

Adelaide PHN Health Priority Network (HPN) Readiness for Integration Symposium Report

PO Box 313, Torrensville Plaza SA 5031
Level 1, 22 Henley Beach Rd, Mile End, SA 5031
08 8219 5900
enquiry@adelaidephn.com.au
adelaidephn.com.au

phn
ADELAIDE

An Australian Government Initiative

Introduction

The Readiness for Integration Symposium was held at the Thebarton Community Centre, Torrensville, on Thursday 21 March. Some sixty individuals from our Health Priority Network attended, with representatives from a diverse range of organisations, including: Australian Refugee Council, SA Health, United Communities, Asthma Australia, SANDAS, Health Consumer Alliance of SA, Carers SA, DASSA and members from our Community Advisory Councils.

The Network Leadership Group, Clinical Councils and Community Advisory Councils have engaged with Adelaide PHN over the past several months, discussing Integrated Care, its definition, and how to embed Integrated Care across Primary Health Care sector. Our Readiness for Integration Symposium was designed to commence the conversation on how we work collaboratively towards implementing the various levels of integration; for the purpose of improving the health outcomes for health consumers and to implement a patient centred approach.

Setting the scene

The Symposium was opened by a wonderful welcome to country by Kaurna Elder Rod O'Brien. Wendy Dolejs, Adelaide PHN Health Pathways and Integration Manager, then set the scene on integration, presenting seven levels of integration and how these work towards achieving person-centred integrated care, shown below.



Figure: Levels of Integration

The definition of Integrated care according to Nuffield “is an organizing principle for care delivery with the aim of achieving improved patient care through better coordination of services provided” (Nuffield Trust Research report July 2011), with integration being “...the combined set of methods, processes and models that seek to bring about this improved coordination of care. ...where the result of efforts to improve integration is beneficial for patient groups, so the outcome can be called integrated care”. (Nuffield Trust Research report July 2011). This definition encapsulates the Adelaide PHN vision of how the primary health care sector can achieve person centred integrated care.

Lauren Grant from the Don Dunstan Foundation was the guest speaker. Lauren presented the Foundation’s integration strategy to implement person-centred care to address homelessness in inner Adelaide. The Adelaide Zero Project demonstrated how to successfully move from the theoretical to the practical, and to effectively embed the different levels of integration to achieve their goals of reducing rough sleeping in the Adelaide CBD.

They achieved this by understanding the needs, circumstances and causes of homelessness and are working collaboratively with over thirty organisations to achieve functional zero homelessness. Their collaborating partners include: University of Adelaide, Flinders University, Bendigo Bank, Adelaide City Council, Department of Premier and Cabinet, Department of Human Services, SA Health, Department of Correctional Services, South Australia Police, Drug Alcohol SA, Aboriginal Sobriety Group, Anglicare, Baptist Care SA, End Homelessness SA, Hutt St Centre, Housing Choices SA, Life Without Barriers, OARS Community in Transition, Neami National, Uniting Communities, Shelter SA.

Each of the partners brings a unique skill set and contribution, which demonstrates that intersectoral partnerships are required to achieve integration. Lauren’s presentation demonstrated how effective integration can achieve outcomes, when individuals and organisations work together with a vision and accountability to improve the health and wellbeing of vulnerable South Australians.

Workshop

The workshop was based around five broad issues developed by the Health Priority Network Leads with Adelaide PHN staff for delegates to explore at the Symposium. The goal of the Symposium was to identify specific issues and actions for five health priority areas and for participants to work collaboratively towards person centred integrated care.



MC Becky Hirst welcoming delegates to the Symposium

The five broad issues that the groups worked on:

1. Increasing involvement of carers by palliative care and end of life services
2. Increasing access to and usage of bilingual, bicultural workers across the primary health care system
3. Ensuring children and young people are more involved in decision making when receiving primary health care services
4. Improving communication between primary health care and NDIS providers
5. Increasing community access to seamless alcohol and other drug services.

