



SERVICE DELIVERY DATA REPORT HEALTH CONSUMER SUPPORT SERVICE

Reporting period:

Year: **2016**

January to June

Organisation Name: Health Consumers' Council

Completed by: Pip Brennan

Contact Phone Number: 9221 3422

SECTION 1: SERVICE DELIVERY DATA OUTPUT MEASURES

1. CONTINUOUS SERVICE PROVISION FOR SERVICE ONE & TWO

- 1.1 The number of hours per week the service operated: 40
- 1.2 The number of weeks the service was operational during the reporting period: 26
- 1.3 If appropriate, description and explanation of any periods of time during the reporting period when the service was not available at 100% funded capacity:

Office reopened after Christmas break on the 4th January 2016.

Closed for all WA public holidays, including; Australia Day 26/1/16, Labour day 7/3/16, Good Friday 25/3/16, Easter Monday 28/3/16 & Anzac Day 25/4/16

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

2. DESCRIPTION OF SERVICE USERS

KEY ELEMENT 1 – Individual Support

Was this Key Element selected as part of the service model in your Service Agreement?

Yes No

If yes, you are required to submit data for all of the tables under 2.1 and 2.2.

2.1 The number and characteristics of **individuals** who received Individual Support.

a) Gender

Gender	Number
Female	176
Male	104
Unknown	7
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	287

b) Age

Age	Number
Under 20 years	11
20-29 years	22
30-39 years	43
40-49 years	37
50-59 years	29
60 years and over	56
Unknown	89
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	287

c) Ethnicity

Ethnicity	Number
Aboriginal/ Torres Strait Islander	17
Culturally and Linguistically Diverse Background <small>This includes those who self -identify that born overseas for countries other than Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA.</small>	32
Other <small>This includes Australian born (<u>not</u> Aboriginal/Torres Strait Islander) and other main English speaking countries (Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA)</small>	168
Unknown	70
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	287

2.2 The number of **individuals** who received Individual Support by health location/setting.

(Totals of all tables in 2.2 should be the same and equal that of 2.1)

a) Health Setting

Setting	Number
Public Health	130
Private Health	20
Public Mental Health	127
Private Mental Health	10
Unknown	0
TOTAL	287

b) Geographical Location

Location	Number
Perth Metropolitan Area	260
Rural, Regional and Remote Western Australia	27
Unknown	0
TOTAL	287

2.3 The number and type of presenting issues of **individuals** receiving Individual Support during the reporting period

(Individuals could present with more than one presenting issue – therefore the total will not equate to the total of tables in 2.1 and 2.2)

Type of Presenting Issue	Number
Health - Costs	11
Health - Rights	40
Health – Disputes Diagnosis/ Treatment	56
Health – Access Denied	43
Mental Health - Costs	3
Mental Health - Rights	63
Mental Health – Disputes Diagnosis/ Treatment	43
Mental Health – Access Denied	27
Other – <i>please categorise</i>	
Further information on diagnosis	1
TOTAL	287

3. SERVICES PROVIDED

KEY ELEMENT 1 – Individual Support

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.1 and 3.2. Submit data in table 3.3 if relevant to your service model.

3.1 The number and type of Individual Support during the reporting period

Occasions of Service - Type of Individual Support	Number
Telephone Support	506
Home Visiting	N/A
Online Support	N/A
Face to Face	174
Formal Referral/Active Linkages	22
TOTAL	702

KEY ELEMENT 2 – Information and Linkages

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.4.

3.2 The number and type of information and linkages during the reporting period

Type of Information and Linkages	Number
Information provision	323
Active linkages for non-users of the service	178
TOTAL	501

KEY ELEMENT 3 – Community Education

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.5.

3.3 The number and type of community education activities provided by the service and the number of people that attended.

