



## Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of the Deputy Prime Minister, Hon Grant Robertson:

### **Progress report on Implementation Unit Assignments**

The following documents have been included in this release:

**Title of paper:** Progress report on Implementation Unit Assignments  
(CAB-21-SUB-0519 refers)

- Implementation Unit Work programme update
- Progress Update on Actions from the Mid-Term Review of the Budget 2019 Mental Health and Addiction Package
- New Zealand Upgrade Programme Transport Assessment
- Report: Emergency and Transitional Housing
- Jobs for Nature Stocktake of Progress
- Infrastructure Reference Group Programme Status Update

**Title of minute:** Progress report on Implementation Unit Assignments (CPC-21-MIN-0034 refers)

**Title of minute:** Report of the Cabinet Priorities Committee: Period Ended 10 December 2021  
(CAB-21-MIN-0519 refers)

**Title of paper:** Stocktake of Progress Report – Carbon Neutral Government Programme  
(CAB-22-SUB-0006 refers)

- Carbon Neutral Government Programme Stocktake of Progress

**Title of minute:** Stocktake of Progress Report – Carbon Neutral Government Programme  
(CBC-22-MIN-0006 refers)

**Title of minute:** Report of the Cabinet Business Committee: Period Ended 25 February 2022  
(CAB-22-MIN-0045 refers)

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# Briefing

## PROGRESS UPDATE ON ACTIONS FROM THE MID-TERM REVIEW OF THE BUDGET 2019 MENTAL HEALTH AND ADDICTION PACKAGE

To: Hon Grant Robertson Deputy Prime Minister			
Hon Andrew Little Minister of Health			
Date	28/10/2021	Priority	Medium
Deadline	2/11/2021	Briefing Number	DPMC-2021/22-602

### Purpose

The purpose of this report is to provide an update on agencies' progress towards implementing the recommendations of the Mid-Term Review of the Budget 2019 Mental Health Package.

### Recommendations

1. **Note** that agencies have made good progress in implementing the recommendations of the Mid-Term Review.
2. **Note** that the Ministry of Health will present options for cross-agency governance mechanisms to ensure delivery of the Budget 2019 mental health and addiction package and oversee whole-of-government mental wellbeing work to the Minister of Health by 27 November 2021.
3. **Note** that the Ministry of Health will support the Minister of Health to provide the next quarterly cross-agency progress report and dashboard against the Budget 2019 Mental Health and Addiction Package to the Cabinet Priorities Committee by 2 December 2021.
4. **Agree** that the next Implementation Unit report will provide an assessment of the delivery status of the Budget 2019 Mental Health and Addiction package by 17 June 2022.
5. **Agree** that this briefing is proactively released, with any appropriate redaction where information would have been withheld under the Official Information Act 1982, in January 2022.

YES / NO

YES / NO



Katrina Casey  
Executive Director, Implementation Unit

28/10/2021

Hon Grant Robertson  
Deputy Prime Minister  
s9(2)(a)

Hon Andrew Little  
Minister of Health

28/10/2021

Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Katrina Casey	Executive Director, Implementation Unit	s9(2)(a)	✓
Chris McIntyre	Advisor, Implementation Unit	s9(2)(a)	

Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

# PROGRESS UPDATE ON ACTIONS FROM THE MID-TERM REVIEW OF THE BUDGET 2019 MENTAL HEALTH AND ADDICTION PACKAGE

## Executive Summary

1. In July 2021, the Implementation Unit conducted a Mid-Term Review of the Budget 2019 Mental Health and Addiction Package to advise Ministers on whether the delivery of the Package was on track and identify remedial action where necessary.
2. The Review concluded that while agencies had made good progress overall towards delivering the intended outputs of the package, elements of their implementation needed to be strengthened. The Deputy Prime Minister and Minister of Health accepted all recommendations including:
  - a) a range of immediate actions to better support the implementation of the Mental Health Infrastructure Programme (MHIP),
  - b) the development of advice on cross-agency programme management and governance mechanisms, including a plan for establishing the Ministry of Health's role as system leader, and
  - c) undertaking targeted workforce planning and development to address recruitment issues.
3. In August 2021, the Deputy Prime Minister and Minister of Health commissioned the Implementation Unit to provide agencies with ongoing support for six months to implement the recommendations of the Review.
4. In the three months since the Review was completed, agencies have made good progress to strengthen delivery and have completed or are on track to implement the Review's recommendations. This includes:
  - a) The Ministry of Health's Health Infrastructure Unit (HIU) has actioned all recommendations, including establishing a policy platform for the MHIP, working with Treasury to refine business case templates, increasing its support to MHIP projects (including managing one project directly), increasing project reporting and visibility of financial tracking, and directing DHBs to follow the HIU's guidance.
  - b) The Ministry of Health's Mental Health and Addiction Directorate has established new Programme Director roles, re-planned interim output targets, and is in the process of refreshing reporting, and developing options for cross-agency governance across the Budget 2019 package and whole-of-government mental wellbeing work.
  - c) The Directorate is also preparing advice on how the Ministry can give effect to an all-of-government system leadership role. This advice will not be specific to the implementation of this package. It will include the Ministry's broader mental health and addiction responsibilities as well as its responsibilities as a result of the health and disability system transformation.

