DSAC Interest Register

19 June 2020

Name	Interest
'Ana Coffey (Chair)	<ul style="list-style-type: none"> • Director, Dunstan Lake District Limited • Councillor, Porirua City Council • Trustee, Whitireia Foundation • Member of Capital & Coast District Health Board • Brother is Team Coach for Pathways and Real Youth Counties Manukau District Health Board • Father is Acting Director in the Office for Disability Issues, Ministry of Social Development
Yvette Grace	<ul style="list-style-type: none"> • General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust • Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board • Member, Steering group, Wairarapa Economic Development Strategy • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Dr Tristram Ingham	<ul style="list-style-type: none"> • Board Member, Health Quality and Safety Commission • Director, Foundation for Equity & Research New Zealand • Director, Miramar Enterprises Limited (Property Investment Company) • Member, Independent Monitoring Mechanism to the United Nations on the United Nations Convention on the Rights of Persons with Disabilities • Chair, Te Ao Mārama Māori Disability Advisory Group • Co-Chair, Wellington City Council Accessibility Advisory Group • Chairperson, Executive Committee Central Region MDA • Vice Chairperson, National Council of the Muscular Dystrophy Association • Trustee, Neuromuscular Research Foundation Trust • Professional Member, Royal Society of New Zealand • Member, Disabled Persons Organisation Coalition • Member, Scientific Advisory Board – Asthma Foundation of NZ • Member, 3DHB Sub-Regional Disability Advisory Group • Member, Institute of Directors • Member, Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori medical Practitioners Association) • Senior Research Fellow, University of Otago Wellington



	<ul style="list-style-type: none"> • Wife is a Research Fellow at University of Otago Wellington • Co-Chair, My Life My Voice Charitable Trust • Member, Capital & Coast District Health Board • Member, DSAC • Member, FRAC
Sue Kedgley	<ul style="list-style-type: none"> • Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
John Ryall	<ul style="list-style-type: none"> • Member, Hutt Union and Community Health Service Board • Member, E tū Union
Naomi Shaw	<ul style="list-style-type: none"> • Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards • Development Officer, Wellington Softball Association • Trustee, Hutt City Communities Facility Trust
Vanessa Simpson	<ul style="list-style-type: none"> • Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Jill Pettis	<ul style="list-style-type: none"> • NIL
Ryan Soriano	<ul style="list-style-type: none"> • Community Coordinator for FOCUS, Disability Support Services at Wairarapa DHB • Member, Board Trustee for Saint Patrick School Board, Masterton • Wife Employed as Senior Caregiver at Lansdowne Park Aged Care Facility
Jill Stringer	<ul style="list-style-type: none"> • Director, Touchwood Services Limited • Husband employed by Rigg-Zschokke Ltd
Jack Rikihana	<ul style="list-style-type: none"> •
Sue Emirali	<ul style="list-style-type: none"> •
Bernadette Jones	<ul style="list-style-type: none"> •
Marama Eddie	<ul style="list-style-type: none"> •



DRAFT Minutes of the 3DHB DSAC
Held on Monday 18 November 2019 at 10am
CSSB Lecture Room, Ground Floor, Clinical & Support Services Building
Wairarapa District Health Board, Masterton
PUBLIC SECTION

PRESENT:
BOARD

Dame Fran Wilde (Chair)
Eileen Brown, Capital & Coast DHB (CCDHB), via Zoom
Roger Blakeley, CCDHB, via Zoom
Sue Kedgley, CCDHB, via Zoom
Derek Milne Wairarapa DHB (WrDHB)
Jane Hopkirk, WrDHB, via Zoom
Alan Shirley, WrDHB
John Terris, Hutt Valley DHB (HVDHB), via Zoom
Lisa Bridson, HVDHB, via Zoom
'Ana Coffee, CCDHB, via Zoom
Sue Emirali, Sub-Regional Disability Advisory Group (SRDAG)
Dr Tristram Ingham, Maori Partnership Board (MPB), via Zoom
Ron Karaitiana, WrDHB

STAFF:

Dale Oliff, Chief Executive, WrDHB
Rachel Haggerty, Director, Strategy Innovation and Performance, CCDHB
Rod Bartling, Acting Group Manager, Strategy, Planning and Outcome, HVDHB
Sandra Williams, Acting Executive Leader, Planning and Performance, WrDHB
Rachel Noble, General Manager, 3DHB Disability Responsiveness
Rawinia Mariner, General Manager Commissioning Mental Health & Addictions, CCDHB
Chris Nolan, Service Development Manager, Mental Health & Addictions, HVDHB

1 PROCEDURAL BUSINESS

1.1 PROCEDURAL

The Karakia was led by Ron Karaitiana. Committee Chair, Fran Wilde, welcomed the members and DHB staff.

