

Integrated Service Centres

Leading Reform Conference
21 November 2018





Developing a Regional Action Framework for Coordinated/Integrated Health Services Delivery (CIHSD) in the WHO European Region



World Health Organization



Organisation mondiale de la Santé



Polgondokheltorgazdasag



Агентство по координации и интеграции служб здравоохранения

Director, Health Services

European Region



World Health Organization

Service Delivery and Safety

WHO global strategy on people-centred and integrated health services

Interim Report



1907

INQUIRY REPORT NO. 84 SHIFTING THE DIAL 5 YEAR PRODUCTIVITY REVIEW 3 AUGUST 2017

www.who.int/mediacentre/pressreleases/2017/08/08170804

adass

Care Quality Commission

Department of Health

Local Government Association

Monitor
Making the health sector work for patients

Integrated Care and Support Pioneers

NHS
Improving Quality

NHS
England

NHS
National Institute for Health and Clinical Excellence

Public Health England

scie
social care
institute for excellence
integrationpioneers

think local
act personal

In association with:



1st Asia Pacific Conference
on Integrated Care
6-8 November 2017 | Brisbane, Australia



Inspiring new ideas
and stronger partnerships for improving population health

Integration: A strategy or Quality Improvement?

Health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course (WHO 2015)

Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for patients.

(Kodner and Spreeuwenberg 2002)

Integration: an experience



‘Integrating mental health services into primary care is the most viable way of closing the treatment gap and ensuring that people get the mental care they need’

(World Health Organisation 2008)

