The Integrated Child and Youth Mental Health and Addiction Direction **2013-2023**

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

"We need to learn that having emotions and talking about them can and should be the norm"

By secondary school 27% of students are affected by depression & anxiety

"We want to have a say in our well being while under the care of mental health workers"

"We need role models and promotion: "so we know where to go, and we don't need to be in crisis first. Also there needs to be more exposure in the mainstream media"

18% of NZ children aged 11 are affected by a mental health disorder

Maternal mental health & addictions issues affect 16% of women

Same sex attracted youth 5 x more likely to attempt suicide than opposite sex

"We do not want to go through doctor after doctor after doctor"

"We need services that support our diversity"

"We need tools that help us look after ourselves"

The greatest growth in prevalence is between the ages of 15-18 which peak at 29% for mental health distress and 7% for serious disorders

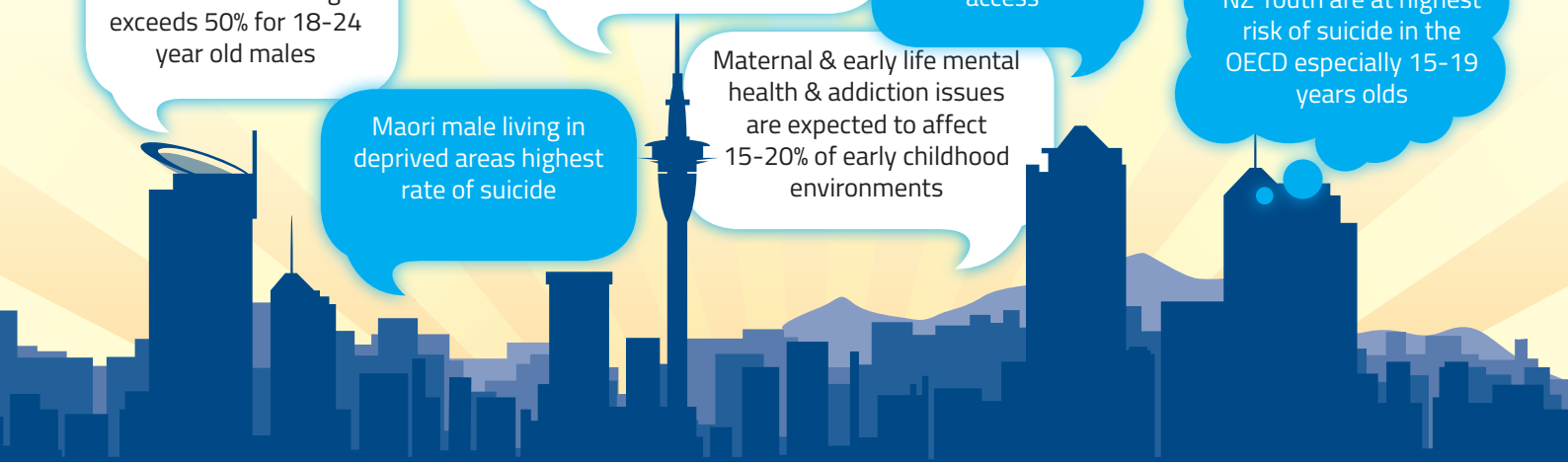
"We need services that are easier to access"

Prevalence of hazardous drinking exceeds 50% for 18-24 year old males

NZ Youth are at highest risk of suicide in the OECD especially 15-19 years olds

Maori male living in deprived areas highest rate of suicide

Maternal & early life mental health & addiction issues are expected to affect 15-20% of early childhood environments



Children, young people and families of Auckland experience and enjoy good mental health and emotional wellbeing.

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The first section of this document provides a summarised overview of the direction. The second provides a more comprehensive understanding of what has helped inform the direction.

1. OUR CHALLENGE

Increasingly we are hearing that:

1. Some children and young people are facing significant challenges in terms of mental health, addiction and behavioral challenges or a combination of all three
2. More, better and integrated services are needed if we're to meet the challenge, especially services that support resilience and intervene earlier when problems emerge
3. Young people want a greater say in how services are designed and delivered. They expect services to be more diverse, contemporary and responsive
4. While the overall population of children and young people will not increase much over the next ten years within the ADHB boundaries; for us the greater challenge will be the changing mix of ethnicity, areas where young people and children live and the predicted types of services that will be needed
5. We need to broaden the traditional 0-18 years age range to 0-25 years to align with our interagency partners. This will also include the years that young people transition to adulthood which are particularly crucial
6. Services for children and young people have been developing at a much slower rate than adult services. The focus must now shift if we're to see fewer young people go on to need adult mental health and addiction services
7. It is critical we get the interface between the health, social and education sectors working more effectively so services know the pathway to the right door. In doing so we have a far greater chance of meeting the challenges experienced by children and young people and their experience is that any door is the right door.

