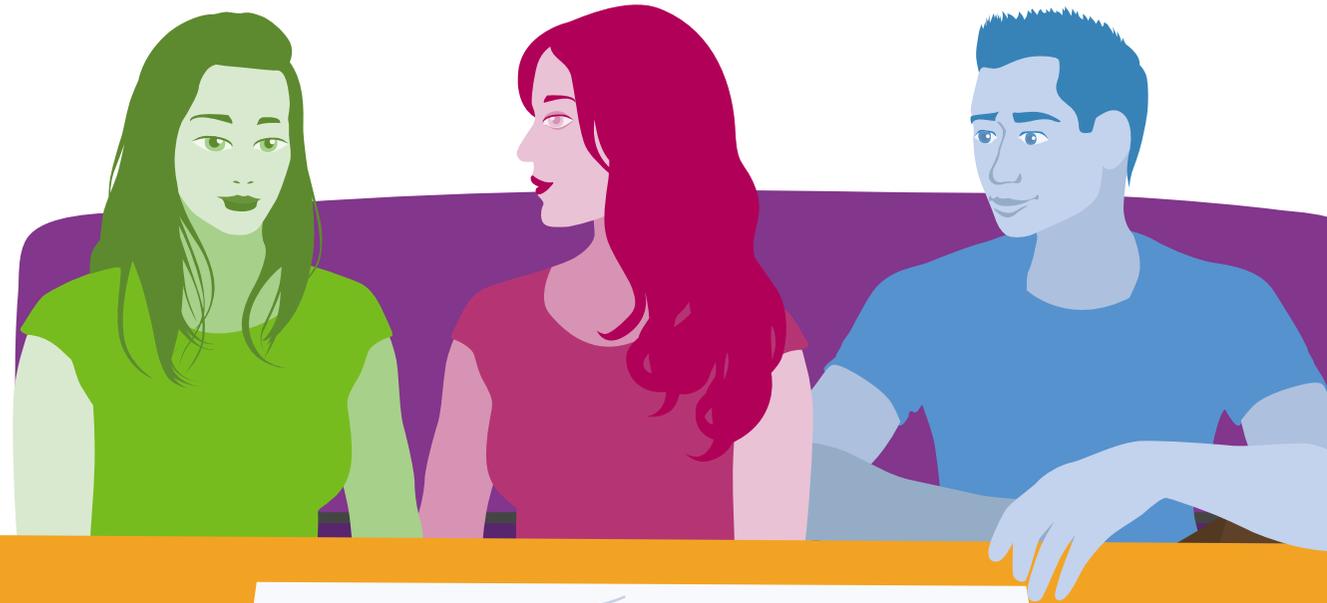




A suite of talking therapy tools from Te Pou

Planning

Develop or extend talking therapies delivery



Recommended citation: Te Pou o Te Whakaaro Nui. (2015). *Planning: Develop or extend talking therapies delivery*. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.

Published in June 2015 by Te Pou o Te Whakaaro Nui.

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ISBN 978-1-877537-13-8

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This planning document is part of a suite of tools developed by Te Pou o Te Whakaaro Nui to support mental health and addiction services increase access to quality evidence-based talking therapies.

The *Let's get talking Planning* tool assists services with workforce planning to establish, or extend, talking therapies delivery using a stepped care approach.¹ It has been designed for use in primary and secondary health care services and can be adapted to suit services' needs. It assumes practitioners are familiar with a stepped care approach to talking therapies and implementing service change and improvement.

The following are a list of tools which complete the *Let's get talking* toolkit available on the [Te Pou website](#).

- Introduction: A stepped care approach to talking therapies
- Planning: Develop or extend talking therapies delivery
- Skills survey: Identify strengths and areas for development in talking therapies delivery
- Assessment: How to match talking therapies to peoples' needs
- Therapy: A guide to evidence-based talking therapies
- Review: Progress and outcome measures to support talking therapies delivery
- Practice support: Competencies, training and supervision for talking therapies delivery



¹ - The Te Pou report *Talking Therapies: Where To Next* (2012) provides a good overview of Talking Therapies and the Stepped Care Model that you may wish to read before using this planning tool. Available on the Te Pou website.