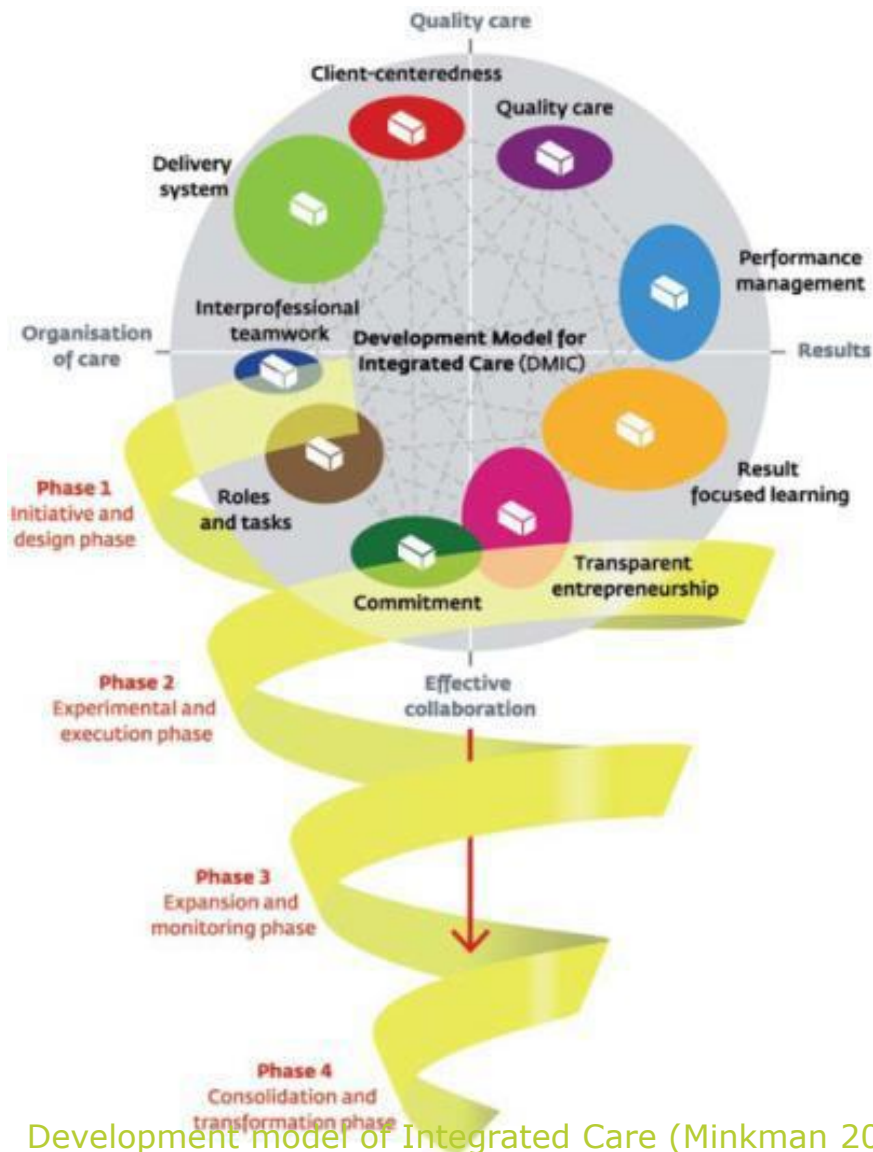
Aftercare: Integrated Service Centres

- The Poppy Centre – 0 to 11 years inc Infant MH program
- headspace Nundah – 12- 25 years
- headspace Woolloongabba
- headspace Ipswich
- headspace Meadowbrook
- headspace Capalaba
- headspace Hurstville
- headspace Miranda
- LikeMind Wagga Wagga – 18 – 65 years
- LikeMind Orange
- Floresco Ipswich
- Floresco Toowoomba

What are we trying to achieve?



Quadruple Aim



Development model of Integrated Care (Minkman 2012)

What are we trying to achieve?

- Improved experience of care for the consumer
- Improved rates of 'personal' recovery
- Reduce acute hospital admissions
- Reduce the number of times Consumers and Carers have to tell their story
- Reduction in the number of Care Plans that Consumers have
- Reduction in the number of people falling through service gaps
- Improved Carer and family health/mental health

How?

- **Facility:** accessible, 'one stop shop'
- **Governance:** Consortium of partners and stakeholders
- **Service delivery streams:** Primary care, MH, AOD, vocational, housing, plus others targeting local needs
- **Clinical Governance:** Integrated clinical systems, including shared medical record and one care plan
- **Clinical outcomes:** pre & post measures
- **Staffing profile:** matched to client pathway and service streams
- **Consumer participation**
- **Family & Friends/Carer Inclusive Practice**
- **Community engagement/ Health Promotion**
- **Hybrid funding model:** State or PHN, Medicare, NDIS, Brokered etc

Integration Partners

NGOs (psychosocial support; peer and group support)

Alcohol & other drugs service provider/s (NGO; public; private)

Employment provider

Housing provider (community/public)

