



COUNTIES
MANUKAU
HEALTH

Progress against Milestones A Mid Year Report

5 Year Service Plan Mental Health Service Division

Progress against Milestones
February 2014
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Executive Summary

This report was completed to ascertain mid year progress against the milestones set in the Mental Health Services 5 year service plan. Overall progress against milestones was being achieved in most areas. A few highlights have been included in this executive summary under the categories of green, amber and red sections below.

On track/green

The Framework for Change service improvement programme (focusing initially on the adult acute pathway) is at the preparing to implement stage of developments as planned. Over the past months events such as Subject Matter Expert Month, Show and Tell and The Big Reveal have celebrated the programme's achievements according to the planned timeline.

The development of a Mental Health Short Stay unit is progressing with approval to second/recruit 2 mental health nurses to lead further testing of proposed environment and prepare for service establishment. This is supported through the 20 000 days campaign.

A new admission process has been implemented within Tiaho Mai, ensuring the identification of at risk service users with a view to proactively implementing the appropriate intervention at the earliest opportunity.

The Acute Behavioural Guidelines were developed and signed off. All staff within Tiaho Mai are being trained in the implementation of the guidelines and this should be completed by March 2014. An audit will then occur to ensure the guidelines are being implemented.

The inaugural national ECT training programme was held in November 2013 here at Ko Awatea and hosted by CMDHB and WDHB MHSOP services. It was fully subscribed with interest raised for future programmes. Participant feedback has been very positive.

Pathway development is progressing with the Memory Team and Mental Health Services for Older Adults. The Memory Team has up to 130 on its caseload now and has been well received by service users, families and carers.

Some delay/Amber

In Child and Youth services there are a number of initiatives to improve the access rate for Maori. However the access rate for Maori continues to be below target. More concentrated effort in this area is expected to improve result and will be monitored.

The development of an improved response to service users with co-existing disorders (alcohol and/or other drugs in addition to mental health issues) is progressing with some delay. However we are expecting to recruit to specific roles that will lead developments in this area.

There has been some delay in engaging staff in activities that will increase cultural capability of the services. However with the introduction of Community Organising methodology, it is expected that staff will be more engaged in processes and local champions will be identified.

Delay/Red

The feasibility of service collocation for Te Rawhiti Community Mental Health Centre is on hold. The option of sale of the land to a healthcare provider and the lease back of the building to be put up by the purchaser by CMH is currently being reviewed with the other options.

For the Family Violence Prevention project Mental Health has been reliant on the CMH's trainers to provide the necessary service training. However priority has been given to the training of Women's Health in 2014. This suggests potential delay for Mental Health. Discussions are planned to look at options including orientating Mental Health trainers to deliver the training for Mental Health.

1. Implement the Framework for Change

2013/14 Mental Health Section of DAP 2. Improve Primary Secondary Integration

Outcome	Short Term: Enhance the delivery and integration of specialist mental health services (including Primary Care and NGO) Long Term: Better outcomes for people accessing acute adult mental health services	
Objective	Implement the acute adult services component of the Framework for change by December 2014.	
Dependency	<ul style="list-style-type: none"> • Union participation • Effective change management process • Connectivity between information systems 	
	•	Progress report at February 2014
Key Initiatives/ Activities	<ol style="list-style-type: none"> 1. FFC implementation plan and work streams <ul style="list-style-type: none"> <input type="checkbox"/> Review feedback and determine changes in approach based on this <input type="checkbox"/> Document outcomes and decisions <input type="checkbox"/> Formalise FFC Steering Group with broad membership <input type="checkbox"/> Document implementation plan including FFC work streams outline <input type="checkbox"/> Communicate with staff and establish work streams and leaders <input type="checkbox"/> Develop project brief for each work stream <input type="checkbox"/> Identify resources and methodology required to deliver work streams 2. Explore alternatives to Tiaho Mai for assessment and short stay within Middlemore Hospital 3. Implement triage scale 4. Review information requirements against what delivers value for service users and service delivery and identify waste 5. Collaborate with Primary Care and NGO providers to determine ways to integrate information systems 6. Explore new and better uses of technology 7. Track information in relation to: <ol style="list-style-type: none"> a. Access rates stratified by ethnicity 	<ol style="list-style-type: none"> 1. FFC developments progressed as scheduled with release of draft consultation document for feedback on 8 January 2014. 2. Establishment of MH Short Stay unit investigated and testing in simulated environment commenced 3. Triage scale tested and for Implementation in March/April 2014. 4. Outcome measures developed for monitoring and reporting value for money and efficiency 5. Collaborative meetings to progress e referrals 6. Attempts made to access Video conferencing for meetings 7. Data captured to monitor access and other measures


	b. Letters to primary care c. LOS d. Waiting times		
Impacts	Impact measure:		
	Baseline:	By July, 2014	By July, 20xx
	Waiting times Access % LOS > 35 days	Waiting times Access % LOS > 35 days	Waiting times Access % LOS > 35 days
Quality	Efficient and effective models of care that provide seamless and readily accessible care from the client and whaanau perspective		
	Achieved and prioritized milestones at February 2014		
Milestones	<ul style="list-style-type: none"> • FFC steering group re-formed – March 2013 • Written response to feedback – February 2013 • Implementation plan documented – June 2013 • Proposal for alternatives to Tiaho Mai for assessment and short stay – August 2013 • Triage scale implemented – March 2014 • Document necessary information requirements and plan to eliminate waste – June 2014 • Post implementation review 2015 		Milestones for 2013 achieved Triage scale on track for March/April 2014 implementation Improved efficiency demonstrated in the data by 2014 Post implementation review 2015

2. Reduce the use of seclusion and restraint

2013/14 Mental Health Section of DAP 3. Cement and build on the gains in resilience and recovery

Outcome	Short Term: Reduce the use of seclusion and restraint. Long Term: Eliminate the use of seclusion.	
Objective	75% reduction in the use of seclusion and restraint by 2015.	
Dependency	Acute Community Services Police Emergency Department Sensory Modulation	
		Progress report at February 2014
Key Initiatives/Activities	<ul style="list-style-type: none"> • Assault Incident Analysis Key Findings and Recommendations • Review training with a view to emphasis on de-escalation skills and trauma informed care versus skills in restraint and seclusion techniques • Review all processes associated with seclusion and restraint including but not limited to 'gaining the client perspective', post incident reflection and support. • Review risk identification and planning on admission. • Revisit statistical information – align restraint/seclusion data to number of admissions and 'over numbers'. • Review SOP and advice provided to staff at entry to service (orientation) and ongoing. • Update and obtain sign off for Acute Pharmacological Guidelines for Tiaho Mai • Develop sensory modulation interventions • Explore secondment to Trauma Informed Coordinator role for 12 months to support this objective 	<p>Green</p> <p>New admission process has been largely implemented within Tiaho Mai, ensuring the identification of at risk service users with a view to implementing the appropriate intervention at the earliest opportunity and not waiting for an incident to occur before acting.</p> <p>The Acute Behavioural Guidelines were signed off in November 2013. Short delay due to the peer review process taking longer than anticipated. All staff within Tiaho Mai are being trained in the implementation of the guidelines and this should be completed by March 2014. An audit will then occur to ensure the guidelines are being implemented.</p> <p>The Seclusion and Restraint Review Meeting has been refocused. Terms of Reference will be completed by February 2014. These groups will then review all processes associated with seclusion and restraint, including training.</p> <p>A review of the Sensory Modulation project for the last year is nearing completion.</p>

