



Government of **Western Australia**
Department of **Health**

**PREFERRED SERVICE
PROVIDER REQUEST FOR:
Health Consumer Support Service**

Request Number: DOHRQ042015

Issued By: Department of Health – (“State Party”)

Closing Time: 2.30pm

Thursday, 24 September 2015, Perth, Western Australia

Response – Part H – Health Consumers’ Council

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PART H: Response Form

This part **must** be completed by the Respondent and submitted to the State Party in accordance with Part D, section 4.1.

You are only required to submit this part (PART H) to the State Party.

Respondent Details

Please provide all of the following details in the table format below.

Respondent Information	
Name of legal entity:	<i>Health Consumers' Council</i>
ACN:	
Trading name:	<i>Health Consumers' Council</i>
ABN (if applicable):	<i>87 841 350 116</i>
Contact person:	<i>Pip Brennan</i>
Contact person position title:	<i>Executive Director</i>
Registered address or address of principal place of business:	<i>GPO Box C134, Perth WA 6939</i>
E-mail:	<i>Pip.brennan@hconc.org.au</i>
Telephone number:	<i>9221 3422</i>
Facsimile number:	<i>9221 5435</i>
Address and facsimile number for service of contractual notices (leave blank if same as above):	
Business Details	
Is the Respondent a small business that employs less than twenty (20) people? <small>*This information is collected by the Department of Finance for statistical purposes only, and will not be used by the State Party in its evaluation of the Offer.</small>	Yes
Is the Respondent a not-for-profit** entity? If Yes , please provide an extract of the relevant provisions of the Respondent's constitution or governing documents. <small>**For the purposes of this Request, the Respondent is a "not-for-profit entity" if its constitution or governing documents prohibit distribution of profits or gains to individual members, both while the Respondent is a going concern and on its dissolution.</small>	Yes
Is the Respondent a Local Government Authority?	No

<p>Is the Respondent’s financial information available via the Australian Charities and Not-for-profits Commission’s (ACNC) Register, and does the Respondent agree that the State Party can use this information in lieu of the Respondent providing it as part of its Offer***?</p> <p>If No, please answer section 7.2.7 Financial Viability</p> <p>***Respondents are responsible for ensuring that the information available via the ACNC Register is correct and that no material changes to the information have occurred since it was reported to the ACNC.</p>	<p>Yes</p>
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Disclosure Requirements

Respondents are to provide answers to ALL of the Disclosure Requirements below.

Insurance:

The Respondent must confirm whether it has, or will obtain, all of the required insurances outlined below:

Public Liability Insurance:

Public liability insurance covering the legal liability of the Service Provider and the Service Provider’s personnel arising out of the Services for an amount of not less than **\$20 million** for any one occurrence and unlimited in the aggregate.

Professional Indemnity Insurance:

Professional indemnity insurance covering the legal liability of the Service Provider and the Associates under the Service Agreement, if awarded, arising out of any act, negligence, error or omission made or done by or on behalf of the Service Provider, or any subcontractor in connection with the Service Agreement for a sum of **\$10 million** for any one claim and in the annual aggregate, with a provision of one automatic reinstatement of the full sum insured in any one period of insurance.

Workers’ Compensation Insurance:

Workers' compensation insurance in accordance with the provisions of the *Workers' Compensation and Injury Management Act 1981 (WA)*, including cover for common law liability for an amount of not less than **\$50 million** for any one occurrence in respect of workers of the Service Provider. The insurance policy must be extended to cover any claims and liability that may arise with an indemnity under section 175(2) of the *Workers' Compensation and Injury Management Act 1981*.

Motor Vehicle Third Party Insurance:

Motor vehicle third party insurance covering legal liability against property damage and bodily injury to, or death of, persons (including bodily injury gap protection) caused by motor vehicles used in connection with the Services for an amount of not less than **\$20 million** for any one occurrence and unlimited in the aggregate.

Compulsory Motor Vehicle Third Party Insurance:

Compulsory third party insurance as required under any statute relating to motor vehicles used in connection with the Services.

RESPONDENT TO COMPLETE

Does the Respondent have the required insurances specified in section 7.2.1 above?

Yes

If Yes, please complete the table below*:

*Please note: while certificates of currency are not required at this stage of the Request process, the successful Respondent may be required to provide copies prior to the commencement of the Service Agreement.

Insurance Type:	Insurer	ABN	Policy No.	Insured Amount	Expiry Date	Exclusions (if any)
1. Public Liability Insurance	CGU	270044 78371	15T08889 53	\$20,000,000	01/07/16	Business Interruption Money Employee Dishonesty Machinery Taxation Investigation
2. Professional Indemnity & Association Liability	Vero	480 05 297 807	LPP01011 4264	\$20,000,000 (one claim) or \$40,000,000 (aggregate)	30/11/15	
3. Workers' Compensation including common law liability of \$50 million	QBE Insurance (Australia) Limited	000 157 899	1PE17980 35GWC -	\$50,000,000	01/07/16	
4. Motor Vehicle Third Party Liability.	AAMI	480052 97807	MPA03184 2450	\$14,900 (write-off) \$20,000,000	29/1/16	Standard Exclusions
5. Compulsory Motor Vehicle Third Party Insurance	Insurance Commission of WA	272/85 643255	1DUF890	\$20,000,000 Legal Liability	11/11/16	Driver unlicensed; driver under the influence/intoxicated

If no, does the Respondent confirm that if it is awarded a Service Agreement as a result of this Request process, that the required insurance policies as set out in section 7.2.1 above will be obtained prior to the commencement of the Service Agreement?

N/A

If No, please provide reasons why:

Contractual Compliance

The Respondent must confirm whether it will comply with the terms of the proposed Service Agreement (including, without limitation, the Service Agreement Details listed in Part F and the *General Provisions*).

RESPONDENT TO COMPLETE

Does the Respondent agree to comply with the terms of the proposed Service Agreement as detailed in section 7.2.2 above?

Yes

If No, the Respondent must set out:

the clause or provision it will not comply with;

the extent of non-compliance – including the alternative clause or provision, if any, or a description of any changes it requires to the Service Agreement; and

the reason for non-compliance.

Criminal Convictions

The Respondent must disclose whether:

the Respondent; or

any Director or other Officer of the Respondent; or

any Specified Personnel;

has been convicted of a criminal offence that is punishable by imprisonment or detention. The Respondent is not required to disclose convictions that are spent convictions under the *Spent Convictions Act 1998 (WA)* or equivalent legislation of another State or Territory of Australia.

RESPONDENT TO COMPLETE

Has any person described in section 7.2.3 above been convicted of a criminal offence that requires disclosure under this Section?

No

If Yes, please provide details:

Conflict of Interest

The Respondent must declare and provide details of any actual, potential or perceived conflicts of interest.

RESPONDENT TO COMPLETE

Are there any circumstances, arrangements or understandings which represent, or may reasonably be perceived to represent, an actual or potential conflict of interest with either the Respondent's obligations under this Request or the performance of the Service Agreement (if awarded) by the Respondent?

No

If Yes, please provide details below as to how the actual, potential or perceived conflict of interest arises and provide details of the Respondent's strategy for managing it:

Respondent Capacity, Association and Subcontracting

The Respondent is required to disclose whether it is acting as an agent or a trustee for another person/s, whether it is acting jointly or in association with another person/s (in a consortium), or whether it has engaged, or intends to engage, another person/s as a subcontractor in connection with the supply of these services.

RESPONDENT TO COMPLETE

Is the Respondent acting as an agent or trustee for another person or persons?

No

If Yes, please provide details:

Is the Respondent acting jointly or in association with another person or persons (i.e. a consortium)?

No

If Yes, please provide details:

Has the Respondent engaged, or does the Respondent intend to engage, another person or persons as a subcontractor in connection with the supply of services under this potential Service Agreement.

No

If Yes, please provide details:

Referee Details

The Respondent is required to provide the contact details of at least two referees who have worked with the Respondent in the delivery of similar services.

RESPONDENT TO COMPLETE

Is the Respondent able to provide the name and contact details of at least two referees who have worked with the Respondent in the delivery of similar services?

Yes

If Yes, please provide details below (name, position title, company name, contact telephone number and project/contract/Service Agreement title):

Mr John Tunney

Australian Government Department of Health

Grant Services Division, Regional Services Grants WA

Ph: 08 9346 5320 |Email: john.tunney@health.gov.au

MDP 118, GPO Box 9848, CANBERRA ACT 2601

Michelle Jenkins

CommunityWest

Chief Executive Officer

Unit 5/3 Castlegate Way Woodvale WA 6026

Postal Address: PO Box 153 Woodvale 6026

Telephone: (08) 9309 8121 Direct Line Email: michelle.jenkins@communitywest.com.au

Financial Viability

The Respondent is required to provide audited annual financial reports (or if not available, then at the discretion of the State Party, financial accounts prepared by an external certified accountant). This requirement includes:

the full financial statements for the most recent two financial years including profit and loss statements for each year, balance sheets as at the end of each year and a statement of cash flows for each year.

RESPONDENT TO COMPLETE

If required, is the Respondent willing and able to provide full financial statements in accordance with section 7.2.7?

Yes

If Yes, please attach relevant financial statements to this Offer.

If No, please provide an explanation:

Qualitative Criteria

In making a value for money assessment of each Respondent's Offer, the State Party will evaluate the extent to which they satisfy the Qualitative Criteria set out in this Section.

In responding to any or all Qualitative Criteria ensure your organisation's capacity and/or experience is demonstrated, and all sub-criteria are addressed. Also make sure that any claims or statements made to address any aspect of the Qualitative Criteria are supported through the use of examples.

