Government of Western Australia

Mental Health Commission

Gregor Henderson March 2013 Visit

Developing a Quality Assurance Framework

UPDATE ON PROGRESS - REPORT and RECOMMENDATIONS

JUNE 2013

1. Introduction and Context

The report, 'Developing a Quality Assurance Framework for Mental Health in Western Australia' was submitted in October 2011 by Gregor Henderson Ltd. This set out a framework for developing an integrated approach to quality assurance for mental health in Western Australia. A series of recommendations were made across 2 linked areas – Rights and Protection and Quality Management. (Appendix 1 gives a summary of the key recommendations under each area).

The Government’s response to the report and its recommendations was finalised in May 2012. (Appendix 2 sets out the Government’s priorities and stated future direction)

Gregor Henderson was invited to review progress on the major Quality Management recommendations in a visit to Western Australia from 18 – 21 March 2013. During this visit Gregor met with a range of agencies and stakeholders in a combination of small meetings and larger scale forums to help reach a common understanding of the current situation and to suggest ways forward. This report gives an insight into progress, and considers a number of issues, which will help with further consideration of how to achieve a system wide quality assurance framework with recommendations for further action.

2. Common Understandings and Key Issues

1) Rights and Protections

Good progress has been made in translating the major recommendations into a new Mental Health Bill. Particularly around establishing a Mental Health Tribunal, an Independent Advocacy Service and strengthening the role of the Health and Disability Services Complaints Office. These three key system reforms are all challenging in their own ways and the continuing work was encouraged by stakeholders to ensure these three reforms fit with the aims of the Bill in enhancing and protecting people’s rights and for ensuring that the focus of the
work they undertake is to enhance lives, support recovery and help ensure that people living with and recovering from mental health difficulties are enabled and supported to live a contributing life.

Concerns were raised about the actual size of the Bill and the levels of detail covered. Alongside concerns that the Consumer and Carers Charter did not feature as strongly and centrally as was originally envisaged. Further concerns were made regarding the need for the Bill to link more with other key elements of legislation to update and modernize key elements. For example with the Criminal Law (Mentally Impaired Accused) Act.

In other jurisdictions, most legislative documents internationally on mental health law are large and written in technical legal language. However, there are ways of reducing legislative documents to the key essentials and for giving more central prominence to the overall rights and protections that the Bill aims to achieve. It can also be important for ensuring that provision and plans are made to provide helpful detail and explanation in the Codes of Practice that follow the passing of a Bill and to ensure that prior to implementation, easy to read guides, online guidance, training materials and helpful resources are provided aimed at the different audiences.

In many instances it can come down to trust between stakeholders and partners. Continuing dialogue and discussion between stakeholders and the sharing of views is essential. As will the sharing and co-production of guides and helpful training materials and other resources. Once a Bill is passed the real work begins in preparing the system for ensuring its successful implementation.

Recommendations
1. Give clearer signposting to the aims of the Bill in terms of rights and protections and give greater prominence to the Consumer and Carers charter. Reduce where possible unnecessary passages and consider providing more detail in the forthcoming codes of practice.
2. Make closer links, where possible to other current legislation that may need to be amended in line with the aims and principles of the new Bill. This can be addressed in Consequential Amendments.
3. Draw together key stakeholders in a 'Bill Implementation' Working Group to help prepare more accessible guidance, information, training materials, codes or practice and helpful resources in preparation for the implementation of the Bill. Consider commissioning a range of agencies to provide clear information for different audiences.

ii) Quality Management

Significant progress is being made with the recommendations (numbers 2, 3 and 5) that relate to the quality of services being provided by Community Managed Organisations (CMOs). Appendix 3 outlines the next stages in this part of the Quality Management process. The processes being progressed here are felt to be inclusive and engaging, with good flows of information and transparency. Those
responsible for progressing this work are to be congratulated for the work being put in place and the continuing attempts being made to include a broad range of stakeholders and partners, particularly those representing people with lived experience. This is not to suggest that the current and future planned work will not be without its challenges, however it is important that good relationships are both maintained and enhanced and that work going forward in based on what will be the benefits to people using the services, their carers and supporters and the wider community.

On the wider development of an integrated quality management framework, which was the central recommendation of the Henderson Report, a significant outcome from meeting with representatives from the Department of Health was a proposed co-leadership approach with the Mental Health Commission for quality management in public mental health services. This is a very helpful development and one that both the Department of Health and Mental Health Commission are now keen to progress. It seems likely that a high-level co-leadership arrangement with the Commission, the Department of Health’s (DoH) Performance Activity and Quality Division (including LARU), Office of Mental Health and the Office of the Chief Psychiatrist be established to help develop stronger links as a key part of the next steps to developing a collaborative approach to quality management.

