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02 September 2024

s 9(2)(a)

[redacted]

Ref: H2024046480

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 16 July 2024 for information. You requested:

> *"Copies of all advice or any other document Te Whatu Ora and Ministry of Health have provided the Minister on any transition to a multi-agency response to 111 calls where people are experiencing mental distress since 27 November 2023 to date."*

I have identified 7 documents within scope of this part of your request. All documents are itemised in **Appendix 1** and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Kiri Richards
Associate Deputy Director-General
Clinical, Community and Mental Health | Te Pou Whakakaha

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	7 December 2023	Ministry of Health Weekly Report items: People in Mental Distress Accessing 111: Transitioning to a Multi-Agency Response	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
2	18 January 2024	Health New Zealand's Weekly Report item: Joint Health/Police work on multi-agency responses for people in mental distress who call 111	Released in full.
3	29 February 2024	Briefing: Transition plan for responding to 111 calls for people in distress (H2024036662)	Some information withheld under section 9(2)(a) of the Act.
4	15 March 2024	Aide-Memoire: Meeting with Hon Mark Mitchell to discuss transitioning to a multi-agency response for 111 mental distress calls (H2024037356)	Refused under section 18(d) of the Act as info will be publicly available here soon:www.health.govt.nz/about-ministry/information-releases/release-ministerial-decision-making-documents
5	24 April 2024	Briefing: Cabinet paper for lodging – People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response (H2024039331)	Some information withheld under section 9(2)(a) of the Act.
6	6 May 2024	Aide-Memoire: Talking points for Social Outcomes Committee 8 May 2024 – transitioning to a multi-agency response for 111 mental distress call (H2024040622)	
7	26 June 2024	A Cabinet paper titled: '*Report back – People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response*'	Refused under section 18 (d) as info publicly available here: www.health.govt.nz/system/files/documents/information-release/people_in_mental_distress_presenting_via_111_transitioning_to_a_multi_agency_response_bundle.pdf.

Police and 111 mental health OIA extracts

7 December 2023 Minister of Health

8.1 People in Mental Distress Accessing 111: Transitioning to a Multi-Agency Response

This item briefs you on cross-agency work on a five-year plan relating to a multi-agency response to 111 calls made by people experiencing mental distress.

Background

In August 2023 Cabinet directed Health and Police officials to work with officials responsible for housing, welfare, and other social supports to jointly develop a five-year plan that would transition to a multi-agency response to 111 calls for people in mental distress. Cabinet invited the Ministers of Health and Police to report back with the five-year plan by March 2024. Cabinet agreed that the plan would:

- include provisions for every Police district to have a multi-agency response in place
- have an initial focus on improving triaging of 111 calls and initial telephone response for people in mental distress, to support a multi-agency response
- focus on the system continuum from triage through to multi-agency responses and support options
- identify financial and resourcing implications that will need to be addressed in order for the plan to be implemented.

Development of the plan

Police and Health officials are working together to understand the current response for people who call 111 in mental distress and to design a better system. Data is a key limiting factor to preparing a robust transition plan. We know the number of people calling 111 that Police categorise as being in mental distress, but not what they are calling about. Anecdotally, we understand that many of these calls relate to social issues or non-acute needs that may not require a mental health service response. We are scoping further work to understand the different types of calls that Police are receiving, so that we can have assurance that what is designed will be costed appropriately (for volumes of people) and will be fit for purpose.

Reflecting the broad range of individual's needs, the Ministries of Social Development and Housing and Urban Development will join this workstream from 8 December 2023. We are also engaging with key non-governmental organisation (NGO) representatives to ensure we are reflecting their role in this space. Telehealth opportunities with Whakarongorau, the national telehealth provider, are also being explored. We expect the high-level design to be finished by the end of 2023, so that costing and options for phasing and scaling can be prepared ahead of March 2024.

The key limiting factor to implementing a multi-agency response is the workforce. There are shortages across mental health and addiction workforces, and prioritising this area over others risks creating increased shortages in other parts of the mental health and addiction system. Officials are keeping this in mind as future state design begins, with the intention of leveraging other workforces, technologies, and ways of working (eg, telehealth).

Next steps

We look forward to discussing this with you to clarify your preferences around the continuation of this work.

Deputy Director-General	Robyn Shearer, Clinical Community and Mental Health Directorate - Te Pou Whakakaha, s9(2)(a) [redacted]

Joint Health/Police work on multi-agency responses for people in mental distress who call 111

This entry updates you on joint work across the three health entities and with Police to improve responses to people who call 111 in mental distress. There are potential funding implications resulting from this work that also need to be considered. You will receive a fuller briefing on this work, with costings, in mid-February.

In August 2023, Cabinet directed officials from Health New Zealand | Te Whatu Ora, Te Aka Whai Ora, the Ministry of Health | Manatū Hauora and NZ Police to work together alongside agencies providing social services to develop a five-year transition plan for moving from a Police-led response to a multi-agency response.

There is a March 2024 Cabinet report-back on this work; the report back was sought from the Ministers of Health and Police - though, with your portfolio, you will have an important role. You may wish to discuss with the Minister of Health how the report back is best managed.

All agencies are working together to understand the current needs and appropriate response to design a better future state. Data is a key limiting factor to preparing a robust transition plan. We know how many people call 111, who Police categorise as in mental distress, but not what they are calling about. Anecdotally, we understand that a large number of these calls relate to social issues or non-acute needs that may not require a mental health service response. We are looking to build a better understand of the call portfolio.

Police are experiencing unprecedented demand through their 111 system, but it is also clear that this demand is bigger than people calling in mental distress. A multi-agency response would form part of a continuum to ensure that people experiencing social distress can get support to prevent their distress increasing, and that those with mental health concerns receive appropriate support, including a crisis response when needed.

