

IN-MEETING MEMBERS SURVEY AND GROUP DISCUSSION 19.08.2021

Partnerships and Integration

We know that integrated treatment is a recommendation of the Productivity Commission Mental Health Inquiry Report. The Productivity commission recommend a focus beyond healthcare to include a range of supports including housing and homelessness, emergency services and justice. The report referenced EMHSCA on this topic.

Australia's Fifth National Mental Health and Suicide Prevention Plan; and The National Drug Strategy have also emphasised the importance of service collaboration and coordination.

Multiple systematic reviews have indicated that integrated care offered in different settings is linked to better outcomes for people in certain situations, including:

- better participation in care and treatment programs and interactions with services.
- less substance use and improvements in mental health symptoms
- other indicators of wellbeing, including improved quality of life and decreased risk of homelessness or interaction with the justice system.

EMHSCA's own research findings on Care Coordination and Collaboration in 2019 echo much of the various enquiry recommendations and plans.

Most recently, the Royal Commission into Victoria's Mental Health system hold service partnerships as a central theme to the reform agenda. 'Partnerships between service providers is a fundamental way that the Commission seeks to foster collaboration across the mental health and wellbeing system, as a means of achieving well-integrated and coordinated services that respond to a person's whole needs' (Vol 1. Ch 5).

The Royal Commission outlines the following models for integrated treatment/care/support in Volume 3 Chapter 22:

- Multidisciplinary teams

Practitioners and clinicians and LE workers provide integrated care in a single service setting. Requires a high degree of collaboration to deliver care and support.

- Co-location and care coordination partnerships

Different services physically co-locate and deliver coordinated care. An example would be hub arrangements. EMHSCA has a co-location guide which has just been updated and is available on our webpage.

- Service delivery partnerships

A Mental health service partners with another care provider, such as an NGO to deliver some aspects of the consumer's care within their service. Currently, EMHSCA includes all models within its membership.

The Commission's expectation is for integrated care to be provided by all Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services. Regional Mental Health and Wellbeing Boards will commission the providers of those services using set criteria, which will allow local providers to



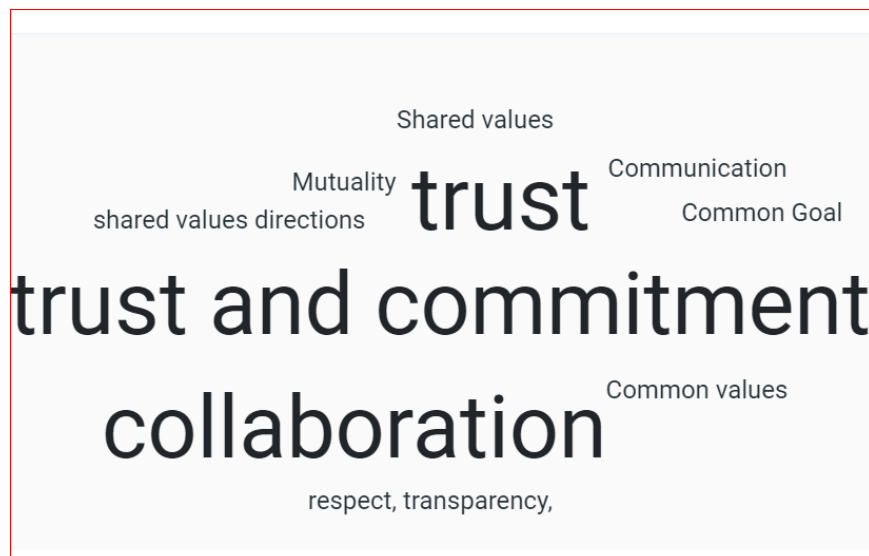
assess the best of the above integration approaches for their community and service context.

The August EMHSCA meeting agenda was designed to explore the enablers and barriers to service partnerships, and consider how EMHSCA can support the Mental Health and associated reform agendas moving forwards. The meeting included a survey and small group discussions.

The Survey

A live [Slido poll](#) #EMHSCA was conducted during our meeting and included the following questions:

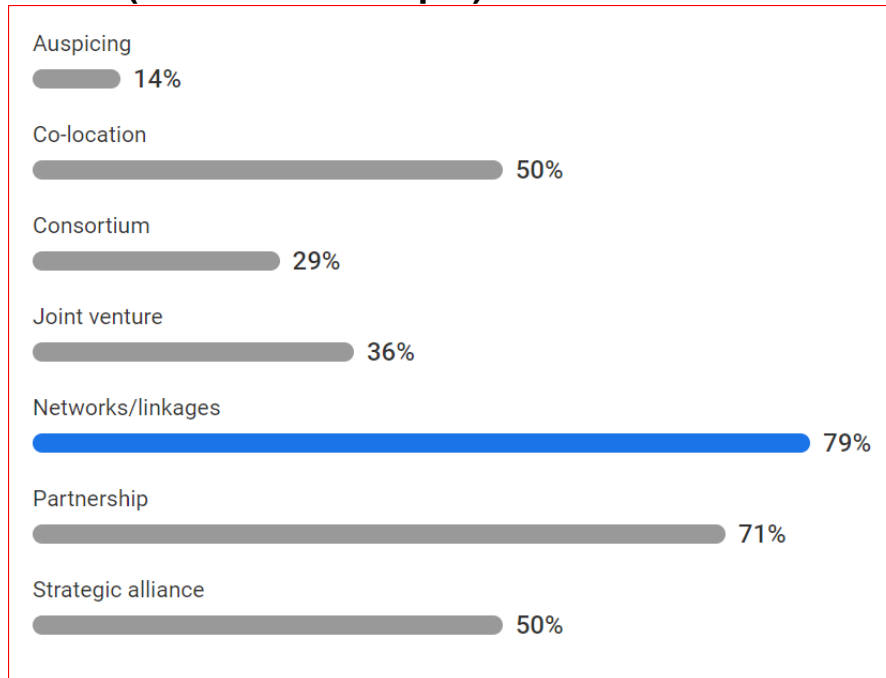
1. In a word or two, what makes a great partnership?