Type of Community Education Activities	Number Provided	Total Number of People Attending
Workshops/Training	1	100
Seminars/Presentations		
Mentally Healthy Expo – LaSalle College. Educating high school students about health rights	1	100
Community Activities (e.g. promotional stalls at fairs and festivals)	5	174
Chinese New Year	1	61
Curtin Open day	1	29
UWA Open Day	1	45
Murdoch open day	1	30
WAAMH Youth Breakfast	1	9
Cultural Engagement	14	205
Advocating in health care for women from CaLD backgrounds for KEMH staff	1	26
Health Rights & Responsibilities for CaLD communities for Save the Children clients	2	27
Presentation to Notre Dame university students on the Aboriginal perspective of the patient experience	1	100
Presentation to Consumer Representatives on the Aboriginal Perspective of the patient experience	1	12
HCC Aboriginal Reference Group – formation and meetings	4	12
One on one meeting with President of the Bor (Dinka) community re community education	2	1
One on one with community leader - youth -of the Burundian community	1	1
Diversity Dialogues Forum	2	26
Other – please categorise	4	68
Arts in Health focus group	1	6
Health rights presentation to Australian Independent Retirees at Padbury	1	23
Presentation to the Nollamara Women’s Group – Health Care Rights	1	22
Presentation to Armadale Hospital Stroke Support Group – Health Care Rights	1	17
TOTAL	41	547

KEY ELEMENT 4 – Interagency Collaboration

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.6.

3.4 The number and type of activities that work towards interagency collaboration.

Type of Activity Working Towards Interagency Collaboration and Strategic Planning	Number
Number of projects or partnerships worked on with other agencies	5
City of Cockburn - re providing Rights and Responsibilities in Health Care to CaLD communities – 1 meeting	1
Meeting with President of Muslim Women’s Support Centre re community education and engagement – 2 meetings	2
Diversity Dialogues Forum – included as this forum educates and informs both providers and CaLD community members	2
Number of relevant interagency forums or networks participated with	1
Northam Yorgas’ group yarnning session	1
Other	
TOTAL	6

SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT

KEY ELEMENT 3 – Community Education

Was this Key Element selected as part of the service model in your Service Agreement?

Yes No

If yes, you are required to submit data for all of the tables under 3.5.

3.5 The number and type of community education activities provided by the service and the number of people that attended.

Type of Community Education Activities	Number Provided	Total Number of People Attending
Workshops/Training	9	60
Consumer Representative Network meetings	2	11
Consumer Representative Workshops	2	24
CAC Roundtable chair meetings	2	10
CAC Chairs Education Session – National S&Q Standards	1	4
Consumer Representatives Education Session – National S&Q Standards	1	5
Child and Adolescent Health Services – workshop re Patient Experience across whole of organisation	1	6
Seminars/Presentations	6	570
SARC 40 th Morning tea	1	35
Partnership Forum Q&A Panel	1	160
Reframing the Health Debate - ACHSM	1	35
WACOSS Emerging Issues Forum	1	120
The Doctor's Drum – Panel Discussion	1	85
WACOSS Conference – Panel Speaker	1	135
Community Activities (e.g. promotional stalls at fairs and festivals)	0	0
Cultural Engagement	4	144
AHCWA conference presentation on the Patient Journey	1	120
Appointment of CaLD Consumer Representative to NMHS PHAC CAC	1	1
Supporting Cultural Diversity in Healthcare – workshop – provided to healthcare workers	1	18
Working Effectively with Interpreters in Healthcare workshop	1	5
Other – please categorise		
TOTAL	19	774

KEY ELEMENT 4 – Interagency Collaboration

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.6.

3.6 The number and type of activities that work towards interagency collaboration.

Type of Activity Working Towards Interagency Collaboration and Strategic Planning	Number
Number of projects or partnerships worked on with other agencies	26
Advocacy Network – Partnership Project with Carers WA, CoMHWA, PWDWA – (5 meetings, 2 forums)	7
CoMHWA and HCC partnership discussions on consumer engagement training in Broome with the Kimberley Alcohol and Drugs and Mental Health Service	3
WA Health – QICM, WACHS, Carers WA partnership to update Patient First Materials – MOU and meetings	5
Advanced Care Directive and Palliative Care Alliance (2 meetings, hosted 1 beta workshop at HCC)	3
HCC and MHAS partnership discussions re: support of voluntary mental health consumers and training partnership opportunities.	4
Next Step – re-engaging with consumers and strategies to gain increased consumer input re service provision – 4 meetings	4
Number of relevant interagency forums or networks participated with	96
Aboriginal Health Council of WA HCC Aboriginal Patient Journey Forum – 2 meetings, attendance at AHCWA conference	4
Arts in Health Consortium (5 meetings)	5
Cancer Services – Expert Advisory Group	3
Clinical Senate Executive Advisory Group Meetings	10
Combined CaLD Networks Forum – Office of Multicultural Interests	1
Dept of Health Safety and Quality forum on accreditation	1
Development of MOU with Helping Minds WA – 3 meetings	3
FGM Interagency Group – Dept of Health	1
HCCs across Australia (including CHF) bi-monthly meetings	7
Health Complaint Co-ordinators Advisory Group meeting	4
Health Network Leads Quarterly Forum	3
HIV Case Management Committee	2
Involving People in Research Ambassador Project	1
Marketing Network	1
Mental Health Advisory Council Forum	1

