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carolyn.gullery@cdhb.health.nz

19 June 2018

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

RE Official Information Act request CDHB 9816

I refer to your email dated 19 March 2018 requesting the following information under the Official Information Act from Canterbury DHB.

- **All correspondence between CDHB and Ministry of Health regarding mental health between July 2017 and 19 March 2018.**

Please refer to **Appendix 1** attached for correspondence between Canterbury DHB and Ministry of Health regarding mental health between July 2017 and 19 March 2018.

We have removed pages as per your discussion on 14 June 2018 with Dr Greg Hamilton, and we have redacted or withheld information under the following sections of the Official Information Act:

9(2)(a) *"...to protect the privacy of natural persons, including those deceased"*.

9(2)(ba) *"...to protect information that is subject to an obligation of confidence"*.

9(2)(b)(ii) *"... would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information."*

9(2)(j) *"....to enable a Minister, department of organisation holding information to carry out commercial activities or negotiations"*.

We also have removed and redacted information that is out of scope of your request.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gullery', with a long, sweeping horizontal stroke extending to the right.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

9816 INDEX – Correspondence between Canterbury DHB and Ministry of Health

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| March 2018 | <ul style="list-style-type: none"> • 603 – Potential Media request response: The MoH recognises CDHB has required extra support since the earthquakes over and above their bulk funding. (potential media request/response) Just preparing to publish the regional health survey statistics. • 627 - Paragraphs as requested used to inform the Cabinet Paper. • 692 - John Crawshaw to David Meates correspondence re meeting Friday 9/2/2018 |
|------------|---|

We have redacted or withheld information under the following sections of the Official Information Act:

9(2)(a) *“...to protect the privacy of natural persons, including those deceased”.*

9(2)(ba) *“...to protect information that is subject to an obligation of confidence”.*

9(2)(b)(ii) *“... would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information.*

9(2)(j) *“....to enable a Minister, department of organisation holding information to carry out commercial activities or negotiations”.*

And information which is out of scope of your request.

Sharryn Sunbeam

From: Martin_Cole@moh.govt.nz
Sent: Thursday, 6 July 2017 7:53 a.m.
To: Toni Gutschlag
Cc: Amanda_Smith@MOH.govt.nz; Aroha_Metcalf@MOH.govt.nz; Claire Roelink (Davey); Jane Hughes; john_crawshaw@moh.govt.nz; Kathy O'Neill (P&F); Paul Kelly; [REDACTED] [CCDHB]; Stu Bigwood
Subject: RE: AT&R bed breakdown

Hi Toni

Thanks for your email.

We can continue the conversation as to how we move matters forward at our next scheduled meeting

Regards

Martin

Martin Cole
 Manager
 Service Commissioning
 Ministry of Health
 [REDACTED]

<http://www.health.govt.nz>
mailto:Martin_Cole@moh.govt.nz

From: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>
 To: "Martin_Cole@moh.govt.nz" <Martin_Cole@moh.govt.nz>,
 Cc: "Amanda_Smith@MOH.govt.nz" <Amanda_Smith@MOH.govt.nz>, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, Stu Bigwood <Stu.Bigwood@cdhb.health.nz>, "Kathy O'Neill (P&F)" <Kathy.O'Neill@cdhb.health.nz>, "john_crawshaw@moh.govt.nz" <john_crawshaw@moh.govt.nz>, "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz>, Paul Kelly <Paul.Kelly@cdhb.health.nz>
 Date: 05/07/2017 06:11 p.m.
 Subject: RE: AT&R bed breakdown

Hi Martin,

Thank you for your ongoing support with our current challenges.

There are a few points of clarification that I need to make in response to some of your comments below.

The contracts as you rightly point out are for provision of **up to 15 beds**, they do not require a fixed capacity of 15.

In terms of physical capacity, the Ministry of Health has **always** known the capacity of the AT&R unit, the reason we have two different contracts (that employ two different payment mechanisms), is to enable flexibility to respond to patient need at any given time and ensure the appropriate mechanisms are in place for payment. As I recall, the AT&R contract moved to an all capacity contract in 2012 in response to earthquake recovery related issues, at that time the MOH recognised challenges with patient flow into and out of the AT&R unit, and that IP services have fixed costs that must be covered regardless of occupancy. MOH were unable to increase the unit price for services and a CMS contract was agreed instead.

As you know we often also have people being provided services under these agreements outside of the AT&R unit such as PSAID and Te Whare Manaaki – both fixed capacity mental health inpatient services.

You will also be aware that high occupancy in our MH inpatient services limits availability for these beds for non-mh patients, even if we ignore the appropriateness of these arrangements. Regardless of bed capacity it is essential that we are able to safely staff our services. Current staffing vacancies make this extremely challenging and there are a number of things we are doing to try and address this. Assaults against staff in the AT&R unit makes recruitment to the ID area even more difficult.

We are open to discussions about volumes, these need to be accompanied by discussions about costs and sustainability of services, and a planning process that considers the impact and response should AT&R no longer be available. It is not sufficient to say Canterbury shouldn't have an AT&R option because the North Island doesn't, there are also other services available in the NI that don't exist here.

I look forward to discussing further on Friday.

Kind regards
Toni

Toni Gutschlag
General Manager - Mental Health

Canterbury District Health Board
Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |

e: toni.gutschlag@cdhb.health.nz



From: Martin_Cole@moh.govt.nz [mailto:Martin_Cole@moh.govt.nz]

Sent: Wednesday, 28 June 2017 11:03 a.m.

To: Paul Kelly

Cc: Amanda_Smith@MOH.govt.nz; Claire Roelink (Davey); Jane Hughes; 'Raymond Williamson [CCDHB]'; Stu Bigwood; Toni Gutschlag

Subject: Re: AT&R bed breakdown

Hi Paul

In terms of the analysis I was hoping there was an update on the analysis that was presented to the group when we met earlier in the year? I would also appreciate details of the range of actions being taken to manage the issue; closing the unit to admissions notwithstanding.

I hate to keep reiterating the point but the Ministry contracts the DHB for the provision of up to 15 beds. This has been the case for many years which the DHB by signing contracts over the years, have agreed to. I now fully understand the fact that the DHB does not have the physical capacity to deliver to contract. This poses serious concerns and as I have indicated I am willing to work with the DHB to better reflect actual capacity while prioritising our requirement for access to RIDSS services.

In regards to client acuity I accept that the DHB has to utilise the available resources to manage the impact of increased acuity levels. In regards to discharges not occurring, I note that the NIDCA have reported 4 individuals have been transitioned from the DHB since early April and there are placement's identified for 2 others at this time. In regards to the non-NIDCA clients I will talk to the NASC regarding plans that they have been discussing with the DHB for transition and discharge.

I look forward to our scheduled meeting on Friday and reiterate our commitment to supporting the DHB in ensuring the safety of clients and staff.

Regards

Martin

Martin Cole
 Manager
 Service Commissioning
 Ministry of Health
 [REDACTED]

<http://www.health.govt.nz>
mailto:Martin_Cole@moh.govt.nz

From: Paul Kelly <Paul.Kelly@cdhb.health.nz>
 To: "Martin_Cole@moh.govt.nz" <Martin_Cole@moh.govt.nz>, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>,
 Cc: "Amanda_Smith@MOH.govt.nz" <Amanda_Smith@MOH.govt.nz>, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>, Stu Bigwood <Stu.Bigwood@cdhb.health.nz>
 Date: 27/06/2017 07:17 p.m.
 Subject: Re: AT&R bed breakdown

Good to speak today Martin and could you let us know what stats would you like as we have been sending the more serious individual incidents through but not sure which other stats would be useful. I would note we don't classify incidents based on whether under RIDSS beds or at&r contract but rather who is in the at&r and hence doesn't include the two consumers in te whare manaaki.

Regards our current situation in which we can't admit due to occupancy, this has largely eventuated due to increased clinical acuity and discharges not occurring. To this end not something that is predictable hence we are rarely in a position to give advance notice when dealing with a small unit which averages 93% occupancy. Currently the three consumers in at&r not under ridss funding are all assaulting staff regularly. In the last week we have had 3 of our 12 registered nurses off work due to injuries plus another rn in the adjoining unit off for two weeks post assault from a arp7369.

I hope this clarifies your query.

Kind regards

Paul

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Martin_Cole@moh.govt.nz

Date: 27/06/2017 4:15 pm (GMT+12:00)

To: Paul Kelly <Paul.Kelly@cdhb.health.nz>

Cc: Amanda_Smith@MOH.govt.nz, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>

Subject: Re: AT&R bed breakdown

Hi Paul

Thanks for taking the time to catch up today.

As I stated it is critical that the NIDCA has access to the assessment bed in order to place individuals held under the IDCC&R Act. Also as stated, this recent halt on admissions took me by surprise, as our most recent meeting on 16 June, the DHB team gave no indication that such action was pending.

In order to move things forward I propose that we continue with our regular fortnightly meetings, that we convene a time to discuss how we might ensure priority for NIDCA eligible individuals (this may mean some amendments to current contracts in order to ensure that this occurs) and we arrange to discuss the plans that the DHB may have for improving facilities in order to understand what is being proposed and also how we might need to support or endorse such a proposal.

Paul, we are in the process of reviewing reported incidents and wondered if the DHB could provide their most recent analysis?

Regards

Martin

Martin Cole
Manager
Service Commissioning
Ministry of Health
[REDACTED]

<http://www.health.govt.nz>
mailto:Martin_Cole@moh.govt.nz

From: Paul Kelly <Paul.Kelly@cdhb.health.nz>
To: "Martin_Cole@moh.govt.nz" <Martin_Cole@moh.govt.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>,
Cc: "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>, "Amanda_Smith@MOH.govt.nz" <Amanda_Smith@MOH.govt.nz>
Date: 26/06/2017 09:00 a.m.
Subject: Re: AT&R bed breakdown

Will be good to speak Martin though unsure where the movement will come with the issue that seven bed at&r plus two in the whare manaaki =9 whereas we gave eight RIDSS contract beds (1x admission, 3x capacity & 4x FFFS) plus seven challenging behaviour & ID beds =15. Hence as soon as we have more than one person in at&r in the challenging behaviour plus ID beds then we won't be able to take admissions as unit full.

Kinx regards
Paul

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Martin_Cole@moh.govt.nz
Date: 26/06/2017 7:40 am (GMT+12:00)
To: Paul Kelly <Paul.Kelly@cdhb.health.nz>
Cc: "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>,
Amanda_Smith@MOH.govt.nz
Subject: Re: AT&R bed breakdown

Thanks Paul and good to talk with you on Friday.

As discussed the provision of the RIDSS beds remains the priority. We can discuss this further and what we can do to maintain access to those beds when we meet on Tuesday.

Regards

Martin

Martin Cole
Manager
Service Commissioning
Ministry of Health
[REDACTED]

<http://www.health.govt.nz>
mailto:Martin_Cole@moh.govt.nz

From: Paul Kelly <Paul.Kelly@cdhb.health.nz>
To: "Martin_Cole@moh.govt.nz" <Martin_Cole@moh.govt.nz>, "Raymond Williamson [CCDHB]" <Raymond.Williamson@ccdhb.org.nz>, "Claire Roelink (Davey)" <Claire.Roelink@cdhb.health.nz>, Jane Hughes <Jane.Hughes@cdhb.health.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>,
Date: 23/06/2017 04:50 p.m.
Subject: AT&R bed breakdown

Hi Martin as requested here is the breakdown of AT&R beds use noting QV & SG are in TWM forensic unit and we have 7 physical beds in AT&R with no current consumers suitable for transfer to psaid or other wards. As outlined we have a number of staff off work this week following assaults with unit highly unsettled with high clinical demand/acuity). Any queries please email.

Capacity

- [REDACTED] - no immediate discharge planning
- [REDACTED] - no immediate discharge planning
- [REDACTED] - no immediate discharge planning

Fee for Service – (1 bed technically available but currently unable to be accommodated due to clinical demand/acuity)

- [REDACTED] – seeking to discontinue order, no placement or discharge date identified
- [REDACTED] – 12th June - contact from Sean Berrill indicated that a bed for [REDACTED] may be available soon, no date identified
- [REDACTED] – NIDCA were looking at transition to McKenzie Avenue, but concerns around suitability of youth in adult service have created delays. Meeting next Tuesday planned to discuss how EA can mitigate risks and provide a suitable therapeutic environment for [REDACTED]

Assessment bed – (1 bed technically available but currently unable to be accommodated due to clinical demand/acuity)

ATR Beds (3 beds technically available but currently unable to be accommodated due to clinical demand/acuity)

- [REDACTED] – concerns re risk in current community placement, review to occur on 27/6/17
- [REDACTED] – (in PSAID) nil residential provider identified.
- [REDACTED] – slow transition to Brackenridge, no dx date identified. Brackenridge currently (12.06.17) exploring option of setting up 2 bed house for [REDACTED]
- [REDACTED] – as above

Kind regards,
Paul

Paul Kelly,
Nursing Director,
Forensic & Intellectually Disabled Persons Health Services,
c/o AT&R unit, Building 3,
Hillmorton Hospital.
PO Box 4733
[REDACTED]

Sharryn Sunbeam

From: Aroha_Metcalf@MOH.govt.nz
Sent: Monday, 10 July 2017 3:50 p.m.
To: Kathleen Smitheram; Karalyn van Deursen; Melissa Macfarlane; Carolyn Gullery; Rose Henderson; Dan Coward; Megan_Grant@moh.govt.nz; Toni Gutschlag; Philip Wheble (WCDHB); Susan Fitzmaurice
Cc: Dawn_Kelly@moh.govt.nz; Jackie_Maher@moh.govt.nz; Hamish_Gibson@moh.govt.nz; Murray_Mills@moh.govt.nz; Chris_Picard@moh.govt.nz
Subject: Away until 31 July

Kia ora koutou, I am away touring with the NZ Softball Team in Japan from tomorrow until Friday 28 July. I'll be back at work on Monday 31 July.

The key contact for me is Chris Picard who will be able to help, or point you in the right direction as needed.

Chris Picard
 Senior Advisor
 Board and Projects
 Critical Projects
 Ministry of Health

Kathleen, can you copy in Jackie Maher to the OIA info you need reviewing please. Hamish can assist as always too.

Rose, Megan - Murray is key contact for psychosocial if needed.

Melissa - Dawn will continue as key contact re Annual Plans.

Stay warm everyone and see you when I get back,

Cheers
 Aroah

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning & Critical Projects
 Ministry of Health

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Sharryn Sunbeam

From: John_Crawshaw@moh.govt.nz
Sent: Monday, 17 July 2017 1:04 p.m.
To: Stu Bigwood
Cc: 'Aroha_Metcalf@MOH.govt.nz'; Barbara Wilson; Toni Gutschlag;
 Jane_Bodkin@moh.govt.nz
Subject: Re: FW: CDHB Meeting 23 June 2017

Hi Stu

Thank you for response.

Firstly my apologies for the delay in responding but I have had leave and been out of my office for a large part of the time.

It was good to see the range of actions (both immediate and longer term) that you and the team are taking to alleviate the pressure from staffing vacancy, acuity and demand in Te Awakura. Please keep me informed of our these actions are progressing and whether they are assisting in addressing the issues facing the services and in particular if you need any support from the MOH.

John

Dr John Crawshaw
 Director of Mental Health, Chief Advisor
 133 Molesworth St, Wellington 6011
 P O Box 5013, Wellington 6140


 Email: john_crawshaw@moh.govt.nz

From: Stu Bigwood <Stu.Bigwood@cdhb.health.nz>
To: "John_Crawshaw@moh.govt.nz" <John_Crawshaw@moh.govt.nz>,
Cc: "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>, Barbara Wilson <Barbara.Wilson@cdhb.health.nz>
Date: 28/06/2017 02:30 p.m.
Subject: FW: CDHB Meeting 23 June 2017

Hi John,

Our current nursing vacancy is 45.73 FTE out of an establishment of 537 FTE.

19 of these vacancies are in Te Awakura, our acute inpatient service which is creating most of our roster challenges. Te Awakura has an establishment of 139 FTE.

What we have done to date to mitigate this

Active recruitment is occurring locally, nationally and internationally for RN's and EN's. A small number of people are

being recruited locally and nationally although this barely keeps up with attrition. There have been up to 26 enquiries as a result of our international campaign so this may be positive for the medium term.

- We have employed six recent graduates who will be supported to work within our services before commencing the 2018 NESP programme. Two more are to be interviewed next week.
- We have advised HWNZ that we have places for another 15 new graduates from the current ACE process. These graduates will start mid-September. We are aiming to have 25 new graduates commence by 14 September.
- There were 61 applicants for 12 Hospital Aide positions. Planning is underway to start this cohort in early August 2017.
- We asked ARA to ascertain interest from the Enrolled Nurse class due to graduate in August. We have been advised that 10 from this group are keen so we are working with them to expedite applications. Planning is underway to start this cohort in mid-September 2017.
- It is anticipated that we will be up to establishment by February 2018.

Immediate mitigation strategies

- All inpatient clinical nurse specialists are being asked to work "on numbers" until 23 July when this will be reviewed. It may need to be extended until September. This increases resource for the roster by 7 FTE or 35 shifts per week.
- Charge nurse managers meet weekly. They are taking collective responsibility to pool resources in order to effectively manage staff resource across the division.
- The "staff notification of availability" process has been communicated widely so that community staff and other disciplines who are willing to do shifts in inpatient areas can indicate their availability.
- Charge nurse managers have started working weekend shifts in Te Awakura to ensure senior nurses are rostered 7 days a week.
- Registered health professionals in the Quality and Patient Safety team and other non-frontline roles have been advised that they may be diverted to inpatient work over the coming weeks and months.
- The Nurse Consultant for Child and Family is working on roster in the inpatient unit for the next two weeks.

