NSW GOVERNMENT

Housing and Mental Health Agreement 2022 (HMHA 22)

Frameworks for implementation and monitoring – Consultation Paper

November 2022

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Introduction

What is the Housing and Mental Health Agreement?

The Housing and Mental Health Agreement 2022 (HMHA 22) is a formal agreement between NSW Health and the Department of Communities and Justice (DCJ).

It is a commitment that all levels of the agencies will work together, and with key stakeholders, to ensure that that people with mental health issues have timely access to safe, secure, appropriate housing; and mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

HMHA 22 has three key aims:

1. Re-invigorate effective, accountable and sustainable governance between mental health, housing, and homelessness services,
2. Deliver on shared goals in partnership with mental health, housing, and homelessness services and other key stakeholders, and
3. Embed agreed principles in policy, commissioning and service delivery.

The agreement relates to the policy, commissioning and delivery of mental health, social housing and homelessness services by all levels of the signatory agencies and partners to a shared client group of:

People aged 16 years and over who:

- are living in social housing, experiencing homelessness, or at risk of experiencing homelessness, and
- require mental health services funded by NSW Health or be supported to access broader mental health services.

What is the purpose of this consultation?

HMHA 22 outlines the overarching aims, objectives and commitments for DCJ and NSW Health as the signatories. The details about **how** the Agreement is implemented are contained in four supporting frameworks.

This consultation is to seek feedback on draft versions (or concepts) for three of the four frameworks that underpin the Agreement:

- Service Delivery Framework

- Governance Framework
- Monitoring and Reporting Framework.

How are we consulting?

NSW Health and DCJ are consulting using:

- Targeted facilitated workshops with people with lived experience of mental health, housing and homelessness issues
- Targeted facilitated consultations with Aboriginal stakeholders
- Invitations for comments as from the non-government and government stakeholders.

This short paper outlines the key questions for the consultation. It should be read with the accompanying:

- HMHA 22 Governance Framework – Consultation exposure draft
- HMHA 22 Service Delivery Framework – Consultation exposure draft
- HMHA 22 Monitoring and reporting Framework – Consultation exposure draft .

This document directs to parts of the draft frameworks with page number references.

How can you have your say?

DCJ and NSW Health are inviting comments from stakeholders until **31 January 2023.**

Consultation feedback can be submitted by one of the two following methods:

1. Completion of the online survey at https://www.surveymonkey.com/r/HMHA22
2. Submitting a written response to moh-housingandmentalhealthagreement2022@health.nsw.gov.au

If you need supporting making a submission you can contact the project team at moh-housingandmentalhealthagreement2022@health.nsw.gov.au

What happens next?

After this consultation, the frameworks will be updated versions and considered by the HMHA 22 Lived Experience Advisory Committee and NSW Housing and Mental Health State Steering Committee for final feedback and endorsement.

The frameworks will then be implemented across NSW in early 2023.

Background

How was HMHA 22 developed?

In 2019, DCJ and NSW Health commissioned an independent review of the 2011 HMHA, which was overseen by the NSW Mental Health Taskforce. Building on the review, this new Agreement replaces the 2011 HMHA. The supporting frameworks have then been drafted in response to the stakeholder feedback during the review and subsequent cross-sector workshops.

Who is being consulted as part of this process?

HMHA 22 cannot achieve its aims without DCJ and NSW Health working with a broader range of services and the people supported by these services. This group (collectively referred to as the HMHA 22 'participants' in the Agreement) are the target for this consultation including:

- People with a lived experience of mental ill health, housing instability or homelessness, their families, kin, carers, and representative organisations.
- Aboriginal stakeholders
- Community Housing Providers (CHPs)
- Community managed organisations (CMOs) providing mental health and psychosocial supports and other Non-Government Organisations (NGOs) providing DCJ and NSW Health funded housing, homelessness and mental health services to the shared client group and their peak organisations.
- Specialist Homelessness Services (SHSs).

How are people with lived experience participating?

A key feature of the updated HMHA is the increased recognition of the value and importance of engaging with people with lived experience.

DCJ and NSW are conducting facilitated workshops with groups representing the diverse range of people with this lived experience. And people with people with lived experience will continue to be involved throughout the design and implementation of the agreement through the Lived Experience Advisory Committee.

