



Mental
Health
Council
OF TASMANIA

‘A New Mental Health System – What Now?’

9 March 2016 • Grand Chancellor Hobart • 10am – 4pm



Welcome

Connie Digolis

Chief Executive, MHCT

Introduction

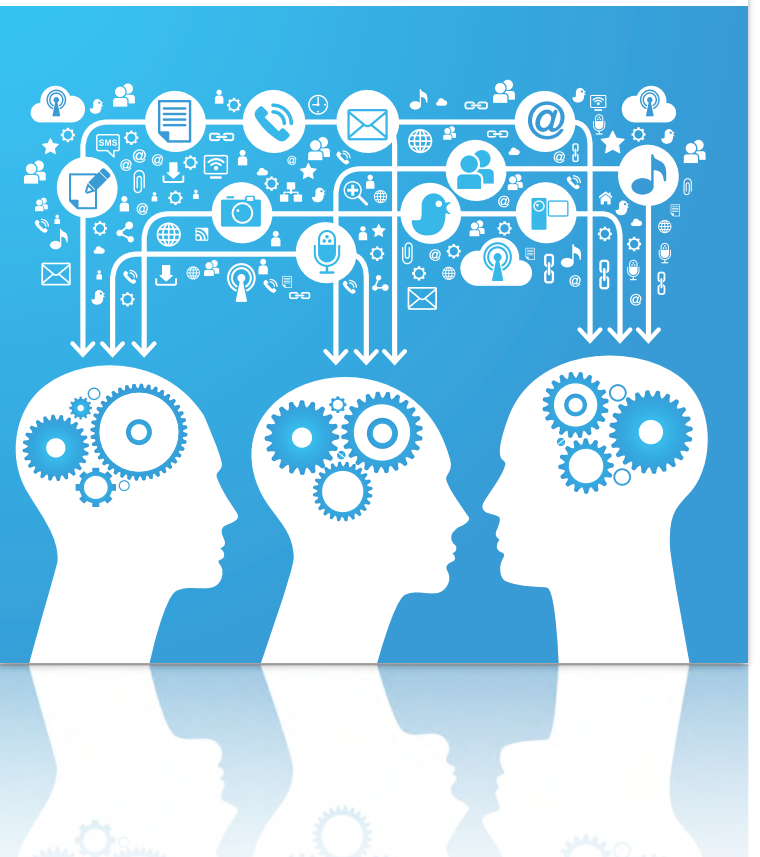
**We don't need more,
we need different**