SERVICE METHODOLOGY (60% WEIGHTING)

It is necessary to respond to this criterion.

The Respondent will be assessed on the degree to which:

the proposed service methodology will facilitate the delivery of the services described in Part A, section 1.2.3 above;

the proposed service methodology will facilitate the achievement of the desired community outcome and service outcomes described in Part A, sections 1.2.1 and 1.2.2 above;

the Respondent demonstrates adequate appreciation and understanding of the Requirements of this Request.

Provide a detailed service delivery model describing the methodology that will be used to achieve the desired community outcomes. This could include but is not limited to:

knowledge of issues, priorities and target groups and strategies for engagement;

proposed service structure and content;

timeframes, staffing structures and estimated hours of service; and

Provide an outline of the evidence to support the proposed service model.

Service Information

The Respondent must provide the following details in relation to the proposed service

Service 1- Health Consumer: Individual Support

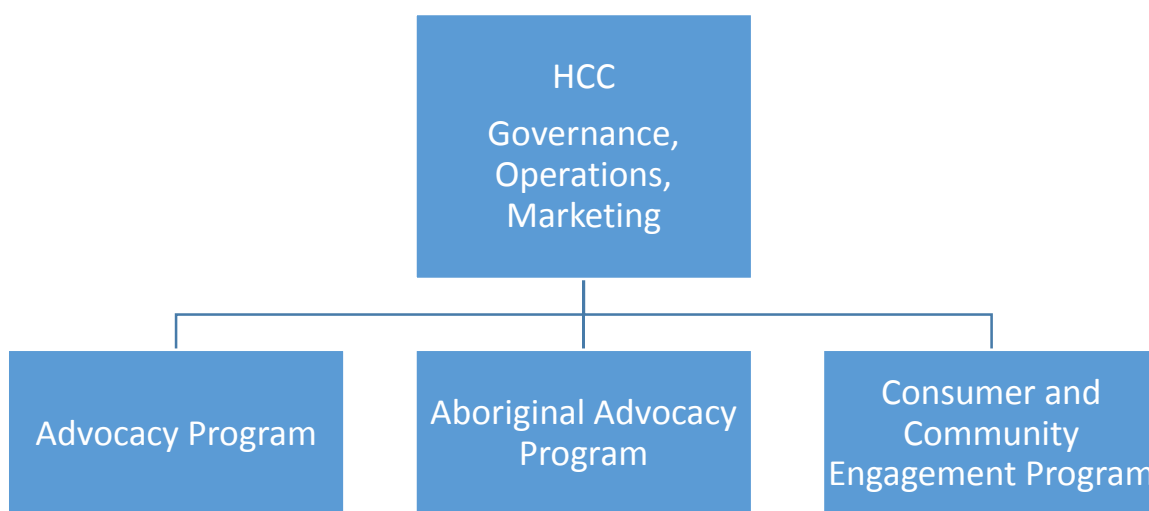
Service Information	
Name of Service	<i>Health Consumer Advocacy</i>
Physical Location of Service (Address)	<i>Unit 6 Wellington Fair, 40 Lord Street East Perth</i>
Service Delivery Area (Geographical)	<i>Statewide</i>
Target Group	<i>Universal services. A special focus on Aboriginal consumers, consumers who speak languages other than English, as well as voluntary mental health consumers.</i>
Key Elements and Activities	<p>1. Individual Support <input type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Telephone Support <input type="checkbox"/> Home Visiting <input checked="" type="checkbox"/> Face to Face <input type="checkbox"/> Online Support <input checked="" type="checkbox"/> Formal Referral/Active Linkages <p>Information and Linkages <input type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Information provision <input checked="" type="checkbox"/> Active linkages for non-users of the service <p>3. Community Education <input type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Training/ Workshops/ Seminars/Presentations <input checked="" type="checkbox"/> Community Activities <input checked="" type="checkbox"/> Cultural Engagement <p>4. Interagency Collaboration <input type="checkbox"/></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Working in partnership with other stakeholders <input checked="" type="checkbox"/> Participation in relevant interagency forums/networks

RESPONDENT TO COMPLETE:

Respondent to provide its response to the Ability to Provide the Service requirement:

A. Service Model for Service 1– Health Consumer Individual Support

The Health Consumers' Council of WA is an independent community based organisation which has operated for 21 years, representing the consumer's voice in health policy, planning, research and service delivery. The Council provides an advocacy service to health consumers experiencing difficulties in the health system as well as training and support for consumers who want to support reform processes as a consumer representative. Since 2008 HCC has run a federally-funded Aboriginal Advocacy Program which undertakes both individual advocacy and training for consumers and health services.

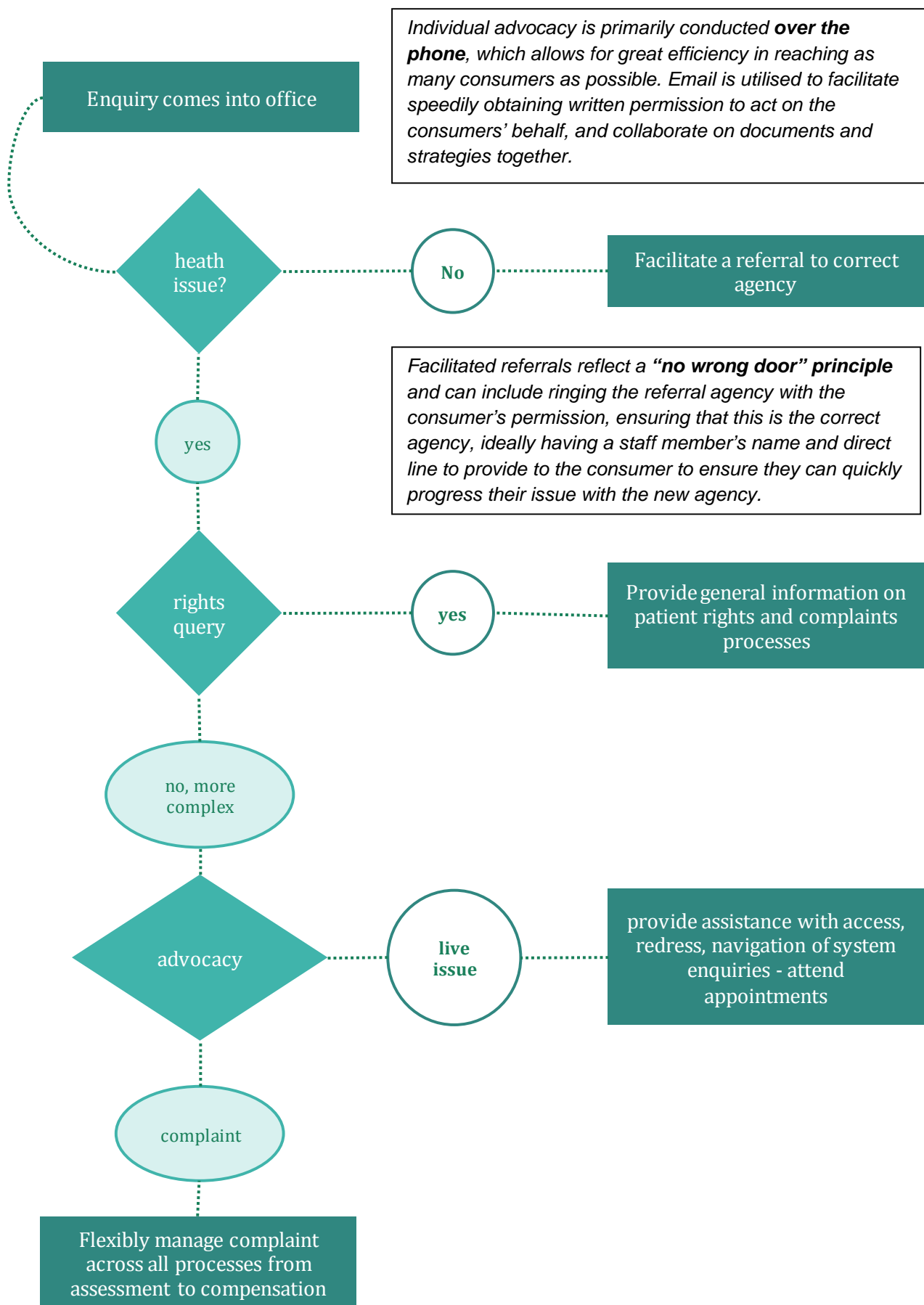


Our offices are located opposite Royal Perth Hospital in the Eastern CBD area, featuring excellent public transport access. The office is staffed between 9.00am through to 5.00pm weekdays as a minimum, and are always available to meet consumers outside these hours at their request. The offices of HCC offer a good level of security for both staff members and consumers, featuring Reception area access for any visitors to the front desk. Access into the offices through the Reception area is gained through internal security-coded doors.

