



## **PHNs and Community: Partnership for Better Mental Health Forum Report**

On 18 May 2016, representatives from the NSW/ACT PHN Network, NSW Health, and FACS came together with consumers, carers and a diversity of community based services and agencies to explore opportunities for partnerships for better mental health in the context of current reform processes.

The Mental Health Forum was presented by five partner organisations: the Mental Health Coordinating Council (MHCC), NSW Council of Social Services (NCOSS), Health Consumers NSW, Mental Health Commission of NSW and the NSW/ACT Primary Health Networks, and was facilitated by Andrew Hollo from Workwell Consulting Ltd.

Approximately 140 participants attended, including consumer advocates and representatives from community managed organisations (CMOs), primary health networks (PHNs), local health districts (LHDs), and Family and Community Services (FACS).

The forum commenced with presentations on the evolving focus of outcomes through partnership and shared care arrangements, from the NSW Mental Health Commission, FACS and the lived experience perspective. The agenda session details and speakers is included in (Appendix A).

The second part of the day focused on three critical new ideas; a series of presentations explained each of these concepts, and then briefly explored some of the implications of:

- Stepped Care
- Health Care Home
- Commissioning

Following this session, speakers formed a panel and participants had an opportunity to ask questions. The main themes emerging from these questions are summarised below.

The final part of the day was an opportunity for those in the room to arrange themselves into regional areas and explore some of the concepts and ideas they had heard throughout the day. To set the context for this last session, Dr John Eastwood presented a best practice example of success in both co-design and collaborative practice. Regional groups were asked to identify one possible opportunity and reflect on potential partners, barriers, enablers, and ways in which such a collaboration could be initiated. They were aided with a proforma worksheet which was provided to them following the Forum.

### **Themes**

Participants were asked to provide questions to inform the panel session. The questions were retained and have been categorised into themes, which were:

- The word 'how' featured strongly in forum participants' questions. This may indicate a strong desire to understand the practical aspects (i.e. the how, who, when and where) of how PHNs' roles as commissioners of health services in their geographic areas will play out

in the future. Numerous participants were keen to understand how co-design will be delivered and what opportunities exist and could be developed for involvement, ongoing engagement, collaboration and the generation of partnerships.

- The theme of knowledge transfer featured, suggesting a high level of knowledge about practice, consumer engagement, and new models of service delivery within the health system and transitional arrangements held within related stakeholder groups. However, the transfer of knowledge between groups and the development of a shared understanding is somewhat underdeveloped. Further exploration of opportunities to exchange knowledge between stakeholder groups was thought to be an important next step.
- The identified roles of stakeholder groups such as: consumers, carers, general practitioners and practice teams, peer workers, the PHNs, and community service workers featured strongly. This is not unexpected given the discussions about new ways of delivering services through a co-design and commissioning approach. It was also consistent with the Forum's recurring theme of breaking down silos and integrating expertise from a broad range of people/roles to achieve the best outcomes for consumers.
- A related theme emerged around transition and the effects of change for services. Consumers and the PHNs suggest the need for more specific information about the potential for new service types to emerge. This is in the context of unmet need to be addressed, and how systems that engage with mental health consumers (e.g. Partners in Recovery), will evolve in the process of the implementation of the National Disability Insurance Scheme (NDIS) and the evolution of PHNs as commissioners.
- Questions and comments supported the idea that information sharing spaces including Communities of Practice and interagency initiatives and advisory committees are likely to play an important role in fostering new partnerships to strengthen an integrated approach.

## **Afternoon Workshop Themes**

- Many of the groups focused on the importance of involving consumers in the design and delivery of services, and in supporting the development of consumer-led organisations. Strategies identified to support this included ensuring engagement processes were clear and transparent, for example, making information about the membership of community advisory committees publically accessible; ensuring there was outreach to vulnerable and hard-to-reach populations, such as through local services; building on existing networks; and the systematic education of staff in community and consumer engagement.
- The peer workforce was another major discussion point; however, at this time information has not been made available to PHNs about what type of peer support services may be within scope for their commissioning activities. A number of groups suggested that peer workers could play a critical role in both supporting people to access services, but also in linking them to opportunities outside the service system.