With these measures in place we consider that we can manage the staffing situation at present.

Contingency plans would involve measures such as asking community partners for support with staffing, looking at closing beds/services, asking other DHB's for support with staffing.

Regards
Stu

Stu Bigwood
Director of Nursing
Specialist Mental Health Service
Canterbury district Health Board
Avon Admin Building 6
Hillmorton Hospital
P O Box 800 Christchurch

From: John_Crawshaw@moh.govt.nz [mailto:John_Crawshaw@moh.govt.nz]
Sent: Monday, 26 June 2017 9:22 a.m.
To: Toni Gutschlag; Stu Bigwood
Cc: Aroha_Metcalf@MOH.govt.nz
Subject: CDHB Meeting 23 June 2017

Hi Toni and Stu,

Thank you for the opportunity to have a brief catch up with you regarding your acute service pressures. From these discussions we understand the vacancies within your acute in-patient unit are the most pressing issue. You briefed us on the strategies you have been using to manage this, but you have concerns about whether this will be successful and sustainable.

As a result of our discussion we understood that you would be contacting the wider network of mental health services to look if secondment of staff, both nursing and HCA, would be possible. You are considering utilising HCAs in a broader way. However we note your concerns that if you were to more actively recruit HCAs in your local area this may compromise the existing mental health NGO service providers. We then discussed recruitment or secondment from outside the Canterbury area.

We discussed whether there was an opportunity to increase utilisation of peer support workers to enable nurses and HCAs to be redistributed.

On reflection, we think it would be useful if you would summarise to us the extent of the problem and the actions taken to date as well as your contingency plans should the current situation continue to escalate. We could then consider, within the Ministry, what other options are possible, for example, encouraging DHBs to support you with secondments.

Regards,

John

Dr John Crawshaw
Director of Mental Health, Chief Advisor
133 Molesworth St, Wellington 6011
P O Box 5013, Wellington 6140


Email: john_crawshaw@moh.govt.nz

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Sharryn Sunbeam

From: Aroha_Metcalf@MOH.govt.nz
Sent: Monday, 28 August 2017 2:19 p.m.
To: Barbara Wilson; Peri Renison; Sandy Clemett; Sandy Mclean; Stu Bigwood; Toni Gutschlag; John_Crawshaw@moh.govt.nz
Subject: CDHB/ MOH meeting agenda
Attachments: Copy of report provided to CDHB Board.docx

Kia ora koutou, I have had a quick catch up with John re an agenda for the meeting tomorrow. Thanks to Stu for providing the attached update.

We are interested to catch up on:

1. Current levels of demand and progress of management strategies
2. Mitigation plans for staff shortages
3. Staff and patient safety
4. Hillmorton Hospital campus facility development plans

Other items are welcome.

I will see you in person at Hillmorton tomorrow, and John will video on from Wellington.

cheers
Aroha

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |

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Copy of report provided to CDHB Board. Received from Stu Bigwood, 17 August 2017

Demand for Specialist Mental Health Services: The Specialist Mental Health Services divisional leadership team and Planning & Funding continue to closely monitor demand for Specialist Mental Health Services. Demand for adult general and child and adolescent services continue to increase. The specialist mental health service teams work exceptionally hard, to provide the best care possible in some very challenging circumstances. Management and clinicians are continuously looking for ways to make the environment as safe as possible for consumers and staff. A range of initiatives have contributed to ongoing improvements. These include:

- Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit. This is the inpatient service for people with intellectual disability and challenging behaviour.
- Clinical leadership has been strengthened and expanded across the mental health division.
- Reviewing models of care (way of working) to ensure targeted and personalised interventions for consumers
- Stabilising staff numbers in the AT&R (Assessment Treatment and Rehabilitation) unit to reduce the amount of agency use so that staff and consumers get to know each other better, resulting in greater awareness of individual consumer needs.
- Environmental changes have been made within most inpatient areas to create low stimulus areas and improved space for people to use when they are highly agitated.
- Reinforcement of induction and orientation procedures for new or returning staff to a unit.
- Use of our electronic incident recording system that allows real time incident review increasing our ability to learn from incidents and adapt our practice.

We acknowledge the great work that current staff undertake and this is complemented by the NESP (new entry to specialist practice) group that commenced earlier this year. These new nurses, social workers and occupational therapists add much to the work that we do with their ongoing energy and expertise. Staff are committed to supporting and growing NESPs.

We are experiencing an acute shortage of inpatient nursing staff with 45.73 FTE (full time equivalent) nursing vacancies from a full establishment of 537 FTE. Some of the reasons for the vacancies include retirements (linked to the demographics of our workforce), movement of staff within SMHS and out to non-DHB mental health services such as primary care and corrections. 23 of the vacancies are in Te Awakura (acute inpatient service), this is resulting in increased use of overtime and agency staff to ensure rosters are covered. Staff are working extremely hard to ensure services continue to be available for people. We have a range of activities underway to try to improve the situation. Including:

- Increasing the number of Hospital Aids employed to free up nurses to provide acute care. 10 will be taking up positions mid-August.
- Increasing number of Enrolled nurses. 12 have successfully completed initial interview process and we are currently undertaking referees and police checks.
- An international recruitment campaign is underway focusing on UK and Australia, to date this has resulted in 82 applications (from a range of different health disciplines). 61 of these have been referred to the respective managers for consideration. These comprise nurses (24), Occupational Therapists (2), Physiotherapists (5) Psychologists (7) Social Workers (18) and Behavioural therapists (5). To date, these applications have not resulted in appointments. The Behavioural Therapist applications were from experienced primary mental health workers and have been forwarded to Pegasus Health.
- We have increased the size of our internal nursing pool to cover roster gaps

- We have established a volunteer system across SMHS where staff can elect to work extra shifts, which is having a positive impact.
- We are expecting 25 graduate nurses to commence in SMHS in September and aim for another 25 in February.
- SMHS nursing turnover remains lower than other areas of CDHB. Staff turnover in that past 12 months:
 - All CDHB 8.14%
 - All Specialist Mental Health Service (SMHS) 7.95%
 - SMHS Registered Nurses 8.59%
 - Registered Nurses in all other areas of CDHB 9.06%

Occupancy of the **adult acute inpatient service** remains high with 91% occupancy in July 2017. There were 25 sleepover nights required in July 2017, however, 21 of these nights were for consumers transitioning to Seager prior to admission. The workload associated with high numbers of patients under care is putting significant pressure on clinical staff and risks compromising quality.

Demand for Crisis Resolution remains steady. There were 219 new crisis case starts in July 2017. New crisis case starts require an assessment and response within a day of referral. The service is exceeding national targets with respect to wait times for adult Specialist Mental Health Services. The targets are 80% of people seen within 21 days and 95% within 56 days. In July 2017, 97.0% of people referred to the Adult Community Service were seen within 21 days and 99.8% were seen within 56 days. The percentages for July 2017 were 92.8% and 97.8% respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included.

Our focus on **reduction of seclusion** continues. Within Te Awakura (Acute Inpatient Service) there were five seclusion events for July 2017 for a total of 118 hours. This is a positive result considering the high acuity and occupancy challenges.

Child, Adolescent and Family (CAF): Reducing wait times has been a key focus for Child, Adolescent and Family services. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for July 2017 show that 56.0% of people were seen within 21 days and 89.1% within 56 days. Child, Adolescent and Family Services had 257 new case starts in July 2017. School holidays are always associated with a lesser take up of appointments. Therefore those who are referred within 1-2 weeks of the school holiday are less likely to be seen during the holiday period and have to be booked after the holiday. This impacts on the 3 week target.

The average waiting time between Choice and Partnership appointments is calculated retrospectively and has increased this month. The increase is due to CAF staff targeting the 20 consumers who had been waiting the longest period of time.

The School Based Mental Health Team: The team is working with 136 schools across Canterbury, as at end July 2017. More schools are now identifying the mental health support required for their population and the team is meeting those needs through workshops, pastoral care meetings, learning and development activities for staff, and liaison and engagement with other agencies. Additional mental health funding received from the Ministry last year is being utilised to provide direct service delivery to a number of schools. An increase in support required continues in Kaikoura schools in the wake of the 2016 earthquakes. The launch of the "Sparklers" toolkit occurred in June and was received favourably, giving schools, children and parents more resources to enhance and build wellbeing.

CORPORATE OFFICE
2 - OCT 2017

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand

27 September 2017

Mr David Meates
Chief Executive Officer
Canterbury District Health Board
PO Box 1600
CHRISTCHURCH 8140

Dear David

High and Complex Service Development

We are writing to inform you about some development work that the Ministry of Health (the Ministry) is looking to engage in over the coming years. Over the last few years, the Ministry has become aware of a small group of individuals who have high and complex needs and present with significant risk to self and others. These individuals currently reside within mental health and intellectual disability health units across the country.

The level of risk they present can only be managed by relative isolation from others and intensive staff support regimes. Managing risk within the current physical environments requires the use of restrictive practices for these individuals which means that their quality of life can be compromised. They are unable to transition through standard inpatient services into the community and often require long term care in secure settings.

Individuals will likely be placed under the Intellectual Disability (Compulsory Care and Rehabilitation) Act (ID(CC&R) Act or the Mental Health (Compulsory Assessment and Treatment) Act (MHA). In many instances they have needs that relate to both disability and mental health diagnoses.

The Ministry has sought a solution to provide a national individualised service for these clients as they are a highly vulnerable group with differing needs from their short to medium term stay counterparts. As you are aware, the Ministry has approached Capital and Coast District Health Board (CCDHB) to develop a business case that proposes a Wellington based service for this group. CCDHB has expertise with the client group, there are synergies with other services onsite and they have land available for development.

A steering group has been established with representatives from the Ministry and CCDHB, along with subject matter experts from the forensic mental health and disability field. The steering group will oversee the development of the business case which will focus on:

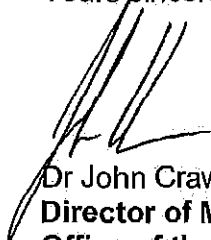
- a. developing an operating model
- b. developing a funding model
- c. forecasting future demand
- d. consultation with District Health Boards (DHBs) and Non-Governmental Organisation (NGO) stakeholders, and
- e. developing a national service pathway that takes into account the needs of the clients.

Work to date on the business case process includes an Investment Logic Mapping exercise to identify key problems and strategic responses to be considered over the course of the business case. The group involved in the Investment Logic Mapping exercise included representation from your District Health Board.

The next step is a series of workshops to consider the scale and operational detail of the proposed Wellington based facility. DHBs will be further consulted as this process develops in relation to the ongoing service development, particularly in relation to the development of the proposed service pathway.

If you have any questions about this work, please contact Dr Amanda Smith, Director,

Yours sincerely



Dr John Crawshaw
Director of Mental Health
Office of the Director of Mental Health



Jill Lane
Director
Service Commissioning

Sharryn Sunbeam

From: Ian_Soosay@moh.govt.nz
Sent: Tuesday, 10 October 2017 2:54 p.m.
To: Jessica.CooksleyGruys009@msd.govt.nz; yvette.southorn001@msd.govt.nz
Cc: Toni Gutschlag; Shelley McCabe
Subject: Housing support for people with mild to moderate mental illness

Dear Jessica and Yvette,


It was lovely meeting you last week. I thought that I would link you with colleagues in Christchurch - Toni Gutschlag who leads specialist mental health services in Canterbury and Shelly McCabe, who runs primary care mental health services for Pegasus Health (the largest GP provider).

(Toni and Shelly - Jess and Yvette work at MSD and are interested in ways we can better understand how we might be able to help people with mental health issues associated with housing)

I am sure that you are aware that housing has been a significant source of stress for Cantabrians. I thought that it would be useful to hear their thoughts on things that might help with this population.

Best wishes.

Ian

Ian Soosay
 Deputy Director Of Mental Health -
 Available Monday, Tuesday & Thursday in Auckland Office. In Wellington on Wednesdays
 Mental Health Protection
 Office of the Director of Mental Health
 Protection Regulation and Assurance
 Ministry of Health


<http://www.health.govt.nz>
mailto:Ian_Soosay@moh.govt.nz

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Friday, 27 October 2017 7:45 a.m.
To: Carolyn Gullery
Subject: Re: Mental health

Hi Carolyn, I agree.

Early days yet, at the moment I have been asked to put some thinking into it. The priority is the 100 day commitments from the new Government. After next week, when the Minister meets with the Ministry, we should have a better idea of where his next steps will be and the timing of those. And, our new Minister may have some preferences or ideas around this policy promises and the putting health clinics into all secondary schools etc etc.

I'll keep in touch,

Cheers

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

From: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
 To: Aroha_Metcalf <Aroha_Metcalf@moh.govt.nz>,
 Date: 27/10/2017 06:53 a.m.
 Subject: Mental health

Hi Aroha ,

Good to talk yesterday . I suggest a conversation with Canterbury DHB and David and my level and with clinical and logistic input from the relevant teams including CCN and SMHS would be important prior to providing advice to the Minister about mental health including in schools . His comments yesterday made it quite clear that he wants to see the relationship with CDHB improved and demonstrating partnership would be a great start.

Carolyn

Sent from my iPhone

Check out our web site: <http://www.cdhb.health.nz>

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Friday, 27 October 2017 7:52 a.m.
To: Toni Gutschlag; Carolyn Gullery
Cc: Bryan Spinks
Subject: Fw: Indicative Business Case for a Specialist Mental Health Services Facility in Christchurch
Attachments: Letter to Southern DHB 26.10.2017 - flattened.pdf

Good morning, as discussed on Tuesday

The invitation letters have gone out to the regional DHBs and the Chair of the South Island Alliance.

See below.

Cheers
 A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

----- Forwarded by Aroha Metcalf/MOH on 27/10/2017 07:48 a.m. -----

From: John Crawshaw/MOH
To: "Chris Fleming" <Chris.Fleming@southerndhb.govt.nz>,
Cc: louise.travers@southerndhb.govt.nz, brad.strong@southerndhb.govt.nz, Aroha Metcalf/MOH@MOH, Trish Smith/MOH@MOH
Date: 26/10/2017 10:10 p.m.
Subject: Indicative Business Case for a Specialist Mental Health Services Facility in Christchurch
Sent by: Merrin Webster

Please find attached a letter from the Ministry of Health alongside the Canterbury District Health Board inviting your representatives to participate in a regional meeting to complete a recommendation from the external clinical review of Canterbury DHB's Indicative Business Case for a Specialist Mental Health Services Facility in Christchurch.

Dr John Crawshaw
 Director of Mental Health, Chief Advisor
 Director of Addiction Services
 133 Molesworth St, Wellington 6011
 P O Box 5013, Wellington 6140

[REDACTED]
 Email: john_crawshaw@moh.govt.nz

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Office of the Director of Mental Health and Addiction Services
133 Molesworth Street
PO Box 5013
Wellington 6145
New Zealand

www.health.govt.nz

26 October 2017

Chris Fleming
Chief Executive
Southern District Health Board
Email: chris.fleming@southerndhb.govt.nz

Dear Chris

The Ministry of Health alongside the Canterbury District Health Board invites your representatives to participate in a regional meeting to complete a recommendation from the external clinical review of Canterbury DHB's Indicative Business Case for a Specialist Mental Health Services Facility in Christchurch. Its purpose is to achieve sign off of the future regional model of care for Youth inpatient, Mothers and Babies and Eating Disorders services. This is necessary to progress the facilities business case development as it will inform design parameters.

I would appreciate Louise Travers and Brad Strong attending as your representatives. I have also invited Heather Casey, Director of Nursing at Southern DHB to attend in her capacity as Acting Chair of the South Island Mental Health and Addictions Service Level Alliance.

The meeting will be held on 8 November 2017 in room 2.06 at the Ministry's Christchurch office at 48 Hereford Street from 9am – 12 noon. (Attendees will be able to videoconference in).

I have provided some background information over the page and Canterbury DHB will send some information, regarding the model of care within the Indicative Business Case for your information and confirmation in the next few days.

As the meeting seeks your endorsement and sign off of the future regional model of care for each of those services, it is important that you complete any discussions, negotiations or amendments that may be required with the relevant parties prior to the meeting.

The meeting will be facilitated by an independent person to be appointed by the Ministry. Please RSVP your attendance to Trish Smith, Senior Advisor at trish_smith@moh.govt.nz or call [REDACTED] if you have any queries.

Yours sincerely



Dr John Crawshaw
Director of Mental Health
Director of Addiction Services

cc: Louise Travers, Southern DHB, louise.travers@southerndhb.govt.nz
Brad Strong, Southern DHB, brad.strong@southerndhb.govt.nz

Background information

The Indicative Business Case (IBC) for a Specialist Mental Health Services Facility in Christchurch was approved by the Ministers of Health and Finance in September 2017. The facility, to be based at the Hillmorton Hospital campus, will accommodate the regional Youth, Mothers and Babies and Eating Disorders inpatient (and some outpatient) services.

The approval of the IBC included tasking the Canterbury Hospital Redevelopment Partnership Group with completion of the project, and that the detailed business case will complete any recommendations from the external clinical review of the IBC. The external clinical review was recommended by the Capital Investment Committee and conducted by Sue Wyeth and Gloria Johnson on 14 June 2017. Louise Travers and Brad Strong attended from your DHB.