1.2 APOLOGIES

Apologies received from Andrew Blair, Yvette Grace, Tino Pereira, Kim Smith, Prue Lamason and Sue Driver

1.3 INTERESTS

1.3.1 REGISTER OF INTERESTS

Register of Interests attached was incorrect.

Action:

- 1) Committee Secretary to update the Board Books with the correct version.

1.4 CONFIRMATION OF PREVIOUS MINUTES: 10 September 2019

The minutes of the 3DHB Disability Advisory Committee meeting held on 10 September 2019, were accepted with the following changes.

Actions:

1. Committee Secretary to amend the following items on the minutes:
 - Item 2.2 J. Hopkirks commendation given to staff for the huge piece of work done to address Maori needs in Mental Health and that the report will go a long way to positively change outcomes for Maori
 - Item 2.3 J. Hopkirks commented how important it was to have a Maori response for Maori with easy access pathways for Maori.

Moved: Sue Emirali

Seconded: Alan Shirley

CARRIED

1.5 MATTERS ARISING

1.6 ACTION LIST

The reporting timeframes on the other open action items were **noted**.

1.7 PROPOSED WORKPLAN 2020

The paper was taken as read.

The Committee:

- a) **Noted** that the proposed work plan has Strategy, Health System Investment and Prioritisation, Health System Integrated Performance Reporting, System and Service Planning and Provider Performance – Efficiency, Outputs, Safety sections.

Recommendations to the Boards

- a) *2020 work plan to be discussed with the incoming new Board instead.*

Moved: Derek Milne

Seconded: Alan Shirley

CARRIED

2 PRESENTATION

2.1 He Ara Oranga Investment Update

The Committee **noted** the presentation.

Discussion:

- i. There are multiple procurement processes underway as well as progress nationally on establishing the infrastructure for further change including the appointment of the new mental health interim Commissioner/s and head of the Suicide Prevention Office.
- ii. We are fully engaged with the Ministry of Health on the RFP process. The Ministry is balancing well, they understand the needs to get the services into our communities. We have managed the initial RFP well as we know the services. But it in the context of limited funds to go across New Zealand, the Ministry is staging the implementation over a period of time. The Ministry is running a process of accessing the quality of relationships and capabilities to implement the services. It is an important priority for the government that the services hit the ground running as soon as possible.

- iii. We are providing support to our Maori and Pacific providers. This includes financial resources as well as 2 people to assist in the RFP development. These resources are available to all Maori and Pacific providers in the 3DHBs.

Recommendations to the Boards

- a) *The new Board needs to be deeply briefed on the investment and what it means to the DHBs in terms of resource.*

3 DISCUSSION

3.1 Living Life Well Implementation Update

The paper was taken as **read**.

The Committee:

- a) **Noted** to successfully implement the Living Life Well strategy, key enablers including the additional Ministry of Health funding for He Ara Oranga need to be in place;
- b) **Noted** the three DHBs have prioritised the development of locality-based mental health and wellbeing networks and development of a Population Outcomes Framework while these enablers are established;
- c) **Noted** the 3DHBs will update DSAC at it's February meeting in relation to progress with establishing our locality-based model.

Discussion:

- i. The Locality Wellbeing Network is a functional service network. It is a part of the same strategy and we engage the same partners. In Kapiti, the Kapiti Health Advisory Group has an extended sub-group that has a greater interest in Mental Health wellbeing that includes a wider set of representatives that has connection with care.
- ii. Wairarapa DHB will lead their own processes to reflect the needs of their own community.
- iii. We test the World Health Organisation frameworks and we run our own analytics. We are conscious that the Maori and Pacific frameworks are not often tested by international literature. Therefore we are in development of a Maori and Pacific caucus to guide us in the Mental Health setting.

