# **Budget 2019 mental wellbeing package: Overview**

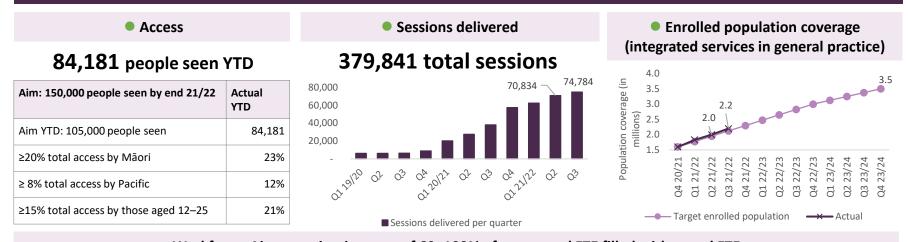
As at 31 March 2022

Legend: 🗸 Completed; 
On track; 
Some aspects need attention; 
Aspect(s) require significant attention or action; 
Off track

### **Overview of progress**

- The cross-government Budget 2019 mental wellbeing package consists of 29 initiatives across several Votes. This update focuses on implementation of key initiatives that are still in a rollout phase or face common delivery challenges.
- Implementation of the package is largely on track, though the pace of service delivery continues to be influenced by constraints including COVID-19, systemic workforce challenges, and data collection challenges.
- Since the previous update, population access and coverage of Access and Choice support has continued to increase. While total volumes are behind expectations, access by priority populations has exceeded expectations. The programme remains on track to reach its intended capacity by the end of the rollout.
- While workforce recruitment is expected to continue to be a challenge in the future, the proportion of contracted positions that have been filled are exceeding or within expected ranges.
- Agencies continue to work with the Implementation Unit in the Department of the Prime Minister and Cabinet. Their second review is due to Ministers in June 2022 and will serve as a baseline before new health system arrangements commence.

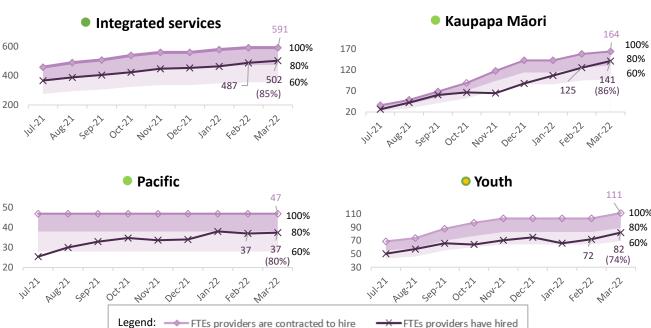




#### Workforce: Aim to maintain range of 60–100% of contracted FTE filled with actual FTE

### **Delivery risks and mitigations**

Delivery risk	Mitigation	
Ongoing focus on response to COVID-19 impacts both Ministries' and sector capacity	Targeted engagement with initiative providers to support service continuity planning for the Omicron response	
Provider recruitment and retention of suitably qualified staff	Focus on workforce development, including support for Access and Choice providers to address workforce needs, targeted initiatives to expand certain professions (eg, psychologists), engagement with Transition Unit around future workforce planning, and cross-agency collaboration to identific common barriers and solutions	
Lack of robust and complete data	Focus across select initiatives on enhancing data collection	
Pace of delivery of mental health capital projects	Health Infrastructure Unit working with district health boards (DHBs) (reported separately)	



Number of cumulative referrals by guarter

271

Q1 21/22

Total IMHS referrals

Total CNS-MH referrals

Total ISPT referrals

641

Q2 21/22

••••• Baseline referrals from pre-B19 IMHS delivery

Total referral target (including increases to ISPT and CNS-MH)

6000

4000

0

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of

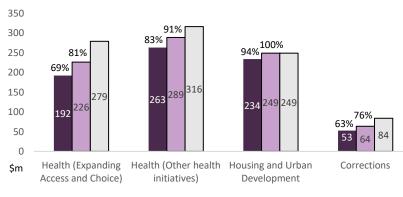
Number

Providers are funded by the Ministry of Health for FTEs and are responsible for recruitment. These graphs show hiring progress against what has been contracted.

