Waitemata
District Health Board

Best Care for Everyone

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28 September 2018

[redacted]

[redacted]

Dear [redacted]

Re: Official Information Act request – Zero Suicide

Thank you for your request under the Official Information Act received 11 September 2018 seeking the following of Waitemata District Health Board (DHB):

Any information sent, received or otherwise held by the Waitemata District Health Board about the implementation by the board of a zero suicide aspirational policy or goal. Such a policy is sometimes described as a commitment to suicide prevention in health and behavioural healthcare systems for those in an organisation's care, as opposed to a national all-of-society target. By implementation I mean including, but not limited to, discussions about whether such a policy is possible and/or desirable, as well as what stage discussions are at and what the next steps might be.

By information I mean including, but not limited to, communication with the Minister of Health, his office and staff; the Ministry of Health, other District Health Boards, including Canterbury District Health Board; and the Mental Health Foundation. By communication I mean including, but not limited to, emails, letters, reports, aide memoires, agendas, minutes and the contents of verbal briefings, etc.

The information sought in this request would be used for New Zealand Herald/NZME reporting. It would be used to explain more to the public about strategies for reducing New Zealand's suicide rate. As such, I ask that any fee is waived.

You might consider that some elements of the information requested are not public. If so, please consider each element separately and in your response explain, element by element, the reason(s) for declining the release of that element.

For the purpose of clarity, should you need to redact any names to meet the Act, please indicate the employer and position of the person whose name is redacted.

Please find attached relevant documents as per your above request. All relevant documents or emails which have had Zero Suicide discussed have been included. These documents are described below and attachments are enclosed.

Attachment A	Extracted from Community and Public Health Advisory Committee Meeting ADHB/WDHB April 2018
Attachment B	Extracted from Mental Health and Addictions Divisional Report April 2018
Attachment C	Extracted from WDHB (Mental Health and Addictions) Annual Plan 2018
Attachment D	Draft Suicide Prevention and Postvention Interim Action Plan 2019/2022
Attachment E	Invitation Dr Kathryn Turner Zero Suicide Lecture 1 December 2017
Attachment F	Email communication Zero Suicide funding stream
Attachment G	Email communication Zero Suicide project person

I trust that this information meets your requirements. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Dr Debbie Holdsworth
Director Funding
Waitemata District Health Boards

Attachment A:

Extracted from Auckland and Waitemata DHBs Community and Public Health Advisory Committee Meeting 04/04/18

6.2 Auckland DHB Mental Health and Addiction Programme Board Work Plan

The Mental Health and Addiction Programme Board will be a key leadership, accountability and advisory group reporting to the Auckland DHB Board (via the Executive Sponsor Group). Its purpose is provide leadership for the development and monitoring of the Mental Health and Addictions programme which aims to transform mental health and addictions services funded or delivered by Auckland DHB for the purpose of supporting our population to live well, stay well, get well. This programme aligns with Auckland DHB's strategic themes including: community, whānau and person-centred model of care; emphasis and investment on both treatment and keeping people healthy; service integration and/or consolidation; outward focus and flexible, service orientation. Below is a table of high level work plan for Mental Health and Addiction Board established January 2018.

Mental Health and Addiction Programme Board Progress Report			
Project Title	**Outcomes or measures**	**Linkage**	**Actions Update 28/2/18**
1. Zero Suicide[1]	• Reduce Suicide and self harm rates • People who present with suicidal thoughts and self-harm attempts and their whanau are supported and are able to access services and interventions that improve wellbeing. • A safety culture (Just Culture) that no longer finds suicide acceptable, and supports clinical personnel who do this difficult work.	• Gold Coast Health for mentoring and coaching based on their implementation • ADHB Organisational Development programme • Health Quality Safety Commission has indicated Zero Suicide as potential National project.	• Resource of 1.0 FTE Project Manager identified for 3 year term • Recruitment into role to be completed during March-April 2018.

6.3 Zero Suicide Framework

Suicide rates in New Zealand are a national tragedy, with over 500 people each year taking their own life and a large number of people harming themselves; and/or reporting suicidal thoughts. NZ also has high rates of youth suicide (second highest in OECD Countries), statistics have shown approximately 40% of people who suicide have accessed specialist mental health services at some point in their life journey.

