



2022
72 BED MODEL OF CARE WORKSHOP 1
Briefing Report
SA HEALTH

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Report

Purpose:

Workshop 1 – Gather and collate information and ideas regarding the newly announced Government funding grant for 72 new Mental Health specific beds across South Australia. Workshop is to include an holistic discussion inclusive of all Mental Health beds across South Australia (total 170) and how a new Model of Care and overarching Policy, in conjunction with the current Philosophy of Care, can be created for the State.

Overview of process:

1. 3 hour workshop facilitated with approximately 40 attendees
 - a. Group Discussions
 - b. Questions and Answers with Director Policy, Planning and Safety – Liz Prowse and Acting Director Allied Health – Shaun Sweeney.
 - c. Workshopping and collation of ideas and feedback for dissemination and future use.

Workshop Discussion Summary Overview:

Aim :

To Develop an overarching Model of Care that will inform and direct Local Health Networks (LHNs) on how to provide their rehabilitation care services. Specific operational outcomes will be developed and managed by the LHNs. We are developing the high-level overarching guidelines/framework that will guide those operational outcomes. Developing an overarching Model of Care to inform the creation of new rehabilitation services.

Parameters :

72 beds in 3 locations that need to be utilised for mental health rehabilitation. These workshops are an opportunity to step outside the constraints of 'usual rehabilitation' and build something that is fit for purpose instead.

Breakdown of observations and data collated:

Exclusions from data gathered

We are not :

- Creating an operational template
- Setting targeted and specific rehabilitation models
- Setting the overarching values behind what will be developed and delivered by LHNs
- Redesigning inpatient rehabilitation

Risks:

Challenges :

Tight time constraints to deliver an overarching Policy

Feedback around the room about limitations and challenges faced by the “non-negotiables” set by the Government which will shape the way the Facilities will be built.

Reframing thinking around what rehabilitation ‘can be’ instead of what it ‘cant be’.

Risk: Service becoming something other than Rehabilitation.

Mitigation: Setting clear boundaries around who and what the services are for. Creating a service that is purpose built.

What Can Be Done?

- Inform the design of what the rehabilitation services look, feel and sound like
- Inform who they are build for and how the care is delivered
- Shape the way the service is delivered – peer led, consumer focussed, community based etc
- Look at this creatively and think about new ways to approach rehabilitation

Considerations:

- Who is this being built for?
- Clarity around the difference between inpatient care and rehabilitation
- Setting parameters for each type of service to ensure fit for purpose
- Overarching Model should capture the high-level requirements of all Rehabilitation Facilities, the operational details can be developed by the LHN delivering the service, in consultation with stakeholders.

Non-negotiables for the Workshop Attendees – what does the Model need to reflect?

- Rehabilitation must be a pathway into something else, whether that is community living, supported living etc – this can not be a long term home or inpatient service.
- Must be voluntary, person focussed and tailored to the individual
- Important to have a home like feel and to provide opportunities for development of life skills
- Peer led and care informed by lived experience
- Community connection is prioritised
- Remove the attitude of ‘rehab ready’
- Clear outline and guidelines on what the Facilities are not to be used for.

Insights:

Some attendees expressed frustration with the ‘non-negotiables’ given by the Government on how the funding is to be used.

‘Blue Sky’ thinking and creativity with Rehabilitation as a concept created excellent discussion, engagement and positive outcomes.

Difficulty arose when discussions around creation of Overarching Policy was raised. Interestingly though, feedback was that the uncomfortable discussions were required to be able to move forward in a positive and proactive way.

Some language used and lack of clarity around expectations of the outcome for the workshops resulted in attendees becoming confused at times.

Feedback from multiple attendees was that the workshop was effective and useful but they required more assistance in how they are able to influence and help create a meaningful and useful Model of Care.

Recommendations:

- Next workshop to include a combination of 'Blue Sky' thinking activities and 'Problem Solving' discussions to create an outcome that is fit for purpose.
- An understanding that uncomfortable conversations may again arise.
- Ability for attendees to speak honestly and respectfully about potential difficulties going forward but to ensure these discussions are proactive and motivating rather than demotivating.
- Ensure clarity confirmed by SA Health of parameters, outcomes required and language to be used by Facilitator to guide workshop appropriately.

Next steps:

Workshop 2 – Thursday 20th October 2022

Clear outline and guidelines on what the Facilities are not to be used for.

Include Case Studies

Exploring the journey of rehabilitation – mapping the journey

- Who is it for/not for?
- Journey from arrival at a Facility to when the patient is back in the community
- Whole picture beyond being in a rehabilitation bed, what does the rest of the story look like?
- What does the pathway out look like? Where is the discharge location? How does this shape the rehabilitation journey?
- How could rehabilitation look different to what is already done?

Deep dive into non-negotiables for this group – what is absolutely necessary to include in the Model of Care to inform the construction and delivery of the rehabilitation services.

Appendix A: Rehabilitation as a concept – Brainstorm Results

<u>Feels Like</u>	<u>Looks like</u>	<u>Sounds like</u>	<u>Is Not</u>	<u>Other/considerations</u>
Safe space • Culturally safe • Care focus • Accessible • Consistent • Open • Supportive environment • Comfortable Person/consumer focused • Identity outside of illness • Respect • Tapped into personal interests • Meaningful to the person • Enjoyable and engaging process • Strengths based Empowerment • Choice • Voluntary involvement • Autonomy – building skills • Self-awareness	Person/consumer centred • Voluntary process • Understanding individuals and their goals • Helping people find their purpose • Flexible, fluid and inclusive • Allow people to receive care in their own way Skilled workforce and delivery • Multidisciplinary approach • Evidence Based • Broad training across all disciplines • Valuing staff knowledge & skills • Lived Experienced Workforce • Practical • Peer led – meet and farewell • Continual feedback and improvements to systems/process	Re-establishment of identity Language & care • Trauma informed • Accessible & inclusive • Person focussed • Recovery based Conscious lens of how behaviours and experience are viewed and understood	Extended care or ‘forever home’ A Homelessness service Involuntary An inpatient service Highly clinical Dictated by experts over the wants of the consumer Under-resourced One size fits all A destination Seclusion or restraint Disconnected from community and real life Isolated from other services Having to retell your story	Substance abuse is part of many presentations Challenge of creating a true person centred approach when having to create an environment that can service a diverse group Risk of rehabilitation model being overcome by substance abuse cases How can Aboriginal knowledge of healing, community engagement and connection inform design?

<u>Feels Like</u>	<u>Looks like</u>	<u>Sounds like</u>	<u>Is Not</u>	<u>Other/ considerations</u>
Connection • Community connection • Family involvement • Locally available • Lived experience peer group • Connection with diverse peoples in centres • Ongoing support inside and outside of facility Hope • Supporting people through the ongoing journey • Help to see the horizon • Determination • Life affirming	Holistic approach • Physical health • Mental health • Community/connection • Sensory Co-designed, collaborative care/partnerships • Consumer, family, carer non GMO, clinical and lived experience partnerships • Works for the individual • Opportunity for individuals to work on aspects of their lives they want to change • Family and carer involvement as directed by the consumer • Ongoing partnerships and care Transitional pathway • building life skills • revolving door, available when and how it's needed • space for family & friends to visit • referrals & ongoing support out of centres • diverse levels of support • Home like environment		'Done to' the consumer Locked or restrictive Avoids the 'Rehabilitation ready' attitude Service driven	