The number of FTEs providers are contracted to hire will increase as additional contracts are put in place.

Providers are at different stages of rollout. As the majority of providers are growing services, the aim is to maintain an average range of 60– 80% of contracted FTE filled with actual FTE (light shaded area) across all providers. Once the rollout has been completed, the expectation is that actual FTE will maintain within an average range of 80–100% (dark shaded area).

## Funding by agency: 2019/20 – 2021/22



■ Current spend ■ Current funding committed ■ Funding appropriated to be spent by end 21/22

\*Note: The figure above reflects best available information on the financial position for operating funding from 2019/20 to 2021/22. It shows how much of the appropriated funding has been spent as at 31 March 2022 and how much is committed to be spent by 30 June 2022. Some figures are estimates as agencies track funding in different ways, and some agencies are unable to track funding commitments against specific Budget sources. Funding appropriated does not reflect funding transfers or Ministerial-directed reprioritisation. Further investment is underway.

#### Housing





3504

....

Q4 21/22

2414

1016

Q3 21/22

Budget 2019 invested \$128 m in Vote Corrections to increase access to mental health and addiction support for people in 5424 Corrections' care. A key part of this investment is the delivery of:

- Improving Mental Health Services for Offenders (IMHS)
- Intervention and Support Practice Teams (ISPT)
- Clinical Nurse Specialists Mental Health (CNS-MH).

Phase one of the new data reporting system for ISPT and CNS-MH has been completed. The new data allows the number of unique people that have been seen by the clinicians to be determined. However, it currently does not distinguish between brief risk assessments, comprehensive assessments and treatment sessions. Phase two of the new reporting system will allow these more nuanced differences to be captured and is expected to be complete by the end of July 2022.

## Budget 2019 mental wellbeing package: Initiative detail

As at 31 March 2022

Legend: 🗸 Completed; • On track; • Some aspects need attention; • Aspect(s) require significant attention or action; • Off track

This page provides an overview of milestones for key initiatives that are still in a rollout phase or face common delivery challenges. These represent approximately \$1.1 bn of the \$1.9 bn total package.