2. In a word or two, what leads to the failure of partnerships?



3. What kinds of partnership arrangements do you currently have? (can select multiple)



4. How do you support and maintain partnerships?

- Allowing time for staff to attend networks and other meetings with partner organisations, and trying to maintain regular communication.
- Being responsive, being willing to listen , learn and adjust to support the partnership
- regular meetings and communication, MOU
- Having clear shared objectives and values, good communication
- Regular contact
- collaboration, respect and passion
- Good communication, promoting what is happening, the good and the stagnant
- Regular communication both meetings/emails Sharing resources Shared platforms for communication and resources such as teams
- a relational approach between all agencies. Respect for all service differences and respect that operational and functionality of programs is dependent on harmony amongst partners
- Engaging with other organisations / Networks is the key to identifying shared vision and therefore opportunities to work in partnership. Partnership works

best when efforts are shared and the impact is maximizing the impact of resources to the most people who can benefit. We support partnerships that will create a sustainable outcome for community. We support partnerships by facilitating connections of groups / organisations with shared vision. We are active partners in initiatives, however depart as part of the plan, when the outcome is achieved/sustainable independent of our involvement. We maintain active engagement in Networks as an essential means of understanding potential partnership activities and partners to link/link with. We document our partnerships eg as Project Plans, MoU, Terms of Reference to provide clarity of intent and expectations of each partner.

5. What are the key challenges you have experienced in relation to partnerships?

- maintaining contact and engagement online during COVID
- Competition for funding
- competing priorities, misunderstandings
- Time, funding
- Regular contact
- Change in direction, short term funding,
- Impact of covid and needing to connect virtually. Misalignment if partnership starts different levels ie working well in management but not day-day and vice versa Competing organisational priorities
- poor communication
- At times, achieving balance in sharing the effort of a partnership (although this is overcome through planning and documented agreement).
- Maintaining connections during COVID and in the virtual world

Small group discussion

What are the key challenges to partnership arrangements?

- Early storming – relationships can begin as a bit “prickly” and take time to evolve
- Partnership often relies on personal relationships – at all levels (leadership and with other parts of the organisation)
- Trust takes time to build – doesn’t always emerge
- When forming new partnerships need to take time to define principles, expectations and outcomes
- Partnerships – in the context of scarcity culture means organisations may start from a place of competition
- The negative profile of an organisation can make it challenging to find others to partner with.
- Large partnership meetings can be difficult to co-ordinate.

- Identifying roles and sticking to roles may also be a challenge to a partnership.
- Some government organisations need to be seen as impartial and do not enter into partnerships for this reason.
- When there are more than 2 agencies, it can be difficult to manage the various agendas.
- Passion is required to establish and maintain partnerships.
- Funding uncertainty can make it difficult to maintain partnerships around particular pieces of work.

What would be a meaningful method to hold organisations to account?

- Partnerships often involve power dynamics (driven by size, credibility, money) – who holds the contract, can people fully participate. Power dynamics may need to be called out.
- It might be helpful when consortia/partners meet that there be a lead (not the person who holds the contract)
- Shared outcomes that can be measured, matched with time-frames and milestones and processes
- Generic MOUs may not specify expectations and outcomes that can be measured along with clear understanding of who is responsible for what
- Funders need to hold partners to account as a rule.
- Partnership evaluation tools.
- Having a funded key coordinator of the partnership.
- MOU with regular reviews and inbuilt issue resolution processes as an identifiable component
- Services prioritising time for partnership meetings and activities
- Funding agreements need to account for active involvement in partnerships
- Level of investment in partnership by services needs to be visible and measurable
- Partnerships need to be meaningful to have buy in from organisations

What new partnerships would you like to be involved with?

- See competitors become partners – recognise strengths and bring them together
- Should include Lived Experience and Family, young carers and relevant community agencies
- Should include a focus on mental health, homelessness and AOD

Conclusion

Today's discussions highlighted the person dependent nature of partnerships, and the required passion to enable them to succeed. Communication and mutual respect are essential components. Good partnerships take time to establish and may be disrupted by shorter term funding arrangements. Advice



emerging from the group discussions included the need to set up expectations and outcome measures in the partnership establishment phase. Smaller partnerships can be more effective, where there are less competing agendas to manage.

This topic requires follow-up with EMHSCA members in future meetings. We need to create opportunities to drill down further to discover which partnerships EMHSCA would like to pursue, and how these can be supported by the work of the Alliance. Additionally, EMHSCA needs to consider their collective response to the pending development of Regional Mental Health & Wellbeing boards, and associated advisory groups that will represent a range of supports.