

TE TUMU WAIORA

EASY ACCESS TO LOCAL WELLBEING
SUPPORT - FOR YOU AND YOUR WHĀNAU

AN OVERVIEW



Introduction

Over the past year, ProCare Health Ltd., in collaboration with the three Auckland DHBs, NGOs and other PHOs, has been testing a new model of care approach for mental health and wellbeing that has the potential to be implemented nationwide in Aotearoa.

Te Tumu Waiora was launched in July 2017 with services initiating in December 2017. The ProCare-specific programme has been running in five practices across the three DHBs of greater Auckland: at Mangere Health Centre, Peninsula Medical Centre, Health New Lynn, University of Auckland Student Health Services and Turuki Healthcare Panmure. It is due to run until June 2019.

The practices reach a combined population of 50,000.

Te Tumu Waiora means 'to head towards wellness and health'.

This te reo name follows consultation with a number of Māori organisations across Auckland, and the ProCare Māori Advisory Committee (ProMa). 'Te Tumu Waiora' has been endorsed by senior leaders of Tainui and Ngāti Whātua Ōrakei, and within ProCare.

The pilot has been designed as a holistic model, supporting and addressing the physical, emotional, and social needs of the person, rather than the traditional focus on mental health or addiction needs.

The aim of the pilot is to deliver a small amount of targeted, brief intervention to a large number of people, as opposed to a large amount of therapy, to a small group of people, as well as to connect social and specialist support across one continuum of care.

The pilot has been producing successful results so far.

Collaboration has been key in the success of the programme to date. The pilot stems from a strong collaborative base across local DHBs, other PHOs and NGOs, as well as nationally through Network 4 (ProCare, Pegasus, Tū Ora Compass Health, Pinnacle Midlands Health), and Northland DHB.

Funding for the pilot has come from a range of sources: ProCare Health, Waitemata DHB's 'Our Health in Mind' primary care programme; Counties Manukau Health's Primary Mental Health Initiative programme; and Auckland DHB's Ministry of Health 'Fit for the Future' programme.

PURPOSE AND VISION

Te Tumu Waiora has been driven by a clear need within Aotearoa's health system: a primary mental health system that is **more accessible, engaging, connected**, delivered by people who are **personally and professionally motivated**, and gives **every New Zealander their right to live well**.

Our vision is the nationwide establishment of a system of holistic care that **"supports me to support myself, offers meaningful help when I want it and achieves sustainable positive outcomes that matter to me, my whānau and society, at the first time of asking,"** (Closing the Loop, 2017).

Our view is that real, measurable success will have been achieved when the majority of people who receive the support that this model offers can endorse this statement.



Structure of the model

The model puts mental health and wellbeing at the heart of general practice, with the introduction of new focused roles – a Health Improvement Practitioner (HIP) and Health Coach as part of the general practice team. This practice team is further enhanced through linkages to new NGO community support roles and dedicated specialist support from secondary care. It is at this stage, a ‘proof of concept’, adapted from a similar model developed and currently in practice in the United States.

As the model of care diagram below shows, key components of the programme include:

- Enhanced General Practice Teams
 - Health Coaches
 - Health Improvement Practitioners
 - Confident and capable general practitioners and practice nurses
- Self-management support (e.g. self-help resources, e-therapy)
- Referral-based talking therapies
- Increased access to NGO-delivered community support workers
- Enhanced interface between primary and secondary services; more specifically, enhanced integration and co-ordination with DHB mental health and addiction services.

While significant work has been taking place on all of these components, for ProCare, the biggest focus has been on enhancing the General Practice teams.

Other programmes, such as Awhi Ora (NGO support community support work) in Auckland and Waitemata DHBs and the ILOC (specialist support for primary care) in Counties Manukau DHB, have focused development on different parts of the model.

COLLABORATION & INNOVATION CONTEXT FOR THIS WORK

The work that ProCare is undertaking is one part of a continuum of services and development across the Auckland region.

There are numerous initiatives that ProCare has been supported by and is supporting in the development of a common approach to primary mental health and wellbeing services.

Without these partners and their innovation and commitment to a new collective approach none of the development that ProCare has achieved would be possible.

The collective leadership and governance that has been shown by DHBs, NGOs and PHOs through the various governance groups across the region has also enabled a genuine collective impact to occur in creating connected primary and community wellbeing options for people.

It is recommended that the independent evaluation of Fit For The Future is looked at alongside this briefing to get an appreciation of other promising work occurring, including the Awhi Ora NGO support programme.

