



Adult Community Mental Health Reform

Consultation Feedback (Detailed)

Southern Adelaide Local Health Network
Mental Health Services

Introduction

The Adult Community Mental Health (ACMH) proposed Service Plan v1.0 and proposed Workforce Plan were released to stakeholders on 9 November 2018. Staff Forums were held at both Noarlunga and Marion on this day, and then weekly at both sites for the remainder of the consultation period to enable staff to raise questions. Two documents of Frequently Asked Questions were released to staff, with communiques providing an update on the progress of the Project.

Consumer, Carer and Community Consultation

SALHN's Consumer Engagement Coordinator distributed the proposed Service Plan to the consumers, carers and community members who had registered their interest in participating in engagement activities. In the same email, these people were invited to attend the Consumer, Carer and Community Presentation held on Friday 23 November 2018. From 26 RSVPs received, 11 people attended. Following the Forum, all invitees were provided with a copy of the presentation.

Participants were provided with the "SALHN CMHS Reform" email address, a Survey Monkey login and the name and contact number of the Project Officer to contact should they wish to provide their feedback in person.

Separate presentations were held on the proposed Service Plan:

Aboriginal Consumers and Carers – 21 November 2018

Other Stakeholders – 26 November 2018

Attendees were provided with opportunities to ask questions at the presentation, and were asked to submit their feedback by email.

Feedback Received

All stakeholders were asked to submit their feedback via the 'SALHN CMHS Reform' email address. While this was originally open for two weeks, due to the timing of the additional forums all stakeholders were given a total of four weeks to submit their feedback.

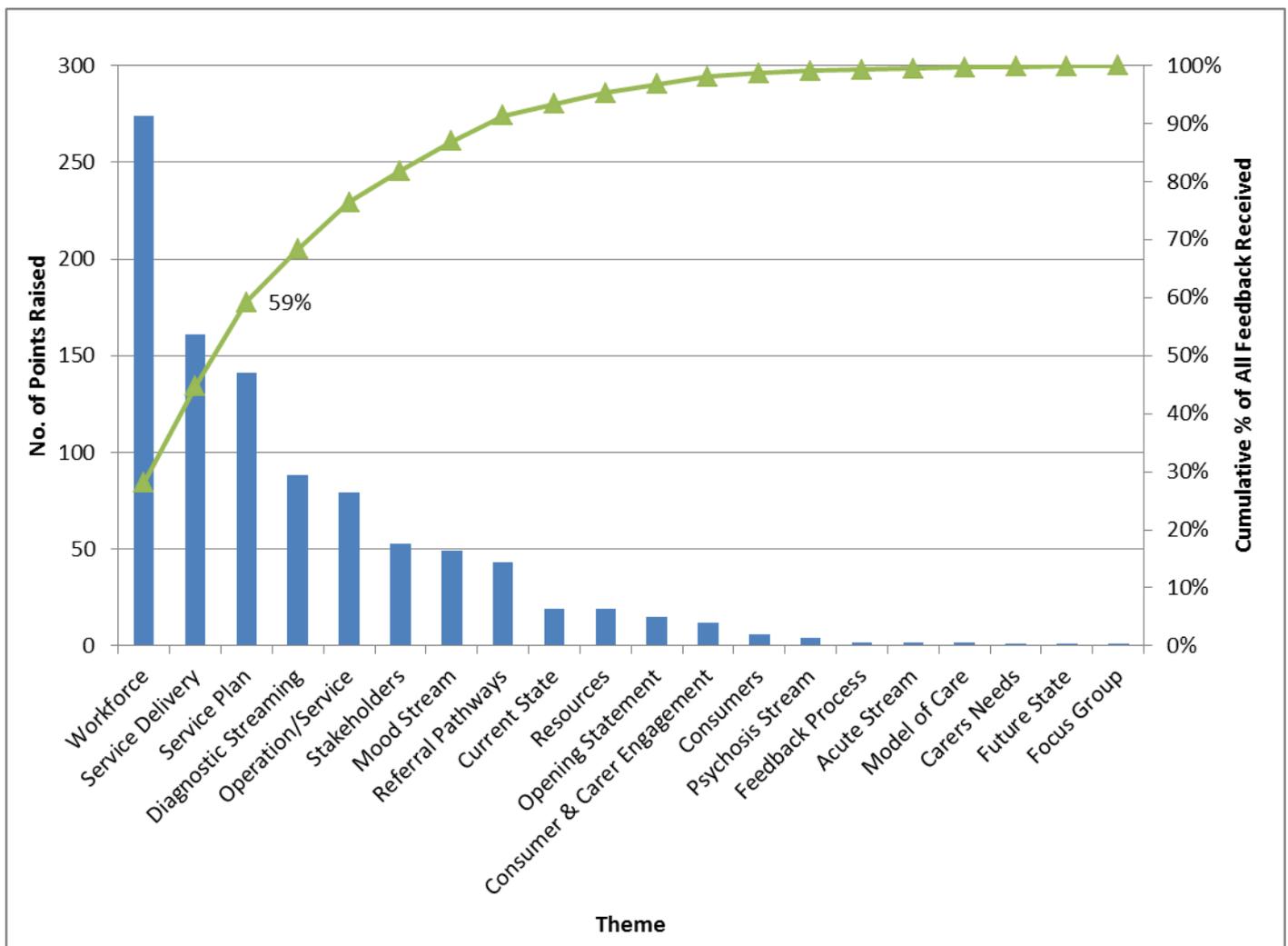
At the close of the consultation period, 76 responses were received from consumers, carers, staff, unions and other stakeholders, generating 972 separate points: some as comments (178), others raising questions (128), and offering advice or opinions on the proposed Service Plan (666). It is noted that some responses were provided on behalf of groups of staff, and the total number of responses received is not indicative of the total number of people who supported a response.

