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

SERVICE DELIVERY DATA REPORT

HEALTH CONSUMER SUPPORT SERVICE

Reporting period:

Year: **2016**

X July to December

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: 24

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:

Closed for all WA public holidays, including the Queens Birthday 26/09/16. Office closed 16/12/16 and reopened 3/1/17

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 X 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	189
Male	137
Unknown	7
TOTAL ***(Total of all tables in 2.1 should be the same)***	**333**

b) Age

Age	Number
Under 20 years	17
20-29 years	25
30-39 years	62
40-49 years	58
50-59 years	65
60 years and over	80
Unknown	26
TOTAL ***(Total of all tables in 2.1 should be the same)***	**333**

c) Ethnicity

Ethnicity	Number
Aboriginal/ Torres Strait Islander	28
Culturally and Linguistically Diverse Background 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.	46
Other **This includes Australian born** (not Aboriginal/Torres Strait Islander**) and other main English speaking countries** (Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA)	194
Unknown	65
TOTAL ***(Total of all tables in 2.1 should be the same)***	**333**

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	170
Private Health	14
Public Mental Health	143
Private Mental Health	6
Unknown	0
TOTAL	**333**

b) Geographical Location

Location	Number
Perth Metropolitan Area	320
Rural, Regional and Remote Western Australia	13
Unknown	0
TOTAL	**333**

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	27
Health - Rights	28
Health – Disputes Diagnosis/ Treatment	89
Health – Access Denied	33
Mental Health - Costs	3
Mental Health - Rights	58
Mental Health – Disputes Diagnosis/ Treatment	35
Mental Health – Access Denied	32
Other – *please categorise*	28
TOTAL	**333**

3. SERVICES PROVIDED

KEY ELEMENT 1 – Individual Support

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

Yes X 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	779
Home Visiting	N/A
Online Support	N/A
Face to Face	170
Formal Referral/Active Linkages	51
TOTAL	**1000**

KEY ELEMENT 2 – Information and Linkages

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

Yes X 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	405
Active linkages for non-users of the service	223
TOTAL	**628**

KEY ELEMENT 3 – Community Education

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

Yes X 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 No Attending
Workshops/Training		
Community Activities (e.g. promotional stalls at fairs and festivals)		
Cancer Survivorship – Community Conversation in Partnership with Cancer Council WA and Carers WA (24/8/16)	1	75
Fremantle Women's Health & Wellbeing Day (17/10/16)	1	48
Mirrabooka Health & Wellbeing Day for Women & Children (18/11/16)	1	35
Positive Aging Expo Armadale (3/11/16)	1	52
Rockingham Seniors & Carers Expo (7/10/16)	1	72
Self Help & Support Groups National Awareness Day (23/9/16)	1	34
Your Health Matters – Health Forum for Seniors	1	28
Cultural Engagement		
Aboriginal Reference Group	5	15
Health rights and responsibilities for CaLD– information session – Meerilinga - Beechboro	1	11
Health rights and responsibilities for CaLD– information session – Koondoola Integrated Services Centre	1	15
Other – *please categorise*		
Health Hack 16/10/16 –Curtin University event – software building teams work on problems that have been submitted by Problem Owners - typically medical researchers, medical organisations, hospitals or government— but they could come from anyone who has a health-related problem they want to solve.	1	120
TOTAL	**15**	**505**

KEY ELEMENT 4 – Interagency Collaboration

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

Yes X 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	
AHCWA – Aboriginal Patient Journey & Medication Safety	2 meetings
CaLD Patient Experience Project (CaLD PEP) - Reference Group meeting 11/11/16 – newly established group, 1 meeting only held to date	1 meeting
Diversity Café Planning Committee – DoH- Cultural Diversity Unit	3 meetings
Fiona Stanley Hospital (FSH) Outreach with Aboriginal Liaison Office	Fortnightly
Patient First Project – WA Health, HCC, Carers WA Partnership	6 meetings
Refugee and Humanitarian Entrant Health Research Alliance (RAHERA)	2 meetings
Number of relevant interagency forums or networks participated with	
Allies in Change 30/8/16	1 meeting
Australian Digital Health Agency Consumer Forum 24/11/16	1 meeting
Family and Domestic Violence Priority Setting Forum 25/10/16 – WA Health Translation Network,	1 Forum
FGM Interagency Group	1 meeting
Helping Minds 6/12/16	1 meeting
Mental Health Consumer Engagement Framework 1 and 22/12/16	2 meetings
Multicultural Advisory Forum 13/10/16	1 meeting
Multicultural Consultative Forum - Dept Human Services	1 meeting
New and Emerging Communities – Equal Opportunity Commission	1 meeting
North Metro Public Health - Food Coalition	2 meetings
Partnership Forum Co-design reference group 1/8/16, 21/9/16, 6/12/16, Funding and Contracting Working Group 4/11/16	3 meetings
WA Not for Profit Peaks Forum 7/11/16, 15/12/16	2 meetings
WARHAC – WA Refugee Health Advisory Committee	1 meeting
WNHS Community Women's Health Services - Stakeholder Group	2 meetings
Other	
TOTAL	**45**