Overview

HMHA 22 consists of the Agreement and four supporting frameworks as summarised below.

Agreement

A formal Agreement between DCJ and NSW Health that outlines how DCJ and NSW Health will work together and engage key stakeholders, to improve outcomes for the shared client group

Service Delivery Framework

The mechanism to engage people with lived experience and support collaboration amongst housing, homelessness, mental health and other partner services

Governance Framework

A three-tiered model to set out the roles and responsibilities of stakeholders, including accountabilities, escalation and communication pathways

Monitoring and reporting mechanisms

Mechanisms to measure the HMHA's progress against key deliverables outlined in the Service Delivery Framework

Guidance for information sharing

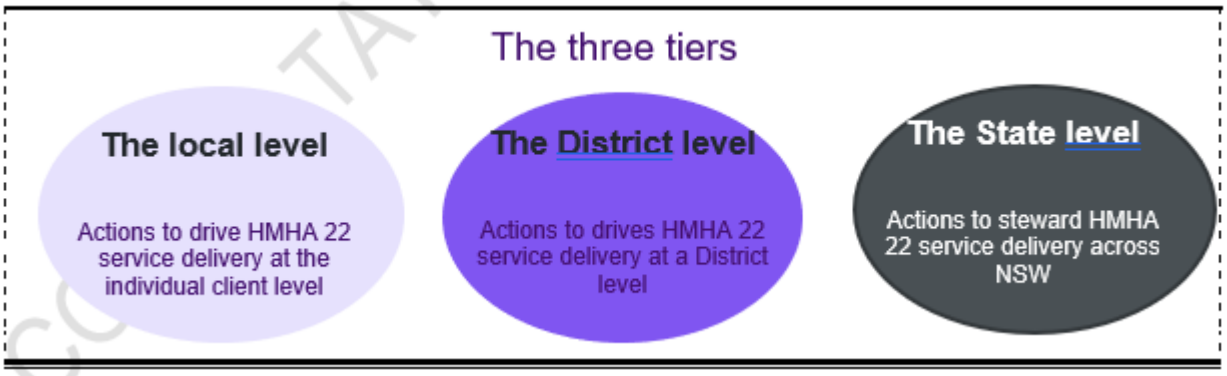
Guidelines to promote effective information sharing across services and support collaboration

Governance Framework

What is the Governance Framework?

Establishing robust, ongoing multi-level is one of the three key commitments of the HMHA 22.

The proposed Governance Framework establishes these governance requirements at three levels: local, district and state. Each level supports and interacts with the other levels through information and communication pathways, escalation pathways and organisational structures at DCJ and NSW Health.



What are we consulting about for this framework?

There has been substantial cross-sector consultation to develop the exposure draft of the HMHA 22 Governance Framework. This final consultation process is mainly to:

- confirm the proposed principles to underpin the governance
- confirm some key details like the proposed committee membership, responsibilities for the district and local committees and the implementation planning process.

What is the purpose of this framework?

This framework is about how we work together formally to oversee the implementation of the Agreement. It is guided by 10 principles:

The Principles

Support the aim, objectives and principles of the HMHA.

Engage with people with lived experience and their families and carers in planning, commissioning and delivery of services.

Participate actively and professionally in governance at relevant levels.

Recognise and involve all HMHA 22 participants as equal partners where appropriate including NSW Government agencies and NGOs and the Aboriginal Community Controlled Sector.

Resource effective coordination at the relevant governance tier (state, district and local).

Promote awareness of HMHA 22 among a broader range of stakeholders.

Promote good practice in delivering coordinated services when responding to people in the target group.

Strengthening integrated service planning, delivering coordinated person-centred services;

Work towards the shared agenda as outlined in the Service Delivery Framework

Measuring progress against performance indicators that support HMHA 22 outcomes.

Q1	Do you have any feedback about the Governance Framework principles? Is there anything that should be added or changed?

Who is involved in HMHA 22 Governance?

Under the HMHA 22 Governance Framework, committees will be established at local, district and state levels to oversee the implementation of the Agreement (and to establish care coordination process as the local level).

The Governance Framework includes model terms of reference for each level of committee, including responsibilities and recommended members. See:

- State level (Pages 34 - 37)
- District level (Page 38 - 41)
- Local level (Pages 42 - 44)

Q2	Do the three committees include the right stakeholders? If not, who else should be included?
Q3	Do the committees have the right responsibilities? Is there anything that should be added or changed?

