

Briefing

MID-TERM REVIEW OF THE 2019 MENTAL HEALTH PACKAGE

To: Hon Grant Robertson
Deputy Prime Minister

Hon Andrew Little
Minister of Health

| | | | |
|----------|------------|-----------------|-----------------|
| Date | 30/07/2021 | Priority | Medium |
| Deadline | 13/08/2021 | Briefing Number | DPMC-2021/22-16 |

Purpose


The purpose of this briefing is to outline the findings and recommendations from a mid-term review of the 2019 \$1.9bn mental health and addiction package, commissioned by the Deputy Prime Minister and the Minister of Health on 2 July 2021.

Recommendations

1. **Note** that agencies have made very good progress and that most initiatives funded in the Budget 2019 package are on track to deliver their intended outputs by 2023/24.
2. **Direct** the Director General of Health to work with his colleagues to put in place a cross-agency governance mechanism to ensure delivery of the remaining outputs, discuss common delivery issues and risks, particularly related to workforce, provider capability, procurement and reporting. YES / NO
3. **Direct** the Director General of Health to elevate the internal Assurance Group to provide formal internal governance and to include the mental health infrastructure programme as part of its scope. YES / NO

(note as the Assurance Group now has an external chair, it is more appropriate that it support the Ministry's Senior Responsible Official with implementation by acting as a "critical friend" than as an internal governance mechanism)

4. **Direct** the Director General of Health to provide advice to the Minister of Health as to how the Ministry will give effect to a system leadership role for mental health and addiction at an all of Government level with particular regard to the \$1.9bn initiatives. YES / NO
5. **Direct** the Chief Executive of the Department of the Prime Minister and Cabinet to share the findings of this Review with public sector chief executives that are about system leadership, formal governance, planning and reporting and processes for approval of material changes to original outputs and budget allocations in large cross agency programmes. YES / NO
6. **Direct** the Health Infrastructure Unit (HIU) to provide advice to the Minister of Health as to whether a ring-fenced funding allocation for mental health and addiction facilities should be provided for within the overall health infrastructure investment and how this would operate. YES / NO
7. **Direct** the HIU to:
- 7.1. Establish a policy platform for the Mental Health Infrastructure Programme. YES / NO
 - 7.2. Require the DHBs to use the Mental Health and Addictions Facility Design Guidance Note as a standard with approval being sought from the HIU for departure from the standard. YES / NO
 - 7.3. Directly deliver projects or parts there-of where DHBs have limited capability and capacity as assessed pre-business case or later in the process if required. YES / NO
 - 7.4. Work with Treasury to agree an appropriate business case template for mental health infrastructure projects that are less than \$10m YES / NO
8. **Direct** the Ministry of Health to prepare a communications plan for the Minister of Health to consider that notes the success of delivery to date providing an opportunity to act as a background to the launch of *Kia Manawanui Aotearoa*. YES / NO
9. **Agree** that this Mid-term review is proactively released, with any appropriate redaction where information would have been withheld under the Official Information Act 1982, in September 2021. YES / NO
10. **Indicate** whether you would like the Implementation Unit (IU) to work with the Ministry of Health and Department of Corrections to strengthen planning and reporting on delivery throughout the remainder of the programme. YES / NO



Katrina Casey
Executive Director, Implementation Unit

30/07/2021

Hon Grant Robertson
Deputy Prime Minister

Hon Andrew Little
Minister of Health

...../...../2021

Contact for telephone discussion if required:

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| Katrina Casey | Executive Director, Implementation Unit | s9(2)(a) | s9(2)(a) | ✓ |
| Chris McIntyre | Advisor, Implementation Unit | s9(2)(a) | s9(2)(a) | |

Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

MID-TERM REVIEW OF THE 2019 MENTAL HEALTH PACKAGE

Executive Summary

1. As part of Budget 2019 the Government allocated \$1.9bn in response to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*, particularly to significantly enhance support available to people with mental health and addiction issues in the community. 57% of the funding went to Vote Health, 24% to Vote Housing and Urban Development, 9% to the Royal Commission into Historical Abuse, agencies response and the settlement of historical claims, 7% to Vote Corrections and the remaining 3% to five Government agencies for various initiatives.
2. This mid-term Review was commissioned by Ministers on 2 July 2021 and it assesses the initiatives attributed to Vote Health, Vote Housing and Development, and Vote Corrections, 88% of the total package of initiatives. It also looks at the broader Mental Health Infrastructure programme which includes funding from New Zealand Upgrade, and Budgets 2015 and 2018.
3. The focus of the Review is on delivery of the outputs, risks and barriers to delivery and whether the appropriate governance, planning, reporting mechanisms are in place.
4. Strong progress is being made and most initiatives are on track to deliver or have already delivered their intended outputs by 2023/24. In particular, Housing and Urban Development have completed or are on track to deliver all of their planned outputs. Also notable is the progress the Ministry of Health are making on its largest component, establishing an access and choice programme.
5. An assessment rating against the capital infrastructure projects has not been made because many of these projects will not have completion dates set until their business cases are approved. Projects that have completion dates have had them adjusted by the relevant DHB and it was not possible to determine in the timeframe if they are on track for completion of the new dates.
6. The set of initiatives and associated outputs across the agencies has not been formed into a programme and has not had formal governance structures and cross agency programme documentation put in place. Each agency has independently implemented its initiatives although from time to time there have been some cross-agency discussions.
7. Each of the agencies has raised similar issues and risks with provider capability and capacity, workforce availability, and procurement. These are common issues that would better be addressed by the agencies working together under the leadership of the Ministry of Health.
8. The Ministry of Health sees itself as the system leader for mental health and addiction within the health system but not across all of Government. This is problematic because

other agencies are increasingly adding forms of mental health and addiction services as part of wrap around support for the people they engage with in their core business. The scope and design of these services are not generally the core business for these agencies. Delivery of these types of services as part of their core business should have some form of oversight from the system leader for mental health and addiction.

9. Putting in place system leadership that is beyond a coordination function will be essential to support *Kia Manawanui Aotearoa: Long-term Pathway to Mental Wellbeing (Kia Manawanui)* because of the recognition that mental wellbeing is not purely a health system concern and requires a strong all of Government approach.
10. Under the Health and Disability Reforms the Ministry of Health is the system leader for strategy, policy, all of Government programme configuration, monitoring and reporting to Government against delivery as well as assessment of expected outcomes. This will form its system stewardship and leadership role. Health New Zealand is responsible for direct operational delivery, commissioning for delivery within health and across government and non-government parties at local and regional levels. In this case this would be significantly strengthening what occurs now because Health New Zealand will be responsible for the health and wellbeing of the entire population and in this situation the most vulnerable populations. Given the \$1.9bn programme is at its mid stage it would be advisable for the Ministry of Health to consider how it could take up this broader system leadership role for this particular package and what levers it needs to do so as soon as possible.
11. There are some elements of practice that are worth being raised at a public service chief executive level. These involve ensuring that where Budget packages or programmes of work involve multiple agencies and delivered over multiple years that there needs to be clear accountability for leadership across agencies, formal governance mechanisms, a clear translation of the specified outputs into planning, reporting against those outputs, and cross-agency identification and resolution of common barriers and risks to delivery. Situations do change, and there needs to be a formal mechanism for changes to the original output specification or timelines or Budgets to be approved. The system put in place to implement cross agency programmes and initiatives needs to withstand restructuring and change of personnel and it should not rely on one or two key people to hold the knowledge about the original specification of the programme and its initiatives and outputs.

Purpose

12. The purpose of this briefing is to outline the findings and recommendations from a mid-term review of the 2019 \$1.9bn mental health and addiction package, commissioned by the Deputy Prime Minister and the Minister of Health on 2 July 2021.

Background

13. In response to *He Ara Oranga* the Government allocated \$1.9bn to a four-year package of cross-agency initiatives in mental health and addiction.
14. *He Ara Oranga* identified very wide responsibility for mental health and addiction spanning individuals, community, social and health systems. It recognised that the existing system was concentrated at the very acute end of the system both in terms of resource and availability of service and support. The Inquiry called for a new mental health and addiction system to be built on the existing foundations to provide a continuum of care and support. The Inquiry also recognised the need for further investment in the provision of support in non-health settings.
15. The focus of the \$1.9bn package was therefore to significantly develop the parts of the system focused on providing support early to those with low and moderate mental health wellbeing and or addiction needs. It was also recognised that capital was required to bring some of the acute mental health units up to an appropriate standard and to future-proof them. This need was further addressed through the New Zealand Upgrade Programme of work.
16. The Ministry of Health in its advice to Government prioritised building up community-based services. It recognised that a critical piece of system design needed is a review of the service operating model in acute mental health units, together with a substantive increase in availability and design of specialist services in the community. These represent major changes requiring further significant investment.

Scope of the Review

17. The Budget 2019 \$1.9bn package comprises 29 separate initiatives across several agencies. Ministers have sought a mid-point review to advise on whether the delivery of the package is on track and identify remedial action where necessary. A copy of the commissioning document is provided (Attachment A).
18. This Review assesses the current status of delivery overall and within key components of the \$1.9bn package (Figure 1); identifies barriers to successful completion, and identifies the actions required to ensure the package delivers its intended outputs in the intended timeframe.
19. The Review includes capital allocations for rebuilding and upgrading mental health units. The total value of the capital projects in scope is \$472m,¹ \$235m of which was funded through the Budget 2019 package. The remainder was funded through the New Zealand Upgrade Programme or the 2015 and 2018 Budgets.

¹ DHBs have added \$49m of their funding which increases the total budget to \$521m.

20. The focus of the Review is on the most critical components of the package that are funded through Vote Health, Vote Housing and Urban Development and Vote Corrections. These account for \$1.725bn of the \$1.961bn package total (88%).
21. The Review did not cover any funding related to the Royal Commission into Historical Abuse (totalling \$176.4m, 9%) or other initiatives funded through Vote Social Development, Vote Justice, Vote Courts, Vote Defence Force, and Vote Police (totalling \$59.9m, 3%). A full list of the components of the package is provided (Attachment B).

Figure 1. Overview of key components within the Budget 2019 \$1.9bn mental health package

| | | | | | |
|--|-----------------|-----------------------------------|--------------------|--|-----------------|
| Expanding access and choice of primary mental health and addiction support | \$455m (23%) | Expansion of Transitional Housing | \$283m (14%) | Royal Commission into Historical Abuse (7 agencies) | \$176m (9%) |
| Ring-fenced DHB funding for capital projects* | \$235m (12%) | Expansion of Housing First | \$194m (10%) | Mental health and addiction services for offenders (Corrections) | \$129m (7%) |
| Other initiatives across addiction, suicide prevention, and other primary and community care | \$215m (11%) | | | Other initiatives (5 agencies) | \$60m (3%) |
| Ring-fenced DHB funding to increase service levels in line with population and cost growth | \$213m (11%) | Ministry of Health | \$1.118bn (57%) | Housing and Urban Development | \$477m (24%) |
| Total: \$1.961bn | | | | | |

* Note: The \$1.9b Budget 2019 package allocated \$235m to capital projects. This review also considers projects funded outside this Budget 2019 package, not shown in this Figure.

22. The findings primarily draw from interviews with, and data provided by, the Ministry of Health, the Ministry of Housing and Urban Development, and the Department of Corrections. This Review did not include engagement with sectoral stakeholders, including DHBs, PHOs, and frontline staff.
23. Delivery status was assessed by examining agencies' progress towards delivering the outputs committed to in Budget 2019. Impact on wellbeing outcomes was not assessed. Agencies have planned or commissioned evaluations which will assess wellbeing outcomes. A list of evaluations under Vote Health is provided (Attachment C).