Health entities agree that Co-Response Teams (CRT) are unlikely on their own to meaningfully address the demand Police are facing. A range of options and responses will likely be required. For example:

- A multi-agency team is likely to better address needs than a purely Health/Police CRT. This is because people's needs are often as much social as psychological. The Ministry of Social Development agrees with this position. However, until we understand more about people's needs, it is hard to say what benefit CRTs will have when considered alongside the workforce shortages that exist, particularly in crisis response teams.
- There are several things that could be done ahead of further rolling out CRTs that would contribute to managing Police 111 demand, and not put further pressure on the clinical workforce. Some of these would not require immediate additional investment. We will continue to shape options up.

In terms of those options, they include:

- Seeking efficiencies from telehealth services so there are shorter waiting times for people in distress;
- Once more telehealth service capacity is in place, changing public messaging to take people in mental distress to these lines, rather than telling them to call the Police as currently occurs;

- Undertaking a data discovery project with Police and the Out of scope Out of scope that enables us to analyse who is calling, and what their circumstances and needs are. This will ensure whatever response is rolled out is fit for purpose. We don't currently have this information.

Work to roll out more CRTs or a multi-agency response would require additional resource. We are undertaking costings for this work which will be included in the March 2024 Cabinet report back.

If the Government wants to implement some form of CRT or multi-agency response in 2024/25, additional analysis and decisions are required on what sort of multi-agency response is needed. New funding would also likely be required. At this stage, neither Police nor Health have been invited to submit a bid for Budget 24 on CRT or a multi-agency response; it is also clear that the Budget 24 process is tightly constrained.

Briefing

Transition plan for responding to 111 calls for people in distress

Date due to MO:	29 February 2024	**Action required by:**	8 March 2024
Security level:	IN CONFIDENCE	**Health Report number:** **Police briefing number:** **Health New Zealand number:**	H2024036662 BR/24/27
To:	Hon Matt Doocey, Minister for Mental Health Hon Mark Mitchell, Minister of Police		
Copy to:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: ☒ Māori Health Authority: ☒		

Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Director-General, Clinical, Community and Mental Health Directorate | Te Pou Whakakaha Ministry of Health	s9(2)(a)
Jeremy Wood	Executive Director, Policy and Partnerships New Zealand Police	s9(2)(a)
Jo Chiplin	National Director, Commissioning Health New Zealand	s9(2)(a)

Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Transition plan for responding to 111 calls for people in distress

Security level:	IN CONFIDENCE	**Date:**	29 February 2024
To:	Hon Matt Doocey, Minister for Mental Health Hon Mark Mitchell, Minister of Police		

Purpose of report

1. The purpose of this report is to brief you on work to develop a five-year transition plan to move from a Police-led response to a multi-agency response to 111 calls for people in mental distress [SWC-23-MIN-0118 refers]. Cabinet requested the Ministers of Health and Police report back in March 2024.

2. This paper recommends that you provide Cabinet with a report back in March 2024 on work to date to develop the five-year transition plan. It is also recommended that you advise Cabinet a more detailed report back will be provided by November 2024, after a data project to better understand the needs and circumstances of people who call 111 is completed. This work will provide key information for the Transition Plan, the investment strategy, and how the government can invest to save, to implement the five-year plan, ahead of Budget '25.

Summary

3. An increasing number of people with a broad range of health and social issues are presenting via 111, many of whom do not require a police or health response but may require some level of social support. Currently, those in distress do not always receive the support they need, and this puts increasing pressure on Police resources, affecting core policing services.

4. In August 2023, officials from the Ministry of Health, Health New Zealand, the Māori Health Authority, the New Zealand Police (Police), and other social service agencies were directed to develop a five-year plan to transition from a Police-led response to a multi-agency response. The purpose of the transition plan is two-fold: to alleviate pressure on Police time; and to provide a better response to those in need who are currently calling 111. See **Appendix One** for the Transition Plan.

5. Nationally, Health New Zealand mental health and addiction services deliver 24-hour community-based crisis response services. In the 2022/23 financial year, there were 140,493 specialist mental health and addiction crisis contacts.

6. In 2022/23, Police received 77,043 calls (out of 1.1 million total calls received) that Police coded as a person in distress (1M) or threatening suicide (1X).

7. The mental health and addiction workforce and the Police workforce are experiencing unprecedented demand, and the former is carrying significant vacancies.

8. Alongside its work on the Transition Plan, Police is resetting its response to mental health demand to enable it to step-back and redirect resources to core policing services.

9. The data currently collected about people calling 111 does not provide enough information about who is calling and what their needs are to design a fit-for-purpose multi-agency response which builds on existing supports and channels, and to be confident in the mix of experience required to appropriately assess callers' needs and refer on to the right supports required.

10. The Ministry of Health, Health New Zealand and Police will work together over the next six months to collect and analyse data to better understand people's needs, to determine effective interventions, and to explore alternatives such as having a fourth phone line option when calling 111 for those in distress.

11. In the short-term, Police and Health agencies will undertake a range of activities that can proceed without further data and investment including Police improving its triage of existing calls to limit the dispatch of police officers to low-risk, non-urgent incidents, reducing Police time in emergency departments (EDs) and strengthening the Earlier Mental Health Response (EMHR) telehealth line. The Minister for Mental Health has also directed Health officials to progress work to introduce peer support in some EDs. These actions form the first year of the transition plan.

12. Once we better understand why people are calling and what their circumstances are, Police and Heath agencies will report back to joint Ministers in October 2024. If Ministers agree, officials can then prepare a further Cabinet paper in November 2024 with advice on effective interventions and costs of the full transition plan, and how the government may invest to save in the long term. This advice will include the possible establishment of a fourth mental health option in the 111-emergency call system and the cost implications of such a service.