What is the role of people with lived experience?

A key feature of the updated HMHA is the increased recognition of the value and importance of engaging with people with lived experience.

At a state level, a Lived Experience Advisory Committee will be established. This committee will ensure that the voices of people with mental health issues and experience of the social housing and/or homelessness systems are heard by decision makers and service providers, to lead and influence change in services and systems.

At a district level, the District committee is to include a person (or people) with lived experience of social housing, homelessness and mental health issues and/or their families and carers or representatives (this may include a Peer Worker or other person engaged through consumer consultation committees in NSW Health and DCJ).

At a local level, people with lived experience must be involved in the co-design of the Local Implementation Plans. Depending on their service context, local tiers may also include people with lived experience, their families or carers for agenda items that do not require discussion of individual clients.

Q4	Do you have any feedback about the role of people with lived experience in the HMHA 22 Governance Framework?

What else is in the Governance Framework?

District Implementation Plans

Under the Governance framework, all districts must develop plans setting out how the Agreement will be implemented in the local context, called District Implementation Plans (DIPs). These should be:

- co-designed with the key HMHA 22 district participants including consumers, carers, those with lived experience and families
- reflect the domains, shared priorities and mandatory actions of the HMHA 22 Service Delivery Framework.

The HMHA 22 DIPs are biennial plans, updated every two years. The District Committee's monitor progress at the regular quarterly meetings as a standing agenda item.

Further detail about the district plans is provided in the Governance Framework (page 22). And 'minimum requirement' templates for the plans are provided as part of the Framework Appendices (page 31).

Q5	Do you have any feedback about the District Implementation Planning process or requirements?

Local Implementation Plans

All Local Implementation and Coordination Committee must also develop plans setting out how the Agreement will be implemented in the local context, called Local Implementation Plans. Like the district plans, these should be:

- co-designed with the key HMHA 22 district participants including consumers, carers, those with lived experience and families
- reflect the domains, shared priorities and mandatory actions of the HMHA 22 Service Delivery Framework.

The Local Implementation Plans are also biennial, updated every two years. The local committees monitor progress at the regular meetings as a standing agenda item.

Local Implementation Plans are submitted to the HMHA 22 State Steering Committee for noting, via the District Committees, which are responsible for endorsement and monitoring.

Further details are at page 26 and the minimum requirement template is on page 32.

Q6	Do you have any feedback about the Local Implementation Planning process or requirements?

Q7	Do you have any other comments you would like to make about the HMHA 22 Governance Framework?

Service Delivery Framework

What is the Service Delivery Framework?

The Service Delivery Framework is one of the three key commitments of the HMHA 22.

It sets out the 'shared agenda' (goals) and guides how this agenda should be implemented in service delivery at the local, district and state levels in partnership with services and other key stakeholders.

The foundations of the SDF are:

- three principle-based domains of action (pages 8 – 11); and
- a shared agenda described as four focus areas (pages 13 – 18).

The framework then describes how these structural elements are applied at each of the three tiers of HMHA 22 governance:

- Local level (pages 19 – 26)
- District level (Pages 27 - 32)
- State level (Pages 33 - 36).

Each of these chapters are a mix of:

- Mandatory actions
- Contemporary, current good practice examples
- Other related information such as useful contemporary guides to practice or related policy frameworks.

The framework at a glance

Our shared vision

People with mental illness have timely access to safe, secure, appropriate housing; and mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

Why it matters

Our shared client group:

People aged 16 years and over who:

- are living in social housing, experiencing homelessness, or are at risk of experiencing homelessness, and
- may require mental health services funded by NSW Health or be supported to access broader mental health services.

The Service Delivery Framework

The HMHA 22 Service Delivery Framework supports the practical implementation of the Agreement. It sets out our shared agenda and guides how this should be implemented by the signatories and participants at the local, district and state levels.

The Framework is a flexible living document. It will adapt over time as it gets reviewed with the people who experience the services every two years.