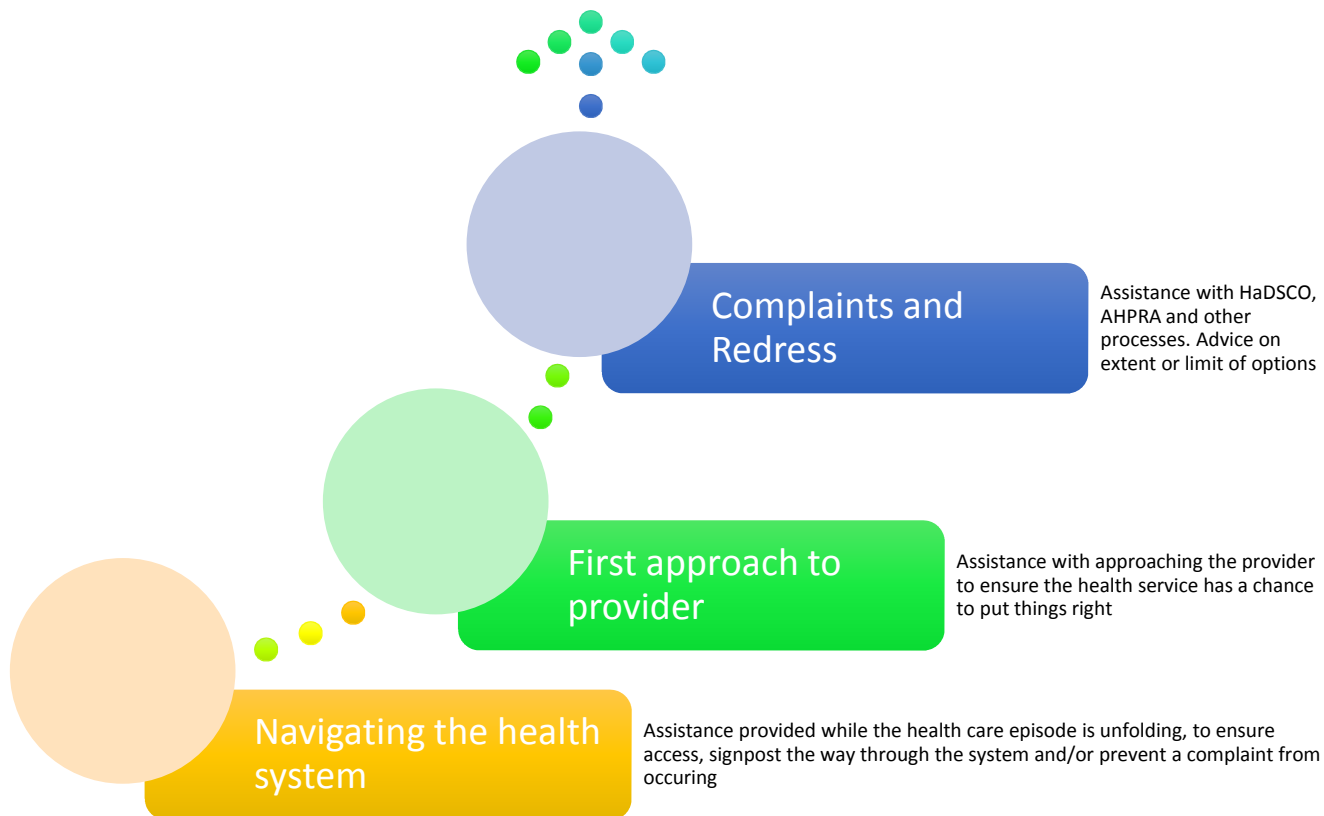
HCC will operate a comprehensive Health Consumer Advocacy Support Service weekdays - Monday to Friday, and will provide consumers with direct access to Advocates between 9.30am to 4pm. There will be 2.6 FTE Advocates available to support and deliver advocacy services to all health consumers.

Advocates assist consumers with a current need or active complaint, by providing advice or being present in some supportive capacity at appointments. Advocates can also provide assistance with past issues or complaints, through drafting or reviewing documents, engaging directly with providers and attending meetings as part of the complaints process. Advocates do not 'case manage' (take charge of a case or carry the case) because the consumer is always the owner of the issue. The range of advocacy actions include:

- | | |
|--|---|
| <i>Contact with consumer</i> | <i>Attendance at meeting (lawyer)</i> |
| <i>Meeting with consumer</i> | <i>Attendance at Board/Tribunal hearing</i> |
| <i>Reviewed documents</i> | <i>Suggested text for complaint</i> |
| <i>Contact with provider by mail</i> | <i>Suggested text for complaint</i> |
| <i>Contact with provider by phone</i> | <i>Letter written on behalf of consumer</i> |
| <i>Contact with provider by fax</i> | <i>FOI application</i> |
| <i>Contact with provider by email</i> | <i>Privacy request</i> |
| <i>Contact with complaints body</i> | <i>Lawyer list</i> |
| <i>Attendance at appointment (clinical)</i> | <i>Information provided</i> |
| <i>Attendance at appointment (grievance)</i> | <i>Listened/discussed</i> |
| <i>Liaison with other agencies/individuals</i> | |

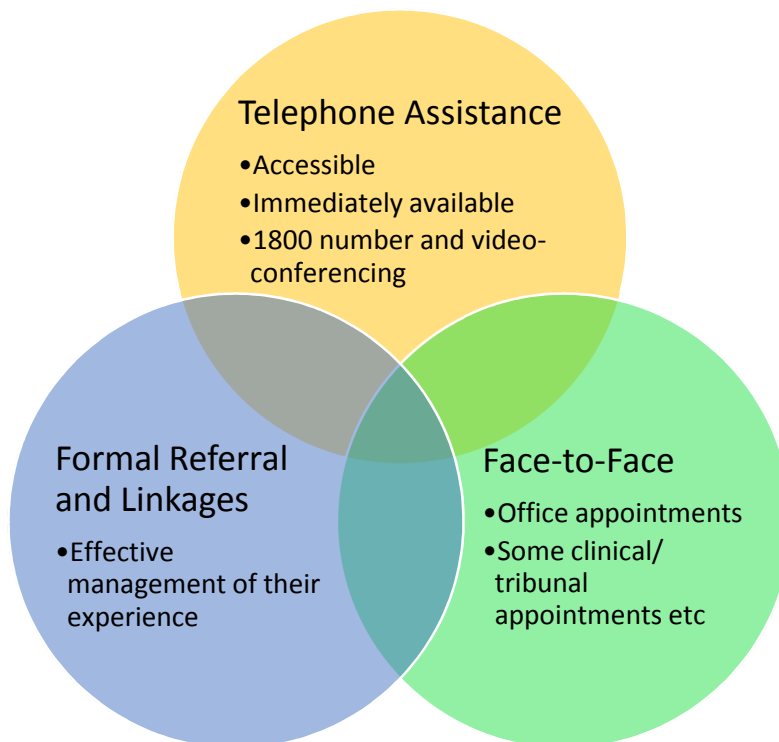


Methodology



Multi-levelled assistance

No two health consumers are ever the same. We understand this and tailor our services to suit every consumer on an individual needs-based model.



Flexible strategies

Advocacy will be provided **at any stage** of the health consumers' journey, from low level to high intensity support, meeting the consumer where they are. On an ascending scale of intervention, the initial assistance HCC could be rights/ navigation information, then support for the consumer to write a letter, in which case the service provider will not even be aware of HCC's involvement. This will support the provider having an opportunity to put things right in the first instance. For example, the Health and Disability Services Complaints Office (HaDSCO) will not generally accept complaints into their organisation unless the consumer has approached the provider. This can be especially difficult for Aboriginal consumers, speakers of languages other than English and mental health consumers. Through advocacy, HCC can ensure all consumers are supported in the first approach to provider so they are able to progress through HaDSCO's processes.

The next level of intervention could be a letter written by an HCC advocate or a phone call to the provider on behalf of the consumer. In this case the provider will be aware of HCC's involvement and ideally HCC and the health service can partner to assist the consumer in resolving the issue or obtaining the health service.

More complex cases may require some months of intermittent support for consumers as they journey through the system as a consumer with a chronic illness, or progress through tribunal processes etc. The overarching principle is that HCC will ensure the consumer is supported to access the agencies they need either to obtain the outcome they require, or to satisfy themselves that they have exhausted all available options.

The service model is built on:

- **A strengths-based approach;**

All our service delivery methods and advocacy interventions will be undertaken on **empowerment principles**. Consumers are guided to undertake activities themselves, with flexible assistance offered to ensure the consumer is able to take action effectively e.g. the Advocate can provide a letter template and edit the consumer's letter before it is sent on to the provider.

- **Community development approach to help identify and build individual and community strengths and capacities**

HCC will undertake community events to highlight consumer rights, and support health literacy among the community to support consumers in navigating the health system, to obtain the support they need.

- **The premise that consumers are an active participant in the process rather than just a recipient of the service.**

Advocates will assist the **consumer to determine what their issues** are and what action needs to occur in order to access services or progress their complaints process. Rather than a case management approach, the Advocacy team provide practical assistance as negotiated with their client to move the issue forward. The consumer is always encouraged to contact the agency again when advocacy assistance is required again.

Target Groups

Please provide information to demonstrate your organisation's:

- awareness and understanding of the target group, including current and emerging issues and trends which may impact the delivery of the service; and
- how it will ensure the service remains relevant and accessible to the target group for the duration of the service agreement.

Universal services

Australia's health system is complex. It can perhaps be best described as a 'web': a web of services, providers, recipients and organisational structures.

Australian Institute of Health and Welfare

<http://www.aihw.gov.au/australias-health/2014/health-system/>

HCC recognises that WA's health system is complex, and it poses many challenges for all health consumers to navigate, no matter how ostensibly well-resourced they appear. A new serious diagnosis can render anyone very vulnerable when trying to negotiate how best to access and follow the right treatment plan. When things may go wrong with a complaints process, for example when a serious incident occurs and the Open Disclosure Process is either not followed or inadequately followed by the health service, consumers face an uphill battle in understanding how to navigate the complaints process and how to obtain the support they require. We therefore offer a universal service to ensure all WA health consumers are able to access flexible, action-oriented advocacy services.