13. Māori are over-represented as service users and often present to services late, and in an acute state. Ensuring the crisis response system is tailored to their needs will improve outcomes across the continuum. Further work to develop the system response will require a strong te ao Māori perspective.

Recommendations

We recommend you:

a) **Note** that Cabinet invited the Minister of Health and the Minister of Police to report back to Cabinet by March 2024 with a five-year transition plan to transition from a Police-led response to a multi-agency response to 111 calls for people in mental distress [SWC-23-MIN-0118 refers].

b) **Note** that an increasing number of people with a broad range of health and social issues are presenting via 111.

c) **Note** that alongside the transition plan work, Police is resetting its response to mental health demand to enable it to step-back and redirect resources to core policing services.

d) **Note** that there are a range of activities that Health agencies and Police plan to undertake over the short, medium, and long-term. Agencies will have an initial

focus on the following: reducing Police time in ED, strengthening the Earlier Mental Health Response telehealth line, exploring alternatives for people calling 111 and progressing initial work to introduce peer support in EDs.

e) **Note** that the data currently collected about people calling 111 does not provide sufficient information about who is calling and what their needs are to design a fit-for-purpose multi-agency response and to be confident in the mix of supports required.

f) **Agree** to Health agencies and Police working together over the next six months on analysing the data to better understand people's needs, determine effective interventions, and explore alternative options such as having a fourth phone line option when calling 111 for those in mental distress.

g) **Agree** to take a paper to Cabinet in March 2024, outlining the transition plan work, as above, followed by a report back to joint Ministers in October 2024. If desired, officials can prepare a further Cabinet paper in November 2024 with advice on effective interventions and costs, and how the government may invest to save funds in the long term.

s9(2)(a)

Robyn Shearer

Deputy Director-General
Ministry of Health
Date: 29 February 2024

Hon Matt Doocey

Minister for Mental Health

Date:

s9(2)(a)

Abbe Anderson

National Director, Commissioning

Health New Zealand

Date: 29 February 2024

s9(2)(a)

Karla Bergquist

Director, Specialist Mental Health and Addiction

Health New Zealand

Date: 29 February 2024

s9(2)(a)

Jeremy Wood

Executive Director
New Zealand Police
Date: 29 February 2024

Hon Mark Mitchell

Minister of Police

Date:

Transition plan for responding to 111 calls for people in distress

Background

1. On 23 August 2023, the Cabinet Social Wellbeing Committee considered a joint paper from the Ministers of Health and Police: *People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response* [SWC-23-MIN-0118 refers].
2. The paper stated that an increasing number of people with mental health concerns and those in distress due to a broad range of health and social issues are presenting via 111.
3. Cabinet invited the Minister of Health and the Minister of Police to report back to Cabinet by March 2024 with a five-year transition plan to transition from a Police-led response to a multi-agency response to 111 calls for people in mental distress.
4. The purpose of the transition plan is two-fold: to alleviate pressure on Police time and to provide a better response to those in need who are currently calling 111.
5. Cabinet directed officials from the Ministry of Health, Health New Zealand, the Māori Health Authority, and the New Zealand Police (Police) to work with officials responsible for social services, housing, welfare, and other social supports to jointly develop the five-year plan to a multi-agency response.
6. Cabinet directed the five-year transition plan to focus on:
    a. the system continuum from triaging through to multi-agency responses and support options
    b. responses to different types and levels of mental health distress and those in distress due to a broad range of health and social issues resulting in calls to 111
    c. workforce and funding requirements
    d. a staged process to better respond to these calls
    e. providing better outcomes for people.
7. Cabinet noted that financial and resourcing implications will be identified as part of development of the five-year plan and these implications will need to be addressed in order for the plan to be implemented; and Cabinet agreed subject to that, the five-year plan will include:
    a. provisions for every Police district to have a multi-agency response in place
    b. an initial focus on improving triaging of 111 calls and initial telephone responses for people in mental distress, to support a multi-agency response.
8. Cabinet also noted that while longer-term planning is underway, Health and Police officials will take immediate steps to improve existing supports, build our understanding of the needs of people who present in mental distress via 111 and explore expansion of current multi-agency models (for example, Co-Response Teams).

Context

Police is currently responding to calls where there is very low safety risk and no criminality

9. Recent Police data shows that demand from those in lower-level mental distress is growing at a significantly faster rate than demand from those presenting with a high level of risk. Police is not equipped or funded to provide a response to those experiencing mental distress, where there is not a threat to life or safety. This growing demand is increasing pressure on Police (as lead responders) and reducing resource available for core policing services.

10. Data on the acuity of 111 callers' health or social needs is poor. In many cases callers' requests for service or support may not meet the threshold for response from Police, health, and other social sector agencies. However, all calls are taken by Police's Emergency Communication Centres (ECCs). ECC calls are logged and given a risk priority. If the risk is determined to be high enough a patrol car will be dispatched, either as a priority or for follow up. Lower-level calls are closed without any further action.

11. In 2022/23, Police received 77,043 calls (out of 1.1 million total calls received) that Police coded as a person in mental distress (1M) or threatening suicide (1X). The ECCs currently dispatch officers to approximately 30% of mental distress calls and 70% of suicide or attempted suicide calls. Police also transfer around 10% of mental health calls to the Earlier Mental Health Response (EMHR) line. However, Police have identified challenges and areas where this interface requires strengthening. For example, when they refer 111 calls to EMHR it can add to call times as the ECC stay on the line while they wait for EMHR to answer the call, and EMHR often have wait times.