- d) The Department of Corrections has confirmed that current goals for increases to services exceed those announced at the time of Budget 2019.
5. The Ministry of Health has made good progress, but several factors have prevented actions being taken at greater pace, including delays in internally recruiting to the new Programme Director roles and the demands of the psychosocial response to the August outbreak of COVID-19.
6. The Ministry of Health has worked with the Implementation Unit since the Report was completed, but it can and should make greater use of the support offered.
7. The Unit seeks Ministers' agreement that the next report back will focus on overall delivery of outputs, assessing the delivery status across the Budget 2019 package to determine whether the interventions put in place as a result of the Mid-Term Review are achieving or have achieved their intended effect, and to report on any recommendations not yet completed. As this necessitates a full delivery review it would make sense to extend the Unit's support and submit the next report by 17 June 2022. This would also serve as a benchmark review prior to the Ministry of Health's delivery and operational functions transferring to Health New Zealand.

## Purpose

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8. The purpose of this report is to provide an update on agencies' progress towards implementing the recommendations of the Mid-Term Review of the Budget 2019 Mental Health Package.

## Background

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9. In 2019, the Government allocated \$1.9bn to a four-year package to significantly enhance New Zealand's approach to supporting mental wellbeing.
10. In July 2021, the Implementation Unit conducted a Mid-Term Review of the package to assess the current status of delivery, identify barriers to delivery and assess whether the appropriate governance, planning and reporting mechanisms were in place.
11. The Review concluded that while agencies have made good progress overall towards delivering the intended outputs of the package, elements of the package should be strengthened, including cross-agency programme management, clarity over system leadership, and planning and reporting within specific initiatives.
12. The Review made a series of recommendations which the Deputy Prime Minister and Minister of Health accepted (Attachment A).
13. In August 2021, the Deputy Prime Minister and Minister of Health commissioned the Implementation Unit to provide agencies with ongoing support for six months to implement recommendations from the Review and continue to deliver the package (Attachment B).
14. In addition to supporting agencies to implement the recommendations arising from the Review, this commission also directed the Implementation Unit to:
  - a) support the Ministry of Health to undertake targeted planning and development activities to address workforce issues.

- b) support the Department of Corrections to report on the composition and delivery of the expanded mental health services to an additional 2,310 offenders each year.
- c) support the HIU to assess what can be done to speed up delivery of the MHIP.

## **Progress in implementing the recommendations of the Review**

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- 15. The Review was submitted on 29 July 2021. In the three months to 29 October 2021, agencies have made good progress to strengthen delivery and have completed or are on track to implement the recommendations of the Review.
- 16. This section provides an update on the actions of each agency responsible for implementing the recommendations. Attachment C outlines progress against each recommendation.

### **Ministry of Health**

- 17. The Ministry of Health has made good progress in implementing the recommendations of the Review. The Ministry is also considering:
  - a) its wider mental health and addiction responsibilities, of which the Budget 2019 package is only one part, and
  - b) its system leadership responsibilities and how to give effect to them once its delivery and operational functions transfer to Health New Zealand.
- 18. Thinking through these considerations has involved a trade-off with pace, which is appropriate in the circumstances.

### *Mental Health and Addiction Directorate*

- 19. Since the Review was completed, the Mental Health and Addiction Directorate ('the Directorate') has:
  - a) established and recruited for two new Programme Director roles, one focussed on implementation and one focussed on workforce.
  - b) started to develop policy advice considering the Ministry of Health's system leadership role in mental health and addiction in the context of the health system reforms.
  - c) started to report on the Health elements of the package to an Assurance Group that has an external chair and a mandate to provide oversight to implementation as a "critical friend".
  - d) started policy advice on models for cross-agency governance of mental health and addiction.
  - e) forecasted interim output targets for initiatives under Vote Health, including detailed forecasts for hiring staff for the Access and Choice Programme.
  - f) partially refreshed the cross-agency reporting template.