DOMAIN 1	DOMAIN 2	DOMAIN 3
How we work with our shared clients	**How we work with each other**	**How we promote the Agreement and work together to innovate**

Our shared agenda – the agreed focus areas for the first two years (2023 – 2025)

1. Preventing exits from mental health services to homelessness.
2. Prioritising mental health support to sustain tenancies and prevent people from the shared client group entering the homelessness system.
3. Innovating our response to support people from the shared client group experiencing rough sleeping.
4. Innovate to meet the unique needs of Aboriginal people in the shared client group and provide a culturally sensitive and trauma informed response that recognises Aboriginal relationship to land, country and kinship.

What is the purpose of this framework?

The Service Delivery Framework makes sure we are all working towards the same goals. It sets the shared agenda through its 'domains of actions' and four priority focus areas.

Domains

The Service Delivery Framework applies the key elements of the Agreement to establish three domains of action to guide service delivery.

Domain 1 - Working with the shared client group (page 9)

This Domain describes five fundamental principles of how HMHA 22 signatories and participants agree to engage with shared clients irrespective of where they are interacting with the spectrum of housing, homelessness, and mental health services.

Domain 2 - Working with each other (page 10)

This Domain describes eight fundamental principles of how HMHA 22 signatories and participants commit to work with each other

Domain 3 - Working together to promote the Agreement and innovate (page 11)

This Domain establishes six principles for how the signatories and participants will promote the agreement and challenge the way things have traditionally been done to do them better and achieve better outcomes for the shared clients.

Q8	Do you have any comments on the domains or their associated principles?

Priority focus areas

One of the three fundamental objectives of HMHA 22 is for the signatories to deliver on a common agenda through shared goals in partnership with funded services and other key stakeholders.

The Service Delivery Framework sets this agenda through its domains of actions and the following as a set of four priority focus areas:

- **Preventing exits** from mental health services to homelessness
- Prioritising mental health support to **sustain tenancies** and prevent people from the shared client group entering the homelessness system
- Innovating our response to support people from the shared client group **sleeping rough**
- Innovating to **meet the unique needs of Aboriginal people** in the shared client group and provide a culturally sensitive and trauma informed response that recognises Aboriginal relationship to land, country and kinship.

The focus areas are a selective list. They are deliberately limited to four priorities for the first two years as a 'manageable' shared agenda. These four priorities have been chosen based on:

- current government priorities
- stakeholder feedback from the review of the previous agreement, and
- actuarial and other evidence indicating probable 'high value' at both an individual and system level.

Q9	Selecting four priorities reflects a "do less and do it better" approach. Do you have a view about adopting this approach for the priorities for the Framework?
Q10	Do you have comments about the four priorities selected?

A rolling two-year cycle

HMHA 22 is a long-term commitment. While there is no formal expiry date, the previous iterations suggest it is likely to remain relevant for about 10-years before it needs significant updating.

To ensure the high-level Agreement remains relevant and continues to respond to changing community needs and government priorities, the Service Delivery Framework is structured according to a rolling two-year cycle.

This means the Framework is a flexible living document. While the domains are likely to remain stable, the priority focus areas can adapt over time (mainly according to the direction of the State Steering Committee).

Q11	Is a rolling two-year cycle appropriate for this framework?

What else is in the Service Delivery Framework?

HMHA 22 and its supporting frameworks operate in a complex system of housing, homelessness and mental health policies and programs.

The Service Delivery Framework includes features, such as 'breakout boxes' and signposts, to highlight some of the key information that might be useful ideas to implement the framework. The types of features used are summarised on page 5.

Q12	Are there any other key stakeholders, policies, programs or other interrelationships you think should be highlighted in the document using any of these features?

A set of mandatory actions at local, district and state levels

The Service Delivery Framework includes a suite of mandatory requirements for signatories to implement with participants. These are the 'cogs' in the supporting frameworks. Doing these things at the state, district and local levels gives us the best chance of achieving the HMHA 22 vision.

Types of mandatory requirements in the Service Delivery Framework

Governance related	These actions reiterate some key requirement of the Governance Framework.
Implementation support	These are actions to support the implementation and ongoing operation of the agreement.
Capacity building	These actions build common knowledge and skills for HMHA 22 participants.
Integration	These actions are opportunities to integrate key aspects of the agreement into policy, service planning, commissioning and/or delivery.
Program / pilot	These actions are a program (or pilot program) with evaluation.

In total, there are 34 mandatory actions in the SDF. Most of these (19) are for the signatories and partners at state level. Ten are at district level. And the local level is the least prescriptive with only six, all governance related. A summary of the mandatory actions is at Appendix A of the Framework (pages 38 – 41).