Waitemata and Auckland DHB supported the visit of Dr Kathryn Turner, from Gold Coast Health, to present at two workshops on 1 December 2017, providing an overview of her organisations three-year journey progressing to Zero Suicide through Leadership, support and continuous improvement. The workshops introduced DHB staff to the idea that we could follow, be supported and mentored by Dr Turner and her team, learning from their implementation to start our own journey to Zero Suicide.

The critical attributes identified by Dr Turner for their in implementing Zero Suicide are:

- Core values: the belief and commitment that suicide can be eliminated in a population under care (boundaried population) by improving service access and quality and through continuous improvement

- System Management: systematic steps take in organisation and systems of care aimed at creating a safety culture where suicide is unacceptable and that sufficient support is available for the clinical personnel who do this difficult work
- Evidence-based and Clinical Best practices: using methods, interventions and practices that are research validated and/or consistent with research evidence and based on expert judgment, delivered through a care system that emphasises productive (healing) patient and staff interactions.

Auckland DHB Mental Health and Addiction programme board has a Zero Suicide project charter with project resource approved for the next three years. Dr Turner reported that dedicated project management from the start would have hastened their journey, with the first year spent having conversations with senior clinicians, Board, clinicians, consumers, carers, senior management staff, developing strategy and pathways and developing the training packages based on clinical best practices.

The elements of Zero Suicide:

- Lead – engagement with staff, executive, Board, about concepts of Zero Suicide Model and Just Culture, development of the Suicide Prevention Strategy and subsequent pathways and establish working groups
- Train – develop online and face to face training to all medical and all community staff, commence Suicide Prevention Pathway and onsite support of staff
- Identify – systematically identify and assess suicide risk among people receiving care
- Engage – ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means
- Treat – using effective, evidence-based treatments that directly target suicidal thoughts and behaviours
- Transition – provide continuous contact and support especially after acute care
- Improve – service improvement through data collection and feedback and survey staff (culture, confidence and safety) and repeat surveys, review data on suicide attempts and representations and gain consumer experience and feedback (Turner, 2017; Rafferty, 2017).

The perception of adopting the zero suicide frameworks is about setting targets, if zero is not achieved there will be arguments that it is deemed a failure. However, the framework identifies zero suicide not only as an inspirational goal but one that will change DHB culture and mindset to create an appropriate system response and a no blame culture (Table 1 below). Zero suicide is a commitment to suicide prevention in health and behavioural health care systems and a specific set of strategies and tools, it presents both a bold goal and an aspirational challenge. "Knowing is not enough; we must apply. Willing is not enough; we must do" stated by Joe Rafferty, CEO of Mersey Care, UK at seminar in Auckland in November 2017.

Table 1: Culture change/Change in mind-set (Turner, 2017)

From	To
Seeing suicide as inevitable	Suicide is preventable with a systems approach
A culture of blame or outcome severity bias	Just Culture and system that supports staff; continue working toward goal of high reliability health care and increase fidelity to the pathway
Risk assessment and containment	Collaborative safety, treatment and recovery
Standalone training and tools	Overall systems and culture change
Individualised clinicians judgment and actions	Standardised screening, assessment and interventions
Hospitalisation during episodes of crisis	Productive interactions throughout ongoing continuity of care

The Zero Suicide Framework includes providing a number of interventions that all health professionals within the hospital settings can easily learn, adopt and implement to significantly respond to suicidal ideation or attempts with a subsequent reduction in deliberate further self-harm and mortality (Erlangsen, A. 2015). If every health professional systematically applied the following five zero suicide strategies, it is highly likely we could bend the curve of our rising suicide rate in the right direction:

- review suicide risk systematically
- address suicide directly
- make a safety plan with at-risk patients
- manage means by which people plan to suicide with
- follow up with high-risk individuals immediately.

The interventions that make up the elements of Zero Suicide are known to work. A number of Health providers around the world have successfully adopted these frameworks, including Michigan (US), Mersey Side NHS (Liverpool, England) and Gold Coast Health (Australia). They have all evaluated the framework and produced evidence of the efficacy and effectiveness of this approach.