		<p>Sensory modulation as an intervention has been offered within Tiaho Mai for a number of years. Many of the staff have completed the sensory modulation training however this is still offered for new staff within the inpatient services. Many of the initial resources for sensory modulation have been purchased and are in place. Guidelines and processes have been established across these services. The use of sensory modulation as a tool is effectively used at times within these work areas. Within the inpatient services the current focus is establish a lead person to support and re-establish champions within each of the wards and to continue to embed the intervention, for instance implementation of the sensory profile as part of the standard assessment process and care plan for people admitted to the wards. This is aimed to support early detection and de-escalation of stressors. The current position of the sensory room and the inability to move the room within Kuaka impacts significantly on the ability of staff to offer sensory modulation as an intervention within clients based in the unit.</p> <p>Amber</p> <p>Collection of the data for seclusion and restraint has been challenging with the current data base often being unavailable. In addition to this there are concerns about reliability of the data. The working group has a plan to refine the way the data is being collected and reported. The data should be regularly available to ward staff by February 2014.</p>		
Impacts	Impact measure:			
	Baseline:	By July, 2014	By July, 20xx	

	 W:\Mental Health\ MH Planning Day 201	50% reduction in the use of seclusion and restraint against baseline data. The target will be a reduction of 10% per quarter Implementation of sensory profile assessment at point of admission	75% reduction is the use of seclusion and restraint against baseline data 75% completion rate of sensory profile assessment	
Quality	Recommendations and changes to processes or procedures to align with national and international best practice.			
	<ul style="list-style-type: none"> 		Achieved and prioritized milestones at February 2014	
Milestones	<ul style="list-style-type: none"> Review of training with report and recommendations completed – December 2013 Review key findings and prioritise recommendations from assault analysis – December 2014 Review all processes associated with seclusion and restraint and complete report with recommendations – September 2014 Develop statistical reporting template and routinely circulate to staff on all wards – December 2013 Update and sign off Acute Pharmacological Guidelines – August 2013 		Regional initiative not progressed Assault analysis completed and Violence Prevention working group continues- Dec 2014 Seclusion and Restraint group continues Risk Review meetings BAU Statistical reporting now BAU Acute Pharmacological Guidelines completed. 90% of staff trained. Audit proposed. (Interest from other DHBs- may develop as regional resource) The lead clinician for sensory modulation will have been established with 2 champions identified from each of the service areas to support the continuing use of SM in practice. (August 2014).	

3. Increase access to mental health services for infants, children, family and youth

2013/14 Mental Health Section of DAP 4. Deliver increased access for all age groups

Outcome	Short Term: Joined up bundles of care are developed and trialed Long Term: Integrated patient and family/Whaanau -centered care	
Objective	Increase access to mental health services for the most vulnerable infants, children, family and youth meet target set by the MOH.	
Dependency/aligned initiatives	<ul style="list-style-type: none"> • National Key Performance Indicator (KPI) project – development of child and youth indicators • Cultural capability • Experience-Based Design (EBD) • Implementation of Choice and Partnership approach (CAPA) • Locality provision and alignments • Recruitment and retention strategy • Children of Parents with Mental Illness and Addiction (COPMIA) • Information System Capability 	
		Progress report at February 2014
Key Initiatives/ Activities	<ul style="list-style-type: none"> • Clinicians working regularly in community services/agencies with priority given to: <ul style="list-style-type: none"> <input type="checkbox"/> Primary Health Organizations (PHOs) – build on shared and integrated care initiatives <input type="checkbox"/> Education including Resource Teacher: Learning & Behavior (RTL), & School Guidance Counsellors and Teen Pregnancy Units (TPUs) <input type="checkbox"/> CYF – build on current initiatives <input type="checkbox"/> Alternative education settings in collaboration with CFYH • Work towards cohesive integration between infant, child and youth, adult and AOD services <ul style="list-style-type: none"> <input type="checkbox"/> Whaanau ora, <input type="checkbox"/> life course approach <input type="checkbox"/> Explore seamless care for Whaanau/Family 	<p>Access</p> <p>Overall access rate for last quarter greater than target by 3.07 % and is an increase from 3% for year end.</p> <p>Access rate for Maori below target. Targeted initiatives for Maori continue.</p> <p>Collaboration/Integration</p> <p>Consultation and liaison function established within secondary schools. Some teams providing school based clinical interventions alongside school health and support staff. Clinicians allocated to TPU in consult/liaison capacity.</p> <p>Collaboration- case study review- CYF, SSU, Gateway, Assessment</p>

	<ul style="list-style-type: none"> <input type="checkbox"/> Enable family/Whaanau care planning <input type="checkbox"/> Shared information and processes <input type="checkbox"/> Local and regional services • Explore how the service responds to locality-based service provision <ul style="list-style-type: none"> <input type="checkbox"/> Align child and youth teams to respond to specific localities. • Build and develop consultation liaison <ul style="list-style-type: none"> <input type="checkbox"/> Define consultation liaison and when and how this should occur <input type="checkbox"/> Explore how to capture this activity • Implementation of recommendations from the perinatal review <ul style="list-style-type: none"> <input type="checkbox"/> Develop pathway for access to the appropriate level of care <input type="checkbox"/> Identify and address priority areas from the review • Develop community youth forensic services for Counties <ul style="list-style-type: none"> <input type="checkbox"/> Recruit to the initial FTE which will initially focus on service development <input type="checkbox"/> Align with Regional Youth Forensic Services (RYFS) • Improve the quality of services we provide <ul style="list-style-type: none"> <input type="checkbox"/> Better understanding of the Client and family/whaanau experience. <input type="checkbox"/> Improve quality of service provision for Maaori <input type="checkbox"/> Use information collected to enhance service provision and responsiveness. <input type="checkbox"/> Better understand re referral patterns • Develop Workforce Plan <ul style="list-style-type: none"> <input type="checkbox"/> Identify Core and Specialist skills <input type="checkbox"/> Assess current workforce identify skill gaps <input type="checkbox"/> Implement training and development <input type="checkbox"/> Align recruitment and retention <input type="checkbox"/> Core & Specialist skill throughout the range of services 	<p>Service.</p> <p>One Senior Nurse and one Mental Health GP liaison are based at one Mangere PHO session per week. Plans to replicate this in other localities/communities are expected to be implemented in 2014 including school based clinical work.</p> <p>There has been significant time and energy put into the development of a Youth Health Model of Care which currently being designed for the population aged 12-19 it aims to integrate health services for youth within community/localities. It is expected that a trial of this model be under taken in 2014.</p> <p>Participating in Regional pilot with paediatric psych liaison</p> <p>Interagency CEP collaboration</p> <p>Perinatal review</p> <p>introducing birthing plans</p> <p>Community Youth Forensics</p> <p>This service is in place- relationship with Regional Forensics provider</p> <p>Quality</p> <p>EBD questionnaire due in March 2014</p> <p>Clinical/cultural consultant in triage</p> <p>Increased resource and strengthened pathway</p> <p>Workforce</p> <p>Skills identified</p> <p>Tasks- work in progress, Looking for opportunities to upskill staff</p> <p>And create sustainable workforce</p>
Impacts	Impact measure:	