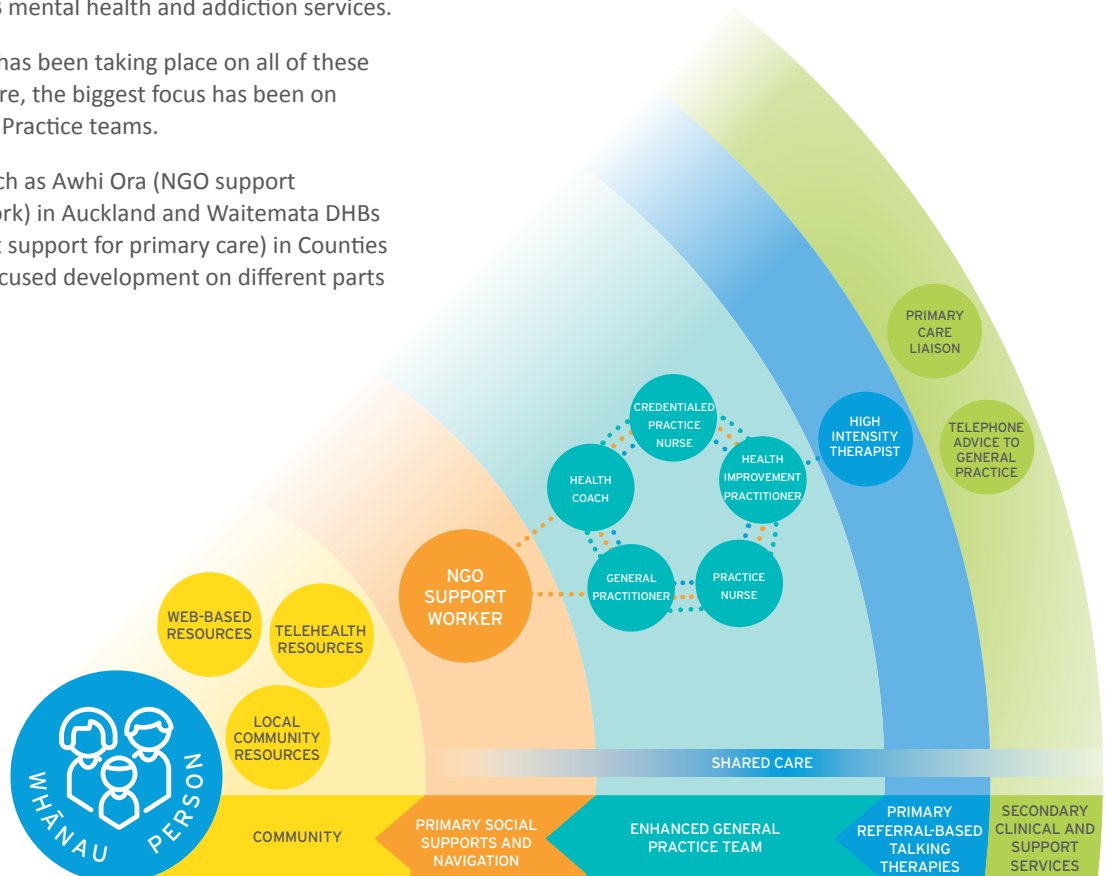


Fig 1. Model of Care - Te Tumu Waiora

Preliminary findings

Early results from this initial pilot are very promising.

Preliminary findings show the model is delivering significant improvements in **timely, early intervention** for people across the spectrum of mental health and addiction needs.

Patients and GPs are very positive about the programme – this strong belief and commitment towards the programme has the potential to significantly improve primary mental health services throughout Aotearoa.

We believe we have achieved a model that can be inclusive of the New Zealand community, in particular our large Māori and Pacific communities who are responding to this model of early, brief intervention.

Note, the data contained in this section relates to data from the ProCare practices involved in this ProCare pilot programme. It does not incorporate the non-ProCare (East Tamaki Healthcare and Auckland PHO) practices involved in the wider Fit for the Future programme, whose data was not yet available at the time of production of this document.

FROM A GENERAL PRACTICE PERSPECTIVE:

- The programme gives GPs the ability, and time, to support a ‘skills not pills’ approach in the first instance, with some GPs reporting a reduction in the prescribing of antidepressants.
- The programme is highly valued by general practice teams in that it enhances GP and Practice Nurse confidence and competence in this area.
- The stepped nature of the model allows HIPs to see people quickly and assess the level of help they need.
- HIPs are addressing the needs of a significant number of people who have high levels of distress and complexity, including those people who would not meet the entry criteria for secondary services but have needs beyond the capacity of “traditional general practice”.