Attachment B:

Extracted from Mental Health and Addictions Divisionals - 12 April 2018

Specialist Mental Health & Addiction Services
Quality & Improvement Report for February/March 2018

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CADS

AOTS was audited by the Ministry of Health during the 14th - 18th September 2017 resulting in two corrective actions. A corrective action plan including evidence and progress related to each recommendation was sent to the MoH in March 2018.

Child & Adolescent Mental Health Services

The Nurse Advisor will be conducting metabolic screening documentation audits in the coming month to ensure clients are being screened and that staff are adhering to best practice guidelines. Findings and recommendations will be fed back to staff once completed.

8.0 Clinical and Quality Improvement Projects and Activities

Project Name	Aim	Target completion date	Progress
Division-wide			
Zero Seclusion (Adult & Forensics)	This is a national collaborative with HQSC. The first phase of this co-design project focuses on capturing the experience of people who have been secluded	Phase 1 – end 2018	Planning
Equally Well/ Our Health in Mind Goal 3	Review of metabolic screening programme and related training, and business case for Our Health in Mind underway	Oct 2018	Planning
Suicide Prevention / Zero Suicide	Select and implement action plan		Early scoping
Transition Plans	Improving the use and quality of transition plans for SMH&AS – currently North Adult community team	June 2018	Underway
Supporting Parents Healthy Children	Implement essential elements for phase I of Ministry of Health guidelines for SPHC, for organisational, service and practice-level elements	June 2018	Underway
Risk Assessment and Safety Planning	Match training to soon-to-be published policy covering Adult, Isa Lei, Moko, CYF, MHSOA, and CADS	Dec 2018	Planning
CAMHS			
Transition to Adult Services	A co-design project is underway. This will focus on the transition of Early Psychosis Intervention (EPI) service users into the adult in-patient units. The first stage of the project will be conducting a questionnaire about the service user and family's experience.		
Adult Mental Health Services			
Recovery Team Review	A review of the Model of Care and implementation of new Model of Care	2019	Scoping

Attachment C:

Extracted from WDHB Annual Plan 2018

Government Planning Priorities

Government Planning Priority		Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Mental Health	Population Mental Health	One team	Assess organisational fit for implementing the Zero Suicide framework and develop work plan to implement (high prevalence of suicide in youth and Māori) (EOA)	Dec 2018	
			Review current services and create a work plan to develop the capacity and capabilities needed to implement Asian MH approaches in response to population growth (EOA)	Jun 2019	
			Evaluate prototype of Individual Placement Support programme for MHA services	Jun 2019	
			Design an action plan from the Equally Well framework with measurable outcomes using a multi-sector collaboration approach	Jun 2019	
			Support staff to submit and engage in community forums	Ongoing	
	Mental Health and Addictions Improvement Activities	One team	Minimise restrictive care through engagement in HQSC Zero Seclusion project activities, including: • Complete data gathering from people who were secluded and their family/whānau • Implement actions from improvement plan into forensic and adult services	Sep 2018 50% by Dec 2018; 100% by Jun 2019	25% reduction in average seclusion episodes per month (vs. Jul-Dec 2017) by Dec 2018; 50% reduction (vs. Jan-Jun 2017) by Jun 2019
			Participate in the HQSC project commencing Jun 2018 with the aim to improve service transitions to primary care through ensuring 95% of transition plans/discharge letters contain a follow-up plan (with a copy sent to the person concerned)	Jun 2019	PP7 measures 100% of SAC 1 and 2 recommendations are closed within 90 days
			Participate in the HQSC project commencing Mar 2019 that aims to reduce the occurrence of serious adverse events through ensuring learnings are introduced into clinical practice in a responsive manner	Jun 2019	
	Addictions	Value and high performance	Review the addictions continuum of care to identify capacity and capability opportunities for improved access for service users	Jun 2018	PP8 measures
			Develop lower threshold initiatives for community-based wellbeing support that capitalise on investments already made, such as Awhi Ora and primary mental health initiatives	Jun 2018	