Mental Health Advocacy Service & HCC Re: voluntary mental health advocacy, training and other partnership opportunities - four meetings	4
Mental Health Commission forum attendance, Wrap around AOD services	1
Multicultural Consultative Forum – Department of Human Services	1
New and Emerging Communities Reference Group – Equal Opportunity Commission	1
NSQHS Partnering with Consumers Advisory Group	2
Partnership Forum – one induction meeting as new Forum member, one meeting of the Forum, two Co-design workshop meetings	4
Refugee Migrant Research Network exploratory meetings	6
Standard 2 – Partnering with Consumers’ Committee - RPH	6
WA Health Translation Network and Involving People in research Partnership discussions – four meetings	4
WA Primary Health Alliance Partnership activities – monthly briefing with ED, Patient Experience Week Primary Health Exchange discussions, briefing for regional network support officers on mental health consumer engagement with Consumers of Mental Health WA	12
WA Refugee Health Advisory Committee – Dept of Health	1
WACOSS Networking Day and Conference, including being on a Panel discussion on day 2	3
WAPHA Mental Health Expert Advisory Group Meeting	2
WAPHA Primary Health Event steering committee	2
Other – please categorise	
TOTAL	122

KEY ELEMENT 5 – Policy Advice and Information

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, the service is required to submit data for the tables under 3.7, 3.8 and 3.9.

3.7 The number and type of Policy Advice and Information activities – Needs Analysis (consultations).

Type of Policy Advice and Information Activities	Number of Activities	Number of Organisations Consulted
Needs Analysis (consultations)		
Next Step	1	1 – Next Step

3.8 Mechanism for the Provision of Policy Advice and Information

Mechanism for Provision of Advice and Information (through)	Number of Activities	Instances of Activities	Instance Count
Consumer Representation ¹ (HCC appointed) participation on Department committee or forum			
NMHS PHAC CAC Placement	1	Placed as a member of Exec Committee NMHS PHAC CAC	1
Edith Cowan Teaching Training and Clinical Governance Advisory Committee	1	HCC nominated staff representative to this position - 2 meetings to date	2
Curtin University Inter-Professional Communication Committee	1	Nominated & appointed as HCC Consumer Representative	1
Interim placement on the PMHRRC Private Mental Health Regulation Reference Committee	1	Interim placement on the PMHRRC Private Mental Health Regulation Reference Committee	1
Consumer Advisor ² (non-HCC appointed) participation on Department committee or forum			
Community Advisory Councils (CACs)	1	3 CAC network meetings	3

¹ Consumer Representation is where the Health Consumers Council has provided direct assistance in the appointment and the committee/forum is a specific health matter/condition. This will also include instances of ongoing support.

² Consumer Advisor is where the Health Consumers Council provides general ongoing support but was not involved in the direct appointment and the committee/forum covers general health matters (i.e. CAC's/DHAC's).

