



Strategic Directions 2009 – 2012

Health Consumers' Council WA Inc

Your Voice on Health

Our Purpose

To raise awareness of and advocate for health consumers rights
in Western Australia

Our Vision

To be an independent, authoritative and effective voice of and for
health consumers in Western Australia

Our Values

The Health Consumers' Council believes that all people are entitled to:

- Be treated with respect, dignity and understanding
- Be informed about their rights and have those rights protected and enhanced
- Receive safe evidenced based care
- Be informed about their condition and any proposed treatment
- Have equitable access to health services
- Have access to information about themselves held by health professionals and the right to correct anomalies

HCC Chairperson's Statement

Charles Darwin (1809 - 1882) wrote "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change", and that outlines the crucial direction for Health Consumers' Council of WA as it embarks on a revamped strategic direction to take us through to 2012.

The Board and senior staff have invested a significant number of hours in developing this document which will guide HCC's strategies over the coming years, but the vision can only be achieved with the support of our members, stakeholders, and key alliance organisations.

You will notice that there are some significant changes in direction as we move forward – we know that HCC is already highly regarded by the state Health Department and its work over the past 15 years is well known; however the next period in the evolution is to ensure that the public of Western Australia is aware of our existence, the role that we play in protecting and advocating consumer health rights at all levels, and how they can benefit from our work – this will be achieved by greater media presence and more exposure to the people of WA.

The dedication of our Consumer Representatives at local, state, and (through the Consumers Health Forum) nationally has significantly impacted on the delivery, safety and quality, and direction of health care in this state – their work is to be applauded and the lessons learnt and expertise acquired leveraged to achieve the aspirations for the next 3 years.

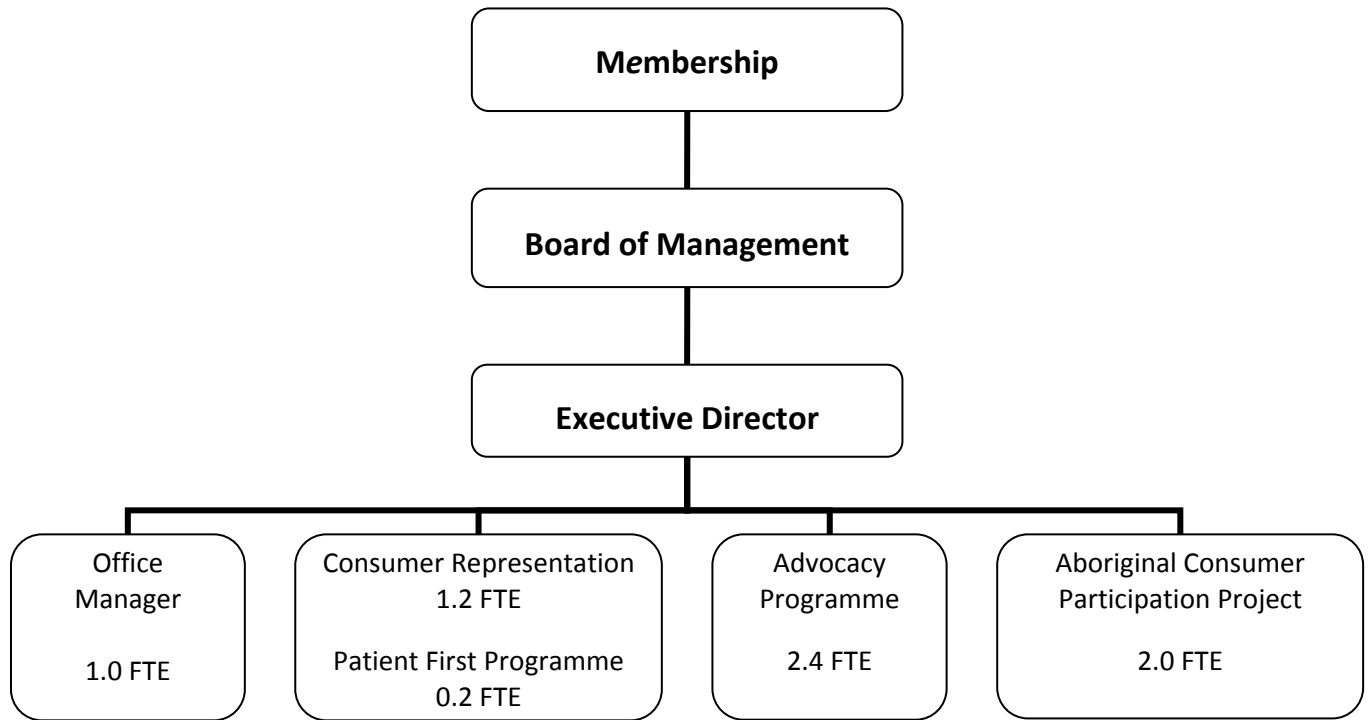
It is no longer acceptable to say "this is what we do, this is how we have always done it" – we are in a rapidly changing health environment where funding is not going to be so readily available – we must seek to change the way we do business – we need new strategic alliances that will support our activities going forward and we also must change those activities to reflect modern business practices and current needs.