SECTION 1: OPERATIONAL COMPONENTS

24. This section assesses five operational components of the package within the scope of this review: expanding Access and Choice (\$455m), other health initiatives (\$215m), population and cost pressure funding to DHBs (\$213m), housing support programmes (\$477m), and mental health and addiction services for offenders (\$129m, total \$1.489bn). Assessments on capital projects are provided in Section 2.

Findings of the Review: Operational components

System leadership and governance

25. Interviews identified that agencies tend to view the \$1.9bn package as a collection of individual components and not a unified programme of delivery; no agency or other body formally governs the package. Agencies view themselves as responsible for their own components, accountable to their Ministers but not always aware of delivery in areas outside their own. From time to time there are cross-agency discussions and a summary report is produced for Ministers, Social Wellbeing Investment Committee, and/or the Social Wellbeing Board. However, the absence of overarching governance means that programme-level delivery is not regularly scrutinised, nor are any delivery risks, barriers or potential mitigating actions, particularly those that are common identified and resolved.
26. The Ministry of Health does not consider itself to have the responsibility or the available levers to exercise system leadership over this Programme of work. The Ministry does not consider itself to have an explicit mandate to direct elements of the package delivered by other agencies or to assess the impact of all of government initiatives with mental health and addiction components.
27. Under the Health and Disability Reforms the Ministry of Health is responsible for system leadership. This includes leadership over strategy, policy, programme configuration, monitoring and reporting on government programmes as well as the assessment of the expected outcomes. These form its system stewardship role. Health New Zealand is responsible for operational delivery, commissioning both within the health system and across government and non-government players at local and regional levels. In mental health and addiction, Health New Zealand would lead delivery initiatives because it is responsible for local populations' health and well-being, especially vulnerable populations experiencing mental health and addiction issues.
28. At a strategy level, through the approval of *Kia Manawanui*, the Ministry of Health, Minister of Health and the Government have explicitly acknowledged that the key to success in significantly improving the mental wellbeing of New Zealanders requires an integrated all of government approach which in turn requires strong system leadership and stewardship for strategy and policy, and over delivery. This in turn requires appropriate cross agency governance, planning and reporting structures to be put in place – thereby enabling common barriers and risks to be identified and addressed, reprioritisation or reformulation of aspects of the programme to be undertaken and cross agency prioritisation of resources






where this may be necessary. That would then lead to timely high-quality advice about the programme and changes needed to Ministers.

29. It is important to note that despite the absence of an overarching governance structure, or system leadership on mental health and addiction, agencies have made clear and measurable progress on their respective components of the package.






Overall status of delivery of outputs

30. Overall, most initiatives funded by Budget 2019's \$1.9bn mental health and addiction package are on track to deliver or have already delivered their intended outputs by 2023/24. Table 1 provides a status overview across the package. More detail on each main component is provided in the following sections of this report and in Attachment D.
31. Some initiatives have had extended periods of consultation and service design. This is in keeping with the intent to co-design new primary and community mental health and addiction services with Māori and local communities and was planned for in the Budget.

Table 1. Overall delivery status of key components of the \$1.9bn mental health and addiction package

| Key component | \$m | Delivery status |
|--|-----|---|
| 1 Health: Expanding access and choice | 455 |  New integrated primary care services cover 1.5m people and delivers services to approx. 84,000 people annually. Further workforce development is required for Māori and Pacific services. |
| 2 Health: Other initiatives | 215 |  9 of 14 initiatives are complete or on track; attention is required on recruitment for specialist and primary addiction services, at one Well Child Tamariki Ora site, and across suicide prevention. |
| 3 Health: Ring-fenced DHB funding to increase service levels and meet cost pressure | 213 |  Funding allocated to DHBs to increase services in line with population and cost growth. No information is available on the incremental impact of this spend. |
| 4 HUD: Housing support programmes | 477 |  Delivery of additional 1,000 Transitional Housing places is complete. Housing First has delivered ~600 of 1,044 additional places and is on track to deliver the remainder by June 2023. |
| 5 Corrections: Mental health and addiction support for offenders | 129 |  Several components are complete or on track. Increases to services under the Improving Mental Health Services component (\$42m of the \$129m) are on hold pending a review due to report back in mid-2022. In the interim, funding has been deployed to establish other services. |

Key

| | |
|---|--|
|  | On track – continue to refine |
|  | Mixed – some aspects require attention |
|  | Problematic – aspect(s) require significant attention and action |
|  | Off track – requires urgent attention and action |
|  | Insufficient information available to form an assessment |

Issues and risks to address across the package

32. Strengthened system leadership and governance will help to mitigate several emerging delivery risks common across agencies. These are:
- a) **Recruiting and developing the workforce:** Agencies cite the available workforce as the main risk to delivery. Growing, developing and retaining a suitably qualified workforce is key to ensuring the mental health and addiction package delivers on its intended benefits. All three agencies either directly or through their providers are effectively competing for a similar workforce, but workforce planning and management is mostly siloed. Coordinated, system-level workforce demand and supply mapping would benefit all agencies providing mental health and addiction services.
 - i) Budget 2019 funded approximately 1,800 to 2,000 new FTE positions in mental health and addiction services including clinical, non-clinical and cultural positions in the period to 2023/24. There is no precise figure available for the number of staff hired and trained to date via DHBs, PHOs, NGO providers, and agencies – but the best estimate is between 600 to 700 FTE.
 - ii) This issue is especially acute for clinically trained staff and staff with cultural competency to provide services for Māori and Pacific peoples, particularly under the Access and Choice programme.
 - iii) Covid-19 has exacerbated workforce pressures by limiting international recruitment and, at least temporarily, redirecting staff to support the Covid-19 vaccine roll-out.
 - iv) Different agencies may use different frameworks and standards to train their workforce. There is an opportunity to standardise how frontline staff are trained across the mental health and addiction workforce, regardless of which agency or provider employs them. A clear mandate from a system leader for mental health and addiction would help to strengthen emerging areas of cross-agency coordination at the working level.
 - b) **Stewardship over procurement:** The organisational linkages from agencies to front line service delivery are varied and rely on agencies procuring services through or from third parties, including DHBs, NGOs, and iwi providers.
 - i) Agencies report three main delivery risks related to procurement: the increased investment into the sector placing pressure on existing procurement capacity and capability; varying levels of provider experience and capability driving greater-than-anticipated need for agency support, and new procurement processes taking time to co-design (for example, kaupapa Māori procurement processes for services under Access and Choice).
 - ii) To address these risks, greater support for building provider capacity may be necessary where procurement processes unduly constrain progress. Capability and capacity constraints within agencies could be flagged and addressed more proactively, before they risk procurement delays.

- c) **Planning and reporting:** Current models of reporting progress across the package are not adequate for providing leaders an informed view of whether the package and/or its components and initiatives are on track. Reporting does not surface the key barriers to delivery which makes it difficult for leaders to intervene to bring delivery back on track.
- i) Reporting primarily focusses on activities conducted month to month. With some exceptions, agencies do not report their activities against planned interim outputs. This makes it difficult to know whether implementation is on track.
 - ii) Much of the information requested for this Review was not readily available. In some cases, information appears to have been obtained or collated specifically to respond to requests for assessments of progress but is not used in regular reporting. This indicates that components and initiatives are not always set up with clear plans or internal progress management and reporting.
 - iii) Many initiatives do not forecast trajectories for key inputs or outputs. This was understandable at the beginning of the programme, as many initiatives include design and delivery of new services without precedents. However, two years on, all initiatives are now at a stage of implementation where milestones for key inputs and outputs could be established and routinely reported against.
 - iv) Delivery issues, risks and solutions are not elevated as part of cross programme reporting and nor are any proposals to re-orient or change any of the original programme specification. This limits leaders' ability to intervene before delivery goes off track.

Delivery status of key components

Key component 1: Ministry of Health: Expanding Access and Choice

- 33. Overall, the expanding access and choice package is **on track** to meet its coverage and access goals by June 2024 (Table 2) with attention required on recruiting and training workforce for Māori and Pacific services.
- 34. Expanding access and choice of primary mental health and addiction support is the largest component of Vote Health (\$455m). Its primary aim is to establish primary mental health and addiction support services that will provide access for 325,000 people per year by June 2024.
- 35. The access and choice package funds four service delivery streams through which people can access primary mental health and addiction support (totalling \$339m). The package also funds workforce development (\$77m) and enablers to support implementation (\$39m). The four service delivery streams are:
 - a) clinical and non-clinical mental health and addiction staff integrated into GP practices (Integrated Primary Mental Health and Addiction Services, or IPMHAS)

- b) tailored services for Māori
 - c) tailored services for Pacific peoples
 - d) tailored services for young people
36. Each service delivery stream has distinct output estimates for how many people will access services, and are at different stages of implementation (see Table 2).
37. An evaluation on the impact the access and choice package has on mental health and wellbeing outcomes is expected by March 2022. Evaluations for kaupapa Māori, Pacific, and Youth services are due in March 2023, March 2023, and June 2023 respectively. A full evaluation schedule is provided in Attachment C.

Table 2. Delivery status of components within Expanding Access and Choice.

| Key component | \$m | Delivery status |
|---|------------|--|
| Health: Expanding access and choice | 455 | On track – component assessments below |
| Integrated Primary Mental Health and Addiction Services | 186 | Approx. 1.5m people are covered by primary mental health and addiction services. Approx. 84,000 people per annum access services, on track to reach indicative 185,000 goal in 2023/24. |
| Tailored services for Māori | 62 | 7 services are operational in 7 DHB areas; only 43% of contracted FTEs ² are hired. Procurement continues across DHBs. 218 sessions delivered in May, towards indicative 85,000/year access goal. |
| Tailored services for Pacific peoples | 25 | 9 services are operational in 7 DHB areas; only 53% of contracted FTEs are hired. Procurement will continue in 2 DHBs. 1,316 sessions delivered in May, towards indicative 25,000/year access goal. |
| Tailored services for young people | 66 | 18 services fully or partially operational across 14 DHB areas. Procurement continues in 5 DHB areas. 67% of contracted FTEs are hired. 3,134 sessions delivered in May, towards indicative 50,000/year access goal. |
| Workforce development | 77 | Strong progress overall; attention required to ensure Māori and Pacific workforce growth continues. |
| Enablers | 39 | Providing appropriate implementation support across the programme. |

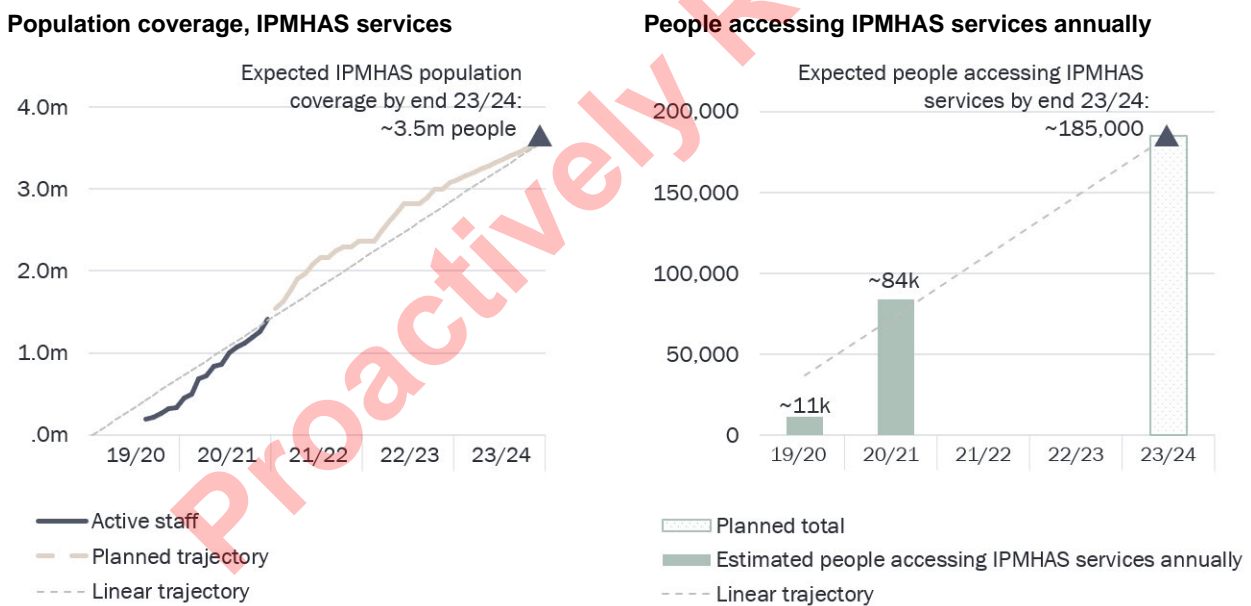
² 'Contracted FTEs' refer to FTEs that DHBs or providers have been contracted to provide. The number of active FTEs is lower if staff have not yet been recruited or trained.