Relevant to the purpose of the regional meeting, the review concluded that:

- The specialist mental health services need to be relocated from their current highly unsatisfactory facilities, and that Hillmorton Hospital is a suitable site.
- Staff and consumers from referring DHBs are satisfied with the current model of care, however confirmation of the future model of care is needed for the regional Youth inpatient, Mothers and Babies and Eating Disorders services to ensure that the facility progressed in the detailed business case is appropriate for future needs.

Kathleen Smitheram

From: Michael_Hundleby@moh.govt.nz
Sent: Sunday, 29 October 2017 12:59 p.m.
To: David Meates; Carolyn Gullery
Subject: 80 health professionals in Canterbury schools to address mental health need

Hello,

Aroha Metcalf has spoken to me about a conversation Carolyn you had with her about this new government initiative.

I think the suggestion you made Carolyn was for a meeting with the Ministry involving both David and you at your level, along with the relevant clinical and operational staff. The desired output of this meeting would be that we would be able to provide early advice to the Minister about implementation which both the Ministry and Canterbury DHB supported.

The Ministry of Health thinks this is a great idea.

Although this policy is not formally in the 100 day plan, we anticipate early action will be required on this initiative so are keen to get cracking on this. Perhaps you could suggest a meeting date and time (with an alternative) and attendees from the DHB. Even late this week would be good.

Cheers

Sent from IBM Verse

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Sharryn Sunbeam

From: Merrin_Webster@moh.govt.nz
Sent: Wednesday, 1 November 2017 2:42 p.m.
To: Carolyn Gullery; Greg Hamilton; John_Crawshaw@moh.govt.nz; Peri.Rennison@cdhb.health.nz; Toni Gutschlag; Trish_Smith@moh.govt.nz; bryan@proj-x.co.nz; john_hazeldine@moh.govt.nz; Mhairi_Mchugh@moh.govt.nz
Cc: Aroha_Metcalf@MOH.govt.nz
Subject: Summaries of moc and review processes for regional services at PMH
Attachments: Mothers and Babies Indicative Business Plan.docx; Eating Disorders - 11117.docx; Child and Youth Inpatient Unit.pdf

Good afternoon

As requested, I am circulating the attached documents to you in relation to the SMHS IBC Regional Meeting scheduled 9am Wednesday 8 November in Christchurch.

With kind regards, Merrin

Merrin Webster
 Executive Assistant
 Office of the Director of Mental Health and Addiction Services
 Protection Regulation and Assurance
 Ministry of Health
 [REDACTED]

<http://www.health.govt.nz>
mailto:Merrin_Webster@moh.govt.nz

----- Forwarded by Aroha Metcalf/MOH on 01/11/2017 01:53 p.m. -----

From: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>
To: "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz>,
Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, Alice Earnshaw-Morris <Alice.Earnshaw-Morris@cdhb.health.nz>, Sharryn Sunbeam <Sharryn.Sunbeam@cdhb.health.nz>
Date: 01/11/2017 10:54 a.m.
Subject: summaries of moc and review processes for regional services at PMH

Kia ora Aroha

Please find attached three attachments that outline the model of care and review processes for the three regional services. Can you please circulate to the invitees to the mental health facilities workshop next week?

These documents are service and model of care focussed and are in addition to the review mechanisms within and between DHBs that occur as part of the IDF process.

Kind Regards
 Toni

Check out our web site: <http://www.cdhb.health.nz>

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MOTHERS AND BABIES SERVICE

BACKGROUND:

Mental Health problems in pregnancy and around childbirth (Perinatal) are very common, affecting up to 20% of women at some point during the perinatal period. Examples of these illnesses include depression, postpartum psychosis, Bipolar Disorder, OCD, Anxiety.

They range in severity from mild to severe. Mild to moderate cases may be managed in primary care, but complex moderate and severe will require specialised treatment.

Perinatal mental health conditions often develop suddenly, and in the most severe cases such as post-partum psychosis present as a psychiatric emergency and require in-patient care. Where there are no mother and baby units, this may result in separation of mother and infant, causing great maternal distress, disruption of breastfeeding, and potentially lasting disruption to early bonding and attachment. The importance of this has been recognised internationally e.g. Scotland has enshrined in its Mental Health Act that a mother is entitled to in-patient care with her baby in a specialised mother and baby unit.

Treatment of a mother and baby together in a specialised unit is in keeping with the World Health Organisation Baby Friendly Hospital Initiative -a global effort to protect, support and promote breastfeeding.

Severe maternal mental illness carries an elevated risk of maternal and infant morbidity and mortality e.g. suicide is the leading cause of maternal death in New Zealand as reported repeatedly by the PMMRC (Perinatal Maternal Mortality Review Committee).

Perinatal mental health problems are of major importance as a public health issue as, in addition to the adverse impact on the mother, they compromise the healthy emotional, cognitive and even physical development of the infant who is highly vulnerable, with serious long term consequences such as increased risk of mental illness (Healthy Beginnings).

A UK study estimates that one mother and baby with perinatal depression will cost the equivalent of \$134,000 to society, with ¾ of that cost relating to the negative impact developmentally on the child, illustrating the importance of early intervention and treatment to avert further adverse outcomes. There is no reason to think that the risk and costs are any different in New Zealand - in fact we have a particularly vulnerable infant population with high rates of child poverty, and socioeconomic vulnerability is associated with increased rates of depression.

The goal of the Mother and Babies Service is to provide specialised treatment for complex moderate to severe maternal mental illness, to keep mothers and babies (and families) together, and in doing so to minimise adverse outcomes to the infant.

MODEL OF CARE:

The South Island Mothers & Babies Service is a specialist perinatal mental health service providing perinatal mental health care to the 5 DHBs of the South Island, incorporating inpatient and outpatient care, education, training and consult liaison, for the treatment of mothers who are pregnant or have babies up to 1 year old. We also provide consultation to mothers with an existing mental illness who are planning to become pregnant, and specialised consultation to other services e.g. Primary Care who are providing treatment for less severely

unwell mothers. The level of care is tailored to the mother, baby and whanau, and takes into account the local context. We are committed to improving accessibility to Maori families, and have successfully improved access rates over the last two years.

LOCAL (CANTERBURY)

- We provide specialist outpatient treatment and case management, providing a multidisciplinary approach targeting treatment of the mother's mental illness, while assessing the impact on her baby and other children in the family.
- We provide support and treatment with the mother/baby relationship where appropriate.
- For more severely unwell mothers or where there are acute risk issues or severely impaired bonding we provide a specialist 5.2-bed mother and baby inpatient unit where mothers can be admitted to have their illness treated while maintaining breastfeeding and their relationship with their baby in a safe specialised multidisciplinary setting as recommended in a number of international guidelines (NICE).
- All mothers with severe mental illness require a specialist mental health birth plan to ensure good quality care and good communication between teams.

REGIONAL (SOUTH ISLAND DISTRICTS)

The Mothers and Babies Service has a strong regional component:

- For unwell mothers across the South Island or where there are acute risk issues or severely impaired bonding, we provide a specialist 5.2-bed mother and baby inpatient unit where mothers can be admitted to have their illness treated while maintaining breastfeeding and their relationship with their baby in a safe specialised multidisciplinary setting as recommended in a number of international guidelines (NICE).
- An active 'outreach' service consisting of at least two visits a year for education and training to all the DHBs which are often attended by NGOs, midwives and other professions.
- Availability for consultation by phone or videoconference. For example, prescribing during pregnancy and breastfeeding is a medically specialist area, and our psychiatrists routinely receive queries from regional colleagues.
- We provide monthly videoconferences for all the districts, and have flexibility to provide extra if required e.g. we were providing monthly videoconferences with the Nelson Home Based Treatment team when they were carrying a heavy mother and baby case load. These usually involve clinical case discussion but have also involved training on specific topics e.g. health anxiety in mothers.
- Video or telephone conferencing are routinely part of admission planning.
- Skype facilities have been obtained for the ward to allow regional mothers and babies to maintain access with their families.

- At a minimum there is weekly contact with families, and there are some limited facilities for family to stay on the ward for both regional and local admissions.
- Each DHB has 1-2 local District Liaison Clinicians who are the main contact point with Mothers and Babies, acting as a local point of expertise, facilitating communication with Mothers and Babies, disseminating information/training provided by Mothers and Babies etc.
- Invite experts to provide specialised training e.g. Hosting Neonatal Behaviour.
- Observation Scale training 2016, and inviting South Island clinicians.
- Input and support with e.g. local access pathway development.
- The PMMRC recommends that pregnant mothers with a severe mental illness should have a specialist consultation regarding treatment plans and medication around pregnancy. This is provided to district DHBs, usually by phone or written advice, following referral by GP or Mental Health Service.

Thus we operate a hub and spoke model, with the Mothers and Babies Service acting as a centre of expertise, providing treatment, supervision, clinical consultation and input into workforce development in perinatal care in the South Island. The ultimate goal is that every mother with severe mental health problems in the South island has access to appropriate specialised care.

REFERRALS:

- Local referrals are via GPs, medical staff at Christchurch Women's Hospital/Christchurch Public Hospital, other mental health services or Plunket Postnatal Adjustment Programme.
- Regional referrals are from the district mental health teams, and are triaged for consultation only or admission. The issues considered are severity of illness and mother infant relationship issues, family support, any risk for mother being away from e.g. older children, and availability of local services. For many mothers with severe and complex illnesses, particularly in rural areas, there is an absence of appropriate specialised care locally.
- Referrals are triaged according to severity of illness, risk factors, and where treatment in primary care is insufficient or unsuccessful. Acute admissions to the inpatient unit are usually via Crisis Resolution or the outpatient team.
- When regional patients are admitted 1-2 weekly phone/video conferences are held, and weekly review sheets are sent to the district case manager (including any other significant agencies involved). At a minimum, weekly contact with family occurs, either face to face or by telephone, and there is facility for family members to stay on the ward in some circumstances for both regional and local families. Involvement of the family/whanau is a crucial part of the treatment plan for both local and regional patients. Discharge usually only takes place after a gradual process of extended leaves at home.

Workforce Development is a primary focus of Mothers and Babies. Multidisciplinary teams, are vital for perinatal mental health and must be able to offer appropriate treatment with an understanding of the particular challenges and opportunities that occur at this time in a woman's life, and the impact of this on her mental and physical health.

- Supervision is provided to local teams e.g. PNAPP (Plunket Post Natal Adjustment Programme), and district Mother and Baby liaison clinicians on an as required basis via videoconference. Supervision is also provided to districts on a case by case basis e.g. PNAPP Timaru, and individual clinicians.
- Locally we run 1-2 yearly workshops e.g. this year held a national 2 day workshop on perinatal and infant psychiatry in support of International Maternal Mental Health Day attended by delegates from many professions from around NZ.
- We regularly contribute to a wide range of professional trainings e.g. undergraduate midwifery and Psychiatric registrar training, and are a popular service for trainees, including psychology interns, nurses, psychiatric registrars, medical students and social workers.
- We have a strong academic focus e.g. staff are conveners and organisers for two undergraduate Otago university papers on Perinatal Psychiatry and Infant Mental Health.
- Mothers and Babies routinely is asked to contribute to a wide variety of conferences and workshops e.g. the upcoming Paediatric society workshop on infant safeguarding. In addition to the routine regional workshops that we offer, we have also contributed to additional workshops on a case by case local needs basis e.g. obstetric services in Dunedin.
- An annual training day for district liaison clinicians has been offered, but proved impractical as there were issues in funding from the local districts to enable attendance.

Linkages and interfaces with the many agencies involved around the care of a pregnant and postpartum woman, infant and family is crucial area of our work:

- Clinical e.g. Obstetrics, Lead Maternity Carers, and Paediatrics and Primary care e.g. GPs.
- Other mental health services including Crisis Resolution, Adult and Youth Mental Health Services, Well Child Services, e.g. Plunket and others such as Postnatal Adjustment Programme, Early Intervention Services e.g. Early Start, Waipuna.
- Child protection agencies e.g. Oranga Tamariki.
- District DHBs clinicians and services e.g. interfaces with district liaison clinicians, mental health case managers, psychiatrists, primary care including GPs, and local child focused services.
- National linkages e.g. telephone conferences with other perinatal psychiatrists are held once per month, and as required telephone conferences with the only other MB IP unit based in Starship hospital.

- Representation on national groups e.g. PMMRC, and on a current working group looking at setting up a national maternal and infant mental health network.

FORMAL SOUTH ISLAND REVIEW.

- On each biannual visit to each DHB, all attendees are asked to fill in feedback forms as to the content and relevance and quality of the teaching/training, and to what topics they would like covered in the future, to ensure we are meeting their needs. The feedback is extremely positive, and a wide variety of topics suggested, which are
- Incorporated into the planning programme.
- One-two yearly meetings have been held with DHB liaison staff via video or face to face to plan the year. We have been piloting meeting with Southland on an annual individual basis to review their needs, which has been helpful, and plan to offer this to all districts in future.
- Our service activity is routinely included in the South Island Mental Health Alliance Workplan and monitored accordingly, our service leaders attend annual face to face meetings with the alliance.
- Contact with the DHB liaison people varies, is approximately x 1/month depending on need. Please see attached sheet for contact details.

The current model of care for the Mothers and Babies Service is consistent with Best Practice recommendations nationally and internationally.

- In the UK perinatal mental health care has been highlighted as a focus in the 'Five Year Forward View for Mental Health' requires that all women should have better access to perinatal mental health care by 2020/21, including specialised out-patient consultation and treatment, and access to Mother and baby in-patient care. Access to specialised inpatient and outpatient care is recommended in NICE and SIGN guidelines.
- In New Zealand similar recommendations have been made in Health Beginnings and by the PMMRC. A 3 bedded Mothers and Babies unit has been opened in Auckland as part of a continuum of care, driven by these recommendations.
- Our model of care is consistent with the goals and ideals of the Supporting Parents/Healthy Children initiative (formerly COPMIA: Children of parents with mental illnesses) and addressing some of the vulnerabilities of the many children living in poverty in New Zealand.

We review and refine our model of care on a regular basis through feedback and internal review:

- Through consultations with interfacing services and their needs e.g. districts and local. An example of this is our recent instigation of phone consultation for all mothers and babies seen by our local Crisis resolution team.
- In the bigger picture ,we have and are undertaking research and audit into outcomes for our services (e.g. an audit of the vulnerability factors for infants of mothers admitted to the ward which most infants had multiple vulnerabilities), and are

constantly looking for ways to improve our input into our mothers, babies and whanau.

- Feedback provided via the South Island Mental Health Alliance.

Issues, challenges and directions for the future

- The districts vary in their expertise in perinatal psychiatry, and where they are on the continuum of workforce development. It is definitely an area where increased knowledge brings an increased awareness of risk. Over the years we are noting an increasing frequency in the consultations requested of our service by the regions, commensurate with increased knowledge and awareness.
- Our service delivery to the regions is always being refined - e.g. increased use of telephone conferencing, skypeing for families etc. to make our service as user friendly as possible for regional patients and families, as we are aware being away from home supports and family is very challenging.
- Infant mental health services are only available in the West Coast DHB, meaning that for all other areas there is no appropriate services to refer infants with identified issues to.
- The South island of New Zealand is largely rural, with many families having very little access to services of any kind. Delivering the services that are required for unwell mothers in a safe and effective way is resource intensive.
- Inpatient care is a crucial part of the continuum of care. However currently our model of care admits mothers in the post partum only, with babies up to 1 year old. In future we think it would be clinically appropriate to be able to admit mothers before their babies are born e.g. third trimester of pregnancy onward. This would ensure safer and smoother care for mothers with severe mental illness and avoid fragmentation of care with multiple treatment teams.
- There is a lack of mother and baby respite available in Canterbury, and, we believe in the other districts of the South Island, resulting in a gap in the continuum of care. However it is important to emphasise that respite care is required in addition to the inpatient care already available for mothers with severe illness, and is not an alternative.
- Infancy is the most vulnerable stage of human development, and is widely recognised to be so for the first 3 years of life. The ability to provide inpatient care for mothers with toddlers would be very protective for all the arguments outlined earlier for younger infants. A number of units in Australia e.g. Helen Mayo House in Adelaide are already addressing this. This should be considered when facility planning as the ward would require to be "toddler proof".
- Family involvement is crucial 'family stay' accommodation on the ward would allow older children as well as adult members of the family to visit their mothers and sibling in a more home like setting.

DISTRICT LIAISON CLINICIANS AND CONTACTS:

| | |
|---------------------|---------------------------------------|
| <u>Timaru</u> | Sarah Hendry-Davies |
| <u>Dunedin</u> | Justine Dahlenburg and Julie Coverson |
| <u>Invercargill</u> | Yvonne Alderson and Kathy Corcoran |
| <u>Blenheim</u> | Debbie Harris |
| <u>Nelson</u> | Deb Moore |
| <u>Greymouth</u> | Robyn Aitken |

May have video link to Westport and Hokitika

| | |
|-----------------|---------------|
| <u>Hokitika</u> | Nola Rochford |
| <u>Westport</u> | Loraine Elley |

BIBLIOGRAPHY:

Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand
MOH 2012

Child poverty and mental health: A literature review CPAG 2017

Antenatal and postnatal mental health: clinical management and service guidance NICE
2017

SIGN 127 • Management of perinatal mood disorders

Eleventh Annual Report of the Perinatal and Maternal Mortality Review Committee 2017

NHS 5 year forward review

SOUTH ISLAND EATING DISORDERS SERVICE

BACKGROUND

Eating Disorders are a group of severe psychiatric illnesses that have both psychological and medical symptoms. They affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses. The cost of untreated eating disorders is significant with a UK study finding the burden to the country is approximately 15 billion pounds per year.