Working across organisational boundaries
to solve 21st century problems

Andrew Hollo



Andrew Hollo
Director, Workwell Consulting




**Bringing an
idea to life**



Integrate
to get a job done

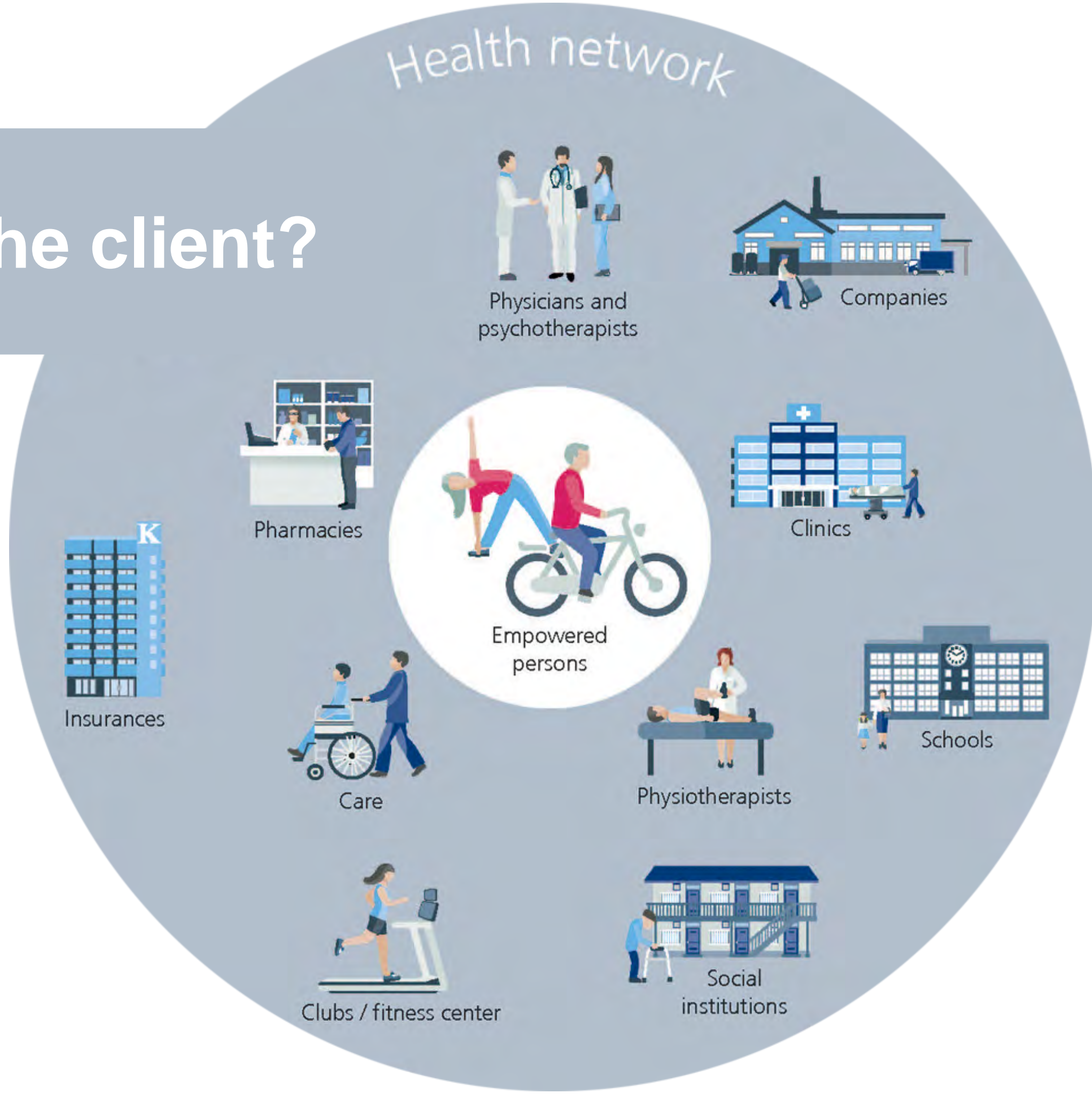




Same players, different tables, similar goals, different capacities

- 'glue' to activate goodwill
- focus on people as beneficiaries
- collective effort focussed on evidence based priorities
- will to see and resolve (in)efficiencies

Where's the client?



However, it's easy to be confused

Panel Conversation



Narelle Butt

Acting GM, Mental Health Alcohol & Drug Directorate, DHHS



Mark Broxton

GM, Service Innovation, Implementation & Redesign,
Primary Health Tasmania



Sue Ham

Regional Manager, NDIS Tasmania



Narelle Butt

Acting GM, Mental Health Alcohol & Drug Directorate, DHHS

Our mental health role

Funder of state-based mental health programs provided by

- a) public mental health services (secondary / tertiary specialist hospital / inpatient care - THS) and
- b) community sector organisations (community-based care, including supported accommodation, residential rehabilitation, individual packages of care, community based recovery and rehabilitation programs).



Mark Broxton

GM, Service Innovation, Implementation & Redesign,
Primary Health Tasmania

Our mental health role

Utilise Australian Government and other funding sources
to commission primary mental health care services and
programs

Our Role



Sue Ham

Regional Manager, NDIS Tasmania

Our mental health role

Insurance model of support to people with life-long and severe disabilities – including ‘psychosocial disability’ (mental illness) – and with functional need for supports to participate in life

Our vision, scope & current activity



Vision (where we want to be)	Target groups / scope ("Who benefits?")	Current (2016) implementation activity ("What we're doing right now")
Tasmania is a community where all people have the best possible mental health and wellbeing.	People with severe mental illness/complex care who require tertiary, secondary and community based care. Children and families Those at risk of suicide Tasmanian population: general mental health and wellbeing	Continuing to fund CSOs and THS to deliver current services Rethink Mental Health Plan Suicide prevention strategies Peer workforce in public mental health services Support primary health to be the 'front end' of mental health care Joint training to support an integrated mental health system Stepped models of care

Our vision, scope & current activity






Vision (where we want to be)	Target groups / scope (“Who benefits?”)	Current (2016) implementation activity (“What we’re doing right now”)
A 'joined up' health care system and 'stepped model of care' that ensures Tasmanians receive the right care in the right place at the right time.	People requiring primary and secondary community delivered mental health services Those at risk of suicide Low intensity / mild mental illness Children and youth Aboriginal and Torres Strait Islanders	Working with partners and stakeholders to establish a shared <u>primary</u> mental health strategy for Tasmania. Commissioning and contracting of Australian government funded primary mental health services Develop a joint approach to the implementation of stepped models of mental health care Developed a consultation draft of a PHT commissioning intent document.