Integrated Primary Mental Health and Addiction Services (IPMHAS)

38. The IPMHAS stream is **on track** to deliver its intended outputs.

- a) Implementation of integrated primary services is tracking slightly ahead of the planned trajectory. Services now cover 1.5 million people³ towards a coverage goal of 3.5 million by 2023/24. Access levels as at May 2021 are approximately 84,000 per annum (see Figure 2).
- b) Progress towards key inputs is also on track: collectively, DHBs are ahead of the planned trajectories for hiring clinical and non-clinical IPMHAS staff (Figure 3) though some DHBs are slightly behind trajectory.
- c) There is relatively good data collection across IPMHAS, and the Ministry now has enough operational data to create quarterly goals for key inputs (such as the number of FTE who are trained and actively delivering services) and outputs (such as population coverage and access). Reporting progress against input and output forecasts would allow for regular assessments of whether delivery is on track and provide early indications for elements requiring attention.

Figure 2: The IPMHAS service delivery stream is ahead of plans for population coverage and access



³ 'Service coverage' refers to the number of people entitled to access IPMHAS because it is available in their GP. Some New Zealanders may not have easy access to face-to-face services provided under the Access and Choice programme if their GP has declined to have clinical staff in their practices or if they are geographically distant from service providers.

Tailored services for Māori, Pacific peoples and Youth

39. Tailored services for Māori, Pacific peoples and young people are at an earlier stage of delivery relative to IPHMAS. It is not yet possible to assess whether key outputs (e.g. population coverage and the number of people accessing services) are on track. Assessments are based on progress towards key inputs, such as contracting service providers and hiring staff.
40. As Māori, Pacific, and youth services scale up, the Ministry should establish forecasts for coverage and access, as well as routines for collecting data and reporting on progress.
41. Progress towards establishing tailored services for Māori is **mixed**.
- a) Budget 2019 planning anticipated a longer ramp-up period, reflecting a more extensive co-design period and the establishment of new kaupapa Māori procurement processes which include two streams: Tuakana, for established providers, and Teina, for new providers.
 - b) Co-design and procurement has taken longer than anticipated in each stream, but is now largely complete within the Tuakana stream. As at July 2021, nine contracts are in place across 11 DHB areas, and seven of those services are operational. Four more services are under procurement. Hiring for contracted services is behind schedule: only 43% of contracted FTEs are hired. For the Teina stream, procurement is ramping up more slowly as the Ministry works with providers to build their capacity. The Ministry expects to contract two Teina services by September. Further procurement is at too early a stage to determine when procurement may be complete.
 - c) There is not enough information to assess whether the current trajectory of service coverage will achieve the coverage and access goals set out, though the Ministry is planning further procurement in Waikato, South Canterbury, Nelson Marlborough and other areas to fill gaps in service provision.
42. Progress towards establishing tailored services for Pacific peoples is **mixed**.
- a) As at July 2021, nine services are now contracted in seven DHB areas. While all nine services are operational, only two have hired all their funded FTEs. 53% of contracted FTEs are hired.
43. Progress towards establishing tailored services for young people is **on track**.
- a) 20 services are contracted in 15 DHB areas, with procurement ongoing in Counties Manukau, Taranaki, Hawke's Bay, Tairāwhiti, and Whanganui. 11 services are fully operational and 7 services are partially operational, in 14 DHBs.
 - b) Hiring is slightly behind schedule, with 67% of contracted FTEs hired. While Youth services face the same sectoral workforce challenges, they do not appear to face the same workforce constraints as Māori and Pacific services.

Workforce development and enablers

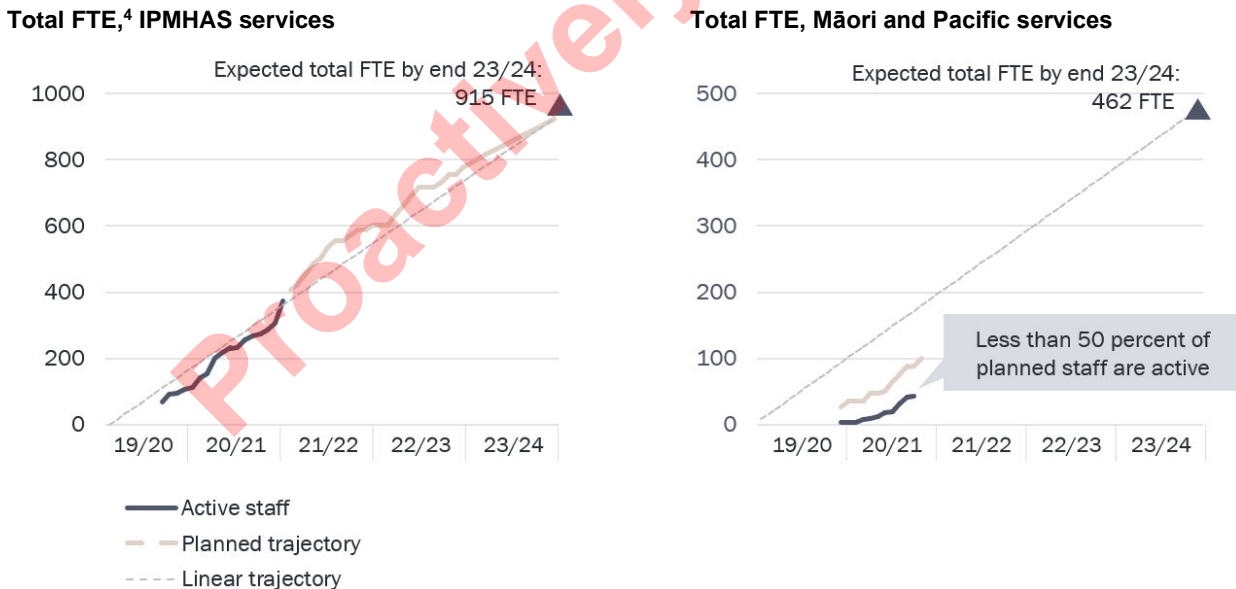
44. Progress is **mixed** for workforce development.

- a) The main challenge appears to be hiring clinical staff suited to provide services for Māori and Pacific peoples.
- b) To address workforce challenges, the Ministry is working closely with workforce development centres Te Rau Ora (for the Māori workforce) and Le Va (for the Pacific workforce) to plan workforce growth. The Ministry is also ensuring baseline funding supports new skills and competencies needed to support new services. (Some of this is funded outside the Budget 2019 package). Additional workforce development initiatives from the Budget 2019 package include scholarships and bursaries, cultural competency training, and working with service providers to support their development.
- c) The Ministry should continue collaborating with workforce development centres to ensure the workforce grows in step with demand and could consider reporting earlier indicators of the workforce pipeline to allow for early intervention if growth is off track.

45. Progress is **on track** for enablers.

- a) This stream includes evaluations, IT and databases, regional support for collaborative design and implementation, a shared learning network for the system.

Figure 3: Hiring is on track for IPMHAS services, but lagging for Māori and Pacific services



⁴ Note: total FTE includes all clinical, non-clinical, and cultural staff. Youth services FTE not shown.

Key component 2: Other initiatives within the Ministry of Health

46. Progress towards other initiatives within Vote Health is **mixed** overall (Table 3). Nine of 14 initiatives are **on track** to achieve their intended outputs. Progress on four initiatives is **mixed** and requires further attention. There was not have enough information available to assess progress on one initiative, the expansion of nurses in schools, and the Ministry should seek more detailed reporting from DHBs in this area.
47. \$215m of funding in Vote Health covers 14 initiatives including specialist alcohol and drug services, suicide prevention, forensic services, other primary and community services, and wellbeing initiatives. Each initiative has distinct outputs, including enhancing and expanding existing services and creating new services.

Table 3. Delivery status of other initiatives within Vote Health.

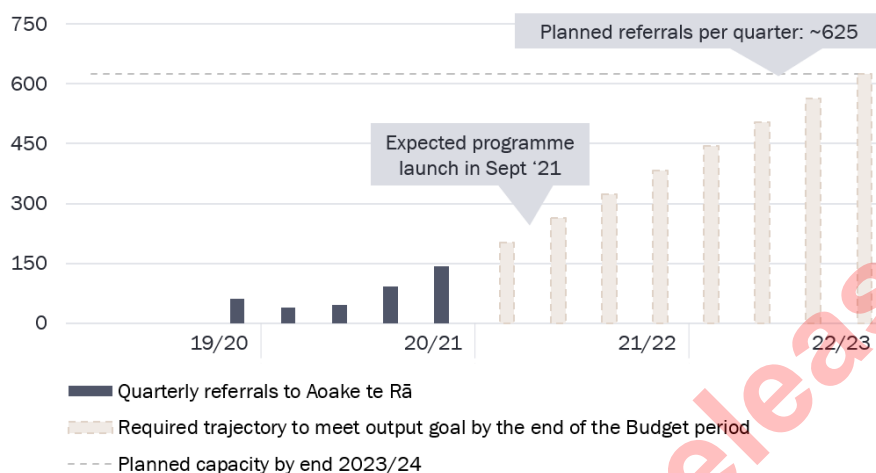
| Key component | \$m | Delivery status |
|---|--|--|
| Health: Other initiatives | 215 | Mixed – While most initiatives are complete or on track; attention required in some areas |
| 9 initiatives | 20.8 19.0 15.0 8.0 8.0 7.0 5.5 4.0 2.2 | On track: <ul style="list-style-type: none"> • Expanding Telehealth and Digital Supports, • Forensic Mental Health Services for Youth • Forensic Mental Health Services for Adults • Support for People Experiencing a Mental Health Crisis, • Mental Health and Wellbeing Commission • Expanding Pregnancy and Parenting Service • Continuation of Funding for Support for Christchurch • Te Ara Oranga • Promoting Wellbeing in Schools |
| 4 initiatives | 42 40 14 10 | Mixed: <ul style="list-style-type: none"> • Enhancing Specialist AOD Drug Services • Preventing Suicide • Enhancing Primary Addiction Responses • Mental Wellbeing Support for Parents and Whānau |
| Expanding School Based Health Services | 19.6 | Insufficient information – the team is confident delivery is on track but was not able to produce data showing whether additional nurses had been hired into schools. |
| Note: Intended outputs for each initiative, and the status of delivery, are provided in Attachment D. | | |

