



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

**Consumer, carer, family and community
change agent networking**
Monday 1 July 2019
Department of Health, 189 Royal Street
East Perth, WA



Image: from the [Sustainable Health Review Final Report 2019](#)

Session aims:

- Provide an opportunity for consumer, carer, family or community reps to connect with other representatives across the health system in WA
- Hear updates on key issues in the health sector and from Health Consumers' Council
- Hear about the Sustainable Health Review and discuss the implications and opportunities of the Review for existing consumer, care, family or community reps and models of engagement across health services in WA

Outline agenda

1pm	Arrival and registration
1.30pm – 2.45pm	<ul style="list-style-type: none">• Welcome and introductions• Overview of Sustainable Health Review (SHR)<ul style="list-style-type: none">- Pip Brennan, Health Consumers' Council- Leon McIvor, Department of Health• Plans for implementation of the Review (including Q&A)
2.45pm – 3pm	Break
3pm – 4pm	<ul style="list-style-type: none">• Group work<ul style="list-style-type: none">- Discuss opportunities and implications of SHR for consumer, carer, community and family representatives• Conclusion

Overview

The session was attended by 24 people from across the health system. Pip Brennan gave an overview of the Sustainable Health Review process and content from a consumer, carer, family and community perspective.

Her presentation is on the Health Consumers' Council (HCC) website.

Key points:

- There was a Consumer and Carer Reference Group involved in the development of the Review Report.
- Positive inclusions in the report include:
 - Preventative Health Budget
 - Funding model adjustments
 - Acknowledgment that the fixes are beyond the hospital walls
 - Equity and Social Determinants of Health – also ACEs (not in SHR)
 - Transparency of S&Q data
 - Opportunities of engaging differently with consumers
 - Vital importance of engaging with staff
- The link with the WA Outcomes Framework, being developed with input from across government and the community sector through the [Supporting Communities Forum](#)
 - Recognising that many health outcomes are influenced by activities beyond the health system
- Overview of Strategy 1, recommendation 4: Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.
 - [See page 54 of the SHR Report](#) for details of the 6 priorities for implementation
- Overview of the initial pilot projects announced by the Minister
 - The Home First model of care supporting people who do not require an acute hospital bed to return home for assessment by the right type of clinician at the right time;
 - A 'one-stop-shop' for children, young people and their families where they can access child health, development and mental health services, as well as other government agencies such as education and community services;
 - A 20-bed medical respite centre to provide clinical care to homeless people who may otherwise be admitted to hospital; and
 - A Safe Café where people with non-acute mental health issues can receive support and advice in a supportive environment, after hours.
- Opportunities for consumer, carer, family and community representatives
 - Pip gave an overview of some of the concepts from the [UK NHS's School for Change Agents](#) for people to consider when thinking about the opportunities in the SHR in their roles:
 - Don't need to wait for permission – think about what's possible now
 - Change agency is: the power, individually and collectively, to make a positive difference. It is about pushing the boundaries of what is possible, mobilising others and making change happen more quickly.

- Change agents: are people who are actively developing skills, confidence, power, relationships and courage to make a positive difference
 - That there's evidence at 3% of people in an organisation or system typically influence 85% of the other people
 - Ten things that change agents do (see image below)
- Finally, that the SHR is "a diet plan, not lost weight". That the work starts now!

Leon McIvor gave an overview of the SHR, including the process used to develop it and the plans for implementation. These points were made:

- There is a focus on transparency through the Report – noting the impact it can have on behaviour change.
- The importance of getting the implementation right – emphasised by the fact that this is a separate recommendation.
- With regards to engagement, the team are keen to avoid tokenistic engagement activities.
- Leads and Co-leads have been appointed for each of the priority areas – this is a very early stage in the project. Senior leaders from across the health system have taken on these – even where they are not directly related to their portfolios. They will be doing this work in their role as "system leaders".
- As well as tracking progress against each recommendation and strategy area, progress will also be tracked against key success areas including:
 - Patient and carer experience
 - Staff engagement and culture
 - Health equity outcomes
 - Improve mental health
 - Child health
 - End of life
 - Obesity
 - Safety and quality/clinical performance
 - Care in right setting
 - Partnerships
 - Workforce
 - Financial/use of resources/value

Q&A session

Some of the questions asked and comments by attendees were:

- Can you tell us more about the focus on regional, rural and remote health services?
- Will engagement be extended to community members outside of health – for example, in schools and local government areas?
- What thinking has there been relating to improving access by culturally and linguistically diverse people?
- With the focus on the start and end of life, there needs to be more palliative care beds.
- What about improving access for people with disabilities? For example, not being able to access some services because of physical barriers in the building – but being unable to be referred to some other services because of living outside the catchment.
- Remember that many consumers are those super-connectors
- Any initial thoughts on new models of engagement?

- Discussion around bottom up and top down models of implementing change
- What about co-design? It has been mentioned, but if there aren't consumers or carers involved from the outset, then it's not co-design. Is there a definition being used?
- What about consumers as co-leads?
- Prevention – there's more of a focus in the Report. However, prevention is often confused with early intervention (for example, funds for post-vention for suicide, rather than primary prevention).