The South Island Eating Disorders Service (SIEDS) is the tertiary level provider of eating disorders treatment for the five DHBs in the South Island. As per the guidelines in "Future Directions for Eating Disorders" (Ministry of Health, 2008) we provide specialist inpatient beds for the South Island alongside specialist outpatient treatment, training, supervision and consultation. This service takes into account the needs of consumers and their family/whanau across the age span whilst working at each level of the health care sector, i.e., primary and secondary care. Treatment is informed by international best practice guidelines including those from the Royal College of Australian and New Zealand Psychiatrists (2014).

MODEL OF CARE

The South Island Eating Disorder Service operates in both a local (Canterbury DHB) and a regional (South Island wide) context. We have a major focus on a sustainable workforce throughout the South Island providing a high standard of care. Research suggests that the majority of Eating Disorders can be treated on an outpatient basis. To this end all South Island districts have been trained in evidenced based treatment modalities. The exception to this workforce plan is for the treatment of binge eating disorder with ongoing work required to improve provision.

The evidence for anorexia nervosa is the earlier the illness is detected and treated the more chance the young person has of a full recovery. Given this evidence the South Island has had a particular focus on ensuring each district's capacity in the treatment of this illness, known as Maudsley Family Based Therapy (MFBT).

REGIONAL SOUTH ISLAND DISTRICTS PROVISION

Each district has an Eating Disorders Liaison (EDL) person who manages eating disorders cases in their area. This may mean she is treating cases but also provides the vital role of liaison between the services including co-ordinating telemedicine, training dates, and information about referral pathways. The range of roles and responsibilities of this person are outlined in the SIEDS Service Provision Framework. The CDHB regional service includes an 0.5FTE regional liaison person whose role it is to co-ordinate the training and supervision across all the South Island. Each EDL local district person attends monthly telemedicine conferences and has contact as needed with the SIEDS regional liaison person between these conferences.

To ensure a workforce that has capability and capacity the regional service supports South Island DHBs by:

- Monthly telemedicine

- Twice a year site visits to provide teaching and consultation. As well as for health professionals these events are often attended by NGOs and other professions, for example, school counsellors
- Telephone support as required in between telemedicine
- As Eating Disorders have a significant physical component additional telephone support is provided as required by our medical staff to GPs, psychiatrists, paediatric and general medicine clinicians.
- An additional annual training session offered in MFBT - based in Christchurch with attendees from all South Island districts and additional attendees from the North Island if there are enough spaces available.
- Monthly supervision by telemedicine of MFBT trained clinicians
- Access to international speakers organised by SIEDS
- Access to resources to assist with local teaching on early intervention, detection
- Input and support with, for example, local pathway development

Referrals from the districts are made direct to the service. Decisions about access to the inpatient beds are based on acuity. If urgent the liaison person will ring our Consultant Psychiatrist to receive immediate advice and, if a bed is available, the person may immediately be admitted to the unit if medically stable enough to be transferred. If there is no bed available the person will be placed on our inpatient waiting list and will take the next available bed.

The waiting list is reviewed weekly on a Monday and all case managers are contacted and updated on the position of their patient. The waiting time is dependent on the turnover of beds – usually a few weeks if non urgent.

Non-urgent cases will be discussed at the telemedicine session. It may be decided that the person still requires a planned inpatient stay. If there are patients of the same acuity the priority is given to the District patient rather than the local Canterbury patient. The SIEDs Charge Nurse Manager contacts the local liaison person to arrange admission.

In the case of those 18 and under the treatment is family based. The family accompanies the young person and works with the team to gain further skills in helping their loved one. Discussion will be held with the local team on progress in inpatients and what support if any they need to continue to work with the consumer and their family/whanau when they return home. The case will be followed up in telemedicine or more frequently if the local clinician requires more support.

LOCAL (CANTERBURY) PROVISION

For Canterbury residents we provide a specialist outpatient service. The vast majority of cases are initially treated in outpatients, and are regularly reviewed by the multidisciplinary team. This includes access to a General Medicine Physician and a specialist Paediatrician. Much like the other DHBs if a case is failing to make gains in outpatients the possibility of an inpatient stay will be discussed with the consumer and their family/whanau. Consumers will be placed on the inpatient waiting list. The benefit for Canterbury consumers is that they will have the same treatment team from outpatients to inpatients ensuring consistency of care.

Cases from Canterbury are predominantly referred by GPs. Other referrers include Paediatrics, and Child and Family services (CAF) and adult services. The referrals from CAF and Adult Mental Health services tend to be for those clients where the eating disorder is

not the primary presenting problem, for example, in the case of borderline personality disorder and our role is to provide consultation into those services. Those under 12 with eating disorders are treated within CAF services and are supported by monthly supervision and any extra supervision as required.

The same CDHB Eating Disorders Liaison nurse provides support and education to Canterbury as a district, and provides assistance with pathways development. Agencies include:

- Emergency departments
- Paediatrics
- General medicine
- Oranga Tamariki
- Schools
- Primary care
- Corrections facilities
- NGOS

RESEARCH PARTNERSHIPS

SIEDS evaluates the treatment it offers with pre and post treatment psychometrics. SIEDS has built research partnerships with the University of Canterbury and the University of Otago and is completing research on the cost of eating disorders, the effectiveness of group treatment for binge eating disorder, and an open treatment trial on “Metacognitive therapy for Anorexia nervosa”.

REVIEW PROCESSES

South Island Review

SIEDS has provided regular feedback to the South Island Alliance including meeting goals directed by this group.

A goal in 2014 involved an audit of SIEDS inpatient adolescent beds for the South Island. The results of the audit showed that the adolescent inpatient beds were being used as intended for only the most complex of young people. The South Island workforce has capacity and capability to treat those with less complex needs in their own area.

Currently SIEDS attends an annual face to face meeting to answer any questions the Alliance may have about service provision.

SIEDS has an annual planning day to review its service provision. The district liaison roles are asked if they have any feedback about the service to go to the planning day.

Each year every DHB is asked what its training needs are for the coming year and to see if there are any issues of concern. From the DHB feedback SIEDS reviews what training it will provide for the next year.

In the Canterbury District SIEDS has been part of the Health Pathways Initiative developing referral pathways across the healthcare sector. In 2017 SIEDS has reviewed these pathways making changes based on feedback from our primary care colleagues, and in conjunction with our Paediatric colleagues.

As we are providing training, supervision and consultation to our South Island colleagues we are constantly evaluating the service and the requirements of those receiving

treatment. For example, in response to Te Rau Hinengaro the service has been working to improve its access for Maori.

Further the service saw a need for the development of treatment for Binge Eating Disorder. We have developed a pathway for this illness over the last three years in the Canterbury District.

National Review

The Eating Disorders sector meets annually at a National Forum. As part of the national forum the Clinical Head of SIEDs talks to each DHB to clarify what the success and challenges have been for the year. This information is then presented to the national forum for discussion and feedback from our national colleagues. Representatives from the South Island DHBs attend the National forum and have the opportunity to get a National perspective on Eating Disorders provision.

SIEDs has met with representatives of the Northern Region to help them review their model of care. The Northern region has brought their model of care in line with SIEDs and are using our service provision framework.

International Review

SIEDs was reviewed by Cynthia Bulik (Distinguished Professor of Eating Disorders and Founding Director of the UNC Centre of Excellence for Eating Disorders; Professor of Nutrition, Gillings School of Global Public Health; and Associate Director, UNC Centre for Psychiatric Genomics) in 2010. Her recommendations were shared with the South Island and have for the most part been implemented.

Her recommendation that the inpatient management of those under 13 be held by SIEDs continues to be a "work in progress" with the Regional Child and Family Inpatient unit. In our new facilities build we would aim to have a pod that is capable of housing children as well as adolescents.

The Clinical Head, SIEDs has sat on the Australian and NZ Academy of Eating Disorders Board over the past five years with her term coming to an end this year. This position has meant she has been able to have discussion around models of care with Australasian Colleagues. The NZ hub and spoke model is well regarded internationally and has been adopted in South Australia. The Clinical Head has also met with representatives of the Victorian Ministry of Health to discuss the SIEDs model of care, and also has had conversations with English and Irish health boards who were looking to implement this model of care.

WORKFORCE DEVELOPMENT

In order to continue to have a sustainable workforce training needs are examined annually due to the attrition associated with movement through services, parental leave and an aging workforce.

The training attempts to meet the needs of clinicians with both introductory and advanced level requirements across multiple sectors and taking into account clinicians working across the developmental age span. For those with advanced training SIEDs uses its own expertise but also partners with its Australasian colleagues to share the cost of bringing international experts to New Zealand. In 2016 SIEDs hosted the Australian and NZ

Academy for Eating Disorders Annual Conference to further develop the workforce of the South Island but also showcase local clinician's expertise to an international audience.

SIEDS has developed to respond flexibly to the needs of each district based on its workforce status at that point in time, for example, South Canterbury had a highly skilled workforce in its CAMHS team consisting of three clinicians, however, one clinician is moving overseas and another has just gone on parental leave. SIEDS is working with this district to support the remaining clinician to develop others into those specialist roles.

ISSUES, CHALLENGES AND DIRECTIONS FOR THE FUTURE

Our current model of care is consistent with best practice recommendations nationally and internationally. However SIEDS is constantly working with its South Island partners to review, refine, and improve its care to consumers and their family/whanau.

WORKFORCE DEVELOPMENT

Since the introduction of the "hub" and "spoke" model at least a decade ago there has been a burgeoning in the research on workforce development including "implementation science". SIEDS in its future planning will be informed by this science to ensure we continue to have a sustainable highly skilled work force. SIEDS is hosting the National Forum for Eating Disorders this year and have incorporated the mental health workforce centres into the agenda to present on the latest research in this field. We will then have a discussion with our South Island partners as to how we can progress these recommendations.

Improved Use of Telemedicine

Following feedback from the regions we have started to use telemedicine more prior to admission to the inpatient unit. We will continue to build on this use of telemedicine to make it a routine part of admission.

Inpatient Treatment of Those Under 13

A new facility will enable SIEDS to best incorporate a pod that is appropriate for children. This will enable SIEDs to complete the final recommendation from Professors Bulik's substantive review

Binge Eating Disorder

SIEDs has developed a treatment pathway for Binge Eating Disorder. There is patchy provision of treatment available across the South Island for this illness. SIEDs will work with its South Island partners to clarify how to best progress the development of this treatment pathway across the South Island.

APPENDIX**South Island Eating Disorder Liaison clinicians**

Robyn Atkinson (West Coast)

Deb Moore (Nelson)

Katrina Flynn (Blenheim)

Jackie Keen (Timaru; CAMHS); Natasha Van Leeuwen (Timaru; Adults)

Michelle Moore (Dunedin)

Dianne Valette/ Craig Colhoun (Invercargill)

Elaine Franks (Canterbury)

South Island Representatives to the National Forum for Eating Disorders

Chris Munro (Service Manager; Southern DHB)

Trudy Dent (Southern Support EDS; Southern DHB Primary Health)

Deb Moore (Nelson Marlborough DHB)

Jane Kinsey (General Manager; Nelson Marlborough DHB)

Model of Care – CAF Inpatient Unit

The CAF Inpatient Unit provides developmentally appropriate psychiatric care to children and adolescents living in the South Island who present with acute complex and/or severe mental health difficulties. The unit utilises developmentally appropriate clinical interventions with a suitable environment and programme. The CAF Inpatient Unit does not run a programme solely for school return, however return to school can be part of the overall Treatment Plan and goals. The principle of least restrictive care will apply to all admissions whenever possible. Services are delivered in a culturally appropriate manner and involves family/whanau at treatment planning and discharging.

Long-term hospitalisation is actively avoided.

Admission to the Inpatient Unit is only done when clinical care by a community team is not viable or where a short period of intensive inpatient care is expected to lead to significant benefits. It is not driven by social, financial and/or accommodation and other non-psychiatric issues.

While the Inpatient Unit does provide crisis admissions to young people living in Canterbury, it does not provide such facility for young people living outside Canterbury. It is expected that such crisis admissions would happen locally in their respective District.

Regional admissions are usually done on a planned basis following discussion between the Inpatient Unit Lead Clinician or a delegate SMO and an SMO from the referring District. Where that is not possible a regional admission would require information to come with the admission request. In particular a letter detailing clinical background and goals for admission and other information such as contact details and people involved such as other agencies and schools.

Regional requests for admission have an equal priority to local requests from Canterbury with the exception of crisis admissions. Where there is no available bed at the Inpatient Unit it is expected that the referring district will make local arrangements for the young person to be admitted, until a bed is available in Christchurch.

It is expected that clinicians from the referring district are regularly involved in clinical reviews, either in person or teleconference and the same applies for discharge planning. That may include visits by clinicians from the referring district. Family involvement is seen as essential and provisions are made to make it possible for families to visit as frequently as possible or with support from CDHB.

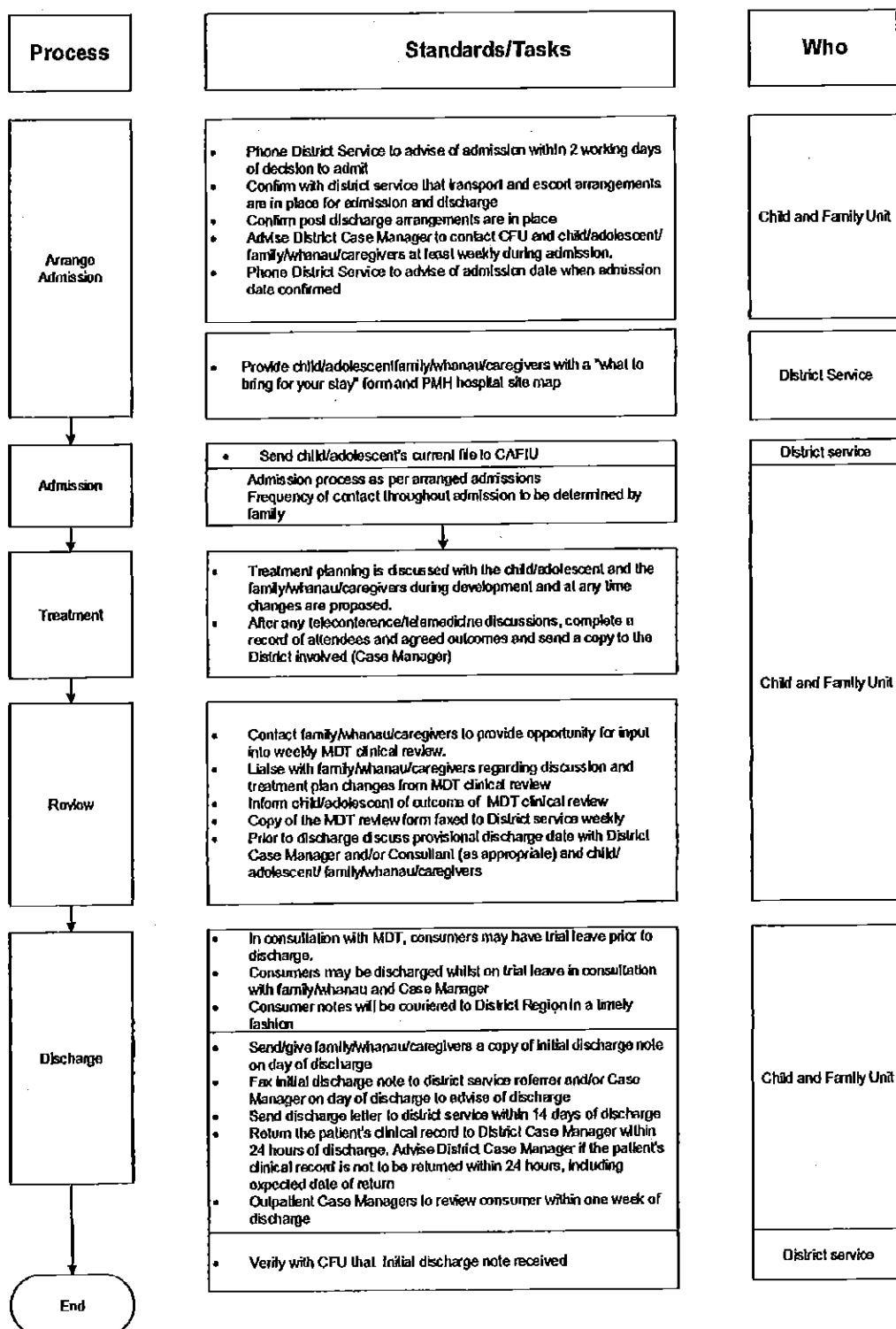
The current model of care is the product of an extensive review that occurred in 2012, the implementation of which started in 2013. The implementation process was staggered over a period of two years. The complete model has been in operation since 2015. No formal review has occurred to date, but it is anticipated that the model will be reviewed in 2018.

There are formal review of processes led by the South Island Alliance, whereby feedback is sought by the alliance from the referring districts and discussions are arranged to address any concerns or suggestions for improvement. We usually request feedback from the referring districts on a regular basis.

