LAKES DISTRICT HEALTH BOARD

Selling your idea – so it becomes their idea – *is core to it becoming our idea*

Presentation to:
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Aotearoa, New Zealand

Giving to get back

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There is nothing more **powerful** than an **idea whose time has come**.

(Victor Hugo)

Aotearoa New Zealand Mental Health Context

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Nationally

- Vast majority of MH funding into 3% of population with severe MH problems (secondary care services)
- Push by Government for new models for Primary Mental Health and increased evidence of cross sector integration.
- ‘Transitioning’ of services has become a ‘storyline’
- ‘Demonstration sites’ across NZ

Aotearoa New Zealand Mental Health Context

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Locally

Primary Health Care sector

Primary mental health care contract

- *Limited capacity and limited capability for **mild-moderate** MH*
- *Nil capacity and nil capability for **severe** MH*

Secondary Health care sector

Contract for the 3% of population severe MH

- *High capacity and capability for severe MH*
- *High capability but low contractual capacity or mild-moderate*

Rotorua - Smallish Community: ? imbalance in resourcing

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Political context

- In good hands
- Better, sooner, more convenient
- Blueprint 2

Social and Ethnic context

- 32% Maori
- Clear evidence of deprivation

Health Care context

- Inequality around access
- Significant health concerns

Rotorua

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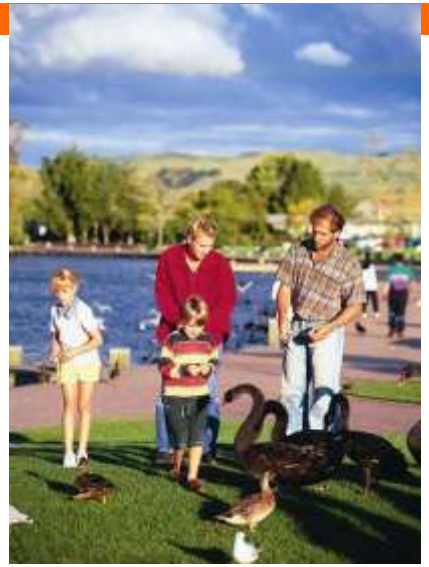
- Rotorua is a multi-cultural district of 69,2001 residents.
- It is located in the Bay of Plenty, in the North Island.
- Tourism, farming, forestry are key industries.
- Rotorua has long been an iconic tourism destination for both New Zealand travellers and international visitors.
- Residents and visitors enjoy the area's many natural attractions, including geothermal activity, forests, beautiful parks and reserves, and 16 freshwater lakes.
- Rotorua receives approximately 8,500 visitors per day.



Sharing the resource

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- Idea for nurse-led PMH clinics within general practices
- Resourced fully from within secondary care
- Grounded in the principles of collaboration
- Driven by the intent to share care
- Grounded in the belief about normalising access to mental health care

Selling the idea…

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No one ever achieves alone what they can do when partnering with others

(John C Maxwell)

Selling the idea…

Who to?

- Secondary care – ‘persons of influence’
- Primary care – ‘persons of influence’
- Nursing colleagues
- Planner/funder and District Health Board

What hindered or helped 'selling' the idea…

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Primary Care Providers: *helped*

- Initial development of personal relationship with GPs
- Relationship with key 'influencers' within the Primary Health Organisation (PHO)
- Getting an invite to talk at their monthly GPs meeting
- Listening to past/historical concerns
- Talking 'health benefit' to their 'enrolled clients'
- Using the pronoun '**we**' where ever possible

What hindered or helped 'selling' the idea…

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What hindered or helped 'selling' the idea…

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Primary Care Providers: *hindered*

- Historical relationship between primary and secondary
- Suspicion about intent and funding source
- Who are you to tell us?…i.e. 'Secondary care should stick to its knitting'
- Disbelief about continuity
- Business model versus a centralised funding model
- Competition with other PHC providers

