

6 March 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

The Mental Health Coordinating Council (MHCC) is the peak body representing community managed organisations (CMOs) in NSW. Our members deliver a range of psychosocial disability support programs and services including housing, employment and social inclusion activities, in addition to clinical and peer support services with a focus on trauma-informed recovery oriented practice. MHCC members also include organisations that provide advocacy, education, training and professional development and information services.

MHCC work in partnership with both State and Commonwealth governments, and the public, community and private sectors in order to effect systemic change. We also manage and conduct collaborative research and sector development projects on behalf of the sector and MHCC Learning and Development is a widely respected registered training organisation delivering nationally accredited mental health training and professional development courses to the sector.

MHCC is a founding member of Community Mental Health Australia (CMHA) the alliance of eight state and territory community sector mental health peak bodies. Together we represent more than 800 CMOs delivering mental health and related services nationally.

MHCC note that the Terms of Reference require that the Public Accounts Committee inquire into and report on the management of health care delivery in NSW, with particular reference to a number of matters of interest to MHCC, its stakeholders and the mental health community managed sector in NSW.

*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. However, whilst other states such as WA and Qld have progressed implementation, NSW has not despite stated aims to develop the CMO sector.

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. Unless NSW undertakes a consistent and coherent data collection process, monitoring the effectiveness and efficiency of Ministry of Health (MoH) funded mental health community programs will be less than optimal.

*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 MHDAO 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.

The Mental Health and Drug and Alcohol Office (MHDAO) did not progress the findings of these two key initiatives to better understand the outcomes from community sector providers and enable development and planning for future service development. Moreover, in 2015 MHDAO did not support progressing the National NGO Establishments Minimum Data Set (NGOE NMDS) at the Mental Health Information Strategy Standing Committee (MHISSC).

A number of states have progressed implementation of the agreed NGO data set specification stemming from this work. NSW has not indicated its position on implementation with the issue bouncing between InforMH and MH Branch for several years. This work has been completed - what is now needed is for NSW MoH to commit to implementation. The Alcohol and other Drugs (AoD) sector has implemented CMO data collection and is in further investing in this initiative. The MHB remains slow to prioritise this activity as key to understanding outcomes and planning for the future.

MHCC are pleased to note that the *Your Experience of Service* (YES) survey which has been trialled and implemented in the public sector, will ultimately be trialed in the CMO sector. A process of adapting the survey to CMO use is currently underway through MHISC.

*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 propose that until such actions are initiated 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
<b>2. Making it Local</b>	
<b>2.1 Strengthening local action</b>	
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"> <li>-CMO Data Management Strategy</li> <li>- Implement national CMO data set specifications</li> <li>- Implement YES survey</li> <li>- Benchmark consumer outcomes</li> <li>- Support IT system upgrades</li> </ul>
	Primary Health Network CMO Engagement Strategy <ul style="list-style-type: none"> <li>- Develop integrated practice governance framework for clinical oversight across shared clients</li> </ul>
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"> <li>- Inform NSW MHC annual reports</li> <li>- Inform MoH annual reporting</li> </ul>
<b>5. Providing the Right Type of Care</b>	
<b>5.1 Shift to the community</b>	
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.	Sector Development Plan/Strategy <ul style="list-style-type: none"> <li>- Enable CMO accreditation under the National MH Standards, the National Core Capabilities and the National Standards for Disability Services.</li> <li>- Identify public MH services appropriate for transfer to community providers and support transition</li> <li>- Develop service contracts for community sector programs that allow for employment of clinical and advanced diploma level skills.</li> <li>- Enable robust and accountable community providers through shared clinical/practice governance and benchmarked outcome reporting.</li> <li>- Explore innovative community based service models including step up/respite, co-located models and consumer led services.</li> </ul>

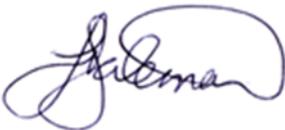
<b>6. Physical Health</b>	
6.2.2 Ensure all access points for people experiencing severe mental illness assume responsibility for facilitating physical health assessments and monitoring of physical health status. p.71 Community managed organisations have a role in supporting the self-agency of people with mental illness and in delivering health promotion programs.	- 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.
<b>7. Care for all</b>	
<b>7.3. Mental health and intellectual disability</b>	
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
7.3.3 As 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
<b>8. Supporting Reform</b>	
<b>8.1 Investing in our Workforce</b>	
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)
<b>8.3 Developing the community-managed sector</b>	
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.	Establish Sector Development Plan/Strategy - Shared care/ practice governance approaches across integrated service models - Customisation of NDS resources to psychosocial disability context.

The plan should be modelled on the successful development work being undertaken in the disability sector and supported through National Disability Services.	
8.3.3 Establish directions and priorities for education and training of the CMO workforce through the NSW mental health workforce plan.	<ul style="list-style-type: none"> <li>- Training Needs Analysis</li> <li>- Develop Complex Needs Qual</li> <li>- Effective practice under NDIS</li> </ul>
<b>8.5. Research and knowledge exchange</b>	
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	<ul style="list-style-type: none"> <li>- Enable the promotion and sharing of CMO research activity across the service system and engagement in consumer driven research to improve services.</li> <li>- Establish a seeding grants scheme to enable community providers to undertake research to build the evidence base for effective practice.</li> </ul>

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 keen to see NSW Health align 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.

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