- g) strengthened workforce planning across three workstreams:
  - i) Targeted actions to address recruitment challenges within the Access and Choice programme. This includes the four Health workforce development agencies working directly with service providers to support their workforce development needs.
  - ii) Broader initiatives to address key areas across the mental health and addiction workforce, focussed on increasing the rates and number of psychology internship placements and improving coordination, developing 'right touch' regulation for the counselling workforce to enable counsellors to practice in a wider range of services, alongside a range of other initiatives focused on psychiatry, nursing, and training.
  - iii) Working with the Health Transition Unit's (HTU) workforce planning function, including supply and demand mapping, which will include mental health and addiction considerations.

20. Some actions have not occurred at pace as a result of:

- a) delays in establishing and recruiting to the Programme Director roles. This resulted in limited capacity to, for example, undertake policy development in response to recommendations and coordinate delivery across agencies.
- b) responding to the recommendations in addition to BAU work. This put pressure on the Directorate's capacity.
- c) the demands of the psychosocial response to the August COVID-19 outbreak. This also impacted the Directorate's capacity.
- d) not taking full advantage of the Implementation Unit's support. The Ministry should make greater use of the Implementation Unit's support to assist in planning and reporting.

21. Attachment D outlines the Directorate's plan to continue implementing the recommendations. The Implementation Unit considers that this plan is appropriate for guiding the Directorate's ongoing work. The timelines are reasonable in the circumstances.

22. The Ministry's advice on establishing cross-agency governance arrangements will include considerations about capacity to support coordination, reporting and planning across delivery of all elements of the Budget 2019 package.

23. By the end of 2021, the Ministry will complete:

- a) policy advice to give effect to the Ministry's role as system leader for mental health and addiction.
- b) options for cross-agency governance mechanisms for the Budget 2019 package and the whole-of-government mental wellbeing work more widely.
- c) a refresh of cross-agency reporting. The Ministry of Health will support the Minister of Health to provide the next quarterly cross-agency progress report and dashboard to the Cabinet Priorities Committee by 2 December.



24. The Implementation Unit is working with the Directorate to support the reporting refresh and the Directorate has an appropriate plan in place to ensure timelines are met.

*Health Infrastructure Unit*

25. On 1 September 2021, the HIU and the Treasury provided a joint briefing to Ministers responding to the Review's recommendations and outlining a plan for improving delivery of mental health capital projects [HR20211942-T2021/2238 refers].
26. All recommendations arising from the Mid-Term Review were addressed in the joint briefing and have been actioned by the HIU. Attachment C outlines progress against each recommendation.
27. The HIU has undertaken significant work to identify a scale of interventions from 0 to 3 matched to delivery risk for the mental health infrastructure projects that the DHBs are responsible for. Interventions are triggered at various levels of risk to project definition, design or delivery.
28. All projects in the MHIP have been assessed against the framework and interventions are in the process of being applied. Eight projects totalling \$388.8m will have interventions ranging from enhancing governance, applying resource or the HIU taking on project management responsibilities. Attachment E shows the Interventions framework and the projects that require action following its application to all projects in the MHIP.
29. Ministers sought advice from the HIU on actions that could be taken to speed up the delivery of individual projects in the MHIP. Timely application of the intervention framework should provide a faster result for some projects than would otherwise have occurred without intervention.
30. The HIU considers the intervention most likely to accelerate the MHIP is a targeted approach at the Define and Design stages of the projects. Intervention here would enable "moderate acceleration". The aim is to accelerate projects getting from early stages to delivery and to ensure robust planning early in the process. This will mean the HIU taking a stronger role in driving project definition and business case development.
31. The Implementation Unit supports the initiatives the HIU is applying, particularly as it observed during the Review that considerable delay seemed to occur in the early stages and business case parts of the process.
32. The Implementation Unit considers it would be advisable for the Unit to review the success of the intervention framework in driving down risk and the impact of the HIU's actions to accelerate some projects as part of its report back to Ministers by 17 June 2022.
33. The HIU and the Mental Health and Addiction Directorate need to work together to ensure that Ministers receive integrated reporting against all the elements covered in the 2019 Budget package including operational and capital components. This does not preclude the HIU reporting to Ministers in greater detail about the MHIP. Integrated reporting will

mean Ministers are able to view progress against the whole package in one place at the same time.

