Briefing to the Minister



Report into the Access and Choice programme

Date due to MO:	8 October 2021	Action required by:	FYI
Security level:	IN CONFIDENCE	Briefing number:	BN2021-006
То:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Minister Peeni Henare, Associate Minister of Health (Māori Health) Hon Minister Aupito William Sio, Associate Minister of Health (Pacific Health)		

Contact for telephone discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive Officer, Mental Health and Wellbeing Commission	
Tanya Maloney	Director Mental Health and Addiction Sector Leadership, Mental Health and Wellbeing Commission	

Signed:



Karen Orsborn
Chief Executive
Mental Health and Wellbeing Commission

Hon Andrew Little

Minister of Health

Minister's Office:

Comment:



Access and Choice Programme: Report on the first two years

Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mo ngā rua tau tuatahi

Purpose of this briefing

This briefing summarises some of the key findings of the Mental Health and Wellbeing Commission's Access and Choice Programme: Report on the first two years - Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mo ngā rua tau tuatahi (attached as Appendix 1). The briefing also points out areas of alignment with, and differences to, the Department of Prime Minister and Cabinet Implementation Unit's Mid-term Review of the 2019 Mental Health Package.

Key points

- 1. The Mental Health and Wellbeing Commission has completed an assessment of the first two years of the five-year Expanding Access and Choice of Primary Mental Health and Addiction Support programme (Access and Choice programme) up to 30 June 2021. The report assesses how well the Access and Choice programme is performing against its' intentions and programme deliverables, including whether it has increased peoples' access to, and choice of, primary mental health and addiction services.
- 2. The Commission's report complements that of the Department of Prime Minister and Cabinet Implementation Unit's Mid-term Review of the 2019 Mental Health Package, which assessed the entire Budget '19 investment. The Commission's report focuses exclusively on the \$664 million invested over five years to roll out the Access and Choice programme.
- 3. The Access and Choice programme has put much needed investment and services into primary and community care in line with many of the recommendations in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*
- 4. A lack of detailed planning intentions for the programme has made it difficult to assess whether the implementation of specific services is on track. Data quality issues have also limited our ability to understand if services are meeting the needs of people accessing care, or whether they are making a positive difference.
- 5. Despite this, the Commission concludes that the overall programme is on track in terms of population coverage and people seen at the end of June 2021. However, there have been delays with implementing the Kaupapa Māori, Pacific, and Youth

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services and we encourage the Government to prioritise the ongoing roll out and development of these services. Furthermore, workforce recruitment and development has been a challenge for many services, particularly Kaupapa Māori and Pacific services.

6. The commission notes that some recommendations of He Ara Oranga are in the early stages of development. There needs to be further investment to fully address the recommendations relating to access and choice, and the broader recommendations of He Ara Oranga, including more peer support workforce and more investment in community settings for people experiencing acute distress.

Recommendations

The Mental Health and Wellbeing Commission recommends that you:

- a. **note** the attached report: Access and Choice Programme: Report on the first two years Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mo ngā rua tau tuatahi
- b. **note** the Commission intends to proactively release this briefing as part of our proactive release policy.



Background

- 7. The 2019 Wellbeing Budget (Budget '19) invested \$664 million over five years to roll out the Access and Choice programme nationally. This was in response to He Ara Oranga. The Access and Choice programme sets out to provide 325,000 people (6.5 per cent of the total population) with mild to moderate mental health and addiction needs with free and immediate support.
- 8. The Commission had planned to report on the Access and Choice programme in our upcoming Mental Health and Addiction Service Monitoring Report due later this year. However, given the considerable media commentary and frustration about the programme's progress in recent months, we decided to publish our findings on the Access and Choice programme as a stand-alone report.

Report synopsis

- 9. The report is divided into sections which describe the services invested as part of the Access and Choice programme, which are:
 - i) Integrated Primary Mental Health and Addiction Services (IPMHA services):
 - ii) Kaupapa Māori services
 - iii) Pacific services
 - iv) Youth services
- 10. We assess how well each part of the programme has progressed compared to what was expected over the first two years, up to 30 June 2021.
- 11. The report also provides information and commentary on how well workforce development and system enabler initiatives have tracked compared to what was intended at this stage of the programme.

Key findings of the report

- 12. The Commission's conclusion is that the Access and Choice programme has put much needed investment and services into primary and community care in line with many of the recommendations in He Ara Oranga. The programme seeks to make services available immediately when people need them, early during distress, in new settings, and in many cases with a new or newly trained workforce.
- 13. The establishment of new Kaupapa Māori, Pacific and Youth services in community settings outside of general practices is a positive step forward. The ring-fencing of funding for these services is also positive and is well aligned to what communities called for through He Ara Oranga.

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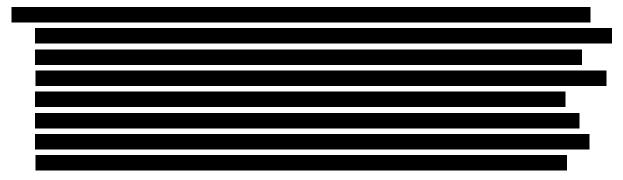


- 14. The Access and Choice programme is on track overall in terms of population coverage and people seen at the end of June 2021.
- 15. A lack of detailed planning intentions for the programme at the service level has made it difficult to assess whether the implementation of IPMHA, Kaupapa Māori, Pacific, and Youth services are on track. This has meant that we have had to use funding committed, compared to funding available, as the main measure of whether progress is on track at the service level.
- 16. The progress on roll out of the IPMHA services is ahead of plan with respect to funding commitments. Conversely, the roll out of Kaupapa Māori, Pacific, and Youth services is behind what was intended for this stage in the programme, with respect to funding commitments.
- 17. The Access and Choice programme has progressed well although it was implemented during the COVID-19 pandemic; a period during which the Government has been focused on responding to the pandemic.
- 18. The Government committed to making the Access and Choice services free. However, IPMHA services are in general practices, and an initial visit to the GP is typically required before accessing the IPMHA service. That visit will incur a fee (co-payment) in many cases, and this may be a barrier for some people wanting to access the services.
- 19. Workforce capacity is an ongoing issue for the mental health and addiction sector and the expansion of workforce through this programme is a positive step. However, the ongoing demand for registered clinical workforce remains a problem for recruitment to Health Improvement Practitioner roles, and, despite the funding of additional roles, there are workforce gaps across all workforce roles and service types This is particularly the case for Kaupapa Māori and Pacific services.
- 20. Peer support workforce is not a core component of all services within the Access and Choice programme. Peers are a valuable and underutilised workforce, that bring an important recovery skill set to services and could help address the significant workforce gaps.
- 21. The Access and Choice programme is only one part of the Government's response to He Ara Oranga, and more investment is needed to meet the broader recommendations of He Ara Oranga, and the needs of communities.

Consultation



- 22. The Ministry of Health (the Ministry) has supplied all data used in the report unless referenced to an alternative source.
- 23. We consulted with the Ministry on the draft report and made substantial edits in the presentation of information in response to the Ministry's feedback.



Next steps

- 25. The Commission is finalising the media release, communications plan, and FAQ sheet. These will be sent to the Minister's office on 20 October 2021.
- 26. The Commission will publish the report following our meeting with you on 21 October 2021.

ENDS