

27 October 2017

Legislative Assembly
Public Accounts Committee
E: pac@parliament.nsw.gov.au

Subject: Inquiry into the Management of Health Care Delivery in NSW

Dear Sirs

Following the Mental Health Coordinating Council's (MHCC) submission to the Inquiry of 6 March 2017, MHCC thanks the Public Accounts Committee for giving us the opportunity to provide an update on relevant changes that have occurred during the intervening six months affecting our original comments.

In answering the following questions we make the following amendments to our original submission in bolded text.

a) The current performance reporting framework for monitoring the effectiveness and efficiency of health care service delivery in NSW;

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed for mandatory collection and reporting at a national level. According to the Australian Institute of Health and Welfare (AIHW), a NMDS is contingent upon a "national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs." Arguably, the most important aspect of a NMDS is the agreement. Without agreement between all relevant parties, a meaningful National Minimum Data Set does not exist.

In 2012 a NMDS for community managed sector programs was created and ratified by the Mental Health Information Strategy Standing Committee (MHISSC) as a voluntary NMDS. **Thus far WA and Qld have progressed implementation and, NSW has now agreed to support MHCC undertake a scoping study to explore the feasibility of implementation of the National Minimum Dataset for Mental Health Establishments (NGO-E) in NSW CMOs.**

MHCC is working with NSW Health (Mental Health Branch, Health System Information and Performance Reporting Branch) to support enhanced data collection for NSW CMO services. The joint Community Managed Organisations Expenditure, Resources and Activity (CMO-ERA) project aims to enhance reporting of data on activity, expenditure, staffing and consumer and carer experience in the sector.

The NGO-E has been developed as a national standard for an annual collection of data on activity, expenditure and staffing from CMO services. There is interest and broad support from NSW CMOs in implementation of NGO-E. However scoping is needed before implementation can be planned in detail.

The aim of the scoping study is to provide advice to the CMO-ERA project on:

- **Alignment of current NSW CMOs to the service taxonomy proposed within NGO-E**
- **Likely capacity of NSW CMO services to provide annual NGO-E data, including identifying sectors or regions with greater or lesser capacity**
- **Likely practical issues in implementing data collection, including clarity of the NGO-E data items**

- **NGO-E implementation approaches being used or planned in other Australian states/territories , or approaches employed in other sectors in NSW (e.g. Alcohol and Drugs)**
- **Suitability of the current NGOE collection tool developed by WA Health**
- **Identification of issues to consider when developing processes for data collection, submission, validation and reporting, this would include identifying the value add that CMOs deliver**
- **Options for staging NGO-E implementation in NSW CMOs**

The NGO-E scoping project will be managed by MHCC, using the CMO-ERA Project Steering Committee as the reference group to clarify issues and report progress.

Utilisation of the NMDS would afford the possibility to explore the potential growth of the CMO sector, in line with current government directions; enable a clear review of its role in the future, and its capacity to sustain quality outcomes.

The Alcohol and other Drugs (AoD) sector has implemented CMO data collection and is in further investing in this initiative.

MHCC notes that the Your Experience of Service (YES) survey which has been trialled and implemented in the public sector, is being progressed for application in the CMO sector. A process of adapting the survey to CMO use has been completed and is scheduled to be trailed in the CMO sector early 2018.

b) The extent to which efficiency and effectiveness is sustained through rigorous data collection, monitoring and reporting;

Substantial progress has been made in developing national minimum data sets for mental health care through the work of the AIHW, working in collaboration with the States and Territories. These data sets enable consistent information to be collected and pooled nationally across all public sector specialised mental health service settings. However, the vital role community managed mental health services play in providing services in the community has been largely overlooked in NSW despite considerable investment in services.

The AIHW report that there remain significant gaps in the information available at the national level, which limit the extent to which informed policy choices can be made in response to emerging issues. Additionally, elements of these data available on the mental health sector have been developed outside the framework normally governing the reporting of national health information and, in some instances, differ from those requirements.

The AIHW identify the three steps necessary to achieve sustainability of national mental health information:

1. Incorporating the special collections that the mental health sector has developed over the course of the National Mental Health Strategy within mainstream health arrangements;
2. Ensuring that health collections developed within other health sectors are responsive to mental health requirements; and
3. Refining the existing national minimum data sets for mental health care to ensure their continuing relevance and that high priority gaps are filled.