Workforce planning method

This planning tool utilises a six step approach based on Te Pou's *Getting it right* workforce planning method.²

This workforce planning approach:

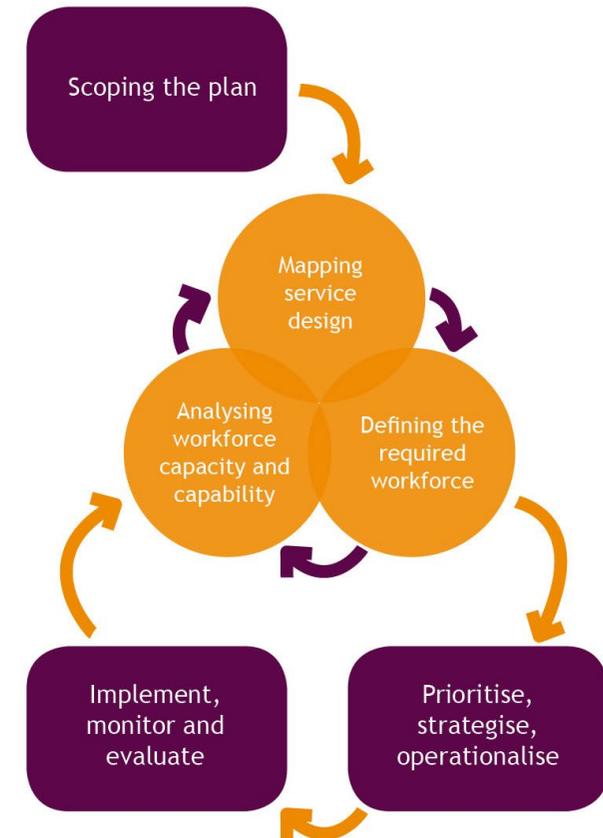
- responds to the emerging needs of people accessing the service
- optimises the use of existing talking therapy capacity
- identifies further workforce strategies required to achieve the new design for delivery of talking therapies
- and embeds programme evaluation.

In this planning approach, the cultural context of the service and its populations need to be taken into account through consultation and representation from appropriate groups.

The six steps to workforce planning:

- 1 Scoping the plan:** assessment of need and readiness in a service to establish or extend talking therapies delivery.
- 2 Mapping the service design:** identifying what service change is needed to better meet current and future talking therapy needs of the population that the organisation provides a service to.
- 3 Defining the required workforce:** identification of workforce requirements for the programme and service changes.
- 4 Analysing workforce capacity and capability:** identification of current capacity and capability to deliver talking therapies using a stepped care approach.
- 5 Prioritise, strategise and operationalise:** identification of strategies to achieve the new programme and creation of a workforce and service development plan.
- 6 Implement, monitor and evaluate:** implementation and evaluation of the talking therapy programme to inform further planning and development.

These six steps will inform your planning process. To start your thinking refer to steps 2, 3 and 4. This will help you to develop steps 1, 5 and 6.



² - Te Pou o Te Whakaaro Nui. (2014). *Getting it right - workforce planning guide*. Retrieved from <http://www.tepou.co.nz/initiatives/getting-it-right-a-workforce-planning-approach/17>

● Step one: Scoping the plan

This first step aids decision making about whether you have sufficient priority and resource to engage in planning and implementation of talking therapies delivery.

- Who are all of the important stakeholders?
- What are the drivers behind the service change?
- What problem are you trying to solve?
- What are the intended benefits from the service change?
- What other strategies does the plan need to align with?
- What capacity and capability are available to develop the plan?

