

Access and Choice Programme:

Report on the first three years

Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa:

He purongo mō ngā tau tuatahi e toru

Whakamōhiotanga whānui | Overall summary

The Access and Choice programme is a priority initiative from the 2019 Wellbeing Budget, with funding of \$664 million allocated for its rollout over a five-year period from 2019 / 20 to 2023 / 24. The programme allocated \$516.4 million for four new service types (Integrated Primary Mental Health and Addiction (IPMHA), Kaupapa Māori, Pacific, and Youth services), \$99.7 million for workforce development, and \$48.15 million for system enablers.

Last year we published our first report, [Access and Choice Programme: Report on the first two years](#) (Te Hiringa Mahara, 2021). That report concluded the programme had put much-needed investment into primary and community care in line with recommendations in [He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) (He Ara Oranga) (Government Inquiry into Mental Health and Addiction, 2018). We reported strong progress for the IPMHA services delivered in general practice settings but were concerned about the delays in the implementation of Kaupapa Māori, Pacific, and Youth services. We also found a concerning level of workforce vacancies for Māori, Pacific, and Youth services.

This year's report provides an update on the implementation of the Access and Choice programme to 30 June 2022. The following are key findings of the report.

- Considerable progress has been made over the last year. We applaud the hard work of providers and the leadership within Te Whatu Ora | Health New Zealand, (previously Manatū Hauora | Ministry of Health) who have collectively contributed to the success in providing greater access to, and more choice of, services.
- The growth in Kaupapa Māori services is very encouraging. The establishment of an additional 17 Kaupapa Māori services over the year is commendable. Despite persistent workforce gaps in other services, the Kaupapa Māori workforce is well recruited for senior cultural, clinical, and non-clinical roles.
- We commend the success of the new commissioning approach for Kaupapa Māori services. It is particularly encouraging to see seven Teina provider services (new or smaller Māori providers) fully established over the last year, and another one partially established. The expansion of Teina providers is a very positive step that will enable more providers to participate in the expansion of Kaupapa Māori services as anticipated with the health reforms.
- More focused attention is required to support the development of Pacific services. Workforce gaps in Pacific services as of 30 June 2022 are considerable, and there has not been the increase in the number of people seen and sessions

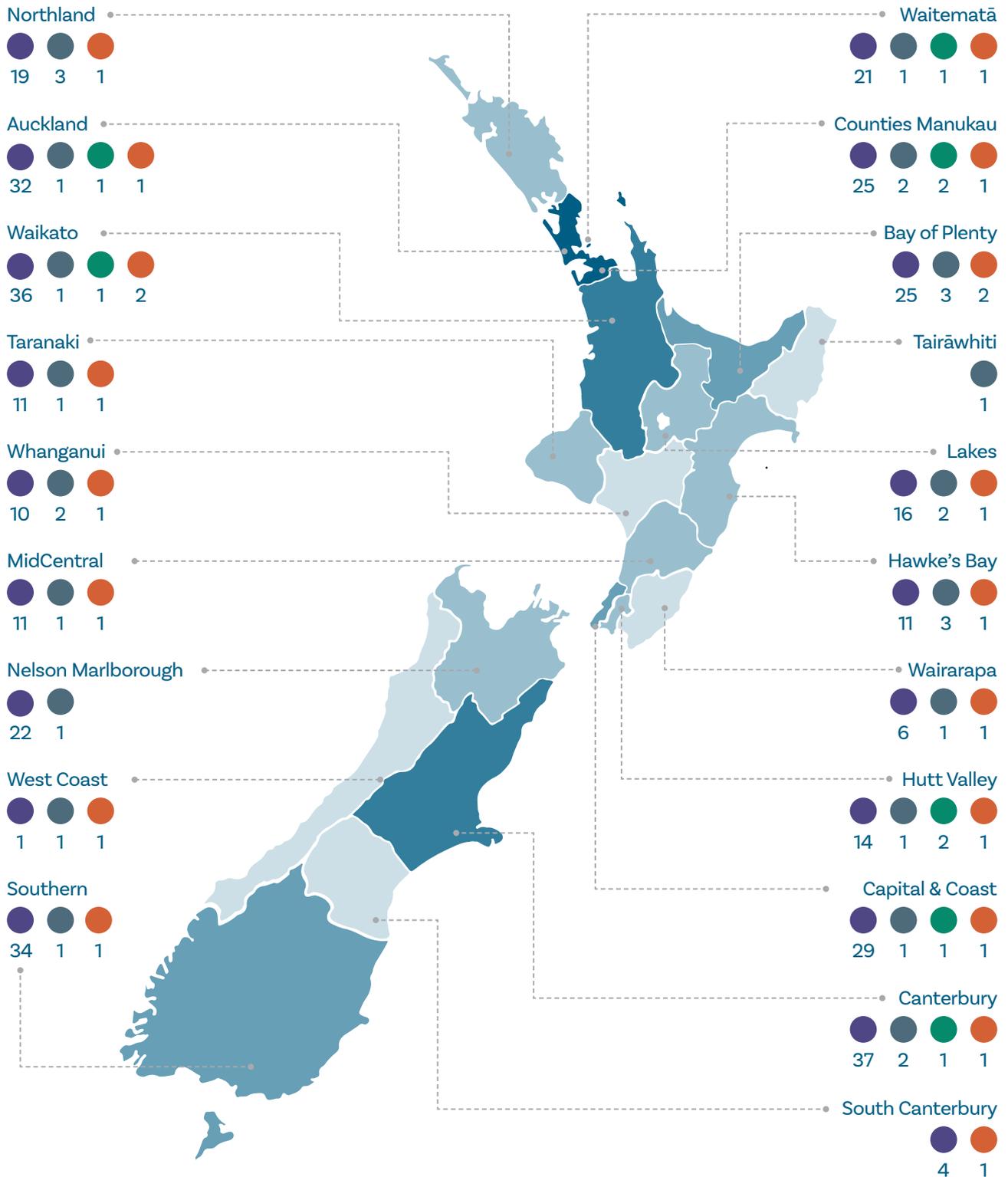
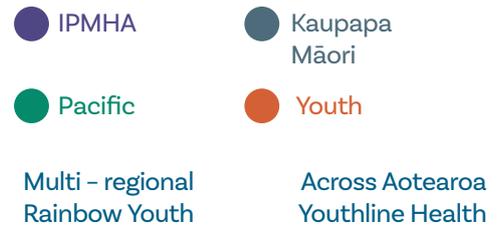
delivered that would be expected at this stage of implementation and with the additional resources.