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Objective 1: Support families, whanau, hapu, iwi and communities to prevent suicide.				
Action Area	**Actions**	**Intended Outcomes**	**Timing**	**Lead Agencies**
1.1 Suicide Prevention training is widely disseminated across the WDHB and ADHB area	**1.1.1** Deliver suicide prevention training programmes designed for health workers and community stakeholders using; SafeTalk, QPR; ASIST and Lifekeepers training packages; MH101	a) Two primary care focussed training programmes delivered	June 2020	Suicide Prevention Programme Manager, national and local training agencies
1.2 Train community health and social support service staff, families, whanau, hapū, iwi and community members to identify and support individuals at risk and refer them to agencies that can help	**1.2.1** Support local providers to deliver Lifekeepers, SafeTalk; ASIST suicide prevention training and MH101	a) At least 6 suicide prevention workshops delivered in WDHB and ADHB each year b) Further Suicide prevention workshops delivered where funding permits	June 2021	Supporting Families in Mental illness and other NGOs e.g Le Va Suicide Prevention and mental health training agencies, trainers, and postvention groups
1.3 Build the capacity of families, whanau and communities to prevent suicide	**1.3.1** Support relevant District wide community-based initiatives with a suicide prevention focus **1.3.2** Develop positive and proactive relationships on suicide prevention with government agencies. **1.3.3** continue with the regional coordinated community response to suicide issues	a) Improve relationships between and with relevant providers (DHB directorates, PHO, AOD, MHS, Maori services, NGOs, work place health promotion and specific community projects) to ensure more effective suicide prevention outcomes b) Relationships with relevant government agencies are identified, established and maintained for benefit of community postvention and suicide prevention processes c) Continue with the region-wide approach to reduce further risk from people who attempt suicide, in collaboration with mental health services, Police and other relevant agencies.	June 2020 June 2022 June 2022	Public Health Service, Government and NGO"s, community postvention groups and individuals. Public Health Service, regional and government agencies. Public Health Service, Mental Health Foundation, mental health consumer

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		d) Work collaboratively with communities and funders to support projects and initiatives that increase community and individual psycho/social wellbeing and resiliency. e) Facilitate DHB employers to develop good practice staff mental wellbeing practice and suicide prevention.	June 2022 June 2022	groups, Ministry of Social Development Social Sector Trials, local councils. Public Health Service, employers (management and human resources).
Objective 2: Support Families, whanau, hapu, iwi and communities after a suicide				
Action Area	**Actions**	**Intended Outcomes**	**Timing**	**Lead Agencies**
2.1 Support communities to respond to suicide, especially when there are concerns of suicide clusters and suicide contagion	**2.1.1** Continue work to support and build community postvention capacity. **2.1.2** Provision of information to communities, agencies and frontline staff on postvention and suicide prevention issues. **2.1.3** Maintain and develop relationships with Maori agencies and other at-risk groups. **2.1.4** Suicide bereavement support developed. **2.1.5** ADHB and WDHB suicide response plan maintained for the	a) Suicide Prevention Coordinator continues to provide regular email information to postvention groups and other interested parties on suicide pre and postvention issues, training and information on local initiatives and linkages and investigate other options for dissemination of information to targeted audiences–e.g. stand-alone website, social media platform, newsletter etc. b) Further development of relationships with the Maori health providers and other Maori services contracted to provide suicide prevention initiatives to ensure best practice and reduced risk for Maori. c) Facilitate any development of projects working alongside at-risk target groups-e.g. Pasifika, Maori, Asian, LGBTI, rural, A&D, older people, and youth. d) ADHB and WDHB investigates resourcing a group of community agency staff to be trained in suicide bereavement issues along with the development of community support groups for those bereaved by	June 2022 June 2022 June 2022 June 2022	Suicide Prevention Programme Manager Public Health Service Mental Health Promotion team, relevant consumer groups, Suicide Prevention Programme Manager Skylight,(WAVES), MHF, Public Health Service, community funders, MHF etc