12. Police have found on attendance at mental distress calls that only a very small number of these calls are real emergencies and an even smaller number present as either criminal or a risk to life or safety. This indicates that Police are responding to calls for support that are non-urgent and could be better directed to other agencies or support services.

13. Demand outstrips Police's capacity to respond. Attending non-emergency events prevents Police from delivering their core function. With each dispatch there is a chance officers could spend significant time at mental health events, either in peoples' homes or sitting with people awaiting assessments in emergency departments (EDs).

Police is resetting its response to mental health demand to enable a stronger focus on core policing

14. Increasing demand is affecting Police's ability to resource core policing services expected by the public and that only it can deliver. The Minister of Police expects Police to focus on core policing and reduce its focus on responses other agencies may have within their core functions.

15. Police has therefore determined it will change its operating model to better manage this demand. This will result in a range of changes in its response, including where possible, transferring calls from 111 to 105 (as non-emergency), and adapting its triage decisions for dispatching an officer and withdrawing from some service requests.

16. Police is seeking to minimise time spent on calls it does attend to enable staff to go back to core policing. Police can currently be expected to retain two staff with individuals they have brought to a place of mental health assessment for upwards of 4-5 hours awaiting assessment to take place. This is the equivalent of one officer being unavailable for a whole shift.

17. Police is therefore preparing to direct its staff to remain for a maximum of 60 minutes waiting time in EDs (unless behaviour or risk requires them to stay longer). Over time Police intends to move towards expecting its staff to return to duty within 15 minutes.

18. Police will continue to work towards multi-agency triage and referral mechanisms for 111 mental health demand, including co- or multi-agency response teams, where a crisis response from agencies is needed. Police will have an ongoing role when there is an immediate threat to life or safety. Police strongly supports the five-year transition plan, but workforce shortages and growing financial pressure on partner agencies mean this work is unlikely to provide immediate or short-term solutions at scale for Police.

Health agencies are experiencing significant demand and workforce pressures

19. Nationally, Health New Zealand mental health and addiction services deliver 24-hour community-based crisis response services. They provide assessment and short-term treatment services for people experiencing a serious mental health or addiction crisis and for whom there are urgent safety issues. The crisis response services can generally be accessed via 0800 numbers. Some districts contract with the national telehealth line for their crisis triage process and some do it with existing staffing.

20. There were 140,493 specialist mental health and addiction crisis contacts in the 2022/23 financial year (Source: PRIMHD national data collection).

21. As previously documented and publicly acknowledged, there is significant pressure and demand across all mental health and addiction services including increasing needs and increasing levels of distress. This is exacerbated by significant workforce shortages which means the system cannot meet current levels of demand for mental health and addiction services. Health services need to triage access based on acuity to ensure they are prioritising scarce mental health and addiction resource with the greatest clinical need for formalised support.

22. The scale of workforce shortages within publicly funded mental health and addiction services is significant. While health-led workforce development interventions have made a difference in recent years, ongoing substantial gaps in the mental health and addiction workforce are the greatest barrier to increasing access to services and ongoing service delivery and development. While these issues are not unique to New Zealand and are part of a wider global health workforce shortage, they will require more systemic interventions to make the workforce sustainable.

23. 111 calls that the Police code as 'mental health' capture a range of issues and drivers, psychological in some instances but also social issues like loneliness and stress about housing, employment and income that may manifest in distress and/or unusual behaviours, resulting in a call to Police. Not all the people calling require a formalised mental health and addiction service response and many do not all fall within the 'core business' of the health system.

24. Improving support for people experiencing distress is part of the ongoing work of Health agencies, but it needs to be deliberate and considered work to determine how scarce mental health and addiction resources are deployed. There are trade-offs that must be considered between deploying workforces for people calling 111 in distress, against things like prevention and early intervention, community-based alternatives, and stabilising current mental health and addiction services.

Joint agency work to develop the five-year transition plan

25. Since August 2023, Health agencies and Police have undertaken a work programme to develop the five-year transition plan. The Ministry of Social Development (MSD) has participated in a limited capacity.

26. Some areas for immediate improvement were identified (these are discussed in more detail below). However, the main finding was that the currently collected and available data does not provide sufficient information about who is calling 111, and what their needs are, to confidently design a system response that assesses callers' needs and refers on to the right existing supports, processes and channels with the appropriate mix and scale of resources required from across agencies.

What Police data is telling us so far

27. Police data shows that calls to 111 coded mental distress or suicide have increased by 152% and threatens/attempts suicide by 92% between 2013 and 2023. Of these, between two and four percent only have a criminal offence recorded against them.

28. Police are experiencing two things:

    a. often mental distress calls are triaged moderate to high risk, however when attended, the situation is found to be low risk from a safety perspective (but that the person may have some other kind of need).

    b. there are many calls that are low risk from the beginning. Therefore, the call is closed because a policing response is not required, with no referral to services or any other outcome and a key opportunity to identify a person in need and provide additional support before they reach crisis is missed.

29. This means:

    a. that a large percentage of calls Police receive are not for core business (including potentially from Health sites, inpatient units, and non-governmental organisations (NGOs)). More work is required to understand what the caller's needs are, so that another channel can be found.

    b. that there is potential for significant improvement in the system through better triaging and referral of calls.

30. Understanding the caller's needs, and better referral of calls would help meet the needs of people in distress and result in more efficient use of emergency services. Improved triaging of 111 calls is a key Police focus as part of its reset to responding to mental health demand.

To create a response that is fit-for-purpose more information is required to understand why people are calling and what they need

31. The data that Police collects does not contain full detail as to why people are calling. Each call does have the call taker's notes, and sometimes the Police record of the caller, but calls need to be listened to manually to ascertain further details. Most of the time, people's circumstances are unknown when they call, for example, whether they are engaged with other agencies.