What hindered or helped 'selling' the idea…

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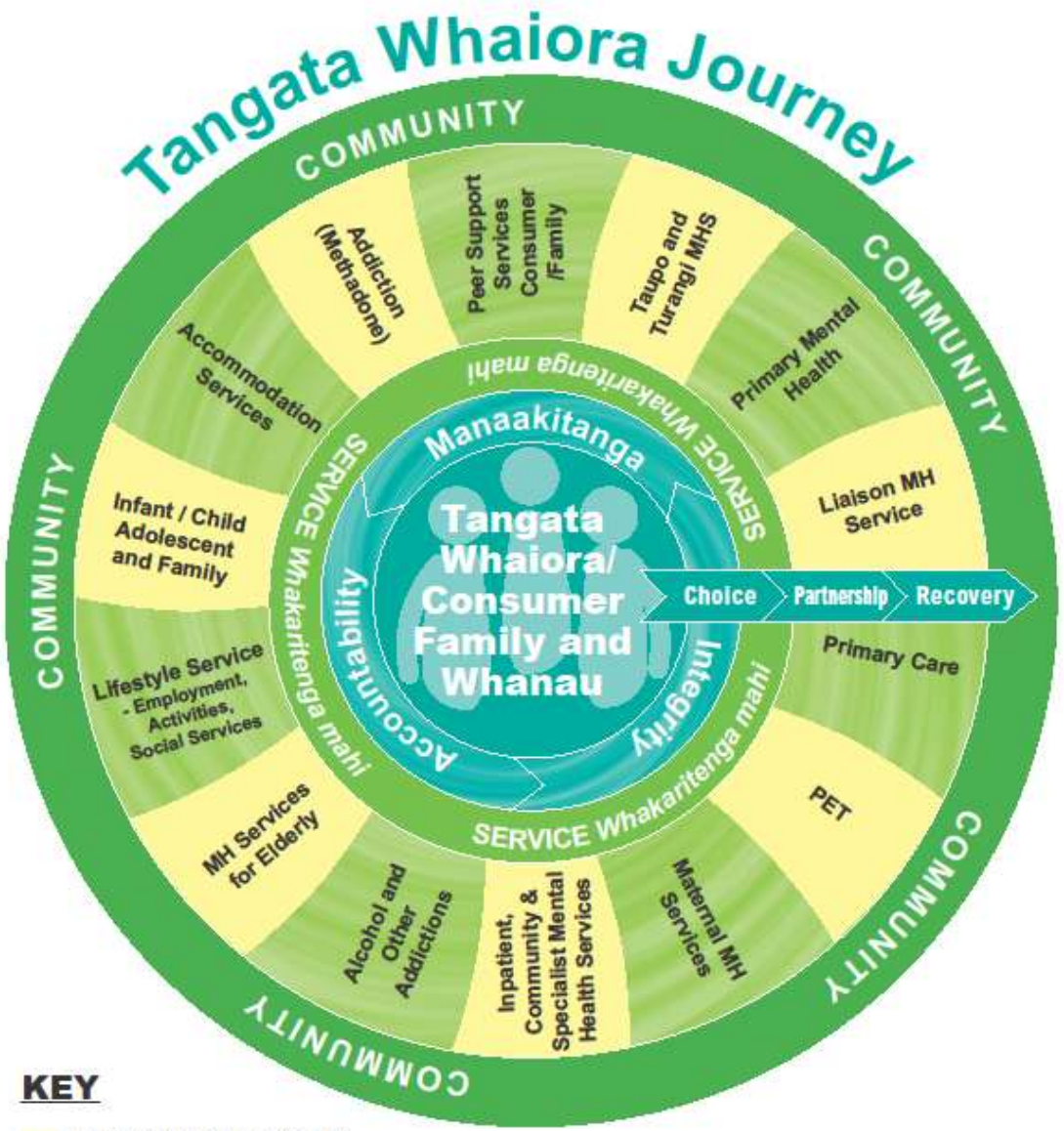
Secondary Care: *helped*

- New 'Integrated Sector Model of Care' (ISMOC)
- RNs who were able to quickly see the potential for cross sector collaborative care
- One-on-one discussions and relationships with clinical nurse managers
- The idea of role expansion

Integrated Sector Model of Care:
Mental Health and Addiction Service



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- Maintains the consumer as the ***focus*** to all health care activity
- An evolving and inclusively focused model
- Cognisant of the change expectation on MH care delivery
- Common foundations
  - -Maori health needs
  - -Embedding recovery
  - -Family, whanau engagement

What hindered or helped 'selling' the idea…

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Secondary Care: *hindered*

- *Siloed thinking about service description and role*
- *Difficulty backfilling seconded staff*
- *Uncertainty about working in collaboration*
- *Operating outside of the safety of a defined contract*
- *Anxiety about change*
- *Lack of shared vision*

What made the difference in establishing a PMH Service?

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- Working with the willing...
- Individual General Practitioner engagement
  - *Follow up emails*
  - *Hard copy mail*
  - *Telephone call*
  - *Personal visits*
- Creating an opening for GPs to invite us into their space.

What else helped?

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- Personalising the communication strategy
- Not moving too fast with the clinic expansion
- Encouraging/influencing individuals to take greater leadership in development
- Supportive feedback from key players within the Ministry of Health
- Telephone psychiatry consult line for GP's