Enclosed is a detailed process map extracted from the Inpatient Unit's SPF.

| | |
|--|-----------------------------|
| Specialist Mental Health Services Canterbury DHB | Issue Date: 19 August 1999 |
| Child, Adolescent and Family Inpatient Unit Service Provision Framework | Date Reviewed: October 2016 |

Child and Family Inpatient Unit (CAFIU) District Services Admissions



Section Three: Interfaces

Sharryn Sunbeam

From: Toni Gutschlag
Sent: Wednesday, 1 November 2017 5:31 p.m.
To: Aroha_Metcalf@MOH.govt.nz
Cc: Peri Renison
Subject: RE: Summaries of moc and review processes for regional services at PMH

Hi Aroha

I note Peri's name is spelt incorrectly, I've cc'ed her in for your convenience.

regards

toni

From: Aroha_Metcalf@MOH.govt.nz [Aroha_Metcalf@MOH.govt.nz]
Sent: Wednesday, 1 November 2017 2:50 p.m.
To: Merrin_Webster@moh.govt.nz
Cc: bryan@proj-x.co.nz; Carolyn Gullery; Greg Hamilton; John_Crawshaw@moh.govt.nz;
john_hazeldine@moh.govt.nz; Mhairi_Mchugh@moh.govt.nz; Peri.Rennison@cdhb.health.nz; Toni Gutschlag;
Trish_Smith@moh.govt.nz
Subject: Re: Summaries of moc and review processes for regional services at PMH

Hi Merrin, the attachments need to go to the South Island regional DHB people who have been invited to the meeting. The Canterbury DHB people already have them.

cheers

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
Ministry of Health | [REDACTED]

From: Merrin Webster/MOH
To: Carolyn.Gullery@cdhb.health.nz, Greg.Hamilton@cdhb.health.nz, John.Crawshaw/MOH@MOH, Peri.Rennison@cdhb.health.nz,
Toni.Gutschlag@cdhb.health.nz, Trish.Smith/MOH@MOH, bryan@proj-x.co.nz, John.Hazeldine/MOH@MOH, Mhairi.Mchugh/MOH@MOH,
Cc: Aroha.Metcalf/MOH@MOH
Date: 01/11/2017 02:41 p.m.
Subject: Summaries of moc and review processes for regional services at PMH

Good afternoon

As requested, I am circulating the attached documents to you in relation to the SMHS IBC Regional Meeting scheduled 9am Wednesday 8 November in Christchurch.

With kind regards, Merrin

Merrin Webster
Executive Assistant
Office of the Director of Mental Health and Addiction Services
Protection Regulation and Assurance
Ministry of Health

<http://www.health.govt.nz>
mailto:Merrin_Webster@moh.govt.nz

----- Forwarded by Aroha Metcalf/MOH on 01/11/2017 01:53 p.m. -----

From: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>
 To: "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz>,
 Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, Alice Earnshaw-Morris <Alice.Earnshaw-Morris@cdhb.health.nz>, Sharryn Sunbeam <Sharryn.Sunbeam@cdhb.health.nz>
 Date: 01/11/2017 10:54 a.m.
 Subject: summaries of moc and review processes for regional services at PMH

Kia ora Aroha

Please find attached three attachments that outline the model of care and review processes for the three regional services. Can you please circulate to the invitees to the mental health facilities workshop next week?

These documents are service and model of care focussed and are in addition to the review mechanisms within and between DHBs that occur as part of the IDF process.

Kind Regards
 Toni

Check out our web site: <http://www.cdhb.health.nz>

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***** [attachment "Mothers and Babies Indicative Business Plan.docx" deleted by Aroha Metcalf/MOH]
 [attachment "Eating Disorders - 11117.docx" deleted by Aroha Metcalf/MOH] [attachment "Child and Youth Inpatient Unit.pdf" deleted by Aroha Metcalf/MOH]

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Kathleen Smitheram

From: Carolyn Gullery
Sent: Tuesday, 21 November 2017 8:38 a.m.
To: Michael_Hundleby@moh.govt.nz
Cc: David Meates; coralanne.child@education.govt.nz; vince.barry@pegasus.health.nz; tony.gutschlag@cdhb.health.nz; peri.renson@cdhb.health.nz; Greg Hamilton; Aroha_Metcalf@MOH.govt.nz; John_Crawshaw@moh.govt.nz; Emma_Quealey@moh.govt.nz
Subject: Re: School survey

Good news

Sent from my iPhone

On 21/11/2017, at 7:11 AM, "Michael_Hundleby@moh.govt.nz" <Michael_Hundleby@moh.govt.nz> wrote:

Good morning,

Good news. At a meeting yesterday, the Minister agreed to the survey of mental health services currently provided within schools proceeding before Christmas.

Coralanne, shortly Aroha,(who is on leave today), will be in contact about the content of the survey.

Regards,

Michael

 **

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Sharryn Sunbeam

From: Merrin_Webster@moh.govt.nz on behalf of John_Crawshaw@moh.govt.nz
Sent: Wednesday, 21 February 2018 11:14 a.m.
To: Toni Gutschlag
Subject: Correspondence re: meeting Friday 9 February
Attachments: 21022018110253-0001.pdf

Regards,
John

Dr John Crawshaw
Director of Mental Health, Chief Advisor
Director of Addiction Services
133 Molesworth St, Wellington 6011
P O Box 5013, Wellington 6140


Email: john_crawshaw@moh.govt.nz

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**Office of the Director of Mental Health and Addiction Services
Protection Regulation and Assurance**

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New Zealand

www.health.govt.nz

21 February 2018

Toni Gutschlag
General Manager
Mental Health Services
Canterbury District Health Board

toni.gutschlag@cdhb.health.nz

Dear Toni

Many thanks to you and your team for meeting with Aroha Metcalf and me on Friday 9 February.

It was good to hear that although the Christmas period proved challenging for your service due to staff leave and high demand, some of the strategies put in place are providing some relief. Initiatives we heard about include a volunteer system for staff to do extra shifts, and the 53 new entry nurses, social workers and occupational therapists who began their careers with your service in late January. We heard these new staff are being actively supported by the development of nurse coaching roles. Your lower nursing vacancy rate (12 FTE) is a positive result.

We understand demand continues to rise in your child, adolescent and family and crisis resolution services, and there is high occupancy as a result in your acute services. We understand Planning and Funding are investigating ways in which the NGO community can further support the specialist services. In light of this, we are interested to continue our conversation regarding the number of beds needed for your catchment area.

I was concerned to hear from your team about the fragility of the 16 bed Te Whare Manaaki building that houses your regional forensic inpatient service. They advised the building has some serious viability issues to do with loose window frames, faulty magnetic locks, and heating and cooling system issues. Concern was expressed that this building could fail. I know you will share this concern and will have a risk management plan for this building and timeframes to remedy its issues. I would very much like to take a look at those plans – please could you arrange to have copies sent to me.

It was good to catch up on the positive changes being made and I am assured that your teams are facing up to the challenges in the best possible way.

I have asked Aroha Metcalf to organise our next catch up meeting for around a months' time.

Yours sincerely

A handwritten signature in black ink, consisting of several sharp, upward-pointing strokes followed by a horizontal line.

John Crawshaw
Director
Mental Health and Addiction Services

Sharryn Sunbeam

From: Trish_Smith@moh.govt.nz
Sent: Wednesday, 28 February 2018 3:53 p.m.
To: Alice Earnshaw-Morris; Toni Gutschlag
Cc: John_Crawshaw@moh.govt.nz; Colin_Hamlin@moh.govt.nz; Mhairi_Mchugh@moh.govt.nz; Bryan Spinks; Antony Manners
Subject: Re: CDHB SMHS DBC Meeting with Oranga Tamariki

Hi Alice and Toni,

Thanks again for coming together with the MOH and Oranga Tamariki representatives on the 14 February.

Following conversations with John and Colin on the high level questions you may wish to discuss with Oranga Tamariki while working on your DBC, we recommend including discussions on:

- What Oranga Tamariki's future plans for Child Protection services are. If their target operating models remain the same, Oranga Tamariki indicated they will not move more people to the South Island in the future. Therefore can the SMHS facility planners assume they will not need to change the bed numbers for this reason?

- Nationally MOH are working with Oranga Tamariki around care for highly complex individuals. Therefore in the short to medium term it is recommended for the SMHS facility planners to look at increased lengths of stay for this client group and flexibility to provide care, as you currently do.

If you haven't already, I understand that you intend to contact Vasantha Krishnan from Oranga Tamariki and Audrey Bancroft who proposed the high level questions. Let me know if I can assist you, if you have any challenges getting in contact with them.

Kind regards
 Trish

Trish Smith

Senior Advisor | DHB Funding & Capital | System Outcomes | Service Commissioning | Ministry of Health



From: Trish Smith/MOH
To: Alice Earnshaw-Morris <Alice.Earnshaw-Morris@cdhb.health.nz>
Cc: Colin Hamlin/MOH@MOH, Mhairi Mchugh/MOH@MOH
Date: 15/02/2018 09:35 a.m.
Subject: Re: CDHB SMHS DBC Meeting with Oranga Tamariki

Hi Alice,

Likewise thanks for your time and yes it's a shame when technology doesn't work for us.

Colin and I have arranged a meeting with John Crawshaw for next Monday afternoon, to update him with yesterday's discussion and I will add that Audrey Bancroft at Oranga Tamariki asked for high level questions in regarding the facility build's DBC.

The contact for you at Oranga Tamariki that was written down for me is Vasantha Krishnan, General Manager,

Evidence and Investment.

Audrey advised she would be able to help with data and analytics. Her contact details are:
vasantha.krishnan@mvcot.govt.nz

I'll be in touch after our meeting on Monday afternoon, otherwise feel free to get in touch before hand if you have any other queries.

Kind regards
Trish

Trish Smith

Senior Advisor | DHB Funding & Capital | System Outcomes | Service Commissioning | Ministry of Health



From: Alice Earnshaw-Morris <Alice.Earnshaw-Morris@cdhb.health.nz>
To: "Trish_Smith@moh.govt.nz" <Trish_Smith@moh.govt.nz>,
Date: 15/02/2018 09:01 a.m.
Subject: CDHB SMHS DBC

Hi Trish,

Thank you for your time yesterday – I do wish we could find an easier way of communicating in the future, VCs are just not kind to us!

Following on from the discussion yesterday, we continued talking and agreed that it would be beneficial to find out from the MoH's point of view what they think the important high level questions are, that we need to cover with MVCOT for the purposes of the DBC. We have our own ideas about what we would need to discuss with them, but to ensure that we cover everything in the DBC that the MoH need to know for this portion we would like to get the Ministry's high level questions.

We are hoping to speak to MVCOT next week – providing they let us know who their contact people are. So we would appreciate some guidance from the MoH before then.

Thanks for any help you can provide ☺

Alice

Alice Earnshaw-Morris

*Project Specialist
Older Person's Health
Planning and Funding
Corporate Office
Level 2, 32 Oxford Terrace*

Kathleen Smitheram

From: Clare Shepherd
Sent: Wednesday, 7 February 2018 2:06 p.m.
To: 'aroha_metcalf@moh.govt.nz'
Subject: Leading Lights

Kia ora ano Aroha

Can I just clarify a point you made this morning – that there is money identified for Leading Lights development.
Is that MoH money?

Sorry – I should have asked at the time.

Ngā mihi

Clare

Clare Shepherd
Project Specialist
Planning and Funding
Canterbury District Health Board


Kathleen Smitheram

From: Clare Shepherd
Sent: Wednesday, 7 February 2018 2:57 p.m.
To: 'Aroha_Metcalf@MOH.govt.nz'
Subject: RE: Leading Lights

Oh – OK. Thank you for clarifying.

I checked with Greg that you will get a copy of what is sent but didn't confirm who the information will be sent to in Wellington. Apologies.

He's not here right now but I will get that information and come back to you.

Clare

From: Aroha_Metcalf@MOH.govt.nz [mailto:Aroha_Metcalf@MOH.govt.nz]
Sent: Wednesday, 7 February 2018 2:33 p.m.
To: Clare Shepherd <Clare.Shepherd@cdhb.health.nz>
Subject: Re: Leading Lights

Kia ora Clare, it is a little complicated. At this time there is no money for this initiative or any other as there is Government processes to secure funding that we are actively working through.

The usual Government process is for agencies to prepare bids for consideration in the coming years budget. The mental health bid, that is being drafted for Government consideration, includes some high level figures of the cost of the initiatives, and some detail on what they could be spent on. From there the bids are put through a Treasury process of budget preparation for the Minister of Finance.

To inform the bid I spoke to Greg in early January about what the expenses would be for the initiative (Supporting mental health in schools) in the coming year. He informed me about Leading Lights and the opportunity it presents for the initiative and the education sector, and identified costs related to training and teacher release time. These were included in the draft bid.

This is all academic now because it appears that the Minister of Health intends to take a paper to Cabinet to secure funding for the initiative, which will pre-empt and cancel the budget bid.

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How is the information going? Who will it be sent to?

Cheers

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

From: Clare Shepherd <Clare.Shepherd@cdhb.health.nz>
 To: "aroha_metcalf@moh.govt.nz" <aroha_metcalf@moh.govt.nz>,
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Kia ora

The paper will come to you, John, Emma and Julia Hayden-Carr.

Is there anyone else you think it should go to?

Thanks

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Kathleen Smitheram

From: Clare Shepherd
Sent: Wednesday, 7 February 2018 3:27 p.m.
To: 'Aroha_Metcalf@MOH.govt.nz'
Subject: RE: Leading Lights

Great – have sent this on.

From: Aroha_Metcalf@MOH.govt.nz [mailto:Aroha_Metcalf@MOH.govt.nz]
Sent: Wednesday, 7 February 2018 3:19 p.m.
To: Clare Shepherd <Clare.Shepherd@cdhb.health.nz>
Subject: RE: Leading Lights

Hiya, can you also send to

Laura_Miller@moh.govt.nz

thanks

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

From: Clare Shepherd <Clare.Shepherd@cdhb.health.nz>
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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Wednesday, 14 February 2018 11:13 a.m.
To: 'Coralanne Child'; Greg Hamilton; Sandy Mclean; Clare Shepherd; Sophia_Farrington-Pech@moh.govt.nz; Sonya_Russell@moh.govt.nz; Emma_Queueley@moh.govt.nz; john_hazeldine@moh.govt.nz
Subject: Note from our meeting this morning

Kia ora koutou, see below a quick summary of our discussions this morning,

1. Cab paper in its final stages. Greg informed that he has been in touch with Julia this morning re the 1/500 ratio for the initiative. MOE pop figures for primary and secondary are 52,000 which means up to 110 FTE is required for that ratio. Julia has asked for the figures for comparison with manifesto information.
2. Before announcement next week, coordinated comm's are required. MOE's contact for comm's is Amanda Dowling, CDHB is Karalyn van Deursen and MOH is Spohia Farrington-Pech. Key FAQs are to be worked up to accompany the PR. MOE will release (by embargo) just before the announcement on 22 Feb.

Spokespeople for the announcement are recommended to be: Katrina Casey, Dep Sec, MOE. David Meates, CDHB and Dr John Crawshaw MOH.
3. Discussion regarding how to progress. CCN will host the initiative and establish a service development group from which various work streams will work from. Regarding overall Governance, Greg informed that the CCN Alliance Leadership Team will appoint and approve the groups outcomes. It was recommended that the ALT include MOE and MOH representation for the purpose of this initiative to ensure overall coordination between the partners.
4. MOE suggested that CDHB CE call the Chch Govt Leaders Forum together for an update of the initiative (includes the local Director for the Ministry for Children, Police, MBIE, DPMC, TLS's etc), and that MOH should be invited to attend. Tuesday 20th Feb was suggested as a date that could work.

Next meeting, Wed 21 Feb, 9.30am at Chch MOH/ MOE offices.

I am away from lunchtime today until Monday, if urgent you can get me on 0211012520,

Cheers
A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
Ministry of Health | [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Monday, 19 February 2018 3:41 p.m.
To: Karalyn van Deursen; Clare Shepherd
Subject: information

1 The present Government has prioritised addressing mental health, and has set up an Inquiry into Mental Health and Addiction. However we also recognise the need for swift and immediate action to address known service gaps and pressures while the inquiry is underway.

2 Canterbury is struggling with a unique mental health situation, which particularly impacts on children in Canterbury. The Ministry of Health, Canterbury DHB, the Ministry of Education and inter-sectoral partners have begun development of an approach that both provides immediate support in schools and an opportunity to learn for the rapid implementation of a tailored, holistic and larger scale response.

3 So as to expedite additional support in earthquake affected schools. I propose that funding for this initiative be counted against the contingency funding previously identified for mental health.

Supporting psychosocial recovery in earthquake affected areas

1 Since the earthquakes a range of local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues.

2 A considerable number of initiatives and programmes are already underway in schools across the region, such as the school based mental health team (this funding is due to end in 2019/20), the Wellbeing Team model, school counsellors, School-Based Health Services (SBHS), and public health nurses. More broadly, the All Right? Campaign has been designed to help Cantabrians think about their mental health and ways they can improve it.

3 Although there is still considerable need in the region, progress has been made. The Canterbury Wellbeing Index 2016 show conditions for greater Christchurch residents are similar to, or better than, the national averages. Similarly the results from Canterbury Wellbeing Survey 2017 indicate quality-of-life indicators appear to have stabilised, wellbeing levels continue to improve, and stress levels are at their lowest since the survey began.

4 However, there remains significant pockets of distress, particularly among those whose pre-earthquake wellbeing was likely already compromised (eg, people with disabilities or chronic illnesses or those living in poverty). In order to continue the progress made in psychosocial recovery in Canterbury, we must identify where the need is and prioritise support in those areas.

