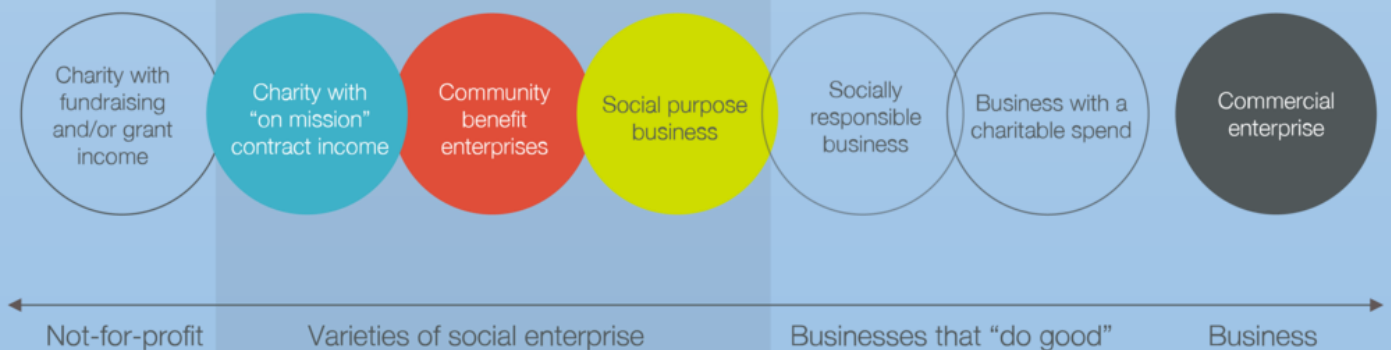


Key learnings on developing a social enterprise arm undertaking engagement consulting from the presentation by Danny Vadasz, CEO of Health Issues Centre

Health Issues Centre

6th March Presentation

Pip Brennan and Sheree Mears





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Background

The Health Consumers Council Social Enterprise Project was initiated in late 2018 with the assistance of ANSON. The objective was to inform the HCC Management Committee and Leadership on the opportunities and risks associated with developing one or more social enterprises as outlined in our Strategic Plan. The outcome of the project was a Social Enterprise Report which was tabled at the May 2019 Management Committee meeting. It outlined three options of 1) fee for service advocacy, 2) co-payment advocacy and 3) fee for service engagement.

Further research and discussion eliminated individual advocacy:

- We established that the vast majority of our advocacy clients were concession card holders and therefore unlikely to be able to afford a co-payment
- The Auditor noted that ANSON had provided HCC with a prudent report in that the income generating activities aligning with current activities. The primary omission in the current social enterprise report is how to risk manage litigation arising from the conduct of the social enterprise.
- Using a business name for advocacy carries a risk in that if the interaction doesn't go well, as can often be the case given the limitations of the health system, this would expose the assets of HCC to litigation.
- Using a business name for advocacy carries a risk in that if the interaction doesn't go well, as can often be the case given the limitations of the health system, this would expose the assets of HCC to litigation.

Fee for Service Engagement our chosen strategy:

- Undertaking engagement activities on a commercial basis does not carry these same risks and is much easier to undertake under a separate business name which would mitigate the risk of blurring contracted deliverables with the social enterprise activities.
- There is no impediment to tax status when charging a fee to clients and it won't affect HCC's health promotion charity status.
- The profits from commercial activity within HCC are to be applied to its primary purpose, i.e. providing more individual advocacy, in line with Auditor's advice.
- The Auditor recommended HCC Consulting as the best name option in case HCC ever wanted to on-sell the business.

2019-2020 Update

- It was agreed to hold off further work on our Social Enterprise until our 2019 AGM and appointment of a new Management Committee member with social enterprise experience, who also became HCC's Treasurer. The Social Enterprise Project was discussed at HCC's Finance, Audit and Risk Management Committee in November 2019 and again February 2020. The suggestion to host the Health Issues Centre CEO Danny Vadasz in Perth to discuss how his organisation has achieved an independent source income was actioned for a session on 6th March 2020. This report summarises key questions, insights and takeaways in this next phase of implementation.

Key questions still to determine

- What structure? Business name under HCC's ABN as previously suggested? Or something else?
- "Boot strap?" or loan resources to make this happen?



Summary of 6th March 2020 Social Enterprise Presentation to HCC Management Committee and Staff

Danny Vadasz from Health Issues Centre Victoria

Present

Management Committee: Mallika Macleod (Chair), Steve Walker (Treasurer), Tina Tuiria-Waldon (Member)

Staff: Pip Brennan (Executive Director), Sheree Mears (Operations Manager), Clare Mullen (Engagement Manager)

Invited

Management Committee: Richard Brightwell (Deputy Chair), Rebecca Carbone (Secretary), Danae Watkins, Rebecca Smith, Samantha Bradder, Christine Sindely, Erin Moore (Members)

Staff: Tania Harris (Aboriginal Engagement Coordinator), Nadeen Laljee-Curran (CaLD Engagement Coordinator), Rachel Seeley (Marketing and Communications)



Life beyond Service Agreements – what was explored and rejected

Approximately 6 years ago, the Health Issues Centre Victoria (HIC) operated with 100% funding from a service agreement with the Victorian Department of Health and Human Services (DHHS).