Our vision, scope & current activity



Vision (where we want to be)	Target groups / scope ("Who benefits?")	Current (2016) implementation activity ("What we're doing right now")
<p>People with disabilities can fully participate in life – including social and economic participation</p> <ul style="list-style-type: none">• Is sustainable (reasonable and necessary)• Tailored to individual needs and needs driven• Where choice and control is central	<p>People with severe / chronic psychosocial disability – likely to be lifelong and with functional impairment</p> <p>Expected that 14% of all NDIS participants at full scheme will have psychosocial disability as primary diagnosis with a larger cohort as secondary diagnosis</p> <p>All ages to 65</p> <p>National coverage, allowing mobility</p>	<p>Cohort 15-24 years old</p> <p>Moving to 12-14 age groups on 1 July 2016 and then staged rollout by age across TAS</p> <p>Policy - embedding psychosocial disability into scheme design</p> <p>Sector development and engagement/consultation</p>

Side by Side

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Questions posed already...

- What do we need to do to create a seamless **client experience**, across multiple agency and provider boundaries?
- How will each agency align their separate **milestones**?
- How would we assure ‘**no compromise**’ service delivery?
- What are the **business systems** needed by deliverers, to avoid duplication?

Questions from you...

What does this brave new world mean for me, my service, and consumers?

Morning Tea

Please return at 11.30
with your questions!

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What does this brave new world mean for me, my service, and consumers?



Sue Ham



Mark Broxton



Narelle Butt

Collaboration Round Table

Group 1

Harbourview Room 1

Mark (PHT) & SIMON (NDIA)

Group 3

Grand Ballroom

NARELLE (DHHS) & CORAL (NDIA)

Capacity Round Table

Group 2

Harbourview Room 2

Aitor (PHT) & Cat (MHCT)

Group 4

Chancellor Room 5

Mark (NDIA) & Elida (MHCT)

Capacity Round Table #2

Group 1

Harbourview Room 1

Aitor (PHT) & Cat (MHCT)

Group 3

Grand Ballroom

Mark (NDIA) & Elida (MHCT)

Collaboration Round Table #2

Group 2

Harbourview Room 2

Mark (PHT) & SIMON (NDIA)

Group 4

Chancellor Room 5

NARELLE (DHHS) & CORAL (NDIA)