However, having said that we must not lose sight of the things that are working well – but we must be prepared to discard or amend those that are not helping us achieve HCC's goals. Where we can build on our work let's do it – can our Aboriginal program be expanded to include similar work with the CALD community? Can the Patient First Project be expanded to all healthcare settings (public and private)? Can we support other advocacy avenues for specific client groups – mental health, indigenous, CALD? These are some of the questions to be addressed as we move ahead.

To achieve these ends we have our new strategic plan – yes there are some unknowns, and yes the uncertainties can be scary, but this must not be allowed to get in the way of progress – Franklin D. Roosevelt said at his first inauguration in 1933 "... the only thing we have to fear is fear itself -- nameless, unreasoning, unjustified terror which paralyses needed efforts to convert retreat into advance" and we as health consumers in WA must likewise step out from the dark and take action now.

Tim Benson
HCC Chairperson
September 2009

Organisation in Focus



Board of Management		HCC Staff	
Tim Benson	<i>Chair</i>	Michele Kosky	<i>Executive Director</i>
Brian Stafford	<i>Deputy Chair</i>	Maxine Drake	<i>Senior Advocate</i>
Alan King	<i>Treasurer</i>	Bill Fox	<i>Advocate</i>
Lois Johnston	<i>Secretary</i>	Gio Terni	<i>Advocate</i>
Ann Banks		Laura Elkin	<i>Aboriginal Consumer Participation Programme</i>
Madeleine Cox		Brian Charlie	<i>Aboriginal Consumer Participation Programme</i>
Fran England		Cheryl Rugdee	<i>Consumer Participation Project Coordinator</i>
Josie Maxted		Anne Cordingley	<i>Patient First Ambassador Programme</i>
Janmarie Michie		Courtney Taylor	<i>Administrative Assistant (Part-time)</i>
Ron Okely		Rosemary Caithness	<i>Office Manager</i>
Glenn Pearson			
Lorraine Powell			
Michele Kosky	<i>Ex-Officio</i>		

Strategic Directions

The Health Consumers' Council agreed in November 2008 to the development of a HCC Strategic Plan for the next 3 years. HCC sought feedback from all HCC members on the following:

- What we were doing right
- What we were doing wrong
- What we should change
- What we could introduce

The analysis of the survey and the Strengths, Weaknesses, Opportunities and Threats (SWOT) workshop identified the following **Key Strategic Issues**:

1. Sustainability
2. Public Profile
3. Succession Planning
4. Aboriginal Participation

To move the strategic issues from paper to action, we developed an Action Plan. For this to be successful we require some additional funding in the short term but we also need to change some of the things we do and the way we do some things.

What follows are the Strategic Objectives and Action Plans that will make this document real in the lives of all of our partners in the next three years.