Q13	Do you have any comments about the proposed mandatory actions?

Q14	Do you have any other comments you would like to make about the HMHA 22 Service Delivery Framework?

Monitoring and Reporting Framework

What is the Monitoring and Reporting Framework?

The Monitoring and Reporting Framework is our way to measure progress towards key outcomes in the Agreement and associated frameworks.

While the need for transparent monitoring and reporting was clearly expressed in the review of the previous agreement, exploring **how** it should be done was not in the scope of the review.

Without this stakeholder feedback to draw on, the draft version of the Monitoring and Reporting Framework is considerably less developed and at a more conceptual stage than the detail of the Governance or Service Delivery Frameworks.

What is the purpose of this framework?

The HMHA 22 Monitoring and Reporting Framework:

- helps all stakeholders **understand progress** towards the Agreement's vision by transparently reporting key output, outcome and evaluation information
- supports the signatories to **be accountable for their commitments** in the Agreement
- provides a **structure for evaluating** the implementation and effectiveness of the Agreement
- encourages and facilitates **data driven decision making and targeted interventions** at a state, district and local level

It includes six principles (page 12):

1. involve people with lived experience
2. show the progress of the shared agenda
3. share information with HMHA 22 participants
4. innovate how we use and collect data
5. use existing data where possible
6. reflect the three tiers of governance – local, district and state

Q15	Do you have any comments about the proposed purpose and principles of this framework?

Monitoring and reporting implementation

The Agreement includes three broad Objectives and fourteen signatory commitments.

Measurable goals have been mapped to each of these objectives and commitments in the draft Framework. These are largely process actions.

It is proposed the HMHA 22 signatories prepare and publicly release a HMHA 22 Annual Communique in partnership with the State Steering Committee. The Communique will include:

- report progress for the broad objectives
- report progress for the fourteen signatory commitments.

Q16	Is there anything you would like included in the annual HMHA 22 communique? And why?

A linked data set for outcome measures

The interrelationship between housing and mental health means outcomes that matter for HMHA 22 shared clients are captured across multiple data sets.

Linking the data will enable richer, meaningful insights to be generated and enduring deidentified linked data assets to be created for wider and ongoing use. A linked data set could provide indicators to monitor for the impact of the HMHA 22. Potential data sets are outlined below.

Sector	Administrative data set
Housing	Social housing tenancies Private rental subsidies and private rental assistance
Health	Hospital admission data Emergency department presentations Ambulatory mental health services Medicare use (aggregated)
Homelessness	Specialist homelessness services (SHS) Temporary accommodation (TA)

To demonstrate the potential application of a linked data set, four dashboards with possible indictors are included in the draft (pages 18 -20).

Q17	What is your view on developing a linked data set to inform the HMHA 22 outcome indictors? Do you have any other data sets you would recommend be included and why?
Q18	What are your thoughts on the indicators presented? Do you have other measurable outcomes you would want prioritised / investigated?

What are the next steps for this framework?

DCJ and NSW will continue to work with stakeholders through the State Steering Committee and Lived Experience Advisory Committee to develop the Monitoring and Reporting Framework after this consultation.

Q19	Do you have any comments about the proposed purpose and principles of this framework?

Information Sharing Framework

This section is for information only. The scope and details of the Information Sharing Framework will be developed by the State Steering Committee commencing in 2023.

What is the Information Sharing Framework?

Effective and timely sharing of quality information has been an objective of all previous versions of the housing and mental health agreement.

However, the review of the 2011 agreement confirmed that current privacy, consent and information sharing arrangements continue to be a major barrier to coordination of service delivery for the HMHA shared client group. An Information Sharing Framework will be developed to address some or all of these issues for the services and clients withing the scope of the Agreement.

What are the next steps for this framework?

To address this ongoing barrier, NSW Health and DCJ will work with the Lived Experience Advisory Committee, State Steering Committee and information privacy experts to develop an Information Sharing Framework with consideration of:

- Information sharing guidelines
- Information sharing workflow
- Informed consent factsheet(s)
- Endorsed consent language
- Streamlining processes for the important hardest-to-access information

Q20	Do you have any other final comments you would like to make about the any of the HMHA 22 supporting frameworks or their implementation?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