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 X 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		
Consumer Representative Introductory Skills Workshop (4 hours) (6/7,22/7,14/10)	3	26
Preparing for Consumer Representation (4 hours) (15/11/16)	1	11
Consumer Representatives – Capacity Building Source Educational on-line resource **invitation only closed group**	1	11
CAC Chairs Roundtable 26/7/16, 23/9/16, 25/11/16	3	25
Press Ganey guest presentation as part of CAC Chairs Roundtable	1	7
Diversity Dialogues Forum – Effective mental health practices when working cross-culturally - Fremantle Hospital (27/7/16) – aimed at educating staff, consumer reps and CAC members	1	30
Supporting Cultural Diversity in Healthcare workshop – aimed at healthcare staff, consumer reps and CAC members	2	14
Seminars/Presentations		
Aged Care Complaints Commission Conference – The Quality Experience – Session 2B Hearing the voice of the people.	1 session chaired	70
Connect Groups National Awareness Day, panel discussion 21/9/16	1	120
OMI request – Presentation - Interpreters in Healthcare 16/9/16	1	22
Palliative Care Conference 30/11/16, chairing concurrent session	1	55
Community Activities (e.g. promotional stalls at fairs and festivals)		
Cultural Engagement		
Engaging people from CaLD and Aboriginal backgrounds to participate as panel members for Diversity Dialogues forums, Aboriginal Consumer & Community Engagement 21/9/16, 10/11/16	1	2 sessions
TOTAL	**17**	**393**

KEY ELEMENT 4 – Interagency Collaboration

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

Yes X 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	
Advocacy Network Meeting 31/8/16	1 meeting
Alcohol & Other Drugs (AOD) Project	6 meetings
Healthcare Summit Steering Committee 5/8/16	2 meetings
WA Health Translation Network (WAHTN) 12/8/16, 5/9/16, 21/9/16, 7/11/16, 15/11/16, 21/11/16	6 meetings
WA Primary Health Alliance (WAPHA) Position Papers	1 meeting
Number of relevant interagency forums or networks participated with	
Aboriginal Alcohol and Drug Service, Daniel Morrison CEO 19/10/16	1 meeting
Accommodation & Support Strategy 31/8/16	1 meeting
Australian Digital Health 27/7/16, 28/7/16	2 forums
Cancer Council Reconciliation Action Plan Launch 14/11/16	1 forum
Centre for Stories Northbridge 12/8/16	1 meeting
Consumer & Carer Reference Group (CCRG) Meeting 11/10/16	1 meeting
Consumers of Mental Health WA 2/8/16	1 meeting
Diversity Café 12/7/16, 20/9/16 – DoH Cultural Diversity Unit – planning group for Diversity Café	2 meetings
Ethnic Disabilities Advocacy Centre 12/10/16	1 meeting
Health Networks Leadership Form	1 meeting
Indigenous InfoNet 17/8/16 Consultation	1 consultation
KEMH Community Women's Health Services Stakeholder Group Meeting 21/9/16 – newly established group – Women's and Newborn Health	2 meetings
Launch of Bowel & Bladder Health 26/10/16	1 meeting
Medical Research Future Fund Meeting 25/7/16	1 meeting
Metropolitan Migrant Resource Centre – meeting with Florence Muvandi re potential partnership activities - 7/9/16	1 meeting
PMH CAC 21/11/16	1 meeting
Royal Perth Hospital Standard 2 Meeting 8/8/16, 14/11/16	2 meetings
Telethon Kids Institute - Early Pregnancy Information: Mobile App Development Stakeholder Meeting 24/11/16	1 meeting
UWA Faculty of Medicine, Dentistry & Health Sciences 1/12/16	1 meeting

WA Audit of Surgical Mortality (WAASM) Futile Care & End of Life Matters attendance at seminar 15/11/16	1 forum
WA Vaccine Safety Advisory Group 9/11/16	1 meeting
Wheatbelt Regional Aboriginal Health Planning Forum 13/12/16	1 meeting
Youth Mental Health Reference Group 30/8/16, 26/10/16	2 meetings
TOTAL	**44**

3.7 Number of policy and information activities

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)		
Busselton Health Service Consumer Advisory Committee Education Session (2 hours)	2 meetings	1
Busselton Health Service Health Staff education on Partnering with Consumers (2 hours)	2 meetings	1
King Edward Memorial Hospital Women's and Newborn Health Service – Consumer Advisory Committee and Chairs capacity building session (4 hours)	3 meetings	1
WAPHA - Learne Durrington	10 meetings (fortnightly)	110 meetings
TOTAL	**17**	**4**