Preliminary findings

FROM A CLIENT PERSPECTIVE:

- There is good uptake of the programme by Māori and Pacific clients, in contrast to traditional referral-based programmes.
- There are significantly reduced wait times for services, especially when compared with referral-based services - 75% are seen within five days vs. less than 17% in conventional services.
- We are receiving very positive feedback from clients:
 - They like the practical action focus
 - They experience immediate benefits
 - They feel in control and are accountable to make changes
 - They like the convenience of being at the surgery and that it is free
 - This model is preferred to traditional counselling.
- The programme significantly reduces barriers to services:
 - There is no entry criteria
 - There is no co-pay
 - Clients are seen the same day or within 2-3 days,
 - There is a reduction in stigma associated with mental health and addiction needs
 - An integrated response to physical and mental health concerns is achieved.

“In my first session, the Health Improvement Practitioner gave me at least three different things that I needed to start practicing, and that made me feel like I was instantly making progress. And that’s kind of what I needed, I needed to feel like I was actually getting somewhere.”

Health Improvement Practitioner client

“She put me at ease...it was so easy to talk about everything. Life, family, money; I put it all on the table.”

Health Coach client

“Nurses don’t ask if people are stressed...and doctors don’t either...because if you ask that question you must do something about it. Yeah, and that’s going to blow my whole day. Now they have something they can do - they can ask the questions they never would have done before.”

Practice Nurse

IMPORTANCE OF CONNECTED COMMUNITY SUPPORT

The integrated Awhi Ora programme in Auckland and Waitemata DHB areas has found the following:

- 54% feel empowered by Awhi Ora services and supports (37 mentions)
 - 35% appreciate the extra support services (24 mentions)
 - 14% found the housing support useful (10 mentions)
 - 10% commented on the health benefits (7 mentions)
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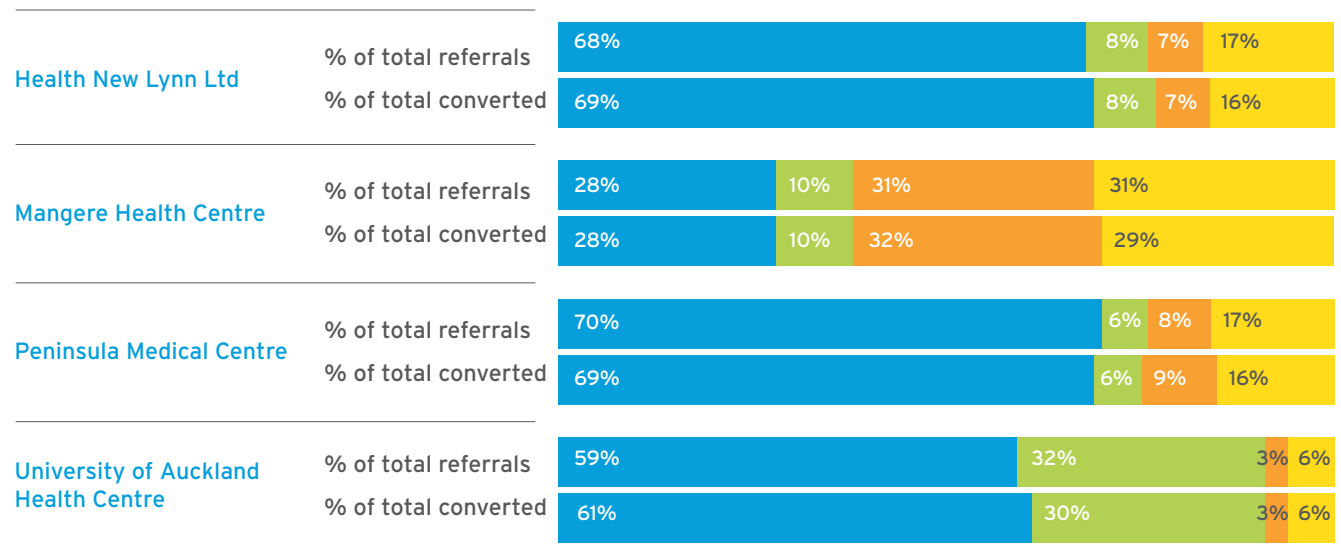
Preliminary findings

IN THE FIRST SIX MONTHS OF THE PILOT:

- 50-70% of clients are seen on the same day as disclosing distress to their GP compared to 5% for conventional talking therapies services
- There is increased access: services reach up to three times as many people as conventional services
- 90% of people take up a referral compared with just 70% for conventional services
- On average, 75% have an appointment of 30 minutes duration or less
- Services are equally accessible and acceptable for Māori, Pacific, Asian and European populations.

