

5 May 2017

Martin Matthews  
Controller and Auditor-General  
Office of the Auditor-General Te Mana Arotake  
PO Box 3928  
Wellington 6140

Dear Mr Matthews

### **Mental health: effectiveness of planning to discharge people from hospital**

I appreciate the opportunity to comment on the issues raised in your report into discharge planning for people in inpatient mental health services. We welcome the report of your audit of the effectiveness of planning to discharge people from inpatient mental health services. It will be a valuable source of information to assist district health boards (DHBs) and the Ministry of Health (the Ministry) in our efforts to continually improve mental health service delivery. As you note in your report, discharge planning is not a separate component of service delivery; rather, it is an integral aspect of good care.

In the period since you commenced your investigation, there are several areas in which considerable work has been done to enhance service delivery across district health board (DHB) mental health services. Some of that work was outlined in a recent address by Hon Dr Jonathan Coleman, at the launch of the Health Quality and Safety Commission's (HQSC) mental health quality improvement initiative.

Some of the work already in progress is being led from the Ministry and others (including the KPI project referred to in your report) are driven by the sector. We recognise that mental health services are under considerable pressure as a result of increased demand. As a result, the Ministry is considering how best to support mental health system pressures and address broader social needs, such as housing. Some of the key actions already under way are outlined below.

### **Mental health as a priority**

The Minister of Health made it very clear that although there are challenges in meeting the demand for mental health services, both the mental health system and the wider social sector is responding. The Minister has included mental health in his recent 2017/18 Letter of Expectation to all DHBs and it is also further reflected in DHBs' Annual Plans. Greater visibility of the ways in which DHBs meet their obligations for discharge planning will also be assisted by including a section on the discharge planning KPI as part of the Annual Report of the Office of the Director of Mental Health.

## **Mental health strategy and supporting resources**

To help guide continued transformation of mental health and addiction services, the Government is adopting a new approach. The Minister of Health has announced his intention to take a paper to Cabinet in the near future, outlining the Government's approach to a new mental health and addiction strategy. This approach recognises that mental health and addiction issues are not simply 'health' problems and that there are significant gains to be made from taking a social investment approach. The development of a new strategy will be informed by other work, including early feedback arising from public consultation on the draft suicide prevention strategy (currently underway) and work being undertaken by the Social Investment Unit. I anticipate that the new mental health and addiction strategy will have an increased focus on prevention and early intervention, as well as building on the gains already made under 'Rising to the Challenge'.

The He Tangata Framework is an analytical tool that identifies critical factors impacting mental health and allows us to identify populations experiencing inequity of mental health and addictions outcomes from the total NZ population. I expect the tool will usefully inform both the national strategy, and DHBs' own annual planning, within the context of the Mental Health Commissioning Framework.

The Ministry's recently-published Mental Health and Addiction Workforce Action Plan 2017–2021 states that New Zealand's health workforce is highly skilled and professional, and acknowledges that the workforce faces staff shortages, as well as that Māori and Pacific health professionals are under-represented in the ethnic distribution of this workforce.

## **National quality improvement programme**

The Minister has recently launch a national quality improvement programme for mental health. This programme has been developed by the HQSC as a result of meetings with the Chief Executive Officers of DHBs and the Minister of Health, and:

- has DHB mandate and ownership and is supported by the sector
- serves as a repository for evidence and best practice for service quality improvement
- establishes standardised, evidence-based processes and practices within MHA services
- begins to generalise best practice across all MHA services and monitors impacts and effectiveness
- employs proven methodologies for service quality improvement
- actively rejuvenates leadership in the sector.

The proposal is endorsed by DHB Chief Executives, and is designed to complement and augment other initiatives in the sector. The programme will focus on a small number of nationally agreed priorities and use the collaborative methodology similar to the Scottish Patient Safety Programme and the Institute for Healthcare Improvement. Assistance and leadership for the programme will also be sought from those services and agencies that have implemented and/or supported successful improvement initiatives, including DHBs, NGOs, PHOs and MHA workforce centres. It will be run for the next five years at a cost of around \$7.5 million, with a review after the first three years.

Proposed priority areas for improvement include a focus on improving service transitions (including from inpatient to community services). Initial steps are in place to implement the programme, with a national leadership group and clinical lead currently being appointed and the programme commencing from July this year. The programme also supports training for quality improvement facilitation, to support DHBs in building their own capability in quality improvement.

### **Conclusion**

In conclusion, there are always opportunities to do better and this includes improvement in the ways in which mental health services support people in moving from inpatient to community mental health services. I am confident that audit report's findings, alongside the processes and activities outlined in this letter, will lead to sustained improvement in the ways in which mental health services support people in need of their care.

Yours sincerely



Chai Chuah  
**Director-General of Health**