2. OUR VISION

Children, young people and families of Auckland experience and enjoy good mental health and emotional wellbeing.

What does this mean?

Children, young people and families feel:

- able to fully participate in their community
- hopeful about their future
- they live in a community that understands and accepts the part it can play in ensuring more children and young people get a better start in life
- free, or supported to be free, from the harmful impacts of addiction and mental distress, and
- able to lead, or be supported to lead, positive changes in their own lives.

3. OUR THINKING?

People have shaped our thinking

- The voice of children and young people
- Family/whanau
- Maori
- Pacific
- Asian
- People who shape and provide services.

Policy has shaped our thinking

Local

- This is a key priority area for ADHB mental health and addictions services over the next five to ten years
- ADHB's Child Health Improvement Plan 2012-2017 and the ADHB Youth Health Improvement Plan was available for consultation and comment in 2012
- ADHB has just released a discussion paper on self directed care which is being implemented
- ADHB is working with communities to determine future health needs and to inform the provision of services.

Regional

- Regional mental health and addiction services planning
- Strengthening our response to address the needs of maternal, early years and infant mental health and children of parents with mental illness
- Improving access for young people to Community Drug and Alcohol treatments
- Better access to youth forensics services

National

Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand 2011

Healthy Beginnings provides guidance to district health boards (DHBs), and other health planners, funders and providers of perinatal[1] and infant mental health and alcohol and other drug (AOD) services, on ways to address the mental health and AOD needs of mothers[2] and infants.

1 The term **perinatal** means relating to the period immediately before and after birth. The internationally accepted timeframe is from pregnancy to one year postpartum.

2 Throughout *Healthy Beginnings* the term **mother** is used for the simplicity as mothers are most mothers are most commonly in the role of primary caregiver for their infants. However, fathers, grandparents, adoptive parents, foster parents and others may also undertake this role and may access services if eligible.

The Prime Minister's Youth Mental Health Project April 2012

The project aims to significantly improve the way the Government supports young people with mild to moderate mental health problems. These include measures ranging from increased school based health services, more youth workers in low decile schools, expanded primary mental health services, e-therapy tools and social media, one stop youth health shops and importantly reviewing how well services are integrated across the different settings and making recommendations for improvement.

New Zealand Suicide Prevention Action Plan 2013 – 2016

This is an across government action plan, bringing together the work of eight agencies. This plan strengthens support for family, whanau and communities to address the impact and build the evidence base around what works, specifically for Maori and Pacific people. The plan extends existing services, strengthening suicide prevention targeted to high risk populations.

The Mental Health Commission's Blueprint II, 2012

The Blueprint II vision "mental health and wellbeing is everyone's business" sets the stage for a future where everyone plays their part, recognising mental health and wellbeing plays a critical role in creating a well-functioning and productive society. Additionally Blueprint II introduces a 'life course' approach from before birth through to older people and looks at the critical points in the development of mental health, addiction and behavioural issues where we can intervene earlier and more effectively.

The Ministry of Health Service Development Plan "Rising to the Challenge" 2013

Rising to the Challenge sets out the Ministry of Health's (MOH) plan for the direction of mental health and addiction service delivery across the health sector over the next five years. It articulates the Government's expectations about the changes needed to build on and enhance gains made in the delivery of mental health and addictions services in recent years." This plan was informed by Blueprint II. Rising to the Challenge focuses specifically on intervening earlier in the lives of young people in order to strengthen their resilience and avert future adverse outcomes.

The Ministry of Justice Youth Crime Action Plan 2013 – 2023

This is a ten year plan to reduce crime by children and young people and help those affected to turn their lives around.

Whanau Ora

Whanau Ora provides an intra and inter- sectorial strengths –based approach to supporting whanau to achieve their maximum potential in terms of health and wellbeing during their interaction with health services. It provides a catalyst for improving the capability of health providers and hospital – based services to deliver high quality, integrated and responsive services to whanau and communities they live in.

Other

Other key NZ government strategies and policy documents that impact children and youth and the determinant of health, including such policy documents as the Child Action Plan, the Youth Development Strategy 2002 and the work of the Children's Commissioner Advisory Group.

Align with Better Public Service Targets

The key areas are:

- Reducing long-term welfare dependence
- Supporting vulnerable children
- Boosting skills and employment
- Reducing crime
- Improving interaction with government.

International

We have learnt from others experience of working in a different way both from our New Zealand colleagues, including child and youth strategies from other DHBs, and from our international colleagues. The overseas work that has particularly influenced this direction includes the Ontario's Ministry of Children and Youth Services, Reachout.com and headspace Australia. Overwhelmingly the evidence points to youth involvement in design and leading of services, more evidence based psychological interventions to address mild to moderate mental distress and addictions, development of e-therapies and a strengthening of agencies working together.

