

**1<sup>st</sup> Australasian Mental Health and Addictions Nursing Conference  
DANA Oration delivered by Tonina Harvey AM 20<sup>th</sup> June 2013**

**Integrating service delivery – the importance of “*Working Partnerships*”**

**Tena Kou Tou**

It is a great privilege to have the opportunity to address you this morning as part of the Adams, DeCrespigny and Harvey Oration. I feel particularly honored to be speaking to you following such a warm and fabulous welcome – it is indeed a hard act to follow but an absolute pleasure to be here...!!!

In preparing for this oration I was a little perplexed as I have not worked directly in Drug and Alcohol (D&A) or Mental Health now for over seven (7) years. I wanted to talk to you about something which was relevant and useful and hopefully something that could inspire you to think a little differently as you take in all the information over the next couple of days.

I was excited to see that developing services for integrated care was a theme for this conference, along with service user partnership, as this is something I have tried to do throughout my career, regardless of the specialty I have worked in. So this morning I just want to share with you what I have learnt about these concepts in relation to care and service delivery.

What I am going to speak to you about this morning is not the result of rigorous research, it is simply a collection of knowledge and wisdom gained from being a nurse, trying to simply get things done and improve outcomes for my clients and patients cross a range of specialties throughout my career. From this overview I hope you can take away some key messages to make your life a little easier when trying to offer the best services that you can to your clients.

While none of the information will be new to you ...it should at least give you a framework to build functional partnerships within your nursing practice.



To give you some background, I first came to work within the Drug & Alcohol Field through doing my Post Graduate training in Mental Health at Rozelle Hospital in NSW. On graduation, in 1985, I went to work in the

McKinnon Unit, a detoxification service, where my 20 year career in D&A began. This was a crazy time in the field. There was much conflict in the sector about the causation theory of addiction – The Disease Concept Vs Harm Reduction.

We had many DANA Conferences, in the early days, where nurses from different “camps” sat on opposite sides of the room, nodded politely to each other but held steadfastly to the philosophy they believed in. In fact, some became quite defensive when challenged or made snide comments about each others services when differing views were put forward. Often this was based on the philosophy of where individuals were working and who they were working with at the time.

Some individuals had “personal growth journeys” uncovering their own, or the impact of others addictions on themselves, which added fervor to their belief systems. Working in the field became, for some, integrated into their way of life.

None of this really posed major problems for despite individual nurses beliefs some clients went on to successful recovery journeys, some passed away too soon and others “got it” after a few times around.

Within this chaos there were clients who either:

- had both addiction and mental health disorders,
- were women with responsibility for children or;
- had other issues which made their road to recovery more complex.

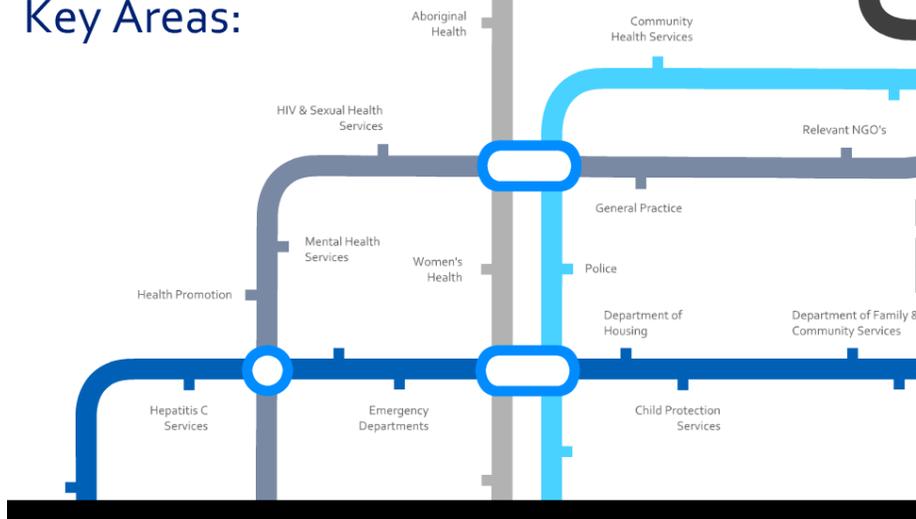
Many of these individuals fell through the gaps as treating specialists and units could not agree on which specialty should be the primary treatment agency.

