

How can building design support integrated care in a “one-stop shop” model?

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The project

- **Aim** : “Building new models for integrating social and health services for a public with cultural and social diversity”
- **Funding** : European Regional Development Fund
- **Timing** : 2016-2020
- **Location** : Anderlecht, a low-income area in Brussels
- **Project partners** : Médecins du Monde and partner organisations.
- **Challenge**: the project intends to achieve its goal through co-location of multiple services. However, little is known so far about how architecture can help make the most of integrated care in one-stop service delivery.

The co-design workshops

- **Partners** : Médecins du monde and Metrolab, a transdisciplinary urban research laboratory
- **Aim of the workshops**: to capture the best practices and expectations of professionals and patients regarding co-located integrated services.

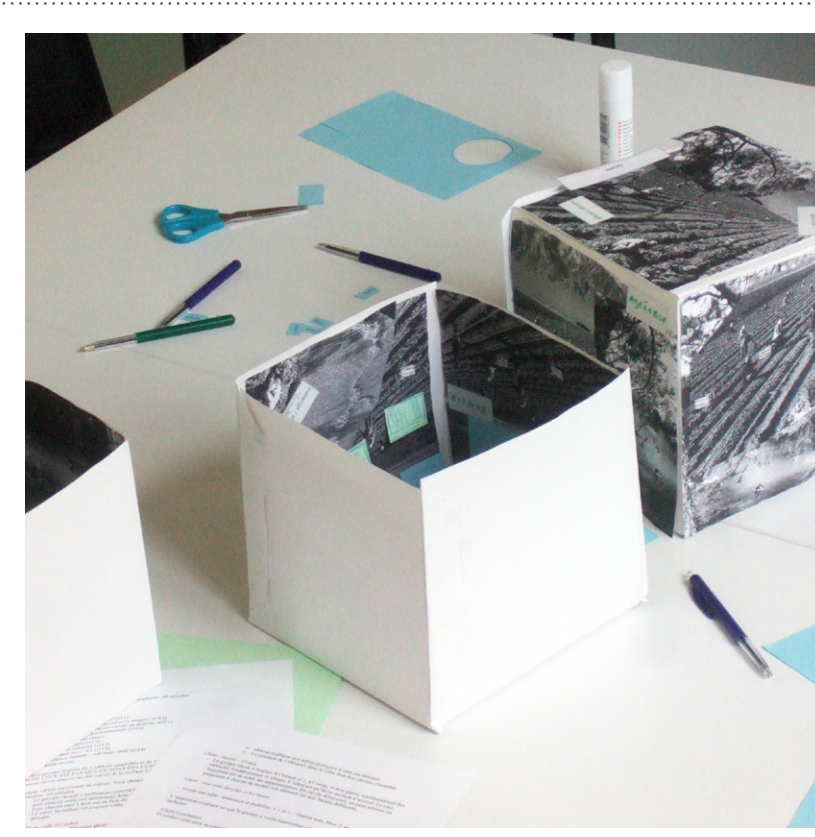
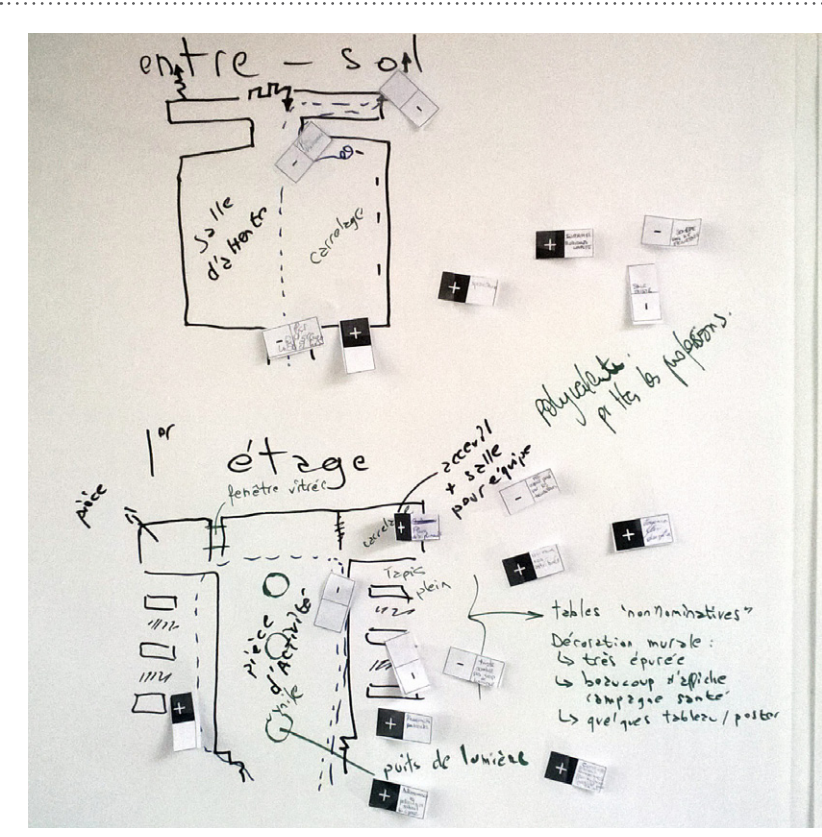
An innovative participatory co-design method