Aboriginal Consumers

Low health literacy is a particular issue for Australia's disadvantaged or vulnerable groups because it can exacerbate underlying access and equity issues that consumers from these groups may be experiencing.

Consumers, the health system and health literacy: Taking action to improve safety and quality. Australian Commission on Safety and Quality in Healthcare.

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Consumers-the-health-system-and-health-literacy-Taking-action-to-improve-safety-and-quality3.pdf>

It is well documented that Aboriginal people face both inequities in access to health services, as well as poorer health outcomes comparison to mainstream Australians are well documented. For this reason HCC will provide flexible, culturally competent services that supports the key elements of WA Health's WA Aboriginal Health and Wellbeing Framework. The Advocacy Team will work in close partnership with the Aboriginal Advocacy Team (AAT); so for example when the AAT has visited an area and noted that there are a range of systemic issues, as well as individual advocacy cases that community members identify that they would like further support, HCC will ensure these advocacy cases are followed up and that services or complaints processes are accessible.

(http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.ashx.)

Consumers from Culturally and Linguistically Diverse Backgrounds

Consumers from other culturally and linguistically diverse (CaLD) backgrounds can also face significant barriers in understanding the health system and navigating their way through. HCC recognises this and will flexibly support CaLD communities through a range of relevant interventions, starting with the availability of an interpreter when required to support better understanding of health rights and access to complaints processes and other forms of redress. We will also ensure new and emerging communities are identified and supported.

Voluntary Mental Health Consumers

Another key focus for HCC will be advocacy for voluntary mental health consumers who are not clearly supported by any other organisation. For example the Council of Official Visitors, or Mental Health Advocacy Service (MHAS) as they will be known, in most cases will only provide support for involuntary mental health consumers. Voluntary mental health consumers can risk being made involuntary patients if they seek to question their medication regime, for example and HCC will have a key role in supporting these consumers through independent advocacy support such as attending clinical appointments at the consumer's request. Significant collaboration discussions have already taken place with MHAS and HaDSCO to ensure a continuation of the strong partnership approach to supporting voluntary mental health consumers once the Mental Health Act is proclaimed.

A. SERVICE 1 – Health Consumer: Individual Support

Description of Activities to be undertaken by the proposed service:

Using the headings below, please:

- identify which activities will be undertaken as part of the proposed service; and
- provide a description detailing the activities and outputs that will be undertaken to achieve the Service Specific Outcome/s and meet community need.

Please refer to section 1.2.5 of the Service Requirements (Part A) for a description of the Key Elements and Activities.

KEY ELEMENT ONE – Individual Support

Service Level Outcomes

- (1) Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.
- (2) Health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.
- (3) Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

1.1 Telephone Support Yes

HCC will operate a telephone support service from Monday to Friday, 9.30am to 4pm. There will be a 1800 number to ensure that rural consumers are able to contact us with no charge. The consumer will be immediately connected to an advocate where appropriate and where an advocate is immediately available, and if not, a response from an Advocate will be provided within 72 hours.

Telephone support will ensure that health consumers are supported to effectively navigate the health care system, and to participate with their health care provider to obtain the health service they require. Telephone support will also ensure consumers are put in touch with a relevant agency who can best meet their needs.

1.2 Home Visiting No

1.3 Face to Face Yes

HCC Advocates will offer face to face appointments with consumers at our East Perth office if they do not feel comfortable discussing their issues over the phone, and if they are able to physical attend our office without significant difficulty. HCC will also offer their video conference facilities for rural consumers who prefer face to face contact rather than phone only. HCC Advocates will attend a consumer’s home if these strategies will not adequately support the consumer; generally this will be when the consumer has a disability that makes attending HCC’s offices too difficult. Face to face advocacy support will ensure that health consumers obtain the support they need at the time they need it, to effectively navigate their own health journey in partnership with the health service.

Preferred Service Provider Request for Health Consumer Support Service

In some more complex cases, such as voluntary mental health patients who are hoping to have their medication regime reviewed, HCC will offer in-person advocacy assistance at their clinical appointment to support them in having a discussion without the fear of being put under the Mental Health Act.

1.4 Online Support

No

1.5 Formal Referral/Active Linkages

Yes

Our Advocacy Service will triage consumer complaints to determine what their needs are and which agency is best able to support them. Once an Advocate has had time to discuss a case in detail with a consumer, it may be revealed that there is another agency best suited to managing their advocacy case. If this is the case, the Advocate will facilitate a referral to the relevant agency. For example, HCC will partner with the Mental Health Advocacy Service when working with consumers who transition from involuntary to voluntary status.

As a general approach HCC will always review referral pathways across the complexity of the health system and maintain an up to date list of contacts and referral agencies to ensure consumers are appropriately referred. This process of facilitated referrals will ensure that consumers are supported to navigate their journey through the health system, and it will also ensure they understand what other supports are available to meet their needs and ensure an active partnership with health services.

KEY ELEMENT TWO – Information and Linkages

Service Level Outcomes

- (1) Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.
- (2) Health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.
- (3) Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

2.1 Information Provision Yes

The Health Consumers’ Council will provide information for health consumers via our:

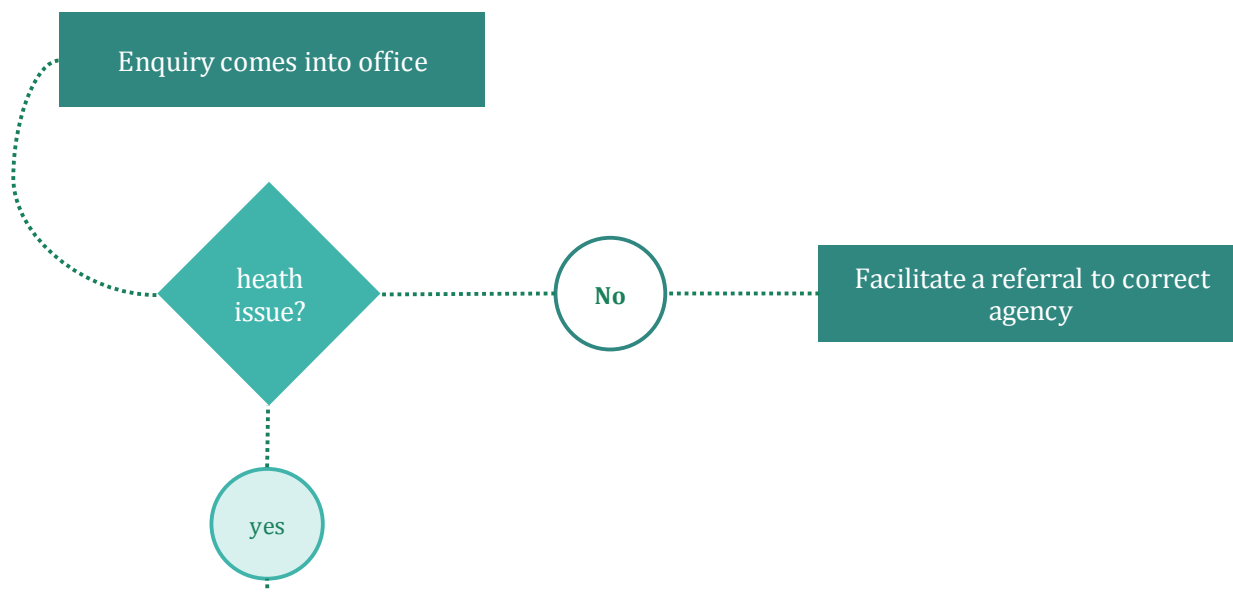
- Website – www.hconc.org.au –HCC will provide a range of online resources on our web site, including guidelines on how to write a letter to a health provider, health literacy resources including information on consumer health rights and how to navigate the West Australian health system. Online support ensures a 24/7, 365 information service to support health consumers in successfully negotiating their way through our health system. In the first two years of this contract resources will be developed and evaluated to ensure that they support the health consumer to effectively navigate their experience with the WA health system.
- Leaflets – HCC will offer a range of information leaflets to support the consumer to utilise HCC’s services and understand the complaints process and how to navigate it more confidently.
- E-newsletter – this fortnightly e-news bulletin will provide information about recent consumer representative opportunities as well as useful articles on key topics.
- Health Matters - this quarterly magazine will provide feature articles on a key health topic, information about relevant changes and reforms in the sector and how consumers can get involved, as well as information from HCC services.
- blog – HCC’s blog will provide information and links to credible health information which will be themed according to consumer interest
- social media – HCC’s twitter and face book page will provide an accessible distribution channel for key health information articles and matters of interest

This range of media ensures that all different ages and cohorts of consumers are able to access our information. HCC will also have regular community information stalls at identified events such as the Connect Groups Expo day, to ensure that the public are aware of our service. The provision of online support ensures that consumers have access to the information and resources that they need in order to actively engage with WA Health’s services, and to manage their own health more effectively. Online support also effectively links consumers with other relevant support services.

Through information provision activities, HCC will support consumers to be aware of their health rights, how to navigate the system and what supports are available to them.

2.2 Active Linkages for non-users of the service

Yes



As noted previously, HCC will screen phone calls from people who ring about a range of items. Some of these will need an immediate referral on as they are not relevant (for example enquiries about food licences which need to be referred to the relevant local government area). Others may want general information about how to access a GP, or how to make a complaint about a health provider’s clinical practice standards. Many of these calls can be dealt with at Reception at the first point of entry for the consumer, ensuring they are referred on to the correct agency.