MHCC note that the NSW State Health Plan does not identify KPIs capable of measuring outcomes of mental health reforms in process. The NSW Performance and Funding Agreement 2016-2017 identifies the Service Agreement as a key component of the NSW Health Performance Framework, suggesting that “the framework:

- Has the over-arching objectives of improving service delivery, patient safety and quality.
- Provides a single, integrated process for performance review, escalation and management.
- Provides a clear and transparent outline of how the performance of Districts and Networks is assessed.
- Outlines how responses to performance concerns are structured to improve performance.
- Operates in conjunction with the NSW Health Purchasing Framework and the Key Performance Indicators and Service Measures for the 2016/17 Service Agreements” (Schedule E)

Nevertheless, the KPIs are specific, and do not look to collecting and measuring outcomes for the CMO sector, although some issues relate to CMO interests. These are:

- Mental Health readmission within 28 days to be targeted down to 13%
- Mental health acute follow up in community within 7 days targeted up to 70%
- Mental Health Peer Workforce FTEs (Number) targeted to increase from previous quarter (unspecified)
- Consumer Experience (Yes) Completion.

c) The adequacy of the provision of timely, accurate and transparent performance information to patients, clients, health providers and health system managers;

MHCC has long advocated for the Mental Health Branch (MHB) to meaningfully engage with and invest in the mental health CMO sector. Commitment to CMO development has on the whole been piecemeal and lacked strategy. Two examples of important sector development projects funded in the past by MHDAAO were not progressed due to lack of clear strategic planning with the sector. These represent lost opportunities to improve access to services and demonstrate outcomes for consumers and carers through engagement with CMOs.

The projects were:

1. NSW CMO Data Management Strategy (2011) - This two phase project achieved sector consensus on a Minimum Data Set and produced a business plan for data system capability for NSW Health funded mental health CMOs. The project aim was to enable access to demographic and outcomes data for quality improvement, benchmarking and population needs based planning.
2. NSW CMO Mental Health Sector Benchmarking Project (2013) - This substantial initiative was undertaken to provide a robust reference for planners on CMO service activity and assist in the identification of disparities in community-based mental health service access. The project was designed to complement the National Mental Health Service Planning Framework and to deepen the understanding of the CMO mental health sector’s contribution to addressing mental health service need in NSW.

MHCC is pleased to report that in the last month the Mental Health Commission of NSW (MHC NSW) has commenced a process to consider possible ways forward regarding development of a NSW Community Mental Health Framework. MHCC is contributing to the project and is meeting with MHC NSW to discuss how this framework could support a clearer picture and guidance on the delivery of mental health community services.

The MHC NSW has recognised that CMOs are an essential component of a balanced, comprehensive and effective system of mental health care supporting people with mental health conditions across the lifespan. These services are key to offering an integrated model of care and support provided in collaboration with the PHNs and a range of other service providers including General Practitioners

(GPs), and other agencies, consumers, and families and carers. The framework must reflect the important role CMOs play in providing recovery -oriented services and programs.

d) The extent to which the current framework drives improvements in the health care delivery system and achieves broader health system objectives;

The CMO sector has provided the Minister and the MHB with capacity building strategies against the actions contained in the NSW Mental Health Strategic Plan (2014 – 2024) developed by the NSW Mental Health Commission. These actions (shown in Table 1) whilst not exhaustive propose some high level initiatives that will support the community sector to build an integrated and skilled service system, designed to keep people well in the community.

MHCC highlight in red below where some of the proposals recommended have progressed, however whilst those outstanding remain uninitiated the current framework will be unable to drive improvement and achieve broader health system objectives.

Table 1: Identifying NSW Mental Health Strategic Plan priorities and directions for a NSW Community Managed Mental Health Sector Development Plan/Strategy

Mental Health Strategic Plan	MHCC Proposal
2. Making it Local	
2.1 Strengthening local action	
2.1.2 Ensure district co-ordinating structures have access to timely, local and comparative data on the mental health and wellbeing of their populations, including in housing, health, justice and welfare. Districts should set up arrangements for the appropriate sharing of individual-level data for shared clients who have high rates of service access.	<ul style="list-style-type: none"> - CMO Data Management Strategy – Scoping study initiated - Implement national CMO data set specifications - Implement YES survey - In process - Benchmark consumer outcomes - Support IT system upgrades
	Primary Health Network CMO Engagement Strategy <ul style="list-style-type: none"> - Develop integrated practice governance framework for clinical oversight across shared clients
2.1.5 Ensure that data informs planning and review cycles and that reports are provided regularly to the community about its mental health and wellbeing.	CMO Data Management Strategy <ul style="list-style-type: none"> - Inform NSW MHC annual reports - Inform MoH annual reporting

