

Western NSW Local Health District Mental Health Drug and Alcohol Transformation



Health
Western NSW
Local Health District



Living Well Together



Overview

- Background
- Seven projects lead to Mental Health Drug and Alcohol (MHDA) Service Model
- Key underlying principles
- Project recommendations
- Next steps



Mental Health Review

- 7 Recommendations – 7 Project Reference Groups
 - People with high support needs
 - People acutely unwell or in crisis
 - Adult/Older Adult Community Mental Health Team Service Design
 - Community Service Design for Infant Children and Adolescents with Mental Health Challenges
 - Service Design for People with Drug and Alcohol Issues
 - Integration pilots for people living in rural and remote



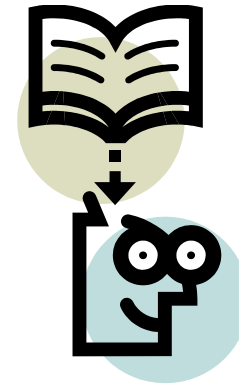
Key Principles

- Model of care
 - Increasing community services & residential care, multidisciplinary input and peer support
 - Least restrictive care / closest to home
 - Ensure an equitable spread of services
 - Better align services with demography and need
 - Decreasing inpatient care
- Better address needs of Aboriginal people & people in rural and remote areas
- Ensure a cohesive and integrated system of care
- Use funding to the best effect for the health of the population

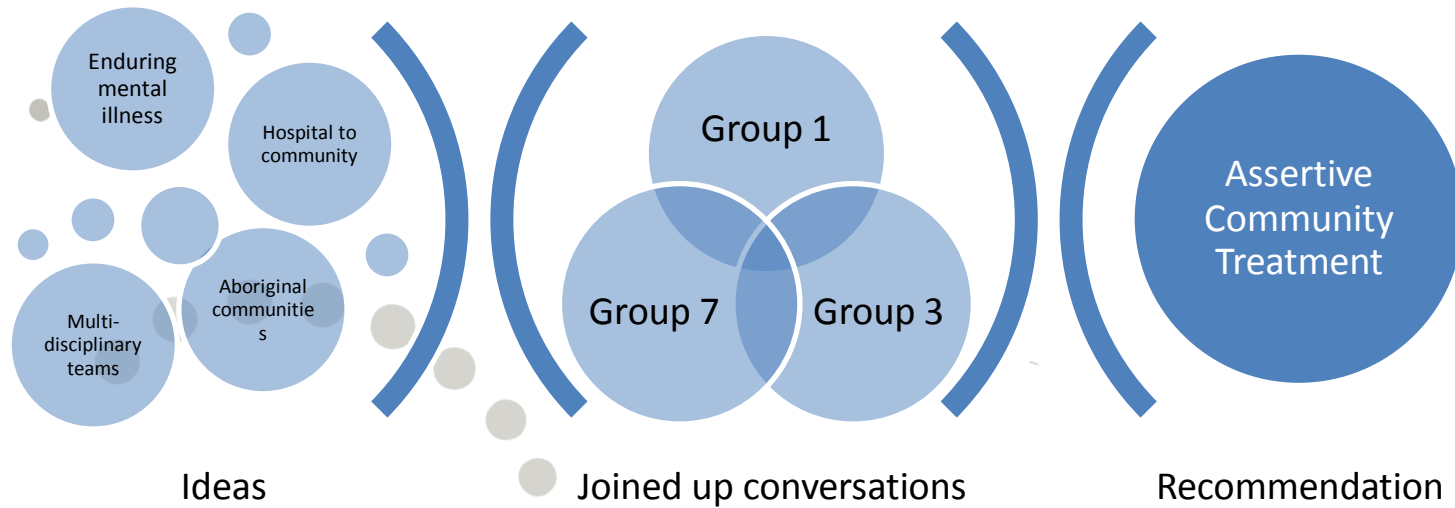


Consultation/Engagement & Learning

- Steering Committee
- Internal Stakeholders
- External Stakeholders
- Consumers and Carers
- Project Reference Groups including
 - Aboriginal, CAMHS, D&A, Residential Services etc.
- Literature/Data Review



Bringing it Together



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Model of Care Key Recommendations

- Hub, Spoke and Node Model
- Development of a Peer workforce
- Focus on the delivery of integrated models of care and further development interagency collaboration
- Develop multidisciplinary Community MHDA Teams
- Develop an extended hours acute care function
- Develop an Assertive Community Treatment Function
- Increase the acute function of the Mental Health Emergency Care team (MHEC)
- Develop a Rural and Remote Support Strategy
- Create Step up Step Down capacity
- Provide services that operate within a comorbidity framework



Hub, Node and Spoke Model

- The model is consistent across all age groups and clinical streams
- Strengthening Bathurst to act as a Hub for Mudgee and
• Cowra
- Dubbo Hub to have a greater focus on outreach to the Northern communities
- Investigating opportunities for colocation and/or integration





Next Steps

- 15/16 Financial year - Workforce reconfiguration within community services, create opportunities for increased collaboration between services and shift towards integrated models of care
- 16/17 – Build on redeveloped community services, embed integrated services within the community and commence reduction of inpatient services based on activity
- Staged implementation – ongoing evaluation of progress
 - Ambulatory activity
 - Acute admission numbers
 - 7 day follow up
 - 28 day readmissions

Consultation & Engagement

- Consumers
- Carers
- Staff
- Industrial Organisations
- External Stakeholders
- Community