Creating opportunities to work strategically across the region with multi-sectoral partners

EMHSCA Partnership Survey Report

April 5

2019

EMHSCA aims to evaluate the strength of its partnership and the effectiveness of the strategy. This survey is one aspect of that evaluation and findings will be used to improve the Alliance going forward.

Eastern Mental Health Service Coordination Alliance

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Partnership Survey Results

March 2019

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Background

The EMHSCA partnership has been operational since 2009 and supported by a Memorandum of Understanding (MOU). The current MOU is due for renewal and it is expected that there will be 31 organisations signing up to this active regional partnership.

The EMHSC Vision is for people who experience mental ill-health and co-occurring concerns, and the people who support them, to access responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey. EMHSCA will continue as the key local platform for health and community service consultation and collaborative decision making in the Eastern Metropolitan Region.

EMHSCA aims to strengthen Mental Health and AOD service collaboration, coordination and system integration across Inner and Outer Eastern Melbourne for improved consumer outcomes. With this aim, EMHSCA strongly promotes partnership activities across the Eastern Metropolitan Region including Alliance meetings, EMHSCA events, workshops and the EMHSCA Shared care protocol. EMHSCA provides a key platform for leadership level consultation regarding Mental Health and AOD sector developments.

Survey Goal

This Survey is one method being used to evaluate the partnerships formed within the Alliance and to identify changes in the EMHSCA relationship. Results are compared with those of a similar survey conducted in 2015.

Participating members

N=22, with 100% completion rate. The average completion time was 4 minutes.

The completion rate in 2015 was 64%, with just 7 of the 11 participants completing the survey.

Method and Aims

A quantitative survey was developed by the Strategic Planning Subcommittee in 2015. The limited uptake of this survey (completion rate was 23% of membership) led to a review and substantial revision in 2018. The survey which originally contained 40 questions was reduced to 18 questions.
Members of the EMHSCA operational leadership group were invited at their February meeting and via email to participate. The Survey was provided in hard copy and online, via Survey Monkey.

Objectives

The survey questions are designed to assess the impact EMHSCA has had on system and structural change in relation to improving collaborative and coordinated care.

This survey does not attempt to define partnerships that solely emanate from EMHSCA, but rather partnerships that exist within it.

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.

Target group

EMHSCA members

Survey elements

- 18 questions aimed at seeking opinions and views about the role, function and impact of the EMHSCA partnership answered via a rating scale.
- Participants were asked for their advice regarding suitability of membership.

Results

In 2019 the following sectors were represented in the survey responses:

- AOD
- Clinical Mental Health
- Community Health
- Community Mental Health
- DHHS
- Disability Employment Services
- Homelessness/Housing
- Lived experience workforce
- Local Council
- Local Area Coordinator
- Primary Care Partnerships
- Primary Health Network

Fig a) In your opinion, to what extent is EMHSCA assisting member organisations to understand and consider the service system implications of the following (n=22):

