

# VICSERV Member Forum

Mental health

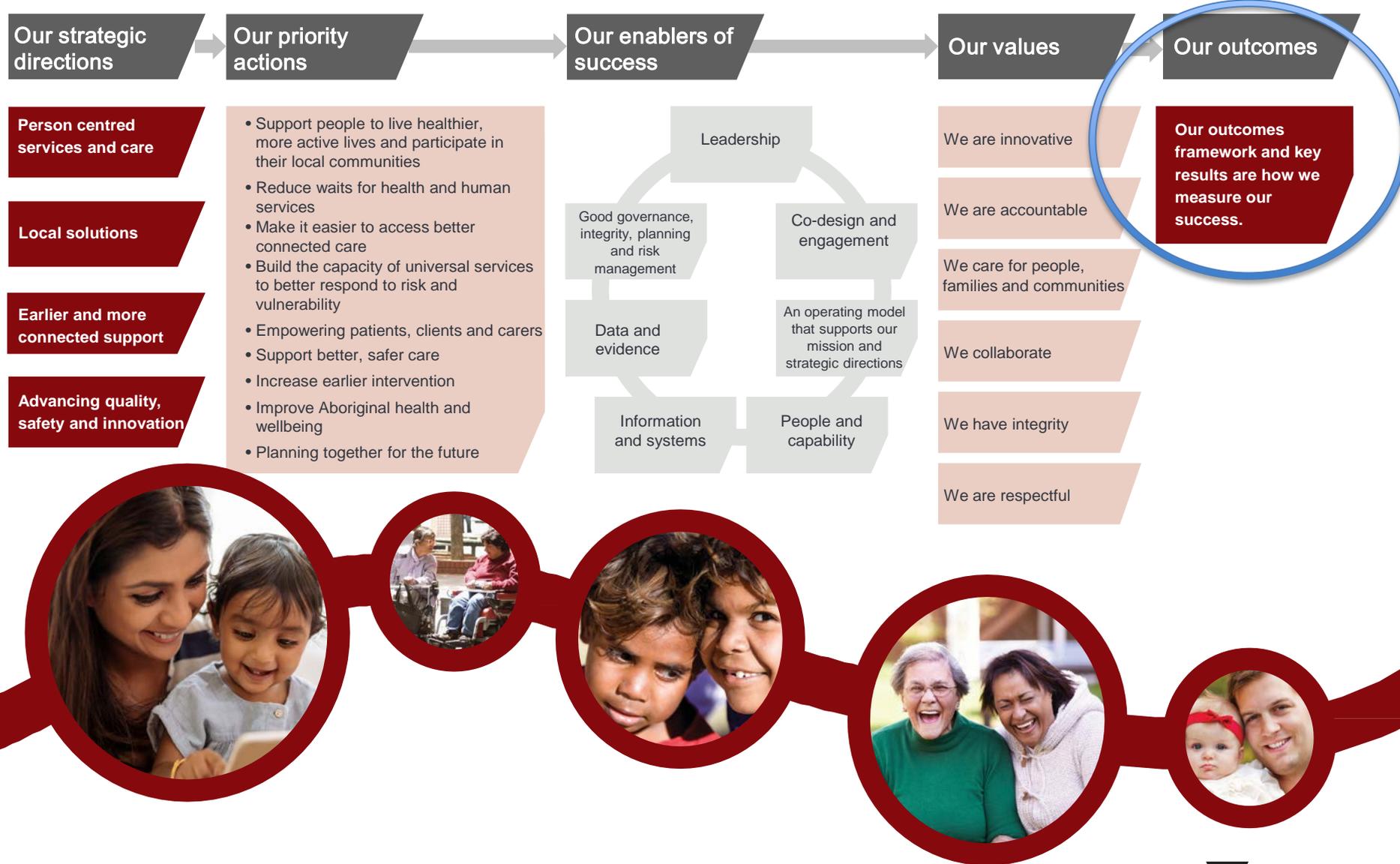
Key directions and current reforms

12 May 2017

## Key directions and current reforms

- Departmental Strategic Plan
- 10 Year Mental Health Plan and outcomes framework
- Targeting Zero (safety and quality)
- Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System
- Budget outcome
- National Disability Insurance Scheme transition

# DHHS Strategic plan – summary



# Victoria's 10-year mental health plan: annual report and outcomes



## Ten year plan:

- Released November 2015
- Long term vision to improve mental health services (MHS) and outcomes for Victorians with mental illness
- Government accountability through publication and Parliamentary tabling of annual report
- Secretary's report to Minister for Mental Health
- Report to incorporate outcomes and indicators to monitor progress

# Development of the Statewide Design, Service and Infrastructure Plan for Victoria's Health System

- A Statewide Design, Service and Infrastructure Plan will reflect a new approach to system and service planning, by articulating the optimal design for Victoria's health system over the next 20 years and the service and infrastructure planning required to support this design
- Overseen by Ministerial Advisory Council chaired by Patricia Faulkner
  - Long term horizon, actions and recommendations will be focused on an initial 5 year period
  - providing a set of core design principles for the system
  - Consideration to role delineation and capabilities framework for Victoria
  - Support future investment (recurrent and capital) and innovation to better align health service capacity with demand
  - aiming to promote a better balance between community-based and hospital-based services into the future.