In the long term it was the work of our research colleagues and the promulgation of the Model of Harm Reduction, which really had a leveling affect within treatment communities. The aim being to reduce the impact of substance using behaviour. This meant that the focus had to remain on the individuals’ goals being the centre of the treatment - not the rights and beliefs of the clinician treating them at the time.

Throughout my career, in Drug & Alcohol, I held a sustained belief that an integrated approach to service delivery was what was always needed . The aim of this being to assist individuals to navigate the system and make educated choices about the direction their lives should take.

What this meant for me, working in the D&A field, was that I had to actively form partnerships with other service providers and agencies to “smooth the way” for individuals to access to much needed services . These partnerships were critical and also assisted other providers to develop an understanding of the nature of addiction and the impact that this may have on their expectations in service delivery.

## Key Areas:



These were some key areas where I developed partnerships:

- ⇒ Mental Health Services
- ⇒ Health Promotion
- ⇒ HIV and Sexual Health Services
- ⇒ Hepatitis C Services
- ⇒ Women's Health
- ⇒ Aboriginal Health
- ⇒ Child Protection Services
- ⇒ Divisions of General Practice
- ⇒ Acute Hospital Emergency Departments
- ⇒ Community Health Services
- ⇒ Police
- ⇒ Department of Housing
- ⇒ Department of Family & Community Services
- ⇒ Relevant Non Government Organisations

As you would recognize, all these service streams have capacity to interlink with the client / patient journey.

For example:

- through a partnership with HIV / Hep C Services we ensured the integration of education and information to clients in Detox by non D&A Staff, linking those at risk to hospital and community based services on discharge.
- Through a service partnership with Child Protection services we were able to ensure appropriate follow up of clients and debriefing of staff who were making "Child at Risk" notifications and;
- In another agreement we were able to organise coordinated case management of clients with Mental Health disorders and substance use dependence, resulting

in streamlined service delivery and better access to acute admissions when required.

I have not worked as a clinician for many years but have held a variety of management positions within community health services, the acute sector, drug and alcohol and more recently within the disability sector. The Disability Service Sector in Australia is currently undergoing enormous change with the introduction of the National Disability Insurance Scheme and Person Centered Service Delivery. Within this scheme individuals with a disability get allocated funds to purchase their own services, taking all power and control away from services, who up until now have been block funded.

This model outlines that “the person” is now the centre of planning for all service delivery, enabling them to live their life in community. Whilst worlds apart in specialty areas there is great synergy on how this can be achieved with systems of Partnership supporting individuals to reach their goals.

### **OPPORTUNITY FOR Partnerships OCCUR EVERYDAY.....**



Recently I travelled with my partner and, an Australian Not for Profit organisation called Kwaya, to do volunteer work in Uganda with the African Children's Choir and local communities in Kampala. Through this opportunity we worked with a community organisation run by graduate from the African Children's Choir – called City Yenga.

City Yenga recognised that in the slum areas of Kampala there is no organised system for rubbish disposal or sewage. You can therefore imagine the impact of hundreds of people living together in small areas creating an environment which harbors illness and disease.

City Yenga creates partnerships with the community, charities and people with the right resources to help clean the slum areas on a regular basis. On our visit we were the celebrities used to draw attention to the event.



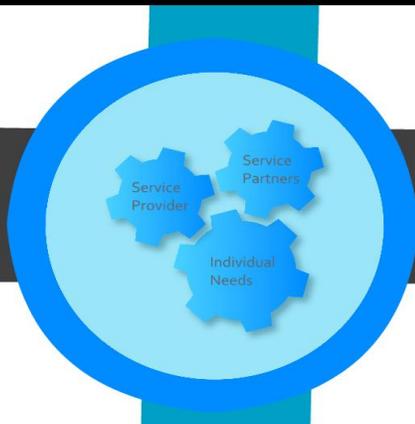
It was also of interest on the day...as we worked our way through the area we noticed small “huddles” of people chatting and just observing what was going on. On approaching them we started to meet community members who were social workers, HIV workers, religious leaders and others who were using this opportunity to connect with the community and look for partnership projects.