32. It is important to acknowledge that the role of the Police 111 call takers is to rapidly determine if there is an emergency, whether officers should be dispatched or not and the priority of dispatch. It is not the role of 111 call takers to spend time engaging with a caller trying to ascertain the social, health, or wider issues that may have triggered the 111 call.

33. Without data on why people are calling or their circumstances, it is unclear what a fit-for-purpose multi-agency response should look like. It is not clear whether people are experiencing social or psychological distress and may hurt themselves or others, or just experiencing loneliness and need to talk.

34. This means that without further data collection and analysis, the composition of the multi-agency team is unclear, that is, to what extent Health, MSD, Kainga Ora, or other agencies should be involved. This work will build on existing supports and services.

35. To that end, Health New Zealand and Police propose to undertake further work to get a better understanding of the needs of people calling 111 in mental distress. MSD may also participate in this work to gauge the level of entitlements people received at the time of their call.

36. This will help to determine the needs people have, and how to structure a multi-agency response, including which agencies to involve, when they should be involved and best ways of working. Clear design structure for a fit-for-purpose response means we can also determine how best to cost the response, and where we can leverage existing supports and processes.

37. The further work proposed will inform how the government can spend to save in the long term. This work will be complete by October 2024, so that Ministers can consider next steps and if desired, take a paper to Cabinet ahead of Budget '25 bids being prepared.

Work has begun to improve the system response via the Transition Plan

The first year of the Transition Plan

38. A draft transition plan is attached as **Appendix One**. There is more detail in the first year about things agencies are starting on now, and higher-level items in later years that need to be informed by the data project before they can be detailed further.

39. As well as the data work outlined above, agencies have begun to investigate the feasibility of a fourth option when people call 111 in addition to Police, Fire and Ambulance. This will ensure people get their needs assessed and directed where they need to safely – the fourth option could direct people to, for example an MSD call centre, EMHR, peer support lines, and other helplines such as Youthline.

40. This will involve scanning to see whether there are any international examples of fourth options in place.

41. Agencies are also proceeding with a number of continuous improvement areas of work that can begin without any investment in the first instance. These include:

- *Improving EMHR*

  This work will examine how to improve EMHR by Whakarongorau (the national telehealth services) and the interface with Police. This involves continuing work underway to strengthen the EMHR line but acknowledges a potential stronger role for or promotion of 1737 and other telehealth lines giving people other options to call than Police.

- *Giving people alternatives to calling 111*

  This work will explore who is calling 111 and what existing supports are available to build from as there are already a number of channels across the social and health system.

- *Introduce new 111 triage responses and dispatch decision-making*

  This Police-led work will further limit the dispatch of frontline Police to non-urgent calls and reduce Police's service response to other mental health related callouts.

- *Reducing Police time in EDs*

  This work will look across EDs to lessen the time Police spend waiting with someone for their assessment under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act).

- *Safety for people in EDs and hospital spaces*

  Police receive call outs from hospital sites for a range of reasons, some of which are outside Police core business. Health New Zealand has work underway to improve safety for people in some EDs and hospital spaces. This work is broader than mental health. Future work will explore how having an increased safety presence may cut down on calls for Police service.

- *Design peer support across the continuum*

  Peer support workforces can journey with people and ease distress. The Minister for Mental Health has directed Health officials to progress initial work to introduce peer support workers in EDs. While this will not reduce incoming demand through 111 calls, it may improve responses to people presenting in mental health crises in ED settings. This work will begin in a small number EDs across the country, and links to work underway to build a peer support workforce.

Subsequent years of the five-year transition plan

42. Future stages of the transition plan require data work to be undertaken to determine how interventions are structured to be fit-for-purpose and cost-effective.

43. From a Health perspective, this work provides a real opportunity to improve the mental health and addiction continuum. Officials across the Health entities are working together to think about how things such as improved telehealth or peer workforces can have an impact across the whole continuum, and the best ways to leverage existing investment.

44. **Appendix One** outlines some ideas of the future years of the transition plan. These will be more developed after the data analysis is complete in time for a Cabinet paper by the end of 2024.

Models that could be expanded under the Transition Plan

Co-Response Teams

45. There are six approaches between Health and Police, and occasionally other parties (i.e. ambulance and iwi) operating. These aim to help a person move towards resolution of their crisis and enable front line Police to focus on core business. These responses deal with calls coded 1M (and some 1X) and are in addition to the traditional crisis response and community mental health teams but use the same Health New Zealand workforce. Police is not funded to contribute to co-response but has seen it as an improved response in comparison to solely a Police-attended incident.

46. The Wellington Co-Response Team is the only sustainably funded Co-Response Team across the country. Police considers that the six Co-Response Teams currently in operation provide valuable support to frontline officers and to individuals in mental distress. Health considers Co-Response Teams to be part of the continuum, but that there may be greater value in strengthening other parts of the continuum first. Given the workforce shortages discussed above, it is also difficult for Health New Zealand to staff both Co-Response Teams and crisis response teams with clinicians. If co-response continues to provide support where no safety issues are apparent, this will continue to draw police away from its core function.

Hubs and Crisis Cafes

47. There are current examples of alternative safe spaces for assessment other than EDs, for example the Mid-Central Crisis Café (Te Puna Wai) or the Hawke's Bay hub. These models offer a range of services, including alternative spaces for assessment and a meal.

48. Police support the hub concept provided they can take people in mental distress there for assessment including under the Mental Health Act, in hours longer than traditional business hours. To date, the Hawke's Bay hub has struggled with workforce issues and is largely only open during business hours; it also does not currently have the capability for Police to drop off people in mental distress (Police currently cannot access its services).