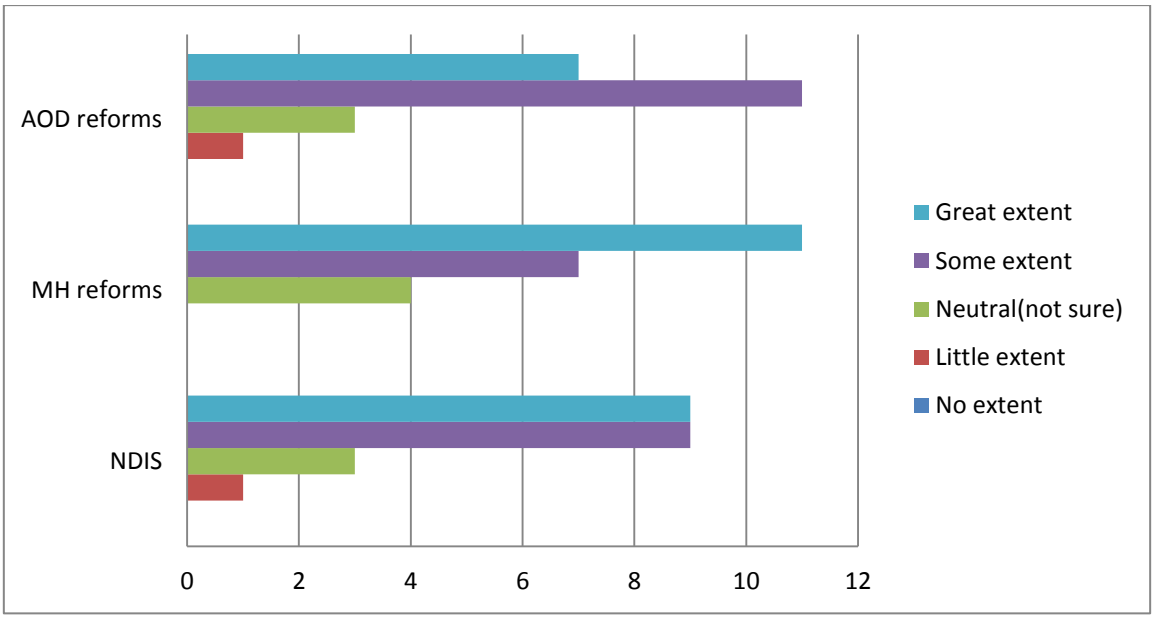


Fig b) In your opinion, to what extent has EMHSCA work contributed to the following (n=22):

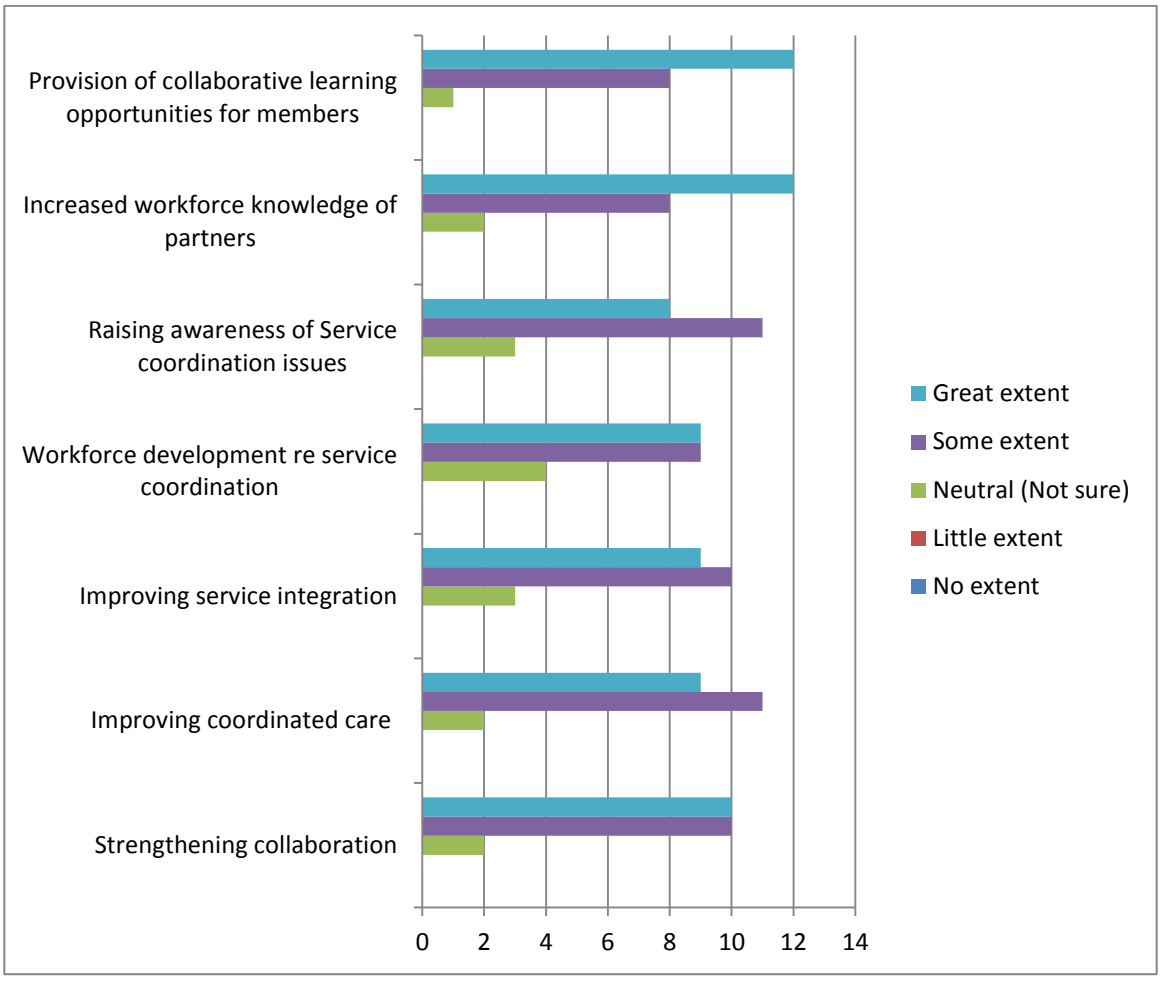


Fig c) Please rate the level of agreement with each of the statements below (n=22)

