Planning and Investment for Addiction Treatment

Through the Maze: Making Treatment Better

30 August 2011
Existing Planning Framework

- Mental Health and Addiction Action Plan 2010
- District Health Boards’ District Annual Plans and District Strategic Plans
- Agency Statements of Intent
- Addiction Treatment Workforce Strategies
What is proposed

Alignment across:

- New Service Development Plan 2012-2015
- New Blueprint Funding Model to match resources and whole system needs
- Towards the Next Wave of Mental Health & Addiction Services and Capability - Workforce Service Review Report
- Research?
- Data Collection and Information?
The Service Development Plan (SDP) will provide guidance to DHBs in the planning, funding and provision of mental health and addiction services by setting out key service principles, priorities and directions for Mental Health and Addiction treatment services.
Draft Service Goals

- Prevent avoidable mental ill health and addiction, and reduce the associated suffering and later economic costs.
- Ensure treatment services are in the best interests of service users and their families/whanau, including ensuring collaboration between clinicians and service users, families and communities in planning and providing services.
- Ensure better access to effective self care and early intervention.
- Ensure that funded services are effective and provide value for money.
Service Goals contd

- Ensure that people with severe mental illness or addiction problems have access to specialist secondary services

- Ensure service delivery options are flexible and responsive to consumers, reflecting Better, Sooner, More Convenient

- Support people with stable, enduring conditions with good primary and community care.

- Use specialist MHA service expertise more strategically, with the view to increasing the capability of primary and community care and providing support for wider social objectives including whānau ora
Service Goals contd

- Support and equip the workforce at all levels to function efficiently and strategically
- Respond more effectively to the needs of Maori
- Respond more effectively to the needs of:
  - Pacific people and Asian populations
  - infants, children and youth
  - an ageing population
- Maintain the focus on recovery, including wellbeing and resilience
Timeframe

- Stakeholder engagement and input – June – August
- Analysis and synthesis of ideas – September
- Finalise plan – October 2011
In Closing

- A Vote: Health Strategy vs an Addiction Treatment Services Strategy?
- Planning for today, tomorrow and the day after
- Integration of planning and strategy
- The vision must be translatable from high level strategy type documents down to the practitioner/consumer level