Primary Health Care Providers (GP and Allied Health) - MBS

Private Psychiatrist - MBS

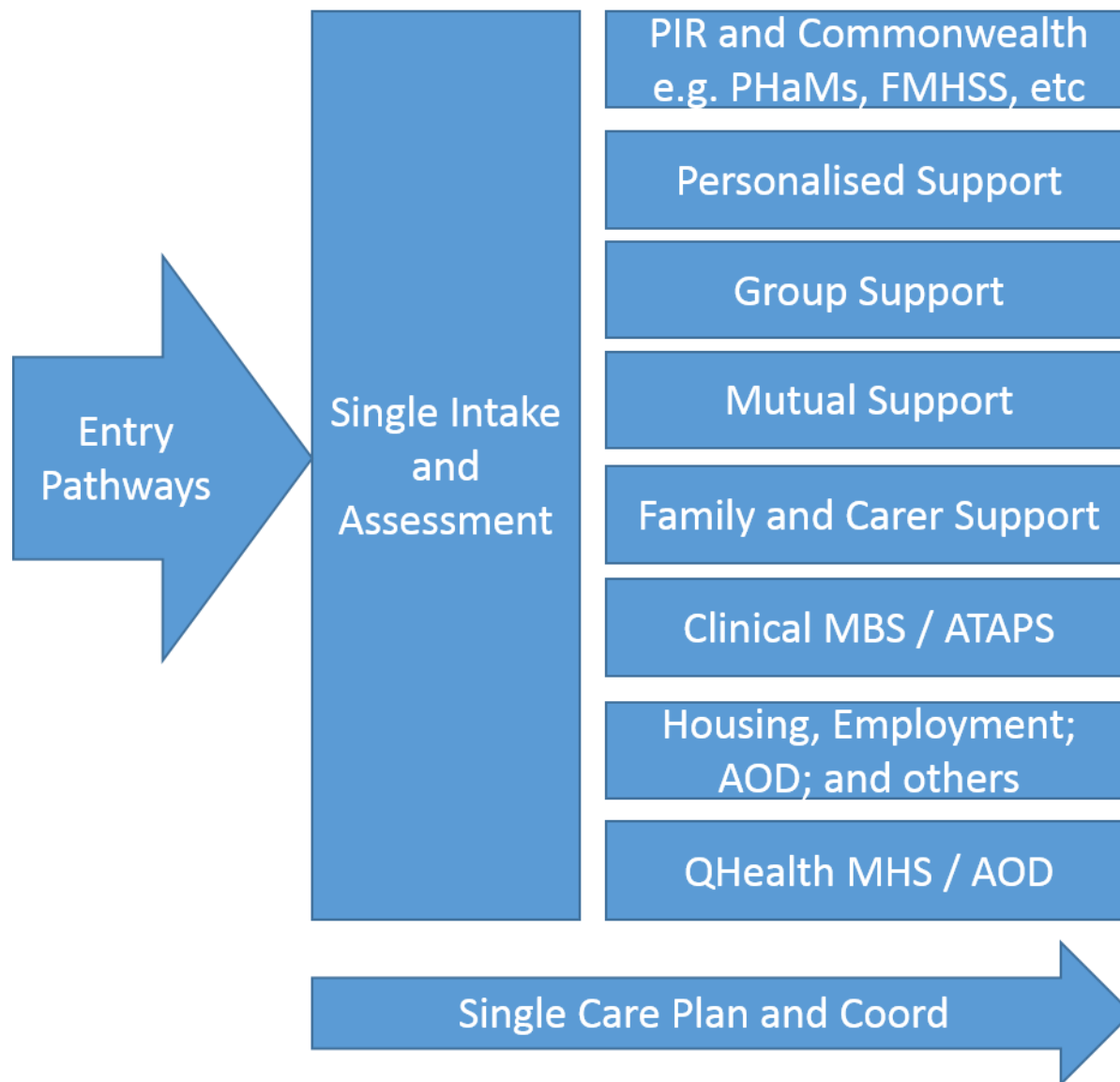
Public Mental Health Service Providers

Floresco Ipswich

3 year evaluation





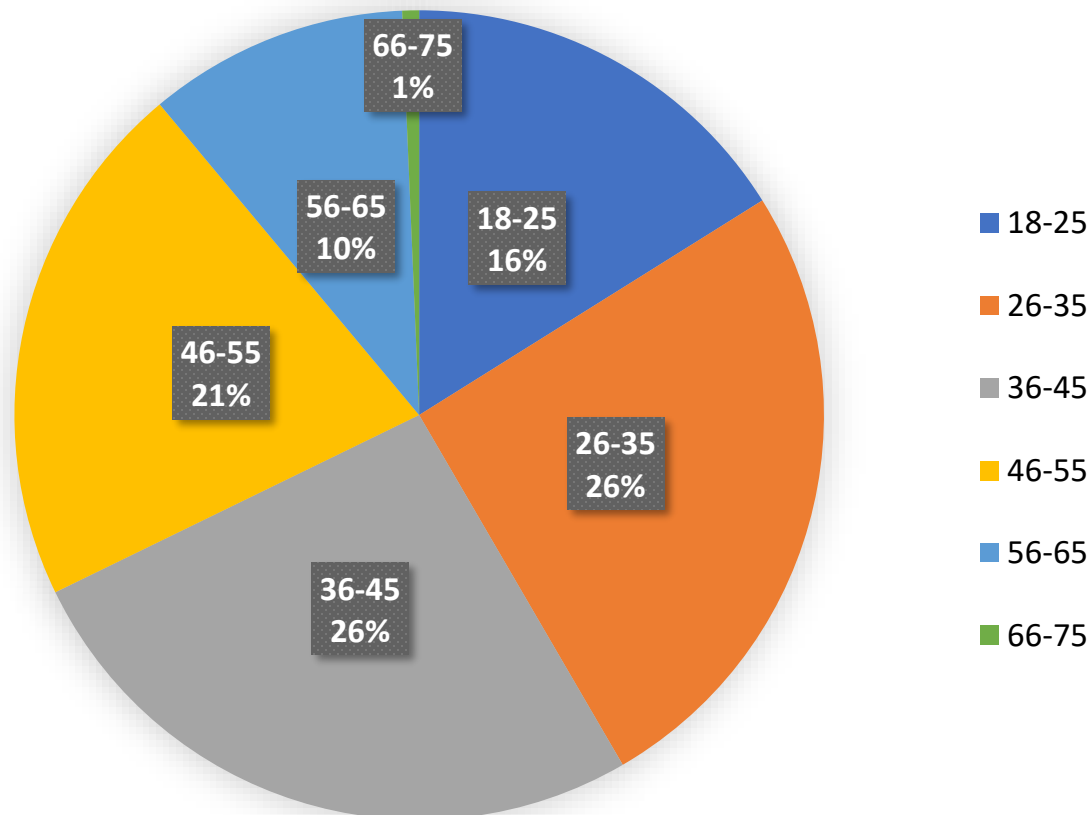


Monday	Tuesday	Wednesday	Thursday	Friday
Art Perspective 9.30am – 12pm Hearing Voices Group 2pm - 4pm Grow Group 6.30pm – 8.30pm	Women's Managing Emotions 9.30am – 12pm (8 weeks finishing 22/03/2016)	Carer's Support Group 9.45am - 12pm Morning Tea 10.30am (Drop in) New Story of You 12.30pm – 2.30pm (10 weeks finishing 06/04/2016) YOGA 4.30pm - 5.30pm	Buried in Treasures 10am to 12pm (20 weeks finishing 2/06/2016) Photography Group 10am – 12pm Yarn Group 1pm – 3pm Grief and Loss Group 1pm – 3pm (8 weeks finishing 24/03/2016)	Meditation 9am – 10am Poppy Play Group 10am – 12pm Trauma Support Group 10am – 12pm Boxing 10.30am – 11.15am SMART Recovery 12.30pm – 2pm Significant Others 2.30pm – 4pm
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Floresco Ipswich evaluation