### Department of Corrections

34. As part of the Budget 2019 Mental Health and Addictions package, the Minister of Corrections announced that services would be provided to an additional 2,310 people on sentence or remand each year by 2022/23 as well as further increases to a range of initiatives.
35. Corrections made changes to its initial Budget 2019 goals as part of a wider re-think of how to best address the most urgent gaps in mental health and addiction services. These changes included initiating a review of Improving Mental Health Services (IMHS) and placing planned increases to IMHS service delivery on hold (baseline levels of service delivery continue during the review). Corrections also reallocated some funding to expand two initiatives:
  - a) intensive multidisciplinary mental health services delivered by Intervention and Support Project Teams (ISPTs) at three additional prison sites.
  - b) clinical nurse specialists in mental health (CNS-MH) at nine additional sites.
36. The Review found that Corrections could improve reporting against the original goal as a result of changes made since Budget 2019. The Implementation Unit was asked to support Corrections to determine how the changes aligned with the original goal.
37. Follow-up work undertaken with Corrections in August 2021 confirmed Corrections' current indicative goals are slightly greater than what was announced at Budget 2019. The current indicative output goal is for approximately 2,510 additional people to access services by 2022/23, comprised of:
  - a) 1,220 additional referrals to ISPTs in 2021/22 and 1,530 in 2022/23 at three additional prison sites, in addition to a baseline of around 900 referrals per year at three existing prison sites.
  - b) 700 additional referrals to CNS-MH in 2021/22 and 980 additional referrals in 2022/23 across nine new CNS-MH roles, from a baseline of zero in 2019/20.
38. Further increases are planned during 2023/24 when the ISPT and CNS-MH initiatives reach full scale (3,170 additional referrals per annum). The IMHS review may also result in increases to IMHS referrals. Table 1 provides a breakdown of how output goals have changed in each initiative from Budget 2019.
39. Corrections recently appointed a Project Manager to support monitoring and reporting on increases to mental health and addiction services, including for the initiatives funded in Budget 2019.
40. Corrections notes that all nine CNS-MH positions have been hired, and that recruitment continues for roles in ISPTs but that Alert Level restrictions have hampered recruiting at two of three ISPT sites (Spring Hill and Mt Eden).

41. Corrections should co-ordinate with the Ministry of Health's mental health and addiction workforce team to identify ways that recruitment challenges could be addressed jointly.

**Table 1. Budget 2019 and current indicative goals for increases in Corrections services**

Initiative	Indicative output goals	Unit	19/20	20/21	21/22	22/23	23/24
IMHS	Budget 2019	Referrals	3,990			6,300	
	Revised	Referrals	3,990	3,490	3,505*	3,500*	TBD*
New ISPT sites	Budget 2019	N/A					
	Revised	Referrals	-	-	1,220	1,530	1,910
New CNS-MH roles	Budget 2019	N/A					
	Revised	Referrals	-	-	700	980	1,260

\* Note: Goals for IMHS referrals may increase further pending results of the ongoing IMHS review

**Department of the Prime Minister and Cabinet (DPMC)**

42. DPMC proactively released the Review on its website on 24 September 2021.
43. Two recommendations for which DPMC is responsible are in progress:
- a) The DPMC Chief Executive will share the Review's system level findings with public service chief executives at the Public Service Leaders Group on 4 November 2021. This was rescheduled from August when the originally planned PSLG Retreat was postponed due to the COVID-19 outbreak.
  - b) The Unit's support for agencies continues in line with the follow-on Commissioning Brief. Agencies should continue to make use of the Unit's support.

**Next Steps**

44. The Ministry of Health will:
- a) provide advice on its role as system leader within the context of health system transformation to the Ministry's internal System Stewardship Steering Group on 29 October 2021.
  - b) provide options for cross-agency governance mechanisms for the mental health and addiction package to the Minister of Health by 27 November 2021 with the options proposed to be discussed at the Social Wellbeing Board in the week prior.
  - c) support the Minister of Health to provide the next quarterly cross-agency progress report and dashboard against the Budget 2019 Mental Health and Addiction Package to the Cabinet Priorities Committee by 2 December 2021. Corrections, the Ministry of

Housing and Urban Development, and the Ministry of Social Development will contribute to this report.

- 45. The Implementation Unit will continue to provide:
  - a) agencies with ongoing support as they continue to implement recommendations and deliver the package, and
  - b) Ministers with assurance that agencies are on track to implement the recommendations
- 46. The Unit seeks Ministers' agreement that its next report back will assess progress of the delivery status across the Budget 2019 package to determine whether the interventions put in place as a result of the Mid-Term Review achieved their intended effects. If this recommendation is not accepted, the next report will be due on 4 March 2022 and focus on agencies' progress towards implementing the recommendations of the Review.
- 47. Undertaking an assessment of the status of delivery would extend the Unit's support for mental health and addiction from 4 March 2022, to 17 June 2022. This will allow greater time for agencies' actions to show observable impacts, reflecting that some work will slow down over the holiday period. This report would also serve as a benchmark review prior to the Ministry of Health delivery and operational functions transferring to Health New Zealand.
- 48. The next Implementation Unit report will also provide an assessment of whether or in what form support to agencies should continue.

### Financial Implications

49. This Report has no financial implications.

### Consultation

50. This Report was conducted with the cooperation of the Ministry of Health and the Department of Corrections. Agencies including Chief Executives were advised of findings.