5 A significant proportion of mental health and addiction issues starts to develop before the age of 25 years, and Canterbury is struggling with a difficult situation for children and young people. Children across the region have suffered long-term psychological disturbance following the Canterbury and Kaikoura earthquakes. Research into the effects of the 2010 and 2011 earthquakes in Canterbury have identified significant increases in behavioural problems and post-traumatic stress for children. Since 2011, there has been a 93 per cent increase in children in Christchurch requiring specialist support for mental health issues.

Taking a holistic approach to mental health

6 Mental health and wellbeing are strongly influenced by social determinants. The World Health Organisation (WHO) considers that the 'responsibility for promoting mental health and preventing mental health disorders extends across all sectors and all government departments' (WHO 2013). Understanding how social, economic and physical environments contribute to health and wellbeing is important to be able to intervene at critical points.

7 To improve mental health and wellbeing, the health and disability, justice, corrections and social services workforces will need to make a combined effort in a whole-of-government response, recognising the social determinants of health. Broader society also plays a role: inclusive communities, supportive employers, people families and whānau who support one another.

Comment

A fresh approach to mental health

8 The \$25 million a year contingency set aside for mental health in Budget 2017 has not yet been appropriated. Most of the initiatives announced were still in early development when this Government took office.

9 Although some of the previously proposed initiatives have good evidence behind them, the Government has re-considered the approaches and initiatives which will have the greatest impact and will most effectively and immediately support those New Zealanders with mental health needs. Therefore I propose the previously identified initiatives such as they are, not be progressed at this time. We will continue to consider the merit of these initiatives and other priorities as part of the Budget 2018 process. There is a risk that stakeholders will be disappointed that the initiatives highlighted in August 2017 remain unfunded.

10 I expect that the Inquiry into Mental Health and Addiction will provide guidance on the most critical innovations and system gaps. The Government will need to reassess funding priorities following the Inquiry's recommendations.

Better mental health for Canterbury kids

11 Providing additional support to children in earthquake affected areas is one of my priorities.

12 Canterbury DHB, the Ministry of Health, the Ministry of Education and inter-sectoral social service partners conducted a workshop at the request of the Ministers of Health and Greater Christchurch Regeneration to begin development of a new approach for providing additional mental health support in earthquake affected schools. This new approach both provides initial, immediate assistance which forms a base for the development of a tailored, holistic, larger scale response that will be progressively and rapidly implemented.

13 Additional mental health support in primary and intermediate schools in two Kāhui Ako (clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. It will be overseen and led by the Canterbury Clinical Network (the Ministry of Health will be the Canterbury Clinical Network's service development group).

14 However we recognise that addressing mental health requires a holistic approach that addresses the broader social determinants of mental health and the wider challenges that children and their families may be facing, such as learning support or drug and alcohol abuse, it will also require coordination with other services such as social workers in schools.

15 The approach developed for the Tamai and Hornby Kāhui Ako will reviewed and contribute (alongside further participatory design work with government and non-governmental intersectoral partners) to the development of a holistic approach to the mental health needs of children in earthquake affected schools, which is tailored to the needs of different groups, and that places the child in the wider context of their whānau and community. The evidence supporting the previously agreed to initiatives will be taken into consideration and may usefully inform the development of the larger-scale approach.

16 This approach will then be progressively and rapidly rolled out to, and refined for, other primary and intermediate schools across earthquake affected areas during 2018/19.

17 The Canterbury Clinical Network provides an established mechanism for partnering between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the social sector (including Oranga Tamariki - Ministry for Children, and New Zealand Police). This partnership will lead ongoing participatory design of the programme prior to the progressive roll-out. The design process will include children, whānau, teachers, NGO youth services, Māori organisations, primary care, specialist mental health service providers and social service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community. The Chair of the Canterbury Clinical Network (Sir John Hansen) will lead this development.

18 It is anticipated that the initiatives in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

19 This two pronged approach will provide both immediate assistance and a larger scale, tailored and holistic response.

20 Getting these proposals underway is a priority, therefore, to expedite that process I recommend that Cabinet agree to fund this proposal directly from the contingency funding identified for mental health, and approve the appropriation of the following funding to support the development of this approach and its progressive roll-out for children in earthquake affected areas:

| 2017/18 | 2018/19 | 2019/20 | 2020/21 | Total |
|---------|---------|---------|---------|-------|
| \$0.7m | \$7.3m | \$10m | \$10m | \$28m |

21 This funding will be appropriated into Vote Health. The Ministry of Health will contract with Canterbury DHB to provide a holistic mental health programme that takes a partnership approach to design and delivery across earthquake affected areas. The programme will be required to deliver a ratio of approximately 1 FTE professional per 500 children within the funding specified above.

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
Ministry of Health | [REDACTED]

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Wednesday, 28 February 2018 11:08 a.m.
To: Greg Hamilton; simon.blatchford@education.govt.nz; Clare Shepherd
Cc: John_Crawshaw@moh.govt.nz; Emma_Queueley@moh.govt.nz; Sonya_Russell@moh.govt.nz
Subject: Mental health support in schools - coordination meeting 28 Feb 2018

Kia ora koutou, see below as a record of the discussions at our catch up this morning. Let me know if anything needs to be amended, added, deleted or changed.

Attendees: Aroha Metcalf, Greg Hamilton, Simon Blatchford, Clare Shepherd.

1. Service Level Alliance - Mental Health Support in Schools

- ROI for members of the SLA is out - contact is Clare
- draft TOR have been drawn up and will be agreed by the SLA
- the first priority is to develop the service operating and practise framework
- the first meeting of the SLA is on 15 March at 12.30 - 2.30pm

2. Reporting, monitoring and evaluation

- general discussion exploring a range of options including existing measures and the opportunity of time series evaluations
- the SLA will include a work stream to work on monitoring and evaluation
- it was agreed that the sponsor group should meet each quarter to receive progress reports

3. MOH contract with CDHB

- MOH to draft some proposed outcomes of the initiative, ideas on reporting content and frequency and share with CDHB for negotiation/agreement and MOE for information
- once agreed, the detail will be shared with Minister Clark's office to ensure that it is aligned to their expectations
- funding, as approved by Cabinet, is \$0.7m for 2017/18, \$7.3m for 2018/19, \$10.0m for 2019/20 and \$10.0m for 2020/21

4. MOE education sessions

- two sessions are planned for a Canterbury School Chairs and Principals
- Monday 12th and Wednesday 14th March from 4-5.30pm
- Minister Woods has expressed interest to attend
- the agenda includes an overview of the initiative from Coralanne Childs, then a presentation and with further details from Carolyn Gullery regarding the co-design process (including the CCN and SLA) and way forward
- prior to the Monday 12th meeting, the MOE and CDHB will meet with Kahui Akō leads to present the information

5. Leading Lights

- development of pathways, to provide content for leading lights is underway.
-

Next meeting, Wednesday 7 March, 9.30am at Te Urutū, MOH/MOE offices.

Cheers

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Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
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Cc: John_Crawshaw@moh.govt.nz; Emma_Quealey@moh.govt.nz; Sonya_Russell@moh.govt.nz
Subject: RE: Mental health support in schools - coordination meeting 28 Feb 2018

Kia ora Aroha.

Please see update to time of first SLA meeting below and a couple of amendments under the MOE section.
 Clare

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Sent: Wednesday, 28 February 2018 11:08 a.m.
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Kathleen Smitheram

From: Clare Shepherd
Sent: Wednesday, 28 February 2018 3:20 p.m.
To: 'Aroha_Metcalf@MOH.govt.nz'
Cc: simon.blatchford@education.govt.nz; Greg Hamilton; Karalyn van Deursen
Subject: PQ responses - CDHB
Attachments: Document2.docx

Kia ora Aroha

Please find attached our responses to the PQs.

These have been approved by Greg and Karalyn.

Ngā mihi

Clare

Can you provide information or responses to assist with the questions below please?

2519 (2018) Dr Shane Reti to the Minister of Health

What communications has the Minister had with Canterbury GPs, and when, around the mental health workers in Canterbury schools program announced on February 22, 2018?

On 2 February Minister Clark and Minister Woods through Canterbury DHB invited cross sector representatives to a workshop to design how children and young people in Greater Christchurch, Hurunui and Kaikoura could best be supported in this program. This included general practitioners and representation from the PHOs in Canterbury as well as a wide range of health education and social service providers.

2520 (2018) Dr Shane Reti to the Minister of Health

Has a fully costed business case been prepared for the new mental health workers in Canterbury schools program announced on February 22, 2018?

We provided the costing inputs to the Ministry of Health for their Cabinet paper.

2521 (2018) Dr Shane Reti to the Minister of Health

What are the outcome measures for the new mental health workers in Canterbury schools program announced on February 22, 2018?

The outcome measures are an important feature of this work that will be led by the Canterbury Clinical Network. Whilst we have identified some high level indicators, including reducing levels of absenteeism and stand downs and suspensions, these are broad and high level. We will also monitor the impact of the program on specialist mental health services. We will be working with the local school community to understand how we can best measure the outcomes that matter for their children and young people – both in terms of the immediate impact of the support and the longer term outcomes.

2522 (2018) Dr Shane Reti to the Minister of Health

What communications has the Minister had with Canterbury DHB officials, and when, around the new mental health workers in Canterbury schools program announced on February 22, 2018?

Minister Clark and Minister Woods met with Canterbury DHB officials on 29th January. At that meeting data related to the levels of demand on mental health services was shared as well as ‘on the ground’ perspectives from Canterbury school principals. The workshop on 2nd February also provided a series of presentations of both data and experiences from health officials and school principals which was used to set the scene for the development work for this program.

2526 (2018) Dr Shane Reti to the Minister of Health

What are the 13 Canterbury schools commencing the new mental health workers in Canterbury schools program announced on February 22, 2018?

There are 13 primary schools and two secondary schools with year 7 and 8 students in the two Kāhui Ako where the initial implementation will happen. The schools in Tamai are:

Bamford School

Bromley School

Linwood Avenue School

Linwood College

Linwood North School

Tamariki School

Te Waka Unua School.

In Hornby the schools are:

Gilberthorpe School

Hornby High School

Hornby Primary School

South Hornby School

St Bernadette's School

Templeton School

Wigram Primary School

Yaldhurst Model School.

2527 (2018) Dr Shane Reti to the Minister of Health

When will the new mental health workers commence work in the mental health workers in Canterbury schools program announced on February 22, 2018?

The new mental health workers for these two Kāhui Ako will be in place in April.

Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Monday, 12 February 2018 5:40 p.m.
To: Greg Hamilton; Carolyn Gullery; 'Coralanne Child'
Cc: Hannah_Cameron@moh.govt.nz; John_Crawshaw@moh.govt.nz
Subject: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

Kia ora Greg,

This morning the Ministry was requested by Hon Dr David Clark's office to prepare a paper for Cabinet. A draft has been pulled together today from the information provided from CDHB last week, and from MOH thinking of the costs in the coming years. Hannah Cameron, GM from Policy and Strategy in the MOH holds the pen on this paper.

As the paper includes more than this initiative we are unable to share it in its entirety with you. I did receive permission to share what is in the paper relevant to the extending mental health services in Canterbury and Kaikoura initiative for your information and consultation. See below the sections of the paper that refer to the initiative. The timeline is tight, please provide feedback by noon tomorrow.

Coralanne, the MOH is seeking consultation from other govt agencies and has sent the Cab paper to the MOE's DCE.

Greg, give me a call in the morning on [REDACTED]

cheers

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

Extending mental health services for children in Canterbury and Kaikōura

Proposal

1 This paper seeks agreement to fund additional mental health services in earthquake affected schools from thefund

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2 ...

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4 Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Canterbury DHB alongside the Ministry of Health and the Ministry of Education have developed an approach that both provides immediate assistance and a longer-term, larger scale response. This two pronged approach will provide both immediate assistance and a longer term, tailored response.

5 So as to expedite increased assistance in Canterbury it is proposed this initiative is funded

6

Background

7

Government commitment to mental health

8

9 However, we also recognise that there is a need for swift and immediate action to address known service gaps and pressures.

Comment

10

Better mental health for Canterbury kids

11 As we know Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Since 2011, there has been a 73 per cent increase in children in Christchurch requiring support for mental health issues. Providing additional support to children in earthquake affected areas is one of my priorities.

12 Canterbury DHB, the Ministry of Health and the Ministry of Education have developed an approach that both provides immediate assistance and provides a longer-term, larger scale response.

13 Additional mental health support in primary and intermediate schools in two Kāhui Ako (clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. This support will cost \$786,000 for a one year period (March 2018 - March 2019). It will be overseen and led by the Canterbury Clinical Network and the Ministry of Health.

14 A longer-term, larger scale programme tailored to the needs of children in the wider Canterbury region, and learning from the initiative in Tamai and Hornby, will then be developed and rolled out.

15 A partnership between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the Ministry for Children will lead the co-design of the larger scale programme. The co-design process will include children, whānau, teachers, NGO youth services, primary care and specialist mental health service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community.

16 It is anticipated that the initiative in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

17 The Ministry has costed the development and delivery of this programme at a total of \$22 million over three years (2018/19: \$5m, 2019/20: \$8.5m, 2020/21: \$8.5m).

18 This two pronged approach will provide both immediate assistance and a longer term, tailored response.

19 Getting these proposals underway is a priority, therefore, to expedite that process I recommend that Cabinet agree to fund this proposal directly from and approve the appropriation of the following funding into Vote Health for this work:

| 2017/18 | 2018/19 | 2019/20 | 2020/21 | Total |
|----------|----------|----------|----------|-----------|
| \$0.786m | \$5.000m | \$8.500m | \$8.500m | \$22.786m |

20

Kathleen Smitheram

From: Carolyn Gullery
Sent: Monday, 12 February 2018 6:28 p.m.
To: Aroha_Metcalf@MOH.govt.nz; David Meates
Cc: Greg Hamilton; Coralanne Child; Hannah_Cameron@moh.govt.nz;
 John_Crawshaw@moh.govt.nz
Subject: Re: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

At first read Aroha this does not align with the Govt pre-election commitments nor would it provide sufficient resource to deliver on the firm requirement of 80 fte . In addition the roll out is far too slow . We pitched the starting point to allow for a progressive implementation, we were not planning on it taking 2 years to get up to speed , the children of Canterbury don't have the time nor do the schools who are spending their operational funding covering this gap .

The governance arrangements are not appropriate for this model either .
 I will respond in more detail later

Regards

Carolyn

Sent from my iPhone

On 12/02/2018, at 5:39 PM, "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz> wrote:

Kia ora Greg,

This morning the Ministry was requested by Hon Dr David Clark's office to prepare a paper for Cabinet. A draft has been pulled together today from the information provided from CDHB last week, and from MOH thinking of the costs in the coming years. Hannah Cameron, GM from Policy and Strategy in the MOH holds the pen on this paper.

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Coralanne, the MOH is seeking consultation from other govt agencies and has sent the Cab paper to the MOE's DCE.

Greg, give me a call in the morning on [REDACTED]

cheers
 A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

Extending mental health services for children in Canterbury and Kaikōura

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12 Canterbury DHB, the Ministry of Health and the Ministry of Education have developed an approach that both provides immediate assistance and provides a longer-term, larger scale response.

13 Additional mental health support in primary and intermediate schools in two Kāhui Ako (clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. This support will cost \$786,000 for a one year period (March 2018 - March 2019). It will be overseen and led by the Canterbury Clinical Network and the Ministry of Health.

14 A longer-term, larger scale programme tailored to the needs of children in the wider Canterbury region, and learning from the initiative in Tamai and Hornby, will then be developed and rolled out.

15 A partnership between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the Ministry for Children will lead the co-design of the larger scale programme. The co-design process will include children, whānau, teachers, NGO youth services,

primary care and specialist mental health service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community.

16 It is anticipated that the initiative in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

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| 2017/18 | 2018/19 | 2019/20 | 2020/21 | T |
|----------|----------|----------|----------|------|
| \$0.786m | \$5.000m | \$8.500m | \$8.500m | \$22 |

20

**

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Tuesday, 13 February 2018 10:47 a.m.
To: Greg Hamilton
Cc: Carolyn Gullery; 'Coralanne Child'; David Meates; Hannah_Cameron@moh.govt.nz; John_Crawshaw@moh.govt.nz
Subject: RE: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

Received with thanks,
 A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 Ministry of Health | [REDACTED]

From: Greg Hamilton <Greg.Hamilton@cdhb.health.nz>
To: "Aroha_Metcalf@MOH.govt.nz" <Aroha_Metcalf@MOH.govt.nz>, Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, 'Coralanne Child' <Coralanne.Child@education.govt.nz>,
Cc: "Hannah_Cameron@moh.govt.nz" <Hannah_Cameron@moh.govt.nz>, "John_Crawshaw@moh.govt.nz" <John_Crawshaw@moh.govt.nz>, David Meates <David.Meates@cdhb.health.nz>
Date: 13/02/2018 10:37 a.m.
Subject: RE: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

Kia ora Aroha

Please find inputs below on the draft you sent through yesterday. I have added text in blue, strikeout for removed text and red for comments. I think it important that this paper align with directions from the two Ministers, especially as the Minister for Greater Christchurch Regeneration attended the workshop. I'll give you a call later this morning.

Again, if you require any further information I'm happy to drop things to help.