Recommendations to the Boards

- a) *To note the paper.*

3.2 Sub-Regional Response to Request for Proposal (RFP) for Integrated Primary Mental Health & Addiction Services

The paper was taken as **read**.

The Committee:

- a) **Noted** that Ministry of Health has requested one integrated, collaborative response per DHB or region to be submitted;

- b) **Noted** that Capital & Coast DHB (CCDHB), Hutt Valley DHB (HVDHB) and Wairarapa DHB (WrDHB) have supported local PHO's (Tu Ora Compass, Ora Toa, Te Awakairangi and Cosine), NGOs and community services to submit a collaborative response to the RFP;
- c) **Noted** that the RFP was released on 13 September, the deadline for proposals was 24 October, contracts are expected to be finalised by 30 November 2019 with service delivery to start in January 2020;
- d) **Noted** that this is in line with the principle of partnership under the Te Tiriti o Waitangi, CCDHB funded a contractor to write up the Kaupapa Maori intervention model on behalf of Ora Toa PHO;
- e) **Noted** that this is the first module of the Access and Choice initiative and the intent is for a phased scale up over the next two financial years with an intention to expand access to the services around New Zealand over the next five years;
- f) **Noted** that given the benefit of having all key stakeholders around the table, it has been agreed to formalise and continue the existing Governance group for future initiatives, referred to as the Greater Wellington Collaborative.

Discussion:

1. The applications for the RFP went across the country, and the responses have exceeded \$100 million with each district put in a collaborative bid. There has been no indication to date where the funding will be distributed or how the Ministry will make the decision. Our collective input is about \$20 million.
2. Discussion included a request to broaden the title of the Greater Wellington Collaborative to specifically state Wairarapa. Management agreed to put that request to the collaborative.

Recommendations to the Boards

- a) *To note the paper.*

Actions:

1. Management to email the Board and Committee members once we are advised by the Ministry on the funding we will receive from the RFP.
2. Management to provide the DSAC members the link to Kaupapa Maori intervention model

3.3 3DHB Disability Programme Update

The paper was taken as **read**.

The Committee:

- a) **Noted** the progress in key activities related to the implementation of the Disability Strategy;
- b) **Noted** the Sub-Regional Advisory Group now includes members of Kaunihera Whaikaha to reflect a Treaty partnership
- c) **Noted** research is currently being undertaken by ImagineBetter to better understand issues to accessing mental health services by disabled people;
- d) **Noted** our ongoing work to better gather data related to disabled people accessing healthcare services;

- e) **Noted** the Alerts review, the identified issues and the recommendations going forward;
- f) **Noted** the advancement of the Electronic Health Passport;
- g) **Noted** and **supports** the development of new, electronic pathway for Disability Alerts with PHOs as the point of origin for patients' alert information (e-referrals);
- h) **Noted** the progress with the Accessibility Charter project; and
- i) **Supports** the disability advisers and educators as they develop a fit for purpose education/awareness programme.

Discussion:

1. The current health passport is championed by Capital & Coast, Hutt Valley and Wairarapa DHBs. A review is underway of the current version of the health passport, the development of an 'express' version and the production of an electronic solution. The latter is a prototype that is being tested with a co-development group, made up of stakeholders including disabled people. The Health & Disability Commissioner is supportive of the health passport and is well involved throughout all areas of development.
2. The e-referral solution is intended to replace the existing labour intensive referral systems to create effective documents for a safe and swift referral management to and across health services. By integrating information across the whole health system, standardising a referral process, the DHBs will be in a position to instantly view relevant referral information, reduce duplication and errors and better plan the allocation of health services.
3. Disability Alert practices are under review, a stocktake has been completed. We established that there was varied practices occurring in the completion of individual alerts. Currently a working group is being commissioned for the purpose of developing a highly functional alert system, one that is person centered and one that is in place to realise the best outcome for the patient.

Recommendations to the Boards

- a) *To note the paper.*

3.4 Acute Care Continuum Project Update

The paper was taken as **read**.

