
CONFERENCE ABSTRACT

Challenges of co-design for integrated care planning

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1- The Australian Department of Health and all States and Territories in Australia mandate consumer engagement for health service planning, program evaluation and research. However, what this engagement looks like varies from consultant-told-you through to active partnerships with communities and key stakeholders in the planning and co-design of integrated services.

There is the risk that services seize on co-design as the 'new flavour' in service planning and neglect foundations of strong service planning. This paper examines the benefits and potential risk of co-design and how to optimise outcomes for consumers, providers and funding bodies.

2- In 2017, the PHN undertook a co-design process involving consumers and service providers to develop a model of care to support people experiencing severe mental illness in a primary care setting, integrating Mental Health Nursing and Peer Support with GP practices.

The year one evaluation found strong consumer engagement, high levels of consumer and staff satisfaction with the service model and achievement of positive outcomes for Consumers. The next stages for the project is to review the underlying program logic to ensure activity and outcome measures are clearly linked with project objectives while also noting the risks associated with outcome based funding in mental health. Activity pathways will also be mapped to enhance the consumer journey and optimise efficiency.

3- The principles of co-design is that it is inclusive, respectful, participative, iterative and outcomes focused. As a process it is effective in engaging all stakeholders in the design of services that are consumer centred.

4- The evaluation involved Consumers, Service Providers: Credentialed Mental Health Nurses, Peer Support Workers, Commissioning Staff and GPs.

5- Jan 2019 - June 2019. Recommendations will be implemented by Oct 2019

6- The ability to demonstrate value is critical for new and innovative services. Without this there is limited capacity to argue for ongoing funding or program growth and expansion. We discuss a range of planning and evaluation tools can be used in conjunction with co-design. These include:

- Collective Impact considering the perspective of all stakeholders, both in planning and evaluation
- Program Logic linking objectives and outcomes with resourcing and activity
- SMART Goals (developing specific, measurable, achievable, realistic and time related goals
- Process Improvement focusing on efficient service delivery

- Translational Research (translating evaluative findings to improvements in service delivery
 - Capacity Building, fostering skills development at an individual, organisational and community level, to build sustainability and drive ongoing improvement.
- 7- The methodology applied in this co design and evaluation is an example of best practice that can be applied to any integrated mental health program.
- 8- Co-design and Best Practice Methodologies for service evaluation are essential to demonstrating outcomes from a consumer and clinical perspective. Best practice frameworks will be presented.
- 9- While co-design is an enabling process, the key components of high quality and effective service planning require a broader and robust planning and evaluation toolkit to ensure:
- Measurable activities and outcomes linked to service objectives
 - Streamlined and efficient service delivery
 - Ongoing evaluation and quality improvement