

## Briefing

## Access and Choice Programme: Monitoring report on progress and achievements at five years

Date due to MO:	24/03/2025	Action required by:	3/04/2025
Security level:	UNCLASSIFIED	Briefing number:	BN2024-004
То:	Hon Matt Doocey, Minister for Mental Health		
Copy to:			

## Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	
Sonya Russell	Director, Mental Health and Addiction Sector Leadership	

## Minister's Office to Complete

□ Approved	□ Decline	□ Noted
□ Needs change	□Seen	□ Overtaken by event
□ See Minister's note	□ Withdrawn	
Comment:		

# Access and Choice Programme: Monitoring report on progress and achievements at five years

Security level:	UNCLASSIFIED	Date:	24/03/2025
To:	Hon Matt Doocey, Minister for Me	ntal Health	

#### Purpose

 On 3 April 2025, the Mental Health and Wellbeing Commission | Te Hiringa Mahara (the Commission) intends to publish the attached report, literature scan and infographic. This briefing provides an overview of key findings, calls to action and recommendations.

#### **Executive summary**

- 2. On 3 April 2025, the Commission intends to publish the attached *Access and Choice Programme: Monitoring report on progress and achievements at five years* (the report) and supporting documents (summary, Kaupapa Māori services infographic and literature scan).
- 3. We have previously reported on the roll out of the Access and Choice programme in 2021 and 2022. The programme reached over 207,000 people seen in 2023/24. As the programme aim was to reach 325,000 people annually, this represents 64% of the reach aim being achieved. We have projected that the reach aim will be met by 30 June 2026 or shortly thereafter.
- 4. We heard about the positive benefits of the programme and that it is supporting people on their journey to mental wellbeing. Integrated Primary Mental Health and Addiction (IPMHA) services were available to 68 per cent of those enrolled with general practices. The report highlights the importance of tailored, appropriate services and choice for Māori, Pacific peoples, and young people.
- 5. The report makes a series of **calls to action** to support the enhancement of the programme. These calls to action relate to sustaining the roll-out and delivery, enhancing productivity, extending coverage, and improving the core data set to drive continuous improvement.
- 6. The report makes **three recommendations to Health NZ** regarding increasing programme reach, developing a plan to streamline pathways for young people, and developing a plan to reduce unwarranted variation across the country.
- 7. We will issue a media release and share key report findings via social media. A webinar and stakeholder forum are also planned.

8. The report, literature scan, infographic and high-level communications plan are attached for your information. The final publications will be shared with your office prior to publication.

#### Recommendations

#### We recommend you:

a)	<b>Note</b> the monitoring report, summary, infographic and literature scan will be published on 3 April 2025.	Yes / No
b)	Note our three recommendations.	Yes / No
c)	Agree to share this briefing and report with the Minister of Health.	Yes / No
d)	<b>Note</b> we intend to release this briefing under our proactive release policy.	Yes / No

Hon Matt Doocey



Karen Orsborn Chief Executive

Minister for Mental Health Date: 24/03/2025 Date:

# Access and Choice Programme: Monitoring report on progress and achievements at five years

#### Background

- 1. Our 2025 monitoring report on the Access and Choice programme is the third of our series (2021 and 2022). We have closely monitored the programme to ensure that the level of investment achieves the intended results and positively contributes to improving people's mental health and wellbeing [refer BN2025-003].
- 2. Alongside this report, we will also publish a summary document, a Kaupapa Māori services infographic and a literature scan.

#### Literature scan

- 3. To inform our monitoring report, we commissioned a literature scan of primary mental health and addiction models and their impacts [refer BN2024-020]. Findings from the literature scan have been incorporated in the monitoring report.
- 4. The literature scan provided international and New Zealand context for the findings in the Access and Choice monitoring report. The design of Access and Choice services reflects learnings from international approaches to primary mental health interventions highlighted in the literature scan.