3.8 Mechanism for Provision of Advice and Information

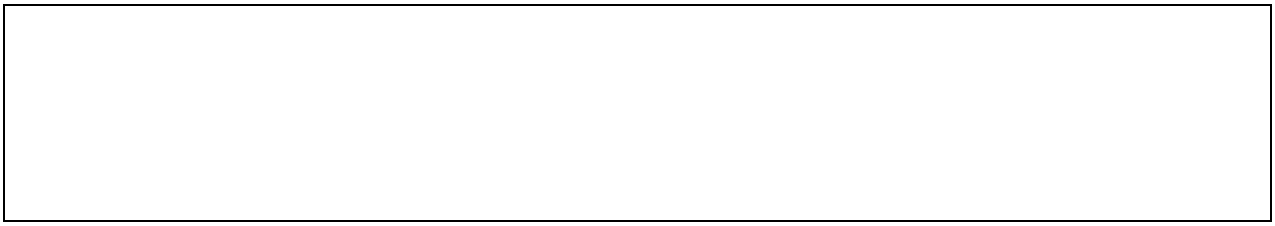
Mechanism for Provision of Advice and Information (through)	Number of Activities	Number of Instances
Consumer Representation* (HCC appointed) participation on Department committee or forum	7	
• *Cancer Expert Advisory Group*		3
• *WA Health ICT Consumer Reference Group*		3
• *Clinical Senate Executive Advisory Group*		7
• *State Oral Health Advisory Group*		2
• *Pregnancy and Early Childhood Oral Health Advisory Group*		1
• *WA Cancer and Palliative Care Network - End of Life Care Framework*		3
• *Compassionate Care Project*		1
Participation on (other) committees or forums whose purpose is aligned with the Department's strategic priorities		
Patient Experience Advisory Group – links to WA Health Compassionate Care, Clinical Senate Recommendations from December 2015 debate	1	6
Aboriginal Patient Journey Working Group, Medicines Safety	1	3
Formal or documented responses to policy issues aligned with the Department's strategic priorities *WA Health Consumer Engagement Framework (also links to Clinical Senate December 2015 Debate)*	1	1
Meetings with (Department's) Minister, Ministerial staff and/or Department staff *Meeting with Minister for Health, 4th August 2016*	1	1
TOTAL	**11**	**31**

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	
Gail Milner Catch-up meeting (26/7/16)	1 meeting
Health Reform Briefing 31/8/16	1 meeting
Compassionate Care Project 1/12/16	1 meeting
Office of the Chief Psychiatrist 20/7/16, 28/10/16, 23/12/16	3 meetings
State Oral Health (26/8/16) Pregnancy & Early Childhood Oral Health Working Group (26/7/16)	2 meetings
Extraordinary HIV Case Management Panel 29/8/16	1 meeting
East Metropolitan Area Health Service	
EMHS Consumer Engagement 5/8/16, 31/8/16, 27/10/16	3 meetings
North Metropolitan Area Health Service	
NMHS Consumer Engagement 13/9/16, 21/9/16	1 meetings
NMHS Consumer Advisory Group 9/8/16	1 facilitated session
South Metro Area Health Service	
Meeting with Chair 7/9/2016	1 meeting
Child and Adolescent Health Service	
Board Presentation on Consumer Engagement 8/12/2016	1 presentation
State Government (other agency)	
Partnership Forum of WA (state intergovernmental forum) Consumer Advocate	4 meetings
Service (self-initiated)	
National Palliative Care Strategy 25/7/16	1 Forum
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)*



SECTION 2: OUTCOME PROGRESS REPORT
QUALITATIVE FEEDBACK ON OUTCOME MEASURES

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

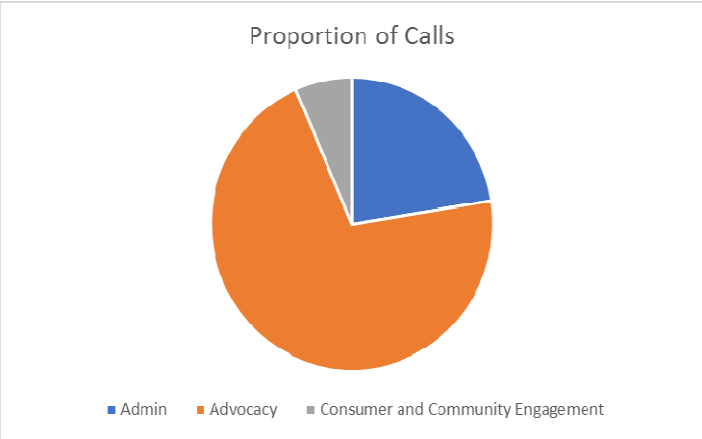
4 Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.