Other calls may clearly be within HCC’s remit but may take longer for the Advocate to triage that for example they relate to a disability service and would be better assisted by a disability advocacy agency. In these cases, HCC will undertake a supported or warm referral process, whereby we will ensure the agency is the correct agency to refer to, which particular staff member they need to talk to, any potential wait lists have been identified etc. HCC will then work with the consumer until the referral is completed. In the example given, we would contact People with Disabilities WA, speak to key staff and see if we can identify which advocate will be able to assist the consumer. We will then negotiate if the consumer would like a call from the agency, or would like a direct phone number to contact themselves, or some other way of first contact with the new agency which supports their needs and ensures they feel respected and empowered. If the consumer speaks languages other than English we would utilise interpreters where required to ensure the consumer is able to make informed choices about how to progress their issue with another agency.

If for example we are working with a mental health consumer whose status changes from voluntary to involuntary, we would refer the client to MHAS in a manner that they agree to and feel comfortable with. These warm referral processes will ensure consumers are appropriately referred to obtain the assistance they require and are supported to continue their journey through the systems they need to navigate.

KEY ELEMENT THREE – Community Education

Service Level Outcomes

- (1) Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.
- (2) Health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

3.1 Training, Workshops, Seminars and Presentations Yes

In order to support health consumers to more confidently navigate their way through our health system, HCC will undertake a range of training events, workshop and seminars which focus on patient rights and responsibilities, and aim to increase the health literacy of WA health consumers.

- Health Rights presentations for consumers (1 per annum)
This face to face presentation will support health consumers to navigate more confidently through the health system.
- Health Rights presentations for Aboriginal consumers and community leaders (3 per annum)
These face to face presentations will be developed by and for Aboriginal consumers and will be informed by key documents such as the Aboriginal Health and Wellbeing Framework. These presentations will ensure that Aboriginal consumers are supported to better understand how to navigate the health system and will provide a safe space for Aboriginal consumers to engage with and partner for health reform.
- Health Rights presentations focusing on the CaLD community (4 per annum)
Targeting key emerging communities, and working with communities to develop and co-present these sessions, they will ensure that communities are better supported to understand for themselves, and promulgate through their communities about how they can proactively and positively engage with the health system.
- Online presentations to highlight consumer rights and responsibilities (2 developed annually)
The health rights presentations highlighted in dot points 1 to 3 above will be adapted into online presentations which will be available 24/7, 365 resource for all consumers to access as they require, to support a more informed and supported engagement with health services.

3.2 Community Activities Yes

HCC will attend Expos, Partnership Events with a range of key consumer health organisations and other peak bodies on regular occasions, at least 4 times per year. HCC’s information stalls at these events will feature consumer resources including health literacy material. They will also feature a feedback mechanism from consumers who visit the stall, e.g. online surveys completed either by the consumer or by the staff member to capture feedback from consumers who may not be able or willing to participate through other mechanisms such as Community Advisory Councils. These community activities will support the aim of increasing the number of consumers who better understand their rights and responsibilities, and support engagement with health consumers beyond the traditional consumer representative networks that exist.

3.3 Cultural Engagement

Yes

HCC's Aboriginal Advocacy Program run Community Conversations with key communities across the state to ensure Aboriginal people are able to discuss their concerns with health services in a confidential, supported space. From these events a number of individual advocacy cases may be identified for follow up. This community development approach for Aboriginal consumers recognises that there can be unique barriers to being able to maintain confidentiality when providing feedback to a rural or regional health service. This allows for systemic issues to be raised by the community and fed back by HCC staff to the services to support quality improvement, without compromising the confidentiality of the consumer.

Strategies will be continuously reviewed to respond to emerging issues and newly arrived communities.

KEY ELEMENT FOUR – Interagency Collaboration

Service Level Outcomes

- (2) Health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.
- (3) Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

4.1 Working in partnership with other stakeholders Yes

HCC will work collaboratively with key agencies such as Diabetes WA, the Heart Foundation, Cancer Council, Consumers of Mental Health WA, ARAFMI, Advocare, Community West, People with Disabilities WA, Mental Health Law Centre and others to leverage separate strengths and develop partnership projects and initiatives to support the health literacy of health consumers. HCC will also work collaboratively with all relevant state agencies and the Consumers Health Forum to share knowledge and create joint consumer resources which promote health literacy.

These strategies will support health consumers to understand how to maximise their own health as well as enhancing their ability to navigate our health system in an informed and empowered way, through accessing targeted health literacy materials which leverage the strength of different organisations. The health sector is a dynamic environment and services provided will change from time to time and HCC will also be able to ensure targeted referrals for consumers to other services as required through maintaining our currency of understanding of services through undertaking regular partnership activities.

4.2 Participation in relevant interagency forums/networks Yes

HCC will work closely with WA Health and the Area Health Services to ensure a positive and productive partnership to support the health consumer’s journey through the health system. For example, HCC will actively partner with HaDSCO and the Health Complaints Network to support effective complaints management through regular attendance and contribution to the Health Complaints Network.

Other Information (optional):

Please include any other information that is relevant to your offer.

Service 2 - Health Consumer: Sector Support

Service Information	
Name of Service	<i>Health Consumers' Council Consumer and Community Engagement Program</i>
Physical Location of Service (Address)	<i>Unit 6, Wellington Fair, 40 Lord Street East Perth</i>
Service Delivery Area (Geographical)	<i>Statewide</i>
Target Group	<p><i>WA Health consumers. Universal services. A special focus on Aboriginal consumers</i></p> <p><i>Also a focus on consumers who speak languages other than English.</i></p> <p><i>WA Health and hospital services</i></p>
Key Elements and Activities	<p>3. Community Education <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Training/ Workshops/ Seminars/Presentations</p> <p><input checked="" type="checkbox"/> Community Activities</p> <p><input checked="" type="checkbox"/> Cultural Engagement</p> <p>4. Interagency Collaboration <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Working in partnership with other stakeholders</p> <p><input checked="" type="checkbox"/> Participation in relevant interagency forums/networks</p> <p>1. Policy Advice and Information <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Needs Analysis</p> <p><input checked="" type="checkbox"/> Provision of policy advice and information to the Department of Health and Area Health Services</p>

RESPONDENT TO COMPLETE:

Respondent to provide its response to the Ability to Provide the Service requirement:

D. Service Model for Service 2 – Health Consumer: Sector Support

Please provide a description of the proposed service model, how it will work and indicative hours of operation.



Health Sector Support will involve key strategies of training (both of consumers and health sector workers) consumer representative support services, community engagement strategies to reach a wider cohort, beyond the consumer representative network, and feedback on systemic issues which HCC will encounter through activities such as the individual advocacy service.

Training will be conducted at HCC's office, or at other training rooms, for example in a health service's premises as negotiated. Training for rural and remote services can be offered through video conferencing, or face to face training for rural and remote services can be provided on a cost-recovery basis. A rolling program of workshops, training sessions, community development strategies etc. as outlined in Section F below.

HCC services are underpinned by best practice adult learning principles, combined with up to date information about key health policies, such as the Office of Safety and Quality in Health's revised Standard Two, Partnering with Consumers.

HCC is committed to engaging positively and productively with health services to partner in health review and reform activities. We acknowledge the vital importance of respecting expertise, experience and the different roles we occupy in the journey to a more connected health system.

D. Target Group

Please provide information to demonstrate your organisation's:

- awareness and understanding of the target group, including current and emerging issues and trends which may impact the delivery of the service; and
- how it will ensure the service remains relevant and accessible to the target group for the duration of the service agreement.

HCC understands the needs of the key target groups including Aboriginal consumers, who do not want to sit on committees as “the only Aboriginal representative”, feeling that they have to be representative of all Aboriginal people in all their rich diversity. Often the issues discussed at forums such as CACs do not address the issues that are of more interest and concern to Aboriginal consumers, including considerations of separation from country, navigating through institutionalised racism they may encounter through the health system, and multiple issues such as housing and education which also need to be addressed to meet health needs.

CaLD consumers can also feel a reluctance to be the “token” multicultural attendee, and may lack the time and resources to attend meetings at the time and frequency health services require.

To a lesser extent this can also impact on more mainstream consumers who may be interested in having a say but are not able to attend daytime meetings.

HCC will therefore undertake a range of community engagement processes to ensure a more diverse range of consumer opinions and feedback are informing the work that HCC does, and enriching the systemic feedback HCC can provide.

In addition, HCC understands the current challenges WA Health face to address reforms both state and national:

- Responding to the need for hospitals and health services to achieve accreditation against the National of Safety and Quality Health Service's Standard Two which mandates partnership with consumers.
- WA Health's Governance and Legislative Reform has seen the disbanding of the Governing Councils which will be replaced by Area Health Service Boards. Each of these will have to develop a consumer engagement strategy
- The Implementation of the Mental Health Bill has required a range of health services to adapt their complaints management processes
- The new Primary Health Networks plan to interface closely with WA Health as they support primary care reform in WA, and again will need to develop consumer engagement processes.
- The Delivering Community Services in Partnership highlights the importance of engaging with consumers when reviewing the effectiveness of community health services

This is in addition to the ongoing challenges that WA Health staff can face in managing complaints and engaging effectively with consumers and community as well as performing other aspects of their roles. HCC's service will support the health sector to partner effectively with consumers in the health reform journey.

F. SERVICE 2 – Health Consumer: Sector Support

Description of Activities to be undertaken by the proposed service:

KEY ELEMENT THREE – Community Education

Service Level Outcomes

- (1) Health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system.
- (2) The Department of Health and Area Health Services are assisted to facilitate and promote active engagement with health consumers in the planning, delivery and review of health services.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

3.1 Training, Workshops, Seminars and Presentations Yes

The role of the consumer representative on hospital and health services' Community Advisory Councils, District Health Advisory Councils, Clinical Advisory Groups, forums and focus groups is by now well-established.