Lunch

Please go to Round Table Groups
Before 1.10pm

Afternoon Concurrent Workshops

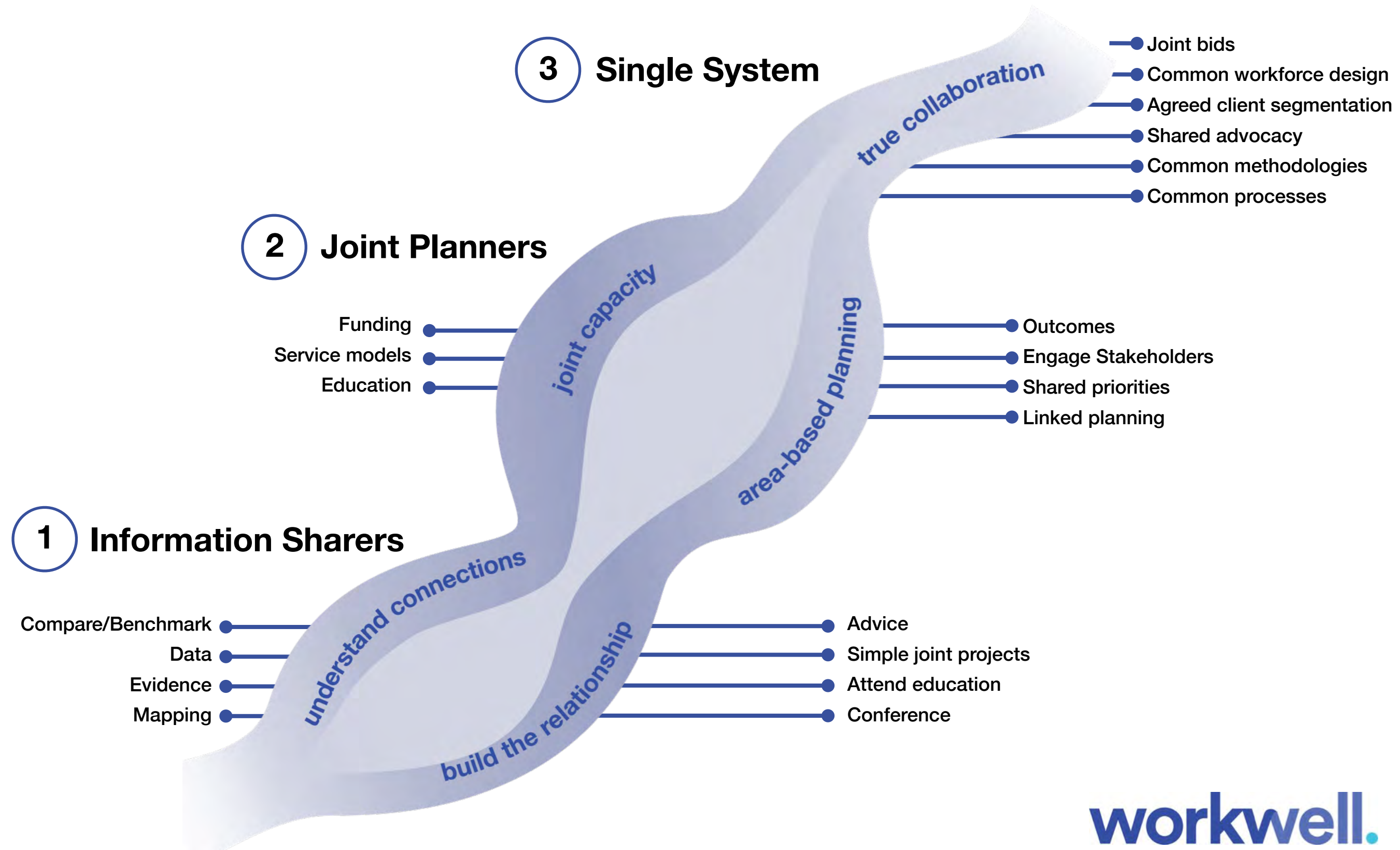


Collaboration

Group 3
Grand Ballroom

NARELLE (DHHS) & CORAL (NDIA)

A staged approach towards collaboration



Questions

What are the **collaboration** gaps & opportunities?

- How do we move from 3 **visions** to a single vision, single pathway?
- What does base level '**sharing**' look like?
- What '**power** struggles' might we foresee and need to overcome?