Many of the suggested changes to the Service Plan were in areas that were considered out of scope for the Project, including the NDIS and roles of other government departments and non-government organisations. For those changes relating to the performance of, and services provided by, non-government organisations these will be raised directly with the Adelaide Primary Health Network.

This area of feedback does indicate the need to develop partnerships with the many organisations who are involved in the care of consumers in the SALHN catchment area.

The process of managing consultation feedback has been independently audited by the Clinical Improvement Unit at SALHN.

Graph 1: Summary of All Feedback received



Feedback was grouped into 20 “Themes” enabling changes to the Service Plan to focus on the areas of most concern. 59% of the feedback related to three key Themes:

Workforce Plan	28%
Service Delivery	17%
Service Plan	14%

Despite having a smaller number of responses received, two other Themes were considered important to address - Diagnostic Streaming (9%) and Governance and Leadership (embedded within the Operation/Service theme (8%).

Many responses requested information on the specific details of how the services would be provided to consumers. This level of information will be developed in the Operational Guidelines, and preparation for the creation of the Operational Guidelines is underway. The new Operational Guidelines for each Stream will be developed by staff once the final Service Plan is endorsed.

A summary of the responses received to these five Themes, as well as the Consumer, Carer and Community feedback, is detailed below. The resulting changes to the Service Plan from this Feedback will be provided with the release of Service Plan v2.0.

Theme - Workforce

The Workforce theme captured all responses regarding the impact that the proposed reform process would have on the workforce, both now and in the future.

274 Workforce-themed responses were categorised into a further 28 sub-themes. Significant points were raised in three themes: Workforce Configuration (59), Roles and Responsibilities (44) and Training (31). Many concerns were replicated. The major items of concern are discussed below.

Workforce Configuration

- Concern about the Team Manager position being required to cover two sites has been addressed. Team Managers will now be based at one site only.
- Feedback was also received about the loss of the Clinical Coordinator role. This has been addressed through the restructuring of triage and consumer allocation functions to a shared responsibility between the Consultant Psychiatrists and other members of the Clinical Leadership Team. Overall systems of intake and flow of consumers across the Workgroups within a Team will be determined by each Team according to the needs of the Team, with Discipline Seniors (AHP3/RN3) sharing the intake, referral and caseload allocation process across Workgroups.

Roles and Responsibilities

- Clarification was sought on the functions to be undertaken by the Duty Worker, however these will be explained in the Operational Guidelines. The responsibilities may vary between Teams.
- Responses spoke on the need to increase the size of the workforce in general, with under-representation particularly in Psychology and Occupational Therapy. During the implementation of the Service Plan, and at the formal review, the need for additional FTE will be considered.
- There has been no change in the number or FTE of existing multi-classification positions within ACMH.

Training and Development

- Staff will be provided with continuing education opportunities, mandatory training, clinical supervision and other support mechanisms to support their learning and clinical competence.
- All training is based on best practice principles, evidence-based treatment guidelines and underpinned by the South Australian Government Code of Ethics.