The Committee:

- a) **Noted** the progress with implementation of the 3DHB Acute Care Continuum (ACC) project;
- b) **Noted** the collaborative approach to introduce new and/or improved service provision based on a clear and robust co-design process.

Discussion:

1. Management clarified that the Acute Care Continuum project is part of the Mental Health Improvement programme. CCDHB and WrDHB have a continuum but there was gap in HVDHB's implementation due to their Board's approval. It is now commenced based on the approval on funding.
2. ACC fits in with He Ara Oranga as it is an assumption that DHB has an acute care continuum as part of the normal model of care.

3. Members asked to change the acronym to not stay as ACC. Management agreed to consider that.

Recommendations to the Boards

- a) *To note the paper.*

The meeting closed at 11.30am.

4. DATE OF NEXT MEETING

14 February 2019, Board Room, Level 11, Grace Neill Block, Capital & Coast District Health Board, Wellington.

DRAFT

SCHEDULE OF ACTION POINTS – DISABILITY SERVICES ADVISORY COMMITTEE (DSAC)

AP No:	Topic:	Action:	Responsible:	How Dealt With:	Delivery Date:
DSAC Public Meeting 18 November 2019					
3.2	Sub-Regional Response to Request for Proposal (RFP) for Integrated Primary Mental Health & Addiction Services	<ol style="list-style-type: none"> 1. Management to email the Board and Committee members once we are advised by the Ministry on the funding we will receive from the RFP. 2. Management to provide the DSAC members the link to Kaupapa Maori Intervention model 	Rachel Haggerty		Open
DSAC Public Meeting 10 September 2019					
2.3	Preventing Suicide and Suicidal Behaviour in our Communities	<ol style="list-style-type: none"> 1. Management to bring back the discussion on the relationship between suicide and alcohol. The current work on the Addiction Model of Care recognizes the risks 	Rachel Haggerty	Addictions model of care still in development. The issue is noted in the suicide prevention programme.	Open
DSAC Public Meeting 6 May 2019					
3.1	3DHB Mental Health and Addictions Strategy – Living Life Well 2019 – 2025	<ol style="list-style-type: none"> 2. 5 Year investment plan to be presented to DSAC for feedback in December 2019 	Rachel Haggerty Rod Bartling Sandra Williams	Replaced with implementation of LLW and approach to Wellbeing Hubs.	December

Closed since last meeting – 10 September

AP No:	Topic:	Action:	Responsible:	How Dealt With:	Delivery Date:
DSAC Public Meeting 18 November 2019					
1.4	Confirmation of previous minutes: 10 September 2019	<ol style="list-style-type: none"> 1. Item 2.2 J. Hopkirk’s commendation given to staff for the huge piece of work done to address Maori needs in Mental Health and that the report will go a long way to positively change outcomes for Maori. 	Committee Secretary	Previous minutes was amended following the November meeting.	November 2019



		2. Item 2.3 J. Hopkirk's commented how important it was to have a Maori response for Maori with easy access pathways for Maori			
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3DHB DSAC Discussion – Public

June 2020

UPDATE ON NEW MINISTRY OF HEALTH FUNDING WITHIN MENTAL HEALTH AND ADDICTIONS

Action Required

3DHB Disability Services Advisory Committee note:

- The Ministry of Health (MOH) have released several Response for Feedbacks (RFPs) in response to *He Ara Oranga* and the Wellbeing Budget in May 2019, as part of investment in increased access to, and choice of, mental health and addiction service.
- A RFP for new Pacific mental health and addiction services was released on 8 June 2020 and closes on 31 July 2020. There is \$4m available to six regions.
- A RFP for the new Kaupapa Māori Primary Mental Health and Addiction Services was due to be released in April 2020 but was delayed because of COVID-19.