Michele Kosky
Executive Director

Strategic Objectives

In addressing the critical strategic issues that are likely to impact on the Health Consumers' Council over the next three years, the following strategic objectives will be the key drivers in achieving our Vision. These are:

Our Objectives	
Strategic Objective One:	Sustainability
Strategic Objective Two:	Public Profile
Strategic Objective Three:	Succession Planning
Strategic Objective Four:	Aboriginal Participation

Strategic Objective One: Sustainability

To undertake consideration of and action about the long-term sustainability of HCC

Strategic Objective Two: Public Profile

To raise awareness of, and knowledge about HCC purpose

Strategic Objective Three: Succession Planning

To develop and implement a succession framework for Board and Executive Team

Strategic Objective Four: Aboriginal Participation

To embed and grow the Aboriginal Consumer Participation program into the work of HCC

Strategic Objective One: Sustainability

To undertake consideration of and action about the long term sustainability of Health Consumers Council

	Action	Timeline	Measure
Develop Guidelines for seeking alternative funding	The Board	Next 3 Years	Amount of additional funding raised on an annual basis
Maintain and improve HCC reputation with all parties including:			
Members			
- Consult with Health Issues Group and a focus group to discuss proposed telephone audit of existing members	-----	January to June 2010	-----
- Initiate telephone audit of current members	HCC Staff	2009 to 2010	Report completed for Membership committee
- Seek point of view through Health Matters and website	HCC Staff & Membership Committee	2009 to 2010	How many members are writing for Health Matters, responding to Health Matters
- Plan, promote and hold new member's lunch, hosted by the Board, a minimum of one Saturday a year, on the theme "how you can get involved"	HCC Board & Staff	2009 to 2010	Evaluation of the Saturday event
- Employment of membership/marketing co-ordinator 4 days a week for 12 months	-----	-----	-----
- Advertise and promote HCC membership through Health Matters and the website, "get other members of your family/friends to join"	HCC Staff & Membership Committee	2009 to 2010	How many new members

	Action	Timeline	Measure
- <i>Improve access to membership forms on website, make it more user-friendly and develop an online form</i>	HCC Staff & Membership Committee	2009 to 2010	Number of new members online
- <i>Promote membership and enrol people at every opportunity of public speaking/community forums etc</i>	HCC Staff and Membership Committee	2009 to 2012	Number of new members from this means
- <i>Recruit young people as members by use of Facebook and Twitter and target health science students at all WA universities as well as young people living with chronic illness</i>	HCC Staff	2009 to 2011	Number of young people recruited
- <i>Set a target of new members for each financial year of 150 members a year</i>	HCC Staff and Membership Committee	2009 to 2010 consolidate and develop current membership 2010 to 2011 150 new members 2011 to 2012 200 new members	Number of new members from all new initiatives
- <i>Establishment of HCC Members Speakers Bureau to be recruited, trained and supported in giving presentations about the Council and health rights across metropolitan areas</i>	HCC Membership Committee	2010 to 2011	Number of members trained and utilised
Funders (can be done within existing funding allocations)			
- <i>Meet with Office of Aboriginal Health, OATSIH, State Wide</i>	HCC Staff	2009 to 2012	Number of meetings, outcomes of meetings

	Action	Timeline	Measure	
-	<i>Planning, Office of Safety and Quality and WACHS</i>	HCC Staff	2009 to 2012	Number of meetings, outcome of meetings, change/no change
-	<i>Maintain meetings on quarterly basis with Director General</i>	HCC Staff	2009 to 2012	How often they participate and who participates
-	<i>Include all funders on invitation list to all HCC events, AGM, Public Forums, Consultations, Christmas Morning Tea, Launches etc.</i>	HCC Staff	2009 to 2010 Establish project 2010 to 2011 Minimum of 1 2011 to 2012 Minimum of 1	Evaluate pilot and then use evaluation to improve a minimum of 1 per year
-	<i>Introduce new initiative of promoting, developing and establishing a new discussion round table/training for health service providers, "so you want to involve consumers"</i>	HCC Staff	2009 to 2010 Research and development of resource 2010 to 2011 Distribution of resource 2011 to 2012 Evaluation of resource	Production, distribution and evaluation of resource
Peer Organisations				
-	<i>Strengthen and improve the current relationship with metropolitan based hospital complaints officers and develop in a systematic way a relationship which complaints officers in WA Country Health Services by development of resource, paper and online "how we can help you"</i>	HCC Staff	2009 to 2010	Advocacy report on change of approach
-	<i>Develop a working relationship with St Johns Ambulance for ease of referral and advice</i>	HCC Staff	2009 to 2010	Number of events, and quality of experience, growth in knowledge for all parties

