
CONFERENCE ABSTRACT

Creating space for complex, integrated service redesign

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Miranda Shaw^{1,2}, Paula Caffrey¹

1: Sydney Local Health District, Camperdown, NSW, Australia;

2: Sydney Institute for Women, Children and their Families, Camperdown, NSW, Australia

Introduction: Sydney Local Health District (SLHD) is a densely populated and socioeconomically and culturally diverse region in inner-Sydney experiencing significant population growth. 45% of the District's residents were born overseas and 58% spoke a non-English language at home. With 15% of the population children aged 0-12 years. Annually 8,500 babies are born to mothers residing in the District. In the last year our child and family health services delivered care to 22,779 children on 77,783 occasions and managed 27,746 phone calls through our contact centre.

The aim of this project was to challenge existing child and family health models of care and distribution of resources by redesigning services to be more patient centred, integrated, accessible, flexible and responsive.

Description of practice change implemented: A multi-layered, multi-level redesign strategy was implemented including:

- Partnerships and integration: with the wider social care sector, research partners and internally within a local health district
- Consumers: engagement and co-design
- Workforce: maximising scope and roles, supporting innovation and celebrating success
- Models of care: developing new and revising existing models and delivery modes
- Policy: influencing and reshaping policy
- Funding: positioning services for funding opportunities
- Governance and leadership: across the health system and social care sector

Aim: To maximise workforce potential and create a service environment that met the needs of all families and enabled integration, flexibility, innovation and change. All initiatives were assessed for efficient resource allocation and utilisation. An iterative approach to implementation and redesign was taken with ongoing review and evaluation.

Population and stakeholders: Families with children antenatal to five years old in SLHD.

Timeline: The redesign strategy commenced in mid-2015 and is ongoing.

Highlights:

- Partnerships and integration: united leadership across key government agencies and primary health

- Consumers: informed a communications plan, strategic priorities, programs and resource allocation
- Workforce: trust and permission to take risks and trial. Maximised capacity to deliver new models of care within existing resources, improved job satisfaction and autonomy to apply clinical judgement
- Models of care: right care, rather than prescribed care, determined by family need
- Policy: state policy influenced and other health districts following our lead
- Additional funding
- Governance and leadership: created an enabling environment for ongoing collaboration

Sustainability and transferability: The service redesign has secured significant funding and service models are being scaled.

Conclusions: This redesign has enabled changes in service delivery that have been evaluated. We have attracted increased investment and reallocated existing resources to sustain engagement with families requiring additional intervention, more accessible universal services for all families and stimulated statewide discussion regarding care models.

This work is ongoing in order to remain responsive, flexible and innovative. We will continue to measure, evaluate and refine. By creating an enabling environment, continued opportunities will emerge.

Lessons learned: Be courageous and challenge state directives when there is misalignment with local need. Embrace the complexity of delivering universal and targeted health improving services across a diverse population. Value and maximise the potential of your workforce.