		4-year						
Initiative	Vote	funding	Status	Commentary on status F	Planned milestone (end Q3 21/22)	Achieved (end Q3 21/22)	Forecast milestone (end Q4 21/22)	
Primary and community supports								
Expanding access and choice: Integrated primary mental health and addiction services (accessed through general practice)	Health		•	Implementation is on track, and access and ELE recruitment is within	• Maintain actual FTE at 60–80% of contracted		<ul> <li>Enrolled population coverage of 2.300 m</li> <li>Maintain actual FTE at 60–80% of contracted FTE</li> </ul>	
services	Health	\$455.1 m	n	Implementation is on track, and status ratings reflect that access and FTE recruitment is at an acceptable level given the stage of rollout, however we expect workforce availability to be an ongoing challenge through the rollout,		Actual FTE at 86% of contracted FTE     6,135 new people seen YTD     Actual FTE at 80% of contracted FTE	• Maintain actual FTE at 60–80% of contracted	
Expanding access and choice: Pacific services			•	especially as contracted FTE numbers increase. Workforce development centres (on behalf of the Ministry of Health) are actively working with	FTE	• 4,113 new people seen YTD     • Actual FTE at 74% of contracted FTE	FTE	
Expanding access and choice: Youth services	Health		•	providers to address this.		<ul> <li>Actual FTE at 74% of contracted FTE</li> <li>2,890 new people seen YTD</li> </ul>		
Well Child Enhanced Support Pilots (ESP)	Health	\$10.0 m	•	2 of the 3 sites are fully operational. Formal launch of Tairāwhiti site • confirmed for early Q4. Despite the early stage, positive outcomes are evident. •	Launch of ESP site in Tairawhiti     Achieve full recruitment in Counties Manukau	<ul> <li>Counties have recruited 48 of 60 tamilies</li> </ul>	<ul> <li>Launch of ESP site in Tairāwhiti</li> <li>Achieve full recruitment in Counties Manukau</li> </ul>	
Expanding and enhancing School Based Health Services (SBHS)	Health	\$19.6 m	•	• Access and uptake for SBHS in decile 5 schools is on track. Reporting is currently 6-monthly. Work is continuing to enhance reporting.	<ul> <li>Maintain access for 20,000–25,000 students at 35–40 decile 5 secondary schools, supporting 4,000–5,000 per year</li> </ul>	<ul> <li>Provided access for ~20,400 students at 37 decile 5 secondary schools and supported ~9,524 students in 2021</li> </ul>	<ul> <li>Maintain access for 20,000–25,000 students at 35–40 decile 5 secondary schools, supporting 4,000–5,000 per year</li> </ul>	
Preventing suicide and supporting people bereaved by suicide	Health	\$40.0 m	•	Initiative includes multiple components, including community funds and DHB • supports. Milestones relate to rollout of national bereaved support services and have been met. •	Connect ~125 referrals to bereavement support sessions	support	<ul> <li>Connect ~180 referrals to bereavement support sessions</li> <li>Deliver ~490 bereavement support sessions</li> </ul>	
Addiction services								
Enhancing primary addiction responses	Health	\$14.0 m	•	originally expected to be operating at scale by the end of 21/22, 6 sites are operational (though several are still scaling up), 2 are delayed with services	<ul> <li>2 sites in establishment/ co-design phase</li> <li>~1,250 people seen at Haven</li> </ul>	3 805 dron-inc at Haven	<ul> <li>8 sites operating at full scale</li> <li>~1,250 people seen at Haven</li> <li>All 23.2 FTEs contracted in place</li> </ul>	
Enhancing specialist alcohol and other drug (AOD) services	Health	\$42.0 m	•	Milestones focus on 6 new services. 4 fully operational but needing to scale up people supported, 1 scaling up and 1 establishing and experiencing delays	5 FTE in place in South Island managed	in North Island DHBs <ul> <li>4 FTE in place in South Island managed</li> </ul>	<ul> <li>~150 people supported by 4 new initiatives in North Island DHBs</li> <li>5 FTE in place in South Island managed withdrawal network (full scale)</li> </ul>	
Te Ara Oranga – meth harm reduction	Health	\$4.0 m	•	(expected to start in July 2022). Programme is maintaining service through COVID-19 disruptions.			<ul> <li>withdrawal network (full scale)</li> <li>Maintain support for ~125 people/ whānau per quarter</li> </ul>	
Expanding the Pregnancy and Parenting	Health	\$7.0 m	•		<ul> <li>per quarter</li> <li>Maintain support for ~100 whānau per site per annum (noting need to rebuild caseloads</li> </ul>	<ul> <li>27 whanau are being supported across both</li> </ul>	<ul> <li>per quarter</li> <li>Maintain support for ~100 whānau per site per annum (noting need to rebuild caseloads</li> </ul>	