	Action	Timeline	Measure
-	<i>Maintain and improve relationship with People with Disabilities Inc, Ethnic Communities Council of WA, and Association for Services to Torture and Trauma Survivors (Assetts) by actively meeting with, providing a resource for and including in all HCC events. Promoting training and systemic advocacy</i>	HCC Staff	2010 to 2011 Take up of HCC services by Neurological Council of WA and Cystic Fibrosis WA
-	<i>Develop a relationship with Neurological Council of WA and Cystic Fibrosis WA</i>	HCC Board & Staff	2009 to 2011 Development and usefulness of strategy. Commission someone to do this – Media Consultant \$5,000
Media			
-	<i>The development of a Communications Strategy document for HCC</i> <ul style="list-style-type: none"> o <i>How do we want to be positioned</i> o <i>What are the issues important in this positioning?</i> o <i>What are the key messages</i> o <i>What communication avenues are most effective?</i> 	HCC Staff & Board	2009 to 2012 New members and community reach. Do within existing resources
Broader Community			
-	<i>Reliable, accurate and relevant media comment on matters of access, equity, patient rights and patient safety. Inclusive of broader community at all HCC events and linking with other organisation to undertake cross promotions of services eg: Carers WA, Aboriginal Health Council of WA.</i>		

Strategic Objective Two: Public Profile

To raise awareness of and knowledge about Health Consumer Council's purpose

	Action	Timeline	Measure
Develop and implement a strategic Marketing Plan for HCC over the next 3 years (1 ½ days a week)	HCC Staff & Board	2009 to 2010	Development, implementation and review of plan
<p><i>Marketing Plan will ensure consistent message about HCC through all current marketing and promotion tools and to brand and standardise with in Marketing Framework</i></p> <ul style="list-style-type: none"> - Health Matters - Website - Word of Mouth - Media Comment - Consumer Representation - Training Service - Advocacy service - Consultation service - Public Forums - Community events - Inclusion of other peoples resources 			

Strategic Objective Three: Succession Planning

To develop and implement a succession framework for HCC Board and Executive team

*HCC Resources: Do within existing framework

	Action	Timeline	Measure
Develop a Board Succession Plan	HCC Board	2009 to 2010	-----
Review Executive Director Succession Plan	HCC Board	2009 to 2010	-----

Strategic Objective Four: Aboriginal Participation

To embed and grow the Aboriginal Community Participation Programme into the ongoing work of Health Consumers' Council * HCC Resources: Do within existing framework

	Action	Timeline	Measure
To build relationships with funding bodies Aboriginal Community Organisation and Aboriginal People by:	HCC Staff	2009 to 2010	Development and promotion of plan
- <i>Development and promotion of HCC Reconciliation Action Plan including cultural security training for Board and Staff</i>	HCC Staff	2009 to 2011	Number of Reference forums HCC participate in
- <i>Maintain and develop HCC involvement in Regional Planning forums and linking those Forums to Aboriginal Community Members</i>	HCC Staff	2009 to 2012	Number of Reference Group meetings and documented outcomes
- <i>Maintain and develop HCC Aboriginal Reference Group with a minimum of two meetings a year with a documented outcome. What is HCC to do about issues raised?</i>	HCC Staff	2009 to 2012	Outcomes and changes from meetings
- <i>Maintain and improve relationships with OATSIH, AHCWA, OAH and WACHS with a minimum of 2 meetings per year</i>	HCC Staff	2009 to 2012	Number of presentations given and quality of evaluation

	Action	Timeline	Measure
- <i>Develop Health Advocacy Curriculum for Mar Moodity and TAFE Colleges involving Aboriginal Students</i>	HCC Staff	2009 to 2010 Planning and discussion WA Country Health Royalties for Regions Funding round 2010 to 2011 Establishment in 2 areas 2011 to 2012 Establishment in further 2 areas	Establishment of services in first instance
- <i>Plan for extension of HCC services to rural and remote areas with employment of Advocates to deliver service to community and to establish HCC branch structure in 4 country areas in the next three years</i>	HCC Staff	2009 to 2012	Amount of support provided and outcomes of meetings
- <i>Increase support for Regional Aboriginal Community meetings and "leaving one person behind"</i>			



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