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

SERVICE ONE

Information and linkages

Through phone calls, emails and social media enquiries, HCC has provided wayfinding information to 405 people, and referred out 223 people who had contacted HCC looking for a specific service offered elsewhere. A total of 628 people in the reporting period, or over 100 per month. As the chart indicates below, HCC's phone calls primarily relate to providing advocacy support, as each individual case may involve many phone calls.



Individual Advocacy

HCC's Individual Advocacy service continues to be an important strategy to ensure equitable access to health services and health complaints processes, as well as to support people to better navigate their own health experience.

Of the 333 people who were supported by to our Advocacy service, 51 were referred on to other agencies who specialised in the area they were seeking help.

Case studies from the reporting period are included below to illustrate how HCC's individual advocacy services achieves this for WA health consumers.

ADVOCACY CASE STUDIES

COMPLEX CASES

Seeking support to have DNR (Do Not Resuscitate) order reinstated after father reversed it against consumer and rest of family's wishes

HCC received an email from the relative of J, a 28-year old diabetic who suffered from a cardiac and respiratory arrest in March 2016. He was found by his father and admitted to a tertiary hospital, and is now in rehabilitation in another tertiary hospital. His diabetes had been poorly managed in part due to drug dependence. He had significant invasive surgery after he was admitted to hospital, as he had significant necrosis in his internal organs.

At a meeting, the consumer had expressed he did not want to be resuscitated, or put on life support. The meeting was attended by the Palliative care team, Head of Intensive Care, Surgical, Respiratory and the War as well as key family members-his father, mother, older brother. The father later had a change of heart and the family sought assistance to negotiate with the health service and family members to have the DNR reinstated.

HCC attended a meeting where it was clearly established that although J may not be communicative at times and may appear to lack capacity to make decisions he is quite aware of what it means not to be resuscitated and is clear that although he wants to live, he does not wish to be revived again at the risk of sustaining further brain damage. Both parents agreed that they did not want J to die but at the same time they wanted to respect his wishes and clearly he does not want to be resuscitated. The parents agreed a new strategy to respect J's wishes.

WORKING WITH OTHER AGENCIES

A consumer rang the HCC because she felt she was being pressured by staff at a government run hospital to take psychiatric medications she doesn't want to take. She said she had relevant documentation and arranged to meet with a HCC advocate a few days later. She did not attend the scheduled meeting and rang a day later and said she had been detained involuntarily and medicated against her will. The HCC advocate called the Mental Health Advocacy Service who will act for her and inform the HCC advocate when the consumer becomes a voluntary patient.

ASSISTING WITH ACCESS TO MEDICAL RECORDS

A consumer's relative rang on behalf of his 69-year-old cousin who had undergone relatively routine surgery at one of Perth's tertiary hospital for bowel cancer. The operation was considered 100% successful but after what was meant to be two weeks' recovery, the patient was in and out of hospital for a further two months. After re-presenting at a different major tertiary hospital it was found that he had suffered spinal injury and bed sores. Both hospitals are reluctant to talk about the problem. The consumer has lost the use of his legs and bowels since the surgery and his family are concerned about what will happen when he is discharged as he likely will not be able to live alone. The family sought assistance from the HCC Advocacy Service to obtain medical records and pursue a complaints process.

SUPPORT AT THE STATE ADMINISTRATIVE TRIBUNAL

Decision Making Capacity

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 capable of making 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 being under the auspices of the public trustee.

Outcomes of HCC's Individual Support Service

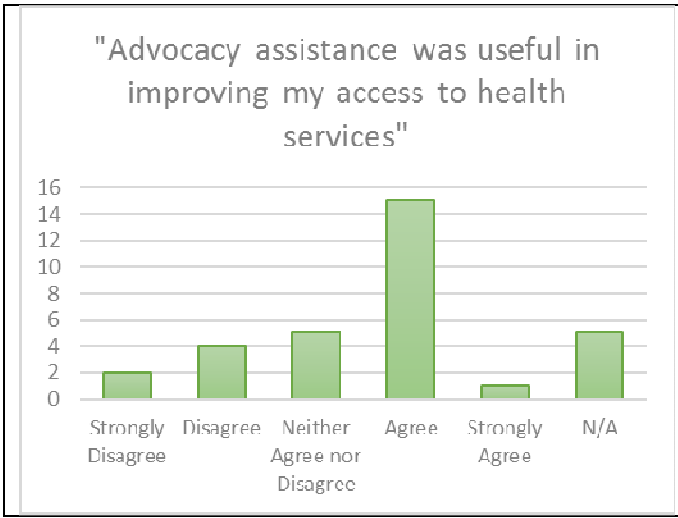
With the assistance of the University of Western Australia's McCusker Centre for Citizenship student intern placements, HCC has continued to develop its outcomes reporting for our individual advocacy service. A report for the first six months of 2016 is now available, and work is in progress to keep HCC's outcomes reporting up to date. Feedback indicates that undertaking a survey at the time of closing an advocacy case would greatly assist in:

a) making it clear to consumers that at present no further action is being undertaken and

b) highlighting that as a flexible advocacy service we are able to assist people again when required.