Summary of Key Changes Made to the Workforce Plan

- Re-distribution of the existing workforce across three streams to meet the requirements of the Service Plan and predicted demand within each of the streams
- Redistribution of Allied Health staffing across the streams in accordance with the specialised functions described within the Service Plan
- Team Managers will be site-based, forming part of the site-based leadership team. They will be positioned across the Acute/Mood Stream and the Psychosis Stream at each site. The positioning of Team Managers across Acute/Mood will assist in the transition of consumers between these Streams.
- Integration of existing Hospital@Home staff into the Acute Stream in Outer South
- Inclusion of Hospital@Home, ED In-reach, Brief Therapy and IAPT functions into the Acute Stream workforce functions
- Increased capacity in the Outer South Acute Stream to enable it to provide its own Emergency Response Service
- Increased capacity for Inner South Psychosis Stream in light of higher demand for based on the population
- The term 'Care Coordinator' has been replaced with the 'Primary Clinician'. Case management is retained as a core function with the additional focus on providing targeted therapy functions, and facilitating access to specialist functions via the appropriate clinician
- Triage and allocation functions will be a shared responsibility between Consultant Psychiatrists and Discipline Seniors.
- The Nurse Consultant, Senior Social Worker, Senior Clinical Psychologists and Senior Occupational Therapists will operate as members of the Clinical Leadership Team across their Team in a leadership and team support role.
- Psychologists and Occupational Therapists will predominantly operate in discipline-specific specialised roles across each Site. This will enable the development of therapeutic and recovery-orientated treatment programs to facilitate increased access for all consumers. They may work as a Primary Clinician where appropriate.
- Nurse Practitioner roles are to be service-wide roles, operating across the ACMH streams, to provide specialised consultancy, service delivery and leadership across the ACMH streams as required. Nurse Practitioners should also have a key role in building specialised service programs, capacity and skills in key areas across the teams.
- Mood and Psychosis Streams will become five day services. The Acute Stream will respond to emerging crisis situations after hours and on weekends for all consumers. As a result some staff currently performing weekend and after hours roles will move from a 7 day to a 5 day roster.

There have been significant changes made to the proposed Workforce Plan v2.0. In some instances, FTE in specific positions has been noted to reflect the contracted FTE of permanent staff holder in this position. While the original FTE remains are per the current staffing model, it has been necessary to include a small number of additional positions to meet the proposed Service Plan.

Theme - Service Delivery

The 'Service Delivery' Theme encapsulates feedback relating to specific details on how the Service Plan would be delivered to consumers. 161 responses were received on this, spanning 40 sub-themes. Minor changes were made to the Service Plan to reflect some of the feedback, however most of the responses will be clarified in the Operational Guidelines.

Summary of Key Changes Made on Service Delivery

- The term clinical diagnosis has been renamed to “provisional diagnosis or formulation of clinical impression” to allow all disciplines to be able to present a clinical impression to MDT meetings.
- Changes were made to the wording of the Service Plan to clarify points raised and to bring about consistency across the document, particularly in relation to the terms ‘case conference, clinical care and care planning meeting’.
- Clarification was required on which roles would undertake assessments, and that section was rewritten to “A Primary Clinician may be required to undertake a biopsychosocial assessment independently or with a team member from a complementary discipline. Access to more detailed or specialist assessments, such as the physical health assessment, will be provided as indicated.”
- Entry pathways to all three Streams have been clarified.
- Further details on medication management is in a new section on ‘Intensive Medication Support’.

Theme - Service Plan

The Service Plan Theme captures responses received in relation to the general premise of the Service Plan, rather than specific areas. Over the 141 responses received 121 flagged changes required to the wording or language used in the Service Plan. 107 changes have been made, including additional entries in the Glossary, change from “will/must” to “should”; consistency of terms throughout the document; and new sections written.

Questions were raised about how SALHN’s Service Plan will fit with both the new SA Health Mental Health Services Plan and be consistent with what is provided by other LHNs. The Office of the Chief Psychiatrist, in conjunction with the Mental Health Commissioner, is in the process of reviewing models of Community Mental Health Services. This is independent to our work, which is based on the outcome of the Deloitte report and the subsequent SA Health recommendations. All Adelaide Metropolitan Local Health Networks (LHN) are implementing the same 14 recommendations.

