

Appendix Two: System Transformation

System Improvement or transformation?

The difference between transformation and simple improvement is in the transformative shift in power from system to people.

An improved system builds on what exists and makes ongoing efforts to improve services in incremental steps. A transformed system requires a deep change to privilege people's needs over business rules and eliminate artificial barriers that exist within and between health services and other social services.

What might a new system look like?

Considered separately, improvement and transformation take us to different end points. But, understood as a stepped change the two future states chart a progressive change.

Table 1: Step change to a transformed system experience via an improved response

Current service emphasis	Improved response	Transformed experience
Mental health is misunderstood and considered a health problem and responsibility	Mental health is understood as a complex problem and a critical component of personal and societal wellbeing	Values personal experience of mental health and wellbeing factors and supports and responds to these
The response to need is medical and controlled by the system based on what is 'wrong' with the individual.	Provide a collective health and social response to identified needs.	Responsive to the complex needs and wants of a person and their family / whanau from the first contact
System needs put are put first and supported by business models.	Able to be flexible and innovative in our response.	Compassionate care based on relationships and benefit to
Response, choice and experience is different across the health system.	Deliver equitable outcomes that make a real difference for people.	Trustworthy performance based on being dependable, reliable, responsible, effective, and equitable.

What change is required?

The Ministry convened internal workshops to discuss these issues. As a first step towards transformation, the workshops identified system attributes impairing transformation. These controlling attributes included unconscious bias and operating in an ego-centric system focussed on protecting self-interest; use of diagnosis to define response; a risk averse approach that creates a fear of change; and a short term and issues focus that the infrastructure and resource needed to implement change.

New perspectives were used to describe a transformed system:

- Understand the mental health and addiction system as an eco-system of interconnected structures with shared values and ethics
- Get to know the new eco-system by defining its values and / or characteristics
- Personalise change by modelling the behaviours people want to show and feel
- Manage operational change by understanding whose behaviour needs to change and how to motivate this.

The workshops thus described system change in terms of different behaviour, conduct or performance.

Table 2: Critical change required to improve response and transform system experience

Improved behaviour	Transformed behaviour
<ul style="list-style-type: none"> • Focus on social determinants and not just health matters, supported by use of trauma informed care • Acknowledge societal and health system bias toward mental illness and addiction and provide non-discriminatory response • Organisations and services respond ‘together’ not sequentially through a continuum and choice of care • The right people are available to understand different needs and harmonise the response • Understand and acknowledge what works and what doesn’t, especially in terms of driving equity of outcome. 	<ul style="list-style-type: none"> • Equity of power and contribution between service user, their family / whanau and the system • Normalise the experience of distress and need for resilience in everyday living • Involve communities in the response to and support of people in need • Wellbeing professionals and teams provide continuity of care • The system reaches out to people and has time to build and maintain relationships • Openly share and debate performance at individual, family / whanau, sector, system and population levels.

What are the opportunities to promote change?

The workshops identified significant opportunities. There is an important caveat: the work undertaken so far, because of the short timeframe, has excluded service-users, who are the very people at the centre of a transformed experience. Also, the views of contributors to the system (external stakeholders) have not yet been sought. However, these missing views will be captured and considered by the Inquiry

The work undertaken is of potential value to the Ministry as the steward or leader of the system in terms of beginning the discussion of system transformation within the Ministry; supporting the Ministry submission to the Inquiry; and identifying issues for further investigation.

Table 3: *Action to get ahead* and support system transformation

Action to advance system transformation discussion within the Ministry
<ul style="list-style-type: none"> • Presentation to Ministry MH&A forums • Presentation to other priority areas and related projects within Ministry • Presentation to Mental Health Programme Governance Groups as they are formed
Action to support the Ministry submission to the Inquiry
<ul style="list-style-type: none"> • Use as framework / description for transformative change • Give clarity to extent of change needed
Investigative action to support transformation leadership and Inquiry response
<ul style="list-style-type: none"> • Options for national service-user group / partnership • Models of innovation support and enabling Service Commissioning can facilitate • Develop scenarios to promote and test transformative thinking • Build evidence of service gaps, needs and opportunities, including what investment is not working • Review and develop care to maximise impact of first contact • Options to engage emerging leaders in transformation

Summary insights from the Mental Health and Addiction *Thinking Ahead* workshops

Thinking that holds back transformative change:

- Ego-centric system operating in silos to protect self interest
- Reliance on diagnosis to define persons need
- Unconscious bias in design, delivery and decision making
- Risk adverse approach creates fear of change and restricts change
- Short term and issue focus restricts the development of infrastructure, capability and capacity to implement change

Thinking that promotes transformative change:

- Understand MH&A system as an eco-system of interconnected structures with shared values and ethics
- Get to know the new eco-system by defining its values or people experience
- Place people in the centre by modelling change in terms of the behaviours people want from providers
- Understand operational change by understanding whose behaviour needs to change and how to motivate this.