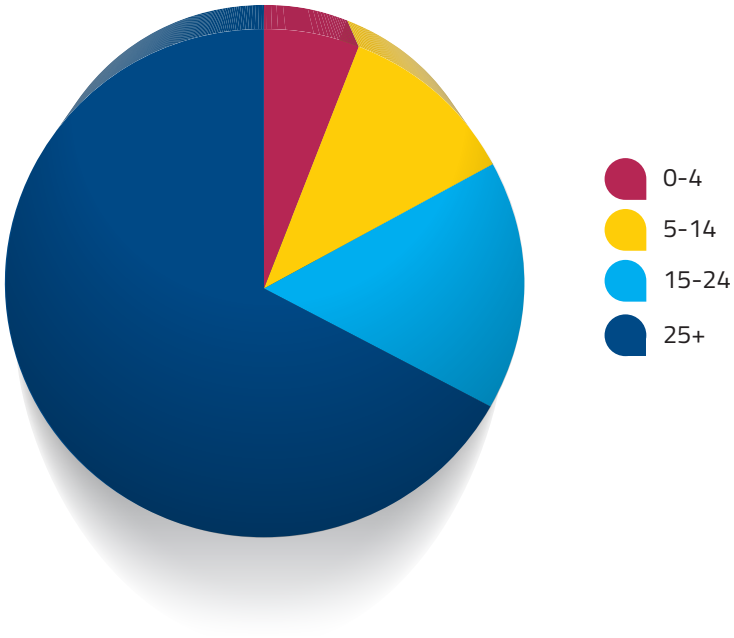
Partners have shaped our thinking

Central and local government and NGOs; as well as other parts of health were around the table during this process. We will continue to work with our partners. Our stakeholder engagement process included young people, Maori, Pacific, Asian, NGO providers, child, youth and adult health services.

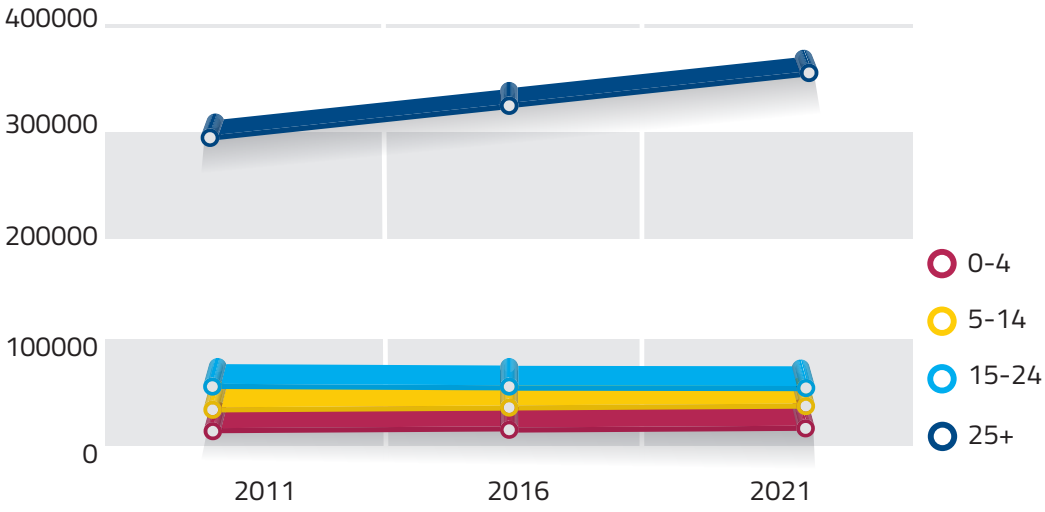
4. OUR POPULATION

The whole of Auckland is expected to grow faster than the rest of New Zealand over the next 10 years, and the ADHB population is no exception. While the overall population of children and young people won't increase materially over this period we will see a significant change in their ethnic mix, where they live and deprivation rates. The youthful Asian population is predicted to increase three times faster than other ethnicities over the next ten years. The Asian population is predicted to move to the western wards while the Maori and Pacific population are predicted to move to the southern wards. The diagrams below help illustrate that. This analysis is based the statisticians best guess using the 2006 Census data from the NZ Department of Statistics. It is expected that the results of the 2013 census will change the patterns.