#### **Findings**

- 5. The programme reached over 207,000 people seen in 2023/24. As the programme aim was to reach 325,000 people annually, this represents 64% of the reach aim being achieved. We have projected that the reach aim will be met by 30 June 2026 or shortly thereafter.
- 6. As of 30 June 2024, Integrated Primary Mental Health and Addiction (IPMHA) services were available to 68 per cent of those enrolled with general practices (nearly reaching the goal of 70 per cent). Kaupapa Māori and Youth services are available in all 20 districts, and Pacific services are available in the nine districts that were planned to have them.
- 7. The workforce growth has kept pace with the expansion of the services, with 84 per cent of the contracted full-time equivalent (FTE) in place. The need to establish an Access and Choice programme workforce has implications for other health workforces, especially clinical roles.

- 8. There are some early indications that, for IPMHA roles in practices where the programme is fully rolled out, average productivity ranges from around 6-7 sessions delivered per FTE per day. There may be opportunities to increase productivity through the use of virtual sessions and multi-practice approaches.
- 9. We heard about the positive benefits of the programme and that it is supporting people on their journey to mental wellbeing. Kaupapa Māori and Pacific services offer whānau-centred, holistic support. Youth services also offer holistic support in ways that are acceptable to young people. Services report that the additional capacity of Access and Choice programme staff has alleviated time pressures and boosted their capability to respond to those with mental health and substance use/gambling needs.
- 10. The report highlights the continued importance of tailored, appropriate services and choice for Māori, Pacific peoples, and young people. The Kaupapa Māori services infographic highlights key findings for Māori.

#### Our calls to action and recommendations

- 11. The report makes **calls to action** to support the enhancement of the programme. These calls to action relate to sustaining the roll-out and delivery, enhancing productivity, extending coverage, and improving the core data set to drive continuous improvement.
- 12. The report makes three **recommendations**, which detail the 'who needs to do what'. We recommend that:
  - a. Health New Zealand | Te Whatu Ora (Health NZ) increase programme reach to deliver service to 325,000 people per annum by June 2026, as intended in the 2019 Wellbeing Budget.
  - b. By June 2026, **Health NZ** develop a plan to streamline pathways and ensure that Access and Choice Youth services and Infant, Child and Adolescent Mental Health Services (ICAMHS) work together to meet the needs of young people across the continuum of care, including shared care arrangements.
  - c. **Health NZ** develop a plan to reduce unwarranted variation across the country in relation to fidelity (including access and entry pathways) to the IPMHA model by June 2026.

#### How we will influence change

- 13. Following the publication of this report, we will continue engaging with key stakeholders to determine the best way to progress the changes we seek and follow up on the recommendations.
- 14. We will continue monitoring of the Access and Choice programme through our regular monitoring and on-line dashboard.

#### Communications plan

- 15. A high-level communications plan is attached for your information. We will issue a media release and undertake pro-active media outreach alongside the publication. Key report findings will be shared via social media, and a webinar and stakeholder forum are also planned. Additionally, we will focus on sharing this report with key decision makers in government and the mental health and addiction system, and wider primary care networks.
- 16. Karen Orsborn, Chief Executive, Maraea Johns, Director Māori Health, and Sonya Russell, Director Mental Health and Addiction Sector leadership will be the spokespeople for any media interest. We will keep your office informed of media activity.

#### Consultation

- 17. The report has been through a rigorous peer review process followed by an independent review with two external reviewers. The Ministry of Health and Health NZ have reviewed the report for factual accuracy purposes. We have engaged with key leaders in the sector (including clinical and lived experience) to develop this monitoring report.
- 18. We have included a table that breaks down expected numbers seen into 248,000 people for IPMHA services and 77,000 in Kaupapa Māori, Pacific, and Youth services combined, as per the Interim Government Policy Statement on Health 2022-2024. Health NZ have referred to these numbers as internal working best estimates rather than the aim.
- 19. We have also included an overall investment table showing over and under spends over the five-year period. The view of Health NZ is that this is an overly simplistic representation of a complex issue and is open to misrepresentation.

#### Next steps

- 20. The final publication-ready monitoring report will be shared with your office before the publication date.
- 21. We look forward to meeting with you on 2 April to discuss the findings prior to publication.
- 22. Subject to minor editorial and design changes, the monitoring report and accompanying documents will be published on 3 April 2025.
- 23. The accompanying summary, infographic, and literature scan will be released at the same time as the report's publication.

#### Attachments

Appendix A Access and Choice monitoring report

Appendix B Kaupapa Māori infographic

Appendix C Literature scan

Appendix D Comms and engagement plan

#### **ENDS**