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Eastern Mental Health Service Coordination Alliance

Partnership Survey Results

February 2016

Collaboration and partnership are key elements of the Eastern Mental Health Service Coordination Alliance (EMHSCA) strategy. Evaluation, monitoring and shared reflection on how EMHSCA is collaborating and partnering effectively is critical to strengthening and sustaining relationships and achieving EMHSCA's vision.

Objective This Survey aims to begin evaluation of the partnerships formed within EMHSCA and create baseline data that can be followed up later to identify changes in the EMHSCA relationship.

The survey examined the following:

- o The quantity and quality of relationships developed within EMHSCA.
- o The function and operation of the Alliance relationship.
- The perceived impact EMHSCA has had, on system and structural change in relation to improving collaborative and shared care practice.

<u>Please note:</u> This survey has not attempted to define partnerships that solely emanated from EMHSCA, but rather partnerships that exist within it. "EMHSCA" and "the Alliance" are used interchangeably throughout the survey.

It is hoped that findings from the survey will provide EMHSCA members the opportunity to further reflect on the relationships they have established and how to improve and strengthen these partnerships for future collaborative work.

Survey method A quantitative survey was developed by the Strategic Planning Subcommittee.

EMHSCA members were invited to complete the survey online, via Survey Monkey.

Target group surveyed EMHSCA committee members

Participating members N=11 logged in and N=7 completed.

Elements of the survey

- 40 questions aimed at seeking opinions and views about the role, function and impact of the current partnerships within EMHSCA answered via a rating scale.
- Identification of formal or informal partnerships that have formed between EMHSCA member organisations, excluding the relationship formed as parties to the EMHSCA MOU.
- The qualities of partnerships formed were assessed via rating scales.
- A list of strategies that have been implemented to achieve the partnerships was compiled.
- A list of strengths found in EMHSCA regarding the formation and/or enhancement of partnerships was complied.
- Suggestions were sought regarding improvements that may further strengthen the partnerships in EMHSCA.

Results

Sectors represented in survey responses

- Clinical Mental Health
- Mental Health Community Support Services
- Primary Care Partnerships
- Consumer representative

Role, function and impact of current partnerships within EMHSCA

Based on participant responses to the survey, there appears to be a clear need for and commitment to continuing the Alliance in the medium term.

Areas of strength identified by the survey:

Common interests exist between EMHSCA members, and the Alliance has strengthened and deepened the relationship between participating services and improved collaborative practices.

Participation at EMHSCA increases workforce knowledge about partner organisations and creates opportunities for members to work strategically with cross-sectoral partners. It supports collective learning through interactions with other members and facilitates acquisition and application of new knowledge and ways of working together. EMHSCA members are informed by the EMHSCA subcommittees of more effective ways of working together.

Workforce development events provide opportunity for collaborative learning as members come together to look at issues, identify areas in need of improvement and seek solutions.

The work of EMHSCA is seen to provide useful guidelines to support coordinated and responsive services to consumers and carers.

The Alliance governance structure has enabled shared ownership of the work and meets the current needs of organisations. The Alliance structure itself has enabled equal contribution of members and it continues to grow and progress according the mutual needs of the membership.

The Alliance identifies the needed resources and expertise to carry out the work of the EMHSCA strategic plan and provides evidence to influence and advocate for improvements in service provision across the EMR. Achievements are acknowledged and feedback is offered to services following EMHSCA activities.

Alliance work is seen to inform and support other sector initiatives.

EMHSCA membership is reviewed regularly and is effective in ensuring appropriately diverse membership is maintained.

Areas for improvement identified by the survey:

There is perceived need by some members that we acknowledge alternative viewpoints of the various EMHSCA members more effectively.

There was uncertainty expressed as to whether EMHSCA has been successful in adapting to sector system and contextual changes, needs and priorities. As an EMHSCA strategic priority we need to consider how we can better support members during times of system change.

We should consider how we can support the testing of new ideas and ways of working together. We need to continue to cultivate service coordination champions at each service.

Quality of identified Partnerships within EMHSCA

Respondents to the survey were asked to list the names of services/organisations that they have partnered with. One respondent had 6 partners, 3 had 3 partners, and 1 had listed 2 partners. 50% of partnerships were considered formal and 50% were identified as informal. 84% of partnerships were seen to improve shared care practices to some extent and 15% were seen to improve shared care practices to a great extent. Only 2 partnerships received an uncertain response.

Strategies used to achieve partnerships

Identifying mutual interests and shared projects was mentioned by 2 respondents. Having representation from some partners on organisational executive committees and also in strategic planning assisted their relationships, as did consultations regarding project consistency. Provision of secondary consultations across services has led to partnership arrangements.

Strengths of EMHSCA in forming and enhancing partnerships

The Alliance is seen to assist members to understand various organisations, how they interact, and what they provide, as well as creating networking opportunities. EMHSCA brings people to the table to discuss the shared areas of work and provides a good sub-committee structure and communication that supports the Alliance. EMHSCA is seen to create referral pathways.

Suggestions to improve and strengthen the partnerships in the Alliance

It was suggested that we enhance the formal and informal networking opportunities within the EMHSCA committee meeting and implement strategies to ensure everyone knows one another. A broadening of the member base and inclusion of Dual Disability members was suggested. Identification of projects or pieces of work that the Primary Care Partnerships can facilitate or participate in is also suggested here.

Conclusion

This survey has gathered some valuable information regarding the opinions of some EMHSCA committee members about how EMHSCA supports partnerships in this region. With such a low rate of participation (23%) it is not possible to form conclusions about the effectiveness of the EMHSCA partnership. It is recommended that EMHSCA members use the results as a starting point for further discussion and work with the Strategic planning subcommittee to identify an appropriate and agreed method for assessing the relationship.