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.

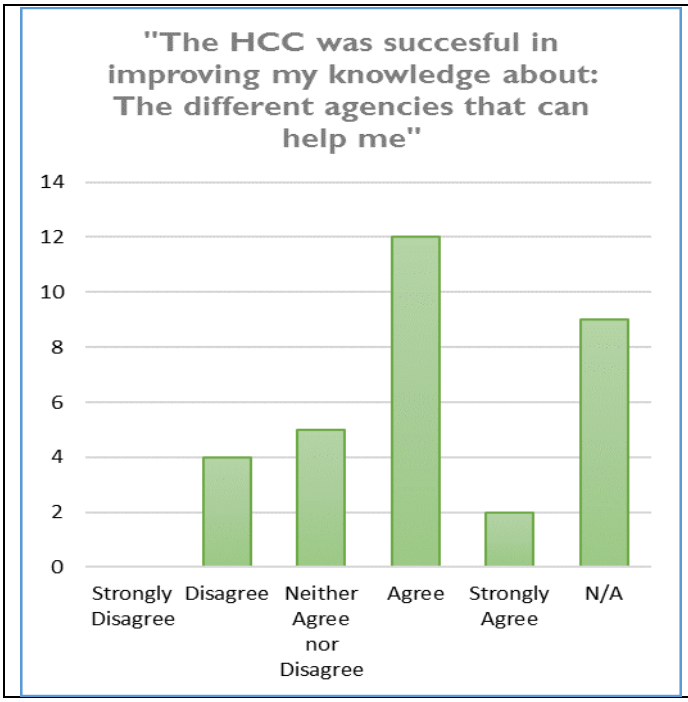


The outcomes survey indicated that consumers overwhelmingly agreed that the advocacy assistance provided improved their access to health services.

One of the comments from the outcomes survey noted that the consumer got information and assurance and managed to sort the issue out himself.

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.



The outcomes survey indicated that most people agreed or strongly agreed that the support they received from the Advocacy Service improved their knowledge of the different agencies that can support them. One person commented in the survey interview phone call, that he "was expecting to be given information, and this was received. The advocate clarified the situation - made it easier to make decisions"

LINKING TO SERVICES

A consumer rang HCC and noted that she believed her multiple medical conditions should qualify her as Totally and Permanently Disabled (TPD). She had supporting letters from her General Practitioner regarding her application for TPD however she needed to be assessed by a specialist for Centrelink and related purposes. Her difficulty was that none of her individual disabilities were sufficient for any one specialist to classify her as TPD. A HCC advocate obtained a list of General Physicians that may have been able to help her. The consumer was able to contact them and see if they could conduct an assessment that will meet her needs.

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.

Consumer Representation:

Requests for Health Consumers Council staff representation have resulted in appointments to 18 Department of Health or Ministerial committees.

Currently the HCC has 69 Consumer Representatives who are appointed to one or more health related committees.

Ongoing support is provided to new and existing consumer representatives via email communication and membership of the closed moderated community group – The Source - hosted on a Facebook platform. New Consumer Representatives are also able to participate in the quarterly Consumer Representative Network Meeting. Ongoing education for existing consumer representatives will take place in 2017 as will an enhanced approach to the content and delivery of the Consumer Representative Network meeting which is aimed to facilitate a more effective pathway for HCC to receive consumer issues. Issues raised will be assessed and collated for provision to DoH.

Enhancement of, and education to, providers on partnering with Consumer Representatives has seen two consumer representatives re-appointed to ministerial positions and five new calls for expressions of interest advertised pre-Christmas for selection in early 2017.

Workshops and Capacity Building for Consumer Representatives:

A model of education and skills capacity building and competency for Health Consumers Council nominated Consumer Representatives has been developed in conjunction with the review of the HCC Consumer Representative Policy. As a result, an additional workshop the Preparing for Consumer Representation workshop has been developed and commenced. The development of this workshop now provides 2 core pre-requisite workshops for new consumer representatives which must be completed by an individual prior to being considered for appointment to committees or working groups as a consumer representative.

26 people attended the Introductory Skills workshop. 11 of those attendees went on to next stage and attended the first Preparing for Consumer Representation workshop held in November 2016.