Generally the health consumer representative will have a direct relationship with the health service however there is an ongoing need for HCC to support health services to identify and place consumer representatives with a diverse range of skills and lived experience to support health system reform.

In addition health consumers require training, mentoring and ongoing professional development and HCC can provide a central, independent space for consumer representatives to share knowledge and experience to support them in their role as effective advocates.

Furthermore it has identified that there is a need for a more diverse base of health consumers and to that end HCC will utilise community development strategies to ensure the voice of the community members who do not and cannot regularly attend forums such as Community Advisory Councils is heard.

To address all these issues, HCC will deliver a series of training and workshops to support and promote health inclusive consumer engagement in service planning, delivery and review. These activities will support both health consumers to participate and WA Health to source health consumers to participate in the continuous improvement process of health systems.

Training sessions will be reviewed annually to ensure they are meeting their stated outcomes and addressing community need.

Sessions are listed below, with learning objectives.

- **Introductory Consumer Training** x 2 per year, 4 hour session designed to be a starter course to orient potential and new consumer representatives into how to be an effective consumer representative.

Learning objectives:

- Communication skills
- Meeting preparation and procedures

- Effective participation at meetings
 - Group dynamics
 - Strategies to overcome barriers to consumer participation
 - How to engage with other consumers to ensure that the consumer interests are represented and protected
 - Risk analysis of items tabled on the agenda
 - Knowledge about health consumer rights
- **Advanced Consumer Representative Skills** x 2 per year, 4 hour session for the more experienced health consumer.
 - Learning objectives:
 - To continue to update education
 - Learn how to 'push limits'
 - Have better informed consumer reps
 - Learn how to consult to be informed
 - Build effective communication skills
 - Learn how to manage feeling isolated
 - Developing confidence
 - Learn how to manage burn out/practice self-care
 - **Health Rights and Responsibilities sessions.** These will be delivered for mainstream consumers and will also be specially tailored to Aboriginal consumers as well as consumers who speak languages other than English. The purpose of these sessions is to support health consumers to actively participate in their own health care journey.
 - HCC will develop a new **Standard Two and Patient Safety Training session for the Consumer Representative** to be run 2 times per year. This will be a 4 hour session, developed in consultation with health services to ensure training requirements are met. The purpose of this is twofold – to support the consumer to be able to actively participate in health reform, and to support the health service in meeting the regulatory requirements of Standard Two.

Seminars/ Networking

In addition to training sessions, HCC will support the Consumer Representative Community by convening regular networking sessions combining training and networking needs. This will ensure that as well as training, consumers have ongoing peer support and training to continue to develop and support them in their role as active participant in health reform:

- 4 annual 2 hour meetings of the **Community Advisory Council (CAC) Roundtable** of metropolitan hospitals' CACs.
- 4 annual 2 hour meetings of the **Consumer Representative Network** which will support a diverse range of consumers sitting on a number of different committees have the opportunity for networking, professional development and peer support.
- HCC will also partner with WA Country Health Service to support the **District Health Advisory Councils** on agreement with them as to the involvement required; but at HCC will attend the annual planning meeting as appropriate.

3.2 Community Activities

Yes

As noted in the introduction to Service 2, Key Element 3, consumer representatives do not always represent the diversity of our community, and often members of marginalised communities will not be able to meet the typical time commitments required of key committees and councils. HCC will therefore develop a range of community strategies to diversity the input provided to WA Health on key health reform issues.

Community Conversations – HCC will develop and run at least four community workshops and events each year with key partners such as the WA Primary Health Alliance, local government and the Area Health Services Boards (when they are formed). The purpose of the events will be to supplement the knowledge of the CACs and health services about current community health needs and concerns. Again it will support both consumers and health services in having a productive and informed partnership approach to health reform.

Aboriginal Community Conversations will be facilitated at least 2 times per year and will link in with co-occurring local events wherever possible. Feedback from the conversations will be communicated with health services to assist them in understanding and addressing consumer concerns. In some cases individual complaints will be identified and referred for advocacy assistance. In this way HCC will support consumers to have their say in a supported way which meets their needs, and HCC will also support health services in better meeting the challenges of complaints management and consumer centred service delivery.

3.3 Cultural Engagement

Yes

Diversity Dialogue sessions will be run to support WA Health staff to better understand the needs and complexities of caring for CaLD consumers. HCC will actively identify and support Community Leaders to participate as expert Panel Members for Diversity Dialogues. These events provide an opportunity for WA Health staff members to ask the panel any questions about their experiences as CaLD consumers in a safe and supportive environment. Diversity Dialogues will be run on key themes (e.g. mental health, maternity and child care, chronic disease etc.) Diversity Dialogues have a dual role; supporting health service providers to feel more confident in caring for CaLD consumers while also building the capacity of the CaLD community by sourcing and supporting community leaders to participate as panel members. Diversity Dialogues are to be run two times per year, with feedback and recommendations to be provided to WA Health via the DG's office or other agencies as appropriate to follow up.

Cultural Competency for the Health Sector is a three hour workshop designed for service providers to assist them to:

- Develop an understanding of the terms 'culture' and 'cultural awareness'
- Build on health professionals' knowledge of new and emerging communities
- Identify barriers people may face and explore strategies to address these
- Explore ways of applying the above in day to day work

HCC to deliver **Cultural Competency for a Connected Community** training sessions for WA Health staff to better support them in working with Aboriginal consumers. Training to be run 2 times per year. Learning objectives include:

- Develop an understanding of the terms ‘culture’ and ‘cultural awareness’
- Build on health professionals’ knowledge of Aboriginal people
- Develop an understanding of the terms ‘culture’ and ‘cultural awareness’
- Why people complain/why people don’t complain and the impacts of low complaint numbers
- Role of advocacy in addressing barriers to complaining
- Unique challenges in being “an Aboriginal Consumer Representative”
- Barriers and enablers to successful engagement with communities, strategies to have greater reach into communities
- Communication, use of interpreters, informed consent
- Effects of systemic racism on individual Aboriginal consumers presenting to health services, and some strategies to address this
- Explore ways of applying the above in day to day work
- Identify barriers people may face and explore strategies to address these
- Explore ways of applying the above in day to day work

KEY ELEMENT FOUR – Interagency Collaboration

Service Level Outcomes

- (1) Health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system.
- (2) The Department of Health and Area Health Services are assisted to facilitate and promote active engagement with health consumers in the planning, delivery and review of health services.

Will this Key Element be undertaken as part of the proposed service? **Yes**

If yes, please identify which activities will be undertaken and complete relevant sections below:

4.1 Working in partnership with Department of Health/Area Health Services and other stakeholders
Yes

HCC is willing to work with WA Health to develop partnership projects in collaboration with WA Health. HCC will for example maintain close liaison with Health Service Boards, to ensure our training and networking offerings are providing the support required by consumers and health services in system reform.

HCC will also develop health promotion activities in partnership with key NGOs to support a proactive approach to health among consumers and communities, highlighting the role of preventative health in maintaining a better lifestyle. This will ensure consumers are linked in with relevant community supports, and will facilitate consumers being an active participant in health service delivery. HCC aims to develop up to three NGO partnership projects each year, timing with key health promotion events over the year.

4.2 Participation in relevant Department of Health/Area Health Services and other interagency forums/networks
Yes

HCC is able to attend consumer related forums and committees relating to health reform, dependant on organisational capacity to attend. Interagency forums are key to HCC's strategy to leverage partnership opportunities to better support consumers and services in working well together to meet health reform priorities. Forums will include; WA Health Networks Leads Forum, WA Health ICT Consumer Reference Group, Mental Health Bill Implementation NGO Roundtable, Clinical Senate Executive Advisory Group, Health Complaints Network etc.

KEY ELEMENT FIVE – Policy Advice and Information

Service Level Outcomes

(3) The Department of Health and Area Health Services are informed on emerging trends and issues affecting health consumers.

Will this Key Element be undertaken as part of the proposed service? Yes

If yes, please identify which activities will be undertaken and complete relevant sections below:

5.1 Needs Analysis Yes

HCC will partner with WA Health and other key agencies to develop tools to gather new and live consumer feedback on key issues to feedback to WA health. This will supplement the Community Conversations events HCC will be running. By utilising survey tools and social media HCC will support the inclusion of voices of consumers who are unlikely to be able to sit on CACs and other committees.

5.2 Provision of policy advice and information to the Department of Health and Area Health Services Yes

HCC will provide two types of policy advice to WA Health – reactive policy advice in response to requests, and proactive advice in response to issues emerging from the individual services we provide.

In relation to reactive advice, HCC will be available to provide feedback and comment on health consumer specific issues that WA Health requires input into. Where possible HCC will convene mini-forums to ensure that a regular “community temperature” is taken from a wider representative of the community than can be found through traditional consumer representative networks. This will support both individual consumers in having a say, as well as supporting WA Health by providing consumer-focused feedback on key policy areas.

In relation to proactive advice, HCC will utilise knowledge from our individual advocacy service to proactively identify systemic health issues and undertake partnership projects with key University staff to create a useful body of qualitative data to inform health service review, policy and planning. This will be reported WA Health through regular reporting, through routine meetings with the Director General of WA Health and if appropriate, with the West Australian Minister for Health.

Other Information (optional):

Please include any other information that is relevant to your offer.