48. Implementation is **complete** or **on track** for nine of the 14 initiatives. Select examples of outputs achieved as at June 2021 include:
- a) Telehealth capacity increased by 58,000 contacts per year and has met increased demand. Procurement is complete for digital supports for mental wellbeing through to February 2022, with procurement nearly complete to extend services further.
 - b) New forensic mental health and addiction professionals (31 FTE) are providing services for adults and youth across all regional forensic mental health services.
 - c) A full complement of staff (10.7 FTE) are now operating in emergency departments to improve support for people experiencing a mental health crisis.
 - d) New capacity for providing pregnancy and parenting support is available to 100 women at sites in Eastern BOP and Whanganui. Focus is now on outreach to improve uptake of the service.
 - e) The Mental Health and Wellbeing Commission is fully operational, and the Ministry has supported the Crown response to the Royal Commission into Historical Abuse.
49. Progress is **mixed** on four initiatives, which each have aspects requiring attention:
- a) ***Preventing Suicide and Supporting People Bereaved by Suicide***. This initiative comprises several components, the largest of which are Māori and Pacific Suicide Prevention Community Funds (\$12.4m), support services for people bereaved by suicide (\$9.7m), and capacity building for Suicide Prevention Coordinators within DHBs (\$2.0m), along with other strategies including system leadership, communications, and provision of information and resources.
 - i) The first funding rounds for the Māori and Pacific Suicide Prevention Community Funds were completed in June and July 2020 and delivery appears to be on track. The Ministry administers the funds through two providers, Te Rau Ora for the Māori fund and Le Va for the Pacific fund, who report on progress to the Ministry and are responsible for ensuring grantees deliver their planned outputs.
 - ii) The establishment of new support services to people bereaved by suicide (Aoake te Rā) is ramping up (Figure 4) and 72 of approximately 200 planned counselling providers are on board. The current state of progress is due to a long co-design period and is expected to pick up once the service is formally launched in September 2021.
 - iii) Planned trajectories could not be provided to show how services would ramp up over time to allow assessment of what is required to achieve intended scale by the end of the Budget period.
 - iv) The main delivery risk for the suicide prevention initiative is ensuring service providers are delivering the intended outputs and reporting on this so that the Ministry can actively intervene and assist providers to deliver where necessary. The

Suicide Prevention Office is responsible for a wide range of activities and may not have the capacity to closely steward service delivery from providers at present.

- v) It is important to note that this initiative is only one element of the Ministry's broader system approach to suicide prevention, and that other initiatives in the wider programme (such as Access and Choice) will also help to prevent suicide.

Figure 4. Aoake te Rā is ramping up, and a strong launch is crucial to achieving scale.



- b) **Enhancing Specialist Alcohol and Drug Services:** Approximately 90% of funding is now committed to DHBs to hire additional staff into roles to increase regional coverage of specialist services. The main barrier to increasing service coverage is the recruitment of specialist staff. If DHBs can recruit, train, and retain staff, particularly in rural areas, this initiative should achieve its intended outputs.
- c) **Enhancing Primary Addiction Responses:** Services are operational at two of 10 planned sites, Auckland and Taranaki. Four sites are expected to launch by October 2021 and four more in 2022. Light-touch services provided at the Auckland site (Haven) have far exceeded expected outputs for the entire initiative. However, higher-touch services at the other sites are still coming online and will serve a further 500 people per site. The main barrier to bringing new sites online is the recruitment of specialist staff. This initiative should achieve its intended outputs if DHBs can recruit, train and retain staff, with support from the Ministry to grow the workforce.
- d) **Mental Wellbeing Support for Parents and Whānau:** Well Child Tamariki Ora pilots are active in two sites (Lakes and Counties Manukau) with capacity for up to 60 families per site. These sites are now focussed on recruiting participants and have expanded their criteria in order towards filling the available capacity. The Tairāwhiti site is not yet operational and the Ministry should support Tairāwhiti to bring the third site online.

50. There was not enough information to assess progress on **Expanding and Enhancing School Based Health Services**.

- a) The Health initiative team report confidence that nurses are now available in all decile 5 schools, in addition to decile 1-4 schools funded prior to Budget 2019. They have also funded DHBs to increase their student to nurse ratio from 750:1 to 700:1.
- b) However, the team could not produce data supporting these claims. Data on implementation progress is not routinely collated across DHBs. As a result, no assessment could be made as to which schools have nurses, how many students are covered and accessing services, and how this differs since Budget 2019. The Ministry should undertake this work so it can report to Ministers on progress towards completion.

Key component 3: Ring-fenced DHB funding to increase service levels and meet cost pressures

51. Budget 2019 provided \$213m in ring-fenced funding to DHBs to increase existing provision of mental health and addiction services on a population increase basis and to address cost pressures.

Table 4. Delivery status of funding uplift to DHBs.

| Key component | \$m | Delivery status |
|--|-----|---|
| Ring-fenced DHB funding to increase service levels and meet cost pressures | 213 | Funding allocated to DHBs to increase services in line with population and cost growth. Data is not available on the incremental impact of the spend. |

- 52. Funding is allocated by a formula accounting for population increases, demographic changes, and inflation. There is no requirement for DHBs to allocate funding to specific services within mental health and addiction but they must only spend it on these services.
- 53. The Ministry of Health monitors DHB performance and spending as part of its routine business. No specific information is available on the incremental impact of the \$213m funding increase.

Key component 4: Housing support programmes

54. Housing support programmes are **on track** or have **completed** delivery of additional places funded in Budget 2019 (Table 5).

- a) Housing and Urban Development received \$477.4m in Budget 2019, to support two initiatives: 1,000 new places in Transitional Housing by December 2020, and 1,044 additional places in Housing First by June 2023.

Table 5. Delivery status of initiatives under Housing and Urban Development

| Key component | \$m | Delivery status |
|---|-----|---|
| HUD: Housing support programmes | 477 | On track or complete – components below |
| Continued provision of Transitional Housing | 283 | Complete – 1000 additional places were provided in February 2021, approximately on schedule. |
| Maintain and Strengthen Housing First | 194 | Approx. 600 of 1,044 additional places delivered, with remainder on track to be delivered by June 2023. |

Transitional Housing

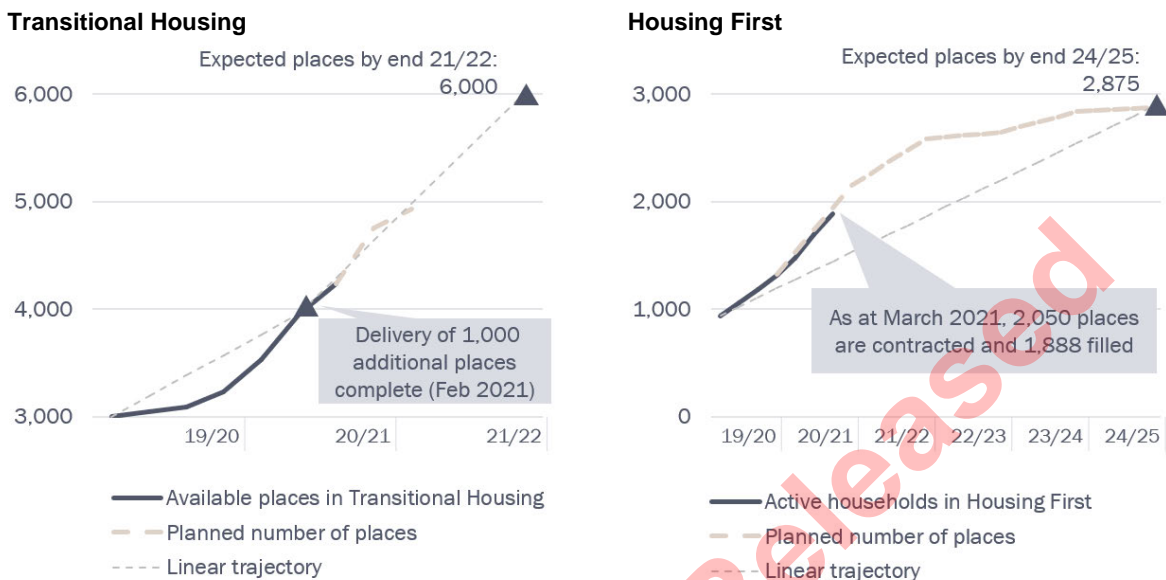
55. Transitional Housing is intended as a 12-week programme where individuals and whānau receive accommodation and wrap-around support to transition to longer-term housing. The programme is intended for people and whānau who have an urgent need for a place to stay. Housing is provided in public housing or private rentals.
56. Delivery of the 1,000 additional places in Transitional Housing funded through Budget 2019 is **complete** as of February 2021, approximately on schedule (Figure 5).
- a) Budget 2020 funded an additional 2,000 transitional housing places through the Public Housing Plan, with target completion of June 2022. This funding is out of the scope of this Review. Progress towards this target is reported regularly through public reports.
 - b) HUD assesses the impact of the Transitional Housing initiatives primarily through expansions in supply and will evaluate outcomes as part of wider through the Aotearoa Homelessness Action Plan.

Housing First

57. Housing First aims to provide permanent housing and tailored support for individuals, families and whānau who are sleeping rough or in other places not designed for habitation for 12 months or more in the previous three years, who have complex support needs, and who need intensive, on-going support services to stay housed. Housing is provided from the private rental market, public housing, or supported living providers.
58. Delivery of 1,044 additional places in Housing First is **on track**.
- a) Housing First has delivered approximately 600 additional places since Budget 2019 and this initiative is on track to deliver all 1,044 additional places by June 2023, ahead of schedule (Figure 5). This will bring the total number of places to approximately 2,500.
 - b) At present, Housing First supports 1,888 households, of which 1,121 are currently housed and 767 are not currently in housing.
 - c) The current goal for total places in Housing First is 2,875 places by June 2025, with the remainder funded through Budget 2021 and COVID funding.

- d) HUD has commissioned an evaluation of Housing First which will assess the initiative's impact on outcomes. The evaluation is currently underway and expected to report results by December 2022.

Figure 5: Housing support programmes are at or ahead of planned delivery



Key component 5: Mental health and addiction services for offenders

- 59. Overall progress on the Corrections package is **mixed**. Several components across mental health and addiction services are complete or on track to deliver their intended outputs by the end of 2023/24, but a large element of the programme – Improving Mental Health Services – is under review and planned increases in the number of offenders receiving Improving Mental Health services are on hold pending the outcomes of the review, which is due in mid-2022.
- 60. Corrections received \$129.5m in Budget 2019, of which \$127.5m funded an initiative to expand access to mental health and addiction support for offenders. Approximately half of this initiative was allocated to mental health services and half to addiction services. Improving Mental Health and Whānau Wraparound Support was the largest component, totalling approximately \$41m.
- 61. Corrections is implementing mental health and addiction support for offenders as individual initiatives rather than the programme of work envisioned in Budget 2019.
- 62. Progress on initiatives related to mental health services for offenders and families is **mixed**.
 - a) Several initiatives across mental health have modified or put on hold their scope or output targets since Budget 2019. Some funding has been reallocated internally

between initiatives as part of a wider re-think on how to best deliver services for people with mild, moderate, and acute needs.

- b) Increases in Improving Mental Health (IMH) services and family and whānau services are on hold pending the outcomes of the Improving Mental Health services review launched in mid-2020. The number of referrals in each service has not increased from pre-2019 levels. The review is expected to conclude in mid-2022 and elements of the review may be implemented before the review is complete.
- c) Since Budget 2019, Corrections has returned an underspend of approximately \$13m which was initially allocated to increases in the number of offenders receiving IMH services, and re-allocated other funding to support new Intervention and Support Project Teams (\$3.1m), Clinical Nurse Specialists (\$1.0m), and two teams within the Department of Corrections: Directorate of Mental Health and Addiction (\$4.4m) and a Mental Health Quality and Practice team (\$2m).

