



**WAAMH**

Western Australian Association  
for Mental Health

**Western Australia Association for Mental  
Health Submission:  
State Commissioning Strategy for Community  
Services Discussion Paper**

## **Acknowledgements**

We wish to acknowledge the custodians of the land on which WAAMH is based and works, the Wadjuk (Perth region) people of the Nyoongar nation and their Elders past, present and future. WAAMH acknowledges all people with lived experience of mental health issues and mental distress, for their strength and courage to challenge and face each day.

## **Contact**

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## Background

The Western Australian Association for Mental Health (WAAMH) is the peak body for the community mental health sector in Western Australia, and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports – built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection – are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community-managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. WAAMH also engages in a wide network of collaborative relationships at a state and national level, with individuals, organisations and community members who share its values and objectives.

WAAMH appreciates the opportunity to provide input to the WA Department of Finance on the State Commissioning Strategy for Community Services Discussion Paper.

This feedback has been prepared by senior WAAMH staff and stakeholders. This response has been informed by our ongoing engagement with community members, people with lived experience, non-government organisation mental health service providers and WAAMH's strategic objectives and ongoing advocacy priorities, as well as the broader social services sector. This submission is primarily focused on the mental health system and commissioning functions and approaches of the Mental Health Commission, with broader considerations in some areas. In addition to this submission, WAAMH broadly endorses the submission made by the Western Australian Council of Social Service (WACOSS). WAAMH also contributed to this piece of work, and encourages the Department of Finance to review this submission in detail.

## Consultation questions

### **1. Are there other issues associated with commissioning that should be covered in the Strategy?**

#### ***Stewardship***

For reform in the commissioning space to take place, commissioning agencies need to take a strong stewardship role for their respective sectors, in addition to the general role of government in providing a stewardship role across the system as a whole. While the stewardship role of government is mentioned once in the Discussion Paper, WAAMH suggests that this language needs to be strengthened, and that this role needs to be much more apparent practically.

Stewardship in a meaningful sense goes beyond simply funding and commissioning of services. Stewardship much involve agencies holding and articulating a clear vision for the direction and nature of progress for their sectors, and collaboratively leading this progress, while empowering and enabling the sector to come along on that journey. For the community-managed sector, this also means being clear about what the role of community-managed organisations in this vision and what community services need to look like in the future and developing the sector capacity and workforce to support this. Sector development priorities should be clearly articulated and supported, and commissioning agencies need to have an articulated approach to sector development which is done in a systematic way.

Peak bodies can be a partner in the work of stewardship, but as commissioning bodies with responsibility for both policy and procurement it is ultimately up to agencies to provide the leadership necessary to set and communicate priorities.

The concept and practice of stewardship therefore needs to be much more prominent in the State Commissioning Strategy, and work needs to be undertaken with agencies to ensure that agencies a) understand this concept and b) have the skills and capacity to realise this role practically.

### ***Implementation***

While much of the content of the Discussion Paper is positive, there is no detail about how this is going to be achieved. For the final strategy to be meaningful, details need to be included about how it is practically going to be implemented. Without these details, the concepts remain very high level.

It has also been noted in other forums with stakeholders from the general social services sector that the process surrounding the review of state commissioning allows for different agencies to take very different approaches, which may lead to significant variation across sectors in terms of practices, outcomes and capabilities. For example, it is understood that lead agencies do not have to share their commissioning plans with their sector – but if this is the case, there may be significant differences between sectors in terms of what information they receive. This process should be either that every agency has to share them, or no one does, not this scattered approach.

### ***Other commissioning bodies***

The current Discussion Paper makes no mention of other parts of the system, for example federal funding sources. For the final strategy to be meaningful, there needs to be acknowledgement of other parts of the system that may present genuine constraints on how commissioning can be undertaken at a state level.

### ***Valuing the role of peaks***

The role of peaks in implementing the new commissioning approach set out by the final strategy is recognised briefly in the Discussion Paper. That peaks are acknowledged is positive, and WAAMH advocates for the value of peaks to be clearly articulated and recognised as part of this process. Peak bodies have strong expertise which will be key to the successful implementation of the final strategy, for example in the area of co-design. They have a positive role to play in supporting agencies in their commissioning and providing a conduit between agencies and sector stakeholders. Peaks are also vital in providing broad, sector-wide perspectives to government, to inform system-wide understandings of critical issues and needs, and guiding commissioning at a sector and system level.