SALHN was the first LHN to undertake CMH Reform, and have been able to progress farther than CALHN and NALHN. Representatives from CALHN and NALHN have been involved in the development of SALHN’s proposed Service Plan. It is important that there are core Key Performance Indicators (KPIs) across the LHNs, but there may be differences in the services provided across all LHNs based on demographics, service demand and clinicians.

The Office of the Chief Psychiatrist continues to be kept informed of SALHN progress to align reform programs.

Theme - Diagnostic Streaming

The SALHN Community Mental Health Service Plan is unique to Australia and not based on one particular service. We have taken concepts and components from national and international examples and provided our own innovative elements. Although the names Acute, Mood and Psychosis have been retained there are many differences to the South Brisbane model. South Brisbane has a catchment of ~1.2 million people and their three streams are the governance arrangements for the whole service including the acute in-patient units in three major teaching hospitals across the region. In the SALHN Service Plan these three streams only pertain to the Community Mental Health Service, and the governance remains within the Community Mental Health Service.

Retaining the three streams is based on an aspirational and visionary approach to community mental health. It provides a world class research-informed and research leading service that produces the best possible outcomes for our consumers.

This aspiration has been translated into the revised Service Plan based on:

- a) service design principles of using evidence based practice where clinical guidelines are based on diagnoses;
- b) feedback from the extensive consultation process so far including the 12 service planning focus group sessions attended by 70 staff, consumers and carers;
- c) governance structures;
- d) minimising disruption to existing operational structures and teams;
- e) a clearer understanding of service pathways for consumers and carers; and
- f) improved clinical outcomes for consumers as interventions and evidence based therapies are introduced.

Each site, Marion and Noarlunga will have two Teams with Acute and Mood aligned in one Team and a separate Psychosis Team. Each Team will be led by a psychiatrist Head of Unit and a Team Manager.

Within each Team two or three workgroups are led by a Consultant Psychiatrist supported by an RN3/AHP3 Discipline Senior, with a group of Primary Clinicians together responsible for a defined cohort of consumers. The joint management of the Acute and Mood streams in one Team recognises that most consumers will transition from an acute episode of care to a Mood workgroup or back to the community. A smaller proportion will transition to the Psychosis Team. The Acute and Mood streams will be brief or time limited (weeks to months) whereas some consumers in the Psychosis stream will have longer episodes of care over several years. Both the Mood and Psychosis workgroups will provide care for consumers with a wide range of co-morbid conditions in addition to the primary diagnosis or condition. For example consumers in the Psychosis workgroups may have a range of diagnoses including schizophrenia, schizoaffective and bipolar disorder and there may be change in diagnosis over time. The consumer would not need to move from one stream to another as the diagnoses changed, to ensure that consistency of care and a relationship with a primary clinician and workgroup is maintained.

Summary of Key Changes Made re Diagnostic Streaming

As a result of the feedback a new section on Evidence-Based Treatment and Care Planning has been introduced, which more clearly describes the need for the introduction of this within SALHN ACMH. More information was provided on each of the Streams, and many of the diagrams were re-drawn to clearly show the SALHN ACMH pathways for each of these Streams. It was also noted that the need for evidence-based treatment was derived from the Focus Groups.

Theme - Governance and Leadership

It is acknowledged that the proposed Service Plan v1.0 did not contain any clear directions on the clinical governance, operational structure, reporting lines and clarification on the Head of Unit positions.

In the proposed Service Plan v2.0 two Heads of Unit will each lead a Team at each site, and Consultant Psychiatrists establishes the foundation of the necessary Clinical Governance structure. The Clinical Governance section of the Service Plan v2.0 describes in detail the roles and responsibilities for care of consumers. Importantly, each primary clinician is responsible to the consumer's Consultant Psychiatrist for providing clinical outcomes for their consumers. As provided, Consultant Psychiatrists have the final decision making where in clinical decision making is not achieved by the Team for an individual consumer.

Summary of Key Changes Made re Operational Leadership

A new section 'Systems of Care' clearly provides the clinical governance structure for ACMH, the Site, Stream and Team structures; leadership responsibilities, and sections on the Roles, Responsibilities and Function of the major positions within the Workforce Plan.