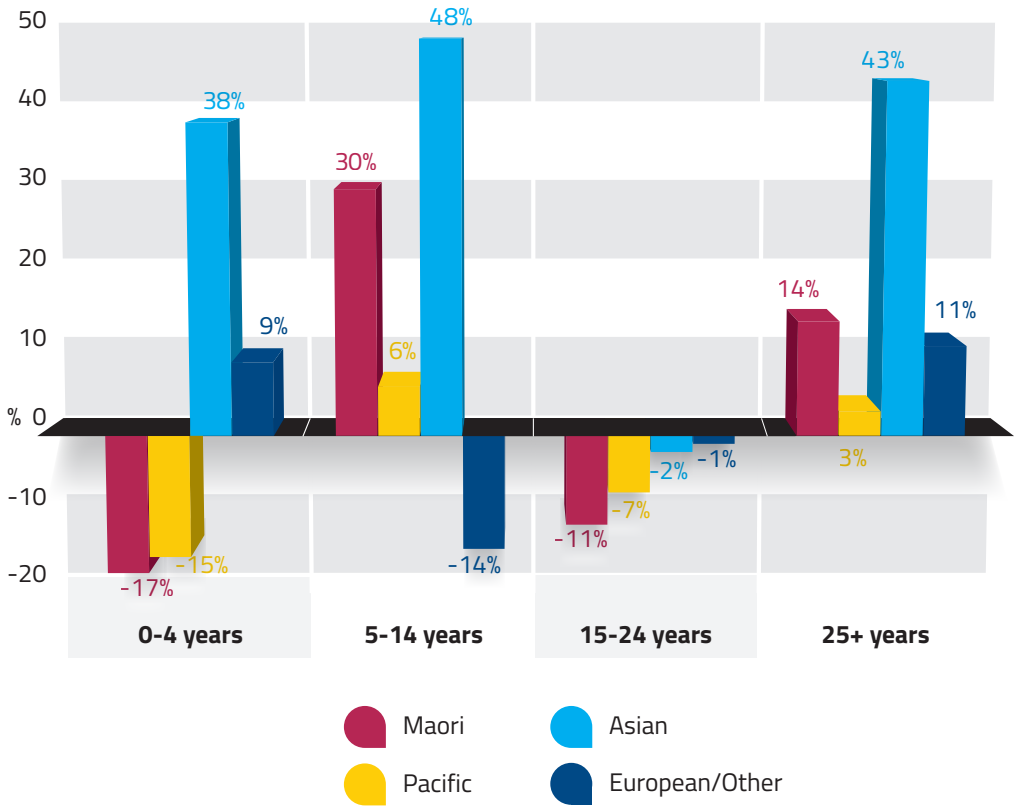
ADHB population age breakdown (2011)



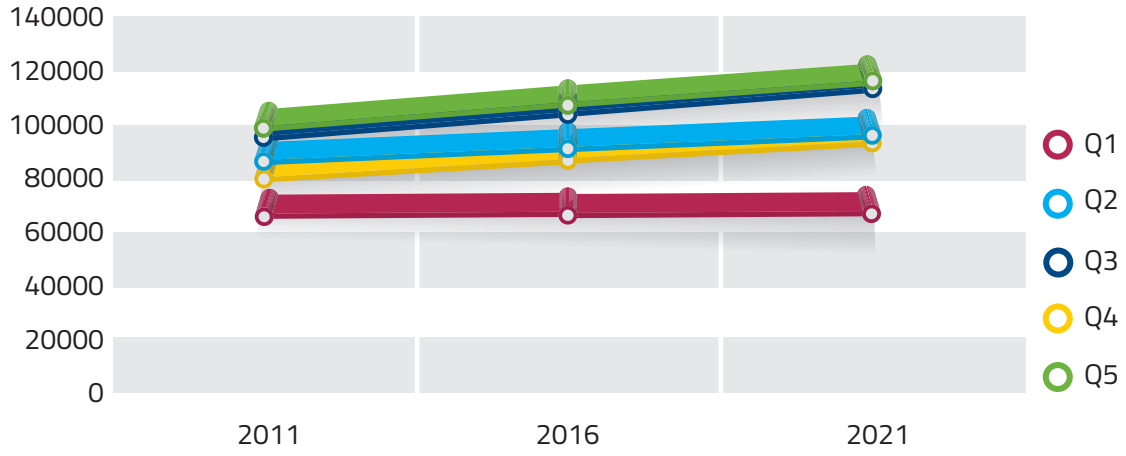
Projected population growth by age group (2011-2021)



Projected changes in ethnic mix of ADHB age groups (2011-2021)



Projected ADHB population growth by deprivation quintile (2011-2021)



Note: The higher the quartile the poorer the area. So quartile 5 are the poorest areas and quartile 1 are the least deprived.

In summary we will see:

- Our overall populations aged 0-25 will not increase significantly
- Increase in ethnic mix specifically with a predicted increase in the number of young Asians
- The areas they live in will change.

5. OUR INTENTION

Design

- In partnership with children, young people, families and providers we will develop a cohesive and measureable action plan that sits alongside this direction.
- Together we will design an improved model of care that focuses on building greater personal resilience and support for young people.
- We will develop a more responsive system to intervene earlier in the life course of children and young people.
- We will develop a range of more contemporary and diverse mental health and addiction services.
- We will make changes to service provision to address our increasingly diverse ethnic mix.