	<table><tr><th>Baseline:</th><th>By July, 2014</th><th>By July, 2015</th></tr><tr><td>Access rate 3% Waiting times 85% within 3 weeks. Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.</td><td>Access rate 3.5% Waiting times 85%within 3 weeks Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.</td><td>Access rate 4% Waiting times 85% within 3 weeks Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.</td></tr></table>	Baseline:	By July, 2014	By July, 2015	Access rate 3% Waiting times 85% within 3 weeks. Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.	Access rate 3.5% Waiting times 85%within 3 weeks Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.	Access rate 4% Waiting times 85% within 3 weeks Number of consult liaison contacts Number/% of community based clinical contacts Yet to be defined.	
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Quality	Efficient and effective models of care that provide seamless and readily accessible care from the client and whaanau perspective.							
	Achieved and prioritized milestones at February 2014							
Milestones	<ol style="list-style-type: none">1. Staff working two clinic days per week within two different PHO/Localities by December 20132. Agreed and documented processes for collaborative family care planning by June 20143. Team locality focused plan completed by December 20134. Identified electronic means of capturing consultation liaison work by March 20145. Client pathway for access to perinatal mental health services by June 20146. Forensic FTE role recruited to by July 20137. Baseline of service user and family experience of services by August 20148. Work force development plan completed by February 2014.	<ol style="list-style-type: none">1. Achieved By June 2014 ??? further system testing before replicated to more sites2. Collaborative family care planning On track3. Plan in draft – for implementation June 2014.4. Next phase to commence5. Pathway development on track6. Forensic role achieved7. EBD due August 2014.8. Workforce Plan delayed now expected to be completed June 2014.						

4. Feasibility of collocation of Te Rawhiti with East Health

DAP 2. Improve Primary Secondary Integration

Outcome	Short Term: Infrastructure for integration between primary and specialist services (SDP) Long Term: 50% of the community FTE working alongside Primary Care in 5 years (CMMH BHAG)								
Objective	Determine the feasibility of collocation of Te Rawhiti with East Health by January 2014 (SDP 2, DAP).								
Dependency	Construction of the new building at East Health Affordability of collocation								
		Progress report at February 2014							
Key Initiatives/ Activities	<ul style="list-style-type: none">Engage with East Health to determine<ul style="list-style-type: none">Construction scheduleMutual opportunities for collocationMental health priority for East HealthProposed lease terms (cost, duration, conditions)East Health Business CaseReview current lease terms and explore opportunity for renewal<ul style="list-style-type: none">Short or long term renewalPrepare options paper for future location of Te Rawhiti Service<ul style="list-style-type: none">LocationCost – cost neutral or betterAssociated resourcingImpact on workforceClient requirements metSubmit business case for future location of Te Rawhiti Service								
Impacts	Impact measure: <table><tr><td>Baseline:</td><td>By July, 2014</td><td>By July, 20xx</td></tr><tr><td>Current lease term, and cost</td><td>Future lease term and cost</td><td></td></tr></table>			Baseline:	By July, 2014	By July, 20xx	Current lease term, and cost	Future lease term and cost	
Baseline:	By July, 2014	By July, 20xx							
Current lease term, and cost	Future lease term and cost								

Quality	<ul style="list-style-type: none"> • Client needs are met including access, suitability of environment, • Staff needs are met including access and working environment • Supports integration with Primary Health and the achievement of short and long term outcomes in this regard 	
		Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none"> • East Health Lease availability and terms – July 2013 • Current lease terms and future options identified – July 2013 • Options paper documented – October 2013 • Business case submitted – November 2013 	On hold of the moment No milestones achieved

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5. Family violence and child protection competency for mental health

DAP 5 Increase access and/or improve outcomes for Government work programmes

Outcome	<p>Short Term: All VIP pre-training requirements are met</p> <p>Long Term: All counties mental health clinical staff are aware, competent and proficient at identifying and responding appropriately to partner/child/elder abuse and neglect.</p>	
Objective	To have delivered the Violence Intervention Programme (VIP) to 80% mental health clinical staff by July 2015	
Dependency	<ul style="list-style-type: none"> Review of policies and procedures Information systems to support the roll out of the training and subsequent reporting Ministry of Health release of Family Violence Intervention Guidelines Addition of Elder Abuse and Neglect as a key part of the programme 	
Key Initiatives / Activities	<ul style="list-style-type: none"> Provide input and participation in reviewing and developing policy and procedures Establish bimonthly meetings with VIP team Input into the alignment of information systems (HCC and link to concerto and PiMS) to support reporting of partner/child/elder abuse and neglect Determine the feasibility of contribution of a trainer to assist the VIP team Formulate a plan for how to deliver the training (timing, work groups to deliver to) Identify clinical champions and their role Explore current referral pathways being utilized and undertake a gap analysis with an emphasis on access to women's refuge for women with mental health issues 	<p>Progress report at February 2014</p> <p>6 month milestone : <i>Policies and procedures updated to support VIP role.</i></p> <ul style="list-style-type: none"> The Elder Abuse and Neglect (EAN) Project Group are currently in the process of reviewing and updating the EAN Intervention Procedure to align with the VIP. It is envisaged that this will be signed off by the end of January 2014. CMH have been waiting on the MoH to release new FV Intervention Guidelines for Child & Partner Abuse before reviewing CMH policies and procedures. The MoH have advised that these will not be released until the end of 2014. However, it is envisaged the CMH FV Policy will be reviewed initially by April 2014 to include EAN. It will be

		<p>reviewed again once the MoH releases the new guidelines.</p> <p>12 month milestone: <i>Identified clinical champions have completed training.</i></p> <ul style="list-style-type: none"> • Clinical champions are yet to be identified as it remains unclear as to whether CMH's trainers have the capacity to provide and complete training by June 2014. Priority has been given to train 160 staff in Women's Health from January through to May 2014. • Further discussions to take place in February 2014. Discussions will include the possibility of identifying trainers from mental health services to assist.
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Impacts	Impact measure:		
	Baseline:	By July, 2014	By July, 2015
	0% of staff have completed training	<ul style="list-style-type: none"> 100% of clinical champions have completed the 8 hour initial training 	<ul style="list-style-type: none"> 80% of clinical staff have completed initial training 100% of clinical champions have completed the advanced training
Quality	Achieved and prioritized milestones at February 2014		
Milestones	<ul style="list-style-type: none"> Identify elements of the Violence Intervention Programme that translate across to the delivery of training for Mental Health Services – April 2013 Policies and procedures updated with mental health input documented – November 2013 HCC system to support VIP roll out confirmed with mental health input – June 2014 Identified clinical champions completed initial training – July 2014 Clinical staff completed initial training – July 2015 Clinical champions completed advanced training – July 2015 		
	Subject to CMDHB organisational decisions		