### Communications

51. Subject to Ministers agreement this paper will be proactively released in January 2022.

Attachments	
Attachment A	Recommendations of the Mid-Term Review of the 2019 Mental Health and Addiction Package (30 July 2021)
Attachment B	Implementation Unit Commissioning Brief: Follow-on from the Mid-Term Review of the Budget 2019 Mental Health and Addiction Package
Attachment C	Progress against Review recommendations by responsible agency
Attachment D	Ministry of Health - MHA Directorate Implementation Plan
Attachment E	Ministry of Health - HIU intervention levels and MHIP projects identified for intervention

# ATTACHMENT A

## RECOMMENDATIONS OF THE MID-TERM REVIEW OF THE 2019 MENTAL HEALTH AND ADDICTION PACKAGE (30 JULY 2021)

1. **Note** that agencies have made very good progress and that most initiatives funded in the Budget 2019 package are on track to deliver their intended outputs by 2023/24.
2. **Direct** the Director General of Health to work with his colleagues to put in place a cross-agency governance mechanism to ensure delivery of the remaining outputs, discuss common delivery issues and risks, particularly related to workforce, provider capability, procurement and reporting. **Accepted**
3. **Direct** the Director General of Health to elevate the internal Assurance Group to provide formal internal governance and to include the mental health infrastructure programme as part of its scope. **Accepted**  
  
(note as the Assurance Group now has an external chair, it is more appropriate that it support the Ministry's Senior Responsible Official with implementation by acting as a "critical friend" than as an internal governance mechanism)
4. **Direct** the Director General of Health to provide advice to the Minister of Health as to how the Ministry will give effect to a system leadership role for mental health and addiction at an all of Government level with particular regard to the \$1.9bn initiatives. **Accepted**
5. **Direct** the Chief Executive of the Department of the Prime Minister and Cabinet to share the findings of this Review with public sector chief executives that are about system leadership, formal governance, planning and reporting and processes for approval of material changes to original outputs and budget allocations in large cross agency programmes. **Accepted**
6. **Direct** the Health Infrastructure Unit (HIU) to provide advice to the Minister of Health as to whether a ring-fenced funding allocation for mental health and addiction facilities should be provided for within the overall health infrastructure investment and how this would operate. **Accepted**

7. **Direct** the HIU to:
  - 7.1. Establish a policy platform for the Mental Health Infrastructure Programme. **Accepted**
  - 7.2. Require the DHBs to use the Mental Health and Addictions Facility Design Guidance Note as a standard with approval being sought from the HIU for departure from the standard. **Accepted**
  - 7.3. Directly deliver projects or parts there-of where DHBs have limited capability and capacity as assessed pre-business case or later in the process if required. **Accepted**
  - 7.4. Work with Treasury to agree an appropriate business case template for mental health infrastructure projects that are less than \$10m **Accepted**
8. **Direct** the Ministry of Health to prepare a communications plan for the Minister of Health to consider that notes the success of delivery to date providing an opportunity to act as a background to the launch of *Kia Manawanui Aotearoa*. **Accepted**
9. **Agree** that this Mid-Term review is proactively released, with any appropriate redaction where information would have been withheld under the Official Information Act 1982, in September 2021. **Accepted**
10. **Indicate** whether you would like the Implementation Unit (IU) to work with the Ministry of Health and Department of Corrections to strengthen planning and reporting on delivery throughout the remainder of the programme. **Accepted**

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# ATTACHMENT B

## Implementation Unit Commissioning Brief

### Follow-on from the Mid-Term Review of the Budget 2019 Mental Health and Addiction Programme

**Commissioning Agent:** Deputy Prime Minister and Minister of Health

**Commission to:** Implementation Unit, DPMC

**Commission:** To support agencies responsible for the \$1.9bn Mental Health programme and related capital projects to implement recommendations arising from the Mid-Term Review and to regularly report to the Deputy Prime Minister and Minister of Health on their progress.

#### Background

In 2019, the Government allocated \$1.9bn to a four-year programme to significantly enhance the mental health and addiction system. In July 2021, the Implementation Unit conducted a Mid-Term Review of the programme to assess the current status of delivery, identify barriers, evaluate programme management and reporting, and make recommendations to ensure the programme delivers its intended impact and outcomes.

The Review concluded that while agencies have made good progress overall towards delivering the intended outputs of the programme, elements of the programme should be strengthened, including cross-agency programme management, clarity over system leadership, and planning and reporting within specific initiatives. The Review made a series of recommendations (Attachment 1) which the Deputy Prime Minister and Minister of Health accepted.