Deliver

- We will deliver on our promises in the action plan and ultimately our vision in partnership with children, young people, families and providers.
- This means we must be courageous when investing in the new, recognizing this may mean disinvesting in some of what we offer now that no longer best meets the needs.
- We must build on our existing partnership with the social and education sectors to ensure we deliver a more integrated and responsive system to children, young people and families.
- To deliver on our vision we must also partner with other agencies and groups and the community itself, ensuring more children and young people get a better start in life.

What does this mean?

We have to change…

- **The way we plan things**
  We need to genuinely listen to what children, young people and family have to say about the services they need, as well as how and where they want to access them.
- Co-design must become the new norm and not the exception.
- **The way we do things**
  We need to provide more timely service and support. We will draw on the expertise of a more diverse workforce and do things in a way that children and young people relate to.
- Ultimately we must do things in a way that children, young people and their families feel more in control.
- With children, young people and their family/whanau we will review and establish health and interagency care pathways and shared care protocols as a priority.
- Due to complexity of need, the services will do the linking to ensure there is an easy process to get to the right door.
- **Where we do things**
  While face to face support and service is really important, we need to recognize and respond to children and young people's reality of also living in the virtual world and direct resources there too. In particular, we need to focus on things that enable young people to build personal resilience through self-directed learning.
- **Who we work with**
  We can't meet the challenges alone. Beyond working in partnership with children, young people and their families, and our partners in the social and education sector agencies. We also need to find ways of partnering with other organisations, iwi and groups, including the wider community who have a vested interest in seeing more young people get a better start in life. When we do that we have a far greater chance of achieving our vision.

6. OUR APPROACH

Recognition

- Draw attention to the challenges faced by children and young people
- Through the approval of this direction by ADHB and the endorsement of it by our partners we will drive change.

Action

We will meaningfully engage with youth and children in active co-design to create a more detailed action plan with our multiagency governance group, focused on things like:

- virtual services and resources
- youth designed and developed services
- stepped care and early intervention services.

Partnership

We will seek to partner with:

- children, young people and their family/whanau
- mental health and addiction providers
- other health services
- primary care providers
- social and education sector agencies
- other government agencies – central and local
- Iwi
- community organisations and groups and the wider community
- Director of Vulnerable Children and Child Action Teams.

Structural

We will:

- invest where changes need to occur over the next five to ten years
- make the best use of our skilled and capable workforce, ensuring the right part of the workforce is doing the right thing at the right time, and
- be courageous in disinvesting where services no longer best meet need.

System

We will:

- build on the strengths we have within our child and youth mental health and addiction services
- develop an improved model of care for child and youth mental health and addiction services
- better demonstrate the links to primary care
- work better together with key agencies and in doing so ensure a more integrated and responsive system where the services can do the linking to ensure children, young people and whanau get to the right door
- stimulate innovation in the virtual and electronic world of service provision to extend our reach and impact, and
- use known partnership approaches and models, like Whanau Ora and youth leadership, to improve all we do.

7. WHAT IS THIS GOING TO LOOK LIKE

The future model must place the child or young person, and their family and whanau, at the centre, and provide a more diverse range of responsive options that are orientated towards the community end of the continuum.

Our Principles are:

- Meaningful co-design with children and youth
- Authentic engagement
- Responsiveness
- Diversity
- Community
- Intervening early.

8. GETTING STARTED

Strengthening the voice

This means authentically engaging with children, young people and their family/whanau who use our services or who may need to use our services.

Intervening earlier in life course and early when there is a need

This means we will look at our systems and service design. So that children, young people and their family/whanau can access services early there will be a range of e-therapy and primary care services.

Addressing inequalities

This means listening to the Maori and Pacific voice to hear what types of services children, young people and family/whanau would access and designing the services to meet those needs.

Fostering innovation

This means we have the opportunity to work innovatively by listening to the voice of children, young people and their family/whanau and taking them on as partners to design and leadership.

We will do this by investigating and trying new models of care, working with young people to design services and lead services for those with less severe mental distress. We will develop new ways to deliver services especially developing the electronic and virtual world. This will require us to make decisions on where to invest and where to divest resources so we live within our means.

Workforce

This means we will focus on growing and maintaining our workforce so it reflects the diversity of our population. Also we will train our staff to understand the cultural difference and practices of our diverse population.

We will develop our workforce so that we have the right people with the right skills in the right place at the right time.

Working better together

This means building on the strengths of existing services and developing new services through listening to the voice of children, young people and their family/whanau.

ADHB is committed to building on the strengths of existing services and integrating the ways young people and children like to work.

We will continue to work with our colleagues across agencies to improve process and access to the appropriate services at the right time.

9. HOW WILL WE KNOW WE ARE GETTING THERE?

Now

Current data, detailed in the section "Delving into the Detail" provides us with a current view but it is not a picture that reflects the data needed to measure the success of this direction.

The data being recorded for the child and youth mental health and addictions KPIs and the improvement in primary care data will make a big difference. In addition the results of the 2013 Census will give an indication how useful the population projections are. A way will be found to include relevant data from other agencies.