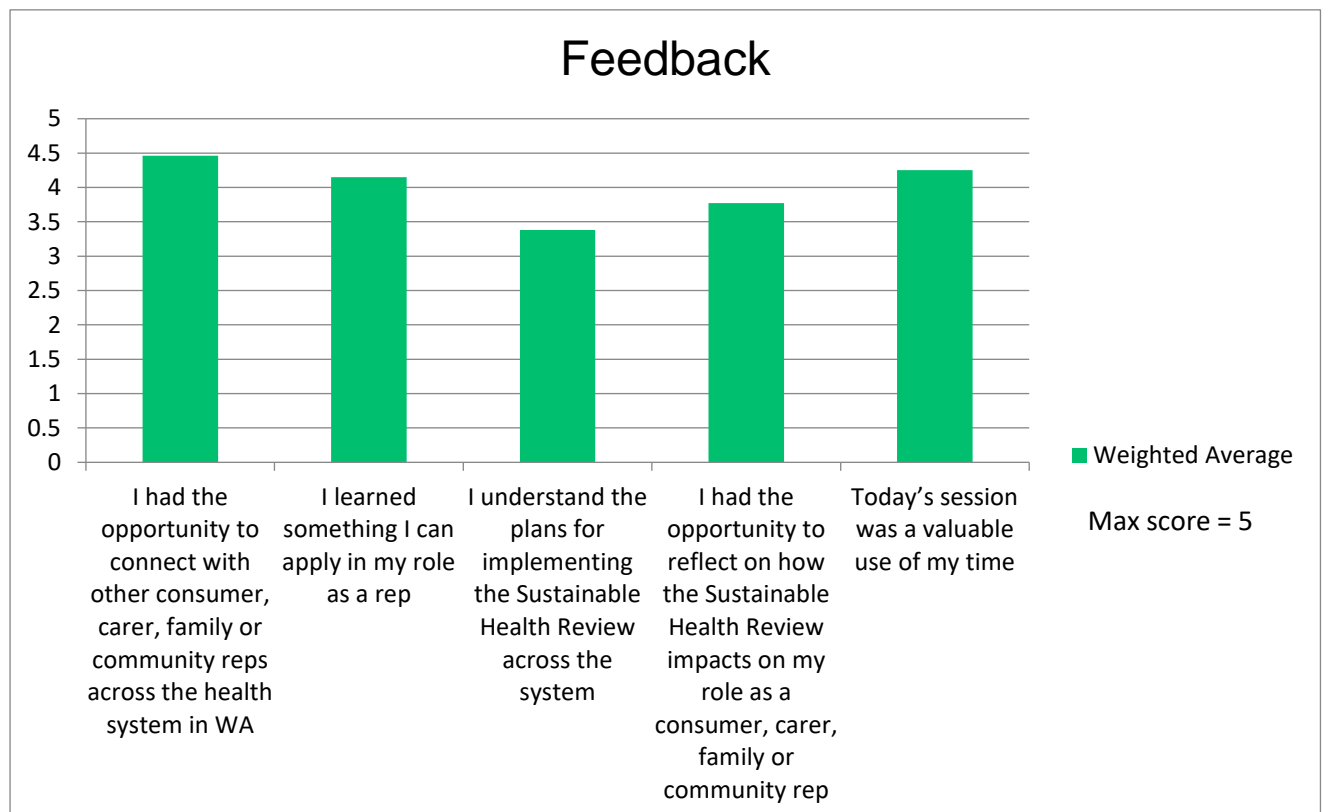
Group work

Participants worked in groups on two questions:

- What feedback would you like to provide to the Department about the SHR?
- What can you do practically in your role in the system?

See separate document on [HCC website](#).

Evaluation feedback



Which part of the workshop did you think was most useful? Why?

- Table discussions at the end of the presentations
- Meeting new reps involved in different areas of health and diverse communities.

- Group discussion that enables people to input and address key issues
- Various
- The question and answer and group discussion
- General discussion
- Round table discussion
- Enjoyed Leon's explanation of the process to date. However, IMPLEMENTATION is the evidence of the effectiveness.
- "face to face with Leon, normally you wouldn't see these people. So appreciate this.
- also Judith for staying to hear our feedback and utilising this for the DoH"
- Judith's presentation
- after discussion
- Health Department guy talk - no long enough tho'

Which part did you think was least useful? Why?

- Slides from Leon - should have provided handouts
- Maybe another 30 minutes of time
- The presentation material was too small printed on screen
- All valuable
- n/a x 3
- Powerpoint presentation
- Leon's slides

Is there any other content you think could be included in future sessions? Why?

- Not sure at this point. More information sessions
- No
- Will be interested in how the project progresses
- People need to stick to the questions and not waffle on! Takes up too much of the valuable time.
- Handouts of slides
- Not really, was good use of time
- More speakers be good next time too.

What three things will you do differently after this workshop:

- Talk about SHR more
- Share the information relevant to my network
- re-read Sustainable Health Review
- Go to the Patient Opinion [site] more often
- Spread "the word"
- 1st workshop I've attended. I'm not an official consumer rep so I'm unable to comment
- prepare my knowledge of the topic
- collaboration is VIP for change
- catch up with reps via email
- Spend time working out where I can influence using SHR
- Encourage people in my circle to feedback on the issues
- Promote Patient Opinion
- Talk about the Health Review with colleagues

- Speak up at CAC meetings on sustainability
- Tell my networks about SHR
- Reflect the outcome to own network
- Keep connecting
- Reach up to exec more in my health space
- Encourage training and education
- look for "co-design" commitment in policy/frameworks

Any other comments?

- Thank you for the session. Great balance between information provision, Q&A and workshopping.
- I thought there would have been a participation payment?
- Plans for implementation still not transparent
- Loved it all. Pip great prelim presentation. Clare great discussion leadership.
- Very good

Notes prepared by Clare Mullen, Engagement Team, Health Consumers' Council.

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Ten things that effective change agents do

1. Build shared purpose with diverse groups of people
2. Act for change with fellow change agents
3. Work inter-dependently with others
4. Create different conversations
5. Act as a bridge between the formal and informal system

Source: Helen Bevan

6. Conform and rebel
7. Show that another way or ways is possible
8. Keep measuring outcomes and sharing impact
9. Never stop experimenting and learning
10. Care for themselves and invest in self-management