Consumer Advisory Committees

HCC facilitated two roundtables for Chairs of Consumer Advisory Committee's (CAC's). HCC conducted an education session at the September Chairs Roundtable meeting held at HCC included a session delivered by the CEO of Press Ganey. As many health services use Press Ganey for quality improvement including patient experience measurement CAC Chairs are often reviewing Press Ganey data, often with minimal background or context. Chairs expressed high satisfaction with the information provided due to the relevance with their role.

The November meeting was hosted by a health service site, Fiona Stanley Hospital and chaired by the CAC Chair. Hosting of the Roundtable at a health service site is a new feature of the CAC Roundtable. The aim of this approach is to provide an opportunity for sharing of best

practice, on the ground. THE CCE Program also provided orientation and capacity building sessions to Sir Charles Gairdner and King Edward Memorial Hospitals Consumer Advisory Committees. 100% of feedback from participants agreed that they identified ways to build on their current skills and knowledge and that after attending the session they felt better equipped to engage and work effectively in their role.

Community Consultations

Consumers from the community have had the opportunity to provide their perspective and learn about health topics in association with research initiatives that HCC have advertised on the HCC website. Topics were dementia care, prostate cancer, neurological conditions, the role of exercise in cancer care and end of life care.

Consumers also participated in two WA consultation forums run by the Australian Digital Health Agency in association with the National Digital Health Strategy. HCC organised consumer attendees and provided the venue for one of the consultations.

Culturally and Linguistically Diverse Communities (CaLD)

Two Health Rights and Responsibilities information sessions for CaLD community members were held. These sessions provide people with basic information and are delivered with support from a highly pictorial power point to assist those with little or no English. One group consisted of Karen women from Burma, an interpreter was provided, the other group consisted of people from a variety of cultural backgrounds, no interpreter was provided.

At times providers have access to interpreters, at times there is no interpreter support which can make effective delivery difficult and doubtful. There are also other considerations regarding providing information to CaLD community members, these include but are not limited to whether they arrived as refugees, their understanding of 'Western' systems and methodologies, their level of English and whether or not they have previously had access to formal education.

These information sessions focus on the basic rights and responsibilities and are not complex in order to assist concept development and to acknowledge that the heath system here is vastly different from those in many other parts of the world. Those differences in themselves can make accessing services hugely challenging.

A pictorial evaluation was provided for each session, people indicated their response to questions via a show of hands or ticking their choice of response. This information has been scanned and saved and is available on request. Overall results indicate that people gained knowledge from their attendance and felt more confident about accessing healthcare services.

The rights and responsibilities session delivered to retirees was more interactive and included asking questions as well as opportunities for discussion. It also included the use of printed matter. Overall comments demonstrate that people felt more confident about accessing the health system.

Refugee and Humanitarian Entrant Health Research Alliance (RAHERA)

In the latter half of 2016 the Refugee and Humanitarian Entrant Health Research Alliance (RAHERA) was initiated by the Consumer and Community Engagement Program. Group members consist of academics, medical practitioners, community members, government employees (e.g. Department of Human Services, Cultural Diversity Unit at Department of Health) and staff from various NGOs. The purpose is to:

- Undertake research into the health care needs and experiences of people from CaLD/new and emerging communities to promote and encourage their perspectives and ensure their needs are made known to providers and funding bodies
- Encourage greater communication and interaction across professions and communities
- Assist in the development of networks
- Support and encourage equity in health service delivery

- Provide a consumer voice for vulnerable members of WA's population
- Provide feedback to the Department and Area Health Services

Two meetings have been held and were well attended by a mix of people from the above areas. Currently the TOR are being finalised, four meetings are scheduled to held in 2017.

One of the functions of the Refugee and Humanitarian Entrant Health Research Alliance (RAHERA) will be to act as a conduit to channel information between new and emerging communities and the Department. Please see attached document for further information.

The Manager of the CCE Program sits on committees which have a focus on CaLD and new and emerging communities. Her role is to provide information, advice and specific suggestions regarding working and engaging with people from the above populations and to assist with gaining input from people in those cohorts. In order to ensure information is up to date she will recruit people who work with communities or who are community members e.g. a staff member from Koondoola Integrated Services Centre now sits on the Food Security Committee (NMHS), Diversity Dialogues Forums are made up of community members and people who work closely with communities, the panel for the Forum held at Fremantle Hospital consisted of an Aboriginal woman, a man originally from Ethiopia and a professor vastly experienced in counselling, particularly in the area of PTSD in refugee populations. Those who attend the forums are able to network with panel members as well as fellow health care staff and thus develop links to assist with policy development, delivery and review of services.

Health Service Provider Boards

HCC's Executive Director has worked closely with the new Boards, in particular North, South and East Metropolitan Health Services. Engagement started with meetings with all Chairs and has progressed to different strategies to support the HSPs in consumer engagement activities. For example, East Metropolitan Health Service and HCC are working on a partnership project to support their development of consumer engagement strategies. HCC is currently involved in the North Metropolitan Health Service review of their Consumer Advisory Committees. Child and Adolescent Health Service Board requested a presentation on consumer engagement.

