

The Aim

What were we experiencing?

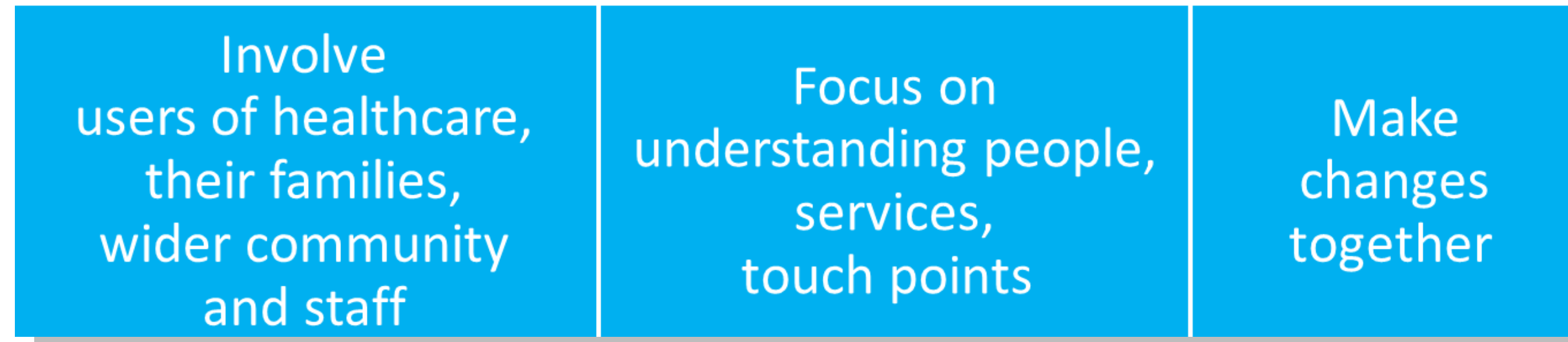
- Over utilisation of tertiary services
- Limited support for family, whānau and carers
- Highly complex navigation of services
- Inconsistent transition between services
- Low integration of primary and secondary care

What we aimed to do about it?

- Examine inpatient service range for youth acute care
- Include forensic, AoD, inpatient, paediatric, acute packages
- A model that encompasses all services across the region
- Increasing integration of services and referring agencies
- Improve journeys of young people through services

Experience based co-design (EBCD)

Standard Group
Clinicians involved in the development.



EBCD Group
Clinicians alongside consumers, Young People, Family and Whānau, Māori, Pacific, Youth One Stop Shop, Primary Care, NGO, Medical, School Counsellors.

Outcomes

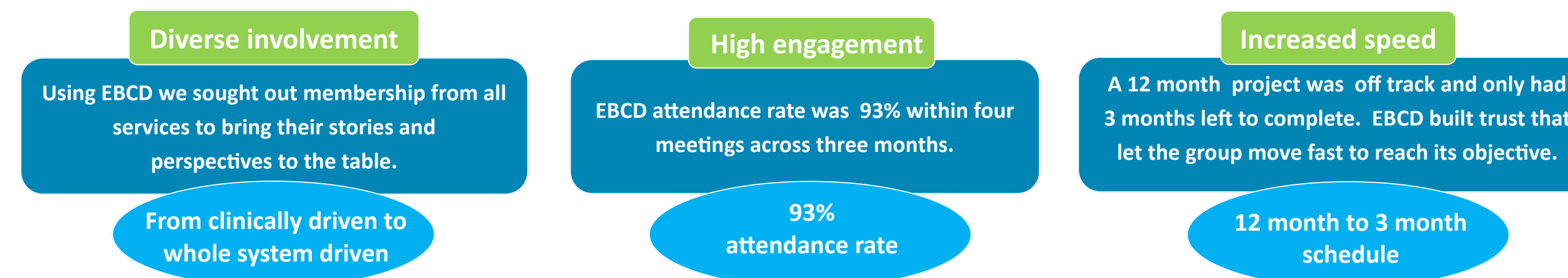
Service range extended beyond inpatient services. Due to an EBCD group service range included forensic, AOD, inpatient, paediatric, community and acute care.

The **model** encompassed all services across the region; those provided by DHBs, NGOs, primary care and others, these services were reflected by the EBCD membership.

Ways to **increase integration** can now be seen more easily and improvements identified.

Improved journeys will be experienced as gaps are identified and addressed. Clinicians have begun to discuss how to improve transition between services.

The model of care was **endorsed** by those overseeing developments.



Learning

Take time to relate as human beings.
Time was given to learn of each other as **people**, enabling higher levels of **trust** and **relationships**.