Age Groups



Jan 2015 – Feb 2016

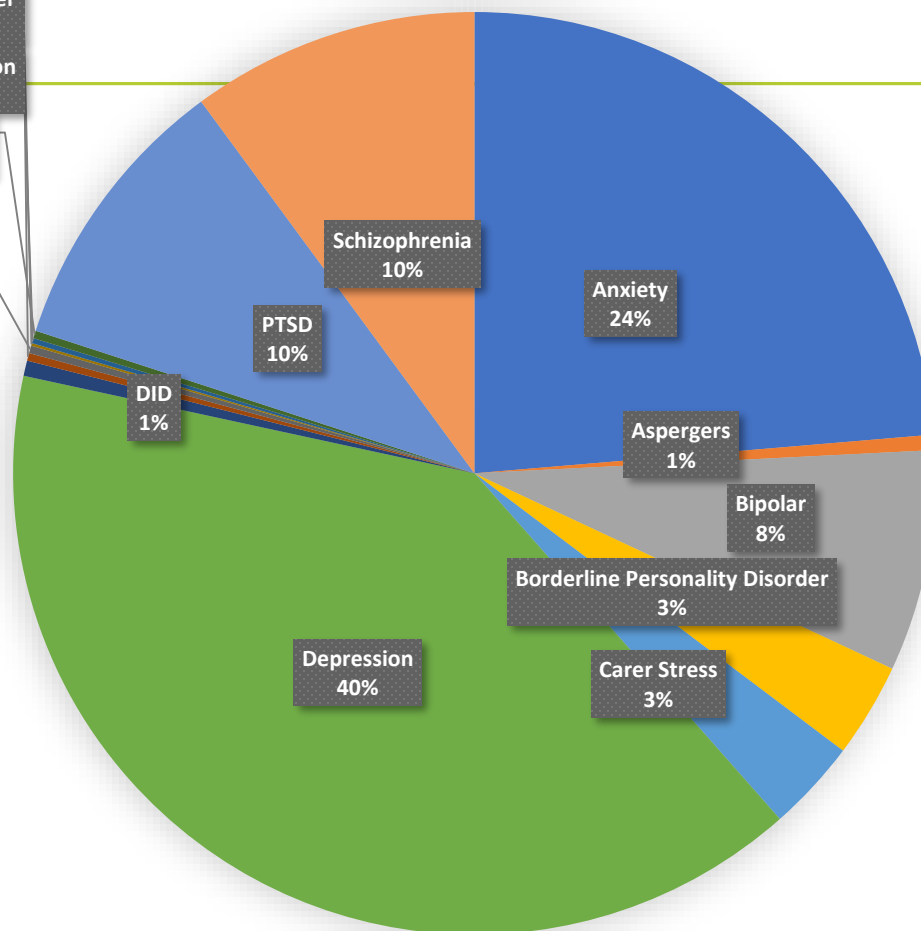
Gender Dysphoria
0%

Personality Disorder
0%

Post Natal Depression
0%

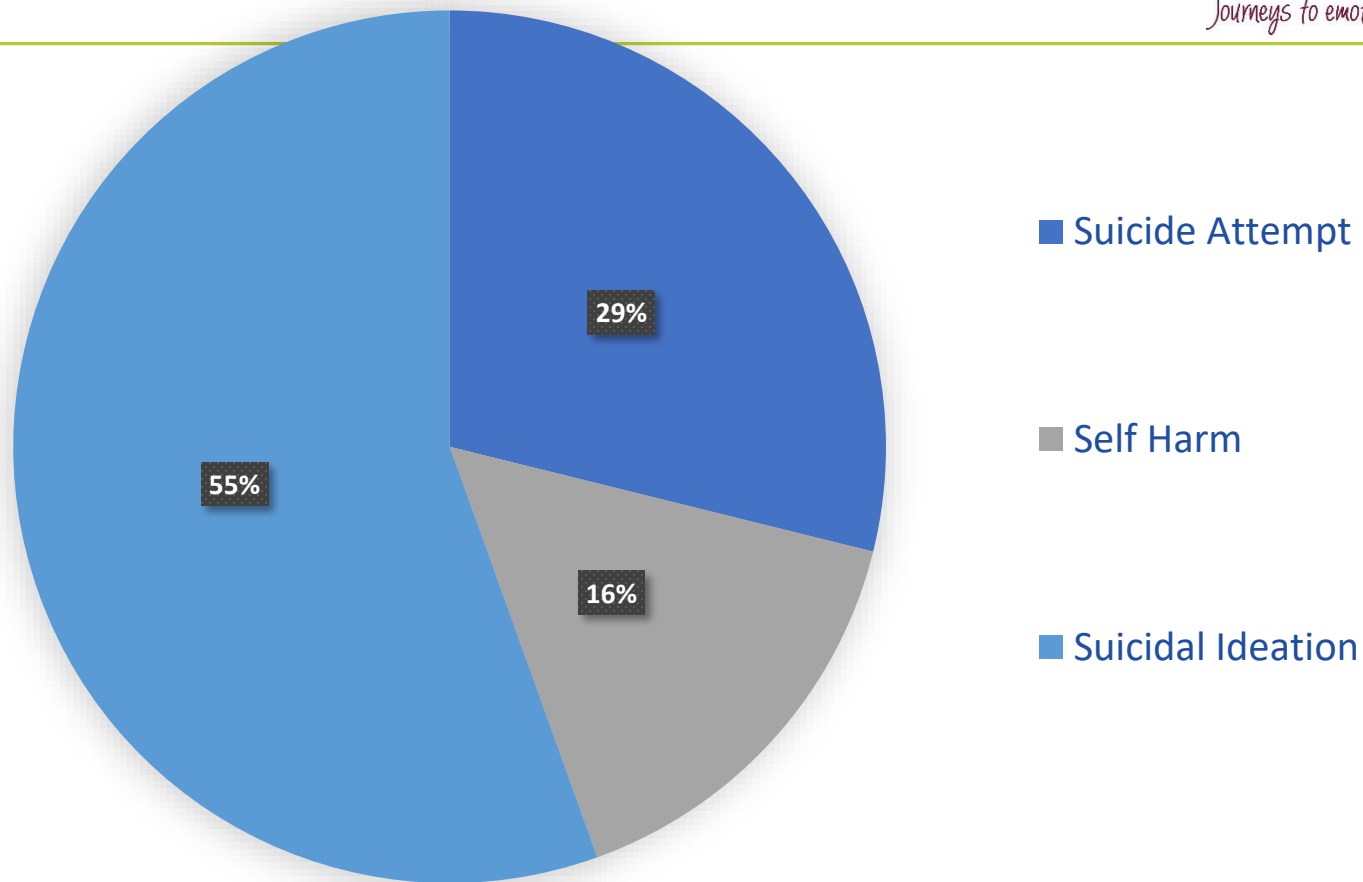
Psychosis
0%

OCD
0%