Service (PPS)		۰		working closely with providers to support increased referrals and caseloads.	following COVID-19 response)	sites, 15 in Bay of Plenty and 12 in Whanganui	following COVID-19 response)	
Specialist mental health supports								
	Health	— \$34.0 m —	•	– convices (or due to COVID 10 and decreased international restructment) Work –	(60–80% of contracted FTE)		• 18.5–24.6 FTE in place by the end of Q4 21/22 (60–80% of contracted FTE)	
people	Health		0	has been undertaken to refine milestones and improve provider reporting.	• 19.6–26.1 FTE in place by the end of Q3 21/22 (60–80% of contracted FTE)	• 18.9 FTE in place (58%)	• 21.3–28.4 FTE in place by the end of Q4 21/22 (60–80% of contracted FTE)	
Improving support for people experiencing a mental health crisis	Health	\$8.0 m	•	Largely on track. Work to co-locate Te Tāwharau Crisis Hub services is ongoing.	• ~400 peer contacts by end of Q3 21/22	• ~389 peer contacts	• ~400 peer contacts by end of Q4 21/22	
Housing								
Housing First	Housing	\$194.0 m	•	On track to deliver the forecast places by the end of 22/23.	• 1,044 additional places by the end of 22/23	935 additional places	<ul> <li>1,044 additional places by end 22/23</li> </ul>	
Corrections								
Improving mental health services for offenders (IMHS)	Corrections	s \$23.9 m	•	Referral numbers for Q3 are down on the previous 2 quarters but still at 88% of the expected total. This is likely due to the holiday period and the fact that sites were at COVID-19 Alert Level 3 with limited access to clinicians.	2,628 IMHS referrals by end Q3 21/22	• 2,414 IMHS referrals	• 3,504 IMHS referrals by end Q4 21/22	
New intensive multidisciplinary mental health services delivered by Intervention and Support Project Teams (ISPTs)	Correction	s \$6.1 m	•		<ul> <li>1 1/10 combined ISPT and CNS referrals</li> </ul>	• 12.8 FTE ISPT positions filled, 10.8 vacancies to	<ul> <li>1,920 combined ISPT and CNS referrals by end</li> <li>Q4 21/22</li> <li>23.6 FTE positions filled (full scale)</li> </ul>	
New clinical nurse specialists in mental health (CNS-MH) roles	Corrections	.s \$1.9 m	•	understanding of service demands (eg, reallocating custodial FTE to ISPT and •	<ul> <li>1 140 combined ISPT and CNS referrals</li> </ul>	<ul><li> 1,016 referrals to CNS-MH</li><li> 5.8 FTE CNS-MH positions filled, 3 vacancies</li></ul>	<ul> <li>1,920 combined ISPT and CNS referrals by end Q4 21/22</li> <li>8.8 FTE positions filled (full scale)</li> </ul>	
Addictions Services Programme (Drug Treatment Programme [DTP] and Intensive Treatment Programme [ITP])	Corrections	s \$22.1 m	•	2022 with programmes delivered remotely due to (()/II)-19 restrictions	<ul> <li>17 additional starters at Longariro DTP</li> </ul>	<ul> <li>12 additional starters at Tongariro DTP</li> </ul>	• 12 additional new starters at Tongariro DTP	
Veterans								
5 II 5	Defence Force	\$4.1 m	٠	Largely on track, though work is underway to resolve outstanding defects in Veterans' Support System (VSS) IT upgrade identified through testing.	Deliver phase 3 of the VSS upgrade	<ul> <li>Conducted system testing of Phase 3, which identified some defects and delayed delivery</li> </ul>	Deliver phase 3 of the VSS upgrade	
Capital						· · ·		
Capital investment in mental health and addiction facilities	Health	\$235 m	0		<ul> <li>Delivery phase for first sites expected to</li> </ul>		<ul> <li>Continuation of design and define phases</li> <li>Delivery phase for first sites expected to commence in first half of 22/23</li> </ul>	
Completed initiatives*								
Transitional Housing; 🗸 Improving employment for disabled people, people with health conditions; 🖌 Housing support products to access and maintain tenancies; 🗸 Support for Victims; 🗸 Support for Christchurch: Continuation of funding; 🖌 New Mental Health and Wellbeing Commission; 🗸 AOD								

Transitional Housing; Improving employment for disabled people, people with health conditions; Incompose to access and maintain tenancies; Support for Victims; Support for Victims; ADD Treatment Court: Operational support 2019/20; Commissions of Inquiry and resolving claims. \*Note: some of these completed initiatives will have ongoing service delivery associated with them.