Feedback from Consumer, Carer and Community

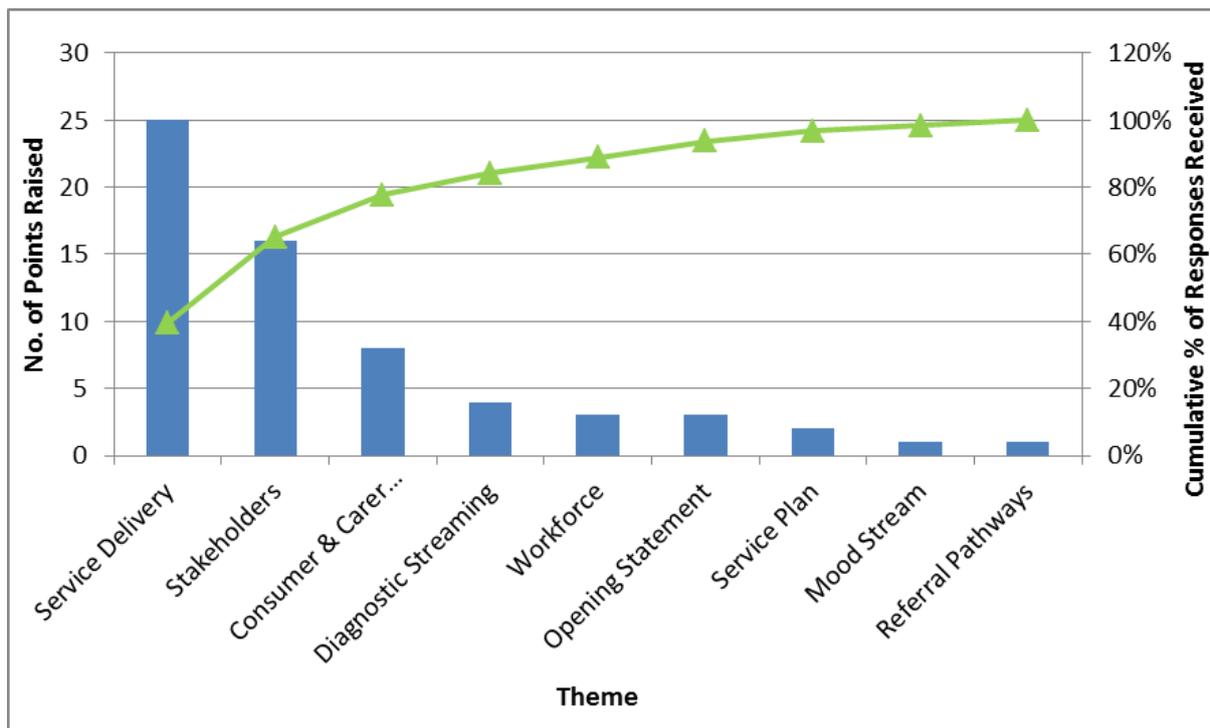
Feedback on proposed Service Plan v1.0 was received from five carers and one consumer, generating 63 points of consideration.

All Carers and Consumers who have submitted feedback will receive a detailed response.

An independent audit of the collation and reviewing of Consumer, Carer and Community feedback was undertaken in January 2019 by SALHN's Consumer Engagement Coordinator. This audit provided recommendations on how SALHN Mental Health Services could better facilitate stronger engagement with consumers. These recommendations have been accepted and will be implemented immediately.

While all Consumer, Carer and Community feedback has been taken into consideration in the development of Service Plan v2.0, not all points have driven change. A number of points related to the contractual arrangements between the Primary Health Network and their sub-contractors. Many responses raised questions also asked by staff, including evidence around South Brisbane, Lived Experience workforce and diagnostic streaming.

Graph 2: Summary of Consumer, Carer and Community Feedback Responses Received



The evidence for the South Brisbane model was questioned, and further information has been provided in Service Plan v2.0 in response. A detailed response is provided in the Theme – Diagnostic Streaming section on page 5 of the Service Plan v2.0

Further comments related to the management of the Consumer, Carer and Community Forum, and how this was not a suitable environment nor was the information presented in a manner that maximised audience engagement. SALHN Mental Health Services will work with the Consumer Engagement Coordinator to ensure that all future Consumer, Carer and Community presentations are provided in a more appropriate manner.

Concern was raised by several responders that despite the evidence for Lived Experience/Peer Workers these positions have not been included. The development of both an Aboriginal workforce and a Lived Experience (Peer) workforce within SALHN ACMH has been a strong theme emerging from stakeholder engagement, evidence review and feedback received. This will be prioritised in future workforce planning.