Rising to the Challenge: Mental Health Services Review FAQs

1. Why was there a review of Mental Health Drug and Alcohol Services in the Western NSW Local Health District?

The purpose of the Review was to help the District understand where changes could be made to further improve the mix and configuration of mental health and drug and alcohol services provided across the LHD, further improve outcomes for mental health patients and to ensure that the most effective and efficient use of the LHD resources are being made.

We acknowledge the uncertainty and anxiety that the review process may have caused for some people and we acknowledge the consistent hard work of the Mental Health clinical and management team and thank them for their ongoing support throughout the process.

2. Who conducted the review?

The Review team comprised Sue Hallwright and Jo Chiplin from Health Partners Consulting Group, both with extensive experience in mental health and drug and alcohol strategy development, managing services and service transformation. The Review process was guided by a Steering Committee which included Mental Health Commissioner, John Feneley, and the Director of Mental Health, Drug and Alcohol, Ministry of Health, Peter Carter to ensure alignment with future directions for NSW. The Steering committee also included Professor Ian Hickie from the University of Sydney Brain and Mind Research Institute, a LHD Board member, consumer representative, senior LHD clinical leaders and executive management including Western NSW LHD Chief Executive, Scott McLachlan.

3. How was the review conducted and what consultation took place?

The methodology used for the Review involved:

- Six days of stakeholder consultations
- A survey monkey to obtain staff views
- A desktop review of relevant documentation and data in order to understand MHDA services, including:
  - funding and expenditure
  - current service mix/configuration and utilisation
  - population served and community service distribution
  - organisational structures that support service delivery
- Benchmarking the existing service mix against services nationally and Internationally
- Developing recommendations including guidance regarding a proposed future service configuration that reflects contemporary models
- Identification of implications for workforce, planning and systems including management infrastructure
The Reviewers have also taken into consideration the LHD’s strategic priorities described in its Strategic Health Services Plan:

- Develop a coherent Western NSW system of care
- Support high performing primary care
- Close the Aboriginal health gap
- Improve the patient experience
- Live within our means

4 WHAT IS THE STATUS OF THE REVIEW?

The full report for the Review has been received by the LHD and the recommendations have been in principle supported by the Board. An implementation steering group has been established and information sharing sessions about the key findings and recommendations with senior managers and clinicians commenced on 15 July 2014.

5 WHAT DID THE REVIEWERS FIND?

In a nutshell, the Review has found that the way that some mental health services in the LHD currently operate is at odds with contemporary ways to care for people with mental illness.

- The Review has found that the LHD has high levels of acute and non-acute inpatient care for adults and older people compared to the national average. For instance 38 non-acute inpatient beds more than it would have at the national average per 100,000 population and 14 more acute inpatient beds for adults per 100,000 population
- The Review highlighted concerns about an inequitable split of community services for specific populations and 75.7% of staff who responded to a survey consider that mental health services are not equitably spread across the district.
- The Review findings indicate there is widespread concern amongst key stakeholders that the level of drug and alcohol services does not meet the needs of the LHD.
- This is also the same concern about the level of community-based infant, child and youth services. A consistent theme in stakeholder interviews was concern about how the current services respond to the needs of Aboriginal people.

The Reviewers have recommended the LHD moves to a more contemporary way of caring for people with mental illness and decrease inpatient acute and non-acute services for adults and non-acute inpatient services for older people after increasing community services and residential services.

6 WHAT DID THE REVIEW SAY ABOUT THE FUTURE OF THE PANORAMA CLINIC?

Panorama currently runs a well known day program based upon the philosophy of rehabilitation, socialisation and development of life skills for users of the service. These types of services are an important adjunct to the current suite of ambulatory services and will be considered in more detail.

The Mental Health Services Review has given us an excellent opportunity to evaluate all of the services delivered within the Western NSW Local Health District.

7 WHAT HAPPENS NOW?

No changes will happen overnight. There will be careful and thorough planning which will involve staff and key stakeholders before any consideration is given to implementing any of the key recommendations. The careful review of the key findings and the planning of the implementation of the recommendations are expected to take 4-6 months. After this time any changes to move toward more contemporary models of care will be very carefully planned and sufficient time allowed for appropriate transitioning.

The full report for the Review has been received by the LHD and the recommendations have been in principle supported by the Board. An implementation steering group has been established, including membership of:

- Acting Director of Mental Health Drug and Alcohol Services, Adrian Fahy
- Director of Workforce, Sandra Duff
- Clinical Director MHDA Services, Dr Scott Clark
- Psychiatrist Clinical Director MH-ROS Dr Tristram Duncan
- Dr Clayton Spencer Director of Medical Services WNSWLH
- Psychiatrist Dr Jarret Johnston
- A/Director of Nursing Mental Health Helen McFarlane
- Interim Operational Manager MHDA Jason Crisp
- Manager of Allied Health, Michelle Coore
- Senior Team Leader MHDA Dubbo and Region Terry Buckerfield
- Director Communication and Engagement, Rebekah Bullock
- District Coordinator Aboriginal Mental Health Drug and Alcohol Services, Patrick Rosser

There will be an opportunity for staff, clinicians, consumers and stakeholders to hear further information about the findings and recommendations including information sharing forums and a feedback email:

WNSWLHD-MHRreview@health.nsw.gov.au

Information will be made available on the staff intranet and regularly updated.
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8 **What will it mean for staff?**
There will be no immediate impact on staff. We will keep staff up to date and informed on any potential impact. Over the next few months there will be opportunities for some staff to be involved in system design reference groups; Information about these reference groups will be made available over the next few weeks.

9 **What will it mean for services?**
The LHD does not anticipate any changes to services within the next few months while planning takes place. Any changes to service configuration will be carefully planned with the wider involvement of staff and other key stakeholders.

10A **What changes are being made to the management structure?**
We acknowledge that there was overwhelming feedback about the complexity of the senior management structure. Opportunity has arisen to look at the structure after the recent departure of some managers. There are plans to recruit to the Director of Mental Health Drug and Alcohol Services in the near future to assist in the movement toward a contemporary model of services.

10B **Will Orange Health Service Management assume management of Mental Health Drug and Alcohol Services?**
No; MHDA services will continue to have their own management.

11 **Will users of the service and carers have an opportunity to have their say?**
Yes, there will be many further opportunities to have a say and be involved in the planning phase. There will be opportunities for representatives to be involved in reference groups.

12 **Who decided who was on the Steering Committee?**
The Steering Committee includes a mixture of senior management and clinical roles and is multi-disciplinary. There are many other people who could add value to the group but it needs to be a workable size. Once the initial consultation and planning phase for the implementation is complete there will be a requirement to develop various project groups for which we will need a variety of additional expertise.