- **26 participants**: nurses, general practitioners, social workers, patient representatives, receptionists, psychiatrists, intercultural mediators and health services managers, some of them specialised in drug use, mental health or early childhood.
- **3 successive sessions**.
- **Method**: Individual and collective sketching and modelling helped participants figure out and express how spatial organisation impacts professional collaborations and public accessibility.
- **All material** (sketches, mock-ups and recordings) were analysed. A feedback report was presented to the participants.

Main results

- Participants identified necessary space and possible layouts. For each room, they pointed out a range of often paradoxical objectives and some design solutions.
- The results were included in the architectural specifications of the building and were taken into account in the **architects’ project proposal**.

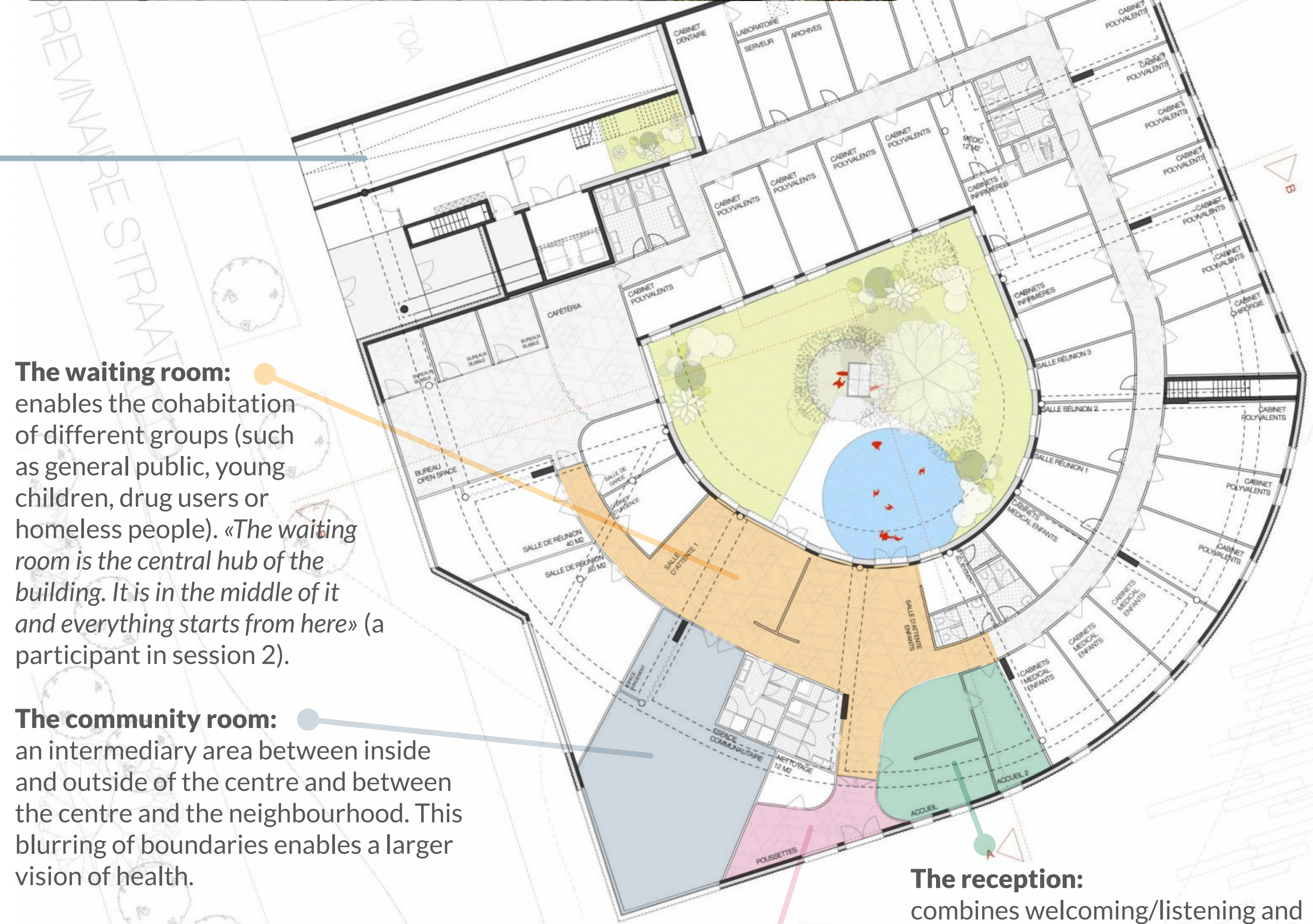
Workshops	Session 1 – 4/10/2016	Session 2 – 11/10/16	Session 3 – 25/10/16
Aim	Observing the design of existing services	Imagining the future centre: layout and people circulation	Imagining the future centre: atmosphere and equipments
Objectives	<ul style="list-style-type: none"> ● Create awareness of building design: looking at existing layouts of multiple-services centres 	<ul style="list-style-type: none"> ● Explore various combinations of rooms ● Imagine the paths taken by both beneficiaries and professionals through the imagined space 	<ul style="list-style-type: none"> ● Identify the equipment needs and the type of atmosphere that would result from the building layout, by room
Method	<ul style="list-style-type: none"> ● 4 groups ● Field visits with notebooks ● Collective sketch of the visited centre ● Presentation of the sketches, each participant put + or - stickers on the plan with a short explanation 	<ul style="list-style-type: none"> ● Individual sketch of an ideal centre ● Collective sketch of an ideal centre ● Presentation of the sketches (+ and - stickers) 	<ul style="list-style-type: none"> ● Collective modelling of each room (3 rooms /group) ● Participants were invited to choose photos suggesting different atmospheres and to place equipment ● Presentation of the mock-ups