#### Purpose

The purpose of engaging the Implementation Unit is to provide agencies with ongoing, structured support as they implement recommendations from the Review and continue to deliver the programme, as well as to provide Ministers assurance that agencies are on track.

#### Scope

The Implementation Unit will support the Ministry of Health to:

- implement recommendations arising from the Review, including establishing a cross-agency governance mechanism for ensuring delivery of the remaining outputs; elevating the Assurance Group to advise and support the Ministry's Senior Responsible Official for the implementation of the package as a "critical friend"; providing advice to the Minister on establishing the Ministry of Health as system leader for mental health and addiction at an all of Government level, and preparing a communications plan about the delivery of the new services for the Minister.

- assess workforce recruitment and retention and create an action plan to improve data collection, reporting, and address barriers to workforce recruitment, retention and development. As part of this assess the scope for cross-agency training of front-line staff working in the mental health areas within scope of the programme.

The Implementation Unit will support the Ministry of Health and Department of Corrections to:

- plan interim goals for key outputs through to 2023/24 and, where data is not available, establish or strengthen data collection suitable for routine progress reporting to Ministers,
- strengthen reporting regimes to Ministers on delivery within key initiatives and across the elements of the \$1.9bn programme where delivery is in progress.
- develop regular meeting cadences to provide a forum to drive progress and pro-actively elevate and problem-solve delivery risks as they arise.

As part of this work, the Implementation Unit will support the Department of Corrections to report to Ministers on the composition and delivery of the expanded mental health services to an additional 2,310 offenders each year, as the Department progresses its Review of these services.

The Implementation Unit will support the Health Infrastructure Unit in the Ministry of Health to:

- implement recommendations from the Review, including establishing a policy platform for the Mental Health Infrastructure Programme, standardising facility design practices across DHBs, increasing the HIU's role in delivery where DHBs have limited capability and/or capacity, and working with Treasury to develop business case templates and processes appropriate for mental health infrastructure projects.
- conduct an assessment to identify what can be done to speed up delivery, starting by providing greater clarity over estimated 'go-live' dates for current projects, strengthening planning for how current projects will be delivered, and developing routines with DHBs to monitor and accelerate progress.

Through this support, the Implementation Unit will act as a 'critical friend' to agencies, providing hands-on support with planning and problem-solving and actively testing and validating that delivery is occurring.

The Implementation Unit will report to the Deputy Prime Minister and Minister of Health on agencies' progress towards implementing the directives arising from the Review and on the likelihood of delivery of key outputs from the \$1.9bn package.

## Parties

The Implementation Unit will work with relevant senior leaders and working teams within the Ministry of Health (including the Health Infrastructure Unit) and the Department of Corrections. From time to time, the Unit may engage other stakeholders including sectoral stakeholders, the Health Transition Unit, and the Mental Health and Wellbeing Commission.



**Timeframe**

The Implementation Unit will provide support for six months initially and provide short progress reports to the Deputy Prime Minister and Minister of Health at the end of each month or as part of the Unit's regular reporting cycles. On or before 4 March 2022, the Implementation Unit will provide a concluding report with a recommendation on whether or in what form support should continue.

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# ATTACHMENT C

## Progress against Review recommendations by responsible agency

Ministry of Health (Mental Health and Addiction Directorate)		
	Recommendations	Actions
2	Direct the Director General of Health to work with his colleagues to put in place a cross-agency governance mechanism	<b>In progress, on track</b> – the Ministry has developed an options paper which is proceeding through internal approvals. Options for cross-agency governance will be socialised at the Social Wellbeing Board in November before being presented to Ministers by 27 November 2021.
3	Direct the Director General of Health to elevate the internal Assurance Group to provide formal internal governance and to include the mental health infrastructure programme in its scope <i>(note as the Assurance Group now has an external chair, it is more appropriate that it support the Ministry's Senior Responsible Official with implementation by acting as a "critical friend" than as an internal governance mechanism)</i>	<b>Complete</b> - the Assurance Group is established and meeting monthly.
4	Direct the Director General of Health to provide advice to the Minister of Health as to how the Ministry will give effect to a system leadership role for mental health and addiction	<b>In progress, on track</b> – the Ministry is working with the Health Transition Unit and provided input into a HTU report on MHA leadership and function in the new entities. The Ministry is developing more detailed advice on system leadership for its internal System Stewardship Steering Group, due on 29 October 2021.
8	Direct the Ministry of Health to prepare a communications plan for the Minister of Health to consider that notes the success of delivery to date providing an opportunity to act as a background to the launch of <i>Kia Manawanui</i> .	<b>Complete</b> – the Review was released on 24 September 2021, following the launch of <i>Kia Manawanui</i> .
-	Assess workforce recruitment and retention and create an action plan to improve data collection, reporting, and address barriers to workforce recruitment, retention and development.	<b>In progress, mixed</b> – the Ministry has progressed several pieces of work but report being partly delayed by capacity constraints and hiring in its mental health and addiction workforce team. A new MHA Workforce Director role was established and a temporary Director is in place. Recruitment is ongoing for 2 FTEs. These roles were established to bolster capacity for BAU work and, without additional resourcing, will absorb additional work related to the Review's recommendations.