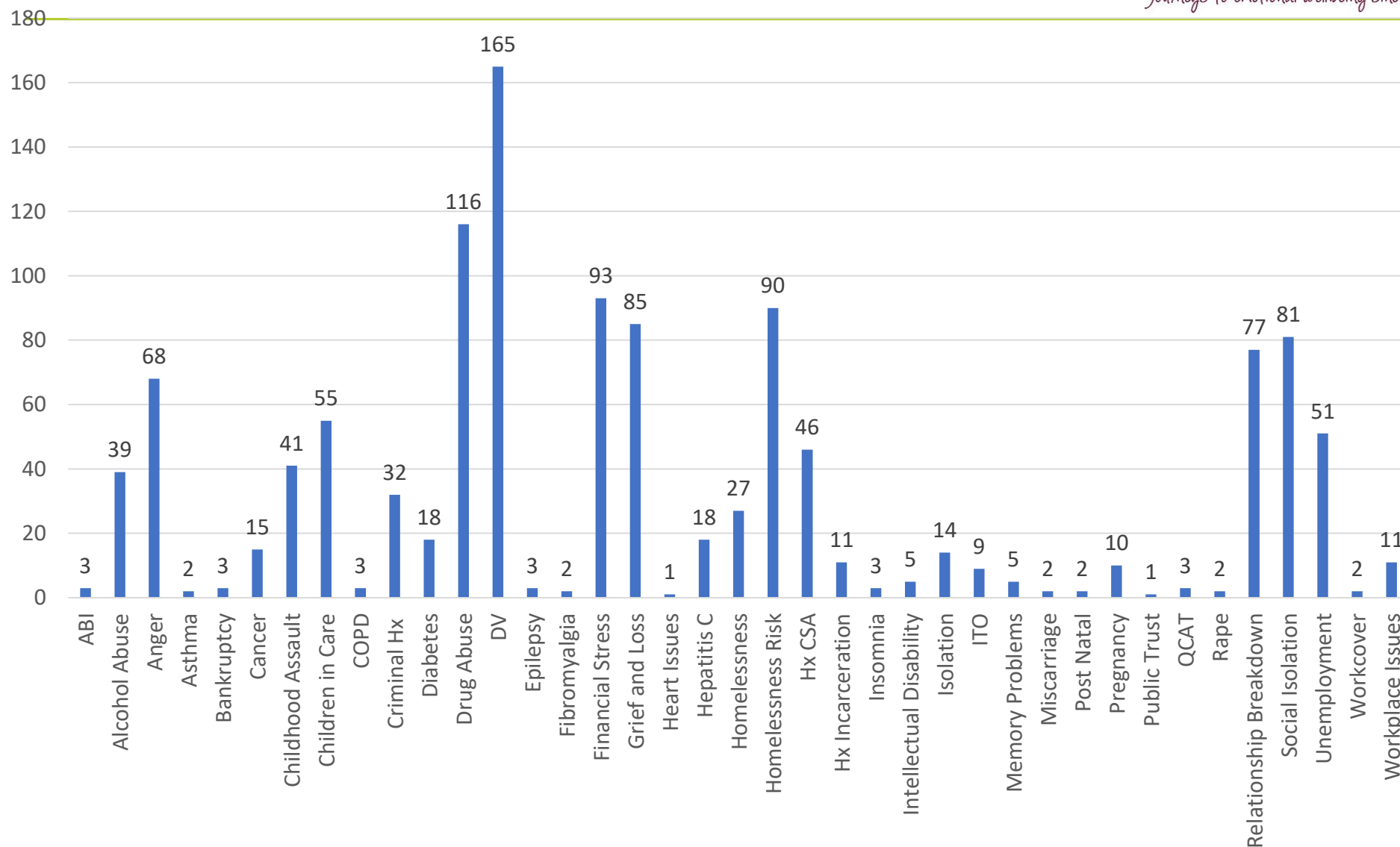
- Anxiety
- Aspergers
- Bipolar
- Borderline Personality Disorder
- Carer Stress
- Depression
- DID
- Gender Dysphoria
- OCD
- Personality Disorder
- Post Natal Depression