Jane Goode, Adelaide PHN Innovation and Design Officer, developed a Smart Action model, to enable workshop participants to narrow down each issue from broad to specific. Each group was asked to take a solution generation approach, agree an action(s), to be undertaken by each health priority area within a three to six-month timeframe.

Delegates were tasked to identify a measurable action within 60 minutes, and a quote by Albert Einstein was motivational: 'Einstein is reported to have said, if he only had one hour to solve a problem, he would spend 55 minutes defining the problem and the remaining five minutes solving it'.



Left: Representatives from the table discussing NDIS



Right: Representatives from the table discussing Alcohol and Other Drug services

Specific Issues Identified:

1. How to increase involvement of carers by palliative care and end of life services
2. How to increase cultural competence of primary health care providers
3. How to increase empowerment and child youth participation in health education and health services
4. How to improve communication regarding integrated person-centred care for people with disabilities. This can be difficult as providers and primary health practitioners working with people with disabilities may not know about availability of other services and sectors. Primary health may not have information on the current services the person is receiving, nor what they may be able to access.
5. How to make the system and organisations work in a more collaborative way, to ensure a Share Care Model, effectively supporting and referring clients at all steps of their Alcohol and other Drug needs

Outcomes of the Symposium

Agreed actions by the tables:

1. Participants of the Palliative Care discussion group agreed to develop an education seminar for GPs and Practice Nurses to complete the Advance program for training in advance care planning.
2. Participants of the CALD discussion group identified individual actions within their organisations which addressed increased cultural competency of their organisations and the primary health care sector:
 - Advocate for the primary health sector to employ people from CALD background, with bilingual skills; promote cultural awareness training and competency with the SA Health Cervix Screening Program team.
 - Undertake a survey to establish general practice cultural competency

- Share learnings from current PHC CALD projects; connect with CALD organisations to discuss cultural competence plan
 - Investigate options for making information available and promoted to the community about languages spoken and cultural backgrounds from NHSD, and our data
 - Influence guidelines for consumer engagement; explore a quality framework for multicultural competence; data and info for community about multicultural services
3. Participants of the Childhood and Youth discussion group agreed to form a working group within 6 months, with an objective to explore options for developing a resource or adapting an existing resource that supports child and/or youth inclusive practices in primary health care in the Adelaide PHN region. It was also agreed that this would be done in consultation with children and/or young people.
 4. Participants of the Health and Disability discussion group identified two actions to be undertaken within the next six months:
 - To host a speed dating event where any interested service providers from a primary health profession could get together for networking and sharing of information regarding their processes and service offerings for people with a disability
 - Each participant to return to their organisation and build the internal capabilities within their respective organisations on where to find disability information, regarding service offerings across Adelaide, links to service directories and individual networking and information sharing.
 5. Participants of the Alcohol and Other Drugs discussion group agreed to form a working group within 6 months, with a focus on developing a strategy to enable better connections between GPs and other primary health care providers, with the alcohol and other drugs treatment service providers.

Conclusions

The Readiness for Integration Symposium saw members of our Health Priority Network work collaboratively to achieve actionable goals over the next six months for their respective health priority areas. The workshop component of the Symposium proved highly successful with the following feedback from delegates:

“The Alcohol and Drug Foundation was pleased to contribute to the Readiness for Integration Symposium to discuss how we can collaborate with other organisations to ensure South Australians can better access seamless AOD services”: *Liana Bellifemini: Senior Community Engagement Officer, The Alcohol and Drug Foundation*

“The Symposium provided the opportunity to meet with other stakeholders and explore the concept of integration while coming up with tangible strategies that would make a difference in our primary health system”: *Sean Lappin: Managing Director Self Connect*



Adelaide PHN Partnership Facilitators will support the Network Leaders and Network members to implement agreed actions and help identify solutions to ensure agreed timelines are achieved. A survey will be circulated to all Symposium registrants asking what next steps are for the Health Priority Network to further progress and embed the different levels of Integration into the primary health care sector to progress actions towards more person-centred integrated care.