Strategic Alignment	<ul style="list-style-type: none"> Strengthen our communities, families and whānau so they can be well Make it easier for people to manage their own health needs Support equal health outcomes for all communities
Author	Rawinia Mariner, General Manager Commissioning Mental Health and Addictions
Endorsed by	Rachel Haggerty, Director, Strategy Planning and Performance, 2DHB
Presented by	Rachel Haggerty, Director, Strategy Planning and Performance, 2DHB
Purpose	To provide an update on the progress of the recent Request for Proposals (RFPs) released by the Ministry of Health as part of the response to <i>He Ara Oranga</i> : Report of the Government Inquiry into Mental Health and Addictions (November 2018)
Contributors	N/A
Consultation	N/A

Executive Summary

Across the Greater Wellington Region (Capital Coast, Hutt Valley and Wairarapa) there has been a focused effort on ensuring networks, skills and resources to respond to the MOH release of Response for Feedbacks (RFPs) to expand and enhance mental health and addiction services. This has included supporting the formation of the Greater Wellington Region Collaborative which includes primary care and NGOs to develop primary mental health services. There has been a strong equity focus supporting our Māori and Pacific NGOs, and Youth One Stop Shops with resources and DHB support for responses.

MOH have released several RFPs in response to *He Ara Oranga* and the Wellbeing Budget in May 2019, as part of investment in increased access to, and choice of, mental health and addiction service. The RFPs that have been released so far are:

- \$2 million funding released by MOH in September 2019 for the Central Region to support specialist AOD services; with a focus on existing AOD residential care, managed withdrawal, continuing care, or other initiatives that align with the recommendations in *He Ara Oranga*.



A proposal submitted by the Central Region DHBs in October 2019 was accepted by the MOH. Contracts with providers are now in place;

- Integrated Primary Mental Health and Addiction RFP released in September 2019, and a proposal submitted by the Greater Wellington Region Collaborative (GWRC) in October 2019. \$6.3m has been awarded to the GWRC. Service implementation is in progress;
- Expansion and/or Replication of Existing Māori and Pacific Primary Mental Health and Addiction services RFP was released in October 2019 and proposals have been submitted by Te Waka Whaiora, Te Runanga o Toa Rangatira Inc, Maraeroa Marae Inc and Vaka Tautua. Vaka Tautua have advised CCDHB that they were not successful while other providers are still awaiting a decision;
- Youth Primary Mental Health and Addictions Services RFP, released on the 3 February 2020, with deadline for proposals being 9 March 2020. The Greater Wellington Regional Collaborative are supporting the 3 Youth One Stop Shop providers, Taeaomanino Trust and Te Hauora in the Wairarapa. These were due on 9 March and have all been submitted. We are now awaiting responses which have been delayed due to COVID-19;
- Nurse Practitioner Training Program (NPTP) and supported placements for Nurse Practitioners (NPs) and Enrolled Nurses (ENs) in the primary mental health sector RFP was released in November 2019. A joint RFP was submitted in February by Victoria University in collaboration with Central Region DHBs (excluding Hawkes Bay) and other tertiary education providers. This was not successful.

A RFP for new Pacific mental health and addiction services was released on 8 June 2020 and closes on 31 July 2020. There is \$4m available to six regions.

There was also a new Kaupapa Māori Primary Mental Health and Addiction Services was due to be released in April 2020 but was delayed because of COVID-19.

The implementation team are now in place for the integrated primary mental health and addiction service and are working to embed this new service across the sub region. The 3DHB’s will continue to participate at the GWRC steering group forum and the newly established implementation forum.

We are awaiting responses from the MOH regarding the Expansion and/or Replication of Existing Māori and Pacific Primary Mental Health and Addiction Services, and the Youth RFP. For those providers who are successful we will work with them to develop contracts and support implementation of services.

We have started discussions with Pacific providers to ascertain whether they will need any support with the RFP submissions for the recently released Pasifika RFP.

Strategic Considerations

Service

People

Financial

Governance

Engagement/Consultation

Patient/Family N/A



Clinician/Staff N/A

Community N/A

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
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BACKGROUND

Of the \$1.9 billion announced in the Wellbeing Budget in May 2019, \$1.5b was allocated to Vote Health with \$455m allocated to increase access to mental health and addiction services in primary care settings. There have been several RFP’s released by the Ministry of Health from September 2019 which have been specified amounts of money to be released over a four year period.

These recent RFPs are in various stages of progress and development as set out in the update below.