Participation on (other) committees or forums whose purpose is aligned with the Department's strategic priorities	3	WA Health ICT, WA Health Cancer Expert Advisory Group, MHC Consumer Engagement 12 meetings in total	12
Formal or documented responses to policy issues aligned with the Department's strategic priorities	4	WACPCN Cancer of Unknown Primary, Human Transplant Act, HaDSCO MH Complaints framework – Three responses	3
Meetings with (Department's) Minister, Ministerial staff and/or Department staff	2	Minister for Health, Minister for Mental Health, Meetings with Assistant Director General, WA Health, 4 meetings in total	4
Meetings with Assistant Director General, System Policy and Planning	1	Regular meeting to discuss HCC deliverables, systemic issues – 4 meetings in total	4
TOTAL	15	TOTAL	26

3.9 Source and Number of Request for Policy Advice and Information

Source of Request for Policy Advice and Information	Number of Activities
Department of Health – Royal Street	8
Facilitation of Maternity Services Forum for the Office of the Chief Nurse and Midwife	1
Judging for WANMEA, Attendance at Gala Ball – WA Nursing & Midwifery Excellence Awards	3
Chief Dentist - State Oral Health Plan	2
Compassionate Care discussion with Chief Nurse, Chief Health Professions Officer QICM	2
WA Country Health Service	1
Interim Board Chair Meeting	1
North Metropolitan Area Health Service	2
Interim Board Chair meeting	2
South Metro Area Health Service	5
Fiona Stanley Maternity Services Planning	4
SMAHS team meeting	1
Child and Adolescent Health Service	1
Met with Frank Daly re: PMH parking, care assistants	1
State Government (other agency)	1
Department of Premier and Cabinet	1
Service (self-initiated)	3
HaDSCO meetings	3
TOTAL	21

COMMENTS ON SERVICE DELIVERY DATA OUTPUT MEASURES

(Please complete this section only if you would like to make any comments in relation to the Service Delivery Data Output Measures reported on for both services)

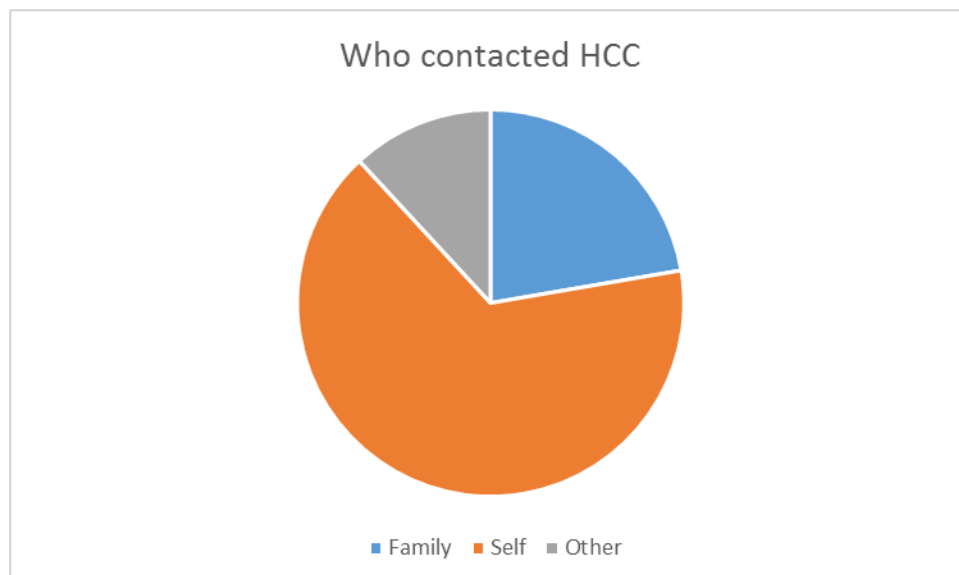
SERVICE ONE

The Health Consumers' Council offers an information and referral system, and in this reporting period 501 calls were immediately referred to another agency, or the required information was provided for the consumer without having to be linked to an advocate for a more detailed service.

In addition there were 287 individuals supported through HCC's advocacy program in the reporting period with 702 occasions of service to complete the advocacy case.