Table 6. Status of delivery of initiatives under Corrections

| Key component | \$m | Delivery status |
|--|------|---|
| Corrections: Mental health and addiction support for offenders | 129 | Mixed – components below. |
| Mental health services for up to 2,310 additional offenders | 42.1 | Services coming online with new Intervention and Support Practice Teams at 3 sites and 9 new Clinical Nurse Specialists hired at 9 sites. Increases in Improving Mental Health Services (IMHS) and Whānau Wraparound support is on hold pending a review which will be completed by mid-2022. |
| Family/whānau services for 275 families | | |
| Supported living accommodation for 30 offenders | 5.2 | Complete – 31 clients supported in 20/21, 100% of target. |
| Expanded social worker and trauma counselling services | 7 | No increase in services to date pending IMHS review. BAU continues, incremental B19 funding redirected to Intervention and Support Practice Teams and Clinical Nurse Specialists. |
| AOD intensive treatment in prisons | 23.6 | 11 programmes enhanced to date, up to five more programmes to be established by end of 2022/23. |
| Expanding AOD testing | 12.5 | AOD testing and harm reduction support rolled out nationally in 2019/20. |
| AOD aftercare support services | 11 | No uplift in services to date, but 15 aftercare workers planned to start in 2021/22. |
| Enhancing Specialist AOD Services | 1.5 | Complete – funding alleviated prior cost pressures. |
| Note: Figures show 2019 Budget allocation. Other support costs and non-allocated funds are not shown and component totals do not add up to \$129m. | | |

63. Corrections has reset its targets for what the new initiatives will deliver by the end of 2022/23 and 2023/24. These include:
- a) Expansion of Intervention and Support Practice Teams across three sites and receive 1,910 referrals in 2023/24. More sites may be added in future pending the results of the IMH review.
 - b) Growth of referrals to Clinical Nurse Specialists for Mental Health from 700 referrals in 2021/22 to 1,260 referrals in 2023/24.
 - c) Five new sites with Intensive AOD prison programmes by 2022/23.
64. Corrections can improve reporting on progress towards these targets as new services come online. While some data on service provision is available, there is no routine reporting against the original or amended outputs in Budget 2019. Additional analysis may be needed to derive current baselines against which to measure progress.
- a) As part of this review, Corrections provided a range of reports to the Minister outlining activity towards against mental health, suicide, and addiction goals. It was not possible to assess current progress against Corrections' Budget 2019 package from these reports.
 - b) For some services, the baseline level of service provision is unclear. For example, Budget 2019 funded an increase of up to 800 additional prisoners accessing social worker and trauma counselling services. Corrections was unable to derive a baseline for how many prisoners accessed those services before Budget 2019. Establishing clear baselines of service delivery will help to ascertain the impacts of the funding.

SECTION 2: MENTAL HEALTH CAPITAL PROJECTS

65. This section discusses capital allocations for refurbishing, rebuilding, and upgrading mental health units. The total value of the capital projects in scope is \$472m,⁵ \$235m of which was funded through the Budget 2019 package. The remainder was funded through the New Zealand Upgrade Programme and the 2015 and 2018 Budget rounds.

Findings of the Review

66. Completion and go live dates for each of the mental health infrastructure projects are established when business cases are approved. That means several projects do not currently have completion dates and it is not possible to assess them as being on or off track.
67. The business cases for these mental health projects are generally taking much longer than they should. This is partly due to a lack of capability in DHBs and partly because the DHBs are not always putting enough focus on service delivery requirements versus property condition. This means some projects are viewed by DHBs as property improvement projects only, when because of a long-term scarcity of investment it may be more appropriate to reconsider service design in order to ensure the work done is fit for purpose for the future.
68. The HIU has created a Mental Health Infrastructure Programme for 16 infrastructure projects. This is the first time that national mental health infrastructure has been recognised in its own programme rather than as individual prospects that are a part of the larger overall health infrastructure programme.
69. There has been no prioritisation of the projects – the 16 are those where DHBs had been doing preliminary thinking and/or considered projects were ready to commence. That does not mean any of these projects would not have been prioritised or are not needed.
70. The HIU is building its capability, increasing its engagement with DHBs, and has a 6-12 month set of priority actions to implement.
71. The HIU does not have a mandate to assist DHBs with their planning, business cases, or project delivery unless a DHB asks or Ministers direct HIU to become involved. The Unit is now involved in delivering some projects as a result of these two mechanisms. It is worth noting that the HIU cannot require DHBs to use the service guides developed with the Mental Health Directorate to inform facility design.
72. The HIU should enhance existing or begin new work in the following areas:
- a) Develop a fit for purpose prioritisation framework

⁵ DHBs have added \$49m of their funding which increases the total budget to \$521m.

- i) There is an opportunity to consider a wider range of factors in the planning and decision-making process to better prioritise the finite investment pool. Considering a wider range of factors will provide greater assurance to Government that projects will address projected demand pressures as well as facility conditions, and that they will reflect the service delivery operating models considered best practice with flexibility for adaptation in the future.
 - ii) That is not to say the current projects would not be on a prioritised list – the investment profile in mental health units is such that on building condition alone only 29% of the existing 63 mental health facilities have a good or very good rating. 73% of clinical facilities do not meet recommended size guidelines and 56% do not support contemporary models of care. The HIU is undertaking work to better understand the condition of mental health assets while at the same time seeking to understand future needs by commissioning a national service plan. This will enable a medium- and longer-term approach to investment in mental health assets.
 - iii) The HIU has recognised further work on prioritisation is required. This should be done in conjunction with the Mental Health Directorate and DHBs and should factor in demand, service delivery models, service delivery future proofing, cultural appropriateness, needs of the population, urban and rural variations in access together with property condition. This type of framework should be used to drive investment decisions and should underpin medium- and longer-term plans for all mental health facilities. Mental health facilities are often smaller in cost relative to other health infrastructure, albeit with different complexities, and should be recognised as distinct from, and not competing with, other forms of health infrastructure.
- b) Improving planning and business case preparation
- i) The HIU has reported that the two biggest issues affecting delivery timeframes so far are around planning and business case preparation. Both are specialist areas which means not all DHBs will be able to find and retain the appropriate skill sets internally. This can lead to a reliance on consultants who are not necessarily aware of business case requirements for mental health facilities.
 - ii) Because of the significant amount of time being spent on rework it would be advisable for the HIU to consider a different and perhaps more hands on early-intervention approach, depending on DHB capability and capacity and the significance of the project. The Unit is involved from the beginning of the process for both the Hillmorton and Tauranga projects. The Unit is also undertaking work on guidelines to reduce the need for this type of intervention in future.
 - iii) Three of the projects are investments of less than \$10m but are required to go through the same business case process as a \$70m investment. While Treasury indicates the business case model can be adapted for the size and complexity of a project, it would be useful for the Treasury and the HIU to co-design a model specific to health infrastructure projects under \$10m.

- c) Developing a lifecycle for Mental Health Infrastructure Projects
 - i) The HIU has a well-formed project lifecycle outlining the stages for a capital works project in Health. However, it is a one-size-fits-all approach incorporating expectations that a new hospital build might take upwards of 10-12 years, or less for smaller projects.
 - ii) It would be appropriate for the HIU to design a bespoke project lifecycle for different types of mental health facility projects – refurbishments and/or upgrades of existing facilities, rebuilds and/or expansions of existing facilities, and new builds.
 - iii) A bespoke project lifecycle would account for size and scale, site challenges, likely timeframes, and the need to provide services while undertaking capital works. Before one of these projects is agreed, assessment should be made on whether needs can be met by maintaining, repurposing, or better using existing assets, or by managing demand.
- d) Reporting to Ministers on Mental Health Infrastructure Projects
 - i) Reporting to Ministers has focused on DHBs' draw-down of funding against the total capital spend as a proxy for how well delivery of a mental health infrastructure project is going. Although the current report notes the stage each project is in, it is difficult to determine whether it is on track for delivery.
 - ii) A fuller, perhaps quarterly report would be very clear about whether delivery is on track, and if not, what actions are being put in place. The HIU has requested Ministers' agreement that DHBs be asked to report progress on a monthly basis. Comprehensive monthly reporting to Ministers will allow for the HIU to follow up where information or actions are needed.
- e) Developing temporary measures for meeting overflow demand
 - i) It is not possible to tell whether the projects currently in progress would alleviate reported instances where overflow patients are temporarily housed in parts of facilities not designed for that purpose. Regardless, there is still some time before these facilities are delivered.
 - ii) This is not only a facilities issue. In the medium term, acute mental health facilities and specialist services in the community require a redesigned operating model and increased capacity. Greater capacity to provide care for people with early and moderate needs may stabilise and potentially decrease demand for inpatient care. This will take some time.
 - iii) Until this re-design occurs, the Mental Health and Wellbeing Directorate together with DHBs and the HIU needs to form a view about possible short-term pressure points and a plan to address them. This might involve new or faster processes for considering whether people should be in inpatient care, and for those who should

not be, seeking community-based alternatives and/or considering temporary relocatable buildings to be added on site where practical.

73. The HIU, Mental Health policy and service design staff, and DHBs should form a joint group to ensure that what will be a significant multi-year investment in mental health assets is driven by future-proofed and fit-for-purpose service design in line with the long term mental health framework. This should include identifying temporary solutions to meet demand where it exceeds capacity in the interim.

Background to the Mental Health Infrastructure Programme

Health Infrastructure Unit

74. In recognition of the scale, complexity, delivery challenges, and the likely increased need for investment in what is already one of the largest infrastructure portfolios in New Zealand the Ministry of Health has recently established a Health Infrastructure Unit (HIU). In doing so the Ministry is significantly improving its capacity and capability to provide services that will lead to better outcomes.
75. The HIU is intended to provide strong national stewardship of New Zealand's health infrastructure assets. The HIU has so far identified priority actions across infrastructure prioritisation, planning, design delivery and monitoring. As part of this work in 2020 Cabinet approved the establishment of a HIU Governance Board as well as the revision of the Capital Investment Committee's terms of reference and membership. The HIU Governance Board will be established as part of the implementation of the Health & Disability System Review.
76. The Unit's work programme is critical but ambitious and it will be important to undertake it with some urgency. It is still in a capability building phase but as capability increases it will be able to increase its engagement and influence with DHBs over health infrastructure projects and strategic asset management.

Make-up of the current Mental Health Infrastructure Programme

77. In early 2021 the HIU collated all existing mental health infrastructure projects to form a Programme. This is the first time a programme approach has been taken to these projects and while the programme is the right course of action given the lack of investment in mental health infrastructure it is limited because it has been established part way through the process for many projects.
78. There are 16 Capital Projects, five funded for \$235m in the Budget 2019 package, eight projects funded for \$109m in January 2020 through the New Zealand Upgrade Programme, and three funded from Budget 2015 and Budget 2018. The total funding for these 16 projects is \$472.3m. DHBs have since increased this by \$49m from their funding making the total budget \$521m.

Overall status of delivery

79. Responsibility for delivery of each project sits with the relevant DHB. Timeframes for the design and delivery phases are established as part of the business case process. For most of the projects in this programme business cases were prepared after the DHBs and the Ministry sought funding from Government and therefore after the projects were announced. It is normal for a final business case not to be completed until some time after a project has been accepted into the Budget process. However, in both the 2019 and 2020 packages it appears that the DHBs had not had the capability to do enough of the planning for the Government to be able to set indicative timeframes for project completion.
80. The HIU has recognised the delays and quality issues in planning and business case preparation at DHB level has resulted in delays in decision-making and subsequent delivery. Much of this seems to occur in the interface between planning to ensure investment in a facility is supported by well thought out service delivery practice models, as well as the planning capability needed to ensure delivery. Costing can also be very indicative and therefore can fail to provide a solid foundation on which to plan. The HIU is doing a considerable amount of work to support DHBs in this area. The HIU is also stepping up its expectations of reporting on progress from DHBs.
81. Of the five capital projects funded in the 2019 Budget package, as yet none have reached the construction stage and none are expected to begin construction in 2021 (Table 7). The first four projects are at the design stage and the fifth is at the business case stage.