6. Enhance community options for older persons

DAP 1. Make better use of resources /Value for Money

Outcome	<p>Short Term: Enhance the range of acute community options available for this population by 2015.</p> <p>Long Term: Reduce the growth in acute inpatient bed numbers</p>	
Objective	Develop a plan for older persons acute community options.	
Dependency	<ul style="list-style-type: none"> • Dementia care pathway impacting community FTE and options • Impact of Ministry policy on: <ul style="list-style-type: none"> <input type="checkbox"/> age limits for people accessing MHSOP (life course approach) <input type="checkbox"/> NASC and ARRC to provide diagnosis • Respite review completed by Roz Sorensen (March 2013) 	
		Progress report at February 2014
Key Initiatives/ Activities	<ol style="list-style-type: none"> 1. For the three months prior admissions to Ward 35E, determine: <ul style="list-style-type: none"> <input type="checkbox"/> Reason for admission <input type="checkbox"/> Could it have been avoided <input type="checkbox"/> What resource availability would have prevented an admission 2. Explore the range of acute community services available within adult services and identify applicability for older adult services. 3. Explore existing acute services within the community and identify opportunities for development (i.e. rest home potential to offer acute respite) 4. Readdress the services provided within the sector to more appropriately meet the needs of an aging population e.g.: <ul style="list-style-type: none"> <input type="checkbox"/> Culturally specific needs of population groups such as Maaori and Pacific, who age rapidly and develop dementias earlier <input type="checkbox"/> Agree to a consistent approach that allows greater access to MHSOP services for people with AOD dependency and dementia and address this groups unmet needs in residential care 5. Develop a plan for the provision of new services within the community and aged residential care sector which more appropriately meet the 	<p>Develop a plan for older person's community options to ensure the provision of efficient and effective services.</p> <p>Green</p> <p>Data analysis has been completed. The report is being finalised. The next step is to explore community options across the region and gauge efficacy against stated objectives. After that the working group will make recommendations about the type of community options that match the need for this service user group within the Counties Manukau area.</p> <p>Objective: Apply best practice in dementia care into a pathway that provides clarity of access to services across the continuum as set out in the National Dementia Care pathway Framework 2013.</p> <p>Green</p> <p>Referrals were being processed by this service by July 2013 (milestone met). A Governance/Expert Group has been established.</p>

	emerging needs of the aging population			The service was reviewed internally in December 2013. Work is continuing to develop the pathway <i>between</i> the Memory Team and Mental Health Services for Older Adults. The total caseload number for the Memory Team is approximately 130. Of concern is the fact that the referral rates have decreased. This is being explored with a view to understanding the reasons and developing a plan to increase referral rates.
Impacts	Impact measure:			
	Baseline:	By July, 2014	By July, 20xx	
	? inpatient occupancy, throughput and LOS (suite of measures)			
	? planned and unplanned contact			
	? % of existing clients with an inpatient admission			
Quality				
				Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none">• Data collection and analysis – July 2013• Literature review completed – August 2013.• Exploration of adult acute community options – October 2013.• Project report with recommendations completed – December 2013.• Plan completed January 2014			Milestones almost completed with report being finalized 2014- Relook at other community options to benefit older people and keep them well and avoid an acute episode.

7. Building cultural capability across Counties Manukau Mental Health services

Outcome	<p>Short Term: Staff are competent and comfortable in engaging Maaori, Pacific & Asian</p> <p>Annual consumer and whaanau hui/fono informs service provision</p> <p>Long Term: We can demonstrate cultural capability across Counties Manukau Mental Health services by 2017.</p> <p>Hospital admissions are minimized</p>	
Objective	A cultural capability plan is documented and phased implementation commenced by 2015.	
Dependency	<ul style="list-style-type: none"> Access to required information Support to undertake the planned initiatives 	
		Progress report at February 2014
Key Initiatives/Activities	<ul style="list-style-type: none"> Stocktake of current staff and training (available and completed) <ul style="list-style-type: none"> <input type="checkbox"/> Maaori and pacific staff identified <input type="checkbox"/> Training provided identified and accessed by current staff Determine cultural capability training needs <ul style="list-style-type: none"> <input type="checkbox"/> Identify gaps in current training provision <input type="checkbox"/> Identify levels of need Proposal for cultural capability development <ul style="list-style-type: none"> <input type="checkbox"/> Training/Trainers <input type="checkbox"/> Supervision/Cultural advisors <input type="checkbox"/> Capability measures (Link to PL's) All new staff attend cultural capability training within 6 months Cultural input occurs at identified key points in the client journey <ul style="list-style-type: none"> <input type="checkbox"/> Identify key points <input type="checkbox"/> Identify required cultural input/workforce capacity Information collection specific to outcomes for Maaori, Pacific & Asian 	<p>Workforce coordinator undertaking a stocktake including Maori and Pacific staff, and the cultural training taken up by all staff.</p> <p>Cultural capability- pending Maori Health Review.</p> <p>Adopting Community Organising methodology – Recruitment drive to identify champions (April 2014)</p> <p>Project plan under development</p> <p>Participating in FFC Adult Acute Pathway reconfiguration- seeking to increase cultural input.</p> <p>MHSOP- vacancy for cultural/clinical role. Some difficulties filling role.</p> <p>Cultural Assessment development process in train. Taumata to meet in March 2014.</p>

	<input type="checkbox"/> Access rates <input type="checkbox"/> LOS <input type="checkbox"/> Seclusion and restraint <input type="checkbox"/> Cultural assessments completed <input type="checkbox"/> Metabolic risk <input type="checkbox"/> Coexisting problems <input type="checkbox"/> Employment	
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Impacts	Impact measure:		
	Baseline:	By July, 2014	By July, 2015
	20% of staff that have undertaken cultural capability training	20% of staff that have undertaken cultural capability training	40 of staff that have undertaken cultural capability training
	% Maaori, Pacific & Asian staff employed	% Maaori, Pacific & Asian staff employed	% Maaori, Pacific & Asian staff employed
Quality			
	Achieved and prioritized milestones at February 2014		
Milestones	<ul style="list-style-type: none"> • Stocktake completed and documented – September 2013 • Documented cultural capability needs – October 2013 • Documented proposal for cultural capability development – December 2013 • Cultural input across the client journey documented – (link to FFC) • Information requirements documented – August 2013 		Milestones not met but expecting achievement in 2014 with actions as outlined above.