### ***Agency Capability Review Program***

Outcomes of this consultation and the final State Commissioning Strategy should link to the Agency Capability Review Program. Areas being assessed as part of this review are relevant to delivering effective commissioning approaches, including leadership, culture and governance, service excellence, relationships, people and resources and risk.

## **2. How can commissioning approaches drive more integrated service delivery?**

WAAMH supports integrated approaches to service delivery in the mental health sector and other social service sectors more broadly. The need for services that work effectively and seamlessly together to provide service users with a comprehensive and contemporary experience are vital. However, “integration” is often not well defined and there can be confusion as to what this term means for commissioning and funding bodies, services and

consumers alike. WAAMH suggests that the meaning of integration as it appears in the State Commissioning Strategy should be clearly defined to ensure clarity.

In the context of mental health, integration could be supported by joined up commissioning, or even co-commissioning of mental health services in association with other service types. Examples include:

- Housing First: clarity should be established as to how mental health services are being purchased as part of this approach (with the Department of Communities leading this work) to ensure that people's needs are being met adequately and in a way that facilitates and prioritises choice and control for service users.
- Family and domestic violence: following the recent release of the Path to Safety WA strategy to reduce family and domestic violence 2020-2030, joined up commissioning approaches that address mental health service needs of for victims of family and domestic violence could be explored.

Taking a whole of government, cross sectoral approach to commissioning, where the full context of service delivery and the needs of the community are considered as part of the commissioning approach, would allow for more comprehensive and integrated service delivery.

### **3. How can service users be most effectively engaged to design and prioritise services that meet their needs in the context of place and community?**

Co-design is specified in the Discussion Paper as a key mechanism for engaging service users in service design. WAAMH supports co-design as a critical principle for the effective and sustainable development, implementation and evaluation of mental health services (and other social services) in WA. The term co-design is often used by government in consultation processes for mental health system design and direction, but this approach is not always genuine or well implemented.

To effectively engage service users, the time taken to undertake co-design is critical. As the Discussion paper notes, good co-design can take time, and this should be factored into consultation periods and processes. Responsibility for this should not fall to service providers; government must ensure that consultation periods are sufficiently long to ensure that co-design can be facilitated (at minimum 8 weeks). At present, consultation periods are often 4 weeks or less, which is not enough time to responsibly or genuinely engage in co-design.

Urgent peaks of activity should be avoided. To ensure this, there should be a clear plan and direction for service development and system reform, so that these processes are not reactive. In the case of the mental health sector, The Plan should provide broad guidance for this sort of activity.

It should also be noted that co-design is an ongoing process and should be undertaken to inform not only service design (as specific in the Discussion Paper), but also implementation and evaluation.

Funding and budgets allocation to facilitate co-design should also be sufficient. Considering the significant role of co-design identified in the Discussion Paper, there is an expectation government will resource organisations to undertake this work, just as they resource private consultation companies (at significant cost) to undertake consultations on its behalf.

People with lived experience also need to be invited to give feedback on whether co-design and collaboration has been effectively undertaken, and efforts should be made to ensure that this feedback is acted on if improvements are required.

Additionally, co-design should not be over-used, or employed in scenarios where it is not necessarily required or feasible; such as the renewal of ongoing services where the service model has been evaluated and is considered robust and still appropriate, or in relation to one-off, short-term or small-scale projects and grants.

Agencies should also be required to provide evidence of codesign and collaboration approaches, to ensure that accountability in these processes is maintained. Please refer to the WACOSS Submission for further details on proposed mechanisms for this, and resources to guide effective co-design processes.

#### **4. How can the Strategy strengthen the involvement of Aboriginal people, organisations and leadership in the planning, design and delivery of services?**

Services for Aboriginal people should be designed with and by Aboriginal people and there should be an increased proportion of services for Aboriginal people delivered by Aboriginal Community Controlled Organisations (ACCOs) and other Aboriginal organisations.

In addition to shifting commissioning practices to prioritise ACCOs and Aboriginal-led approaches for the provision of services (including, importantly, mental health services) there should also be consistent investment in supporting ACCOs to strengthen their capacity to secure and deliver social service contracts, as current procurement processes often mean that larger mainstream providers dominant tendering processes.