- A number of regions identified opportunities to build on existing initiatives – with Northern Sydney, for example discussing opportunities to further develop the Chatswood Well-being hub, including extending the service to younger age groups.
- The need to ensure the system is better set up to intervene earlier was another common theme, with discussion in the rural regions focusing on how to break down barriers young people face to accessing services.
- Across all themes, barriers identified included short-term funding cycles and systems to share data.
- Most groups identified existing relationships as a key enabler.

## Conclusion

Evident from the forum is the potential and willingness for all involved to “bring an idea to life” in a single system where commissioning a diversity of services and programs meets population health needs. A strong message from the day was the importance of fostering existing collaborations and building new partnership arrangements and relationships. Likewise the necessity of the core concept of co-design was emphasised, to be reflected in equal power-sharing between all partners in the development of programs and solutions.

Participants stressed the need for a service delivery approach that is holistic and exemplifies a philosophy of practice that is recovery oriented, trauma-informed and consumer driven. Such holistic person-centred services will aim to meet the needs of people with mental health conditions at different stages of their recovery journey, providing a level of care appropriate to an individual’s needs.

Questions asked clearly indicated the importance of a strong focus on meeting the complexity of need, with multiple levels of psychosocial support a key part of the solution. Importantly, it was stressed that services must embrace innovation in meeting the unique needs of individual consumers whilst maximising “choice and control”. Success in this context will require strong partnerships with a shared vision and accountability for outcomes.

The Forum was an informative and enjoyable engagement opportunity, and evaluations from the day were overwhelmingly positive; and articulated the desire for more information and discussion, with suggestions made for future forums of this kind. The forum partners are keen to continue to work together to facilitate ongoing discussion with the sector as the health system reforms evolve.

## Appendix

### A: Agenda

#### **Acknowledgement of Country Overview of the day**

Facilitator: Andrew Hollo

#### **Living Well: Strategic Plan for Mental Health in NSW 2014-2024**

Commissioner John Feneley – Mental Health Commission of NSW

#### **FACS Reforms**

Maree Walk - Deputy Secretary, Programs and Service Design, Department of Family and Community Services

#### **A consumer perspective**

Tim Heffernan – Chair, NSW Public Mental Health Consumer Worker's Committee & Executive member, Illawarra Shoalhaven Suicide Prevention Collaborative

#### **SESSION 1 - PARTNERSHIPS, PANEL DISCUSSION**

Raphael Chapman - Mental Health Advisor, Western NSW Primary Health Network

Helen Backhouse - Cluster Manager, Richmond PRA Shoalhaven

Allison White – Partnerships Coordinator, Northern Sydney LHD

#### **SESSION 2a - CRITICAL NEW IDEAS**

##### **STEPPED CARE**

Dr Shane Cross - Clinical Services Director, Headspace

Campbelltown & Camperdown

Jenni Campbell - Executive, Health Service Delivery,

Murrumbidgee Primary Health Network

##### **HEALTH CARE HOME**

Walter Kmet - Chief Executive Officer, WentWest

Allison Kokany - Health consumer advocate

##### **COMMISSIONING**

Lynelle Hales – Chair, National PHN Commissioning

Working Group & CEO, Northern Sydney Primary Health Network

Sebastian Rosenberg - Senior Lecturer, Mental Health

Policy, Brain & Mind Institute, School of Medical

Sciences, University of Sydney

#### **SESSION 2b - CRITICAL NEW IDEAS, PANEL**

##### **DISCUSSION**

#### **SESSION 3 - PARTNERSHIPS IMPLEMENTATION**

##### **Healthy Home & Neighbourhoods**

Dr John Eastwood - Director Community Paediatrics,

Director Healthy Homes and Neighbourhoods,

Community Health, Sydney Local Health District

#### **BREAKOUT TABLE DISCUSSIONS PHN REGION**

##### **FOCUS**

##### **Wrap up and Next Steps**

### B: Forum Slide Deck

Available at the following

link [https://drive.google.com/file/d/0B2sa676idQO\\_NEZwMUhJQUxsMWM/view?usp=sharing](https://drive.google.com/file/d/0B2sa676idQO_NEZwMUhJQUxsMWM/view?usp=sharing)