On a number of occasions mention was made of the need for better and more transparent and available data across the system. This is a key feature of work in other countries and also across Australia. One important feature of any quality assurance framework is the availability, use, analysis, sharing and transparency of data across a system. In some countries, the UK for example, data is being used to help drive improvements in services and to help make the planned changes agreed by stakeholders and partners. In England a ‘Mental Health Dashboard’ is being developed that will annually provide data that tracks progress. England is also planning to go one step further and create a new Mental Health Intelligence Network for England, based on the successful National Cancer Intelligence Network where partners have come together to provide a service and public facing information resource to help drive up standards and services. In Western Australia there was a lot of early discussion about the need for partners across the system to share data and information and to find ways of making this more accessible to the public. This is encouraging.

Recommendations

1. Pursue a way to integrate the agencies that are willing to progress Quality Management, building on work to date. This may involve considering the establishment of a High Level Co-Leadership Collaborative or Board for Quality Management to oversee and drive the next stages of developing a Quality Management Framework. This will consist of the key partners and agencies and terms of reference, membership and governance will need to be developed together. This group will be responsible for taking forward the implementation of the major recommendations made in the Henderson Report.
2. Consideration be given to establishing a Data and Information Group that will develop proposals for the sharing of data across the system and establishing a means by which information and data can be brought together and made more publicly available to support improved service delivery across the system.

3. Concluding Thoughts

This was an important time to be invited to consider progress with Quality Management, nearly 18 months after the final drafting of the Henderson Report. With a new Mental Health Bill being presented, closer working relationships being established across Health and between the Health Department and the Mental Health Commission, a growing Community Managed Organisation sector developing its quality assurance processes, and an increasingly active and vocal voice for people using the services, their carers and supporters, are continuing to feel at least included but not always heard.

What was most striking this time, was the way that the need for good Quality Management has become an accepted part of the mental health care landscape in Western Australia and that people I spoke with were able to talk about its importance to improving people's and communities' lives. There was of course acknowledgement that what has evolved to date is only the first steps in a longer process. But there is also a recognition, from a growing number of partners that the time is right and the willingness there to take the work to the next stages and to work more effectively together. This continuing commitment to more collective and shared ways of working is one way that further trust can be developed across the system. It may help in this to consider developing support for training in collective working skills across the mental health system.

There is also an encouraging groundswell of leaders (clinical, people with lived experience, carers and supporters, management, community organisations, indigenous mental health advocates and others) emerging who are keen to see a more collaborative way forward. These leaders need and deserve support and encouragement and are a key collective resource for the future. Again a form of collective and strategic leadership training for the system could be encouraged by developing future leaders. Particularly in articulating future plans and strategic direction, with, most importantly the skills to implement the plans made. The future is likely to be more successfully realized where the planning is developed and implemented collectively.

My final thought is that it may help for the Department of Health and the Mental Health Commission to consider a review of progress early in 2014.

Gregor Henderson
June 2013
APPENDIX 1 - RECOMMENDATIONS of THE HENDERSON REPORT (October 2011)

The recommendations of the Henderson Report fall into two groups:
1. Rights and Protection
2. Quality Management

1. Rights and Protection
These recommendations focus on protecting rights of users of services and their carers and supporters.
- Recommendation 1: Create a Mental Health Tribunal to protect the rights of users of services under involuntary status.
- Recommendation 2: Create an Advocacy Service to provide users of services with access to information about their rights and to provide support in exercising those rights and pursuing complaints and to provide a systemic overview of services from an advocacy stance.
- Recommendation 3: Strengthen the role of the Office of Health and Disability Services Complaints Office (HADSCO) as an independent body out of the mental health system to address complaints relating to mental health services.
- Recommendation 4: Publish and implement a Consumer Charter for mental health that covers all users of services and their carers.

NOTE - These recommendations were accepted by Government in May 2012 and have been included in the work undertaken to produce a new Mental Health Bill.