REQUEST FOR PROPOSALS (RFPs) UPDATE

Across the Greater Wellington Region (Capital Coast, Hutt Valley and Wairarapa) there has been a focused effort on ensuring networks, skills and resources to respond to the MoH release of RFPs to expand and enhance mental health and addiction services. This has included supporting the formation of the Greater Wellington Region Collaborative which includes primary care and NGOs to develop primary mental health services. There has been a strong equity focus supporting our Māori and Pacific NGOs, and Youth One Stop Shops with resources and DHB support for responses.

Integrated Primary Mental Health and Addiction

The “Integrated Primary Mental Health and Addiction” RFP was released in September 2019, the proposal deadline was the 24th of October. The Greater Wellington Region Collaborative (GWRC) steering group was formed including the four Primary Health Organisations (Tu Ora Compass, Cosine, Ora Toa and Te Awakairangi), the three District Health Boards, MHAIDS, Vaka Tautua as the Pasifika voice, Te Paepae Arahi and Te Waka Whaiora as the Māori voice and Navigate Central co- chairs who are attending on behalf of the member NGO providers.

GWRC have received a total of \$6.3m for this new service covering the period February 2020 to June 2021. Approximately \$800k has been specified in the contract for implementation roles and functions. A small sub group was formed to determine how the implementation funds would be used and a Programme Manager employed along with a small team to guide implementation of the new service across the sub region.

Although the GWRC proposal was successful, we received significantly less funding than we proposed so a decision was made to prioritise the allocation of FTEs to those General Practices (GP) with the highest need patients. This includes Māori and Pacific whānau.

The GWRC’s response to the RFP was based on the Te Tumu Waiora model which has been implemented in Auckland. New roles will be established within primary care. These include Health Improvement Practitioners (HIPs) and Health Coaches (HCs) based in GP clinics and Community Support Workers based with NGO providers. Te Pou o Te Whakaaro Nui (Te Pou) have been contracted by MOH to provide training for these roles. Training will be phased as new staff are recruited.



There is a collaborative approach to the recruitment and appointment of the HIP's and HC's across the four PHOs to ensure standardised recruitment processes, job descriptions and salary expectations. The potential risk of poaching staff from each other has been mitigated through this process.

As part of this collaborative Mental Health and Addictions Intellectual Disability Services (MHAIDS) have recently appointed an SMO (1FTE) to provide a clinical interface between primary and secondary care. This role will provide timely advice and support over the phone for GP practices across the 3 DHBs.

Expansion and/or Replication of Existing Māori and Pacific Primary Mental Health and Addiction Services

The RFP for the "Expansion and/or Replication of Existing Māori and Pacific Primary Mental Health and Addiction Services" was released in October 2019 and submitted in November 2019.

Capital & Coast DHB (CCDHB) funded two writers to assist the Māori and Pacific providers to submit a response. We supported the following Māori providers, Te Waka Whaiora, Te Runanga o Toa Rangatira Inc and Maraeroa Marae Inc. We also supported our Pacific mental health service provider, Vaka Tautua to submit a proposal but this was not successful.

These submissions included:

- An extension of Te Ara Pai services through extra FTEs for Te Waka Whaiora
- An extension of Te Ara Pai services through extra FTEs for Vaka Tautua
- Extra FTEs for Te Runanga o Toa Rangatira Inc, as an extension of primary mental health services
- An extension of brief AOD assessments through extra FTEs for Maraeroa Marae Inc who are funded directly by the MOH but were supported by CCDHB

Hutt Valley DHB (HVDHB) also supported their Māori provider, Te Paepae Arahi to submit a response to the RFP. We understand MOH received so many RFP submissions this has caused a delay in responses to applicants. COVID-19 has also contributed to the delayed response and providers are still waiting to hear back from MOH.

Nurse Practitioner Training Programme (NPTP) & Supported Placement for Nurse Practitioners (NPs) and Enrolled Nurses (ENs).

The "Nurse Practitioner Training Programme (NPTP) & Supported Placement for Nurse Practitioners (NPs) and Enrolled Nurses (ENs)" RFP was released in November 2019, with the tender closing on the 20th February 2020. The RFP funding of \$18.64m nationally is over four years. The MOH envisaged having a contract in place by April 2020 but due to COVID-19 MOH have decided to delay the start date. This proposal was not successful.

