GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

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Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

I would like my submission published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Introduction

In my view, the sustainability review is a key opportunity to identify strategic and system-wide approaches that will improve patient centred service delivery, care pathways and transitions between services by leveraging existing investment in Primary, Secondary, Tertiary and Community and Aged Care. This is not currently optimally utilised in WA and in fact the current organisational structures and systems and ongoing reforms result in increased fragmentation despite the purported commitment to building partnerships of care.

This submission will focus on the care needs of people with mental health issues, who usually receive care from all parts of the health sector at various stages of their illness and recovery. When the system is underperforming people will not receive the right care at the right time in the right place. For some, this means they do not have appropriate access to mental health care in the community, which can prevents deterioration to an acute stage with high risks and requiring expensive emergency and inpatient care. For some, the mental health issues remain underdiagnosed and undertreated and this results in inappropriate demand for general health services and poorer outcomes. For others, lack of appropriate, community-based, supported accommodation options, means that the patient cannot be discharged from an inpatient unit.

Patient pathways in mental health planning

Health service planning and decision making tends to occur within specific organisations and services (e.g. a health service provider or a service unit, or a commonwealth initiative or the system manager) without due consideration of the entire patient pathway. This results in fragmentation and duplication of services and care pathways that are inefficient or disrupted, with adverse outcomes for return on health investment, patient health outcomes and often unnecessary expenditure in other sectors such as social security, police, prisons and emergency services. Critical services can be defunded or have a change in admission criteria that affects the efficiency of the pathway, access to care and patient and financial outcomes for the sector as a whole, whilst perhaps delivering savings to the business unit for which the decision maker is responsible. This often results in the decision-maker being rewarded and promoted for the local gains, which reinforces this siloed thinking

This is particularly an issue for patients with conditions that are less prevalent, more complex, or require input from many and various parts of the health, mental health, aged care, disability support and community care sectors. Mental health is a complex sector which provides care to consumers with broad and varied needs in a variety of settings and requires working in partnership across all sectors of health and mental health and also community and social services. The sector has been attempting to build productive partnerships for many years and has had some notable successes from which lessons for the entire Health sector could be derived. However, people with chronic mental health issues, still have poorer health outcomes with some studies demonstrating up to a 20 year reduction in life expectancy (RANZCP 2015). Paradoxically, patients with mental health issues can be dependent on unnecessary and expensive health care when their mental health issues are not accurately diagnosed and addressed, e.g. patients who somatise, or do not engage with health care planning as they are demoralised and depressed or anxious, or those with a chronic pain syndrome.

There are many examples of planning and decision making within silos across health with consequent adverse outcomes. I will provide two examples that are current and have recently been brought to my attention.

1. The Health Department has recently decided to reconsider funding to support some beds in the community within the aged care sector. These particular 'special needs' beds provide long stay accommodation for people who would not be accepted into current aged care, disability or mental health accommodation options. These include people with cognitive impairment that is associated with significant behavioural disturbance. This means that appropriate care cannot be managed in the usual aged care accommodation options without placing either the patient or others at risk. The absence of these special needs beds means that these types of patients will not be able to be discharged from hospital beds. This would decrease the already limited number of beds available for

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the elderly with acute mental health issues. With acute beds blocked, general hospitals no longer have access either and there is then backflow throughout the system, putting pressure back on aged care and emergency departments. This decision was made without consultation with the older adult mental health service providers, who were advised by the service provider that access to these beds will be restricted immediately. It is not clear whether the decision makers were unaware of the complex care pathways that this decision will impact on, were driven by very local budget considerations, or did not know how to contact the key services and stakeholders.

2. At Royal Perth Hospital, a decision was made in 2015 to close a program which had been specifically addressing the needs of people with serious Borderline Personality Disorder (BPD). People with BPD have high risk of suicide and are frequent attenders to Emergency Departments with self-harming, cutting and suicidal behaviour. However, current research evidence and national guidelines provides compelling evidence that BPD can be successfully treated. During the period that the program at RPH was running, there were positive outcomes for patients, average length of stay was reduced and there was an associated increase in capacity and potential for cost savings. These gains were reversed and costs once again increased in the year following the closure of the program. Again, it is not clear why this excellent model was closed down – it may be that the decision makers did not understand the impact on care pathways or outcomes, were following a strategy to streamline services or were looking to cut costs for a particular cost centre that supported this pathway. It is also puzzling why other health services have not adopted this model.

