

Aide-Mémoire

Meeting with Mental Health and Wellbeing Commission | Te Hiringa Mahara on 1 February 2024

Date due to MO:	30 January 2024	Action required by:	N/A	
Security level:	IN CONFIDENCE	Health Report number:	H2024035137	
То:	Hon Matt Doocey, Minister for Mental Health			
Consulted:	Health New Zealand: 🗆 Māori Health Authority: 🗆			

Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Director-General, Clinical, Community and Mental Health Te Pou Whakakaha	Robyn Shearer
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То:				
	Hon Matt Doocey, Minister for Mental Health			
Security level:	IN CONFIDENCE	Health Report number: H2024035137		
Details of meeting:	9:00 to 9:30am, Thursday 1 F 4.1R EW, Parliament	ebruary 2024		
Purpose of meeting:	Health and Wellbeing Comm	of the bi-monthly meetings between you and the Menta nission Te Hiringa Mahara (the Commission) as Minister be meeting with Hayden Wano (Board Chair) and Karer		
	The Commission has provide briefing paper to support the	ed the following proposed agenda along with a separate e discussion:		
	• priorities (including a	ccess targets, workforce and Budget 2019)		
	 strategic context (inc planning and Board a 	luding the Commission's financial sustainability, strategic appointments)		
	• the Commission's cu	rrent work (including a range of monitoring reports).		
	Suggested talking points on	these topics are provided in Appendix A .		
	· · · · ·	uty Director-General, Mental Health and Addiction) from natū Hauora (the Ministry) can be available to attend the equested.		
Comment:	Background information			
comment.	The Minister of Health is cur for the administration of the The Ministry is the monitorin	rently the responsible Minister for the Commission and Mental Health and Wellbeing Commission Act 2020. Ing agency, with support from the Social Wellbeing Commission's performance as a Crown entity.		
	Your last meeting with the Co	ommission was on 19 December 2023.		
	Roles and responsibilities			
	Multiple organisations monit	tor mental health and addiction:		
		Te Whatu Ora and the Māori Health Authority Te Aka e services they deliver and commission		
	• The Ministry monitor	s system-level and health entity performance		

• The Commission has a statutory mandate to independently monitor the mental health and wellbeing of the population, factors that affect and approaches to address mental health and wellbeing (including outside of health), as well as mental health and addiction services.

The Ministry continues to discuss respective areas of focus with the Commission to support a complementary, non-duplicative mental health and addiction monitoring and accountability approach. For example:

- The Commission is uniquely placed to monitor cross-government contributions to mental wellbeing and can undertake deeper analysis of key issues within the system than the Ministry can in its regular monitoring role.
- The Commission's independent lens also lends itself to more complex analysis, rather than reporting on inputs, outputs and expenditure, which falls within health entities' responsibilities.

Discussion of priorities

The Commission has suggested discussing priorities including:

- Access targets: At your request, we have had an initial discussion with the Commission about targets aligned to your priorities of access (with a focus on timeliness), workforce, and prevention and early intervention. You may wish to seek the Commission's views on potential targets.
- **Workforce**: The Commission notes that workforce constraints are impacting service access. You may wish to seek the Commission's views on where the most pressing issues are, and where they would suggest prioritising efforts.
- **Budget 2019**: The Commission has noted the opportunity for them to focus on tracking funding committed against Budget 2019 initiatives. This data is held by and can be provided to you directly from the health entities. In line with the roles and responsibilities described above, we recommend you suggest the Commission prioritises its focus on more strategic and systemic challenges facing the mental health and addiction system, where their independent and deeper analysis can add most value.

Board appointments

One Board member, 59(2)(f)(iv), has recently resigned from the Commission. The statutory appointment process for the Commission will follow the recruitment and appointment process outlined in the Public Service Commission | Te Kawa Mataaho *Board Appointment and Induction Guidelines,* including consideration by the Cabinet Appointments and Honours (APH) Committee.