	Comment	Next steps
<p>Drivers and purpose Define the purpose of any change such as:</p> <ul style="list-style-type: none"> • increase access to talking therapies • reduce waiting times • increase types of therapy • develop service in line with national priorities. 		
<p>Scope Who and what will be involved in any change, including:</p> <ul style="list-style-type: none"> • populations • services • staff groups • other organisations • service user groups. 		
<p>Stakeholders Who needs to be involved?</p> <ul style="list-style-type: none"> • service users • family and whānau • other key perspectives. 		



	Comment	Next steps
<p>Ownership and buy-in</p> <p>Identify:</p> <ul style="list-style-type: none"> • who is responsible for the delivery of the plan • where the resources will come from • who you need to influence for the plan to be successful. 		
<p>Scheduling and resourcing</p> <p>Identify:</p> <ul style="list-style-type: none"> • time-frames • outputs • resources, such as, budget, staffing, skill mix within the team and time allocation for delivering therapy. 		
<p>Risk assessment</p> <p>Identify and manage:</p> <ul style="list-style-type: none"> • constraints to planning and development • potential consequences to success and failure. 		



● Step two: Mapping the service design

This step is to review the model of care, predict local demographic needs, map service design and activities and identify roles needed to undertake intended service activities.

- What are the important trends in mental health and addiction prevalence, need and service provision? How will they affect future demand?
- What health outcomes are you contracted to deliver over the next 3-5 years?
- What are the key service changes that you want to implement that will benefit people accessing the service?
- What other parts of the organisation will be affected by the proposed changes and need to be consulted or informed?
- Given the above, what are the possible workforce development scenarios to deliver those changes?
- What are the key tasks, functions and roles within any new service delivery approaches? What impact will this have on the future needs of the workforce?

	Comment	Next steps
<p>Map future demand</p> <p>In relation to the following aspects:</p> <ul style="list-style-type: none"> • mental health and addiction needs of the population of your service area • national health priorities and trends • needs of cultural and other groups, such as, Māori, Pasifika and refugees. 		
<p>Map future service delivery</p> <p>With reference to the service model of care and the stepped care approach identify:</p> <ul style="list-style-type: none"> • level/s of therapy needed in the service • types of therapies and skills required for those levels • stepped care pathway for the service (refer to <i>Let's get talking Introduction and Assessment tools</i>) • other services that will be affected by any changes • other services that will support any changes • barriers to change. 		

	Comment	Next steps
<p>Map the future workforce</p> <ul style="list-style-type: none">• Identify the workforce required to provide talking therapies, for example, health professionals with what skills are needed and at what level of stepped care.• Clarify and identify if changes to existing roles are needed, for example, changing the focus of a role such as nursing or key-working to provide therapy.		

● Step three: Defining the required workforce

This step involves defining the capacity and the capability of the workforce required to deliver future talking therapies.

- What are the key tasks within the new service delivery model, including new and restructured roles?
- How do those tasks convert into knowledge, skills, attitudes, time, individuals or teams?
- Have the different parts of the service been identified: ward, department, team, localities, DHB, NGO, primary care?
- Are there additional organisations in other areas of mental health or social services that need to be considered?
- Have the case load and case mix been identified for individual services?
- Have productivity implications been considered, based on technology, therapeutic advances, patterns of working, service models and redistribution of tasks?

	Comment	Next steps
Activity analysis <ul style="list-style-type: none"> • Identify key tasks required to deliver talking therapies. • Identify competencies, skills and qualifications required. • Include cultural competencies. 		
Types and numbers Define the size of the talking therapies workforce including: <ul style="list-style-type: none"> • roles needed • skill mix required for delivery of therapy • teams • service size. 		
Productivity and new ways of working Identify what may be required, such as: <ul style="list-style-type: none"> • competencies needed to deliver therapies • training • supervision and mentoring requirements to support the talking therapies team. 		