Greg

From: Aroha_Metcalf@MOH.govt.nz [mailto:Aroha_Metcalf@MOH.govt.nz]
Sent: Monday, 12 February 2018 5:40 p.m.
To: Greg Hamilton; Carolyn Gullery; 'Coralanne Child'
Cc: Hannah_Cameron@moh.govt.nz; John_Crawshaw@moh.govt.nz
Subject: Cabinet paper Extending metnal health services for children in Canterbury and Kaikoura

Kia ora Greg,

This morning the Ministry was requested by Hon Dr David Clark's office to prepare a paper for Cabinet. A draft has been pulled together today from the information provided from CDHB last week, and from MOH thinking of the costs in the coming years. Hannah Cameron, GM from Policy and Strategy in the MOH holds the pen on this paper.

As the paper includes more than this initiative we are unable to share it in its entirety with you. I did receive

permission to share what is in the paper relevant to the extending mental health services in Canterbury and Kaikoura initiative for your information and consultation. See below the sections of the paper that refer to the initiative. The timeline is tight, please provide feedback by noon tomorrow.

Coralanne, the MOH is seeking consultation from other govt agencies and has sent the Cab paper to the MOE's DCE.

Greg, give me a call in the morning on [REDACTED]

cheers

A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
Ministry of Health | [REDACTED]

Extending mental health services for children in Canterbury and Kaikōura

Proposal

1 This paper seeks agreement to fund additional mental health services in earthquake affected schools from thefund

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4 Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Canterbury DHB alongside the Ministry of Health, and the Ministry of Education and inter-sectoral partners have developed an approach that both provides immediate assistance and an opportunity to learn for the rapid implementation of a tailored longer-term, larger scale response. This two-pronged approach will provide both immediate assistance and a longer term, tailored response.

5 So as to expedite increased assistance in Canterbury it is proposed this initiative is funded

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Background

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Government commitment to mental health

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9 However, we also recognise that there is a need for swift and immediate action to address known service gaps and pressures.

Comment

10

Better mental health for Canterbury kids

11 As we know Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Since 2011, there has been a 98.73 per cent increase in children in Christchurch requiring specialist support for mental health issues. Providing additional support to children in earthquake affected areas is one of my priorities. 73 was to end of 2016, 98% was to end of 2017.

12 Canterbury DHB, the Ministry of Health, and the Ministry of Education and inter-sectoral social service partners have conducted a workshop at the request of the Ministers of Health and Greater Christchurch Regeneration to develop an approach that both provides immediate assistance and provides rapid implementation of a tailored larger scale response that will be progressively implemented.

13 Additional mental health support in primary and intermediate schools in two Kāhui Ako (Communities of Learning - clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. This support will cost \$786,000 for a one year period for these two Kāhui Ako (March 2018 - March 2019). It will be overseen and led by the Canterbury Clinical Network (and the Ministry of Health as a participant in the Canterbury Clinical Network's service development group).

14 The approach developed for the Tamai and Hornby will be progressively rolled out to, and refined for, Kāhui Ako, and primary schools not included in Kāhui Ako, across Canterbury during 2018/19. A longer-term, larger-scale programme tailored to the needs of children in the wider Canterbury region, and learning from the initiative in Tamai and Hornby, will then be developed and rolled out.

15 The Canterbury Clinical Network's provides an established mechanism for partnering between A partnership between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the social sector (including Oranga Tamariki and New Zealand Police) Ministry for Children that will lead the ongoing co-design of the larger-scale programme. The co-design process will include children, whānau, teachers, NGO youth services, primary care and specialist mental health service and social service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community. The Chair of the Canterbury Clinical Network (Sir John Hansen) will lead this development.

16 It is anticipated that the initiative in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

17 The Ministry has costed the development and delivery of this programme at a total of \$22 million over three years (2018/19: \$5m, 2019/20: \$8.5m, 2020/21: \$8.5m). **Note – I'm not sure about the costing here. We can't employ across all Kāhui Ako at \$8.5m. The costing provided are reliant on defraying training and leading lights costs across multiple Kāhui Ako. Supervision (which is essential to deliver a standardised practice framework) is an ongoing cost. In addition, this timeframe is too slow to meet the needs of children in other Kāhui Ako; it needs ramped up faster.** The additional mental health funding Canterbury receives currently funds the School-based Mental Health Team which will also support this initiative, however this funding will cease in 2019/20.

18 This two pronged approach will provide both immediate assistance and a longer term, tailored response.

19 Getting these proposals underway is a priority, therefore, to expedite that process I recommend that Cabinet agree to fund this proposal directly from and approve the appropriation of the following funding into Vote Health to support the progressive roll out for Canterbury children for this work: I added a second line with reframing.

| 2017/18 | 2018/19 | 2019/20 | 2020/21 | Total |
|----------|----------|-----------|-----------|-----------|
| \$0.786m | \$5.000m | \$8.500m | \$8.500m | \$22.786m |
| \$0.786m | \$8.000m | \$10.000m | \$10.000m | \$28.786m |

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Kathleen Smitheram

From: Greg Hamilton
Sent: Tuesday, 3 April 2018 7:50 a.m.
To: Kathleen Smitheram
Subject: FW: Inputs for Cabinet paper - school-based mental health
Attachments: Implementation plan SMH supports v2.docx

From: Greg Hamilton
Sent: Wednesday, 7 February 2018 6:00 p.m.
To: John_Crawshaw@moh.govt.nz; Emma_Quealey@moh.govt.nz; Aroha_Metcalf@MOH.govt.nz; 'Laura_Miller@moh.govt.nz' <Laura_Miller@moh.govt.nz>
Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; 'Coralanne Child' <Coralanne.Child@education.govt.nz>
Subject: Inputs for Cabinet paper - school-based mental health

Kia ora John and team

Here's the information to inform the cabinet paper. It has pulled together information from Friday's workshop as well as Education on the Kahui Ako and how we integrate this response.

Regan, would you please forward to Julia Haydon Carr with my apologies as I don't have her email.

Please let us know if there is other information you require.

Ngā mihi

Greg

Dr Greg Hamilton
 Planning and Funding
 Canterbury and West Coast DHBs
 [REDACTED]

Mental Health in Schools

Implementation approach for Canterbury

Purpose

To support primary and intermediate school children to be resilient, and experience positive mental health and continued engagement in learning by being supported/enabled to access appropriate mental health support when needed.

Current situation

The Ministers of Health and Greater Christchurch Regenerate have asked Canterbury DHB and health system partners, through the Canterbury Clinical Network, to work with the Ministry of Health to develop a programme for the delivery of 'school-based mental health'. This programme will address the need identified by schools in the context of the social environment in which their learners are embedded in families/whanau and is informed by an inter-sectoral workshop conducted on 2 February 2018. Kāhui Ako (communities of learning between schools, early childhood education providers, communities and tertiary education) are well placed to support delivery of this programme to better meet the additional learning needs of children and young people.

What will the support look like?

This approach will focus on the progressive implementation of the programme across Kāhui Ako including those in rural locations.

Additional support will address gaps to enhance the existing resources available from Ministry of Education Learning Support, the School-based Mental Health Team (Canterbury DHB), Ministry of Social Development (Social Workers in Schools) and Non-Government Organisation supports. It will provide additional staff to address mild to moderate presentations within an integrated response. It will focus on assessed levels of complexity that schools are unable to resolve without support. This programme will be embedded in a cross-sectoral response that uses the resources, processes and infrastructure of education and health.

Additional support workers

Additional support workers engaging with schools and their children will comprise both professional (e.g. nurse, social worker, allied health) and community workers (analogous to primary care Partnership Community Workers). The additional workers will be well known and working in the schools within each Kāhui Ako.

Leading Lights

In addition, the development of a school-facing web-based education and navigation tool will support schools to provide systematic responses to the needs of their children. Analogous to HealthPathways (currently used in primary care for over 30 million people in New Zealand, Australia and the UK), **Leading Lights** will be developed providing endorsed information on 'red flags', assessment, management and request for support for complex young people. This information will

be informed by cross-sectoral working groups including teaching staff who will inform their development.

Training and Education

Education is a key element with a mixed model proposed. The Werry Centre will be the key education provider supporting the development of a standardised practice framework for the professional and community workers. They will also design educational materials for schools staff and the communities/family/whanau they serve. The development of these materials will have high initial costs with lower ongoing maintenance costs. Group supervision will be a key element to support the standardised practice framework. These processes will be supported by Canterbury DHB's school-based mental health team.

Resources

Health and Education will provide inputs for the development of this initiative from their existing budgets. The two Kāhui Ako have 3.3 percent and 2.9 percent respectively of total primary school population; jointly 6.2 percent which as a share of the \$10 million policy commitment equals \$618,000. The costs below are higher than this proportion, however the start-up costs associated with Training and Support and the development of Leading Lights will be defrayed against further roll out of the programme to other Kāhui Ako.

The items that require funding for the policy commitment are:

| Description | Costs |
|---|--------------|
| Additional staff supporting Kāhui Ako | |
| Tamai | |
| • 1 health professional @ [REDACTED] | |
| • 2 community workers @ [REDACTED] | |
| Hornby | |
| • 1 health professional @ [REDACTED] | |
| • 2 community workers @ [REDACTED] | |
| Training and support – [REDACTED] | |
| • Programme for additional staff (face-to-face) | |
| • Programme for school staff (delivery by school-based mental health team) | |
| • Programme for parents/whanau/caregivers (web-based) | |
| • Group supervision to support standardised practice framework | |
| [REDACTED] | |
| • Development of web-based resource | |
| • Teacher release time for develop pathways (5 pathways: 65 half days @400) | |
| • Development of Leading Lights tool ³ | |
| Total | |

¹ Training and support has a significant up-front cost for development of education materials; ongoing costs are for group supervision and elements of face-to-face delivery

² [REDACTED] costs will be defrayed across any Kāhui Ako subsequently implemented

³ Initial development costs will be covered by Canterbury DHB with its partners

Timeline

A number of resources currently are supporting schools either focused on or addressing mental health. This will allow a rapid ramping-up of the initiative with some resources able to be re-purposed to support activity until permanent staff can be engaged. This includes the school-based mental health team and some NGO positions. Leading Lights initial pathways will be deployed quickly (and further developed and confirmed over time) supporting schools perception that they are receiving service rapid response.

| Activity | Delivery time |
|--|----------------------|
| Briefing partner agencies | End of February |
| Formation of CCN service development group | Mid-March |
| Development of standard practice framework | Mid-April |
| Engagement of additional positions | Mid-April |
| Development of initial pathways | Mid-March |
| Development and confirmation of pathways | End of April |
| Training of additional staff | April |
| Training in Kāhui Ako | April |

Governance

The Canterbury Clinical Network (CCN) will provide leadership for this initiative. The CCN provides leadership to the transformation of the Canterbury health system in collaboration with system partners, through an alliance framework. A new CCN service development group with membership from health, education and social services will guide development of this initiative. The Chair of the CCN (Sir John Hansen) will be directly involved in this service development activity.

How will we achieve this?

Delivery of a relevant programme relies on partnering with the Ministry of Education, supported by other social services, to embed this approach within the Learning Support service delivery approach.

We will use a progressive implementation model that is responsive to the needs of Kāhui Ako and builds on existing strengths and resources. Engagement with engage agency partners (government and non-government) will ensure Kāhui Ako are well supported and duplication of resourcing is minimised.

Selection of Kāhui Ako

Two Kāhui Ako have been proposed with the opportunity of implementing in **either or both** of these as the first stage of progressive implementation. These Kāhui Ako have significant diversity and provide an opportunity to address equity issues.

Two Communities of Learning / Kāhui Ako have been identified to lead/facilitate from an increased focus on promoting and supporting child and youth wellbeing in Christchurch. These communities have identified a complicated mix of individual, family and community stressors and circumstances which can have negative impacts on mental health and wellbeing.

Tamai

The Tamai Community of Learning / Kāhui Ako includes 8 schools and 12 early learning providers in the East Christchurch area. These are; Bamford School, Bromley School, Linwood Avenue School, Linwood College, Kimihia Parents' College, Linwood North School, Tamariki School, Te Waka Unua School, Abacus Montessori Preschool, Avonside Early Childhood Centre, Kidsfirst Kindergartens Bromley, Kidsfirst Kindergartens Edmonds Smith Street, Kidsfirst Kindergartens Linwood, Kidsfirst Niu Early Learning Centre, Kimihia Early Learning Centre, Kindercare Learning Centres – Ferry Road, Kindercare Learning Centres – Linwood, Lollipops Educare Patten Street, Woolston Playcentre, Woolston Preschool Inc. Based on July 2017 rolls, a total of 2,377 students attend these schools (1,823 in years 1-8); 787 (33%) identify as Māori and 309 (13%) identify as Pasifika.

The Tamai Community of Learning was formed in November 2015 and had their achievement challenges endorsed in August, 2017. The community has identified four achievement challenges in reading, writing, maths and NCEA. These achievement challenges are underpinned by a priority focus in student engagement and wellbeing. The Tamai Community of Learning believe that the work they do on improving student engagement and wellbeing will lay a strong foundation for positive growth towards their overarching achievement challenges. The community has appointed lead principal and teacher roles to the Community of Learning and they are currently developing their theory of change and action plan.

The Tamai Community of Learning has been identified to participate in the Learning Support Service Delivery Model Implementation. They are currently in the preparation and planning stage.

Hornby

The Hornby Community of Learning / Kāhui Ako includes 8 schools in the West Christchurch area. These are; Gilberthorpe School, Hornby High School, Hornby Primary School, Sockburn School, South Hornby School, St Bernadette's School (Hornby), Templeton School, Yaldhurst Model School. Based on July 2017 rolls, a total of 2,173 students attend these schools (1,672 in years 1-8); 482 (22%) identify as Māori and 218 (10%) identify as Pasifika.

The Hornby Community of Learning formed in November 2017 and are developing their achievement challenges. Seven (88%) schools in this community have been involved in the Manaiakalani Outreach programme. This programme enables Communities of Learning to partner with Manaiakalani to access digital infrastructure to achieve high behavioural and cognitive engagement in learning. This community is considering aligning Manaiakalani principles and practices with their achievement challenges and high-level plan.

Learnings from implementation in one or both of these Kāhui Ako will provide valuable input for the progressive implementation to other Kāhui Ako.

Appendix – Background Information

Additional resourcing will focus on

Maximising existing resources

- Building system alignment across health, education and social sector to achieve a collective impact upon the mental health of Canterbury children
- Improving information sharing across agencies
- Providing greater clarity around access pathways
- Integrating with the Learning Support service delivery approach being rolled out to Kāhui Ako to ensure alignment of approach.

Building system capacity

- People with expertise closer and more available to schools to free up valuable teaching resources and provide evidence informed support early in the life of the problem
- Kāhui Ako as the mechanism to identify and prioritise need and how best to address it within their context.

Building system capability

- A consistent, recognisable practice framework guides the way support is delivered
- Better informed communities, parents/whanau and teachers
- Strengthening families/whanau to support their child(ren) and make sustainable change
- Schools well supported to build an environment that promotes wellbeing
- Training available to educators so that they are well placed to promote wellbeing and recognise when children/students need additional support.

Monitoring and review

A number of measures are required to evaluate the outcomes of this initiative. This will include qualitative and quantitative (from routine datasets where possible) metrics.

Quantitative:

- Reduction in school absenteeism
- Reduction stand-downs/suspension
- Utilisation of pathways
- Fewer (but more appropriate) referrals to specialist mental health services

Qualitative:

- Supports available earlier in the life of the problem (timely responses to requests for support)
- Less pressure on schools to navigate complex systems
- Improvement in collaboration and connectedness across health, education and social sector
- Improved clarity of pathways between health and education
- Better understanding around information/data sharing

Kathleen Smitheram

From: Greg Hamilton
Sent: Tuesday, 13 February 2018 10:37 a.m.
To: Aroha_Metcalf@MOH.govt.nz; Carolyn Gullery; 'Coralanne Child'
Cc: Hannah_Cameron@moh.govt.nz; John_Crawshaw@moh.govt.nz; David Meates
Subject: RE: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

Kia ora Aroha

Please find inputs below on the draft you sent through yesterday. I have added text in blue, strikethrough for removed text and red for comments. I think it important that this paper align with directions from the two Ministers, especially as the Minister for Greater Christchurch Regeneration attended the workshop. I'll give you a call later this morning.

Again, if you require any further information I'm happy to drop things to help.

Greg

From: Aroha_Metcalf@MOH.govt.nz [mailto:Aroha_Metcalf@MOH.govt.nz]
Sent: Monday, 12 February 2018 5:40 p.m.
To: Greg Hamilton; Carolyn Gullery; 'Coralanne Child'
Cc: Hannah_Cameron@moh.govt.nz; John_Crawshaw@moh.govt.nz
Subject: Cabinet paper Extending mental health services for children in Canterbury and Kaikoura

Kia ora Greg,

This morning the Ministry was requested by Hon Dr David Clark's office to prepare a paper for Cabinet. A draft has been pulled together today from the information provided from CDHB last week, and from MOH thinking of the costs in the coming years. Hannah Cameron, GM from Policy and Strategy in the MOH holds the pen on this paper.

As the paper includes more than this initiative we are unable to share it in its entirety with you. I did receive permission to share what is in the paper relevant to the extending mental health services in Canterbury and Kaikoura initiative for your information and consultation. See below the sections of the paper that refer to the initiative. The timeline is tight, please provide feedback by noon tomorrow.

Coralanne, the MOH is seeking consultation from other govt agencies and has sent the Cab paper to the MOE's DCE.