The Ministry has commenced discussions with the Chair to identify the skill gaps and needs of the Commission to inform the recruitment approach. The Ministry will provide the responsible Minister with further advice on the process and timeframes for the appointment. This advice will also seek their input into the proposed skills matrix for the Board and the member position descriptions.



Funding for the Commission currently sits within Vote Health, therefore any concerns regarding the Commission's funding levels will need to be raised with the Minister of Health as the responsible Minister for Vote Health.

The Commission's strategic planning

The Commission has previously noted its concerns that its current level of funding is not sufficient to fulfil its statutory objectives, due in part to its wide mandate. The Ministry has reinforced the need for the Commission to prioritise its focus within its work programme to ensure delivery is achievable within current baselines.

The Commission notes that it will refresh its Strategic Plan and Statement of Intent in 2024. You may wish to encourage the Commission to consider where it can add the most value to our collective understanding of mental health and wellbeing, in line with the roles and responsibilities outlined above, in developing these documents.

The Commission's current work

The Commission is developing a number of reports covering mental health and addiction service performance, the Access and Choice programme and the actions in *Kia Manawanui* related to leadership. The Ministry and health entities have provided information in response to the Commission's data requests to inform those reports.

s 9(2)(f)(iv)

. We would encourage

this focus, as it would add more value to our understanding than the historic focus of the Commission's report on inputs, outputs and expenditure.

The Commission has raised concerns about the lack of data collection and measures of service users' outcomes and experiences. The Ministry shares this concern and is engaging with Health New Zealand about this in the context of strengthening the monitoring approach for mental health and addiction.

Robyn Shearer Deputy Director-General **Clinical, Community and Mental Health | Te Pou Whakakaha** Date: 29 January 2024 Aide-Mémoire: <HR2024035137>

Appendix A: Suggested talking points

General

- I appreciate the important work of the Commission. I see these meetings as an opportunity to keep up-to-date on the progress of your work and to hear about the key insights you are developing through your work.
- As you will know, the Minister of Health is the responsible Minister for the Commission. Ministerial delegations are still being finalised, and you will be updated should this result in a different responsible Minister for the Commission.

Discussion of priorities

- My priorities are to increase access to mental health and addiction services, to grow the workforce, and to increase our focus on prevention and early intervention. I am considering how the introduction of targets could help drive improvements in these areas.
- I would welcome your views on potential targets around timely access to services across the continuum, workforce development, and prevention and early intervention.
- Your reports have reinforced that workforce constraints are our greatest challenge. What do you see as the most pressing issues, and where do you suggest we prioritise our efforts?
- As you have noted, I am interested in understanding the status of recent Budget initiatives. I have asked for more detailed information from health entities about this.
- I note your suggestion that the Commission could focus on understanding expenditure within the Budget 2019 package, however I would suggest that the Commission prioritises its focus on more systemic issues to inform our ongoing efforts and future actions.

Strategic context for the Commission including Budget 2024

•	s 9(2)(f)(iv)	
	e Q(2)(f)(iy)	
•	5 5(2)(1)(10)	

- I also encourage you to prioritise your efforts and resources on areas where the Commission can add the most value to our collective understanding of mental health and wellbeing.
- While the Ministry and health entities can monitor system and service inputs, outputs and expenditure, the Commission is uniquely placed to undertake deeper analysis of key issues within the mental health and addiction system, and to monitor cross-government contributions to mental health and wellbeing.
- The Minister of Health oversees the Vote Health process. If you have any further funding concerns you would like to share, I am happy to take them to the Minister of Health.

The Commission's current work

- I note you have several upcoming projects for 2024, and I look forward to being updated on the outcomes of this work.
- I am pleased to see youth mental wellbeing and services are a priority for the Commission. This is an area I am particularly interested in.

• 9(2)(f)(iv)

Next steps

- Thank you again for the work you have been doing.
- I look forward to hearing about the outcomes of your work and to seeing your updated position statements and the Strategic Plan and Statement of Intent.