The need for independence was necessary due to the risk of losing ongoing funding. There was also pressure on the value impact, as a lot of what HIC wanted to do wasn't welcomed by the DHHS. Decisions needed to be made on what services HIC would offer and whilst consumer issues were clearly identified through engagement work undertaken by HIC, the funders were not always interested or willing to implement the findings. The pelvic mesh work was a case in point. HIC explored and rejected the following two avenues – Danny Vadasz has significant experience in all of them and put together an analysis for the Board:

1. Philanthropic Fundraising

- Appeals
- Regular giving program
- Bequest program
- Major donor

Donor programs require a very appealing with clear purpose & proposition. It is very hard to raise funds when you don't have a clear proposition or compelling story.

The same goes for *bequest* programs.

Regular giving programs are the most successful fundraising source; however, these are expensive to set up and require someone to promote regularly. They are also somewhat unscrupulous in how they can target the vulnerable

Major Donors are both individuals and business they are usually interested in projects rather than sustainability of an organisation.

2. Membership/subscription

- Individual membership
- Institutional subscription

Organisations across the sector are struggling with *individual membership* subscriptions as these are based on a value proposition and again it can be difficult to demonstrate this.

A package of benefits was developed for *intentional subscription*, although a few hundred dollars in this area was not going to be enough money to make a difference.



Life beyond Service Agreements – what was progressed – fee for service consumer engagement

The next avenue was to attempt a Social Enterprise that aligned with HIC's values across the organisation HIC developed a 3year plan to implement independent funding, and are now earning up 60% of additional income independently. So yes, the answer is, you can make money out of consumer engagement.

6/3/2020 HCC Workshop Discussion on Social Enterprise

A discussion was held which mirrored the discussions HIC undertook to develop their social enterprise, considering values, our unique value proposition and target market:

- **What you are and aren't prepared to do?**

It is important not to add to the "tick a box" consumer consultation that is already happening.

- **Who will and won't you work with?**

It's key to identify your competitors & undertake a competitor analysis. Discussion centred on commercial competitors such as Price Waterhouse Coopers, Ernst Young, Deloitte, other NGO's, Government etc. While partnerships can build on your credibility, there are also risks involved in this, such as part of the work is outsourced as often NGOs don't have the quality standards that clients expect.

- **How would you distinguish yourself from your competitors?**

It is important to remember that as a commercial enterprise undertaking consumer engagement we need to understand who is that of value to? How do we create our own brand and turn this into a monetary value?

The issue is about brand and expectation as HCC is recognised as a community-based organisation. There can be an expectation that we are "cheaper" than PWC (for example), and we clearly don't have the same level of resourcing.

An option is to manage this by establishing a different brand. *HCC Consulting* does not distinguish independently from the main organisation, which can be both positive and negative. It is a known brand to the health sector who may purchase from us, and we are valued for being able to engage inclusively. BUT we may be perceived as an NGO without the quality standards that clients expect.

FOR FURTHER DISCUSSION: Re-brand? Or HCC Consulting?



Target Market and opportunities

These are some of the opportunities that HIC have explored:

- Health Services
 - Frameworks
 - Wayfinding
 - Accreditation support (standard 2)
 - Consumer Engagement best practice – there is often lack of clarity of objectives, delivering results, advising on policy, representation and diversity to be inclusive
- Research Institution
 - Consumers throughout the research cycle
- Government
 - Policy gaps
 - Perverse outcomes to policy initiatives
- Primary Health Networks
 - Population health trends
- Colleges
 - Patient Centred Care
 - Informed consent



What do we mean by consumer engagement?

A key part of HIC developing their suite of consumer engagement services was looking at what was already happening. Engagement usually refers to involving consumers in system reform through policy, service design, quality and safety monitoring and governance.

Or it can refer to Patient Centred Care which is essentially about placing the patient at the centre of their own care pathway. It has a number of definitions which essentially revolve around “respect for and responsiveness to individual patient preferences”.

Writing submissions took up significant bandwidth but had questionable impact. These type of activities were reduced in favour of undertaking real partnership activities.

Consumer Representatives

A true participatory model should embrace diversity, the vulnerable and the seldom heard so that they too may influence outcomes.

