

Consumer rep networking session 1 July 2019 – feedback from participants

At the Consumer, Carer, Family and Community Representative Networking session hosted by Health Consumers' Council, participants were invited to submit feedback about the Sustainable Health Review. Feedback was sought in advance of the session (on the registration form) and during the session as part of a facilitated workshop.

Comments submitted at registration

Attendees were invited to share any questions, or opportunities, that they had about the Sustainable Health Review on registration. These are the responses that were received.

What questions do you have about the Sustainable Health Review?	What, if any, opportunities do you see in the Sustainable Health Review?
What action will we see as a result of the review and when? I'm mainly thinking in terms of tangible, concrete deliverables. So often these reviews can lead to a lot of recommendations that may not be acted on and do not actually improve outcomes for consumers. I'd love to see some real action and change.	
Representation, environmental sustainability and social determinants of health.	A chance to lead the way with innovative broad based solutions.
Increased Primary Care	Community Engagement, Pathway Navigators to be Developed for Services
More on the future Strategy	Prevention
Is it possible to know which Recommendations are being championed by which Area Health Service? Does the Horizon 1 timeline mean December 2019? Or the 2019 Financial Year? How do the Recommendations match up with the Horizon 1 Targets?	To be developed
Will consumers and carers be given an opportunity to reform health ?	New approaches to citizen and community partnership - this is a key platform for all the implementation of Recommendations
I'd like to see the details.	I see no opportunities
	Mandatory co-design requirements across all health sectors...especially mental health.



What questions do you have about the Sustainable Health Review?	What, if any, opportunities do you see in the Sustainable Health Review?
<p>What is best strategy to reach consumers of all ages regarding Prevention of disease - eg the long term benefits of advertising on cigarette packets regarding effects on health and banning smoking in public areas.</p>	<p>Opportunities for education of consumers - partnering with local govt, schools and sporting clubs.</p>
<p>What's happening with implementation.</p>	<p>I see many opportunities for behavioural approaches like social marketing and behavioural economics to augment implementation.</p>
	<p>real consumer led change</p>
<p>There is a lot of political correct language in the summary I read. Is it for real?</p>	<p>An opportunity to give community a more considered voice in the health system.</p>
<p>What is the plan for implementation? Who will be joining Hugo Mascie-Taylor on the independent panel that oversees the implementation?</p> <p>What new approaches to citizen and community partnership are the implementation team looking at already?</p> <p>How does the implementation team plan to ensure that engagement is real and not tokenistic? Particularly when real engagement can end up in feedback that can be challenging for a large bureaucratic hierarchical system to implement? What thinking has there been so far to support the culture change required inside the health system to implement all the feedback that comes through the new models of partnership?</p>	<p>To engage with existing consumer, carer, community and family groups; to support those groups to engage with their community members with dedicated resources – for example funding for them to hold open forums, update websites, online conversations; dedicated secretariat or project support to enable consumers who get involved in these roles to access the information and support they need to play their part in delivering change.</p> <p>To provide resources to enable regular cross-system forums</p> <p>To provide resources to support the Health Engagement Network – a community of practice with over 250 members who are interested in consumer, carer and community engagement.</p> <p>Formally recognising that partnering and engaging requires staff and community time and other resources (such as access to online platforms and rooms to meet in and basic refreshments) and that this is acknowledged and resourced. Also that this is an opportunity to raise awareness that good engagement and partnership requires trust and ongoing relationships that take time to develop.</p>

Comments collected during the workshop session

Table 1

- Caring for carers in the health service
 - Many frontline staff are already working very hard to deliver services.
 - Education line managers about the change process so they can support and lead their staff through these changes.
 - Identify the influencers of change (i.e. the 3%) who may not necessarily be the formalised line managers.
 - Implementation must involve collaboration with frontline staff – not leaving them to be at the end of a top down approach.
- It's important to tap into existing strengths within the health system in consumer, carer, family and community engagement.
- What “system” are we talking about? The “system” needs defining. For the consumer, the system is more than the State health services.
- Education – need to increase awareness amongst staff and consumers about the issues in the SHR.
- Look at models of consumer empowerment – particularly for chronic disease.
- More investment in primary care.