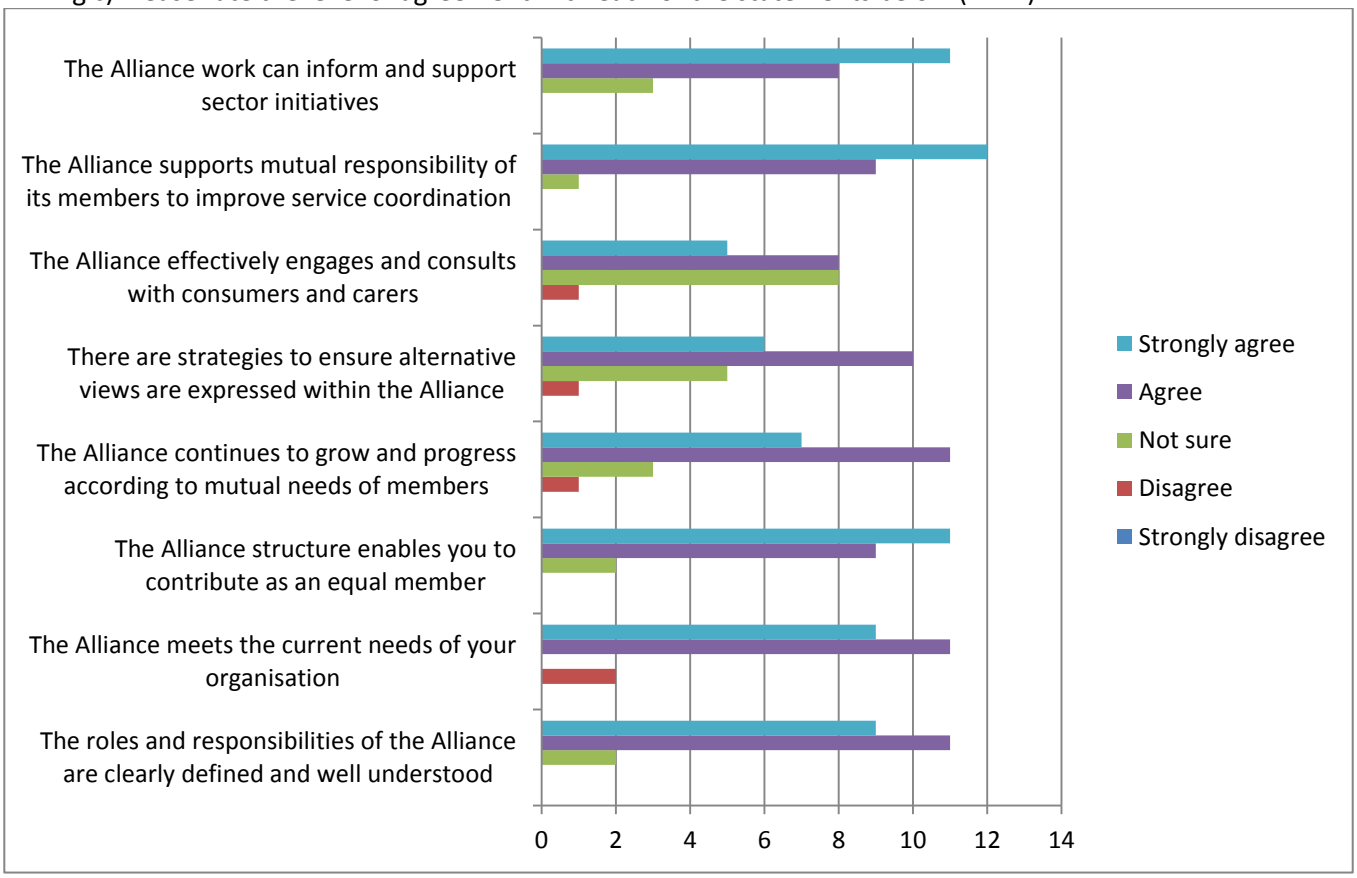
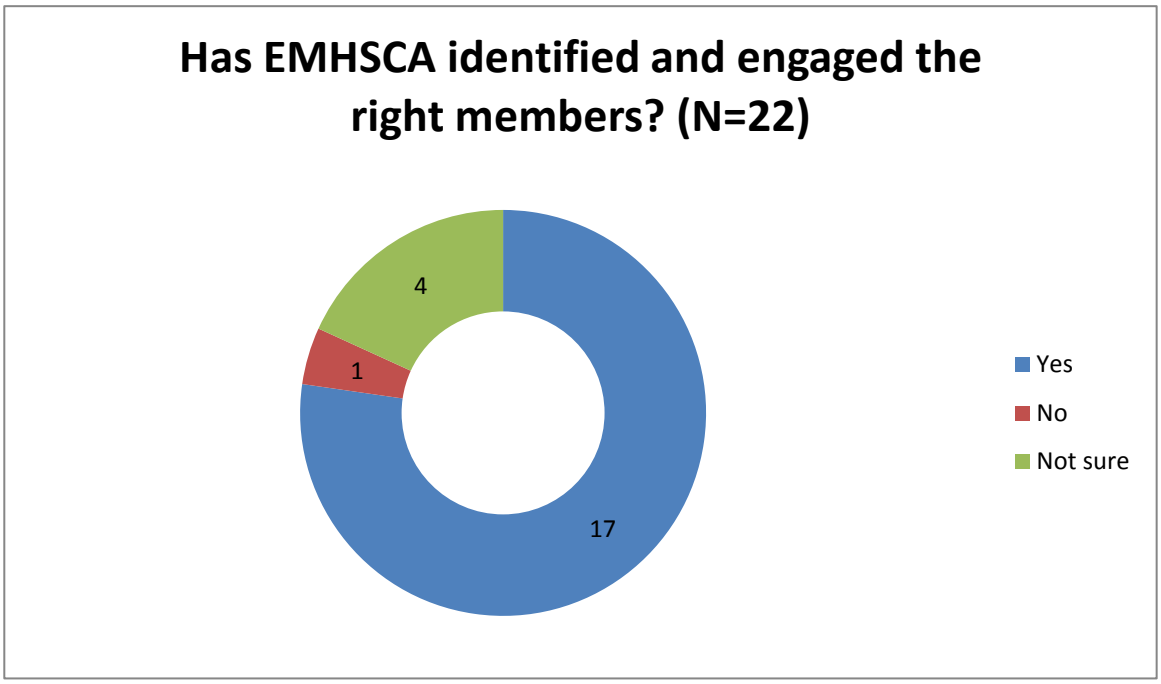


