

Stronger, together

Addiction Leadership Day

Our vision

We're part of one system, and we'll develop new ways of working together to make a difference to health outcomes for all New Zealanders

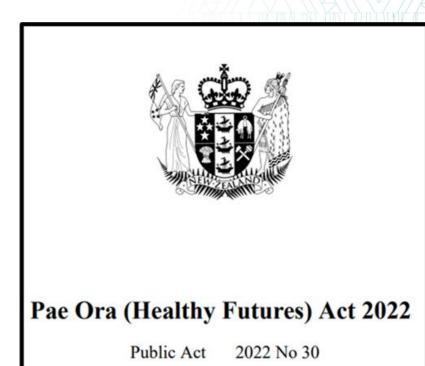




Pae Ora (Healthy Futures) Act 2022

Equity:

- In health service provision
- In access to health services
- In outcomes from health interventions
- Across population groups
- Geographically

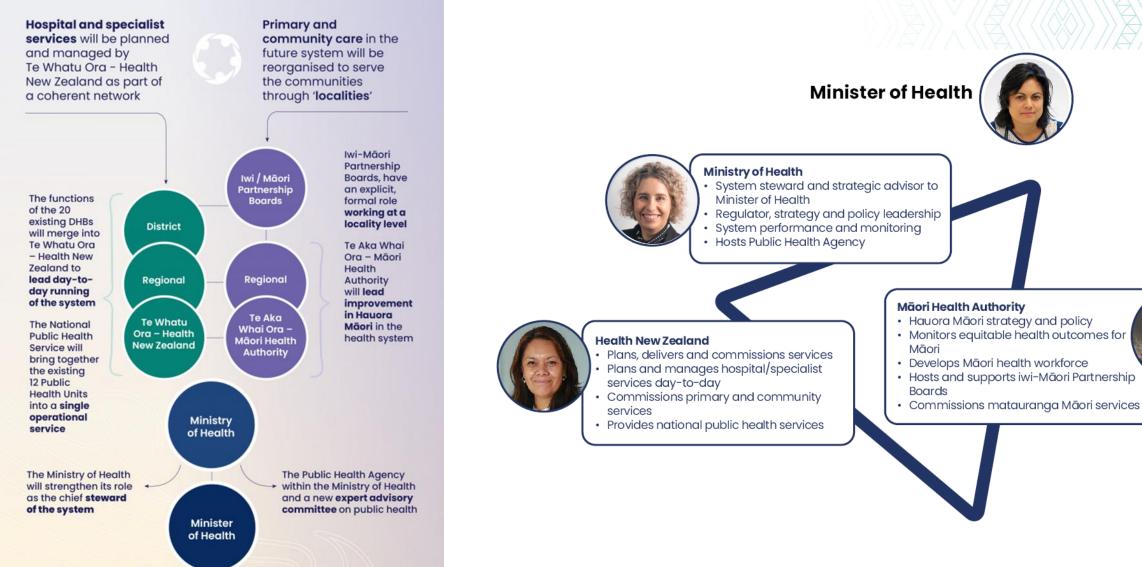


14 June 2022

Date of assent

The future system operating model

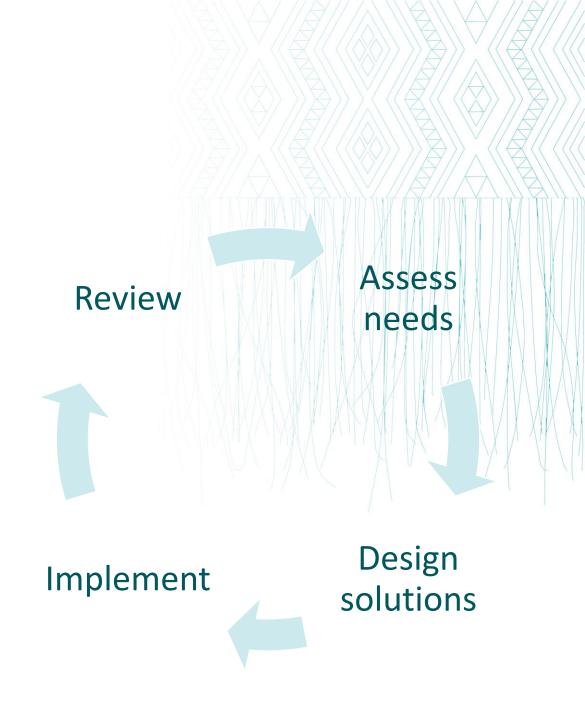
The system settings which will help achieve the vision and system



How we work together

Commissioning

- It's a process
- Relies on high levels of engagement and relationships built on trust
- Brings together many stakeholders to develop plans that inform investment decisions
- The purchase of services is only one element of the process
- Success measured by what matters to communities and whānau