Please refer to the WACOSS Submission for further comprehensive details on the involvement of Aboriginal people, organisations and leadership.

#### **5. How can government work with the sector to ensure services remain contemporary and are agile enough to meet the needs of services users?**

Commissioning approaches should be flexible enough to allow for innovation and use of evidence informed approaches, and be agile, dynamic and open to change. Government agencies must be willing to engage in regular, ongoing and open conversations with service providers as part of the commissioning and contracting processes to ensure that services can adapt and respond to needs as they arise in the community. There must also be a culture of trust and communication between agencies and their sectors to allow for service providers to feel empowered to adapt their practice to respond to emerging needs.

As part of this approach, commissioning bodies need to facilitate research and evaluation processes that are adequately funded and supported by the necessary expertise (for example, university or specific research expertise may need to be mobilised and supported by government) to allow for the efficacy and sustainability of contemporary approaches to be assessed. Government agencies must also be actively engaged in research and with research expertise (both inhouse and externally) that allows them to understand best practice in the fields that they oversee, and to support their sectors to evaluate their own services in line with these practices. Agencies should also support sector development opportunities that allow services to acquire and maintain skills and approaches in line with contemporary best practice, with opportunities for contemporising and upskilling where appropriate.

## **6. How can the sector ensure services are priced appropriately encompassing all costs for the service to support sustainability?**

WAAMH supports the need for appropriate pricing of services to ensure sustainability. However, the way this question is framed insinuates that “the sector” (presumably outside of government) has lead responsibility for determining the price of services, which is not the case. While the sector has a role to play in informing the pricing of services, often government provide fixed amounts within which to procure, which necessitates adaptive pricing. For this question to be genuine moving forward, the role of government needs to be clearly articulated and acknowledged; there is currently very little government accountability in this space. A reframing of the approach to pricing should be undertaken, including:

- genuine and appropriate use of co-design processes to understand the needs of communities, the services required and the full cost of these services
- frank and honest conversations with service providers to understand the full extent of work and services being delivered, to ensure that all activities and community expectations of what a service will deliver are being captured in pricing
- flexibility to ensure that changes in service needs and community needs are being captured and addressed.

In addition, the role of data and outcomes measures should be acknowledged. Until there is good outcomes data available on service and program performance, it is difficult to know which options provide the best investment for commissioning bodies. This type of data will also facilitate a move away from viewing commissioning through the lens of ‘value for money’ to actually delivering the greatest value in a meaningful sense for government, community and service users.

Competitive tendering is also not an effective way to ensure the collaborative delivery of integrated community services, and puts organisations at risk of undervaluing services for the sake of acquiring contracts. Mechanism for ensuring accurate and fair pricing of services in the contracting process need to be explored in collaboration with sector stakeholders.

## **7. How can commissioning support a focus on the longer-term needs of service users, as well as the immediate needs of those in crisis?**

In the case of the mental health sector, the MHC is well placed to understand where investment is required to support both the acute and long term needs of the community, via The Plan. The Plan provides a clear roadmap for mental health funding and investment across five service streams to achieve an optimal mix of service types and amounts to best support the WA community and ensure the most effective and sustainable mental health system, and is based on the National Mental Health Service Planning Framework.

However, there is an ongoing reluctance or inertia in government and the MHC to invest meaningfully in prevention and promotion initiatives which would help to keep people well in the community and prevent the onset and progression of mental health challenges, with beneficial outcomes for the incidence of mental health conditions and the burden of disease due to mental health over the long term. There has also been a historical underinvestment in community supports, which are non-clinical supports (both formal and non-formal) which respond to mental distress in a community setting. Non-clinical supports offer recovery approaches and help people address the social, relational, and environmental factors in their lives such as trauma, income, relationships, community connection, culture or housing - not just a medical approach. Both prevention and community support offer mechanisms to support long term positive outcomes for mental health.

As present there is heavy reliance on acute, hospital -based and emergency services in mental health. These are needed – however they represent the most expensive service type, and do not address the root causes of mental health challenges in the community. Modelling (as per the Plan) shows that while funding for all service streams needs to increase (the pie needs to grow), the proportion of spending for prevention and community supports needs to increase (a larger piece of the pie) and the proportion of funding for hospital-based services needs to decrease (a smaller piece of the pie).