Afternoon Concurrent Workshops

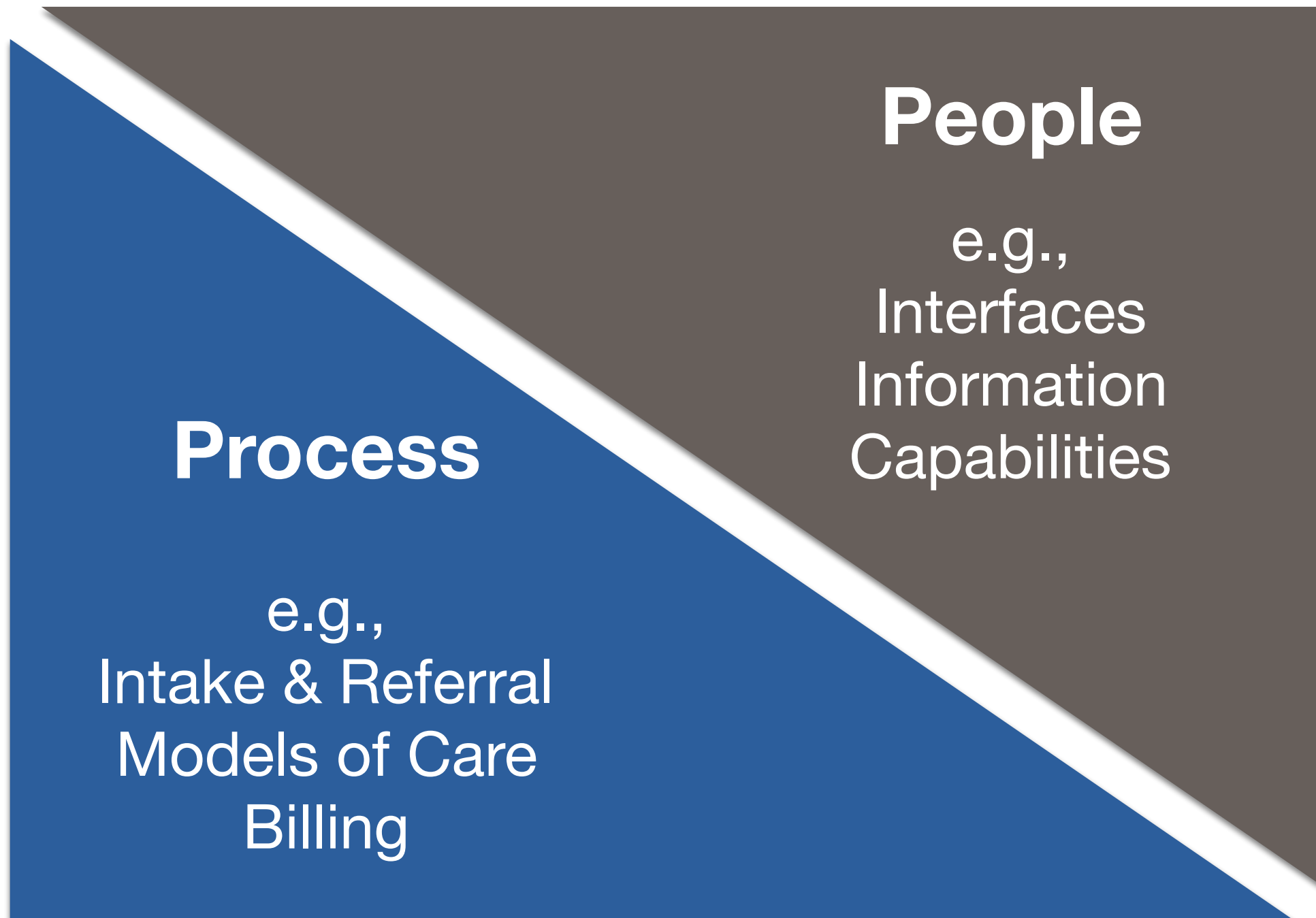


Capacity

Group 3
Grand Ballroom

Mark (NDIA) & Elida (MHCT)

Paying attention to two linked capability factors



What are the **capacity** gaps and opportunities?

- How might the client **interface** change?
- How do we ready and support **staff**?
- What **resources** and **upskilling** might we need?

So what?

What have we learnt?


Andrew Hollo
Director, Workwell Consulting



So, what do we do now?

Connie Digolis
Chief Executive, MHCT



The background of the image is a lush green field with rolling hills, reminiscent of the Windows XP desktop background. The sky is a clear blue with scattered white, fluffy clouds. The text is centered over the field.

“The visionary leader
creates a world to
which people want to
belong”

Robert Dilts

The big opportunities

1

aligned
intent

2

client
interface

3

collective
funding

4

reference
points

5

support
network

6

services
futureproofed

The big opportunities

1

aligned
intent

Clearly **differentiate** agency vision, role, target audiences (client segmentation), reform milestones and then a shared intent, 'case for change' & priorities.

2

client
interface

Construct a single, unified, client-centred **pathway**, incorporating multiple models of care, information points, fewer gateways ('no wrong door'), incorporating all agency-funded programs and private sector providers.

3

collective
funding

Question existing ways we plan / **allocate resources**, including considering collective funding approaches (consortia / co-commissioning) on longer / aligned time-frames.

who

what

how

The big opportunities

4

reference
points

Consumer perspective: Involve consumers and their experience / goals to unify levels of government / providers' work.

Terminology: Agree on language / meaning, and create forums to explore similarities / differences in values / beliefs.

5

support
network

Create a **coordinating** entity / function that can assist sharing to resolve capacity gaps: common training / upskilling, processes, resourcing, workforce planning / development, data, evaluation.

6

services
futureproofed

Data: Streamline and harmonise *meaningful* (outcome) informational requirements and timeframes.

Readiness: For (small) organisations, change & transition, board capability, risk assessment, IT capability and market presence.

who

what

how

So what?

What have we learnt?

Andrew Hollo
Director, Workwell Consulting



So, what do we do now?

Connie Digolis
Chief Executive, MHCT



Thank You
Connie Digolis
Chief Executive, MHCT