Primary Diagnosis

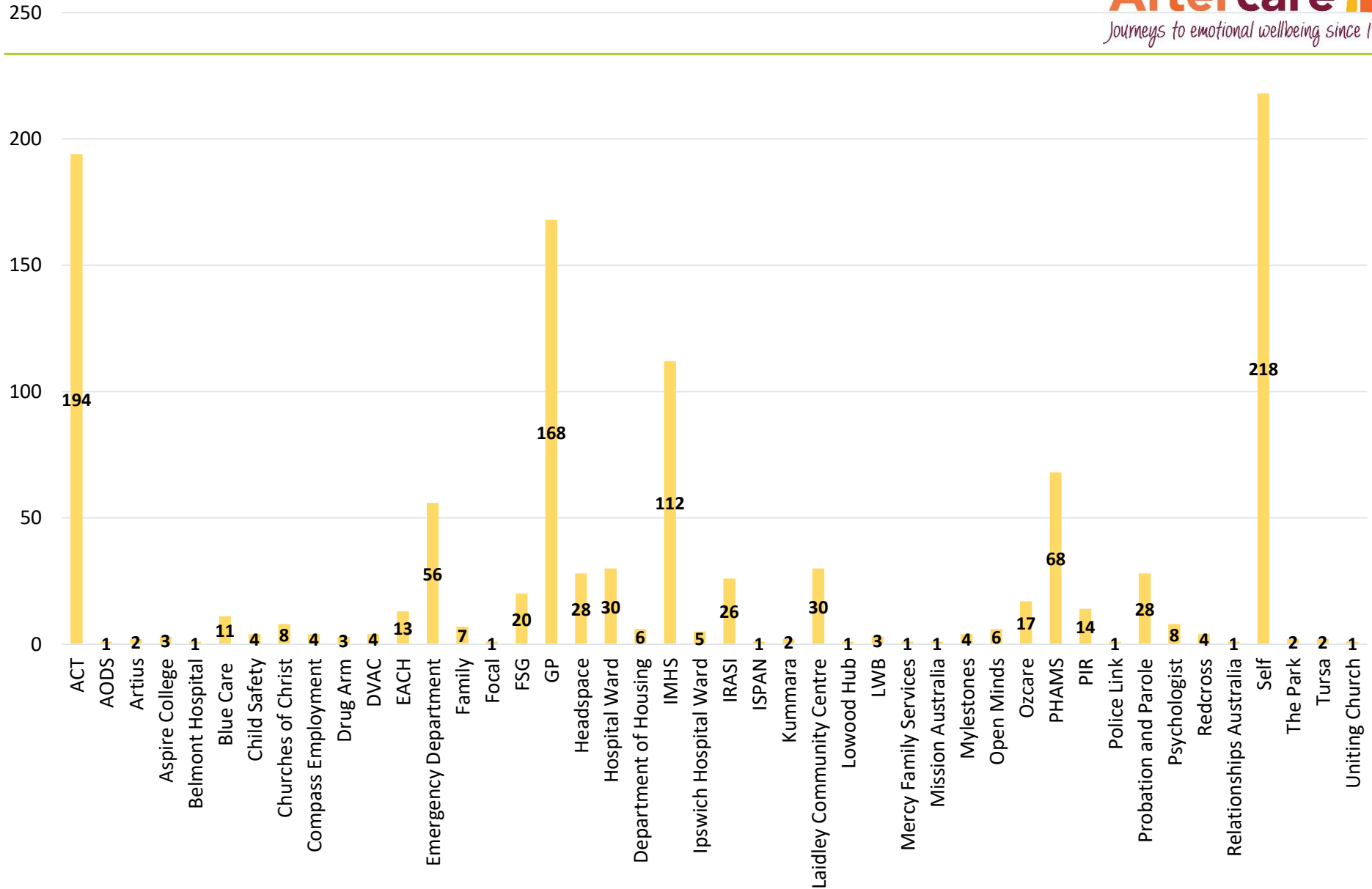


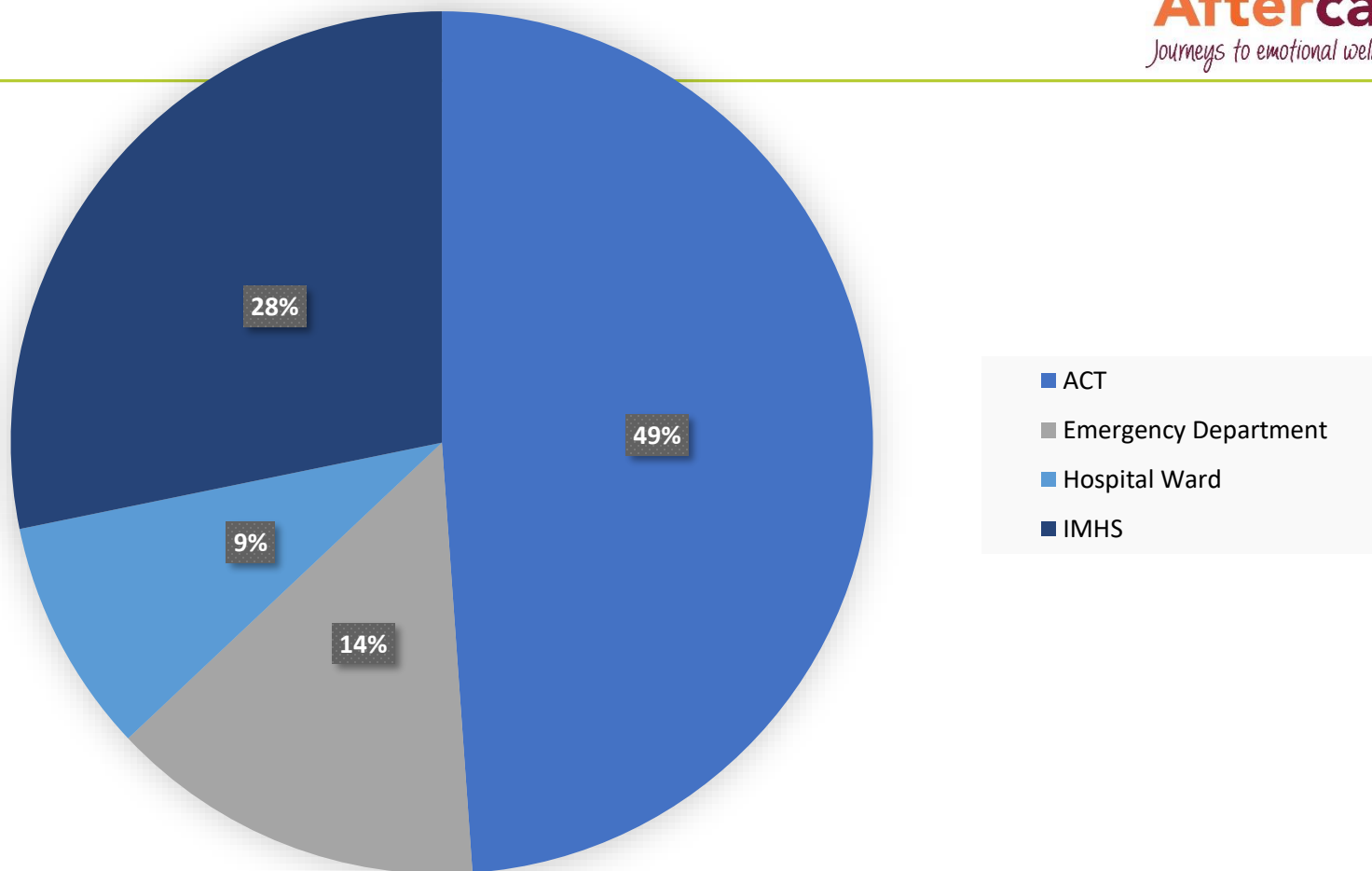
Suicidality in the Past 12 Months

Additional Factors Impacting Participants



Number of Referrals from Source (1120)





Queensland Health Referrals
(400 received)

Evaluation by QCMHR - UQ

Consumer Outcomes Achieved based on RAS-DS:

Statistically significant improvements in self reported mental health outcomes by consumers

Significant increases in recovery across all four domains of the RAS-DS:

- Functional recovery – doing things I value
- Personal recovery – looking forward
- Clinical recovery – mastering my illness
- Social recovery – connecting and belonging

Evaluation by QCMHR – UQ

Consumer Outcomes Achieved based on RAS-DS (continued):

High rates of suicidal ideation in the previous 12 months prior to engagement with Floresco

- Dropped dramatically after engagement - almost two-thirds of participants reported no suicidal ideation during the 6 months between their base line and follow up interview.

80% of (N=34) respondents to the YES survey indicated that the Floresco had a excellent or very good impact on their overall:

- wellbeing
- ability to manage day to day life, and
- their hopefulness for the future.

Challenges to Service Integration

Bringing staff together from different organisations

Systemic information sharing

Resources

Recruitment and retention of private providers

Difficulties in responding to demand and clinical need

Complexities of operating a consortia

Inconsistent leadership and governance

Future Developments – Evaluation by QCMHR

Facilitators to Service Integration

Enabling environment

Support from senior management

Leadership (innovative, passionate)

Personality/ies

Committed and engaged staff

Open Communication

Co-location – one reception and all operating under one banner i.e. Floresco

Good reputation and high level credibility amongst consortia partners

Positive client outcomes

Flexibility in funding

Questions

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