Patient First Project

HCC has been partnering with WA Health's Quality Improvement and Change Management Unit and Carers WA to implement the Patient First project. Specifically HCC has:

- Provided Consumer perspectives to the new documentation
- Developed the education tool for delivery by HCC the pilot site CAC members and WA health staff
- Initiated an evaluation strategy for the pilot sites
- Prepared for conducting education sessions after pilot site evaluation and rollout across WA/WAC Health Services.

WA Health's *You Matter: Engaging with Consumers, Carers, Community and Clinicians in health*

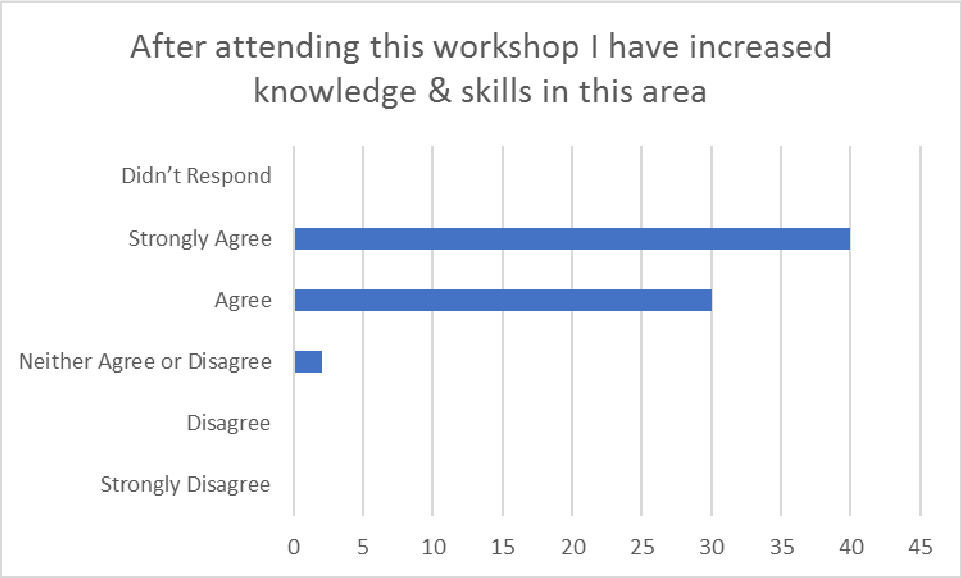
While HCC would have preferred being on the Working Group for this document, we have ensured that all opportunities to provide feedback have been maximised to ensure a positive end result.

Clinical Senate

HCC continues to service on the Clinical Senate Executive Advisory Group. For each debate, HCC is instrumental in guiding Clinical Senate staff to how to find the right person to provide the consumer presentation, if relevant, at each debate. For example, the Clinical Senate debate on Homelessness required an innovative approach to link with a well-supported consumer. HCC linked the Clinical Senate with the not for profit sector, a key provider in this space and a well-supported consumer was sourced through this means. As usual the consumer presentation set an important tone for the day and its recommendations.

Impact of HCC workshops

Evaluations across all HCC workshops noted that 94% of attendees either strongly agreed, or agreed that after attending an HCC workshop, their knowledge and skills in the area had increased.



Workshops and Capacity Building for Consumer Representatives:

Evaluations from both the Consumer Representative Introductory Skills and Preparing for Consumer Representation workshops in this reporting period indicate that 94% of attendees:

- Identified ways to build on their skills and knowledge
- Felt that resources provided were relevant and useful
- Would be better able to engage with the health system

Majority of participants were able to identify at least 3 areas that they would do differently after attending the workshop. For example, one participant said that they would undertake more community discussion on health matters, engage in systemic advocacy and be more aware of the needs of other cultures, particularly Aboriginal people, who reside in their community.

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.

HCC is committed to undertaking development work to more fully track the extent that health service providers are assisted by our services to facilitate and promote engagement with health consumers in planning, delivery and review of health service. Up until now we have been primarily focused on individual West Australians and how they experience our services.

Supporting Cultural Diversity in Healthcare Workshops

With increasing cultural diversity in WA's population it is important in terms of access and equity of health service provision that providers are made aware of the need to support cultural diversity in healthcare. This includes not only the way in which we deliver services but also the way in which we provide environments and materials that reflect cultural awareness and respond to the demographics of particular areas.

This workshop assists health care staff, consumer representatives and CAC members to develop awareness and understanding around creating a 'user friendly' environment and includes the use of materials such as the Universal Symbols in Health Care, and discussing and developing strategies to support consumer engagement and a positive consumer experience in healthcare.