Table 7. Projects included in the 2019 Budget package

| Project site | Budget \$m | Nature of project | Original planned go-live date (from business case) | Current estimated go-live date |
|--------------|------------|---|--|--------------------------------|
| Mid Central | 35.4 | New build of acute mental health facility currently on the main campus | September 2022 | June 2023 |
| Lakes | 31.0 | New build replacement and capacity expansion of current mental health facility | July 2022 | August 2023 |
| Waitematā | 60.0 | New build - replacement of part of the Mason Clinic facilities that are end of life | December 2022 | May 2023 |
| Tairāwhiti | 18.8 | Refurbishment/replacement of the existing acute mental health facility | February 2023 | October 2023 |
| Waikato | 100.0 | New build - replacement and capacity expansion of the acute mental health facility | No estimated go live date. Construction expected to start in March 2022. | No estimated go live date. |

Key Behind original planned go-live date
 Ahead of schedule
 No estimated go-live date

82. Of the eight capital projects funded through the 2020 New Zealand Upgrade Programme (Table 8) the first four are at the design stage and the remaining four are at the business case stage. Two of the refurbishments are expected to begin construction in November and December this year.

Table 8. Projects included in the 2020 New Zealand Upgrade Programme

| Project site | Budget \$m | Nature of project | Original planned go-live date (from business case) | Current estimated go-live date |
|---------------------------|------------|---|---|---|
| Hutt Valley | 30.5 | New build/replacement of the Te Whare Ahuru Mental Health unit | No estimated go-live date | No estimated go live date |
| Nelson/ Marlborough | 2.5 | Refurbishment of inpatient unit | No estimated go live date. Construction expected to start in December 2021 | No estimated go live date |
| Northland | 12.1 | Refurbishment colocation and integration of 4 community mental health service sites | March 2023 | April 2023 |
| Taranaki | 8.0 | Refurbishment and upgrade mental health facility | No estimated go live date. Construction expected to start in March 2022 | No estimated go live date. Construction expected to end in March 2023 |
| West Coast | 15.0 | New build to provide modern environment | No estimated go live date. Business case expected to be approved in September 2021 | No estimated go live date |
| Bay of Plenty (Whakatāne) | 15.0 | New build of a 10-bed mental health and addiction service facility | No estimated go live date. Business case expected to be approved in October 2021 | No estimated go live date |
| Nelson/ Marlborough | 0.9 | Refurbishment Reconfiguration of emergency department space | No estimated go live date, but business case expected to be approved in October 2021 | No estimated go live date |
| Bay of Plenty | 30.0 | New build of 24-bed mental health facility | No estimated go live date, but business case expected to be approved in February 2022 | No estimated go live date |

Key Behind original planned go-live date
Ahead of schedule
No estimated go-live date

83. Of the remaining three projects in the Mental Health Capital Programme (Table 9) the first project is complete, taking just over five years from the time the business case was approved. It is not clear how much additional time it took for the business case to be approved. The remaining two projects have commenced.

Table 9. Remaining projects funded through the Mental Health Capital Programme.

| Project site | Budget \$m (year) | Nature of project | Original planned go-live date (from business case) | Current estimated go-live date |
|-------------------|-------------------|--|--|--------------------------------|
| Counties Manukau | 67.5 (2015) | New build of mental health inpatient unit to address capacity to 2030 | August 2018 | Completed September 2020 |
| Canterbury | 81.8 (2018) | New build to relocate specialist services from Princess Margaret to Hillmorton | December 2022 | August 2022 |
| Capital and Coast | 12.8 (2018) | New build individualised service units for high risk mental health and intellectual disability clients | November 2019 | January 2022 |

Key Behind original planned go-live date
Ahead of schedule
No estimated go-live date

Proactively Released

Financial Implications

84. This Review has no financial implications.

Consultation

85. This Review was conducted with the cooperation of the Ministry of Health, the Ministry of Housing and Urban Development, and the Department of Corrections. Agency staff including Chief Executives were advised of emerging findings and recommendations throughout the review. Discussions were also held with the Health Transition Unit and the Chief Executive of the Mental Health and Wellbeing Commission.
86. The Implementation Unit is particularly appreciative of the work undertaken by Ministry of Health staff in a short space of time.
87. This Review did not include engagement with sectoral stakeholders, including DHBs, PHOs, and frontline staff.

| Attachments: | |
|----------------------|--|
| Attachment A: | Commissioning Brief: Mid Term Review of the 2019 \$1.9bn Mental Health Programme |
| Attachment B: | Breakdown of the Budget 2019 \$1.9bn package |
| Attachment C: | Evaluations underway or planned related to Vote Health Budget 2019 mental health and addiction initiatives |
| Attachment D: | Slide pack: Delivery status ratings for key components and initiatives |

ATTACHMENT A

Commissioning Brief: Mid Term Review of the 2019 \$1.9bn Mental Health Programme

Commissioning Agent: Deputy Prime Minister and Minister of Health

Commission to: Implementation Unit in DPMC

Commission: To report back to the Deputy Prime Minister and Minister of Health on 30 July 2021 on the findings of a mid-term stocktake into the progress of the 2019 Mental Health programme including areas where further work is needed.

Background

In 2019 the Government allocated \$1.9bn to a four-year programme of work to significantly enhance the mental health system. This investment followed the Report of the Government Inquiry into Mental Health and Addiction.

The focus of the investment recognised that:

- There was a significant gap between the level of support and care that people of all ages with mild to moderate mental health and addiction needs.
- If support and care for people with mild to moderate needs went unaddressed, the demand for support and care at the acute level would continue to grow and this in turn would mean many more people would have reduced quality of life as a result.
- Support for people with mild to moderate needs could not be addressed by the health sector on its own and other parts of the social sector had a role to play.
- At the same time the quality of some acute mental health facilities is not fit for purpose or future proofed.

As a result the \$1.9bn four year investment:

- Was primarily focused on significantly improving the availability and access to care and support for people with mild to moderate mental health needs.
- Allocated approximately \$800m of the \$1.9bn to agencies other than Health.
- Allocated \$1.1bn to Health
- Of the \$1.1bn, \$235m was capital allocated to rebuild 4 acute mental health units and to upgrade a fifth unit.

In addition the Government allocated part of the New Zealand Upgrade capital budget to rebuild/build 10 new acute mental health units. This investment is \$204.4m and is a tagged contingency.

Purpose of a Mid-Term Review

The purpose of the review is to complete a stocktake across the mental health improvement programme as a whole as well as its component parts, identify any barriers to its successful completion and ensure that the right things are in place for the programme to deliver the anticipated impact and outcomes.

Scope of the Review

The review will include:

- Assessing the current status of the delivery of the 4 year \$1.9bn programme as a whole and for each of the key component parts of the programme.
- Identifying any significant barriers to delivery that have arisen to date and what they tell us about remaining delivery risks as well as identifying the actual and potential barriers to successfully completing the key components of the programme.
- Assessing the action taken to address barriers to success to date and identify if adjustments or further work to address actual and potential barriers that remain is needed.
- Identifying whether there are appropriate project, programme management and reporting disciplines in place to deliver the programme and its component parts and what further work may be needed in this area.
- Assessing whether there are appropriate milestones in place to form the basis of the nature of reporting that Ministers should receive, including reporting on the impact of implementation.
- Also in scope is the capital allocated for rebuilding and upgrading mental health units, including as part of New Zealand Upgrade. The capital part of both programmes will be considered as a whole so that all 15 projects are considered as one programme.

The Review will also identify areas where a deeper dive may be required or further work, for example on a revised reporting regime to Ministers than what can be completed by 30 July.

Parties to the Review

The Review will be undertaken by the Implementation Unit which will work closely with the relevant senior leaders and officials from the Ministry of Health and other agencies. Treasury will support the Implementation Unit as required. Given the timeframe it may only be possible to superficially work with others who are part of the delivery of the programmes and this may be something that is done as part of work required after 30 July.

The Implementation Unit will be open and transparent and work constructively with the Ministry of Health with the expectation this is reciprocated.

Timeframe

The Implementation Unit will provide a Report to the Deputy Prime Minister and the Minister of Health on 30 July 2021.



Hon Grant Robertson
Deputy Prime Minister

Date : 2 July 2021



Hon Andrew Little
Minister of Health

ATTACHMENT B

Breakdown of the Budget 2019 \$1.9bn package

| Initiative | Vote | 2019/20 (\$m) | 2020/21 (\$m) | 2021/22 (\$m) | 2022/23 (\$m) | Capital (\$m) | Total (\$m) |
|--|--|------------------|------------------|------------------|------------------|------------------|----------------|
| Increasing Access to Mental Health and Addiction Support | Corrections Police | 16.964 | 27.034 | 38.820 | 41.550 | 3.900 | 128.27 |
| Alcohol and Other Drug Treatment Court: Operational Support 2019/20 | Justice Courts Police | 0.650 | - | - | - | - | 0.650 |
| Support for Victims: Ensuring Safe and Effective Justice and Improved Mental Health Outcomes | Justice | 1.087 | 1.713 | 1.713 | 1.713 | - | 6.226 |
| Disabled People and People with Health Conditions: Improving Employment and Wider Wellbeing Outcomes | Social Development | 9.739 | 10.467 | 3.063 | 3.063 | - | 26.332 |
| Housing Support Products: Expansion to Help More People Access and Maintain Tenancies | Social Development | 5.100 | 4.600 | 4.600 | 4.600 | - | 18.900 |
| Historical Abuse While in State Care: Resolving Claims | Social Development | 27.311 | 32.471 | 33.968 | - | 1.434 | 95.184 |
| Maintaining and Strengthening the Housing First Programme as a Response to Ending Homelessness | HUD Social Development | 34.000 | 43.000 | 55.000 | 65.000 | - | 197.00 |
| Promoting and Supporting the Health and Wellbeing of Veterans and their Families | Defence Force | 0.608 | 0.636 | 0.664 | 0.157 | 2.001 | 4.066 |
| Transitional Housing: Funding for Continued Provision of Transitional Housing to Support Those in Need | HUD | 44.340 | 39.457 | 34.755 | 30.612 | 134.167 | 283.33 |
| An Effective, Timely Crown Response to the Royal Commission of Inquiry into Historical Abuse in Care | Oranga Tamariki State Services Courts Education Health Internal Affairs | 9.180 | - | - | - | - | 9.180 |
| Establishment of the Royal Commission into Historical Abuse in State Care and Faith-Based Institutions | Internal Affairs | 17.398 | 18.733 | 18.214 | 12.031 | - | 66.376 |
| Sensitive Claims of Abuse: Funding to Resolve and Acknowledge Historic Abuse in the Schooling System | Education | 1.666 | 1.644 | 1.164 | 1.164 | - | 5.638 |
| Access and Choice of Primary Mental Health and Addiction Support | Health | 48.138 | 97.217 | 133.630 | 176.089 | - | 455.07 |
| Expanding and Enhancing School Based Health Services | Health | 5.232 | 4.771 | 4.871 | 4.726 | - | 19.600 |
| Expanding Telehealth and Digital Supports for Mental Wellbeing | Health | 5.200 | 5.200 | 5.200 | 5.200 | - | 20.800 |
| Improving Support for People Experiencing a Mental Health Crisis | Health | 2.000 | 2.000 | 2.000 | 2.000 | - | 8.000 |
| Intensive Parenting Support: Expanding the Pregnancy and Parenting Service to Improve the Wellbeing Outcomes of Parents and Their Children | Health | 1.000 | 2.000 | 2.000 | 2.000 | - | 7.000 |
| Mental Wellbeing Support for Parents and Whānau | Health | 0.550 | 3.100 | 3.100 | 3.250 | - | 10.000 |
| New Mental Health and Wellbeing Commission | Health | 2.000 | 2.000 | 2.000 | 2.000 | - | 8.000 |
| Preventing Suicide and Supporting People Bereaved by Suicide | Health | 10.100 | 10.000 | 9.950 | 9.950 | - | 40.000 |
| Promoting Wellbeing in Primary and Intermediate Schools | Health | 1.000 | 0.400 | 0.400 | 0.400 | - | 2.200 |
| Enhancing Primary Addiction Responses | Health | 2.000 | 3.000 | 4.000 | 5.000 | - | 14.000 |
| Enhancing Specialist Alcohol and Other Drug Services | Health Corrections | 11.000 | 11.000 | 11.000 | 11.000 | - | 44.000 |
| Te Ara Oranga: Continuing the Methamphetamine Harm Reduction Programme in Northland | Health | 1.000 | 1.000 | 1.000 | 1.000 | - | 4.000 |
| Forensic Mental Health Services for Adults | Health | 1.770 | 3.430 | 4.410 | 5.390 | - | 15.000 |
| Forensic Mental Health Services for Young People | Health | 2.420 | 3.960 | 5.470 | 7.150 | - | 19.000 |
| Support for Christchurch: Continuation of Funding for Primary Care and Community Mental Health Workers | Health | 5.480 | - | - | - | - | 5.480 |
| Uplift to DHB mental health ring fence (cost pressure) | Health | 53.272 | 53.272 | 53.272 | 53.272 | - | 213.088 |
| Mental Health Facilities Upgrades (capital) | Health | - | - | - | - | 235.000 | 235.000 |
| Totals | | 320.205 | 382.105 | 434.264 | 448.317 | 376.502 | 1961.39 |