2. Quality Management
Six recommendations were made in relation to quality management.
- Recommendation 1: Develop an integrated quality management framework building on existing Commonwealth and WA processes using a joint Collaborative and Partnership approach between the Mental Health Commission and the Department of Health
- Recommendation 2: Develop an outcomes-based set of standards to help drive quality assurance
- Recommendation 3: Establish a ‘pre-qualification’ system for non-profit providers
- Recommendation 4: Build on existing standards for accreditation and improve the implementation of both accreditation and licensing processes.
- Recommendation 5: Commission an Independent evaluation and monitoring service
- Recommendation 6: Ensure an integrated and comprehensive mental health sentinel events reporting process

NOTE – The intent of these recommendations were accepted by Government. To make progress on these above recommendations the Government supported and emphasized the importance of a collaborative approach between the Department of Health and the Mental Health Commission.
APPENDIX 2 - Western Australian Government's Priorities and Future Directions for Quality Assurance in Mental Health (May 2012)

Priorities:

- Establish a quality assurance system for existing non-government organisations driven by the Mental Health Commission, largely based on the successful model used by the Disability Services Commission.
- A commitment to developing more joint clinical and community sector based initiatives, including but not limited to programs to better support young people and to work with police and courts to divert people with mental illness from the criminal justice system.
- Strengthen the capacity to undertake independent reviews of public mental health services, using the model developed by the Chief Psychiatrist
- Upskill consumers and carers so that they are better able to participate in independent evaluation and review programs, to become equal partners in strategic reform
- Following the passage of the Mental Health Bill that proposes the lead role of the Chief Psychiatrist be transferred from the Department of Health to the Mental Health Commission, establish a collaborative working relationship that ensures the systems for ensuring notifiable incidents are maintained and strengthened.

The current priority for outcome based standards is in the community services area largely delivered by the non-government sector consistent with the Government's Delivering Community Services in Partnership policy. The Mental Health Commission is pursuing work in this area.

Future Directions

1. The short term priority for progressing the quality framework is to plan for the implementation of the Mental Health legislation.
2. In parallel, the Mental Health Commission will address the need to substantially strengthen the monitoring the quality of services delivered by non-government providers.
3. Following the outcome of the 2012/13 Budget, the Mental Health Commission will establish a Transition Team comprising representatives of the Department of the Premier and Cabinet, the Mental Health Commission, the Department of Health and the incoming heads of the Mental Health Tribunal and the new advocacy service to oversee the reform agenda.
4. The Transition Team will liaise closely with the Mental Health Advisory Council as well as representatives of consumers, carers and community providers.
APPENDIX 3 - PROGRESSING RECOMMENDATIONS FOR COMMUNITY MANAGED ORGANISATIONS (CMOs)

To progress the recommendation from the Henderson (2011) report to establish an independent monitoring and evaluation service for CMOs modeled on the process currently used in the disability sector the following will be actioned:

- a contracted panel of independent evaluators is tendered and maintained with a strong emphasis on recruiting individuals with a lived experience and family/carers as well as other individuals with mental health or evaluation experience;
- independent evaluators will assess CMO service quality by seeking evidence (that either supports or fails to support) of the quality of the service through direct feedback, observations and documentation that:
  - a) actively support individuals, and / or their families and carers, to achieve their personal goals (as they relate to the Mental Health Outcomes); and
  - b) address the intent of each NSMHS in practice.
- independent evaluators will identify opportunities for service improvement in relation to providing quality, outcomes focused services and required actions if it is identified that the NSMHS are not being met;
- the evaluations will be scheduled to occur approximately every 3 years (however a review can be brought forward if required);
- evaluations will consist of a minimum of two independent evaluators1; and
- evaluations will take up to 3 months to complete2. This includes setting up of interviews with individuals, families, carers, support workers and other stakeholders and writing the report.

Next Steps - Pilot Process:
A pilot of the evaluation process will be implemented so that the process can be refined as required before full implementation. The pilot evaluation process will entail:

- training all of the successful independent evaluators (this will include training in the NSMHS, the Commission’s Outcome Statements, knowledge of the public and CMO sectors – roles and functions, etc);
- five CMOs will be identified through an expression of interest process to participate in the pilot and undergo an evaluation;
- all independent evaluators will then participate in evaluating the five identified CMOs (a minimum of two evaluators will be used for each

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1 The number of evaluators in a team undertaking a quality evaluation of an organisation will depend on the size (number of people served), spread (location) and complexity (eg clinical services or suspected breaches relating to Mental Health Outcomes or the NSMHS) of the services being evaluated.

2 This is the current timeframe to conduct an evaluation in the DSC model.
evaluation with up to four evaluators conducting a review dependent on the complexity and number of individuals accessing the service);

- once the evaluations have been completed, focus workshops with the independent evaluators, CMOs, individuals and families who have participated in the pilot will be held to obtain feedback on the evaluation process;
- if required, refine the process and documentation based on feedback from pilot; and
- provide any additional training to evaluators based on feedback from pilot.

Once the evaluation process has been refined based on the learning's from the pilot it is envisaged for all funded CMOs that;
- training and information will be provided on the evaluation process and requirements;
- a three year evaluation schedule will be developed (this will currently be approximately 20 CMOs per annum);
- annual self assessments will continue to complement the evaluation process; and
- continuous improvement plans will be updated and revised annually.