Overall evaluation data reflects that over 80% of those who have attended the workshops consider they have:

- Increased their knowledge
- Identified ways to build on their skills/knowledge
- Would also recommend the workshop to others
- found the handout materials relevant and useful
- strongly agreed they had improved knowledge and skills after attending.

The workshop is free of charge and is open to health professionals as a means of developing awareness and strategies for engaging cross culturally and providing user friendly services for all.

The specifics of how health service providers changed their attitude or practice included being more mindful of other cultures, making an effort to understand, accepting consumer views of the world, thinking more about what beliefs the service provider holds about a particular culture that they're visiting to reduce stereotyping, asking questions when required, being more respectful. Other actions attendees considered included adding a multilingual language sign to the waiting room, googling the health services language policy and applying it, researching/ sourcing or developing brochures in diverse languages.

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.

Further development work on HCC's outcomes reporting is required in this area to better measure how informed health services report being. However, these are key areas where HCC has been able to support the Department of Health and Area Health Services on emerging trends and issues affecting health consumers.

Aboriginal Patient Journey

HCC's partnership with the Aboriginal Council of WA to develop an interagency Aboriginal Patient Journey Forum led to the support of the WA Medicine Safety's Advisory Group in how to tackle the problems of discharge medications for Aboriginal patients who are from rural areas and are not being discharged back to their regular health care provider.

Diversity Dialogues Forums

Via these Forums staff, consumer representatives and CAC members have the opportunity to directly engage with members of new and emerging/CaLD communities and/or those who work closely with them; thus being informed of current concerns and barriers re accessing healthcare. One ongoing area of concern is the under-use of interpreters by healthcare providers, including GPs. The Forums also provide opportunities for increasing attendees:

- knowledge and understanding of cultural perspectives re health, illness and treatment methodologies
- Access to community members
- Learning how to improve service provision to people from CaLD backgrounds
- Opportunities to implement positive change via recommendations made at the Forums

Summaries and recommendations from the forums are provided to all who attend as well as to HCC's ED who can raise them at appropriate meetings and with appropriate personnel. In this way the information gained is fed back to the Department and to Area Health Services.

Please see attached doc "Summary - Diversity Dialogues 27th July, 2016" for further information and as an example.

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).

The major WA Health Service Reform of 2016 has led to some changes and even interruptions to relationships and projects in the short term, however the new opportunities are now emerging with the Health Service Providers and the System Manager bode well for more effective engagement and supporting of cultural change by HCC activities.

Funding constraints continue to affect HCC as all NGOs, and the increasing demand of voluntary mental health consumers in our mental health wards has put some pressure on our advocacy team. HCC is continuing to work with key agencies such as the Mental Health Advocacy Service to ensure that the newly mandated availability of advocacy services to mental health consumers can be adequately supplied.

Another example of funding constraints affecting services is the lack of resources to reliably provide interpreters when delivering information sessions to people from CaLD/new and emerging communities. When interpreters are present the benefits to participants are so much greater when they're able to understand the content and know how and when to apply their rights and responsibilities.

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).

As per Item 9, the reform of the Consumer Representatives Network Meeting and the CAC Chairs Roundtable has been a strategic undertaking to provide education to enable greater understanding and commitment of CAC Chairs and Consumer Representative to act as a conduit in reporting emerging trends and issues for consumers to HCC.As part of this reform ongoing education is required of consumers and also providers. In addition, HCC will explore documenting pathways of information provision from HCC to DoH and Area Health Services for the purposes of this report.

Informally, Program staff have been told that some health care providers are not releasing staff to attend training. This has the potential to impact on the up-take of the Supporting Cultural Diversity workshop and the Diversity Dialogues Forum and to also impact on the level of cultural awareness and competence demonstrated by hospital staff. In turn this has the capacity to reduce or limit patient satisfaction and the recovery rate amongst CaLD community members.

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?

☐ Yes ☑ No

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	Berkley Insurance Australia	93004727753	2016112-0272 BIA	20 Mil	30/11/17	N/A
2. Professional Indemnity	Berkley Insurance Australia	93004727753	201612-0266 BIA	20 Mil any one claim 40 Mil in aggregate	30/11/17	An act, error or omission of a Medical Practitioner, Midwife or Dentist in their capacity as an employee 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	Zurich Australian Insurance	13000296640	262309P GWC	50 Mil Common Law	30/11/17	
4. Personal Accident Insurance for Volunteers	AFA Pty Ltd	83067084333	5575005	1 Mil	30/11/17	
5. Motor Vehicle Third Party Liability.	RAC Insurance	59094685882	MGP3128 13113	$20M	9/2/17	
6. Other Business Insurance	AIG Australia Limited	93004727753	9637274 CMB	Replacement Value	30/11/17	Management Liability, Loss or spoilage of stock, Outstanding accounts receivable, Building, Public & product liability

END OF REPORT