49. There is agreement that these models are a critical part of the future service landscape, but would require a safe space for assessment, longer operating hours, the ability to accept people brought in by Police, and something like a crisis café where people can get a meal.

50. Crisis cafes are typically staffed by peer support specialists, but essential to their effectiveness is a close working relationship with the local mental health crisis services, either co-located onsite or available at short notice close by. The evaluation of Te Puna Wai noted further work is needed to enhance the interface between the service and the local crisis response service but had high rates of service user satisfaction and anecdotal evidence of a decreased number of mental health and addiction presentations to the ED.

51. Part of the work to be done before the end of the year is to review what crisis hubs are currently available across the country, and where there are opportunities to begin these or crisis cafes. Work is also needed to review what social services hubs are available and whether there are any opportunities to combine these with crisis hubs.

Resourcing considerations

52. As noted above, a number of the current offerings are not sustainably funded. Once there is a greater understanding of the structure of a multi-agency team, agencies can determine what can be reprioritised to resource the teams and what new investment will be required.

53. Additionally, as discussed earlier in the paper, funding is one issue, but staffing is another – until other workforces are built to complement clinical staff (such as the peer support workforce) multi-agency teams will be difficult to staff. Any kind of national roll out of multi-agency team, Co-Response Teams or hubs will require significant investment and we may not have the clinical workforce to staff it.

54. Police have indicated they will also need further investment to staff a multi-agency response.

International practice

55. A short literature review was completed for this work. There are many international examples of Police, Health and social agencies working together to support people in distress, they vary considerably in approach and clientele, many in the United States, for example focus on homeless people and are funded by state taxes.

56. The UK Government has introduced the Right Care, Right Person National Partnership Agreement which requires a shift away from Police providing the primary response to mental health call outs to a partnership which aims to ensure more access to mental health and other support for those in need i.e. the right support from the right professional. The United Kingdom works on a regional delivery model where councils play a key role in service delivery. This enables strong local coordination (where NGOs and councils work closely together), and has created, over many years, a mature and a comparatively well-funded NGO system.

Equity

57. Māori are over-represented as service users and often present to services late, and in an acute state. Anecdotally, Māori do not call 111 as often as other population groups. Ensuring the crisis response system is tailored to their needs will ensure that outcomes improve across the continuum.

58. This work requires design from a mātauranga Māori perspective, as per the requirement in *Te Pae Tata* (the New Zealand Health Plan) and in the *Oranga Hinengaro System Service Framework*.

Next steps

59. Officials will prepare a Cabinet report back for March 2024 covering the content in this paper.

60. Once the data collection and analysis work are complete Police and Heath agencies will report back to joint Ministers in October 2024. If Ministers agree, officials can then prepare a further Cabinet paper in November 2024 with advice on effective interventions and costs of the full transition plan, and how the government may invest to save.

ENDS.

Appendix One – Transition Plan

YEAR 1a *(start immediately)*	YEAR 1b (start from July '24) Prepare budget bid	YEAR 2 *Investment begins*	YEAR 3	YEAR 4
2024/2025	2024/2025	2025/2026	2026/2027	2027/2028
Te Ao / Mātauranga Māori design of transition plan, ensuring that services work for and improve outcomes for Māori across the continuum.				
Data discovery and Info Sharing: • Info: Min data set • Data discovery: who's calling, what are their needs? • 45% referral pathway	**Working Together Framework:** • Understanding roles and responsibilities (inc legal) • Shared understanding of risk • Barriers • Triage work • Training Needs Analysis (cross agency) • Job spec for liaison roles	**Trial safe spaces for assessment in clinical and alternative spaces**	**Roll out ED and other safe spaces for assessments**	**Complete roll out of hubs/ multi-agency teams**
Improving EMHR *Improves the capacity of EMHR with Whakarongorau and the interface with Police.*	**Trial peer support workforce across the continuum**	**Trial rural and urban hubs and/or multi-agency teams**	**Roll out hubs and/or multi-agency teams**	**Begin evaluation of first hubs and/or multi-agency teams**
Providing alternatives to 111 Explores supports that callers could use instead of 111 and where we could build from existing channels.	**Design safe spaces for assessment in clinical and alternative spaces**	**Roll out Peer support workforce across the continuum**	**Campaign to get people calling other lines than 111**	
Explore 4th Option *This ensures people get directed where they need to safely*	**Design hubs/multi-agency teams**		**Funding for local solutions**	
Explore liaison role Health & Police to work across operational pressures - need at least one per district	**Explores further funding for telehealth to increase capacity**			
Get Police out of the ED faster *Police spend significant time waiting with someone for their assessment*	**If by Nov 2024, it's clear 4th option isn't happening, trial NGO support in ECC**			
Safety people in EDs and hospital spaces *To lessen the call on Police appropriately*				
Design peer support across the continuum *Peer support workforce can journey with people, being in relationship eases distress*				

Briefing

Cabinet paper for lodging - People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response

Date due to MO:	24 April 2024	**Action required by:**	1 May 2024
Security level:	IN CONFIDENCE	**Health Report number:**	H2024039331
		Police briefing number:	
		Health New Zealand number:	
To:	Hon Matt Doocey, Minister for Mental Health Hon Mark Mitchell, Minister of Police		
Consulted:	Health New Zealand: ☒ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Director-General, Clinical, Community and Mental Health Directorate | Te Pou Whakakaha Ministry of Health	s9(2)(a)
Jeremy Wood	Executive Director, Policy and Partnerships New Zealand Police	s9(2)(a)
Karla Bergquist	Director, Specialist Mental Health and Addiction, Hospital and Specialist Services, Health New Zealand	s9(2)(a)
Jo Chiplin	Director, Mentally Well Commissioning Health New Zealand	s9(2)(a)

Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Cabinet paper for lodging - People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response

Security level:	IN CONFIDENCE	**Date:**	24 April 2024
To:	Hon Matt Doocey, Minister for Mental Health Hon Mark Mitchell, Minister of Police		

Purpose of report

1. The purpose of this report is two-fold:

   a. to provide you with a final Cabinet paper, *People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response,* for lodging with the Cabinet office by 10am Wednesday 1 May 2024 for it to be considered at Social Outcomes Committee on Wednesday 8 May 2024.

   b. to provide you with a summary of the feedback that was received from departmental and agency consultation.