Youth Primary Mental Health and Addictions Services

The "Youth-specific Primary Mental Health and Addiction Services" RFP was released on the 3rd February 2020 and was open to NGOs, PHOs, DHBs and companies who can provide primary mental health and addiction services to youth (12-24 years old). Criteria included, expansion to an existing programme in the same geographical area, replication of an existing programme to a new geographical area or a new service to a geographical area. This could include peer support, cultural support, self-management support and access to a range of social supports to be able to address mild to moderate levels of distress in young people. The sub region were "allocated" just over \$1m (using a PBFF formula).

This initiative will be rolled out over five years, as it is the MOH's intention that all geographical areas will eventually have programmes in place for youth primary mental health and addiction services. It is



also expected that funding will be allocated using population-based funding formula to ensure equity of spread by the end of the five years.

After much debate at the GWRC forum it was agreed that instead of all members putting forward separate bids, GWRC would support the three Youth One Stop Shops (Vibe, Kapiti Youth Service and Evolve) to submit a joint response as the YOSS's are specialists in delivering to youth. CCDHB funded a writer to support the 3 YOSS's to submit a proposal. We are awaiting a final response from MOH which was delayed due to COVID-19.

Regional AOD Funding

In September 2019, the Deputy Director-General Mental Health and Addiction, Robyn Shearer, wrote to the Chief Executives of all DHB's with the details of additional funding for specialist AOD services. In Budget 2019 an initial \$10.5 million per annum was allocated to support specialist AOD services across the country with a focus on existing AOD residential care, managed withdrawal, continuing care, or other initiatives that align with the recommendations in *He Ara Oranga*.

The Ministry applied \$1.5 million per year to its own directly funded AOD residential care services, and the remaining \$7 million per year has been allocated to DHBs on a regional basis, with \$2 million allocated to the Central Region.

The funding will be initially available for two years, after such time if the services are still required, the Ministry will consider devolving the funding to the relevant DHBs.

Initial discussions sought regional and local ideas for use of the money and three main priorities were agreed on a regional basis for further exploration by the 6 DHB planning and funding managers. The priorities agreed were:

- Purchasing 4 residential AOD beds regionally from Springhill (Hawkes Bay DHB)
- Benchmarking and uplifting all AOD FTE rates across the region-and where necessary uplifting non-clinical FTE to clinical rates.
- A bed night rate uplift for The Salvation Army Bridge programme, Wellington to match the bed night rate to be paid to Springhill.

The residential AOD Service run by the Salvation Army in Wellington is over capacity and has a waiting list for people trying to access the service. Increasing the number of residential beds that we have across the region will reduce waiting times for service access.

Sustainability of the AOD NGO sector was also a priority for this funding.

Across the region there was no consistent FTE rate being paid for NGO AOD practitioners. There was also inconsistency in these roles being paid at clinical or non-clinical rates. It was agreed to uplift all AOD FTE's to a clinical FTE rate by benchmarking the rate against other DHB's who shared their data. This increase helps providers to retain their staff and also recognises the fact that AOD practitioners are now recognised as a regulated workforce and are now required to be registered with their professional body, the Drug and Alcohol Practitioners Association (DAPAANZ).

- Improved access to intensive AOD Residential services
- Increased choice of intensive AOD Residential services (type and location)
- Consistency of intensive AOD Residential bed night price paid across the Central Region
- Sustainability of small NGO providers
- Sustainability of Māori and Pasifika providers
- Fair and impartial benchmarking of NGO AOD FTE rates across the Central Region
- Workforce sustainability and capacity building



The MOH responded in early January to accept the proposal and contracts have now been finalized with the respective providers.

Pasifika Mental Health and Addiction Services

On the 8th of June 2020 MOH released an RFP inviting proposals from Pasifika led organisations to provide new primary mental health and addiction services. The service will make it easier for Pacific people who are experiencing mild to moderate mental health issues to have access to and choice of mental health and addiction services that are culturally appropriate.

A total of \$4m is available across six regions where the majority of Pacific people live including, Auckland, Counties Manukau, Hawkes Bay, Hutt Valley, Capital and Coast and Southern regions. This fund complements other RFP's that expand primary mental health and addiction services across the country. Proposals are due to MOH by 31 July 2020.