Ministry of Health (Health Infrastructure Unit)		
Recommendations	Actions	
6	Direct the Health Infrastructure Unit (HIU) to provide advice to the Minister of Health as to whether a ring-fenced funding allocation for mental health and addiction facilities should be provided for within the overall health infrastructure investment and how this would operate.	<b>Complete</b> – advice provided in 1 September briefing that proposed ring-fencing \$30m of Health Capital Envelope 2020-25 MYA funding to provide central resources to support mental health infrastructure projects.
7.1	Direct the HIU to establish a policy platform for the Mental Health Infrastructure Programme.	<b>Complete</b> – in September 2021, Minister of Health sent letters to DHBs formally announcing the mental health infrastructure programme and directing the HIU's involvement.
7.2	Direct the HIU to require the DHBs to use the Mental Health and Addictions Facility Design Guidance Note as a standard with approval being sought from the HIU for departure from the standard	<b>Complete</b> – the letter from the Minister of Health informed DHBs guidance would become mandatory from September 2021.
7.3	Direct the HIU to directly deliver projects or parts there-of where DHBs have limited capability and capacity as assessed pre-business case or later in the process if required	<b>Complete</b> – The HIU assumed management responsibility for the project in Tairāwhiti by appointing a Project Director who is delivering in partnership with Hauora Tairāwhiti. The HIU is also making targeted interventions on five more projects (BOP, Lakes, Midcentral, Waikato, and Canterbury), and enhanced governance on two projects in Waitematā)
7.4	Direct the HIU to work with Treasury to agree an appropriate business case template for mental health infrastructure projects that are less than \$10m	<b>Complete</b> – the business case template is complete. Ministers have now approved that the Director General of Health has the delegation to approve these business cases (and may sub-delegate that authority).
-	Create a plan for delivery of current projects with the means to drive completion of those projects on an accelerated timeframe.	<b>Complete</b> – The HIU identified 8 projects that could be accelerated.
Department of the Prime Minister and Cabinet		
Recommendations	Actions	
5	Direct the Chief Executive of the Department of the Prime Minister and Cabinet to share the findings of this Review with public sector chief executives	<b>In progress, on track</b> – the Chief Executive of DPMC will share the Review's findings with chief executives at the Public Service Leaders Group (PSLG) on 4 November 2021. This was initially planned for a PSLG Retreat in August 2021 which was postponed because of the COVID-19 outbreak.

9	Agree that this Mid-Term review is proactively released, with any appropriate redaction where information would have been withheld under the Official Information Act 1982, in September 2021.	<b>Complete</b> – DPMC proactively released the Review on 24 September 2021 with no redactions.
10	Indicate whether you would like the Implementation Unit (IU) to work with the Ministry of Health and Department of Corrections to strengthen planning and reporting on delivery throughout the remainder of the programme.	<b>In progress, on track</b> – support was formalised in the Commissioning Brief provided in Attachment B. Support to Health is ongoing and support to Corrections in paragraphs 36-41.

Proactively Released

# ATTACHMENT D

Ministry of Health Mental Health and Addiction Directorate Implementation Plan

Attached as A3.

Proactively Released

# ATTACHMENT E

## Health Infrastructure Unit intervention levels

Level	Description	Interventions
0	BAU Monitoring	<ul style="list-style-type: none"><li>• HIU monitors DHB project performance through monthly reporting on project progress and plans for drawing down Crown funding</li></ul>
1	Enhance Governance	<ul style="list-style-type: none"><li>• HIU representative on governance group</li><li>• Project will go through HIU check points</li><li>• Monthly reporting to HIU on project progress and plans for drawing down Crown funding</li></ul>
2	Apply Resource	<ul style="list-style-type: none"><li>• Targeted intervention, eg, actions to address specific capability gaps, which can also be scaled back as and when needed</li><li>• HIU representative on governance group</li><li>• Project will go through HIU check points</li><li>• Monthly reporting to HIU on project progress and plans for drawing down Crown funding</li></ul>
3	Take on Management	<ul style="list-style-type: none"><li>• HIU appointed Project Director, effectively taking over project control and delivery accountability</li><li>• HIU and DHB appointed Senior Responsible Owners (SROs) on governance group</li><li>• HIU is accountable for delivery and manages project budget</li><li>• Project will go through HIU check points</li><li>• Monthly reporting to HIU on project progress and plans for drawing down Crown funding</li></ul>