Lake Rotorua

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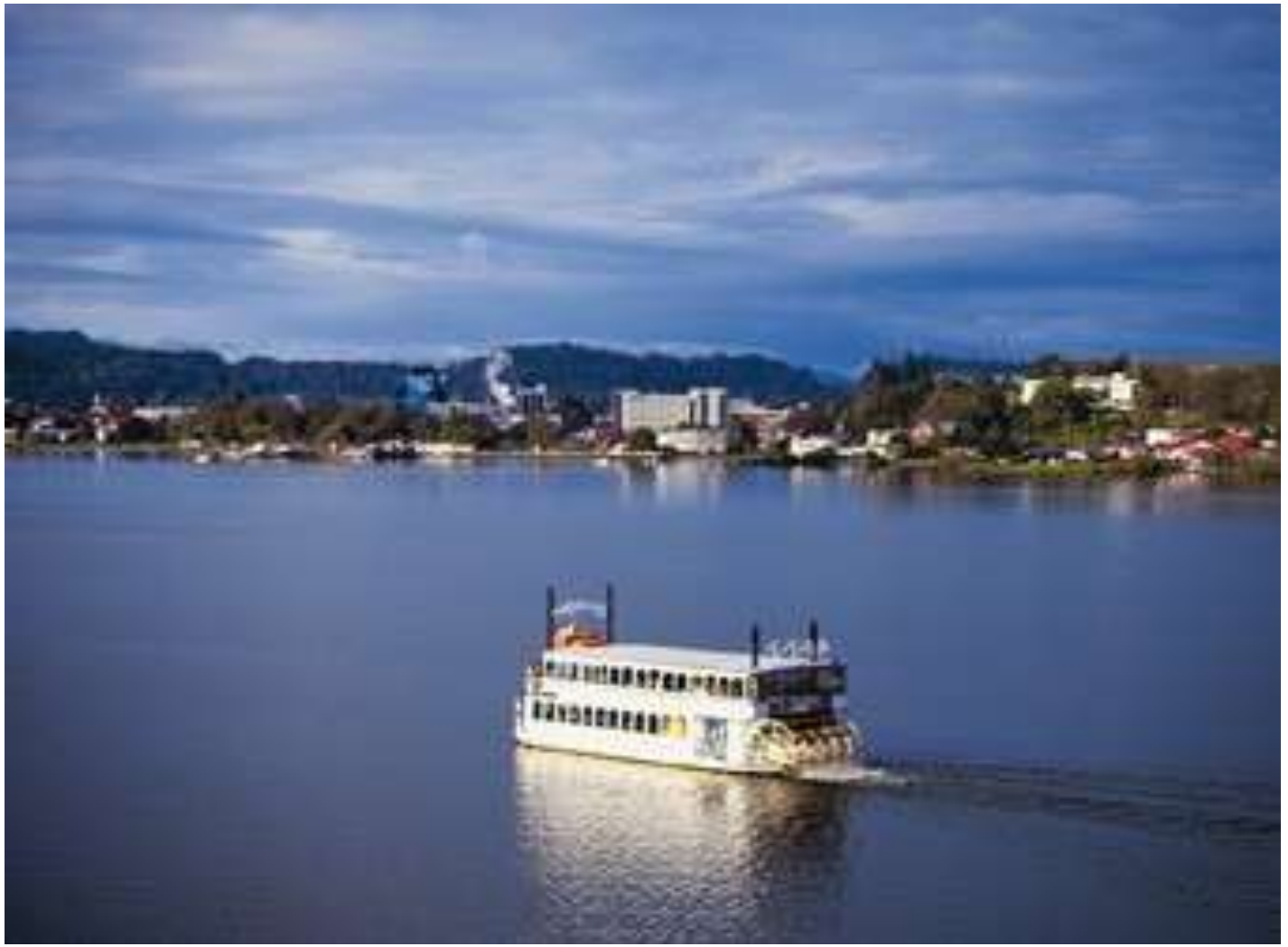

Maori whakatauki

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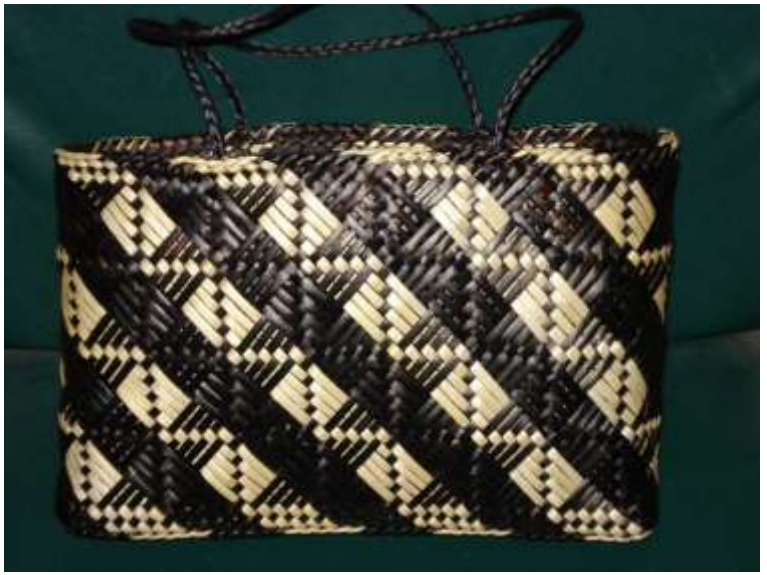
Ma to rourou

Ma toku rourou

Ka ora te iwi



With your input

and my input -

the basket will be full