8. Creating a Resilient, Competent, and Effective Workforce

Outcome	<p>Short Term</p> <ul style="list-style-type: none"> Processes to improve staff competence and effectiveness. Processes to improve staff resilience. <p>Short Term:</p> <ul style="list-style-type: none"> Improved staff competence demonstrated through improved client outcomes, more effective and cost-effective service delivery, and fewer adverse events. Improved staff resilience demonstrated by lower staff turnover, lower sick leave rates, and improved staff satisfaction and morale. <p>Long Term:</p> <ul style="list-style-type: none"> A resilient competent and effective workforce 	
Objective	<p>To develop the clear, effective and documented processes and infrastructure required to create a more effective, competent, and resilient workforce.</p> <p>Clear, effective, and documented processes, infrastructure, and expectations to allow staff to deliver services to the top of their level of competence, and in the case of senior staff, to the “top of their license”</p>	
Dependency	<ul style="list-style-type: none"> Team orientation Funding for nurse practitioners Funding for change in allied health structures Funding available for internal and external training. Team manager and professional leadership capacity for undertaking timely Orientation and Annual Performance Reviews. Synergy with whole-of-organisation initiatives and priorities. 	
		Progress report at February 2014
Key Initiatives/	<ul style="list-style-type: none"> Workforce development plan 	New orientation plan on the web page

Activities	<ul style="list-style-type: none"> <input type="checkbox"/> All staff employed in new roles complete an orientation plan that equips them to work efficiently in the service. Monitoring mechanism routinely used to ensure completion. <input type="checkbox"/> Determine access to core training and assessment of competency and practice <input type="checkbox"/> Ensure the plan is targeting key areas identified in the SDP and MH services Business Plan • Develop a clinical nursing pathway <ul style="list-style-type: none"> <input type="checkbox"/> Develop nurse practitioner roles <input type="checkbox"/> Develop the range of the CNS role <input type="checkbox"/> Increase CNS roles within the current FTE <input type="checkbox"/> Develop clear progression for PDRP <input type="checkbox"/> Attract and retain skilled nurses ▪ Ensure every clinician, manager and support staff have access to appropriate supervision <ul style="list-style-type: none"> <input type="checkbox"/> Training to provide sufficient supervisors across all disciplines <input type="checkbox"/> Completion of project to ensure all staff receiving appropriate supervision. ▪ Effective, consistent use of Annual Performance Reviews to raise competence and performance. <ul style="list-style-type: none"> <input type="checkbox"/> Review of APR process to refine ability to contribute to enhancement of competence and performance <input type="checkbox"/> Project to ensure timely APRs, including appropriate professional and managerial input. ▪ Allied Health professional structure and pathway. <ul style="list-style-type: none"> <input type="checkbox"/> Design professional structure that supports retention of staff, professional development and advanced working practices. <input type="checkbox"/> Negotiate and implement any changes in professional structure. ▪ Keyworker training to ensure competent and consistent practice. <ul style="list-style-type: none"> <input type="checkbox"/> Develop clear articulation of keyworker roles and responsibilities <input type="checkbox"/> Procure or develop keyworker training. <input type="checkbox"/> Deliver training to all relevant staff. 	<p>Audit process to confirm orientation experience (at 3 month review) Questionnaire is being developed to assist with this.</p> <p>PDRP package is being implemented Identifying service objectives</p> <p>A business case prepared for establishing nurse practitioner roles</p> <p>Re-advertised Maori CNS role Re-scoping Child and Youth CNS role</p> <p>Supervision training in place</p> <p>Performance Review process due for renewal but meantime using old forms and setting targets</p> <p>Expecting to address issues with key workers in next stage of FFC</p>
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	<input type="checkbox"/> Systems to monitor/audit adherence to articulated model.		
	Impact measure and performance targets: (Note: ??% baseline data not currently available) – this baseline data will need to be collected as part of the process.		
	Baseline:	By July, 2014	By July, 2015
	??% of new staff on-track to complete orientation	75% of new staff on-track to complete orientation	90% of new staff on-track to complete orientation
	77% of staff have regular supervision.	85% of staff have regular supervision	90% of staff have regular supervision
	??% attendance at mandatory and necessary training	75% attendance at mandatory and necessary training	90% attendance at mandatory and necessary training
	*??% staff with performance review in the past 12 months	75% staff with performance review in the past 12 months	90% staff with performance review in the past 12 months
	??% Staff turnover (stratified by length of service (L.O.Service))	Overall decrease of 1 % from baseline staff turnover (Improvement across L.O.Service bands)	Decrease of 2 % from base line Staff turnover (Improvement across L.O.Service bands)
	??% Incidents indicating clear instances of sub-optimal performance	10% Incidents indicating clear instances of sub-optimal performance	5% Incidents indicating clear instances of sub-optimal performance
Quality			
			Achieved and prioritized milestones at February 2014
Milestones	<u>Staff Orientation Process</u> <ul style="list-style-type: none"> Orientation template completed and ready for go-live May 2013 Content for orientation documentation for organisation level and all services and all professional groups prepared and loaded Dec 2013 		Achieved Achieved

	<p><u>Nursing Pathway</u></p> <ul style="list-style-type: none"> • Service gaps and needs scoped with Service manager Oct 2013 • Clinical nursing pathway documented December 2013 • Funding agreed April 2014 <p><u>Supervision</u></p> <ul style="list-style-type: none"> • Completion of supervision project for four services Aug 2013 • Completion of supervision project for twelve services Aug 2014 • Completion of supervision project for all services Aug 2015 <p><u>Annual Performance Review Revision</u></p> <ul style="list-style-type: none"> • Professional Leader, Manager and HR working group established to review Annual Performance Review (APR) format June 2013 • Revised APR format released widely for comment Nov 2013 • Revised APR format finalised and released for use Mar 2014 • Expectation that all services using revised APR April 2014 <p><u>Allied Health Professional Structure</u></p> <ul style="list-style-type: none"> • Discussion PLs with GM/CD re structures to support AH professional development pathway April 2013 • Decision regarding form and implementation plan resulting for AH profession development pathway discussions June 2013 <p><u>Consistent Key-working Approach Throughout Service</u></p> <ul style="list-style-type: none"> • Multidisciplinary working group to formulate an agreed model of key-working for adult/older adult services initiated May 2013 • Finalisation of agreed key working model Nov 	<p>Achieved Business case- June 2014.</p> <p>On track</p> <p>Pending HR management</p> <p>OT Professional leader contributing to organizational initiative for AH staff to implement a career framework that enables the titles “Advanced Clinician” and “Advanced Practitioner” as provided for in the PSA MECA, as well as Clinical Specialty roles.</p>
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	2013 <ul style="list-style-type: none"> • C&A Services determine applicability of agreed model • Development or procurement of training 	Feb 2014 June 2014	Key worker – pending FFC service improvements
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9. ECT training programme

Outcome	Short Term:			
	Long Term: Enabling high performing people, first do no harm			
Objective	Establish a sustainable, nationally available ECT training programme for nursing and medical staff.			
Dependency	<ul style="list-style-type: none">• Sydney training• National ECT conference• Access to Ko Awatea			
			Progress report at February 2014	
Key Initiatives/ Activities	<ul style="list-style-type: none">• Pricing model for the training<ul style="list-style-type: none"><input type="checkbox"/> Equipment<input type="checkbox"/> Trainers• Review existing models of ECT training and adapt to meet the needs of CMH mental health<ul style="list-style-type: none"><input type="checkbox"/> Determine external input required<input type="checkbox"/> Develop training package<input type="checkbox"/> Determine training frequency (twice annually)<input type="checkbox"/> Determine training volumes• Explore opportunities to generate revenue from training and appropriate application of this<ul style="list-style-type: none"><input type="checkbox"/> Potential to fund research• Determine core requirements and supervision arrangements (in the absence of legal requirements in NZ) to ensure competence• Explore means of marketing the training nationally and internationally		Establish a sustainable, nationally available ECT training programme for nursing and medical staff Green The first national ECT training programme occurred on 26 and 27 th of November 2014 in Ko Awatea. All places (15) on the programme were taken. Four doctors and eleven nurses attended. Initial feedback has been very positive. A financial analysis is to be completed to ensure the programme is priced appropriately. The plan is to repeat the training at least once in 2014. If demand dictates the training is likely to occur biannually.	
Impacts	Impact measure:			
	Baseline:	By July, 2014		By July, 2015
	No formal training offered	First training completed		Annual training schedule (2 x annually)

