

Mental Health and Addictions Services

Consumer Leadership, Consultancy and Liaison

Tier 3 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY RECOMMENDED

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement].

2. Review History

Review History	Date
First Published on NSF Library	June 2009
Amended: clarified reporting requirements	March 2013
Amended: added MHC33S purchase unit code, removed standard provider monitoring reporting tables.	April 2017
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	Within five years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier three service specification for Consumer Leadership, Consultancy and Liaison (the Service) must be used in conjunction with tier one Mental Health and Addiction Services, and tier two Services Providing Consumer Leadership service specifications.

4. Service Definition

The Service provides recovery-oriented consumer leadership, consultancy, liaison and advice to mental health and addiction services. The Service includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.

5. Service objectives

5.1 General

The objectives of this Service are to:

- work in partnership with DHB planning and funding and senior management to support innovation, integration and flexible delivery of mental health and addiction services that are responsive to the needs of Service Users
- ensure Service Users, including former Service Users, have input into the development of specific mental health and addiction services across the continuum
- actively promote the ongoing development and utilisation of the lived experience of recovery in mental health and addiction services
- effectively reflect and communicate the needs, interests and rights of people accessing mental health and addiction services by providing or facilitating recovery, and, where appropriate, a harm-reduction perspective to planning, policy development and review, service development and monitoring, and education
- actively engage and liaise with Service User networks and relevant local, regional and national groups/forums, to convey Service Users' perspectives to local mental health and addiction services
- provide leadership to mental health and addiction service providers from a Service User's perspective and the philosophy of recovery and harm reduction.

5.2 Māori Health

Refer to the tier one Mental Health and Addiction Services service specification.

6. Service Users

The Service Users are likely to be other providers in both DHB and Non-Government Organisations (NGO).

7. Access

Access criteria and role definition will be developed by the service provider in conjunction with the funder of the Service.

8. Service Components

8.1 Processes

The following processes apply but are not limited to: engagement, consultation, liaison and advice.

8.2 Settings

The Service is provided in community or hospital based settings.

8.3 Key Inputs

The provider of the Service will have a lived experience and identify as a mental health Service User; this is the prerequisite for all mental health consumer leaders.

The prerequisite for all addiction consumer leaders is lived experience and identification as an addiction Service User.

Consumer leaders will be supported to access training relevant to their specific roles.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Stakeholders of the mental health and addiction sector	Engage and liaise as appropriate	Actively engage and liaise with Service User networks and relevant local, regional and national groups/forums, to convey Service Users' perspectives to local mental health and addiction services
	Communication and network mechanisms	Mechanisms are in place to strengthen relationships with other providers in the sector and support the referral of Service Users to other services provided within the continuum.

10. Exclusions

Refer to the tier one Mental Health and Addiction Services service specification.

11. Quality Requirements

Refer to the tier one Mental Health and Addiction Services service specification.

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure
MHC33C	Consumer leadership, consultancy & liaison - Nursing and/or allied health staff	A service delivered by nurses and/or allied health staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.	FTE
MHC33D	Consumer leadership, consultancy & liaison - Non-clinical staff	A service delivered by non-clinical support staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.	FTE
MHC33E	Consumer leadership, consultancy & liaison - Cultural staff	A service delivered by cultural support staff to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.	FTE
MHC33F	Consumer advocacy service - Peer support	An advocacy service provided by current or former mental health and/or addiction peer support service users.	FTE

PU Code	PU Description	PU Definition	Unit of Measure
MHC33S	Consumer leadership, consultancy & liaison	A service to provide recovery oriented consumer, consultancy, liaison and advice to mental health and addiction services. This includes input and leadership in strategic planning and funding, implementation, evaluation and monitoring, quality assurance and improvement activities, staff recruitment, policy and procedures development and review. This may also include initiating and implementing policies and practices agreed as part of District Health Board (DHB) process.	Service

Explanations of the units of measure (UOM) from the purchase unit table.

Unit of Measure	Unit of Measure Definition
FTE	Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team.
Occupied bed day	Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days.
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement

13. Reporting Requirements

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

Unless otherwise specified in the agreement, the following reporting information will be emailed to The Performance Reporting Team at: performance_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications¹ may be used for performance monitoring if specified as agreed with the Funder.

¹ Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services