Whilst not everyone in the community were pleased that we were there.....It was an amazing coming together in community which resulted in a huge amount of rubbish being removed on the day – Unfortunately however, this will need to occur again as local government authorities are yet to link in to ensure a continuous system of waste removal in an area where individuals are disenfranchised and have no other means of support.

So the question we are left to ask is.....why won't the government work in partnership with these individuals to make a difference to the health outcomes for the community? Sadly, in Uganda – the divide between rich and poor is still too great. The history of politics with Idi Amin and the mistrust and corruption of government departments means that resources are not effectively distributed. A lot more ground work is yet to be done.

**We need to understand that Integrated Service Delivery of any form is an outcome and cannot work without a combined effort which involves:**

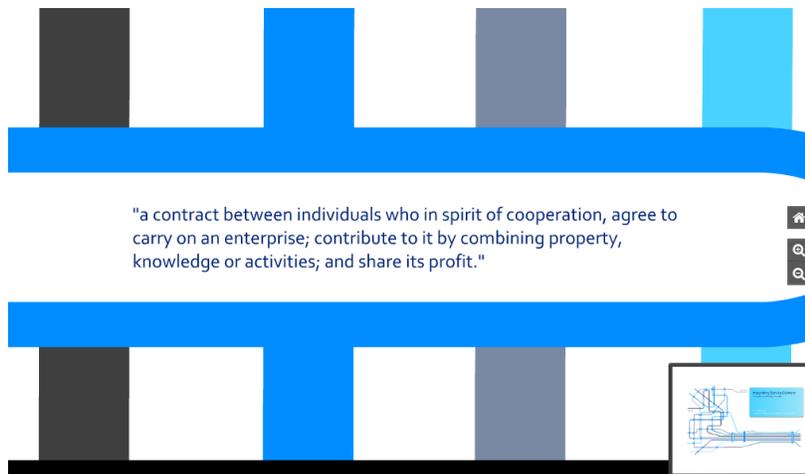
1. the individuals, whose life is affected,
2. other key service partners and ;
3. the core service provider



**This is the foundation required when building any partnership**

## So what is a partnership?

- **My friend Wikipedia defines a partnership as a contract between individuals who, in a spirit of cooperation, agree to carry on an enterprise; contribute to it by combining property, knowledge or activities; and share its profit.**



***In my partnerships....the profits are IMPROVED ACCESS TO SERVICES AND/OR IMPROVED HEALTH OUTCOMES.***

### **It is also critical to recognize what a partnership is NOT**

- ⇒ A partnership is not a thought or idea that you must work together.
  - ⇒ It is not a conversation
  - ⇒ It is not a friendship - Partnerships cannot be reliant on any individuals personal relationship with a colleague or service
- But a partnership may start with any of these elements....and often does

**There are many BARRIERS TO EFFECTIVE PARTNERSHIPS which can be categorized under a number of headings:**

#### **People**

1. Individuals may not value the partnership due to past failures
2. Power struggles, hierarchal thinking and professional mistrust are highly evident in health systems and can often undermine what you are seeking to achieve;
3. Individuals often have no understanding of their roles and therefore can inadvertently block progress

## Structures

1. You might have the wrong partners or be poorly engaged with the right ones
2. There may be no understanding of who is accountable for what

## Resources

1. There may be a reluctance to share data
2. A view that the partnership is just cost shifting
3. A perceived concern that valuable time resources will be used up or
4. Poor understanding of how to integrate information into the system of work

## Environments

1. Politically, what you are asking for may not be high on the agenda
2. There may be a practice ( and comfort) of services working in silos
3. Your focus, in terms of outcome, may not be the same as your partners