Quality	•	
		Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none"> • Pricing model developed by July 2013 • Review of existing models and programme outline completed by April 2013 • Develop training content and identify speakers – August 2013 • Develop training package including venue, accommodation options – September 2013 • Commence first training – December 2013 	<p>All milestones for 2013 achieved</p> <p>In 2014- Review pricing model, plan training as a sustainable annual event</p>

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10. Whole of sector benchmarking for service improvement

Outcome	Short Term: Long Term: Better outcomes for all	
Objective	Increase the use of benchmarked data to inform service quality and performance improvement.	
Dependency	Analyst time to support benchmarking	
		Progress report at February 2014
Key Initiatives/ Activities	<ol style="list-style-type: none"> 1. Re-establish local adult KPI benchmarking team 2. Establish whole of sector local benchmarking which targets defined service improvements. <ul style="list-style-type: none"> • Identify existing benchmarking activity and KPIs reported for mental health • Determine the most effective means of benchmarking for quality improvement that facilitates sector integration and improved client outcomes. • Build on priority measures in the SDP that are currently reported in the national KPI mental health reporting (e.g. KPI 34. Community service-user related time, KPI 33. Percentage of contact time with client participation, KPI. Average length of acute inpatient stay, KPI 2. 28 day acute inpatient readmission rate). • Identify gaps or areas in which quality improvement could be enhanced through KPI reporting and benchmarking and the measures that could be developed. • Explore opportunities to engage primary care in benchmarking and identify beginning measures of primary care engagement for mental health clients. 3. Develop a dashboard including key measures of service quality and productivity 4. Establish child and youth benchmarking project 	<p>Achieved</p> <p>Discussions occurring with CLS and Acute Services Benchmarking amalgamating in Feb. By June expect targets to be established and process identified.</p> <p>Benchmarking Team re-established</p> <p>Underway</p> <p>Ongoing</p> <p>To commence June 2014. Look at initial response GP/Primary Care FFC measures</p> <p>Ongoing development via clinical governance and monthly reporting</p> <p>achieved</p>

Impacts	Impact measure:		
	Baseline:	By July, 2014	By July, 2015
	Data reported monthly	Data reported monthly	Data reported monthly
	Number of clinical teams participating in whole of sector benchmarking	Number of clinical teams participating in whole of sector benchmarking	Number of clinical teams participating in whole of sector benchmarking
Quality	•		
			Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none"> • An adult KPI benchmarking forum has been facilitated by July 2013 • A benchmarking forum has been facilitated with NGO, primary, and Provider Arm Adult staff by September 2013 • Dashboard developed and utilised monthly by December 2013 • Child and Youth participating in National benchmarking 		<p>Not achieved however local benchmarking group established</p> <p>Monthly reports display information ongoing</p> <p>Identifying relevant and appropriate suites of data to store and monitor with sector- NGO, Primary Health Care, DHB Provider Arm</p> <p>Communicated in quarterly newsletter- Sept 2014.</p> <p>C&Y KPIs being developed nationally and locally.</p>

11. Better outcomes for adults with low prevalence and high needs conditions

Outcome	Short Term: A defined pathway is established for adults with low prevalence and high needs conditions. Long Term: Better outcomes for adults with low prevalence and high needs conditions					
Objective	Identify the group of people presenting with high and multiple needs and co-morbidity and the appropriate service pathway.					
Dependency	<ul style="list-style-type: none">• ICT review• Regional Forensic Review• Residential rehabilitation review and recommendations• Framework for change work streams• NGO sector (supported accommodation, CLS, ICLS)					
	Progress report at February 2014					
Key Initiatives/ Activities	<ul style="list-style-type: none">• Determine how we identify these individuals• What resources and funding streams are available• Consider terminology for “services under challenge” focus rather than high and complex needs• ICT review<ul style="list-style-type: none">□ Review of the medication run and scope of CSW role• Review of the model of care and service delivery for Tamaki Oranga<ul style="list-style-type: none">□ Audit community team involvement with clients in Tamaki Oranga• Current state process map for existing services• Audit waiting list with a view to identifying issues that prolong waiting times• Primary care and community education <div>Establishment of stakeholder group (funders) at GM/CE level to address processes for these groups. (Multiple funding streams) Meds Review Completion by April Forensics Review/Review document for regional work done partially for Housing and Recovery services with linkages to CSW and CLS. Funder Review of ICLS Realignment of Pacific and Maori CSW services has been completed. Not achieved- audit of waiting list Not achieved- education</div>					
Impacts	Impact measure: <table><tr><td>Baseline:</td><td>By July, 2014</td><td>By July, 2015</td></tr></table>			Baseline:	By July, 2014	By July, 2015
Baseline:	By July, 2014	By July, 2015				

Quality	•			
Milestones	•			<p>Achieved and prioritized milestones at February 2014</p> <p>Mapping of options, supports, resourcing etc that supports the journey of people with high needs (June 2014)</p> <p>ICT review to be commenced April 2014 (project scope and timeframes)</p> <p>Res Rehab- moving to new service specifications by June 2014.</p> <p>All service users in NGO support to have current needs assessment</p> <p>Clarification of roles and responsibilities of res rehab coordinators by July 2014.</p>

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12. Refocus clinical quality and clinical governance

Outcome	Short term: Established, high functioning clinical governance structure Long term: Reduction in readmissions, community re-referrals and suicide			
Objective	Review, realign and reorganise our services to support clinical governance by December 2013.			
Dependency	<ul style="list-style-type: none">Working with the unionsKey initiatives and actions focused on clinical quality			
			<ul style="list-style-type: none">Progress report at February 2014	
Key Initiatives/ Activities	<ul style="list-style-type: none">Establish a Clinical Governance Group (CGG)<ul style="list-style-type: none"><input type="checkbox"/> detailed terms of reference<input type="checkbox"/> agreed membership<input type="checkbox"/> alignment between the CGG and other forums/groupsEstablish mortality and morbidity review meetings within CGGImplement the national SSE process for mental health within CGGClarify and realign reporting roles to support affective mental health leadershipAgree a programme of work for the CGGRecruit to the Service Development and Improvement Leader positionIntroduce improvement science methodology across the mental health service		<div>Clinical Governance group established</div> <div>M& M meetings established</div> <div>SSE process implemented</div> <div>Realignment of reporting roles completed</div> <div>SD&I leader recruited (writing report!)</div> <div>Improvement science methodology being utilized for Framework for Change and a range of other initiatives are using this improvement approach.</div>	
Impacts	Impact measure:			
	Baseline:	By July, 2014		By July, 2015
	<ul style="list-style-type: none">Readmission rateSuicide rate# planned, documented clinical quality initiatives	<ul style="list-style-type: none">Readmission rateSuicide rate# planned, documented clinical quality initiatives		<ul style="list-style-type: none">Readmission rateSuicide rate# planned, documented clinical quality initiatives
Quality	<ul style="list-style-type: none">Clinical quality and clinical governance structures actively support safe			

	and effective clinical practice focused on improving client outcomes.	
		Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none"> • Terms of reference documented and agreed – March 2013 • Decision document for reorganisation of support staff – February 2013 • Service Development and Improvement Leader recruited – March 2013 • Document programme work for CGG – April 2013 • Commence mortality and morbidity and SSE meetings within CGG – May 2013 • Improvement science methodology applied to at least four initiatives across at least two services – June 2014 	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Not yet achieved</p> <p>Achieved</p> <p>Achieved – Adult Community and Inpatient (Tiaho Mai) Framework for Change</p>