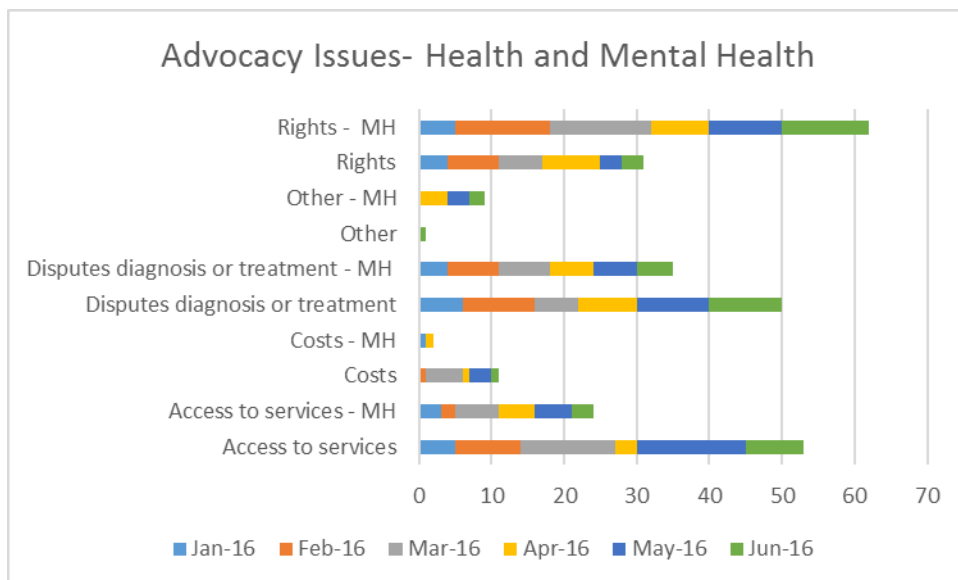
HCC's advocacy service operates in a consumer directed way, that promotes;

- Empowerment - The premise that consumers are an active participant in the process rather than just a recipient of the service. Advocates do not 'case manage' (take charge of a case or carry the case) because the consumer is always the owner of the issue.
- Consumer-centred advocacy – HCC Advocates will always advocate for the consumer's wishes and never undertake a 'best interests advocacy' approach when the advocate may have concerns about the consumer's wishes.
- Flexibility - Advocacy will be provided at any stage of the health consumers' journey, meeting the consumer where they are.
- Practical, action focused approach - the Advocacy team will provide practical assistance as negotiated with their client to move their issue forward.
- Realistic approach – HCC will not raise expectations in consumers that cannot be met by the system.
- Open Door - consumers will always be encouraged to contact the agency again if advocacy assistance is required again.
- Warm referral - Consumers will be actively referred to other services if HCC is not able to assist.



Overwhelmingly HCC is contacted by the individual consumer themselves when seeking assistance. Families are often referred to HCC from Carers WA, who can only advocate in relation to carer's rights not being upheld; they cannot advocate for the family in relation to the consumers' needs. If HCC is contacted either by a family member or someone else, we always undertake to ascertain what the consumer's needs are. We recognise the importance of having family and other supporters feeling supported and empowered to advocate for their loved one as they navigate through the health system.

Advocacy issues relate to rights, disputes regarding diagnosis and/or treatment, costs and access. HCC continues to provide support for voluntary mental health consumers, whose rights related issues are always higher than health consumers. Access to services and disrupting diagnosis/ treatment are the two most common issues.



CASE STUDIES

LINKING TO SERVICES

When assisting consumers, it is often very important to understand what supports are available, and ensuring people are linked adequately. In this case study relating to discharge procedures, **homeless inpatient being discharged without adequate support** rang HCC and advised he was being discharged from a voluntary in-patient with drug and alcohol and mental health issues at a Perth public hospital. Although he and his family considered it was premature, the treating team considered that he was stable and suitable for discharge. Although he had just gained employment he did not have adequate financial means to support himself and homeless. He was told he was to be discharged in two days' time and that he would be given a list of accommodation sites and backpacker hostels. An HCC advocate contacted a social worker at the hospital. The social worker and the HCC Advocate then approached a Non-Government Agency with a Partners in Recovery Program who enrolled him and provided ongoing support.

WORKING WITH OTHER AGENCIES

HCC was contacted by the concerned father of a child who has recently been diagnosed with cancer. He specifically **wanted assistance attending a conciliation meeting** convened by the Health and Disability Services Complaints Office (HaDSCO). He noted in his chronology of concerns that staff advised him repeatedly that poor communication between wards was leading to poor clinical care. There was an ongoing lack of care and empathy with clinicians and the many mistakes the parents detected have left them concerned about whether their daughter's diagnosis is even correct.