In future

Experiential

Through engagement with:

- **Children and young people**
  ADHB will engage with children and youth utilising a youth development participation model. We will further develop our child and youth forums.
- **Family and whanau**
  We will utilise existing ADHB family/whanau forums.
- **The community**
  ADHB will engage with communities and develop local health partnerships.
- **People providing services**
  ADHB Mental Health and Addictions service has an existing structure for engagement with both their clinical staff and the social and education sector. These forums will continue to be used for clinical and health sector engagement.
- **Our partners**
  Other agencies and providers will be engaged through existing forums.

Hard data

- We will agree a common set of outcomes to be achieved by 2018, both client directed and clinical
- Monitor access rates to child and youth specialist mental health and AOD services
- Collect and better understand the circumstances by which 18 – 25 years old are accessing child and youth mental health addiction services compared to that same age range accessing adult services.
- The spread of our investment
- Access and wait times for different segments of our population
- Wait times reported separately for mental health and AOD services
- Increase in the number of mental health clients of working age in employment
- Demonstrate the shift in resources to reflect this direction
- In the future it will be easy to combine data across the health, social and education sector agencies reflecting the whole continuum.

Evaluation

- We and our partners **will** show we are working in a more integrated way
- System changes will be evaluated to determine if the outcomes are being delivered
- We will produce an online report card.

10. ADHB Child & Youth Mental Health & Addictions Action Plan 2013 -2023

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
1. Strengthening the Voice					
Services are seen as more accessible and responsive by children, young people and their families	KPI 1: Improved access to: · Specialist Services · On-line tool resources · Primary care · School · Self referral clinics	Processes and opportunities are established for children, young people and their families to influence the service framework as well as the co-design of and peer-lead services and the evaluation of services	Establishment of Youth Leadership initiative and other appropriate forums Link with child action plan for the engagement of 0-15 years Strengthen links with the provider arm (CFU/Kauri Centre)	14/15	· To commence Feb 2014 · Existing resource with support · Requires link with youth forum initiatives · Youth Alliance · Role in ADHB strategic projects and leadership groups · Plan for a 0-15 year forum
	KPI 2: 95% of children, young people and their families report satisfaction regarding their ability to influence services		Youth Leadership initiative/ Youth forums to report into strategic networks e.g. Health Services Group Link with real-time feedback, MH Commission and provider arm processes	14/15	· As above · Progress six monthly
	KPI 3: Establishment of Youth Leadership initiative		Establish on-line opportunities for real-time feedback – linking with ADHB projects & MH Commission	14/15 ongoing	· Link with Mental Health Commission initiatives · Werry Centre, MSD, Youth Development
	KPI 4: 95% of Young people, children and family/whanau report satisfaction with services		Young people to contribute to the in-service training for clinicians	14/15 ongoing	· Link with service plan and Service Managers · Workforce Steering Group · ADHB locality project · Stocktake youth mentoring programmes · YMCA/Dingle Trust/ Project K

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
	KPI 5: Young people are active partners in the evaluation of all Child and Youth Mental Health & Addiction services		Establish standards for choice and partnership between young people/ whanau and mental health and addiction workers	14/15	· Work plan for youth participation in evaluation · Link as above
			Establish links to on-line peer support initiatives	14/15 ongoing	P.M's youth social media initiative (Paul Ingle)
			Young people and family/ whanau are involved in service evaluation	14/15 ongoing	Work plan for youth participation in evaluation
			Work in partnership to strengthen existing processes to hear the voice of young people, children and family/whanau	14/15 ongoing	· Youth leadership stocktake and implementation team · Co-design service design methodology
			Work with young people, children and family/whanau to develop signposts to navigate services	14/15 ongoing	· Actions from DAP 14/15 and implementation group · Youth Transition project
Under this set of actions we will have regard for our more vulnerable populations including Maori and Pacific					
2. Intervening Earlier					
There will be a decreased incidence of mental health & addiction issues later in life	KPI 1: Reduced demand on Specialist services	There are clear mechanisms and a skilled workforce to provide screening and early identification for: · Pregnant women · At-risk families (Child Action Plan) · Children of parents with mental illness and addictions (COPMIA) · At risk infants and children · At risk youth and young adults	Agreement from key agencies/ providers regarding the implementation of screening within existing age-related health checks	14/15 and fully implemented 15/16. Reviewed 16/17	· Link with Child and Women's Health and Funder · Link with Primary Care · Regional Infant Perinatal Mental Health · Women's Health · Build on existing work around screening · PM's youth mental health · Child action plan and child health plan · Build on existing multi-agency work