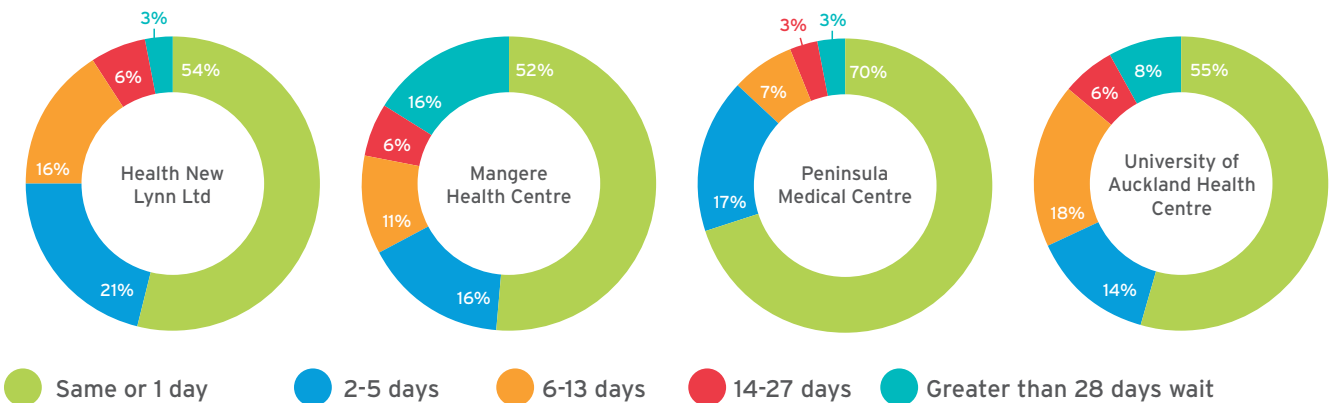
Note: It is recommended that the below preliminary findings be viewed in conjunction with the Fit For The Future evaluation (September 2018).

CONVERSION RATE BY ETHNICITY



WAIT TIMES

The below charts show same day access rates.



* Data sourced from ProCare Practices only.

Next steps: Implementation

It is exciting that four other regions in Aotearoa have committed to funding their own small pilots of the model from February 2019. This will allow for further development and adaptation of the model of care for use in rural settings and smaller practices, as well as non-general practice settings from Northland to Canterbury. This will be supported and coordinated by a national steering group. We believe there is an opportunity to enable wider implementation across Aotearoa if it is supported by a commitment from Government to invest in funding and leadership at a national level.

We have learned through this programme the value of governance structures that give equal power to PHOs, NGOs and DHBs in providing collective leadership to the programme.