ASSISTING WITH ACCESS TO MEDICAL RECORDS

A mother rang HCC on behalf of her young son. She had been told by a receptionist at a multi-practitioner GP clinic that she could not have her son's medical records for legal reasons. A HCC advocate rang the clinic and spoke to the practice manager who said that was a mistake. The practice manager then rang the mother, apologised and couriered the records. Often a simple phone call from an independent advocate is all it takes to clarify misunderstandings between consumers and health services.

SUPPORT AT THE STATE ADMINISTRATIVE TRIBUNAL

After assisting a 74year old gentleman to obtain records from the State Administrative Tribunal, the HCC advocate also attended two appointments with a geriatrician while he made assessment of the man's capacity to make decisions. Even though the consumer had been found to have dementia, and Korsakoff Syndrome, for the past six years, and having been appointed a Public Trustee as he was deemed to lack capacity to make decisions regarding his finances and legal affairs, the geriatrician could not find any evidence of dementia. He did well in all tests which revealed he was able to make decisions appropriately regarding his health and basic financial matters. Hence the order was ceased and he walked out of the State Administrative Tribunal a free man, able to control his own affairs without the control of the Public Trustee.

SERVICE TWO

The Health Consumers' Council delivers training and **support for health consumers** as well as service providers to support a **partnership approach to health service reform**. As noted in table 3.5, there were 9 sessions delivered with 60 attendees during this reporting period.

Training and support include:

- Consumer Representative Network meetings and CAC Chair Roundtable Meetings *these meetings bring together CAC members and Consumer representatives who sit on a diverse range of committees. The gatherings offer the opportunity to network, and guest speakers are also provided from time to time. In 2016 HCC has been working with the group to develop these meetings, for example, share the hosting of the meetings so everyone has the opportunity to tour Perth hospitals and understand how the different CACs work*
- Consumer Representative Workshops – introduction to being a consumer representative or consumer advocate *these workshops have been further developed to include additional content in relation to the National Safety and Quality Standards*
- CAC Chairs Education Session – National S&Q Standards *One of the sessions held at the CAC Roundtable provided a key update on the National Safety and Quality Standards.*
- Consumer Representatives Education Session – National S&Q Standards
- Child and Adolescent Health Services – workshop re Patient Experience across whole of organisation *This was a bespoke workshop held with CACH consumers and staff.*

HCC also presented on consumer engagement at six different sessions, in front of a total of 570 people.

In terms of **cultural engagement**, and supporting a more diverse representation of consumer and community members, HCC undertook four different presentations and workshops in both Aboriginal and Culturally and Linguistically Diverse cultures to support health service providers to work more effectively. Around 144 service providers were reached through these activities. In this period of time, there was a workshop on working effectively with interpreters as well as supporting cultural diversity in healthcare. HCC also regularly convenes Diversity Dialogues, which are forums with panel members from various cultural backgrounds and areas of expertise who provide cultural perspectives on health. Panel members respond to questions from the audience of healthcare practitioners to inform and educate them. Recommendations are developed from the forum which are then fed back to the providers and, at times, on to WA Health. In this report we have taken the opportunity to include recommendations from Diversity Dialogues held over the last three years.

Partnerships are key to the work HCC does, and we represent the consumer voice at a significant number of interagency forums and networks. As Table 3.6 highlights, we participated in 96 partnership events and forms, and initiated or contributed to 22 partnership projects.

Needs Analysis work was undertaken with Next Step.

HCC provided **Policy Advice and Information** to 15 key agencies, with a total of 26 instances of meetings and advice.

SECTION 2: OUTCOME PROGRESS REPORT QUALITATIVE FEEDBACK ON OUTCOME MEASURES

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

4 Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.

4.1 The extent to which health consumers were supported to effectively manage their own experience whilst utilising the Western Australian health care system.

People who were assisted by an Advocate in the first three months of this contract period were contacted after their case had been closed and were asked a series of questions about how they had experienced the advocacy service. A full report is contained in Appendix 2.

5 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.

5.1 The extent to which 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.

Two Health Rights and Responsibilities information sessions were run for women who attend Save the Children playgroups with their pre-school aged children. The sessions cover consumer rights and responsibilities, and discusses the use of interpreters and how to ask questions so you understand what you are consenting to. Feedback received was positive and given in the form of verbal comments translated by interpreters (Karen, Dari, Swahili and Urdu). An evaluation form was completed as a group for the second session, a copy is attached.

