Budget 2019 mental wellbeing package: Overview as at 30 Sept 2022

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

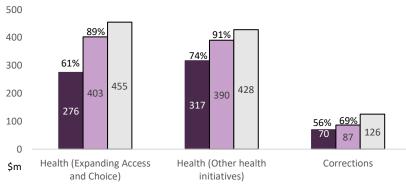
Overview of progress

- 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. Housing and Veterans' Affairs initiatives are now completed and no longer featured in reporting. Other progress highlights include achieving an enrolled population coverage of 2.63 million people through the integrated service stream of the Access and Choice programme; supporting more than 5,500 drop-ins at Haven Recovery Cafe for people with alcohol and other drug issues; and completing expansion of School Based Health Services to decile 5 schools.
- Population access and coverage of Access and Choice support continues to increase.
 Pacific services however continue to be rated as requiring significant attention due to challenges in hiring contracted FTE after expanded funding. Recruitment is progressing, and actual FTEs are expected to increase in the next quarter.
- The Mental Health and Wellbeing Commission is expected to release its second independent report into progress implementing the Access and Choice programme in the coming weeks..

Delivery risks and mitigations

Delivery risk	Mitigation
Health reforms placing pressure on services and sector	Support providers and sector to share challenges and solutions.
Health reforms resulting in transfer of responsibility for commissioning/ contracting	Having clear handover processes and providing hands-on support to other Health entities for the initial period after transfer of responsibility.
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), and crossagency collaboration to identify common barriers and solutions.
Lack of robust and complete data	Focus across select initiatives on enhancing data collection
Pace of delivery of mental	Health Infrastructure Unit working with districts

Funding by agency: 2019/20 - 2022/23

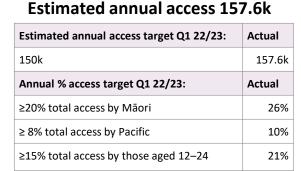


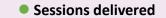
■ Current spend ■ Current funding committed ■ Funding appropriated to be spent by end 22/23

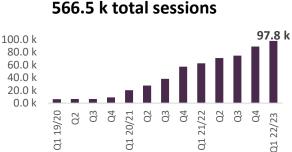
*Note: The figure above reflects best available information on the financial position for operating funding from 2019/20 to 2022/23. It shows how much of the appropriated funding has been spent as at 30 September 2022 and how much is committed to be spent by 30 June 2023. Some figures are estimates as 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.

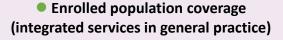
Expanding Access and Choice of Primary Mental Health and Addiction Support

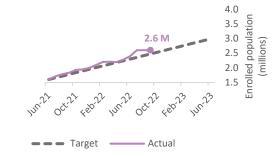






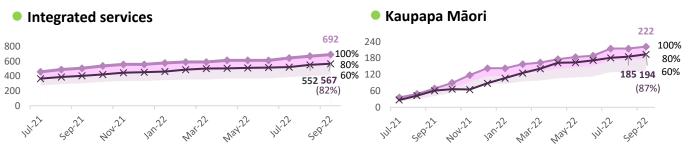


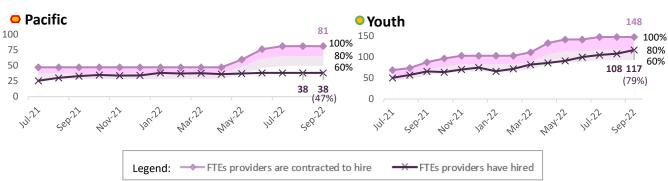




■ Sessions delivered per quarter

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



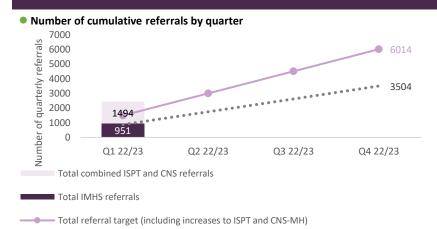


Providers are funded by Te Whatu Ora for FTEs and are responsible for recruitment. These graphs show hiring progress against what has been contracted.

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).