FUNDING AND LEADERSHIP

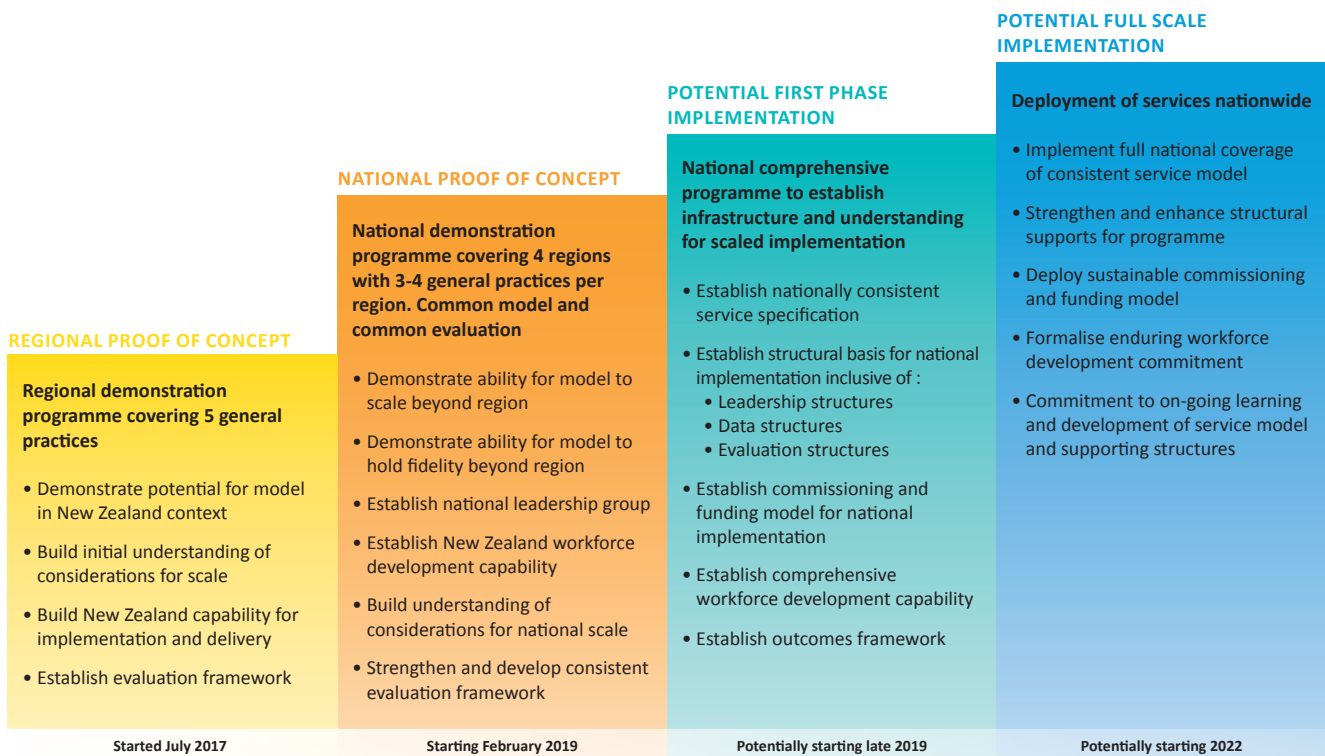
We believe this programme is unique – it presents an opportunity for the same model of care to be deployed nationwide to effectively address mental health and wellbeing needs of populations in Aotearoa. The reality that we are operating in is that today too many people still do not have access to timely and integrated care and support, which means they cannot achieve the best possible outcome for their individual circumstances.

We have achieved some successes through the pilot, despite operating from a very underdeveloped base environment where there has been very little investment previously.

The next stage for this programme would be to test it within more sites across Aotearoa as a national proof of concept, to gain a deeper understanding of the different socio-economic and geographic contexts at play. However, we have not yet been able to secure ongoing funding for this next phase of implementation.

The first phase of this programme to date has been funded primarily out of the existing funding, as well as some new innovation funding from the Ministry of Health funded Fit for The Future programme. Its success can largely be attributed to the strong belief and commitment of those involved. However, we do realise that this is not a sustainable way of funding the programme long-term if the ultimate goal is for it to be implemented nationwide to benefit populations within Aotearoa.

Further detailed policy and implementation considerations need to be given to the implementation pathway suggested in the diagram below. These are our initial thoughts in regards to what next steps may look like when it comes to effectively addressing Aotearoa's mental health and addiction needs.



**Note, the potential first phase of implementation starting is not dependent on the proof of concept stage being completed in its entirety, so long as the data shows that the model is effective.*

Fig 2. Potential 5-Year Implementation Plan – Te Tumu Waiora.

Next steps: Implementation (cont.)

OUR VISION FOR TE TUMU WAIORA MOVING FORWARD

Te Tumu Waiora presents a real opportunity to re-think the way mental health and addiction services are delivered in Aotearoa and to establish a unified national strategy and standard of care for primary and community mental health and wellbeing.

We believe there is huge potential for Government, primary and secondary care, and the NGO sector to work together at a national level, to establish:

- a mental health and addictions system that achieves meaningful outcomes tailored to population needs;
- a person-centred, place-based model of support that enables self-determination and wellness;
- enablers that effectively support the model; that includes IT, data and analytics, and workforce
- well-resourced research, development and evaluation;
- most importantly, the right system leadership at national, regional and local levels.

A national pilot would enable us to gain a better understanding of the way in which the programme should be adapted to address the needs of different populations in different geographic and socio-economic contexts. Support at a national level would enable the continuation of the work towards enhancing the service system described in the model and build the necessary supporting infrastructure to support on-going learning, development and scale.

Any scale up from the initial proof of concept phases will require significant investment in implementation support.

We strongly believe Te Tumu Waiora has the potential to offer to Aotearoa a blueprint for a national rollout and we would welcome the opportunity to work more widely with Government, DHBs, health organisations across primary and secondary care, and NGOs to realise this.

We believe a collaborative approach, with a commitment to funding and leadership at a national level will go a long way in helping Aotearoa achieve a primary mental health system that is **more accessible, engaging, connected**, delivered by people who are **personally and professionally motivated**, and gives **every New Zealander their right to live well**.