# Clinical mental health system plan

- In the same way as the State-wide Plan will translate the Government's Health Vision Statement into action, the Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System considers system of clinical mental health care which is needed to support achievement of the outcomes articulated in Victoria's 10 Year Mental Health Plan
- KPMG has lead consultation process, enabling advice and considerations to be prepared
- An Advisory Committee for the project was established with nominated service, peak body and consumer representatives
- The KPMG project will produce advice and recommendations to inform:
  - a Design, Service and Infrastructure Plan for Victoria's Clinical Mental Health System which describes the type, volume and configuration of clinical mental health services and associated infrastructure which needs to be delivered over the next 5 years to meet forecast demand and the Government's 10 Year vision for mental health
- Consultation strategy has included;
  - metropolitan and regional forums with clinical mental health service providers
  - a combination of face-to-face interviews and focus groups with clinical mental health executives and clinical directors
  - The Advisory Committee and Expert Challenge Panel

# 2017-16 Budget outcome

- Victoria is investing \$406.7 million in expanding mental health and alcohol and other drugs service provision to make access to support quicker and easier. This includes:
  - **\$201.1 million** to meet clinical services demand and provide additional inpatient services and community care
  - **\$85.2 million** to boost forensic mental health services, including
    - **\$43.9 million** capital funding to expand Thomas Embling Hospital and adult forensic mental health capacity
    - **\$28.6 million** to identify clients who are at risk of entering the criminal justice system and support them early
  - **\$81.1 million** for ice, drug and alcohol initiatives, including
    - **\$34.8 million** for 30 new rehabilitation beds supporting over 80 patients a year
    - **\$14.1 million** will employ 34 Aboriginal health workers to address drug use

# NDIS

The National Disability Insurance Scheme is a major reform which will have implementation challenges. Key issues and challenges include:

- transitioning clients of MHCSS defined programs to the NDIS and people on the MHCSS Needs Register
- support arrangements for clients of MHCSS defined programs who are not eligible for the NDIS due to age and residency
- need to enhance the participant pathway to make it easier for people with a psychiatric disability to make an NDIS access request & ensure hard to reach people with a psychiatric disability can engage with and navigate the NDIS access and planning processes
- support needed by people with a mental health condition who are not eligible for an NDIS individual funding package or Information, Linkages and Capacity building (ILC), including important role of universal human services in meeting the social support needs of people with mental illness.
- developing an effective operational interface between clinical mental health services and the NDIS.
- policy, practice and system design implications for specialist clinical mental service system

# Streamlined Access Approach for People on the MHCSS Needs Register

- The MHCSS Needs Register is not a defined program.
- The MHCSS Intake service will cease to accept referrals for MHCSS defined programs when an Area commences transition.
- A Streamlined Access approach has been developed with the NDIA to support the people on the MHCSS Needs Register make an NDIS access request.
- This includes helping people to collect the evidence they need to complete the NDIS access request form.
- The MHCSS Intake Service will focus on helping people on the Needs Register to test their eligibility for the NDIS.

# NDIS Access – Design Issues

Key ongoing issues in relation to access to the NDIS for people with a mental health condition include:

- rigid access processes that do not easily engage people with psychiatric disability, particularly those who are hard to engage and do not seek help
- high level of administrative burden in collecting evidence of mental health diagnosis and functional impairment
- costs incurred by the person and their carers related to collection of evidence that they have a psychiatric condition, functional impairment and associated level of disability, including assessment of permanency
- capacity of the NDIA Access Team to consult with a person's family and existing service providers to understand circumstances, functional impairment impacts and related support needs

# NDIS planning process

In response to these issues, the department will:

- Continue to promote the need for service coordination to be a core, ongoing element of an NDIS Plan for participants with a psychiatric disability.
- Clarify with the NDIA what activities that can be provided through support coordination & seek to influence the design of this registration group
- Analyse NDIS actuary data to better understand the type of NDIS support people with a psychiatric disability are receiving & monitor trends in this data
- Work with the NDIA to routinely include supports known to improve psychosocial functioning and recovery outcomes for participants with a psychiatric condition.
- Provide easy to understand tailored information to people with a psychiatric condition and their carers, MHCSS providers and specialist clinical mental health services on how to prepare this clients for the NDIS First Plan discussion.

# Interface between health services and NDIS

- The effective interaction between the NDIA and specialist clinical mental health services is critical to ensure the smooth transition for consumers into the NDIS and a coordinated response to their mental health treatment and psychiatric disability support needs.
- In response to this issue, the department:
  - has funded a consortium of health services in the North Eastern Melbourne Area to build the evidence and models for effective collaborative practice between the NDIA and health services, for consumers with a psychiatric disability. (Sector Development Fund initiative)
  - will allocate funding to health services to appoint an NDIS 'system' manager to strengthen their capacity and capability to proactively implement the operational and practice change needed for an effective mental health and NDIS interface.
  - monitor with health services systemic issues related to NDIS access, planning, support implementation and review processes and address these issues with the NDIA as they arise.

# Quality and safeguards

**While the NDIS is being rolled out, all existing Victorian quality and safeguards arrangements will remain in place.**

- People will continue to have the same avenues for raising concerns and making complaints through statutory oversight bodies during transition (July 2016 – June 2019) such as:
  - Complaints processes and quality frameworks
  - The Mental Health Complaints Commissioner
  - The Disability Services Commissioner
  - The Senior Practitioner- Disability
  - The Chief Psychiatrist.
- DHHS policies and procedures, including those covering incident reporting, will remain in place during transition.

# Questions