6 Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

6.1 The extent to which health consumers were appropriately referred to other agencies to meet their needs.

14 of the advocacy clients noted that their advocate had greatly improved their knowledge of the services that could assist them. Another noted some improvement, and the other 10 surveyed clients marked this as not applicable. See the report in Appendix 2 for further details.

SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT

7 Health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system

7.1 The extent to which health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system.

In this reporting period, HCC developed a new reporting tool for CAC members to report on what has happened in their service which references Standard Two.

HCC also ran consumer representative skills workshops, where 96% of participants agreed or strongly agreed that their skills had improved on attendance. In response to “What three things will you take away from the workshop?” answers included:

- *Made some new contacts, learned more about where to go for the information I need*
- *Networks, definition of role, broadness of Health*
- *1) the type of role 2) expectation 3) Duty of the role*
- *What HCC stands for, roles & responsibilities of a Consumer Representative, where HCC has a function in health governance*
- *Knowledge, information, human interaction*
- *That I could indeed do this, that there is support, that there is further education at HCC*
- *Very informative - clear presentation - good setting -> Group*

In answer to the question, “what three things will you do differently after the workshop, responses included:

- *Apply the workshop skills and re-read the brochures*
- *do research, listen to what is said and write it down, build up my confidence*

People who are placed as consumer representatives by the HCC are provided with the opportunity to attend Consumer Representative Network Meetings held at the HCC. They are also kept informed of other relevant activities such as focus groups and opportunities to provide consumer comment, as are those who are not placed by the organisation. Information about activities, networks and other opportunities is imparted via HCC’s eNews and Facebook page as well as our website all of which have a wide distribution and readership in excess of 1000 members and subscribers.

For future reports HCC will gather data from this cohort to further demonstrate achievement of this outcome.

8 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.

8.1 The extent to which 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.

A variety of methodologies are used to support the Department of Health and Area Health Services in these areas; they include:

- Providing workshops on how to engage with consumers
- Providing workshops on supporting cultural diversity in health care
- Facilitating discussions and brainstorming sessions on topics such as how to gain feedback
- Providing workshops on partnering with consumers
- Providing information sessions re the National Standards
- Attending meetings with consumer reps and staff to assist with successful engagement between the two
- Providing Diversity Dialogue forums to provide connections and improve knowledge and awareness re engaging with and providing equitable services to CaLD community members

In relation to the Supporting Cultural Diversity in Health Care workshops, 85% of attendees either agreed or strongly agreed that their knowledge and skills had improved through attending the workshop. Feedback from service providers on what three things they would do differently after the workshop, responses included:

- 1) *understanding* 2) *learn to respect* 3) *the different of culture*
- 1) *Think/Observe* 2) *Apply sensitivity* 3) *Respect*
- 1) *Listen.* 2) *Acceptant of different cultures.* 3) *Be more understanding.*
- 1) *Listen more* 2) *be more understanding of cultural issues*
- 1) *More aware of people's culture*
- 1) *To understand we are all different.*
- 1) *Being aware of different cultural differences*

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

9.1 The extent to which the Department of Health and Area Health Services are informed on emerging trends and issues affecting health consumers.

- In the aftermath of WA's most significant hospital building program, and the major reforms in health care, HCC aims to increase effective community input into what services are delivered through mechanisms such as the Clinical Services Framework, as overwhelmingly these decisions are made with service input only.
- Aboriginal health inequalities continue to be a high priority for HCC, and in the wake of the loss of our Federally funded Aboriginal Advocacy Program, we are working to develop new service models to attract new funding. We still have an Aboriginal Advocate funded under this contract, and have convened an Aboriginal Reference Group, whose Chair sits on our Board. We are actively seeking partnerships, especially with the Aboriginal Health Council of WA, and also funding to better support Aboriginal health consumers.
- Working with Culturally and Linguistically Diverse populations is also a key challenge for equity in health services. For example, the use of interpreters is an ongoing area of concern, they are often not used at all or used inadequately leading to lack of informed consent and potentially, serious consumer safety issues. The lack of information provision in languages other than English and/or in pictorial form as well as the lack of use of universal signage are areas of concern which have been raised with Department staff.
- Women's health continues to be underfunded and significant uncertainty in funding is affecting the services being delivered. Men's health has no overarching policy to guide it. Further consumer engagement in both these sectors has significant potential to enhance service planning.
- The not for profit sector needs to demonstrate consumer engagement in the design, delivery and review of their services. HCC is planning to contribute to sector development in this area e.g. through membership of the Partnership Forum and development in partnership with key agencies, relevant training.