E. ORGANISATIONAL SKILLS AND EXPERIENCE (20% WEIGHTING)

It is necessary to respond to this criterion for Service 1 and 2.

The Respondent will be assessed on the degree to which it has the skills and experience to perform the requirements of the proposed Service Agreements.

The Respondent must:

- provide information regarding organisational skills to perform the requirements set out in the proposed Service Agreement;
- describe how the organisation ensures staff maintain and develop relevant skills and experience with regard to the delivery of services; and
- the key policies, procedures and guidelines in place to ensure a relevant and high quality service is provided;
- provide details of contracts/Service Agreements for similar services provided, including a detailed description of those services, similarities between those services and this proposed Service Agreement, when the contract/Service Agreement was performed and the outcomes of the contracts/Service Agreements.

RESPONDENT TO COMPLETE:

Respondent to provide their response to the Demonstrated Experience Criteria:

1. Staffing

Skills and Expertise – Service 1

Advocates are required to have previous advocacy experience and/or health complaints knowledge. Skills include the ability to:

- Listen to the consumers experience to provide them with information or advice as to the best way to proceed in order to assist them in resolving their matter.
- Maintain a high standard of reporting and prepare submissions and statistical data as required.
- Actively promote and network to inform stakeholders, the broader community and potential consumers of HCC's services and the appropriate referral pathway.
- Ensure that a cycle of continuous improvement is active and captures all opportunities for improvement through the review and development of policies and procedures, ensuring that complaints are received and followed through according to policy and procedure and proactively identifying and implementing strategies/processes to improve service delivery outcomes.
- Develop a sound knowledge and experience in the provision of contemporary advocacy services. This includes experience and commitment to providing quality services to meet the needs of Consumers encountering difficulty in the health system.

Aboriginal Advocates specifically:

Need to be Aboriginal, have a background in advocacy and/or health and be able to apply their lived experience to:

- Promote the program to Aboriginal health consumers; Aboriginal Community Controlled Health Organisations, and state health services across WA

Preferred Service Provider Request for Health Consumer Support Service

- Provide advocacy and support to Aboriginal consumers experiencing a problem with a health service, linking in with the Advocacy Team at the Health Consumers' Council WA
- Document Aboriginal people's experiences accessing health services in WA and advocate for issues affecting Aboriginal health consumers to health services and forums in WA

Staff management

- On a daily basis the Advocacy Team will de-brief cases with the Senior Advocate to ensure the advocacy interventions are the most efficient and effective to achieve the consumer's desired outcome.
- Advocacy Team Meetings will occur fortnightly and allow for team de-brief, with the Executive Director, to support ongoing quality improvement.

Staff development

- Training and development needs for Advocates are assessed annually as part of the Annual Performance Appraisal Process, and Advocates are then supported to attend identified professional training courses within a 6 month timeframe.
- Advocates maintain knowledge and skills relevant to the position through affiliations with relevant professional bodies.
- Advocates are alerted to circulating newsletters and materials to keep informed of consumer movement and health issues.

Sustainability and Succession Planning

- HCC is constantly seeking to support our ongoing sustainability, through the Board oversight of our Strategic Plan. As well as maintaining a performance development approach to staff management, HCC has developed a Nominations and Succession Planning Board Committee to oversee the support and if necessary the replacement of key staff.

Staffing– Service 2

Skills and Expertise

Consumer and Community Engagement staff are required to:

- Engage with health consumers to accommodate their 'voice' with the aim of influencing Policy and informing health care providers to ensure best practice.
- Inform people about their rights and responsibilities in health care
- Provide skill development opportunities to those who are interested in a formal consumer representative role
- Inform health care providers of varying needs with the aim of improving health care to individuals and groups
- Encourage health care providers to accommodate culturally appropriate care in order to improve patient outcomes and promote greater equity in health care
- Provide support for consumer representatives and members of consumer groups (e.g. Community Advisory Committees)
- Develop networks and partnerships that support health consumers
- Strengthen the ability of health consumers to advocate on their own behalf

Aboriginal Advocacy Program staff specifically are required to:

- Facilitate consultations and improved communication between health service providers and Aboriginal consumers
- Work in partnership with health services to identify barriers and improve access and service delivery; to evaluate the service by Aboriginal consumers; to review and evaluate surveys and other patient audit tools.
- Assist in the development and delivery of training in Advocacy; Consumer Engagement; and Complaints Management for service providers and consumers in WA

Skills include:

- High level communication and facilitation skills
- An understanding of adult learning principles and an ability to develop workshops and programs which will support the adult learner
- Excellent communication and attuned listening skills.

Staff management

- The Consumer and Community Engagement Team meet regularly to review the achievement of deliverables, analyse feedback from workshops and discuss forthcoming programs.
- The Team liaises closely with the Aboriginal Advocacy Program team to develop Aboriginal specific training and workshops and to collate relevant feedback for action.
- The Team meets with the Executive Director regularly to ensure that deliverables are aligned with the organisation's operational plan.

Staff development

- Training and development needs for Consumer and Community Engagement staff are assessed annually as part of the Annual Performance Appraisal Process, and Advocates are then supported to attend identified professional training courses within a 6 month timeframe.
- Consumer and Community Engagement staff maintain knowledge and skills relevant to the position through affiliations with relevant professional bodies.
- Consumer and Community Engagement staff are alerted to circulating newsletters and materials to keep informed of consumer movement and health issues.

Sustainability and Succession Planning

- HCC is constantly seeking to support our ongoing sustainability, through the Board oversight of our Strategic Plan. As well as maintaining a performance development approach to staff management, HCC has developed a Nominations and Succession Planning Board Committee to oversee the support and if necessary the replacement of key staff.

2. Operational – Service 1

Key principles underpinning Service 1 - Individual Advocacy Service

- **Flexibility** - Advocacy will be provided **at any stage** of the health consumers' journey, meeting the consumer where they are.
- **No wrong door** – consumers will be actively referred to other services if HCC is not able to assist.
- A **strengths-based approach** - our advocacy interventions will be undertaken on empowerment principles with consumers an active participant in the process rather than just a recipient of the service.
- **Practical, action focused approach** - the Advocacy team will provide practical assistance as negotiated with their client to move their issue forward.
- **Open Door** - consumers will always be encouraged to contact the agency again if advocacy assistance is required again.

2. Operational – Service 2

Key principles underpinning Service 2 - Consumer and Community Engagement Program

- **Respect** – HCC Consumer and Community Engagement staff will ensure consumers have sufficient notice of community events and an understanding of what type of feedback is being sought – (referencing the International Association for Public Participation Principles) – whether the event intends to inform, involve, collaborate, empower the consumer.
- **Inclusiveness** – HCC aims to include a diverse range of community members to provide consumer feedback
- **Professional approach** – HCC will develop workshops and training interventions which reference adult learning principles
- **Responsiveness** – HCC will ensure that they support both consumers and health service professionals in a responsive, flexible manner to ensure a positive partnership approach to health reform.

Physical Infrastructure for Service 1

- HCC has an integrated, networked computer system which allows for staff to work at the East Perth premises, as well as off-site.
- HCC has a confidential 1800 number to provide free access to rural consumers, as well as video conferencing facilities.
- HCC has a private space for health consumers to meet with an advocate to discuss their case.

- HCC has a confidential records management system to support protection of consumer privacy.

Physical Infrastructure for Service 2

- HCC has an integrated, networked computer system which allows for staff to work at the East Perth premises, as well as off-site.
- HCC has a 1800 number to provide free access to rural consumers, as well as VC facilities.
- HCC has a well-resourced workshop space with industry-standard presentation equipment to undertake training for up to 30 people

Service Planning and Review for Service 1 and Service 2

- HCC has an annual planning cycle undertaken with Board and staff
- HCC maintains a weekly, monthly and quarterly review of programs to review outputs and outcomes and course correct if required.
- At the end of the contract cycle, HCC undertakes a review of services utilising feedback from service users as well as other stakeholders to inform any changes to the model of service.

Partnership with other agencies for Service 1

- HCC has been instrumental in reviving the Advocacy Network community of practice for key organisations providing advocacy in the health, mental health, disability, carer, aged care and other sectors. HCC has a range of MOUs and partnership projects with Carers WA, COMHWA, Community West, Advocare, WA Association of Mental Health.
- HCC is actively working with HaDSCO and the Council of Official Visitors (Mental Health Advocacy Service) to ensure mental health consumers are able to seek timely, flexible advocacy support. In August 2015 the Office of the Chief Psychiatrist ceased to manage both voluntary and involuntary mental health consumer complaints processes, referring them instead to HaDSCO. HCC is committed to ensuring that we work productively with other agencies such as HaDSCO and MHAS to monitor the implementation and ensure the rights of vulnerable mental health consumers are protected

Partnership with other agencies for Service 2

- HCC actively partners with WA Health (Health Networks, Health and Disability Complaints Service Office, Health Complaints Network etc.) to support consumers in understanding their rights and accessing complaints processes. HCC also supports health services in addressing health complaints directly with the consumer where possible, and also to understand what systemic changes may support a reduction in complaints.
- HCC has strong links with key agencies such as the Aboriginal Health Council of WA as well as the National Aboriginal Community Controlled Health Organisation sector.
- In recent weeks, HCC has been approached by the Health Research Translation Network to become a key partner to support this key network demonstrate robust consumer engagement strategies and involvement of consumers at all levels of this key project as it progresses its funding applications with the National Health and Medical Research Council.