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	management of suicide clusters/contagion	suicide. e) Maintain and continue improvement of the Interagency group and notification pathway for notification of death by suspected suicide	June 2022	Suicide Prevention and Postvention Interagency Working group, CASA
Objective 3: Improve Services and Support for people at high risk of suicide				
Action Area	**Actions**	**Intended Outcomes**	**Timing**	**Lead Agencies**
3.1 Improve services and support of people experiencing mental health problems and alcohol and other drug problems.	**3.1.1** Support organisational workforce development plans to include recognising and managing common mental disorders, including depression, anxiety and substance abuse **3.1.2** Develop service pathway processes to enhance transition from *primary to secondary care* mental health and addiction services **3.1.3** Develop service pathway processes to enhance transition from *secondary to primary care* mental health and addiction services	a) Work alongside the PHO and DHB Mental Health and Addictions Directorate and Police to improve pathways and reduce the risk for people who attempt suicide or are at risk of suicide. b) Investigate the mandating of training in suicide prevention for all professionals working in mental health services, and medical /surgical services in the DHB c) That ADHB and WDHB undertakes further work to develop and support suicide prevention assessment and responses within DHB mental health clinical teams including those clients who attempt suicide. d) Work alongside PHO, community mental health providers and the Mental Health and Addictions Directorate to facilitate the further development of suicide prevention in early intervention services	June 2022 June 2022	Mental Health and Addictions Network, Police, Mental Health and Addictions Directorate.
3.2 Develop and implement Zero Suicide Framework	**3.2.1** Understand Zero Suicide framework and the resources available from	a) Provides a framework and toolkit to improving outcomes re: suicide	June 2022	Suicide Prevention Programme Manager, ADHB MHs and AOD

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	"Zero Suicide Toolkit" **3.2.2** Propose to ADHB and WDHB to adopt a comprehensive approach to suicide care using Zero Suicide framework **3.2.3** Convene a Zero Suicide implementation team consisting of relevant members who will lead this initiative	b) Align with initiatives already implemented across ADHB and ADHB c) Would decrease readmissions for mental health issues (both inpatient psych and ED admissions) d) Gives all staff the education and confidence to assist patients who are struggling with suicidal thoughts.		Programme Board, MHS and AOD Directorate
Objective 4: Strengthen the infrastructure for suicide prevention				
Action Area	**Actions**	**Intended Outcomes**	**Timing**	**Lead Agencies**
4.1 Make better use of data related to suicide deaths and self-harm incidents	**4.1.1** Maintain local database for suspected suicides	a) Regional suicide data received continues to be recorded in an ethical and systematic way by the ADHB and WDHB. b) Data is shared with relevant agencies on request and as per the CASA Memorandum of Understanding. c) An annual summary of suicide trends in the District is collated and any emerging trends documented via the proposed Suicide Prevention and Postvention Advisory Committee. d) An appropriate response is developed to any emerging trends in local suicide.	June 2022	Public Health Service, ADHB and WDHB Mental Health and Addiction Directorate. Public Health Service, CASA, postvention groups.
4.2 Enhance infrastructure in the ADHB and WDHB for suicide prevention	**4.2.1** Support agencies within ADHB and WDHB to implement the actions of	That ADHB and WDHB via its Suicide Prevention Programme Manager, work alongside community agencies and community postvention groups to gain	June 2022	Public Health Service, community funding agencies, community

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	the New Zealand Suicide Prevention Action Plan	further resourcing for suicide prevention training and awareness raising in the District Area.		NGOs.
4.3 Self-harm reduction in the region	**4.3.1** Data is collected across the ADHB and WDHB region to identify numbers and issues associated with self-harm. **4.3.2** Suicide Prevention Programme Manager identifies key stakeholders involved with self-harm intervention in the District.	a) Self-harm data assists with identification of the key issues, risks and opportunities for intervention to reduce self-harm. b) The Suicide Prevention programme Manager works alongside DHB services, statutory and community agencies to investigate the development of a harm minimisation strategy for people who self-harm.	June 2021	Suicide Prevention Programme Manager, ADHB and WDHB Mental Health Directorate, Child Youth and Family.