Lodging the Cabinet Paper

2. The attached paper needs to be lodged with the Cabinet office by 10am Wednesday 1 May 2024 for it to be considered at Social Outcomes Committee on Wednesday 8 May 2024.

Summary of Consultation Feedback

Departmental consultation feedback

3. There was a range of feedback from departmental consultation on the development of the Transition Plan.

4. The feedback received was largely about population or operational implications for each agency's respective populations or operations. This feedback will be factored into further development and implementation of the Transition Plan.

5. DPMC advised that they would like a reference and recommendation added that says any consideration of new funding for this work will be informed by Cabinet's discussion on the mental health work programme in May/June where Government can confirm its mental health priorities. This has been added to the Cabinet paper.

6. Feedback was received from Department of Corrections, Department of Prime Minister and Cabinet, Māori Health Authority, Ministry for Business, Innovation and Employment, Ministry for Pacific People, Ministry of Social Development (including Office for Seniors), Ministry for Women, Oranga Tamariki, and Te Puni Kōkiri.

Ministerial and coalition partner consultation feedback

7. Feedback was provided by the Minister for Statistics who noted his department was happy to lend advice on the data work but noted it did not need to be involved.

Next steps

8. After both Ministers have agreed the final version of the paper, it needs to be lodged by 10am Wednesday 1 May 2024 for the 8 May 2024 meeting of Social Outcomes Cabinet Committee.

Recommendations

We recommend you:

a) **Note** that there was a range of feedback on the paper. The feedback received was largely about population or operational implications.

b) **Note** that DPMC advised that they would like a recommendation added stating any future consideration of new funding for the Transition Plan will be informed by that discussion.

c) **Agree** to the Cabinet paper, *People in Mental Distress Presenting via 111: Transitioning to a Multi-Agency Response*, being lodged with the Cabinet office by 10am Wednesday 1 May 2024 for consideration at Social Outcomes Committee on Wednesday 8 May 2024. **Yes/No**

s9(2)(a)

Robyn Shearer
Deputy Director-General
Ministry of Health
Date: 22 April 2024

Hon Matt Doocey
Minister for Mental Health
Date:

s9(2)(a)

Jeremy Wood
Executive Director
New Zealand Police
Date:

Hon Mark Mitchell
Minister of Police
Date:

s9(2)(a)

Fionnagh Dougan
National Director
Health New Zealand
Date: 24 April 2024

s9(2)(a)

Abbe Anderson
National Director
Health New Zealand
Date: 23 April 2024

Aide-Mémoire

Suggested talking points for Social Outcomes Committee on 8 May 2024 - transitioning to a multi-agency response for 111 mental distress calls

Date due to MO:	6 May 2024	**Action required by:**	8 May 2024
Security level:	IN CONFIDENCE	**Health Report number:**	H2024040622
To:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: ☒ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Director-General, Clinical, Community and Mental Health | Te Pou Whakakaha	s9(2)(a)
Kiri Richards	Associate Deputy Director-General, Mental Health and Addiction, Clinical, Community and Mental Health | Te Pou Whakakaha	s9(2)(a)

Aide-Mémoire

Suggested talking points for Social Outcomes Committee on 8 May 2024 - transitioning to a multi-agency response for 111 mental distress calls

Date due:	6 May 2024
To:	Hon Matt Doocey, Minister for Mental Health
Security level:	IN CONFIDENCE **Health Report number:** H2024040622
Details of meeting:	8 May 2024, 10:30am
Cabinet Committee:	Cabinet Social Outcomes Committee
Purpose of meeting:	This Cabinet paper reports back on the work to develop a five-year plan to transition from a Police-led response to a multi-agency response to 111 calls for people in mental distress and those in distress due to a broad range of health and social issues. [SWC 23-MIN-0118 refers]. It outlines the immediate improvements that are being made in the first year, as well as data collection and analysis work to help inform design of the system response and other appropriate interventions (years two to five of the Transition Plan), that will be reported back to Cabinet in late 2024. Suggested talking points to support your attendance at the Cabinet Social Outcomes Committee are attached as **Appendix 1**. Kiri Richards, Associate Deputy Director-General, and Michael Woodside, Group Manager Strategy and Policy, will be available outside of the Cabinet Committee room if needed to support the discussion.

Comment:

Background

- An increasing number of people with a broad range of health and social issues are presenting via 111, many of whom do not require a police response but may require a health response or some level of social support.
- In August 2023, officials from the Manatū Hauora | Ministry of Health, Te Whatu Ora | Health New Zealand, Te Aka Whai Ora | the Māori Health Authority, the New Zealand Police (Police), and other social service agencies were directed by Cabinet to develop a five-year plan to transition from a Police-led response to a multi-agency response.

- The purpose of the transition plan is two-fold: to allow Police to focus on core policing; and to provide a better response to those in need who are currently calling 111.
- The mental health and addiction workforce and the Police workforce are experiencing unprecedented demand, and the former is carrying significant vacancies.
- The data currently collected about people calling 111 does not provide enough information about who is calling and why, and what their needs are to design a fit-for-purpose multi-agency response which builds on existing supports and channels.