Experience – Service 1

- HCC has been funded by WA Health for more than 21 years to deliver an Advocacy Service for Western Australian consumers. HCC's model of operation has informed the development of similar bodies in other states of Australia.
- HCC has also been funded by the Federal Department of Health to deliver its Aboriginal Advocacy Program since 2009. See copies of recent contract attached.

Experience – Service 2

- For two decades The Department of Health has worked in partnership with HCC to recruit, train and support consumer representatives to sit on their Community Advisory Councils. This partnership will continue and grow with the development of the new Area Health Service Boards.
- HCC aims to continue these activities, and also to leverage the many new possibilities to enhance the effectiveness of these models. For example, partnering with services to ensure providers are better equipped to implement Standard Two in their hospitals and health services, and creating online training opportunities for staff to more easily access services.
- HCC also holds an MOU with CommunityWest as preferred provider for CaLD cultural competency training to support and inform health service providers.

Policies, Procedures and Guidelines

HCC utilises the Management Support Online (MSO) framework to support the ongoing review and update of our governance policies, in line with best-practice and to support our aim of becoming accredited against relevant community service standards. HCC has commenced a two year project to review and update HCC policies within this MSO framework; see A3 schedule of policies which appears as an Appendix:

1. The Organisation
2. Governance
3. Management and accountability
4. Planning
5. Human resource management
6. Financial management and administration
7. Physical assets
8. Health, safety and environment
9. Services and activities
10. Risk management, compliance and insurance
11. Information and communication
12. External relationships and stakeholders
13. Administration and office

In July 2015 HCC engaged not for profit consultant specialist Anson to undertake a review of key HR policies. These are complete and due to be ratified at the November 2015 Board Meeting. See relevant policies attached:

- HCC Performance Development suite of policies (induction, performance appraisal, performance management)
- JDFs for key positions

At the August 2015 Board Meeting it was agreed that HCC will establish a Board Nominations Committee which oversees both Board development and the ongoing professional development and succession planning for the Executive Director role. This will be formalised at the November 2015 Board meeting and relevant updated policy documents can be provided after this time.

F. ORGANISATIONAL CAPACITY (20% WEIGHTING)

It is necessary to respond to this criterion.

The Respondent will be assessed on the degree to which it has the organisational planning and resourcing capability to support and perform the proposed Service Agreement.

The Respondent must:

- demonstrate its organisational planning and resourcing capability;
- provide evidence of governance arrangements and accountability practices.

RESPONDENT TO COMPLETE:

Respondent to provide its response to the Organisational Capacity Criteria:

Strategic Planning Process

HCC is an independent not for profit organisation which has been in operation for 21 years to promote and support the consumer voice in health policy, planning, delivery and review. HCC's two key services are the provision of independent, **individual advocacy service** for health consumers as well as a **consumer and community engagement program** to support the inclusion of consumers in health service policy, planning, delivery and review.

HCC's most recent Strategic Plan has expired so significant work is currently being undertaken to create an updated 2015-2020 plan which will be available by 31/10/2015.

In preparation for the review of the Plan and of HCC's services, the following activities have been undertaken:

- Longitudinal survey of advocacy clients to assess the outcomes of the advocacy intervention they received
- Consumer Representative Network Survey
- Review discussions with WA Health in relation to the outcomes and outputs they would require from HCC
- Membership Survey
- Facilitated workshops with Board and Staff to undertake a joint Values, Vision, Mission review, a SWOT analysis and a prioritisation of strategies to adopt
- Interviews with key stakeholders to obtain their feedback and insight into what HCC could and should deliver
- The final stage will be the publication of the finalised Strategic Plan, the development of an Operational Plan and its promulgation through the organisation's JDFs and work plans and KPIs

Evaluation Mechanisms

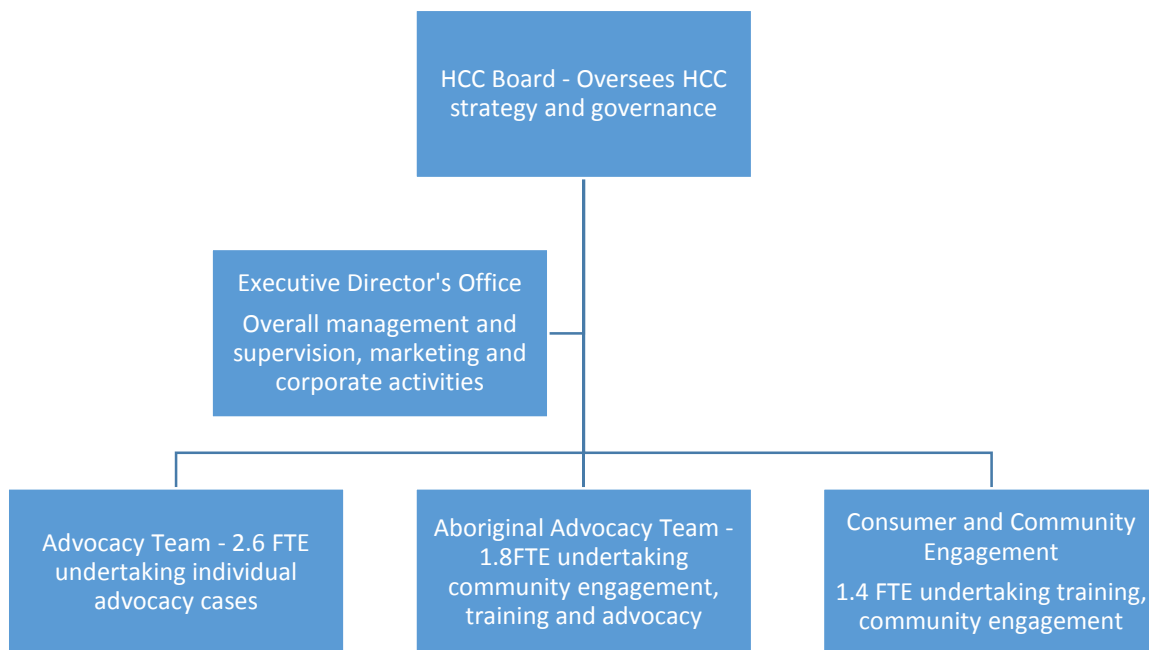
- The Strategic Plan will have as a core component the Evaluation Framework which will build on current practices of evaluating the impact of the services on the service users. Self-reported surveys, measuring of outcomes as well as outputs, longitudinal surveys and interviews will be conducted.
- HCC will also be actively seeking the support of a University to enhance the independence and rigour of service review.

Governance and Accountability

Governance Arrangements

HCC is incorporated under the Incorporations Act 1987 WA, and has a Board of up to 10 members. The Board meets monthly and provides direction to the Executive Director on the strategic direction of the organisation. The Executive Director has a robust and regularly reviewed Performance Appraisal process enacted by the Chair of the Board.

The Executive Director undertakes a Performance Review of the four members of the Leadership Team, who in turn undertake a Performance Review of their staff. As already noted, HCC has recently reviewed its performance development processes with the assistance of a consultant HR firm.



Administration and Financial Management Processes

HCC’s Board has nominated a Finance Committee with the membership of the Treasurer, the Executive Director, the Operations Manager and the consultant Bookkeeper. This Committee meets monthly the week before the Board meeting to develop the budget each year, review the budget against actuals and deal with any policy revisions or special projects identified through the Committee or Board.

The Treasurer reports the financials to the Board meeting each month for endorsement.

HCC utilises a consultant Bookkeeper who prepares the invoices and payroll in consultation with the Operations Manager and with the final sign-off of the Executive Director. Payments are always signed by a Board and an Executive staff member.

Each year the Audit is carried out by an Independent Auditor, and the Auditor for the following year’s Audit is nominated at the Annual General Meeting.

Organisational Policies and Procedures are regularly reviewed on a rolling cycle, using an accreditation framework to support HCC’s ambition to become an accredited NGO.

Price Schedule

In making a value for money assessment of your organisation's Offer, the State Party will assess how the following Offered Price represents value for money.

If the Offered Price is consideration for a taxable supply under the GST Act, the Offered Price will be deemed to be inclusive of all GST applicable to the taxable supply at the rate in force for the time being.

RESPONDENT TO COMPLETE:

Is the Respondent registered for the purposes of GST?

Yes

The Offered Price will be deemed to include the cost of complying with this PSP Request and the *General Provisions* and the cost of complying with all matters and things necessary or relevant for the performance of the Service Agreement. There is a Fixed Budget for this PSP Request Process as outlined below:

The maximum amount of funding available for the Request for Service DOHRQ042015 – Health Consumer Support Service is \$5,398,830 (including all extensions and GST). On a per annum basis this equates to \$1,079,766 (2015-16) comprising \$981,605 plus GST of \$98,161.

The budget will be varied in accordance with the Non-Government Human Services Sector Indexation Policy for each year following.

RESPONDENT TO COMPLETE:

Does the Respondent agree to the Fixed Budget for this PSP Request as set out in section 7.4?

Yes

The Respondent is required to include a breakdown (Price Schedule) of the Fixed Budget for the first year of the Term.

If No, please provide details of the elements that are not agreed to, and reasons why:

Always make sure each element of the Price Schedule is completed so that the State Party can undertake an accurate price evaluation.

When completing the Price Schedule, state the value of the Offered Service Agreement Payment in Australian Dollars only, and make sure all costs of complying with the requirements of this Request are included. Some elements of a sustainable price include, but are not limited to, start-up costs, overhead costs, staff costs, training costs, service delivery costs etc. The Service Provider is not required to issue a tax invoice. The State Party will issue the Service Provider with a Recipient Created Tax Invoice (RCTI) in respect of GST payable on the supply of the Service.

End of Response Form