Greg, give me a call in the morning on [REDACTED]

cheers
A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
Ministry of Health | [REDACTED]

Extending mental health services for children in Canterbury and Kaikōura

Proposal

1 This paper seeks agreement to fund additional mental health services in earthquake affected schools from thefund

Executive Summary

2 ...

3

4 Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Canterbury DHB alongside the Ministry of Health, and the Ministry of Education and inter-sectoral partners have developed an approach that both provides immediate assistance and an opportunity to learn for the rapid implementation of a tailored longer term, larger scale response. ~~This two pronged approach will provide both immediate assistance and a longer term, tailored response.~~

5 So as to expedite increased assistance in Canterbury it is proposed this initiative is funded

6

Background

7

Government commitment to mental health

8

9 However, we also recognise that there is a need for swift and immediate action to address known service gaps and pressures.

Comment

10

Better mental health for Canterbury kids

11 As we know Canterbury is struggling with a unique mental health crisis, which is particularly impacting on children in Canterbury. Since 2011, there has been a 9873 per cent increase in children in Christchurch requiring specialist support for mental health issues. Providing additional support to children in earthquake affected areas is one of my priorities. 73 was to end of 2016, 98% was to end of 2017.

12 Canterbury DHB, the Ministry of Health, and the Ministry of Education and inter-sectoral social service partners have conducted a workshop at the request of the Ministers of Health and Greater Christchurch Regeneration to develop an approach that both provides immediate assistance and provides rapid implementation of a tailored larger scale response that will be progressively implemented.

13 Additional mental health support in primary and intermediate schools in two Kāhui Ako (Communities of Learning - clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. This support will cost \$786,000 for a one year period for these two Kāhui Ako (March 2018 - March 2019). It will be overseen and led by the Canterbury Clinical Network (and the Ministry of Health as a participant in the Canterbury Clinical Network's service development group).

14 The approach developed for the Tamai and Hornby will be progressively rolled out to, and refined for, Kāhui Ako, and primary schools not included in Kāhui Ako, across Canterbury during 2018/19. ~~A longer-term, larger-scale programme tailored to the needs of children in the wider Canterbury region, and learning from the initiative in Tamai and Hornby, will then be developed and rolled out.~~

15 The Canterbury Clinical Network's provides an established mechanism for partnering between ~~A partnership between~~ health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the social sector (including Oranga Tamariki and New Zealand Police) ~~Ministry for Children that will lead the ongoing co-design of the larger-scale programme.~~ The co-design process will include children, whānau, teachers, NGO youth services, primary care and specialist mental health service and social service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community. The Chair of the Canterbury Clinical Network (Sir John Hansen) will lead this development.

16 It is anticipated that the initiative in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

17 The Ministry has costed the development and delivery of this programme at a total of \$22 million over three years (2018/19: \$5m, 2019/20: \$8.5m, 2020/21: \$8.5m). **Note – I'm not sure about the costing here. We can't employ across all Kāhui Ako at \$8.5m. The costing provided are reliant on defraying training and leading lights costs across multiple Kāhui Ako. Supervision (which is essential to deliver a standardised practice framework) is an ongoing cost. In addition, this timeframe is too slow to meet the needs of children in other Kāhui Ako; it needs ramped up faster.** The additional mental health funding Canterbury receives currently funds the School-based Mental Health Team which will also support this initiative, however this funding will cease in 2019/20.

18 This two pronged approach will provide both immediate assistance and a longer term, tailored response.

19 Getting these proposals underway is a priority, therefore, to expedite that process I recommend that Cabinet agree to fund this proposal directly from and approve the appropriation of the following funding into Vote Health to support the progressive roll out for Canterbury children for this work: I added a second line with reframing.

| 2017/18 | 2018/19 | 2019/20 | 2020/21 | Total |
|----------|----------|-----------|-----------|-----------|
| \$0.786m | \$5.000m | \$8.500m | \$8.500m | \$22.786m |
| \$0.786m | \$8.000m | \$10.000m | \$10.000m | \$28.786m |

20

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Sharryn Sunbeam

From: Jackie_Maher@moh.govt.nz
Sent: Wednesday, 21 March 2018 11:07 a.m.
To: Aroha_Metcalf@MOH.govt.nz
Cc: Greg Hamilton; John_Crawshaw@moh.govt.nz; Karalyn van Deursen; Melissa Macfarlane; Toni Gutschlag
Subject: Re: Potential media request response

Hi Aroha

This is how we used to respond to the media:

- The Ministry recognises Canterbury DHB has required extra support since the earthquakes over and above their bulk funding. This includes a \$20 million package of initiatives in March 2016 to increase mental health support for the people of Canterbury.

Jackie Maher
 Principal Advisor
 Internal and Stakeholder Communications
 Communications
 Office of the Director-General
 Ministry of Health
 [REDACTED]

<http://www.health.govt.nz>
mailto:Jackie_Maher@moh.govt.nz

From: Aroha Metcalf/MOH
 To: "Greg Hamilton" <Greg.Hamilton@cdhb.health.nz>, Toni.Gutschlag@cdhb.govt.nz, Melissa.MacFarlane@cdhb.health.nz, Karalyn.Vandeursen@cdhb.health.nz,
 Cc: John Crawshaw/MOH@MOH, Jackie Maher/MOH@MOH
 Date: 21/03/2018 10:33 a.m.
 Subject: Re: Potential media request response

Kia ora koutou, John C and I received this request from a MOH colleague who is seeking some advice about how to respond to a potential media query (see below).

What do you advise? It will be good to be aligned with your thoughts on this one.

Cheers
 A

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |
 [REDACTED]

From: Bridget Murphy/MOH
 To: John Crawshaw/MOH@MOH,
 Cc: Fran McGrath/MOH@MOH, Grant Pittams/MOH@MOH, Sharon Cox/MOH@MOH
 Date: 14/03/2018 04:26 p.m.
 Subject: Potential media request response

Hi John

We're just preparing to publish the regional Health Survey statistics. We've anticipated that the media may ask why there's additional mental health funding for Canterbury DHB, given that they don't have a greater percentage of their population suffering high levels of psychological distress compared to the New Zealand results.

It'd be great if you could provide a response for Fran, our spokesperson. Is there other health data that is indicating higher psychological distress in the Canterbury population?

Here are the embargoed Health Survey psychological distress statistics:

Indicator: Psychological distress (high or very high probability of anxiety or depressive disorder, K11)

District Health Boards (DHBs)

Adults

Topic: Mental health

Pooled year data: 2014-17

Sociodemographics: All

Unadjusted data

Indicator

Psychological
distress, d

Chart

Time series

Map

Table

Prevalence for selected indicator

This table gives the prevalence, or percentage, in the specified population. Where $p < 0.05$, arrow symbols are used to indicate whether the region is higher (▲) or significantly lower (▼) than the New Zealand result.

| District Health Boards (DHB) | Unadjusted prevalence | |
|------------------------------|-----------------------|------------|
| | % | (95% CI) |
| Whanganui | 10.1 | (8.2-12.2) |
| Hawke's Bay | 9.7 | (7.9-12.0) |
| Hutt Valley | 8.6 | (6.7-10.9) |
| Northland | 8.3 | (6.6-10.5) |
| Waikato | 8.1 | (6.9-9.4) |
| Counties Manukau | 7.9 | (6.8-9.2) |
| Wairarapa | 7.6 | (4.8-11.7) |
| MidCentral | 7.3 | (5.4-9.8) |
| Canterbury | 7.2 | (6.0-8.5) |
| New Zealand | 6.9 | (6.5-7.2) |
| Southern | 6.8 | (5.4-8.5) |
| Bay of Plenty | 6.5 | (5.1-8.1) |
| Auckland | 6.4 | (5.1-7.9) |
| West Coast | 6.1 | (4.3-8.5) |
| Nelson Marlborough | 6.1 | (4.5-8.2) |
| Capital & Coast | 5.9 | (4.7-7.3) |
| South Canterbury | 5.5 | (4.1-7.3) |
| Taranaki | 5.0 | (3.9-6.5) |
| Lakes | 5.0 | (3.3-7.2) |
| Waitemata | 5.0 | (4.2-6.0) |
| Tairāwhiti | 4.5 | (2.8-6.8) |

Source: New Zealand Health Survey

Ngā mihi
BridgetBridget Murphy
Senior Advisor

Health Survey Team | Health & Disability Intelligence Group | Strategy and Policy
Ministry of Health

Level 3, 133 Molesworth Street, Wellington 6011
PO Box 5013
[REDACTED]

For latest results from the New Zealand Health Survey visit the website at www.health.govt.nz/nzhealthsurvey Link to document "REGIONAL HEALTH STATISTICS FROM THE NEW ZEALAND HEALTH SURVEY MARCH 2018" in Health Reports --> [Link](#)

Bridget Murphy
Senior Advisor
Health Survey
Health and Disability Intelligence Group
Strategy and Policy
Ministry of Health
[REDACTED]

mailto:bridget_murphy@moh.govt.nz

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Kathleen Smitheram

From: Aroha_Metcalf@MOH.govt.nz
Sent: Wednesday, 14 March 2018 11:23 a.m.
To: Clare Shepherd
Cc: Emma_Quealey@moh.govt.nz
Subject: paragraphs as requested

Kia ora Clare, see below the draft paragraphs that were used to inform the Cabinet paper. Emma and I will start the process to request the release the actual Cabinet Paper and Minute to inform the initiative.

I think the info below will be helpful at this formative stage,

Cheers

A

Supporting psychosocial recovery in earthquake affected areas

1 Since the earthquakes a range of local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues.

2 A considerable number of initiatives and programmes are already underway in schools across the region, such as the school based mental health team (this funding is due to end in 2019/20), the Wellbeing Team model, school counsellors, School-Based Health Services (SBHS), and public health nurses. More broadly, the All Right? Campaign has been designed to help Cantabrians think about their mental health and ways they can improve it.

3 Although there is still considerable need in the region, progress has been made. The Canterbury Wellbeing Index 2016 show conditions for greater Christchurch residents are similar to, or better than, the national averages. Similarly the results from Canterbury Wellbeing Survey 2017 indicate quality-of-life indicators appear to have stabilised, wellbeing levels continue to improve, and stress levels are at their lowest since the survey began.

4 However, there remains significant pockets of distress, particularly among those whose pre-earthquake wellbeing was likely already compromised (eg, people with disabilities or chronic illnesses or those living in poverty). In order to continue the progress made in psychosocial recovery in Canterbury, we must identify where the need is and prioritise support in those areas.

5 A significant proportion of mental health and addiction issues starts to develop before the age of 25 years, and Canterbury is struggling with a difficult situation for children and young people. Children across the region have suffered long-term psychological disturbance following the Canterbury and Kaikoura earthquakes. Research into the effects of the 2010 and 2011 earthquakes in Canterbury have identified significant increases in behavioural problems and post-traumatic stress for children. Since 2011, there has been a 93 per cent increase in children in Christchurch requiring specialist support for mental health issues.

Taking a holistic approach to mental health

6 Mental health and wellbeing are strongly influenced by social determinants. The World Health Organisation (WHO) considers that the 'responsibility for promoting mental health and preventing mental health disorders extends across all sectors and all government departments' (WHO 2013). Understanding how social, economic and physical environments contribute to health and wellbeing is important to be able to intervene at critical points.

7 To improve mental health and wellbeing, the health and disability, justice, corrections and social services workforces will need to make a combined effort in a whole-of-government response, recognising the social determinants of health. Broader society also plays a role: inclusive communities, supportive employers, people families and whānau who support one another.

Better mental health for Canterbury kids

8 Providing additional support to children in earthquake affected areas is one of my priorities.

9 Canterbury DHB, the Ministry of Health, the Ministry of Education and inter-sectoral social service partners conducted a workshop at the request of the Ministers of Health and Greater Christchurch Regeneration to begin development of a new approach for providing additional mental health support in earthquake affected schools. This new approach both provides initial, immediate assistance which forms a base for the development of a tailored, holistic, larger scale response that will be progressively and rapidly implemented.

10 Additional mental health support in primary and intermediate schools in two Kāhui Ako (clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. It will be overseen and led by the Canterbury Clinical Network (the Ministry of Health will be part of the Canterbury Clinical Network's service development group).

11 However we recognise that addressing mental health requires a holistic approach that addresses the broader social determinants of mental health and the wider challenges that children and their families may be facing, such as learning support or drug and alcohol abuse, it will also require coordination with other services such as social workers in schools.

12 The approach developed for the Tamai and Hornby Kāhui Ako will be reviewed and contribute (alongside further participatory design work with government and non-governmental intersectoral partners) to the development of a holistic approach to the mental health needs of children in earthquake affected schools, which is tailored to the needs of different groups, and that places the child in the wider context of their whānau and community. The evidence supporting the previously agreed to initiatives will be taken into consideration and may usefully inform the development of the larger-scale approach.

13 This approach will then be progressively and rapidly rolled out to, and refined for, other primary and intermediate schools across earthquake affected areas during 2018/19.

14 The Canterbury Clinical Network provides an established mechanism for partnering between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the social sector (including Oranga Tamariki - Ministry for Children, and New Zealand Police). This partnership will lead ongoing participatory design of the programme prior to the progressive roll-out. The design process will include children, whānau, teachers, NGO youth services, Māori organisations, primary care, specialist mental health service providers and social service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community. The Chair of the Canterbury Clinical Network (Sir John Hansen) will lead this development.

15 It is anticipated that the initiatives in Tamai and Hornby will merge into the new co-designed programme at the end the one year period.

16 This two pronged approach will provide both immediate assistance and a larger scale, tailored and holistic response.

Aroha Metcalf

Principal Advisor | Office of the Director of Service Commissioning and Critical Projects |

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Susan Fitzmaurice

From: John_Crawshaw@moh.govt.nz
Sent: Monday, 19 March 2018 8:44 a.m.
To: David Meates
Cc: Aroha_Metcalf@MOH.govt.nz
Subject: Re: FW: Correspondence re: meeting Friday 9 February

Dear David

Thank you for your email. As you know we had a chance to have a brief conversation about this on Thursday 22 February, however, I felt it was important to follow this up with an email.

The letter you have seen I regarded as statement of the matters that your team and I discussed. Overall I am impressed by the way they are going about dealing with what has been a sustained challenge. As with all DHBs that are facing significant issues I regard it as part of my role to engage with the DHB to assist in joint problem solving and to be to share solutions that I have seen used elsewhere. I agree with you there are particular challenges facing Canterbury and I do not find it helpful to make comparisons with other services. I think it is more important to focus on the issues and challenges that are presented to the services within a given DHB rather than use comparisons.

I have given a commitment to your team to continue to work with them as they look at options to address what I accept are real challenges. That said I am impressed with the way that they are doing so.

In terms of the funding and capital questions as you know that is not strictly within my brief and I am aware that there are processes underway at a broader MOH level to address them.

John

Dr John Crawshaw
 Director of Mental Health, Chief Advisor
 Director of Addiction Services
 133 Molesworth St, Wellington 6011
 P O Box 5013, Wellington 6140


 Email: john_crawshaw@moh.govt.nz

From: David Meates <David.Meates@cdhb.health.nz>
 To: "'john_crawshaw@moh.govt.nz' (john_crawshaw@moh.govt.nz)" <john_crawshaw@moh.govt.nz>,
 Cc: "Aroha_Metcalf@moh.govt.nz" <Aroha_Metcalf@moh.govt.nz>, Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>, Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, Sue Nightingale <Sue.Nightingale@cdhb.health.nz>
 Date: 22/02/2018 09:30 a.m.
 Subject: FW: Correspondence re: meeting Friday 9 February

Hi John

However I think it is really important that the ongoing and unrelenting pressures on Mental Health services in Canterbury continues to place enormous pressures on services. Without the radical changes that have been undertaken in Mental Health in Canterbury, the issues that we are facing would be considerably worse.

It is also important to note that CDHB has continued to shift funding from other services to enable the changes that have been made to date. CDHB continues to spend more than the ring fence which is more than our funding. Additional support was sought from the MOH to establish alternative community based acute services which was overtly not supported by the MOH.

Re Forensic Services - approx. 10 years ago a great deal of work went into redesigning Forensic Services from a regional perspective and facilities to support them on the basis that the MOH had asked for that work to occur. Unfortunately there was no support for capital from the MOH.

John, the DHB and its Specialist Mental Health Services have gone to extraordinary lengths to ensure that services to our community have been maintained. Please do not confuse coping / survival with appropriate. It has again been really disappointing to hear that the MOH has again described Mental Health pressures in Canterbury now just being the same as the rest of the country - this view continues to ignore the very different way in which services are now provided in Canterbury.

I have attached a copy of updated mental health information presented at the fortnightly GMs meeting in Canterbury which again highlights the real increases in demand.

I look forward to meeting with you to discuss this further.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

[REDACTED] | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

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Values - Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

From: "John_Crawshaw@moh.govt.nz<mailto:John_Crawshaw@moh.govt.nz>"

<John_Crawshaw@moh.govt.nz<mailto:John_Crawshaw@moh.govt.nz>>

To: "Toni Gutschlag"

<Toni.Gutschlag@cdhb.health.nz<<mailto:Toni.Gutschlag@cdhb.health.nz>>>

Subject: Correspondence re: meeting Friday 9 February

Regards,

John

Dr John Crawshaw

Director of Mental Health, Chief Advisor Director of Addiction Services

133 Molesworth St, Wellington 6011

P O Box 5013, Wellington 6140

[REDACTED]
Email: john_crawshaw@moh.govt.nz<mailto:john_crawshaw@moh.govt.nz>

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