Government, including treasury and the MHC, need to respond to The Plan and create a long term and genuine commitment to delivering on the balancing of services set out in the document. This will require a shift in political approach, from investment in crisis services and immediate results to investment in prevention and community supports and a focus on long-term outcomes measures over time.

This last factor, long-term outcomes measures, will require ongoing work and refinement, to ensure that appropriate measures are being tracked and evaluated. While outcomes may not be immediately apparent, there is still sufficient evidence from other jurisdictions and research to allow us to understand the multiple pathways to disadvantage and where social determinants focused, prevention and early intervention approaches can be implemented effectively. The MHC has access to evidence of this kind of evidence and to expertise to advise in this area.

#### **8. How can data collection be comprehensive enough to evaluate services without being overly burdensome for service users, providers and government?**

Data collection should be coordinated with other commissioning and funding bodies, for example across state and federal funders, to ensure that data is meaningful across jurisdictions and to reduce the administrative burden for organisations.

Evaluation and collection of (outcomes based) data should be supported in funding and contracting arrangements, to ensure that organisations have the time, financial resources and access to appropriate expertise to meaningfully and easily collect data.

Government needs to consider carefully and in thorough consultation with the broader sector what is appropriate to ask individual organisations to collect and measure in terms of data, especially in relation to outcomes focused data. In many instances outcomes (at a population level) will be out of scope for individual organisations to collect and interpret meaningfully, and will be beyond the capacity of organisations in terms of cost, expertise required and timeframes involved. The collection and analysis of broader system outcomes should be the role of government, not individual organisations, although short term outcome data (as an indicator of future outcomes) could be measured at the organisational level. This sort of data collection planning will require a comprehensive and sophisticated approach to planning and the use of existing evidence to inform data requirements, and should be a serious piece of work for government moving forward.

Data collection and the use of evidence must also remain flexible enough to allow for new approaches and for innovation in approaches for individual organisations, with meaningful evaluation and data collection built into the planning and delivery of these new approaches (to inform the evidence base).

#### **9. What enablers are most important for implementing new commissioning in WA and are there any other key enablers not listed here?**

Key additional enablers not captured in the Discussion Paper include:



- A culture of trust, transparency and accountability between government and the broader sector, to ensure that change, flexibility and improvement are supported and facilitated.
- Flexibility in contracting for innovation.
- A sophisticated, comprehensive and robust system for measuring outcome and understanding what works. This includes collection and management of data, analysis and interpretation of data, and development and implementation of outcome measures. This will require expertise from a range of sectors, with appropriate allocation of responsibility; these will include government, universities/tertiary institutions, service providers, and service users.

#### **10. How can government and providers have brave conversations when things are not working?**

A culture of trust, respect and genuine intent to work in collaboration needs to be fostered between government and the community services sector. Brave conversations should not be difficult conversations if relationships and intentions are good, and if there is a clear and shared vision for how commissioning takes place to support the needs of the community.

Agencies should be expected to act with consistency in their approach to procurement, contract management and interpretation of contracts. Expectations, concerns and any need for change in practice by service providers should be communicated clearly and early, to allow all parties to negotiate changes as required and to feel confident that the services they are delivering are within scope and are valued by commissioning agencies. Government agencies need to ensure service providers feel secure in raising issues without punitive outcomes or risks to their funding.

There may also be a role for some form of whole-of-government procurement, compliance and appeals oversight mechanism. Please see the WACOSS submission for more details on this concept.

#### **11. What capabilities do governments, providers and service users require to implement this strategy?**

- Expertise within government to implement, monitor, evaluate and progress the Strategy (see WACOS submission for discussion on potential mechanisms for this).
- Engagement with other sectors (for example, the tertiary sector) to enable sophisticated and meaningful collection and use of outcomes-based data.
- A strong culture of reciprocity and shared vision for the direction of the social services system, and between individual agencies and their sectors.
- Genuine and competent co-design skills to ensure service users are thoroughly and meaningfully engaged in commissioning processes.
- Appropriate funding and enabling of the implementation of the final strategy to ensure that outcomes are actually achieved.