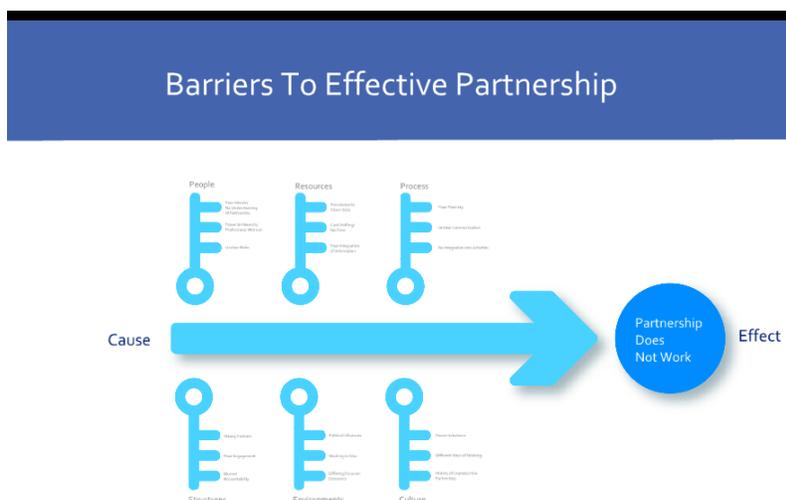
## Process

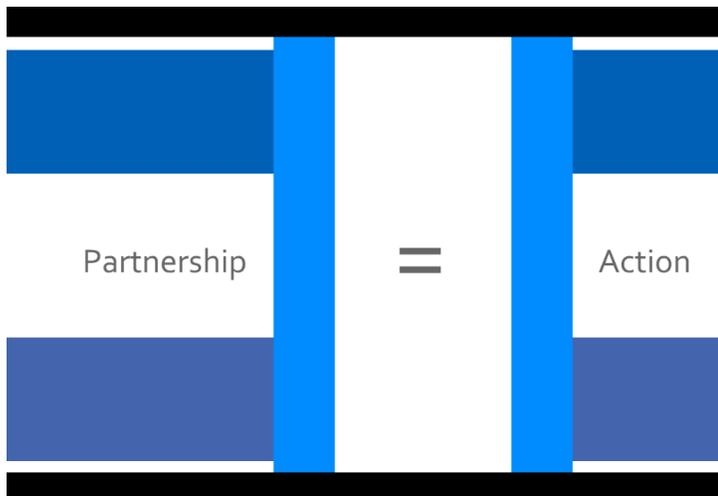
1. Poor Planning can sabotage a functional partnership
2. Unclear Communication can confuse messages about what it is you are trying to achieve
3. Lack of integration of partnership objectives into activities means that systemic change will not take place

**Last but not least...never underestimate the power of culture. Just as my example in Uganda described. A partnership may never get off the ground**

**If there is:**

1. Power imbalance
2. Different ways of working
3. History of unproductive partnership





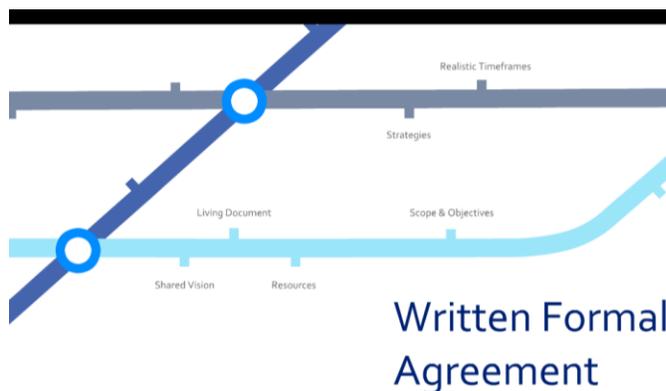
**Partnership is all about ACTION .**

It is about getting involved, getting your hands dirty and bringing others on the journey with you to achieve ongoing outcomes for your clients

**How To Start**

- Ask the Question – what could be achieved with our clients if we worked together?
- What systems break down when you have clients with complex problems?
- What is it you wished other services knew or understood about the way you work and clients they refer to you?
- What can you offer?
- What can you learn about other services which would improve client outcomes?