● Step four: Analysing workforce capacity and capability

This step involves surveying and identifying the current workforce in order to understand:

- capability: current strengths and gaps in skills for therapies
- capacity: current availability of staff to deliver therapies.
- What is the composition of your current workforce? What are its characteristics (roles, skills, attributes, assets, capacity, strengths, weaknesses, stability)?
- In what ways does the future workforce differ from the current one and how does this reflect future policy direction for new and emerging workforce areas?
- What are the significant capability and capacity gaps for meeting future community demographics and needs? How will your workforce composition need to change?
- What are the known or potential gaps in workforce supply (for example, labour market and education)?
- How must the skill mix within your workforce be reconfigured to deliver contracted outcomes now and in the future?

	Comment	Next steps
Completion of skills survey and analysis of results to map current workforce (refer to <i>Let's get talking Skills survey</i> tool).		
Gap analysis of current and future workforce capability and capacity to deliver therapies.		
Identify workforce needs including: <ul style="list-style-type: none"> • skill mix • staff numbers • training • recruitment. 		

● Step five: Action plan. Prioritise, strategise and operationalise

This step involves identifying the strategies to address workforce priorities including the development of a workforce action plan.

- Does your workforce vision align with the human resources and overall vision of your organisation and with regional and national mental health and addiction strategies and priorities?
- Are there any aspects of the plan that are not sufficiently clear to begin implementation? What further information is needed?
- What are the most significant areas for change (for example, existing skills shortages; potential new functions and roles)? What are the priorities within those areas?
- Who are the key internal stakeholders needed to assist with implementing the plan?
- What are the most efficient and effective ways to engage internal stakeholders?
- How can the risks and barriers to change best be mitigated and managed?

	Comment	Next steps
Identify and agree on priority goals and actions including: <ul style="list-style-type: none"> • recruitment plan • training plan • competency frameworks including cultural competencies (refer to Takarangi competency framework,³ Te Whare o Tiki,⁴ <i>Let's get real</i>⁵). • supervision and mentoring. 		
Identify key resources and stakeholders		
Clarify ownership and responsibilities		
Develop a Workforce Action Plan <i>"The right staff with the right skills in the right place at the right time."</i> Detail the activities and responsibilities needed to achieve desired workforce.		
Risk assessment and management		

3 - Huriwai, T., Milne, M., Eramiha, T., Rata, N., Leef, S., Armstrong, P., Robertson, P., and Winiata, T. (2009). *Ngā Pūkenga Ahurea: Takarangi Competency Framework*. Ōtautahi: Matua Rāki.

4 - Matua Rāki. (2013). *Te Whare o Tiki: Co-existing problems knowledge and skills framework*. Wellington: Matua Rāki.

5 - Ministry of Health. (2008). *Let's get real: Real Skills for people working in mental health and addiction*. Wellington: Ministry of Health.

● Step six: Implement, monitor and evaluate

This step involves implementing the workforce action plan, including regular evaluation of effectiveness and feasibility to inform further planning activity.

- Based on the workforce action plan, what are the key (1) outcome objectives and (2) process objectives (activities and milestones and outputs) that need to be monitored and evaluated?
- How can monitoring and evaluation be incorporated into both (1) the implementation of the action plan and (2) future workforce monitoring?
- What workforce data needs to be collected and reported on routinely to inform ongoing workforce adjustments?
- Is there a robust review mechanism for adjusting the plan based on regular evaluation of feedback on its relevance and availability?

	Comment	Next steps
<p>Monitoring and Evaluation requires the project team to define and manage:</p> <ul style="list-style-type: none"> • outcome objectives • activities • milestones • outputs. 		
<p>Define monitoring and evaluation processes, such as:</p> <ul style="list-style-type: none"> • measuring increased access to therapies • improved wellbeing of service users, for example, Hua Oranga. 		
<p>Action plan and timeframes for data collection, feedback, review and update of plan.</p>		



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