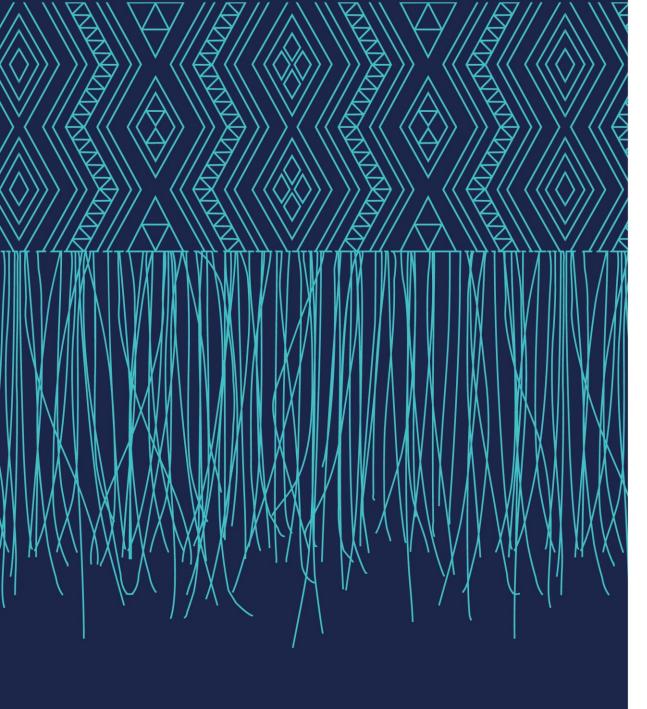
The business as usual in Addiction at Te Whatu Ora

Maintaining the momentum of our work programme to build a new mental health and addiction system

- Continuing Budget 2019 work
- Budget 2022 investment
- Strategy to Prevent and Minimise Gambling Harm
- SACAT continuing care pilot
- Eight Addictions special projects
 - Updated OST guidelines
 - o Residential care
 - \circ Continuing care
 - Cognitive impairment
 - o Cultural framework for the Addiction peer workforce
 - \circ Harm reduction
 - \circ NCAT scoping and refresh
 - Workforce conference

A framework for addictions





Discussions with the sector

- Partnering with Te Aka Whai Ora and Manatū Hauora
- Meeting with providers
- Cross-sector collaboration
- Engagement with Lived Experience
 groups
- Individual conversations



Purpose & Scope

- A Coordinated approach for improving outcomes
- Evidenced Based, recovery oriented
- Provides a Commissioning Framework, Nationally, Regionally and Locally
- Includes a Stepped Model of Care outlining service provision
- Highlights system enablers e.g. workforce, leadership, quality assurance
- Details an Implementation plan

Continuum of Care

	"Harm has not occurred yet" - prevention an			early intervention		"Harm is occurring" - AOD intervention needed			"Mitigati	aftercare	
	Health promotion and						Intervention - moderate /				
	universal prevention	Selective (at-risk)	Indicated (at	risk)	Seconday prevention	Intervention - mild / moderate	severe	Intervention - severe / complex	Maintenance / stabilisation	Continuing care	Reintrgration
			(_			Dedicated AOD services			\rightarrow	
	\rightarrow	Primary / O	community service	2	\rightarrow				\leftarrow	Primary / community services	-
tional / regional								SACAT			
								Shorter stay residential and the	rapeutic communities		
gional / district								Medical detox			
							Step-up accommodation		Step-down accommodation		
District							Structured outpatient program	nmes			
							Consult liason w/in hospital ar	nd community settings (including for	or pharmacotherapy and compre	ehensive assessment)	
							Specialist peer support				
							Social detox				
trict / locality						Community detox					
						Opioid substitution therapy					
						Medical support - including ph	armacotherapy				
					Counselling and group work						
					Case management					Care coordination	
					Whānau-based support and se						
					Mutual aid options and commu						
					Employment, social, housing an	nd health support					
					Clinical assessment (incl. comp	rehensive) and referral					
			Assertive out								
ocality	Harm reduction - drug checking, needle exchange, overdose prev					vention etc					
				rief intervention							
			l-based services								
		Community based educati	ion								
niversal				Helplines, web-based self-help, information services							
					Public hea	Ith and health promotion - educ	ation, awareness raising and des	tigmatisation			



Parallel work

- Wider workforce and leadership project
- Destigmatisation and health promotion
- Updating service specifications
- Community development and locality work
- Data and digital
- System monitoring
- Mechanisms for constant quality improvement
- Resource allocation, based on the model of care (e.g., developing a funding formula)

Leadership and workforce

A workforce weaving clinical and cultural practise together as well as the insights from those with lived experience.

Focus on:

- Scholarships
- Developing the peer workforce
- Increasing the number of locally trained addiction psychiatrists
- Identifying opportunities and priorities

 Short-term project Platform

Enabling networks

Building strong foundations for addiction services, and delivering equitable outcomes for priority populations

Focus on:

- Lived Experience Group for Gambling Harm
- Regional networks of planning and funding
- Clinical network for addictions

Reducing gambling harm

More accessible and more equitable services to meet the needs of our priority populations.

Focus on:

- Māori, Pacific, and Asian communities who are disproportionally affected.
- \$76 million investment to improve access to more targeted, culturally responsive services.
- New services ranging from treatment and public health to technology and innovation.

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata!

nakanal huru haratik kakali nakalasina kakanal huru haratik kakana nakana kakana nakana huru huru h

How will we work together?

Looking ahead

Our approach to reducing harm needs to be responsive, comprehensive, and tailored to meet the needs of tangata whaiora and their whanau