Waitemata District Health Board
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AUCKLAND DISTRICT HEALTH BOARD

INVITATION

Zero Suicide Presentation

When: Friday, 1st December 2017
Time: 8:30am – 10:30am; Clinical staff
11:00am – 1:00pm; Leadership and management
Where: Rata Room
Whenua Pupuke, North Shore Hospital

We are privileged to have Dr Kathryn Turner delivering an interactive lecture in our Whenua Pupuke, Rata Room, at North Shore Hospital on the 1st of December, commencing at 8:30am to1pm. She is a Psychiatrist and currently Clinical Director of Mental Health and Specialist Services in the Gold Coast Hospital and Health Service. She is leading the team implementing a Zero Suicide approach to reduce the incidence of suicide and is changing the mind-set to prevent suicide in the Gold Coast health system. She will share the progress been made since the implementation of zero suicide in the Gold Coast 2 years ago. This session is designed to stimulate discussion about the future of our suicide prevention programme within WDHB and ADHB, and I hope you will be able to take this opportunity to join the conversation.

The lecture will be conducted in 2 parts. Kathryn will address the clinical staff in the first 2 hrs then for the rest of the time will address leadership and management staff.

Wendy Stubbins (WDHB)

From: Susanna Galea-Singer (WDHB)
Sent: Wednesday, 23 May 2018 11:57
To: Trish Palmer (WDHB)
Cc: Sam White (WDHB); Pam Lightbown (WDHB); Cate Wallace (WDHB); Debbie Holdsworth (WDHB)
Subject: Re: Zero Suicide project funding stream

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks Trish.
Helpful to understand how it's happening in adhb.
Let's discuss when we meet.

Dr. Susanna Galea-Singer
Director & Head of Division
Specialist Mental Health & Addiction Services
Waitemata District Health Board, Auckland
Associate Director & Honorary Senior Lecturer, Centre for Addictions Research, University of Auckland

On 23/05/2018, at 10:27 AM, Trish Palmer (WDHB) <[redacted]> wrote:

> Hi Susanna,
> If WDHB was funding an organisation change to a "just culture" , yes, there is a point to discuss how this might happen.
> Zero Suicide Framework sits within change management, organisational change, this is bigger that MHA and PFO, this is changing organisational culture.
> HR and organisational development services are leading this work at ADHB.
> I am just not aware of any foundational work here at WDHB that this could form part of.
> Will need some socialisation with CEO and ELT. This is whole of system approach, that would require alignment of priorities of CEOs and Board.
> Yes, it would be good if both DHBs were aligned and had more shared initiatives.
> The funding is the easy bit and needs to follow all the rest....organisation change.
>
> Trish
>
> .
>
> **From:** Susanna Galea (WDHB)
> **Sent:** Wednesday, 23 May 2018 10:08 a.m.
> **To:** Trish Palmer (WDHB); Sam White (WDHB)
> **Cc:** Pam Lightbown (WDHB); Cate Wallace (WDHB); Debbie Holdsworth (WDHB)
> **Subject:** Re: Zero Suicide project funding stream
>
> Hi Trish,
>
> Are there any opportunities for shared initiatives – eg. can we part fund the position that ADHB are investing in?
> It just makes more sense to work together on this.
>
> susanna

Dr Susanna Galea-Singer
Director |Specialist Mental Health & Addiction Services | Waitemata DHB
Associate Director & Honorary Senior Lecturer |Centre for Addictions Research |University of Auckland.

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From: "Trish Palmer (WDHB)" <[redacted]>
Date: Tuesday, 22 May 2018 at 5:14 PM
To: "Sam White (WDHB)" <[redacted]>
Cc: "Susanna Galea (WDHB)" <[redacted]>, Pam Lightbown <[redacted]>, "Cate Wallace (WDHB)" <[redacted]>, "Debbie Holdsworth (WDHB)" <[redacted]>
Subject: RE: Zero Suicide project funding stream

Kia ora Sam,
There are so many elements aligned to make this work at ADHB and ADHB have made it easy to put forward and get funded. It is ADHB money that is funding this project.
Zero Suicide Framework will dove tail into this wider "just culture" organisational change process.
CEO is sponsor, and right behind the project.
ADHB are set up and open to the programme and it will have strong linkage to other pieces of work including staff wellbeing.
They (ADHB) are prepared to fund the work and understand that this is a long haul piece of work and have funded it for three years from get go.
Trish