- The rollout of Youth services has progressed well with a significant increase in funding committed over the last year, and services now available in 18 (of 20) districts. It is critical that services are developed in the remaining two districts to ensure that all young people across Aotearoa New Zealand have access to services early and without delay. As a result of new services being established, there is a large gap between the contracted (funded) and employed workforce. The estimated need for non-clinical workforce by June 2024 is substantial and meeting that need will require a huge stretch.
- The number of people accessing all Access and Choice programme services has increased over the year, however, is lower than expected at this point of the rollout. We acknowledge the challenges during the COVID-19 pandemic that may have impacted on the reach of these services. Across all Access and Choice programme services, an additional 210,000 people per year will need to be seen (from June 2024 onwards) to achieve the target of 325,000 people each year.
- Workforce issues remain a significant challenge for the programme and for the wider mental health and addiction sector. A comprehensive strategy and roadmap are needed to address the persistent mental health and addiction workforce shortages, and the pressure these shortages create for the existing workforce.
- People experiencing substance harm, gambling harm, or addiction do not appear to be accessing IPMHA services. If the services are to be accessible to people with addiction (as the name Integrated Primary Mental Health and Addiction services suggests they should), the way in which services are delivered may have to be reconsidered. This should be done in partnership with people with lived experience of substance harm, gambling harm, or addiction.
- We will be monitoring funding commitments throughout the programme rollout to determine whether the ongoing funding levels for Kaupapa Māori, Pacific, and Youth services, as of 30 June 2024, are in line with allocations reported in our 2021 report.
- The Access and Choice programme is starting to transform the landscape of primary and community mental health and addiction services. This programme only addresses some of the broader recommendations of He Ara Oranga and we encourage ongoing focus and investment to fully realise the transformation envisaged by He Ara Oranga.

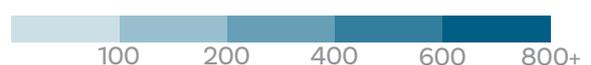
The importance of everyone working in the system understanding exactly what Access and Choice is, who provides it, who can access it and for how long and what the costs are, is essential and particularly if we want to uphold and transform the system to reflect ‘Government initiatives to address He Ara Oranga’.

- **Addiction Consumer Leadership Group**

Access and Choice programme services by district



Estimated resident population, Dec 2021 (,000)



Access and Choice Programme as of 30 June 2022



Achieved: 114,500 people seen in the year to 30 June 2022

Aim: 150,000 people seen in the year to 30 June 2022

95,250 people have accessed Integrated Primary Mental Health and Addiction (IPMHA) services this year – **38%** of the **248,000** people expected to access per year by **30 June 2024**



19,250 people have accessed Kaupapa Māori, Pacific, and Youth services this year – **25%** of the **77,000** people expected to access per year by **30 June 2024**



Youth aged 12-24 years make up **21%** of people seen by all Access and Choice services



As of 30 June 2022:

364 IPMHA services across 19 districts

29 Kaupapa Māori services across 19 districts

9 Pacific services across seven districts

23 Youth services across 18 districts

IPMHA services are available in **35%** of GP sites



IPMHA services are available to just under **50%** of the population who are enrolled with a GP



IPMHA goal is for **70%** of enrolled population coverage by **30 June 2024**



Workforce employed as percentage of workforce funded

As of 30 June 2022:



1,021 Positions funded across the four services to **30 June 2022**

828 Employed into those positions

798 Additional fulltime staff will be required by **30 June 2024**

Almost **40%** of health coaches and **60%** of Health Improvement Practitioners have previously worked in the mental health and addiction sector

\$664M of funding allocated over 5 years

3 years funding to 30 June 2022 (\$m)

	Committed	Allocated	Difference
Kaupapa Māori	25.0	33.4	8.4
Pacific	9.1	13.4	4.2
Youth	22.9	45.2	22.3
IPMHA	117.8	105.1	-12.6
Workforce	39.0	54.4	15.4
Enablers	18.2	27.6	9.4
Total	231.9	279.0	47.1