13. Better understand and respond to the needs of Service Users and their Family/Whaanau

Outcome	<p>Short Term: Build on gains in establishing patient and family/whaanau participation at all levels and across all services.</p> <p>Long Term: SU/F/W have confidence in the broad range of opportunities to provide feedback about their experiences in using Mental Health Services. (Achieving A Balance: Improving the experience of patients.)</p>	
Objective	Service Users and Family/Whaanau perspectives are represented in all key service activities in 2013/14.	
Dependency	<ul style="list-style-type: none"> • Service Engagement across the division • Service User and Family/Whaanau Participation Continuum embedded across the division • National KPI project and local Counties Health KPI activity 	
		Progress report at February 2014
Key Initiatives/ Activities	<ol style="list-style-type: none"> 1. Feedback Mechanisms <ul style="list-style-type: none"> <input type="checkbox"/> Complete a review of current methodologies for SU/F/W feedback across all services (April, 2013) <input type="checkbox"/> Complete a survey of recent SU/F/W to establish the preferred feedback mechanisms for our communities. (June, 2013) <input type="checkbox"/> Develop a suite of feedback mechanisms & tools that can be used to inform service development, improvement & delivery. <input type="checkbox"/> Strengthen relationships with consumer & f/w support services eg Peer Support specialists; Supporting Families in Mental Health; CM Mental Health & AOD Consumer Networks 2. Develop a road show to introduce and embed the Service User/Family/Whaanau Policy and the Participation Continuum across the division. 3. Develop a series of measurement tables (rubrics) to support the implementation of the Service User/Family/Whaanau Participation Continuum across the division and to support individual Services to 	<p>Service User Participation Continuum Road Show power point presentation is now completed and ready for roll out. Next step to Consult with Service Managers to create road show roll-out schedule Jan - June 2014 and send invite to stakeholders.</p>

	<p>achieve within each area of the continuum.</p> <ol style="list-style-type: none"> Research current best practice for effective feedback mechanisms including developing recommendations for how MH Services will link with the CMDHB implementation of the new patient and family/whaanau survey system and engagement portal. Develop a tool for to measure the proportion of people who use mental health and addiction services who 'agree' or 'strongly disagree' that their opinions and ideas are included in their treatment plan. <i>(Blueprint II – Population level monitoring/Measures and indicators/Involvement in decision making)</i> Develop a tool for to measure the proportion of people who use mental health and addiction services who 'agree' or 'strongly disagree' that staff provided their family with the education or supports they need to be helpful to them. <i>(Blueprint II – Population level monitoring/Measures and indicators/Information and knowledge)</i> Identify and target key areas for service improvement, integrating KPI data and service user and whaanau experience. Challenge strategic leadership around how they utilise service user stories – link different ways of getting feedback and tools utilized to how this is used by the leadership group, also potential link to clinical governance. 	<p>Service User/Family/Whaanau Participation Measurement Framework (rubrics) draft template has been created. Next step to Consult relevant stakeholders and nominate and invite a team to develop and test the rubrics according to their service needs.</p> <p>Consumer Advisor Service Development vacancy has potential to impact on roll out of roadshow and testing of measurement tool</p>									
Impacts	<p><i>Impact measure:</i></p> <table> <tr> <th>Baseline:</th><th>By July, 2014</th><th>By July, 2015</th></tr> <tr> <td>Current % of service users and family whaanau that provide feedback</td><td>20% increase on baseline</td><td>50% increase on baseline</td></tr> <tr> <td>DHB wide indicator for developing service user and family centred care</td><td></td><td></td></tr> </table>	Baseline:	By July, 2014	By July, 2015	Current % of service users and family whaanau that provide feedback	20% increase on baseline	50% increase on baseline	DHB wide indicator for developing service user and family centred care			
Baseline:	By July, 2014	By July, 2015									
Current % of service users and family whaanau that provide feedback	20% increase on baseline	50% increase on baseline									
DHB wide indicator for developing service user and family centred care											

	<div># referrals to supporting families from Tiaho Mai (progress to other services over time)</div>			
Quality	The feedback received by way of compliments and complaints through the range of opportunities offered, provide a clear linkage to service improvement.			
				Achieved and prioritized milestones at February 2014
Milestones	<ul style="list-style-type: none"> Produce a report by 30 September 2013 outlining: <ul style="list-style-type: none"> <input type="checkbox"/> Current opportunities for SU/F/W to provide feedback within Services and <input type="checkbox"/> Recommendations for the introduction of new feedback mechanisms and <input type="checkbox"/> Recommendations for the mechanisms A road show on SU/F/W participation policy/continuum is delivered across the MH Division by 30 September 2013 Measurement table (rubric) have been developed for a service by 30 June 2014 Tools to measure satisfaction are developed and used for service improvement Include service user and family whaanau feedback in Mental Health dashboard. 			<p>Not achieved</p> <p>Partially achieved -Service User Participation Continuum Road Show power point presentation is now completed and ready for roll out. On track to be achieved by June 2014</p>

14. Service delivery for clients presenting with Co-Existing Problems

Outcome	<p>Short Term: All staff working in mental health able to identify coexisting problems and the services and resources available to this client group.</p> <p>Long Term: Clients with mental health and a coexisting substance use issues receive a service that meets their needs within mental health services.</p>	
Objective	Strengthen the capability of staff to deliver services for adults who present with coexisting problems.	
Dependency	<ul style="list-style-type: none"> Regional Dual Diagnosis Service Staff competency <ul style="list-style-type: none"> <input type="checkbox"/> Recruiting staff with relevant knowledge/experience <input type="checkbox"/> Resources to train and supervise staff to work at desired competency level Electronic system supporting auditing requirements and CEP assessments 	
		Progress report at February 2014
Key Initiatives/ Activities	<ol style="list-style-type: none"> Workforce development <ul style="list-style-type: none"> <input type="checkbox"/> Job descriptions for staff include competency in CEP <input type="checkbox"/> Interview templates include CEP questions <input type="checkbox"/> Develop CMDHB competency framework (essential, capable or enhanced) <input type="checkbox"/> Ensure adequate supervision <input type="checkbox"/> CEP competency/training to be addressed in all staff performance reviews Training <ul style="list-style-type: none"> <input type="checkbox"/> All staff attend and complete basic CEP training <input type="checkbox"/> Refresher training developed and delivered to staff <input type="checkbox"/> Review of training packages available for non-credentialed staff and other targeted groups (e.g. supervisors) Service provision 	<p>Identification of content and key questions- pending communication to be sent out in Feb 2014</p> <p>Achieved Advertised roles for CEP 2 FTEs staff- providing supervision (with appointment of new staff)</p> <p>Staff supported to attend regional CEP training.</p>