Fig d) Has EMHSCA identified and engaged the right members to strengthen provision of collaborative and coordinated service delivery for the target cohort?



Effectiveness of the EMHSCA strategy

Based on participant responses to the survey, it would appear that EMHSCA is providing assistance to member organisations to understand the Mental Health system reforms (82% agreement) including NDIS (82% agreement). Members commented that EMHSCA is bringing together senior leaders from the various sectors and that the strategic priorities include NDIS. The impact of NDIS on the partnership and on services in general has been explored, along with solutions for improved service delivery. EMHSCA is viewed as an important source of information on the various reforms and service changes. EMHSCA presentations have been provided across the region that assist with Mental Health service navigation. It was noted that the competitive nature of reforms means that information sharing may currently be limited.

To a slightly lesser extent, the Alliance has supported understanding and consideration of the AOD sector reforms (82% overall agreement but with 50% reporting only 'to some extent'). As the AOD sector reforms are currently on-hold, this result would be expected to improve in the next 18 months. The EMHSCA meetings have highlighted the current work in the AOD sector and in particular attention has been given to profiling the Outer East Primary Care Partnership's AOD sector strengthening project. One respondent expressed the opinion that there seems to be little understanding and inclusion of AOD in the EMHSCA discussions.

The AOD sector representation at EMHSCA could be improved and a more deliberate focus on this sector would be welcomed. Inclusion of Intellectual Disability around the EMHSCA table was also suggested.

Overall EMHSCA members agreed that the membership was appropriate (77%). Membership needs to be senior enough to drive system change. Concern was expressed about the potential number of EMHSCA providers in future given the open marketplace of NDIS.

Areas of strength

All areas of EMHSCA's contribution were seen as significant with no less than 82% agreement and as much as 95% agreement. No area of EMHSCA's work that was surveyed was seen as ineffective.

The greatest area of strength for the Alliance was in bringing members together to look at issues facing services and the broader community, with 59% of respondents agreeing that this occurs to a great extent and 36% agreeing that this occurs to some extent. Only one respondent was neutral and none were in disagreement. One respondent said that they learn a lot about the service system from a variety of perspectives at EMHSCA, and that this is valuable for staff that are newer to the East. Another comment was that EMHSCA brings sectors together for combined professional development and combined strategy, implying that the Alliance is active across multiple organisational levels.

