

CONFERENCE ABSTRACT

Delivering on the promise of co-design – staying true to the consumer voice in delivering value-based health care.

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Consumers, stakeholders and a significant body of evidence are clear - doing more of the same will not get us to where we want to go to improve the outcomes of people with mental health, suicide or alcohol and other drug concerns. Transformational change will only be achieved when the people receiving care and their close supporters are equal partners in co-production of health services, taking an active role in planning, design, delivery and evaluation. However, the vision created from a co-design process can so often be lost when the voices of those who use the system are not sufficiently balanced with the needs of the system and health professionals.

In 2018 Brisbane South PHN embarked on an in-depth co-design journey to develop a vision for an integrated person-centred mental health, suicide prevention and alcohol and other drugs service model. Brisbane South PHN worked alongside people with lived experience, carers and close supporters, people from priority groups including young people, LGBTIQ, culturally and linguistically diverse, and Aboriginal and Torres Strait Islander peoples, service providers, General Practitioners (GPs) and practice nurses, and government organisations. The co-designers took part in discovery workshops, generating opportunities and ideas, prototyping, and giving and gathering feedback through testing and learning loops over several months.

The co-design process created a new service model, one that is based on a core set of principles to guide the mindsets, behaviours and attitudes of service providers. Support for consumers to connect and navigate the system is now available, and improved engagement and support for carers will be integrated into services. A clear commitment to building the lived experience workforce is now required of all service providers.

The challenge for the PHN was to translate this vision and service design into a procurement and service implementation process that stayed true to the original intent of the model, and to establish the foundations of a co-production approach that enables lasting and meaningful change to the mental health system in our region.

This paper will present the multi-dimensional strategy being undertaken to embed a co-production mindset into commissioning. Key learnings from the process to date will be shared, including innovative processes for involving people with lived experience in co-design, procurement, implementation and evaluation. The use of value-based contracting will be discussed and the importance of an ongoing change management plan to underpin the implementation will be highlighted. The application of these experiences across different population groups and communities will be explored.

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