Photos: Isabelle Heymans, Jean-François Moratto, Maguelone Vignes



Architectural project
Bureau d'architectes
Emmanuel Bouffieux
<http://www.baeb.eu/projects/goujons-housing/>



The waiting room: enables the cohabitation of different groups (such as general public, young children, drug users or homeless people). «The waiting room is the central hub of the building. It is in the middle of it and everything starts from here» (a participant in session 2).

The community room: an intermediary area between inside and outside of the centre and between the centre and the neighbourhood. This blurring of boundaries enables a larger vision of health.

The front of the building : is visible and identifiable while fitting into its urban environment, at a human scale

The entrance: combines maximum accessibility and security

The reception: combines welcoming/listening and management functions, separated into dedicated areas (welcoming, phone reception, management, crisis/confidential situations)

Discussions: translating healthcare transformations into building design

- Multiple social and health care services settings are evolving towards more participatory governance in line with:
 - changes in professional/beneficiary relationships,
 - a stronger patient-centred approach,
 - a broader definition of health comprising social and environmental determinants,
 - and the redefinition of professional positions and boundaries with the rise of new functions.
- Architectural design is in the process of adapting to these trends.

Lessons learned

- In low-income settings, provision of care to a diverse public is especially intertwined with integration of multiple services. Spatial design actively shapes both.

Limitations

- The project was at a design stage. How architects will balance the identified competing objectives is still to be determined.
- Including people from vulnerable groups in this kind of co-design workshops remains challenging, due to the mobilization process.

Suggestions for future research

- The actual impact of space design on professional practices will need to be assessed once the centre has been built.
- An additional workshop explored how the physical location of coordination activities in various services could foster or hinder integrated care pathways in the future building.
- The outcomes of this research could be used to develop indicators for primary health care design appraisal.

Contacts

Maguelone Vignes, Social Scientist, Ph.D.: m.vignes@metrolab.brussels | Marco Ranzato, Architect, Ph.D.: m.ranzato@metrolab.brussels
More information on metrolab.brussels | <http://metrolab.brussels/news/cellule-interdisciplinaire-medecins-du-monde>