Other areas of strength related to the Dual Diagnosis agenda at EMHSCA and included strengthening Mental Health and AOD service collaboration and improving coordinated care planning for people with a Dual Diagnosis. These are a core focus of EMHSCA. Of equal strength was the role of EMHSCA in service navigation with 91% of respondents agreeing that the Alliance increases workforce knowledge about partner organisations, roles and responsibilities (2 respondents were neutral on this).

Elements of the Alliance were also rated well with the majority of respondents agreeing that statements about the Alliance were true for every category. EMHSCA's strengths were evident in its ability to support the mutual responsibility of members to improve service provision across the Eastern region and informing and supporting sector initiatives. Members agreed that they have an equal opportunity to contribute and that their roles and responsibilities are clear.

Neutral responses

A number of neutral responses were recorded in this survey. It is acknowledged that some EMHSCA members are uncertain about the impacts of the work of the Alliance for a variety of reasons. Insufficient communication regarding Alliance activities and recent changes to the EMHSCA structure and membership are all possibilities. There is a possible lack of knowledge of EMHSCA's past delivery of Collaborative Care Planning Workshops for some EMHSCA members. This may be due to the recent influx of new members and the delay in provision of these workshops currently. Similarly there appeared to be uncertainty about how EMHSCA is engaging consumer and carer advisors regarding the EMHSCA work

(1/3rd participants). This may be partly due to the new EMHSCA membership and partly because the relationship with the Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC) is no longer depicted in the EMHSCA Strategic Priorities and Work plan pictorial. The relationship is mentioned in the body of the document instead. One comment was that EMHSCA needs to ensure a good representation of consumers and carers who utilise Mental Health and AOD services across different parts of the sector.

Areas for improvement

EMHSCA needs to ensure that there is a clear opportunity for its members to express alternative views. Only 73% of respondents believed that a mechanism was available to them. Interestingly, this was also a finding from the 2015 EMHSCA partnership survey.

The Alliance's capacity to meet the mutual needs and expectations of its members could be explored further with 2 respondents reporting that this was not their experience. With 18 health and community support sectors and 33 organisations, it is a continual challenge for EMHSCA to meet the needs of all of its members.
As aforementioned, only 60 % of members agreed that EMHSCA is effectively engaging consumers and carers. This is in contrast with the 2015 survey which identified consumer and carer engagement as EMHSCA strength. This is also in spite of efforts to engage the DDCCAC regarding the representative nature of consumer and carer engagement with EMHSCA in 2017 and act upon advice provided. There are 2 consumer and 2 carer advisors who are members of the Alliance. It may be that the EMHSCA restructure has disrupted the Consumer and Carer engagement aspect of EMHSCA. The merging of subcommittees has meant the DDCCAC members have not been consulted on EMHSCA work in recent months. Going forward, Paula Kelly (Chair of the DDCCAC) is joining the EMHSCA Implementation committee this month. Further work is needed to prepare and engage the current consumer and carer representatives in relation to EMHSCA meetings.

Conclusion

Overall, the results of this survey are supportive of the EMHSCA model. EMHSCA is enabling its members to take on a mutual responsibility to improve service provision and coordination of supports. There is confirmation in the survey for the idea that EMHSCA is a key platform for consultation and collaborative decision making in this region, particularly for work pertaining to supporting people who experience mental ill-health and substance use issues. Workforce development and knowledge transfer remain as vital aspects of the EMHSCA model. Membership of the Alliance is generally considered to be appropriate to support the EMHSCA Strategic priorities and work plan.
Further investigation into potential improvements to give members more opportunity to express their views and to ensure the EMHSCA strategic priorities and work plan are meeting their organisational needs is required. EMHSCA needs to apply more effort to engage consumers and carers from primary mental health through to tertiary mental health, and supporting the consumer and carer voice at EMHSCA should be a key goal. Co-production of EMHSCA work is required and may be better facilitated by the DDCCAC representation on the EMHSCA Implementation committee.
It is always a challenge to know how much of an effect EMHSCA has on the Inner and Outer eastern areas of Melbourne, given that there are many other mechanisms that bring providers together. One respondent to this survey expressed the view that collaboration would be happening without EMHSCA. Indeed, this is correct. What is of interest in this evaluation is not the fact that EMHSCA supports collaboration and service coordination, as this is clear, but rather the extent to which it is impacting on the EMHSCA partners.
Anecdotally we hear that collaboration in this region is significantly better than in other regions of Melbourne. A comparison study with other regions would be the most effective mechanism with which to measure this difference.