Corrections



••••• Baseline referrals from pre-B19 IMHS delivery (expected trajectory if no further funding was

Budget 2019 invested \$128m in Vote Corrections to increase access to mental health and addiction support for people in 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).

Mental health initiatives continue to progress well and are meeting expected referral numbers. In Q1 22/23, 951 IMHS referrals were made, slightly exceeding the target of 876 referrals, while 1,494 combined ISPT and CNS-MH referrals were made, exceeding the target of 628 combined referrals.

Corrections continues to work on improving data integrity and have set up phase two of their new data reporting system. This is undergoing user testing prior to implementation to ensure accurate reporting.

Budget 2019 mental wellbeing package: Initiative detail

As at 30 September 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.

Inis 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.							
Initiative	Vote	4-year funding	Status	Commentary on status	Planned milestone (end Q1 22/23)	Achieved (end Q1 22/23)	Forecast milestone (end Q2 22/23)
Primary and community supports							
Expanding access and choice: Integrated primary mental health and addiction services (accessed through general practice)			•			Enrolled population coverage of 2.630m Actual FTE at 82% of contracted FTE	s 9(2)(f)(iv)
Expanding access and choice: Kaupapa Māori services	Health	\$455.1 m	•	4,000 sessions from the previous quarter. Workforce challenges continue to be an issue for many Pacific providers. Despite these challenges the number of sessions increased by 100 for Q1. Some youth services providers had difficulty in recruiting FTE, however implementation is on track with over 11,700 sessions delivered in Q1, which is an increase since the last quarter.	Maintain actual FTE at 60–80% of contracted FTE	Actual FTE at 87% of contracted FTEOver 11,000 people seen during Q1	
Expanding access and choice: Pacific services	Health		O			 Actual FTE at 47% of contracted FTE Over 3,000 people seen during Q1 	
Expanding access and choice: Youth services	Health		•			 Actual FTE at 79% of contracted FTE Over 4,900 people seen during Q1 	
Well Child Enhanced Support Pilots (ESP)	Health	\$10.0 m	0	Counties Manukau district is in the procurement process to transition to a new provider so full recruitment has not been achieved. Lakes and Tairāwhiti continue to recruit whānau to services.	all sites	 Lakes are providing ongoing service delivery Counties remain in the procurement phase 20 whānau enrolled in Tairāwhiti service 	
Expanding and enhancing School Based Health Services (SBHS)	Health	\$19.6 m	✓	currently six-monthly. Reporting will increase to quarterly in 2023.	 Maintain access for 20,000–25,000 students at 35–40 decile 5 secondary schools, supporting 4,000–5,000 per year 	 From January 2022 to June 2022 SBHS was available to 20,471 students at 33 decile 5 secondary schools supporting 3,434 students in that six-month period 	
Preventing suicide and supporting people bereaved by suicide	Health	\$40.0 m	•	Initiative has multiple components, including community funds and district supports. Milestones relate to rollout of national bereaved support services and have been met, with delivery of sessions increasing 44% compared to Q4.	 Connect ~180 referrals to bereavement support sessions Deliver ~490 bereavement support sessions 	 202 referrals connected to bereavement support Delivered 681 bereavement support sessions 	
Addiction services							
Enhancing primary addiction responses	Health	\$14.0 m	•	well established, while some are still upscaling with vacancies to be filled. Haven Recovery Café, a peer-lead drop in space for people who are homeless with addiction issues, continues to operate well and has exceeded its recently	 8 sites operating at full scale (≥80% FTE recruited &/or expected number of people seen) ~3,800 drop-ins at Haven recovery café All 23.2 FTEs contracted in place 	 6 sites operating at full scale (either FTE or number of people), 2 sites upscaling 5,524 drop-ins at Haven recovery café 21 FTE in place (91%) 	
Enhancing specialist alcohol and other drug (AOD) services	Health	\$42.0 m	•	Majority of funding was for uplifts to existing services. Milestones focus on establishment of 7 new services. Service delivery across 6 active services (including South Island managed withdrawal network) is progressing well. Workforce shortages have been an issue in some areas, but solutions are being actively explored. Co-design for 1 further service is delayed but in the process of being contracted.	 ~150 people supported by 5 new services in North Island Districts 	 122 people and 10 whānau supported through services in North Island Districts 76 people supported in the South Island managed withdrawal network. 4 FTE in place in South Island managed withdrawal network 	