5. Providing the Right Type of Care	
5.1 Shift to the community	
5.1.1 Rebalance our mental health investment to transform NSW from the lowest spending to the highest spending Australian jurisdiction, per capita, on community mental health by 2017.	<p>Sector Development Plan/Strategy</p> <p>The MH Commission of NSW has commenced work on a MH Framework for CMOs</p> <ul style="list-style-type: none"> - Enable CMO accreditation under the National MH Standards, the National Core Capabilities and the National Standards for Disability Services. - Identify public MH services appropriate for transfer to community providers and support transition - Develop service contracts for community sector programs that allow for employment of clinical and advanced diploma level skills. - Enable robust and accountable community providers through shared clinical/practice governance and benchmarked outcome reporting. - Explore innovative community based service models including step up/respite, co-located models and consumer led services.
6. Physical Health	
6.2.2 Ensure all access points for people experiencing severe mental illness assume responsibility for facilitating physical health assessments and monitoring of physical health status. p.71 Community managed organisations have a role in supporting the self-agency of people with mental illness and in delivering health promotion programs.	<ul style="list-style-type: none"> - Establish small grants scheme to support CMO infrastructure and partnership development for improved physical health outcomes. - Develop training in the interface between mental and physical health awareness for CMO workforce.
7. Care for all	
7.3. Mental health and intellectual disability	
7.3.2 Ensure that adequate training in the recognition, assessment, referral pathways and treatment for people with an intellectual disability and mental illness is given to all staff in mental health and disability services. Such training will need to include particular reference to adopting reasonable adjustments in clinical approaches and adopt a recovery-oriented approach.	Complex Needs Qualification Development Project

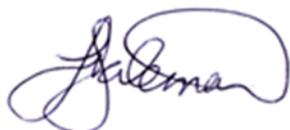
7.3.3As part of the NSW implementation plan for the National Disability Insurance Scheme, develop strategies to change from the present partnership between NSW Health and other state services with Ageing, Disability and Home Care to one with the community-managed and private sectors.	Complex Needs Qualification Development Project
8. Supporting Reform	
8.1 Investing in our Workforce	
8.1.1 NSW Health, in consultation with the NSW Mental Health Commission, will develop a NSW Mental Health Workforce Plan	Workforce Strategy (underpinned by a Workforce Development and Learning Needs Analysis) The NSW Strategic Framework for Mental Health 2018-2022 and NSW Mental Health Workforce Plan 2018-2022 are in draft. NSW released a consultation paper in October 2017. A survey and opportunity for consultation is open until 4 November 2017
8.3 Developing the community-managed sector	
8.3.2 The NSW Ministry of Health will establish a community-managed sector development plan which includes strategies to strengthen and expand the community sector workforce, and improve the management and collection of data. The plan should be modelled on the successful development work being undertaken in the disability sector and supported through National Disability Services.	Establish Sector Development Plan/Strategy - Shared care/ practice governance approaches across integrated service models - Customisation of NDS resources to psychosocial disability context.
8.3.3 Establish directions and priorities for education and training of the CMO workforce through the NSW mental health workforce plan.	- Training Needs Analysis - Develop Complex Needs Qual - Effective practice under NDIS
8.5. Research and knowledge exchange	
8.5.1 The NSW MHC will establish a research co-ordination unit to oversee the implementation of the Research Framework for MH in NSW	- Enable the promotion and sharing of CMO research activity across the service system and engagement in consumer driven research to improve services. - Establish a seeding grants scheme to enable community providers to undertake research to build the evidence base for effective practice.

Until CMO MoH funded programs are seen as key to long term outcomes for consumers and carers, and not separate to reforms and quality improvement, or as additional to mental health services provided by the public sector, their ability to measure quality and effectively plan for the future will be compromised. CMO services are central to delivering good mental health outcomes.

The sector is pleased to see that work is now progressing and that NSW Health is supporting moves towards aligning itself to best-practice with regards to data collection for all parts of the service system.

MHCC thank the Public Accounts Committee for undertaking this important review and offering the mental health sector an opportunity to provide input into their deliberations.

For further information on this submission please contact Corinne Henderson, Principal Policy Advisor, at corinne@mhcc.org.au or T: 9555 8388 #101

A handwritten signature in blue ink, appearing to read 'Jenna Bateman', with a large, stylized flourish above the name.

Jenna Bateman
Chief Executive Officer
Mental Health Coordinating Council