	<ul style="list-style-type: none"> <input type="checkbox"/> Review documentation and tools (screening and assessment) <input type="checkbox"/> Audit of provision of CEP screening and work thereafter <input type="checkbox"/> Regular MDT review of CEP <p>4. Review and strengthen linkages with other AOD providers</p> <p>5. Review and update Counties Manukau CEP clinical pathway and roll out across all services</p> <p>6. Determine further resources required and at what level to enable mental health services to meet the needs of people with CEP</p>	<p>Tools to be reviewed and clinically endorsed by Clinical Governance group. Regular update meeting</p> <p>Dependent on recruited CEP clinicians</p> <p>Will identify as process advances</p>															
Impacts	<p>Impact measure:</p> <table border="1"> <thead> <tr> <th>Baseline:</th><th>By July, 2014</th><th>By July, 2015</th></tr> </thead> <tbody> <tr> <td>% people with known coexisting problems</td><td>50% people with known coexisting problems</td><td>95% people with known coexisting problems</td></tr> <tr> <td>-being screened</td><td>-being screened</td><td>-being screened</td></tr> <tr> <td>- receiving appropriate interventions</td><td>- receiving appropriate interventions</td><td>- receiving appropriate interventions</td></tr> <tr> <td>% staff competent in providing services for people with coexisting problems</td><td>50%staff competent in providing services for people with coexisting problems</td><td>95% staff competent in providing services for people with coexisting problems</td></tr> </tbody> </table>	Baseline:	By July, 2014	By July, 2015	% people with known coexisting problems	50% people with known coexisting problems	95% people with known coexisting problems	-being screened	-being screened	-being screened	- receiving appropriate interventions	- receiving appropriate interventions	- receiving appropriate interventions	% staff competent in providing services for people with coexisting problems	50%staff competent in providing services for people with coexisting problems	95% staff competent in providing services for people with coexisting problems	
Baseline:	By July, 2014	By July, 2015															
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% staff competent in providing services for people with coexisting problems	50%staff competent in providing services for people with coexisting problems	95% staff competent in providing services for people with coexisting problems															
Quality	•																
		Achieved and prioritized milestones at February 2014															
Milestones	<ul style="list-style-type: none"> • Workforce development <ul style="list-style-type: none"> <input type="checkbox"/> JD's and Interview questions to include CEP – July 2013 <input type="checkbox"/> CEP competency/training to be addressed in all performance reviews – July 2015 <input type="checkbox"/> Competency framework developed and signed off – December 2013 <input type="checkbox"/> Competency framework implemented – December 2014 	<p>Monitoring workforce through One Staff- trained and non-trained</p> <p>Use of screening tools by Dec 2014</p> <p>On track</p>															

	<input type="checkbox"/> Provision of regular and competent supervision with a CEP focus to all staff - December 2015 <ul style="list-style-type: none"> • Training – December 2014 • Service provision – December 2014 (review documentation and tools, develop and implement audit process) • Strengthening of linkages with other service providers – December 2013 • Review, sign off and rollout of clinical pathway – December 2013 • Determine further required resources July 2013 	<p>On track</p> <p>Not achieved- reset Dec 2014</p> <p>Not Achieved- reset July 2014</p>
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15. Recruitment and retention strategy for mental health

Outcome	Short Term: Supporting and strengthening our workforce Long Term: Enabling high performing people	
Objective	Document and agree a recruitment and retention strategy for mental health which supports service delivery and service improvement.	
Dependency	<ul style="list-style-type: none"> Supporting and strengthening our workforce Cultural capability Framework for change CMDHB Workforce Strategy 2012 -2015 	
		Progress report at February 2014
Key Initiatives/ Activities	<ul style="list-style-type: none"> Workforce data Current workforce - ethnicity, age, years of experience, skill mix, balance of MOSS and consultant psychiatrists <ul style="list-style-type: none"> <input type="checkbox"/> Current vacancies <input type="checkbox"/> Balance of roles in each service and what this should look like Medical recruitment <ul style="list-style-type: none"> <input type="checkbox"/> Review of recruitment and orientation processes <ul style="list-style-type: none"> <input type="checkbox"/> Review of inpatient nursing pay structure <ul style="list-style-type: none"> <input type="checkbox"/> Workforce forecasting <ul style="list-style-type: none"> <input type="checkbox"/> Strategies for growing the workforce to support service development <ul style="list-style-type: none"> <input type="checkbox"/> Alignment with teaching institutions <ul style="list-style-type: none"> <input type="checkbox"/> Opportunities for research <input type="checkbox"/> Potential scholarship programme <input type="checkbox"/> New graduate review of strategy / programme and future 	<p>This initiative was being led by the previous HR manager who has left the organization. A decision was made to put this on hold until the new HR manager was in a position to pick this up and progress. It is expected there will be progress made in the second half of this financial year.</p>

	<p>direction</p> <ul style="list-style-type: none"> Professional development / career planning (note links to workforce objective) <ul style="list-style-type: none"> <input type="checkbox"/> Links with workforce centres <input type="checkbox"/> PDRP Service succession planning and leadership development <ul style="list-style-type: none"> <input type="checkbox"/> Identification and development of emerging leaders <input type="checkbox"/> Recognition for allied health career progression (CASP) Growing your own – attracting people to mental health <ul style="list-style-type: none"> <input type="checkbox"/> Retaining and developing maturing workforce Non-clinical business support workforce 													
Impacts	<p>Impact measure:</p> <table> <tr> <th>Baseline:</th><th>By July, 2014</th><th>By July, 2015</th></tr> <tr> <td>Vacancies</td><td></td><td></td></tr> <tr> <td>Workforce composition</td><td></td><td></td></tr> <tr> <td>Turnover</td><td></td><td></td></tr> </table>	Baseline:	By July, 2014	By July, 2015	Vacancies			Workforce composition			Turnover			
Baseline:	By July, 2014	By July, 2015												
Vacancies														
Workforce composition														
Turnover														
Quality	<ul style="list-style-type: none"> 													
		Achieved and prioritized milestones at February 2014												
Milestones	<ul style="list-style-type: none"> Obtain workforce data 													

16. Reduction in Counties Manukau Suicide Rate

Outcome	Short Term: Long Term: 25% reduction		
Objective	Improve services and support for people at high risk of suicide		
Dependency	•		
Progress report at February 2014			
Key Initiatives/ Activities	Support primary care Support ED –opportunity for greater period of observation with MH Short Stay Access to cultural interventions Improve pathways to effective treatment Improve quality of care within DHB service Quality improvement through review of deaths by suicide Supporting postvention work led by the Coroner to improve rapid response and support to families and communities affected by suicide.		
Impacts	Impact measure:		
	Baseline:	By July, 2014	By July, 2015
Quality			
Achieved and prioritized milestones at February 2014			

Milestones		Audit of Emergency Guidelines regarding response to suicide Discussion with AOD clinicians on shared working to reduce suicide Identification of key system failures (top 3) and address
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