Te Ara Oranga – methamphetamine harm reduction programme in Northland	Health	\$4.0 m	✓	The service is well established, Te Ara Oranga continues to make connections and develop relationships among community agencies across Te Tai Tokerau.	 Maintain support for ~125 people/ whānau per quarter 	 339 people/whānau have been supported through Te Ara Oranga 	
Expanding the Pregnancy and Parenting Service (PPS)	Health	\$7.0 m	•	Winter illness has hampered service delivery, but services continue to scale up with slow but steady referrals. Challenges with building trust with community and vacancies at some sites. Providers are working in a more integrated manner to cover gaps in the clinical the workforce. Providers are also advertising vacancies on non-traditional sites in order to attract staff.	 Maintain support for ~100 whānau per site per annum (noting need to rebuild caseloads following COVID-19 response) 	 48 whānau groups (157 unique individuals) are being supported in Whanganui 79 unique individuals supported across Bay of Plenty 	
Specialist mental health supports							
Forensic mental health services for adults	Health		•	to be recruited when the building is ready. An update is awaited on adult	• 18.5–24.6 FTE in place by the end of Q1 22/23	• 23.75 FTE in place (77%)	
Forensic mental health services for young people	Health	\$34.0 m	•	services in Waikato on the model of care for the stepdown service, then commissioning can be finalised. Progress has been made with recruiting FTE to forensic services for young people, especially in Waikato.	• 23–30.7 FTE in place by the end of Q1 22/23	• 34.87 FTE in place (74%)	
Improving support for people experiencing a mental health crisis	Health	\$8.0 m	•	Initiative includes 2 components: a peer support crisis hub, He Tāwharau, and district crisis capability plans. Peer contacts at He Tāwharau are increasing. All districts have crisis capability plans, with the majority of FTE appointed.	 ~400 peer contacts by the end of Q1 22/23 Maintain full crisis capability plan recruitment of 10.7 FTE across all districts 	589 peer contacts (to end August)10.3 FTE in place (96%)	
Corrections							
Improving mental health services (IMHS)	Corrections	\$23.2 m	•	22/23.	• 876 IMHS referrals by end of Q1 22/23 (in addition to referrals achieved in 21/22)	• 951 IMHS referrals by end of Q1 22/23	
New intensive multidisciplinary mental health services delivered by Intervention and Support Practice Teams (ISPTs) New clinical nurse specialists in mental health (CNS-MH) roles	Corrections		•	referrals target has been increased for 2022/23 to reflect a gradual increase in services. Recruitment is ongoing with 65% of roles filled. The ISPT FTE forecast milestone has increased due to recruitment for a recently established ISPT	of Q1 22/23 (in addition to referrals achieved in 21/22) 23 FTF ISPT positions filled (full scale)	 1,494 combined ISPT and CNS referrals by end of Q1 22/23 13.8 FTE ISPT positions filled, 9.2 vacancies 5.8 FTE CNS-MH positions filled, 1.2 vacancies 	
Addictions Services Programme (Drug Treatment Programme [DTP] and Intensive Treatment Programme [ITP]	Corrections	\$24.5 m	•	The 1 established DTP and 1 ITP (incorrectly referred to as 2 DTP in Q4 21/22 report) are progressing well and meeting expected referral numbers. Three		 12 additional new starters at Tongariro DTP 3 additional new starters at Invercargill ITP with a total of 12 participants (full capacity) 	
Capital							
Capital investment in mental health and addiction facilities	Health	\$235 m	0		 Continuation of design and define phases Delivery phase for first sites expected to commence in first half of 22/23 	Design phase for all 5 sites	
Completed initiatives*							

Completed initiative

[✓] Promoting and Supporting the Health and Wellbeing of Veterans and their Families; ✓ Housing First; ✓ Transitional Housing; ✓ Improving employment for disabled people, people with health conditions; ✓ Housing support products to access and maintain tenancies; ✓ Support for Christchurch: Continuation of funding; ✓ New Mental Health and Wellbeing Commission; ✓ AOD 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.