Service user, whānau and workers' experiences and perspectives are paramount.

You don't always need a long time to produce quality results.
Trust and **relationships** that were formed guided the speed at which the group moved.

The Process

The first workshop was about the group aligning their world views

Scoping

- Real life journeys and experiences
- What services are contracted, and how are they connected?

Needs Analysis

- What is or isn't here, what is needed or what needs to be better?
- What links exist and who do we need to engage?

The second workshop was to detail and visualise the thinking

Principles and Approaches

- Five key principles that sit over all aspects
- National context that influences the model

Outcomes and Visuals

- Outcomes for ALL parts of the model
- A visual representation that reflects the journey

The third workshop was to bring the sector together

Wider Sector Approaches

- Identified from the scoping exercise (first workshop)
- All perspectives present (larger EBCD group)

Model Testing

- Does it fit in people's worlds?
- Can they apply it to their practice?

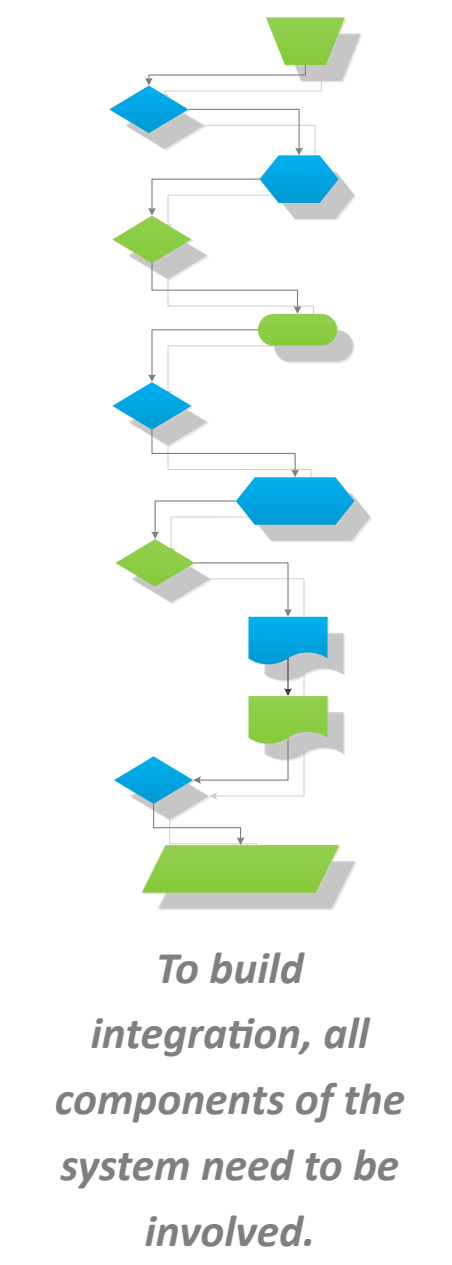
The fourth workshop was to involve young people and finalise

Young People's View

- Group of young people feedback on their views
- Incorporated feedback into the model

Finalising the Model

- Summarising the distance and showing the journey
- Identifying next steps and who needs to drive



To build integration, all components of the system need to be involved.

Focus was placed on the young person, but the model also emphasises the need to support whānau and develop seamless service experiences

"If you take the words out, you can use this in practice."
- Group Member speaking about practical application of model.

"Instead of having an adult who studied about it, telling a young person what they should do and not do—get a young person around the same age to connect with the person who needs help. It's better having someone you can relate to who has experienced or is going through the same thing." - YOLO Group

Why EBCD?

EBCD focuses on **patient and staff experience and emotions** rather than attitudes or opinions.

The approach uses **storytelling to identify opportunities for improvement** and focuses on the usability of the service for patients and staff.

It **empowers staff and patients** to make changes.

The approach is **qualitative, not quantitative**, and provides rich insights into the experience of patients. There is a growing body of evidence showing the effectiveness of the approach.

EBCD is an **adaptable approach**.

- TheKingsFund
<http://www.kingsfund.org.uk/projects/ebcd>

Key Messages

Power is in people's stories, so... when mapping the group outlined a consumer experience, this shifted discussions to be more real, person-centred and whānau-focused.

Clinicians seem more motivated when... they see progress, action and movement towards something they believe in.

Everyone needs to be in the same waka... to land in a place where the group can feel aligned. The facilitator is to assist this through pointed questioning and alignment of thinking.

People WANT to improve systems but... are often not given permission to improve systems. EBCD is a way to support that passion and improvement.

This process was guided by TAS and delivered to a collection of DHBs within New Zealand. We would like to take time to acknowledge those who were key in making this project a success:

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