In my view these sorts of examples occur because the decision makers are focused on, and rewarded for, management of particular service components of a care pathway, rather than the entire care pathway. In the absence of a clear government model for the mental health system (as opposed to discrete services) there is no accountability for the maintenance of critical mental health pathways.

WA Mental Health Network's role in integrated pathways

The WA Mental Health Network is potentially a key source of advice from a credible group of clinicians, carers and consumers across the entire health, mental health and community sector, whose clinical focus means that they are acutely aware of fragmented, inefficient pathways and gaps in services. The MHN has sub-networks of experienced clinicians from all sectors, disciplines and regions that work with consumers and carers to focus on the care needs for a particular cohort of patients that are not being adequately addressed in WA presently (eg older adults, youth, people with personality disorders, people with eating disorders, people with neuropsychiatric and development disability). This is a best practice co-design model. The sub-networks focus on options for stepped care and care pathways that integrate with community services and accommodation services.

The MHN is potentially an extremely useful source of advice for decision-makers and also has the potential to inform the broader system of opportunities for more efficient function and gaps in services and the need for more comprehensive and efficient care pathways that meet the needs of complex patients. Decision-makers should be working with the MHN and ensure it is adequately resourced to assist with decision-making that is patient-centred, cost-effective, high quality and ensures that care pathways are comprehensive, accessible and efficient.

The MHN has also identified key gaps in specialised services that can provide leadership, workforce development and specialist expertise to support and build capacity in general health and mental health services across WA. In particular the Mental Health Plan has identified the need for specialised mental health services accessible to all people in WA for people with personality disorders, neuropsychiatric issues, multicultural needs, eating disorders, LGBTIQ issues, developmental disability, autism and the elderly and Youth. Other states with similar resources and need have well –established state-wide services, but although they are noted in the Mental Health Plan WA has no plans to implement the services. These services could be established using some existing services and, with limited further investment, could potentially provide significant improvements in patient outcomes and health service efficiency. However, unless these services are properly developed and with centralised governance, it is likely that the implementation would be inadequate and deliver a sub-optimal return on

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investment
The Mental Health Plan requires development with more specific targets for numbers of beds including sub-specialty beds in the health and community sector so that health service providers can be better informed with respect to planning. For example, the proposed decommissioning of Selby Hospital cannot occur unless there are replacement mental health inpatient beds. These beds should be on a general or tertiary hospital campus as the older adult patients usually have significant medical co-morbidities. New beds are being planned at Joondalup Health Campus, but there is no evidence of planning for older adult beds as part of this expansion. Again, it is likely that the decision makers are only focused on local issues and not on system wide issues that should also be considered as part of the planning process.

Recommendations
Recommendations that target state-wide system reform
1. The Department of Health require that those responsible for decisions regarding planning or closing or changing admission criteria for a service have due regard for potential impact on the complex system and care pathways that are involved. This could include a requirement for consultation with an appropriate clinical network.
2. Urgent remediation of the governance structures in mental health in WA as they are dysfunctional and disconnected and frequently good ideas are not considered and/or inadequately implemented as there is no single accountable governance point below the level of the Minister.
3. The Department of Health promote the establishment and appropriate resourcing of key clinical networks, to support the development of stepped care and integrated care pathways that are efficient and sustainable. These networks should have clear executive sponsorship and governance to ensure that concerns regarding gaps in service and fragmentation of care can be promptly and appropriately escalated.

Specific Recommendations
4. The ENHANCE model for assessment, treatment and management of people with Borderline Personality Disorder should be reviewed and considered for implementation in a standardised way and accessible to all people with BPD in WA.
5. The top-up funding (provided by WA government) for special needs beds in residential aged care for people with cognitive impairment and associated serious behavioural disturbance should be reviewed urgently to ensure that patients are not left 'stranded' in hospital beds, because of lack of access to suitable community accommodation options. This should include the planned high dependency unit (HDU) beds funded through the Mental Health Commission and the Special Needs beds funded through the Aged Care Policy Unit.
6. Specialist state-wide mental health services should be established (with a seed funding approach) to lead and guide the development of care pathways and grow capacity of primary, secondary and tertiary services to treat people with complex and serious conditions that are low prevalence and require specialist skills _ e.g. Youth mental health personality disorders, eating disorders, autism, neuropsychiatry, developmental disability, elderly, forensic issues, multicultural issues.

Reference
Royal Australian and New Zealand College of Psychiatrists (2015) Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness, available at https://www.ranzcp.org/Files/Publications/RANZCP-Keeping-body-and-mind-together.aspx (accessed 27/10/17)