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
2. Intervening Earlier (continued)					
	KPI 2: Better range and access of services		Agreed pathways regarding clinical management	14/15 pathways reviewed and implemented. 17/18 better range & access evidenced	Implementation and team activity · RIE in CAMHS · Youth Transition project · CAMHS and Youth Alliance to agree on clinical pathways
	KPI 3: Earlier access to services		Agreed set of age-related screening tools. This will be implemented alongside the training of workforce	14/15 and fully implemented 15/16	· Link to CAMHS · Link to KPIs above and pathways
	KPI 4: Achievement of all screening targets				· Link to Child, Youth and Women portfolio
	KPI 5: Fewer young people and families experience a Mental health and Addictions emergency that is distressing		Implement the Child and Youth direction		· Youth Alliance · Child Action Plan · Check with other ADHB screening targets in the provider arm
	KPI 1: Reduced demand on Specialist services	There will be increased access and early response	Better promotion of existing resources for self-management using social media as a primary means to connect with young people & families/whanau	14/15 ongoing	Link with youth health alliance/youth leadership/ Primary Care
			Increased range of options for self-management e.g. on-line resources and social media	14/15 ongoing	· Link to MoH and therapies initiatives · Big white wall
			Resilience programmes in schools e.g. Prime Ministers Youth Mental Health Project	14/15 ongoing	Link to school based health services
			Positive parenting	14/15 ongoing	Link with WDHB Secure Beginnings
Under this set of actions we will have regard for our more vulnerable populations including Maori and Pacific					

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
3. Addressing Inequalities					
To increase Mental health & Addiction literacy of young Maori and Pacific, their families and whanau and reduce stigma and discrimination	KPI 1: Number and mix of people attending MH101	Delivering health literacy training face to face or on-line by Maori & Pacific for Maori & Pacific children & young people	Develop or source culturally appropriate material that is available to use in a variety of settings	14/15 develop and fully implement-ed 15/16	Link Maori Health Gains team, Pacific team, Migrant portfolio and Mental Health Commission
	KPI 2: De-stigma programme for Maori & Pacific young people by Maori & Pacific using social media as a vehicle within two years		Access to learning opportunities made readily available in a variety of settings and formats e.g. courses or short sound bites	15/16	As above
	KPI 3: Percentage of existing & new health initiatives include culturally appropriate content		In partnership with agencies e.g. Le Va ensure young people are appropriately trained or sourced to deliver the material	14/15	Link Le Va and other agencies
	KPI 4: Survey Maori, Pacific and other vulnerable groups of young people to establish their access to services and the service effectiveness		Each learning opportunity includes a feedback cycle which will inform future delivery & content of materials	14/15 ongoing	Build into training evaluation
			Aligning with the actions in Working Better Together utilising materials and programmes that are relevant and initiated by other agencies	15/16	· Link with CAMHS< CADS, AODMSD, Education, Te Pou, Maori, Health and TPK · Potential joint DAP initiative 14/15 · MH Commission · Rangatahi project

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
3. Addressing Inequalities (continued)					
Ensure the unique societal structures, primarily in Maori and Pacific communities and the place of religion do not act as a barrier to access services	KPI 1: Increase the access rates for Maori and Pacific and other minority groups to match national targets for: · Specialist services · On-line tools resources · Primary care · Schools · School referral	Data collected to accurately measure access	Work to improve quality of PRIMHD data and include Primary Care, HVAZ and Kaupapa Maori and student health services	14/15 ongoing	· Collect base-line data of access by ethnicity · In progress with NRA data cleansing initiative
Service to be more responsive to Maori & Pacific	KPI 1: 95% of children, young people and their families report satisfaction with services	Increase in satisfaction level with services	Implement Mental Health Commission's real time service assessment	14/15	Mental Health Commissioner
	KPI 2: 95% of children, young people and their families report satisfaction regarding their ability to influence services		Utilise feedback from consumer satisfaction survey & general feedback to improve general responsiveness	15/16	ADHB on-line survey (annual / includes specific questions)
4. Fostering Innovation					
Children, young people and their families/ whanau will directly benefit from a culture of innovation and new approaches	KPI 1: Number of new e-health initiatives that improve access to seeking help/ support	Experiment with different technologies that remove barriers and improve access to those seeking help/ support	Proactively link with national child & youth e-health related initiatives	14/15	· Link with MSD social media initiative · MoH · Youthline · Youth Alliance
	KPI 2: Percentage on-line service hits		Develop resource of e-self-help tools / resource links	15/16	· Build on stocktake e.g. work WDHB has done · MoH · Look at headspace and other initiatives
	KPI 3: Number of learning events held and feedback		Establish links to on-line peer support initiatives	14/15 ongoing	Big white wall for 17+
	KPI 4: Number of new contracting models evaluated and trialled				