Table 2

- Accessible clinics – not reliant on postcode lottery, driving by consumer needs and preferences
- Only use term co-design if you genuinely do it. Please refer to the National Mental Health Consumer and Carer Forum publication on co-design and co-production <https://nmhccf.org.au/sites/default/files/docs/nmhccf - co-design and co-production ab - final - october 2017 0.pdf>
- People with disabilities have different needs which must be considered when making decisions on places and clinicians for care and treatment.
- Morbidities are often co-morbidities – stop dividing our bodies and the population up.



- Think outside the square – a health problem may be a result of other factors (e.g. socio economic, education, Adverse Childhood Experiences etc)
- People need to know about Patient Opinion
- Create a Consumer and Community Advisory Council at the Department of Health – that is accessible for consumers to tell their stories (membership from all district health services/health service providers)
- Look at Aboriginal youth suicide holistically.
- Stop pretending prison health is not your responsibility
- Define what you mean by prevention, promotion, early intervention.
- Share money across government portfolios
- Have co-leads come from outside health
- Consumers are connectors and have knowledge, collective wisdom and often historical corporate knowledge that can be used

Table 3

- Not another wordy document – make the implementation real
- Helping us do things together.
- The major dependency for SHR recommendations is how you engage with consumers and carers. It cannot still be one person on a committee. What about quotas/targets that we measure?
- Prevention should be 10% of state/Federal budget



- Many streams
- Deliberative democracies
- CaLD
- Aboriginal

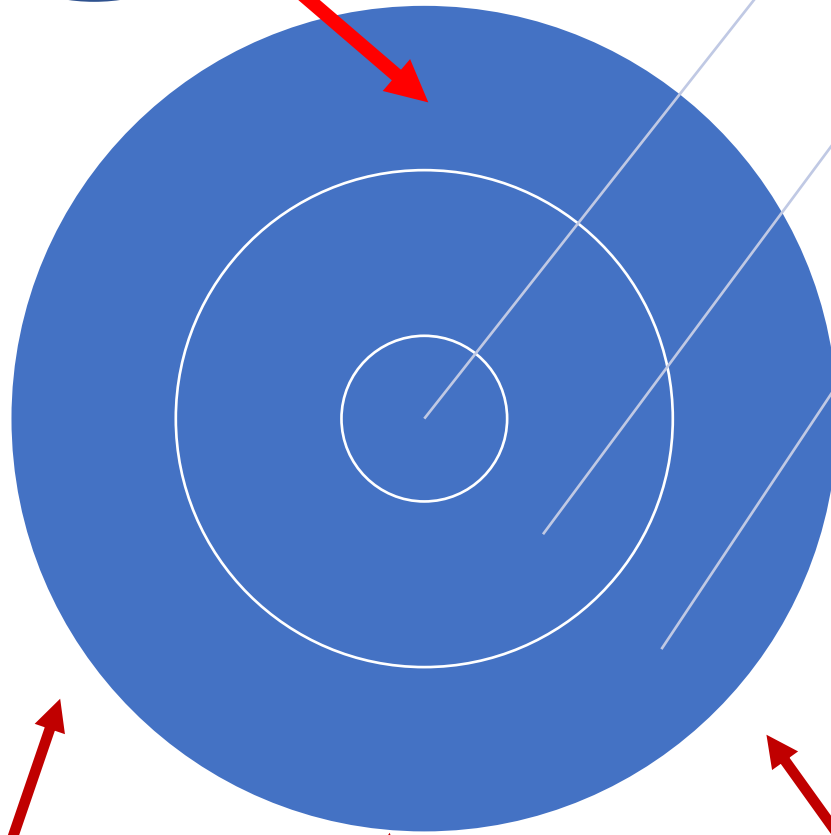
Shared decision making

Trauma informed care

Service level - CAC and CAGs - with grassroots level conversations

Policy level

Being involved in decisions at all levels



community visitors

hairdressers

5 schools

Who's involved?

50% Consumers, carers, family, community members	50% Staff
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Participants were asked – what can you do practically in your role?

Table 1

- Involve fellow CAC members in our own sites
- Develop a CAC stakeholder/community engagement plan

Table 2

- Listen to people's lived experiences
- Get people involved
- Have group discussions anywhere – i.e. Country Women's Association
- Provide forums for individuals to share their personal experiences where they feel heard, they don't need to be official
- Talk about SHR everywhere I go
- Consumers as the connector
- Share this information to my networks
- Encourage members of my network to contribute

From evaluation forms – what three things will you do differently as a result of today's session?

- 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"
- 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

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