**Remember - The Client Outcome must be s the focus of all decision making**



In the delivery of health care it is my experience that to have an effective partnership it is worthwhile to have a **FORMAL WRITTEN AGREEMENT – A living document .**  
*Something you can see and touch!*

While staff may come and go, a document has a chance of providing a framework for ongoing discussion and provides a foundation for systematic change.

### **A True Partnership Must Articulate:**

1. A Shared Vision / Outcome
2. You must describe the Scope and Objectives of the Agreement
3. Define strategies for improvement with realistic timeframes
4. Allocate resources – this is not always \$\$\$ but staff time & energy to sustain the partnership – eg. you may be able to offer written resources for the team or some education

### **PARTNERSHIPS MUST**

5. Offer “buy in” – because it adds value to the services being offered by both agencies and to the client eg. look for added benefits - joint clinics etc
6. Must be transparent - Systems of information and exchange develop trust between services and service user
  1. All parties must be ACCOUNTABLE for their actions and responses
  2. Must have a level of flexibility and maintain a focus on the client ...not the service provider
7. There should be Agreement to regularly review and update and ;
8. It is critical that you agree on a framework for dispute resolution

#### Keep it Simple

Shared Vision

Scope the Perimeters of your agreement

Do a SWOT analysis between both organisations

Identify KEY OBJECTIVES

Develop an Action Plan

Agree on a Monitoring & Dispute Resolution Process

#### **Keep it simple**

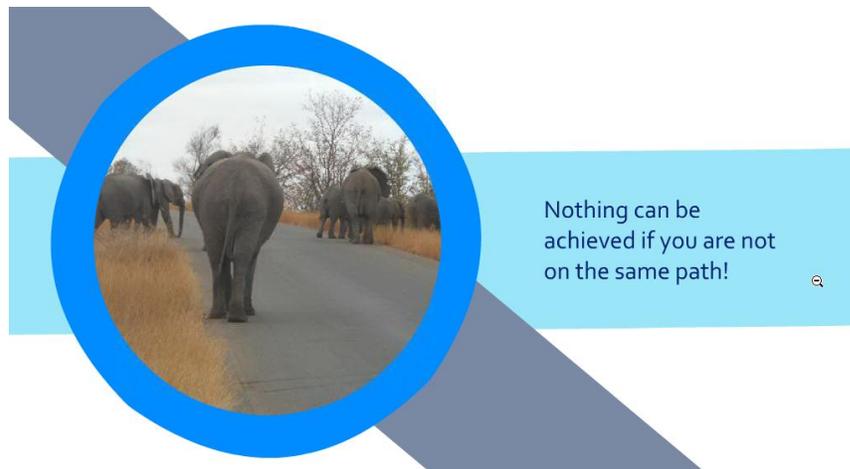
1. Focus on client outcomes as your vision
2. Scope the perimeters of your agreement – what does it cover Vs what does it not include
3. Analyze the Strengths, Weaknesses, Opportunities & Threats between both organisations
4. Identify KEY OBJECTIVES – pick 2 or 3 only
5. Work out your Action Plan
6. Describe your Monitoring & Dispute Resolution process

**Partnerships are a natural way of working. It is something we do in everyday relationships.**

Focusing on the same outcome gives equal power and control to the client and clear boundaries for service delivery. What is of most importance is recognising when a partnership is required.

Partnerships start with an opportunity, just like you have at this conference. Great things can happen when together you:

1. start to develop a sense of what is working and what is not;
2. decide not to lay blame and;
3. identify “gaps” and “ways of working together” that will improve outcomes.



**Remember: Nothing can be achieved if you are not on the same path as each other!!!**

I leave you today with the challenge to take this thinking forward through this conference. It is important that you become champions within your sphere of influence as each step you take to engage with each other and your clients will make a significant difference. Why you may not be able to improve everything, you are an important cog in the wheel of change

Thank you again for listening and for your willingness to be on the journey – and I hope you enjoy the next couple of days!!!!