From: Sam White (WDHB)
Sent: Tuesday, 22 May 2018 5:02 p.m.
To: Trish Palmer (WDHB)
Cc: Susanna Galea (WDHB); Pam Lightbown (WDHB); Cate Wallace (WDHB)
Subject: Zero Suicide project funding stream

Kia ora Trish

Cate and I talked briefly on Friday with Pam and Susanna about the zero suicide programme ADHB are implementing. They had questions related to funding stream and also why this was focussed on ADHB and not a more broader programme across both DHB's. I explained that ADHB are some way down planning stages now, this is not FftF funding (although I was hazy at the time about that), wondered if you wanted to make comment about funding. Also given the focus on "Just Culture" that this programme needs to embed within at an organisational level and that it would be more difficult to roll out across multiple organisations, that is my understanding about rationale for the singular focus on ADHB.

Do you have any comments?

Thanks..
Sam

Sam White I Programme Manager, Mental Health & Addictions
Planning, Funding & Outcomes I Auckland and Waitemata DHBs
Level 1, 15 Shea Terrace, Takapuna, Private Bag 93-503 Auckland 0740
m: [redacted]

Wendy Stubbins (WDHB)

From: Evelyn Mcphillips (WDHB)
Sent: Monday, 23 April 2018 07:36
To: Sam White (WDHB)
Subject: RE: Zero suicide project person

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Sam
Thanks so much. Those are really helpful. Can you tell me if the position is being funded from provider arm or planning and funding?
Thanks/
Evelyn

From: Sam White (WDHB)
Sent: Friday, 20 April 2018 4:08 p.m.
To: Evelyn Mcphillips (WDHB)
Subject: RE: Zero suicide project person

Hi Evelyn,
No trouble, here is the JD I developed based on the zero suicide project charter which is also attached. The scope will be ADHB only and working in ADHB ED and MHA services with networking with transition agencies but not directly delivering the programme elsewhere. We are starting to get a little closer towards recruitment and at this point looks like we will make this role a 1.0FTE for 3 years. Hope this helps.

Sam

From: Evelyn Mcphillips (WDHB)
Sent: Friday, 20 April 2018 9:49 a.m.
To: Sam White (WDHB)
Subject: RE: Zero suicide project person

Hi Sam
That would be great, thanks. Are you also able to clarify the scope of the role for me? ADHB only? DHB provider arm + NGO + community or a single or combination of these?

Thanks very much
Evelyn

Evelyn McPhillips I Quality & Improvement Lead
Specialist Mental Health and Addiction Services I Waitemata DHB
3rd floor, 44 Taharoto Rd, Takapuna I m: [redacted]

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From: Sam White (WDHB)
Sent: Thursday, 19 April 2018 11:12 a.m.
To: Evelyn Mcphillips (WDHB)
Subject: RE: Zero suicide project person

Hi Evelyn,
I am working with Manu and Trish and have drafted some early ideas re the role and a JD that may be useful if that is what you are looking for. I can forward this if that is where you are up to, it is still a working draft...let me know otherwise happy to discuss.

Sam

From: Trish Palmer (WDHB)
Sent: Wednesday, 18 April 2018 5:36 p.m.
To: Sam White (WDHB)
Subject: FW: Zero suicide project person

Can I get you to follow up with Evelyn in terms of draft role description. Thanks Sam.

From: Evelyn Mcphillips (WDHB)
Sent: Tuesday, 17 April 2018 5:05 p.m.
To: Trish Palmer (WDHB)
Subject: Zero suicide project person

Hi Trish
You mentioned at some point that ADHB have a funded Zero Suicide project person. I am curious as to the scope of the role, given that we want to implement a project inside our provider arm. Are you able to give me any details?

Thanks
Evelyn

Evelyn McPhillips I Quality & Improvement Lead
Specialist Mental Health and Addiction Services I Waitemata DHB
3rd floor, 44 Taharoto Rd, Takapuna I m: [redacted]

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