Current service emphasis	Improved response	Required change
Health responsibility Mental health is catch all for 'difficult' behaviour and cause of social disadvantage to be addressed by health system.	Wellbeing focus Understand mental health as a complex problem.	<ul style="list-style-type: none"> Focus on Social determinants Use of trauma informed care to understand 'what happened' and not just 'what is wrong' Address societal and health system bias.
Medical / disease model orientated Hierarchical experience, controlled by system members and focused on what is wrong with the individual.	Collective response Cross sector organisations working together on a common agenda and contributing relevant capability and capacity.	<ul style="list-style-type: none"> Non discriminatory response to support 'any door as the right door' policy Collective health, justice and social sectors response Respond across a continuum of care from prevention to treatment Choice of care pathways and wrap around services.
Rationing System needs put first, supported by business models.	Agile and adaptive services Ability to be flexible and innovative in our response to people and their needs.	<ul style="list-style-type: none"> Ensure any and every door is answered by the right person(s) Provide service pathways to meet stakeholder needs Provide service options for different needs.
Variable Response, choice and experience is different across the health system and a factor in equitable outcomes.	Based on outcomes Comparable outcomes that make a real difference for people.	<ul style="list-style-type: none"> Focus on equity of outcome Deepen understanding of needs and what works Align commissioning and investment approaches to outcomes.

Transformed experience	Required change
Values personal experience <ul style="list-style-type: none"> Holistic view of peoples wellbeing including, family / whanau, community, and environments Provide response options to match people beliefs. 	<ul style="list-style-type: none"> Normalise distress through use of models such as Pae Ora Involve communities and build community capability to respond to and support needs.
Responsive to complex needs <ul style="list-style-type: none"> Effective from first contact Recognises different perspectives Response fits the persons needs and wants. 	<ul style="list-style-type: none"> Equitable power and contribution between user and system Wellbeing teams come to known persons; whanau; communities Wellbeing professionals heal relationships Specialists engage with need, non-pathologised.
Compassionate <ul style="list-style-type: none"> Based on relationships; listen, empathise, sympathise, tolerant, concerned, caring. 	<ul style="list-style-type: none"> System is proactive, reaches out; whose door is the right door? Aren't doors unnecessary barriers? System has time to build and maintain relationships.
Trustworthy <ul style="list-style-type: none"> System is welcoming Actively build trust by being dependable, reliable, responsible, effective, equitable. 	<ul style="list-style-type: none"> Easily accessible first time and every time Stays with you and yours Makes a difference at individual, whanau, community and population levels.

Action to get ahead and to promote transformation
Build equal partnership <ul style="list-style-type: none"> Greater engagement and open forums to advance thinking and collaboration National service-user partnership Partnerships in planning and decisions.
Normalise innovation <ul style="list-style-type: none"> Less risk adverse; open Ministry mind and become facilitator of opportunity Think ahead using forecasting and scenarios Support flexible funding options.
Develop evidence for transformation <ul style="list-style-type: none"> Evidence of what is not working Comparable evidence from improved and transformed services
Co-design new models of care <ul style="list-style-type: none"> Develop 'first contact' approach to improve service-user experience Normalise MH&A through needs based models, whakawhanaungatanga, and community response Use of collective impact framework.
Remodel workforce <ul style="list-style-type: none"> Involve emerging leaders in transformation Design roles based on need, not job titles Re-emphasise compassion in practice.

Lavers identified to support change	
Policy, regulation and funding	Review legislation including CTO; Improve Human Rights Social Justice performance; investment / funding models; set agenda; equity; complaint procedures
Models of care	Care planning; setting; design; people-centred; thresholds; stigma and discrimination
Enablers	System intelligence: Performance measures; transparency; using information to change practice; evaluation; evidence; research; innovation; stop doing things that don't work;
	Workforce: Professionalisation; top of scope; credentialing; peer support;
	Commissioning: Outcomes driven – individual, societal; align incentives and contracting expectations; build collaboration; co-design; accountability planning: DAP / RSP etc; use of targets
Organisation	Conduit between Govt and sector, and Govt and Public; implementation science; Governance; willingness to change and model change; clinical leadership;

Key messages from 'Thinking Ahead' workshops
<ul style="list-style-type: none"> We seek transformative change while improving what we know works and filling service gaps to manage increasing demand Transformation starts by understanding what the people who experience and are impacted by mental distress, mental illness and addiction need and want The new eco-system must model the behaviours we want from stakeholder Change will be achieved by all stakeholders doing things differently and collectively, including the Ministry of Health Success must be measured by the extent to which the system delivers what the people who experience and are impacted by mental distress, mental illness and addiction need We can start to lead transformation now by careful use of language, thought leadership and the further investigation of pre-emptive change The 'Thinking Ahead' discussions, insights and pre-emptive change must be open to tangata whai ora and those who contribute to a collective response.