ADDITIONAL INFORMATION AND FEEDBACK FOR SERVICE ONE AND TWO

10 ADDITIONAL FEEDBACK IMPACTING ON SERVICE DELIVERY

10.1 Were there any factors that affected delivery of the service during the reporting period (ie. contributed to the success or limited success).

More agencies are recruiting their own consumer representatives which has a direct impact on the number of consumer representatives placed by the HCC. Most of the consumer representative position requests HCC does receive are for high level roles which can be more challenging to fill as many people do not feel confident and adequately skilled to participate at this level. There is a concern too that as most meetings are held during office hours, potential consumer representatives who have work, study and family responsibilities are unable to attend. It would be of value if meeting times could be revised to accommodate such pre-existing commitments and therefore, potentially, allow for more diverse demographics to participate.

10.2 Are there any emerging trends or issues that will impact on the delivery of your service in the next reporting period – what do you expect that impact to be and what strategies will be put in place to respond (not seeking information on general community issues just those that affect your service delivery).

A key challenge in the consumer engagement space is the current reform in WA Health services with the devolving of responsibility to the Area Health Services in order to achieve WA Health objectives, including consumer engagement. This will lead to an increase in demand from the Area Health Services for HCC services which cannot be accommodated in the contracted hours. We will therefore on occasions be providing fee for service training and workshops where our contracted work has already been undertaken in a reporting period, to ensure the sustainability of HCC.

10.3 Has there been any change (or do you anticipate any) to the service model (including the Key Elements and Service Activities) that your organisation submitted in the Offer to the Department of Health?

X Yes

No

We are still working with the evolving consumer engagement environment and investigating new technologies to increase the diversity and range of consumers and community members who provide feedback to WA Health and other stakeholders.

Patient Experience Week was held for the first time on 28 and 29 April 2016. There were 148 people registered for the two days; 71 health professionals and 77 consumer members. This was the first time that HCC had run this event and it was a significant expense of time and money. While it was not purchased by WA Health it was felt important to include mention of it in this report. The event is planned again for 2017, dependant on funding. See a separate report on the event.

Your Contract Manager will be in contact with you to discuss any changes.

SECTION 3: DISCLOSURE REQUIREMENTS – INSURANCE

As part of the funding arrangements, organisations are required to confirm they have the required insurances in place as specified in the Service Agreement Details. Services are required to complete the following table to confirm that their organisation is complying with this requirement and have the relevant insurances in place.

Please refer to the insurance provisions (including limitations) in your Service Agreement document.

Insurance Type:	Insurer	ABN	Policy No.	Insured Amount	Expiry Date	Exclusions (if any)
1. Public Liability Insurance	CGU Insurance	27004478371	15T0888 953	20 Mil	30/11/16	N/A
2. Professional Indemnity	Vero Insurance	48005297807	LPP0101 14264	20 Mil	30/11/16	An act, error or omission of a Medical Practitioner, Midwife or Dentist in their capacity as an employee Molestation, mental or physical abuse or acts of indecency Medical Treatment arising from failure to provide medical diagnosis, treatment or supplying medication that breaches any federal health or medical laws
3. Workers' Compensation including common law liability of \$50 million	QBE Insurance	000157899	1PE1798 035GWC	50 Mil	30/11/16	Acts of terrorism
4. Personal Accident Insurance for Volunteers	Accident & Health International	26053335952	0020742	1 Mil	30/11/16	
5. Motor Vehicle Third Party Liability.	RAC Insurance	59094685882	MGP312 813113	\$13,200	9/2/17	
6. Other <i>[Please include additional insurances if relevant to provision of this service]</i>						

END OF REPORT