ATTACHMENT C

Evaluations underway or planned related to Vote Health Budget 2019 mental health and addiction initiatives

Source: Ministry of Health, 23 July 2021

| Initiative | Expected completion date |
|---|---|
| Integrated Primary Mental Health and Addiction Services | March 2022 |
| Youth primary mental health and addiction services | June 2023 |
| Kaupapa Māori primary mental health and addiction services | March 2023 |
| Pacific primary mental health and addiction services | March 2023 |
| Well Child Tamariki Ora Enhanced Support Pilots | 2023 Progress reports are received approximately quarterly. |
| Evaluation of the Pregnancy and Parenting Service | Expected to be published soon |
| School Based Health Services | Early 2024 |
| Mental Health and Addiction Peer-led Crisis Alternative Pilot | The evaluation approach and plan is due in November 2021. A process evaluation is due in 2022 and will include two interim progress reports and a final report. A service delivery and impact evaluation is expected to be completed by 31 March 2024. |
| Aoake Te Rā (suicide bereaved response service) | Service provider has subcontracted for an external evaluation. The Ministry of Health expects to receive the first report related to the evaluation soon. |
| Māori and Pacific Suicide Prevention Community Funds | The providers for the Māori and Pacific Suicide Prevention Community Funds were required to develop an evaluation plan and submit final evaluation reports. We are expecting to receive the evaluation report relating to the first round of the Māori Suicide Prevention Community Fund soon, while the evaluation report relating to the first round of the Pacific Suicide Prevention Fund is expected to be received by September 2021. |

Additional information about evaluation related to Budget 2019 initiatives

| Initiative | Expected completion date |
|--|--|
| Te Ara Oranga | An evaluation has been completed and is expected to be publicly available soon. |
| Specialist Alcohol and Other Drug Services | Some district health boards intend to complete internal evaluations of their services. Contracted services also provide regular monitoring reports to the Ministry of Health. |
| Primary Addiction Responses | Contracted services provide regular monitoring reports to the Ministry of Health. |
| Telehealth and digital supports | The National Telehealth Service provides regular monitoring reports to the Ministry of Health about matters such as total contacts, demographics and outcomes, including in relation to mental health and addiction helplines. Phase three of the National Telehealth Services evaluation, which was completed in 2020, also included evaluation of mental health and addiction telehealth services. A copy is available at: https://www.health.govt.nz/system/files/documents/pages/nts-evaluation-phase-3-report-20-05-20.pdf . In terms of the digital tools, contracted services provide regular monitoring reports to the Ministry of Health. |
| Forensic mental health services | Contracted services provide regular monitoring reports to the Ministry of Health. |

Note: Budget 2019 did not appropriate evaluation funding for these initiatives.

Note: Some Budget 2019 initiatives created new services while others focused on sustaining or enhancing existing services. For such initiatives, the impact of Budget 2019 funding may be evaluated as part of overall evaluations or may not be evaluated directly.

ATTACHMENT D

Slide pack: Delivery status ratings for key components and initiatives

Proactively Released

Attachment D

Delivery status ratings

\$1.9b mental health package

30 July 2021

Context: \$1.9bn mental health package comprises a range of initiatives, incl. 35% to Health, 23% to DHBs, and 24% to HUD

| | | | | | | |
|--|----------------------------|--------------------------------------|-------------------------|--|----------------|--|
| Expanding access and choice of primary mental health and addiction support | \$455m (23%) | Expansion of Transitional Housing | \$283m (14%) | Royal Commission into Historical Abuse (7 agencies) | | |
| | | | | \$176m (9%) | | |
| Ring-fenced DHB funding for capital projects* | \$235m (12%) | Expansion of Housing First | \$194m (10%) | Mental health and addiction services for offenders (Corrections) | | |
| Other initiatives across addiction, suicide prevention, and other primary and community care | \$215m (11%) | | | | \$129m (7%) | |
| Ring-fenced DHB funding to increase service levels in line with population and cost growth | \$213m (11%) | | | | | Other initiatives (5 agencies) \$60m (3%) |
| Ministry of Health | \$1.118bn (57%) | Housing and Urban Development | \$477m (24%) | Total: \$1.961bn | | |

** Note: The \$1.9b Budget 2019 package allocated \$235m to capital projects. This review also considers \$286m funded outside the Budget 2019 package, not shown in this chart.*

Context: Breakdown of initiatives and intended outputs for the \$1.118bn allocated to the Ministry of Health and DHBs

| Vote Health | Total funding \$m | Op. \$m | Cap. \$m | Intended key outputs |
|--|-------------------|---------|----------|--|
| Expanding access to primary mental health and addiction services | 455.1 | | | Provide primary care for 325,000 people/year |
| DHB ring-fence: Building or upgrading facilities for acute care | | | 235.0 | New builds and refurbishments at five sites |
| DHB ring-fence: Maintaining existing services | 213.1 | | | Increase existing services amid population and cost growth |
| Enhancing Specialist Alcohol and Other Drug Services | 42.0 | | | Improve existing services for 2,000 currently receiving care |
| Preventing Suicide and Supporting People Bereaved by Suicide | 40.0 | | | Establish counselling services for 2,500 people per year |
| Expanding Telehealth and Digital Supports for Mental Wellbeing | 20.8 | | | Increase capacity by 58,000 contacts per year |
| Expanding and Enhancing School Based Health Services | 19.6 | | | Reach extra 5,600 students via nurses in decile 5 schools |
| Forensic Mental Health Services for Young People | 19.0 | | | Expand existing services to 17 year olds |
| Forensic Mental Health Services for Adults | 15.0 | | | Expand capacity for adult care |
| Enhancing Primary Addiction Responses | 14.0 | | | Expand access to AOD support in primary care by 5,000 |
| Mental Wellbeing Support for Parents and Whānau | 10.0 | | | Establish 3 sites with 40-60 families per site |
| New Mental Health and Wellbeing Commission | 8.0 | | | Establish the Commission |
| Improving Support for People Experiencing a Mental Health Crisis | 8.0 | | | Improve existing services for 15,000 annual ED visitors |
| Expanding Pregnancy and Parenting Service | 7.0 | | | Expand existing services to two new sites (100 clients/site) |
| Support for Christchurch: Continuation of Funding | 5.5 | | | Extend pre-2019 current services into 2019/20 |
| Te Ara Oranga: Methamphetamine Harm Reduction Programme | 4.0 | | | Provide methamphetamine addiction support to 500/year |
| Promoting Wellbeing in Primary and Intermediate Schools | 2.2 | | | Create resources for primary and intermediate teachers |
| Crown Response to the Royal Commission | 0.2 | | | Support an effective, timely, cross-agency Crown response |

0 250 500

■ Ministry of Health
■ DHB ring-fence

Context: Breakdown of initiatives and intended outputs for \$667m allocated to other agencies (excl. \$176m to the Royal Commission)

| | Total funding \$m | Op. \$m | Cap. \$m | Key outputs |
|---|----------------------|------------|-------------|---|
| Vote Housing and Urban Development | | | | |
| Transitional Housing: Funding for Continued Provision | 149.2 | 149.2 | 134.2 | Create 1,000 new places in Transitional Housing |
| Maintaining and Strengthening the Housing First Programme | 194.1 | 194.1 | | Create 1,044 new places in Housing First |
| Vote Corrections | | | | |
| Increasing Access to Mental Health and Addiction Support | 123.6 | 123.6 | 3.9 | See Note 1 below and slide 9 for detail. |
| Enhancing Specialist Alcohol and Other Drug Services | 2.0 | 2.0 | | Alleviate cost pressures. |
| Vote Social Development | | | | |
| Disabled People and People with Health Conditions | 26.3 | 26.3 | | |
| Housing Support Products | 18.9 | 18.9 | | |
| Maintaining and Strengthening the Housing First Programme | 2.9 | 2.9 | | |
| Vote Justice | | | | |
| Support for Victims: Ensuring Safe and Effective Justice | 6.2 | 6.2 | | |
| Alcohol and Other Drug Treatment Court: Operational Support | 0.2 | 0.2 | | |
| Vote Defence Force | | | | |
| Promoting and Supporting the Health and Wellbeing of Veterans | 2.1 | 2.1 | 2.0 | |
| Vote Courts | | | | |
| Alcohol and Other Drug Treatment Court: Operational Support | 0.2 | 0.2 | | |
| Vote Police | | | | |
| Increasing Access to Mental Health and Addiction Support | 0.8 | 0.8 | | |
| Alcohol and Other Drug Treatment Court: Operational Support | 0.3 | 0.3 | | |






Not addressed in this report

Note 1 Corrections outputs include mental health services for 2,310 offenders per year; family and whānau services for 275 families and whānau of offenders; supported living accommodation for up to 30 offenders; expanded trauma counselling for up to 800 prisoners per year; four new treatment programmes and enhancements to 11 more to treat up to 204 prisoners per year; a range of community AOD interventions and support services. **Note 2** Budget 2019 also provided \$176m for the Royal Commission into Historical Abuse, funded across Oranga Tamariki, State Services, Courts, Education, Health, and Internal Affairs. This funding is not shown on this page.