Summary of decisions sought

- This paper asks Cabinet to note the work to develop the transition plan, and the work underway in the first year including data matching between data collected by Police, health, and social sector data to build a stronger picture of the range of service needs present in people calling 111.
- The decision sought is for Cabinet to agree to the Minister of Police and the Minister for Mental Health returning to Cabinet by November 2024 with more detail on years two to five of the Transition Plan including the investment required to implement a fit-for-purpose multi-agency response and any other interventions.

Next steps

Report back to Ministers later in 2024

- Once the data work has been completed and there is a better understanding of why people are calling 111 and what their circumstances are, Police and Heath agencies will report back to joint Ministers in late 2024.
- Officials can then prepare a further Cabinet paper with advice on effective interventions and costs of the full transition plan.

s9(2)(a) [redacted]

Robyn Shearer
Deputy Director-General
Clinical, Community and Mental Health Directorate | Te Pou Whakakaha

Appendix 1: Suggested Talking Points

Context driving this work

- There is high demand in the system – too many people calling 111 for Police to manage either at the Emergency Communications Centre (ECC) or once the call flows through to a front-line response.
- Police need to return to core policing (threats to life and safety) and consider a lot of time is tied up in non-priority work.
- People who phone 111 will have a range of health and social needs and are not getting what they need (and a number of people get nothing).
- There are considerable workforce pressures for both Police and Health, so we need to be deliberate in how we deploy these workforces to ensure we are getting the most value.
- The data that is collected is insufficient to understand people's needs and to determine effective interventions.

General summary of paper

- An increasing number of people with a broad range of health and social issues are presenting via 111.
- In August last year, Cabinet invited the Minister of Heath and the Minister of Police to report back to Cabinet by March 2024 with a five-year Transition Plan to transition from a Police-led response to a multi-agency response to 111 calls for people in mental distress [SWC-23-MIN-0118 refers].
- The purpose of the transition plan is two-fold: to allow Police to focus on core policing; and to provide a better response to those in need who are currently calling 111.
- The actions in year one of the attached Transition Plan include:
    - improving the responsiveness of the Earlier Mental Health Response (EMHR) clinical telephone service
    - promoting alternatives to calling 111
    - Police introducing new 111 triage responses and dispatch decision-making
    - reducing Police time in emergency departments
    - improving safety for people in emergency departments and hospital spaces (noting this work is broader than mental health and addiction)
    - trialling peer support in some emergency departments
    - considering the feasibility of a fourth option (as an alternative to choosing Police, Fire or Ambulance) when people call 111.
- Data currently collected about people calling 111 does not provide sufficient information about callers' social and health needs to design a fit-for-purpose multi-agency response and to be confident in the mix of supports required.

- Health agencies and Police are undertaking work to look at data collected by Police, health to build a stronger picture of the range of service needs present in people calling 111.
- Wider work is needed to create a responsive and joined-up mental health and addiction system, including strengthening crisis responses. I am committed to ensuring we are utilising current resources effectively, but this will also require further investment.
- I am intending to bring a set of priorities and a work programme for the Mental Health portfolio to the Cabinet Social Outcomes Committee for discussion in the coming weeks – this will allow Government to confirm its mental health priorities; any future consideration of new funding for the Transition Plan will be informed by that discussion.
- The Minister of Police and I are seeking Cabinet's approval to return to Cabinet by November 2024 with more detail on years two to five of the Transition Plan including the investment required to implement a fit-for-purpose multi-agency response and any other interventions.

Overview of the first year of the transition plan to a multi-agency response to 111 calls for mental distress

Health agency work

- Health New Zealand is exploring the introduction of peer support roles in EDs, as I recently announced.
- I will ask Health New Zealand to commence work on ED handover procedures with Police to reduce Police time in ED.

Managing ECC demand

- Health agencies consider working with Police on scripts for call takers as the first step to end calls sooner and safer is a priority, as it may alleviate pressure on call takers and reduce call times.

Data

- The data currently collected about people calling 111 does not provide enough information about who is calling and what their needs are to design a fit-for-purpose multi-agency response which builds on existing supports and channels.
- The current Police classification system for coding mental health related calls is very broad – many of those callers do not have a mental health concern, rather they are phoning due to other social concerns. Work to collect and analyse further data about callers' needs is a very important first step of the transition plan.

Workforce

- The mental health and addiction workforce is experiencing unprecedented demand and is carrying significant vacancies.
- Police are also facing unprecedented demand and are resetting their response to mental health demand to enable them to step-back and redirect resources to core policing services.
- We need to acknowledge the pressure on both workforces and consider how best to deploy these scarce resources to ensure we are getting the most value.

Improving telehealth capacity

- The Earlier Mental Health Response (EMHR) line enables triage and 24/7 mental health clinician support for Police. Health agencies are committed to ensuring this works well for Police.

Feasibility of a 4th option when calling 111

- Work on this is in the very early stages. Officials will provide advice on how best to proceed with this work, to determine feasibility and options.
- Establishing a separate 4th option response would likely be expensive. The phased approach we are proposing will enable us to see what bolstering other parts of the system does to reduce demand on Police before investing in this.

Other relevant information

- You may recall in the 2020 election, National campaigned for a roll-out of co-response teams (Police, Ambulance, and mental health workers) to respond to mental health related calls to 111.
- Co-response teams are an important part of our crisis system, but can draw heavily from scarce workforces, so we need to be deliberate in how we use these workforces.
- Co-response teams are one of several responses that will be considered further as part of the Transition Plan, but I have a strong focus on getting in earlier – to prevent some of these calls in the first place and respond earlier, before a co-response team would need to be deployed.