Proactively Released

~~[IN CONFIDENCE]~~

## MHIP projects identified for intervention

DHB	Project Name	Approved Crown	Project Stage	Recommended level of intervention	Benefit sought
Tairāwhiti	Mental Health and Addictions Unit	\$18.8 m	Define	<b>Level 3</b> (already underway) <ul style="list-style-type: none"> <li>• Project Director appointed</li> <li>• Documenting Model of Care</li> <li>• Preparing Master Programme</li> <li>• HIU Design Manager engaged</li> <li>• Applying HIU design guidance</li> </ul>	Drive a high-quality and efficient process to ensure timely delivery
Bay of Plenty	Whakatāne Mental Health Replacement	\$15.0 m	Define	<b>Level 2</b>	Identify efficiencies with other projects eg, shared quantity surveyor, centralised procurement resource. Drive a high-quality and efficient design process to ensure timely delivery. Exploring options to improve delivery timeframes.
Lakes	Mauri Ora – Mental Health & Addiction Redevelopment	\$25.0 m	Design	<b>Level 2</b>	Identify efficiencies with other projects eg, shared quantity surveyor, centralised procurement resource. Drive a high-quality and efficient design process to ensure timely delivery.
Midcentral	Acute Adult Mental Health Facility	\$30.0 m	Design	<b>Level 2</b>	Drive a high-quality and efficient process to ensure timely delivery
Waikato	Adult Mental Health Facility	\$100.0 m	Define	<b>Level 2</b>	Explore options to improve delivery timeframes eg, bringing forward early works packages.
Canterbury	Hillmorton Campus Re-development Stage 1a	\$70.0 m	Identify	<b>Level 2</b> for definition phase.	This will provide the DHB with additional resource to lead service needs assessment, site analysis/planning and identify an appropriate preferred option. Further intervention may be applied to this proposal later, should the need arise.
Waitematā	Mason Clinic - Tranche 1a	\$60.0 m	Design	<b>Level 1</b> as they are well resourced	
Waitematā	Mason Clinic – Tranche 1b	\$70.0 m	Design	<b>Level 1</b> as they are well resourced	
al \$		<b>\$388.8 m</b>			

Mental Health and Addiction Directorate: Implementation of recommendations from the Implementation Unit's mid-term review

WORKING DRAFT - IN CONFIDENCE

Workstream/activity	MHA Lead	August					September				October				November					December	
		2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13
<b>Programme establishment</b>																					
Develop short-term implementation plan	S&P																				
Develop comms to support <i>Kia Manawanui</i>	Comms																				
Recruit Programme Director, Implementation	DDG																				
Recruit Programme Director, MHA Workforce	PCW																				
Recruit MHA workforce development team (x 2 FTEs)	PD, WF																				
Agree approach for keeping Minister of Health informed	PD, Impl																				
<b>Governance and system leadership</b>																					
<b>Internal governance and oversight</b>																					
Confirm purpose/scope of Assurance Group (incl. health infrastructure)	PD, Impl																				
Confirm strengthened MHAD governance arrangements (incl. for Budget investment)	S&P																				
Confirm and test strengthened MHAD funding approvals/procurement processes	ODDG																				
Develop new financial tracker for Budget initiatives	S&P																				
Targeted audit of DHB ringfence	SS																				
<b>Cross-agency governance and oversight</b>																					
Social Wellbeing Board meetings	S&P																				
Options analysis (incl. scope, review of other programmes, resource implications)	S&P																				
Internal advice to DDG/DG	S&P																				
Test preferred options with other agencies	PD, Impl																				
Advice to Minister(s)	S&P																				
Establishment/enhancement of cross-agency governance	PD, Impl																				
Secretariat support for cross-agency governance	PD, Impl																				
<b>All-of-government system leadership for MHA</b>																					
Advice to TU/Minister of Health on MHA leadership and functions in new entities	S&P																				
Advice to internal System Stewardship Steering Group re: MHA leadership	S&P																				
MHA input into Ministry's structure and target operating model	DDG																				
Engagement with TU/advice on MHA leadership and functions in new system	SLT																				
Proactive engagement with agencies on MW initiatives and issues	All																				
<b>Planning and reporting</b>																					
<b>Re-forecast initiative milestones</b>																					
Clarify data collection and reporting frequency across initiatives	S&P																				
Commission re-forecasting of outputs milestones from initiative leads	S&P																				
Workshops to refine milestones and reporting arrangements with initiative leads	PD, Impl																				
<b>Format improvements</b>																					
Initial improvements to CPC reporting on \$1.9 billion	S&P																				