Delivery is on track for most key components of the \$1.9b package






| Status | Key component | \$m | Key outputs | Delivery status |
|---|--|-----|--|--|
| ①  | Expanding access and choice of primary mental health and addiction support | 455 | Establish primary mental health and addiction services, with 325,000 people accessing care by 2023/24 | <ul style="list-style-type: none"> On track – integrated primary care now covers 1.5m people and delivers services to 84,000 people annually; Further workforce development required for Māori and Pacific services. |
| ②  | Other initiatives across addiction, suicide prevention, and other primary and community care | 215 | Outputs across addiction, suicide prevention, forensics, other primary and community services (see p. 6-7) | <ul style="list-style-type: none"> 9 of 14 initiatives are complete or on track Attention required on recruitment for specialists and primary addiction services, at one Well Child Tamariki Ora site, and across the suicide prevention initiative. |
| ③  | Ring-fenced DHB funding to increase service levels and meet cost pressure | 213 | Increase existing services in line with population and cost growth | <ul style="list-style-type: none"> Funding allocated to DHBs for service delivery. No information available on incremental impacts. |
| ④  | Housing support programmes | 477 | Create 1,000 new places in Transitional Housing and 1,044 new places in Housing First | <ul style="list-style-type: none"> Delivery of 1,000 Transitional Housing places is complete. Housing First has delivered ~600 of 1,044 additional places, ahead of schedule. |
| ⑤  | Mental health and addiction services for offenders | 129 | Provide an enhanced range of mental health and addiction services to prisoners | <ul style="list-style-type: none"> Several components are complete or on track, but uplift to Improving Mental Health Services (~30% of package) is on hold pending a review due in 2022. |

Note: Mental health capital projects (\$521.3m across 16 projects, including \$235m funded through Budget 2019) are not included here.









-  On track – continue to refine
-  Mixed – some aspects require attention
-  Problematic – aspect(s) require significant attention and action
-  Off track – requires urgent attention and action
-  Insufficient information available to form an assessment






1 Health: Expand Access and Choice initiative

| Status | Initiative name | \$m | Key outputs | Delivery status | Further actions |
|---|--|-----|--|---|---|
|  | Expand access and choice in primary mental health and addiction services | 455 | 325,000 people accessing care annually | <ul style="list-style-type: none"> On track – components addressed below | <ul style="list-style-type: none"> Strengthen reporting across the package |
|  | Integrated Primary Mental Health and Addiction Services | 186 | Approx. 185,000 people accessing care annually | <ul style="list-style-type: none"> ~1.5m people covered by primary services. In 19/20 ~84,000 people accessed services, on track to reach 185,000 in 2023/24. | <ul style="list-style-type: none"> Plan quarterly output goals |
|  | Tailored services for Māori | 62 | Approx. 65,000 people accessing care annually | <ul style="list-style-type: none"> 7 services are operational in 7 DHB areas; only 43% of contracted FTEs are hired. 218 sessions delivered in May, towards indicative 85,000/year access goal. | <ul style="list-style-type: none"> Plan quarterly output goals Continue workforce development Continue procurement |
|  | Tailored services for Pacific peoples | 25 | Approx. 25,000 people accessing care annually | <ul style="list-style-type: none"> 9 services are operational in 7 DHB areas; only 53% of contracted FTEs are hired. 1,316 sessions delivered in May, towards indicative 25,000/year goal. | <ul style="list-style-type: none"> Plan quarterly output goals Continue workforce development Continue procurement |
|  | Tailored services for young people | 66 | Approx. 50,000 people accessing care annually | <ul style="list-style-type: none"> 18 services fully or partially operational in 14 DHB areas. 67% of contracted FTEs are hired. 3,134 sessions delivered in May, towards indicative 50,000/year goal. | <ul style="list-style-type: none"> Plan quarterly output goals Continue procurement |
|  | Workforce development | 77 | - | <ul style="list-style-type: none"> Strong progress overall; attention required to ensure Māori and Pacific workforce growth | <ul style="list-style-type: none"> Continue workforce development |
|  | Enablers | 39 | - | <ul style="list-style-type: none"> Providing appropriate implementation support across the programme | - |








-  On track – continue to refine
-  Mixed – some aspects require attention
-  Problematic – aspect(s) require significant attention and action
-  Off track – requires urgent attention and action
-  Insufficient information available to form an assessment






2 Health: Other initiatives across addiction, suicide prevention, and other primary and community care (1 of 2)

| Status | Initiative name | \$m | Key outputs | Delivery status | Further actions |
|---|--|------------|--|--|--|
|  | Other initiatives | 215 | Outlined below | <ul style="list-style-type: none"> Of 14 initiatives, 9 are on track; 4 mixed; 1 has insufficient information available | |
|  | Enhancing Specialist Alcohol and Other Drug Services | 42.0 | Improve existing services for 2,000 currently receiving assistance | <ul style="list-style-type: none"> In progress – ~90% of funding now committed to uplift existing services, some challenges in hiring workforce to deliver services | <ul style="list-style-type: none"> Continue recruitment |
|  | Preventing Suicide and Supporting People Bereaved by Suicide | 40.0 | Establish counselling services to serve 2,500 people per year | <ul style="list-style-type: none"> In progress – Aoake te Rā (counselling services) are at 10% of anticipated scale; community funds are active. Both behind target trajectory. | <ul style="list-style-type: none"> Support Aoake te Rā launch in Sept 2021 and work closely with service delivery providers |
|  | Expanding Telehealth and Digital Supports | 20.8 | Increase capacity by 58,000 contacts per year | <ul style="list-style-type: none"> Complete – telehealth capacity contracted and available. Digital supports contracted to Feb '22 | <ul style="list-style-type: none"> Finalise procurement for digital supports beyond Feb 2022 |
|  | Expanding and Enhancing School Based Health Services | 19.6 | Reach extra 5,600 students via nurses in decile 5 schools | <ul style="list-style-type: none"> In progress – funding has been provided to DHBs but no information is available on whether additional nurses are in schools. | <ul style="list-style-type: none"> Determine number of nurses hired and number of students covered and accessing services |
|  | Forensic Mental Health Services (Young People) | 19.0 | Expand existing services to 17 year olds | <ul style="list-style-type: none"> In progress – 20 new FTE hired as at June 2021, 35 FTE planned for 2021/22. | <ul style="list-style-type: none"> Continue recruitment |
|  | Forensic Mental Health Services (Adults) | 15.0 | Expand capacity for adult care | <ul style="list-style-type: none"> In progress – 6 additional beds and other services available in 5 DHBs; implementation continuing. 10.7 FTE hired of 19 contracted. | <ul style="list-style-type: none"> Continue recruitment |
|  | Enhancing Primary Addiction Responses | 14.0 | Expand access to AOD support through primary care by 5,000 | <ul style="list-style-type: none"> In progress – On track to achieve target due to strong performance in Auckland. However, only 2 of 10 other sites are operational. | <ul style="list-style-type: none"> Recruit specialist staff and bring other sites online |

-  On track – continue to refine
-  Mixed – some aspects require attention
-  Problematic – aspect(s) require significant attention and action
-  Off track – requires urgent attention and action
-  Insufficient information available to form an assessment






2 Health: Other initiatives across addiction, suicide prevention, and other primary and community care (2 of 2)

| Status | Initiative name | \$m | Key outputs | Delivery status | Further actions |
|---|--|------|--|---|--|
|  | Mental Wellbeing Support for Parents and Whānau | 10.0 | Establish three new sites with 40-60 families per site | <ul style="list-style-type: none"> In progress – Two sites operational (Lakes, Counties Manukau) and expanding recruitment for participants. Tairāwhiti not yet operational. | <ul style="list-style-type: none"> Targeted support to bring Tairāwhiti site online |
|  | New Mental Health and Wellbeing Commission | 8.0 | Establish the Commission | <ul style="list-style-type: none"> Complete – Commission established | - |
|  | Improving Support for People Experiencing a Mental Health Crisis | 8.0 | Improve existing services for 15,000 annual ED visitors | <ul style="list-style-type: none"> Complete – DHBs have hired 10.7 FTE to improve support and a crisis support pilot is established in Hawkes Bay | - |
|  | Expanding Pregnancy and Parenting Service | 7.0 | Expand existing services to two new sites with ~100 women per site | <ul style="list-style-type: none"> Complete – full capacity available as at Q3 20/21 in Eastern BOP and Whanganui; focus is now on outreach to improve uptake. | - |
|  | Support for Christchurch: Continuation of Funding | 5.5 | Extend pre-2019 services into 2019/20 | <ul style="list-style-type: none"> Complete – over 2,100 GP consultations provided | - |
|  | Te Ara Oranga: Methamphetamine Harm Reduction Programme | 4.0 | Provide methamphetamine addiction support to 500 people/year | <ul style="list-style-type: none"> Complete – over 1,400 people supported by Te Ara Oranga since 2019, above target | - |
|  | Promoting Wellbeing in Primary and Intermediate Schools | 2.2 | Create resources for primary and intermediate teachers | <ul style="list-style-type: none"> Complete – focus on aligning existing resources – provided by Ministry of Education | - |

-  On track – continue to refine
-  Mixed – some aspects require attention
-  Problematic – aspect(s) require significant attention and action
-  Off track – requires urgent attention and action
-  Insufficient information available to form an assessment

4 Housing support programmes

| Status | Initiative name | \$m | Key outputs | Delivery status | Further actions |
|---|---|-----|--|--|-----------------|
|  | Housing support programmes | 455 | Outlined below | <ul style="list-style-type: none">On track | |
|  | Continued provision of Transitional Housing | 186 | 1,000 additional places by December 2020 | <ul style="list-style-type: none">Complete: 1000 additional places were provided in February 2021, approximately on schedule. | - |
|  | Maintain and Strengthen Housing First | 62 | 1,044 additional places by June 2023 | <ul style="list-style-type: none">~600 of 1,044 additional places delivered, with remainder on track to be delivered by June 2023. | - |

-  On track – continue to refine
-  Mixed – some aspects require attention
-  Problematic – aspect(s) require significant attention and action
-  Off track – requires urgent attention and action
-  Insufficient information available to form an assessment

5

Corrections: Mental health and addiction support for offenders

| Status | Initiative name | \$m | Key outputs | Delivery status | Further actions |
|--------|--|------------|--|---|---|
| | Mental health and addiction support for offenders | 129 | Provide an enhanced range of mental health and addiction services | <ul style="list-style-type: none"> Mixed – components below | |
| | Expanded mental health services | 42.1 | Up to 2,310 additional offenders per year | <ul style="list-style-type: none"> Mixed – new services are operational, including Intervention and Support Practice Teams (ISPTs) at 3 sites and Clinical Nurse Specialists (CNS-MH) at 9 sites. However, uplift in a major element, Improving Mental Health Services, is on hold pending a review due in mid-2022. | <ul style="list-style-type: none"> Complete IMHS review and plan output goals for the remainder of the programme |
| | Family/whānau services | | Up to 275 families per year | | |
| | AOD intensive treatment in prisons | 23.6 | Up to 204 participants per year | <ul style="list-style-type: none"> On track – 11 programmes enhanced to date, up to five more to be established by 2022/23. | <ul style="list-style-type: none"> Establish reporting on number of participants accessing services |
| | Expanding AOD testing | 12.5 | <i>Not stated</i> | <ul style="list-style-type: none"> Support rolled out nationally in 2019/20. | - |
| | AOD aftercare support services | 11.0 | <i>Not stated</i> | <ul style="list-style-type: none"> Mixed – no increase in services to date, 15 aftercare workers to start in 2021/22. | - |
| | Social worker and trauma counselling services | 7.0 | Up to 800 offenders | <ul style="list-style-type: none"> No increase in services to date – BAU continues with funds redirected to ISPTs and CNS-MH. | <ul style="list-style-type: none"> Re-plan program goals following IMHS review |
| | Supported living | 5.2 | Up to 30 offenders | <ul style="list-style-type: none"> Complete – 31 clients supported in 2020/21 | - |
| | Enhancing Specialist AOD Services | 1.5 | <i>Not stated</i> | <ul style="list-style-type: none"> Complete – funding alleviated cost pressures. | - |

- On track – continue to refine
- Mixed – some aspects require attention
- Problematic – aspect(s) require significant attention and action
- Off track – requires urgent attention and action
- Insufficient information available to form an assessment