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
4. Fostering Innovation (continued)					
		Create an annual learning symposium (regional)	Link with other regional child & youth mental health networks	14/15 ongoing	Link with RCAMHS
			Link with Werry Centre and other groups to explore the opportunity to support at least three learning events over the next 2 years e.g. RCAMHS	15/16	Link Werry Centre, Auckland University School of Population Health
			We will link into virtual learning networks in this field	15/16 on going	· Stocktake · Liaise with Werry Centre
		Explore models for contracting that support innovation, strengthen outcomes and enables a partnership approach	Identify appropriate contract models e.g. results based accountability or social bonds	15/16	Await new Funding and Planning structure
			Partner with other health & social care agencies to identify joint contracting opportunities	15/16	As above
			Different models are trialled and evaluated	15/16 trial, evaluation concludes 17/18	As above
Under this set of actions we will have regard for our more vulnerable populations including Maori and Pacific					

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
5. Workforce Development					
The lived experience of children, young people and families/whanau is a valued contributor to personal resilience and recovery, peer support and other forms of help and treatment	KPI 1: Year on year growth in peer support roles	Increased opportunities for employment and peer support for those with lived experience	Establish a workforce plan for peer support	14/15	· Work with RCAMHS and Werry Centre · Regional workforce · ADHB workforce · Identify a workforce champion for Child and Youth
	KPI 2: Percentage of people in workplace with identified lived experience (whole workforce) through an annual anonymous survey		Actively work with Werry Centre to develop youth peer support training	14/15 develop. 15/16 deliver	
	KPI 3: All job descriptions include a lived experience as desirable		Work with funding & planning to explore employment opportunities for young people	15/16	Workforce centres
	KPI 4: Training & orientation to include peer support experience	Lived experience is reframed as a valuable life skill base for resilience recovery, service planning & provision	Provide more training opportunities for primary care, nursing/medical training programmes	15/16 ongoing	
	KPI 5: Number of staff trained in the use of virtual tools		Work with training providers (internal) & under/post graduate providers	15/16 ongoing	
	KPI 6: Number of staff with cross agency experience		Establish youth and family reference groups	14/15	
	KPI 7: Annual workforce profile reflects population diversity both cultural and age		Reinforce self/whanau directed care	14/15 ongoing	

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
There is a workforce that has the skills mix and diversity that is sustainable into the future. It is confident to work fluidly across organisational boundaries and with virtual tools		Workforce plan is developed and implemented that reflects future workforce requirements and Health Workforce New Zealand's national plan	Implement a workforce plan that includes: · Definition of potential shift in workforce required to meet the diversity of our population · Definition of who does what and where so we work in different ways and in different places · Confirmation of role of young people with lived experience in relation to in-service training for staff · Across agency and continuum work experience · Increasing skills and use of on-line tools · Reflection of youth and cultural diversity / identity · Orientation and internship programmes that prepare and equip staff to know how they can contribute to address our key six priorities	14/15	
			Develop staff skill mix so that the core set of competencies enables us to have "the right staff at the right place at the right time with the right skills"	14/15 develop, fully implement-ed 16/17	
Under this set of actions we will have regard for our more vulnerable populations including Maori and Pacific					

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	
6. Working Better Together					
The whole system works together to improve process and access for children, young people and their family/ whanau to the appropriate services at the right time	KPI 1: Track number of agreed multi-agency shared plans	There will be agreed referral pathways for various levels of need - especially those with high need and multi-agency involvement	Establish a working group between ADHB, WDHB, MSD & Education for multiagency referral/ pathways and discharge/ transition	2013/14	Build on existing work with WDHB
	KPI 2: Reduced wait times for reaching agreed shared care plan		Use existing coordination processes more effectively e.g. Gateway and Strengthening Families	2013/14	· Need to explore further · Youth Alliance · Strengthening Families · - Gateway
	KPI 3: Agreed referral pathway		Joint care planning and prioritisation for those with high need and multi-agency involvement	2013/14	· Assess existing networks · Homelessness Operations Group
	KPI 4: Annual sample audit of shared care plans	Whanau ora initiatives will be used as basis for the whole family approach	Links will be strengthened with ADHB Whanau ora initiatives and Pacific & Maori Health Plans	14/15	DAP 14/15
			Joint care plan & prioritisation for those with high need and multiagency involvement	14/15 ongoing	Link to joint working groups
		Whole of system resources and contacts are well understood by all agencies so for the public "any door is the right door"	Clear list of stakeholders and key contact points	14/15 ongoing update	Link to steering group
			Use of web-based tools to assist in linking with services and referral pathways	15/16	Starship website

Opportunity	Benefits/ KPIs	Deliverable	Key Actions	Timeline	Status/ Recommendation
			Strengthening of consult liaison services form ADHB Child & Youth Mental health	14/15 ongoing	Build on multi-agency work
			Services know how to navigate these services rather than the young people or family/whanau needing to know	14/15 ongoing	· Orientation · Existing work
			Learn from, and where appropriate participate in initiatives started by our agency partners or from overseas	15/16	MSD, Education
Under this set of actions we will have regard for our more vulnerable populations including Maori and Pacific					

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

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