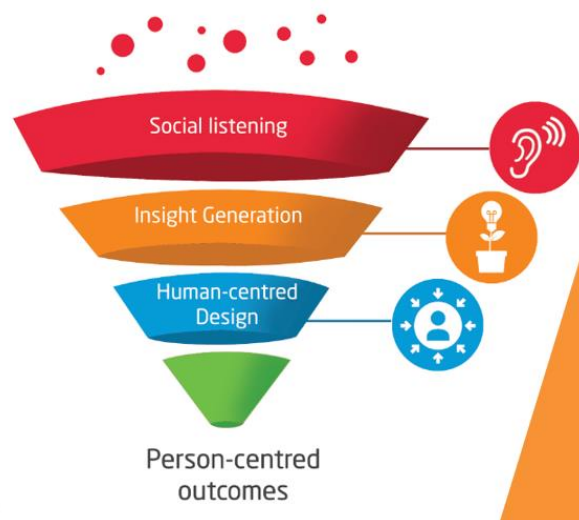
The key selection criteria for Consumer Representatives is lived experience, plus being health literate, having “Insider” knowledge, governance knowledge, being articulate, diplomatic, accessible, self-confident, determined, resilient.

While HIC spent time training consumer representatives, recent research identified it was usually the same groups of people attending:

- 67% Women
- 71% Tertiary Qualified
- 60% Former Health/Welfare Or Education Staff
- 70% Retirees
- 82% Over 55yrs

A different model was needed based on inclusive participation. So, HIC developed a model of consumer representation based on consumer driven outcomes:

1. Social listening – listen to everyone, there are many ways to communication and this shouldn't be limited
2. Insight generation – once you gather the data you have to separate the signal from the noise
3. Human-centred design – the consumers get to identify the problems to start with. Not the system problems.





What is social listening?

What is social listening?
The art of finding what you're not looking for

IT IS	IT ISN'T
Social Media	Forums
Interceptions	Submissions
Consumer generated surveys	Patient Experience Surveys
Table talk	Focus Groups
Community Proxies	Health Professionals

Social Media NOT Forums - Social Media uses algorithms to create target groups through social media. This is more effective than hosting forums which is more restrictive.

Interceptions

Interceptions NOT Submissions - Interceptions is getting out on the street interviewing people, the kind of people who may never attend a Consumer Advisory Council meeting or forum of any kind.

Consumer Generated Surveys

Consumer generated surveys NOT Patient Experience Surveys

Suggesting not to use surveys as the answers you get will only be from the questions you ask.

Table Talk

Table talk NOT Focus Groups - Suggesting that focus groups attract the same people, you go to people not wait for them to come to you.

Community Proxies

Community proxies NOT Health Professionals - Engage with community proxies rather than health professionals, they can be carers, consumers or hairdressers



Insight Generation

This is where the value proposition emerges and has been applied to a number of processes;

Searchlight – emerging issues, non-presenting issues. You can identify emerging issues that aren't already on the radar for example, mesh implants

Stress Testing – policy/service gaps, unintended outcomes. Sometimes the best policies or services or intentions have bad outcomes, and social listening can help identify these.

Social Context – social, economic and environmental determinates. These are the greatest influences on community health and wellbeing

Human Centred Design

The process of developing solutions to consumer designed problems, NOT those that are generated by “the system”



When you change the perspective, the world looks different.

If you redefine the problem - you redefine the intervention



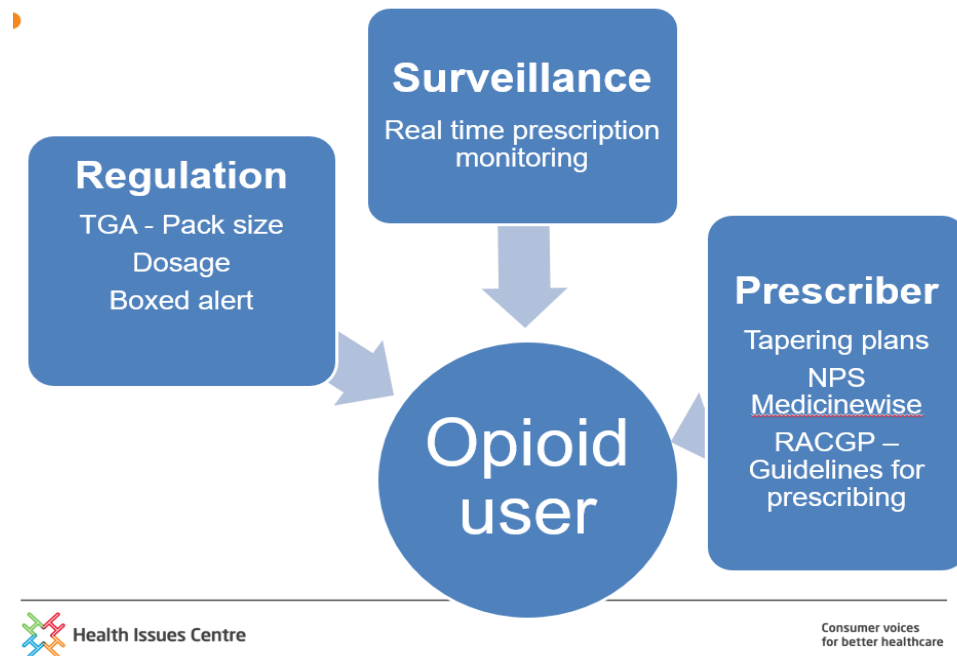
EXAMPLE 1

Issue: Opioid use with government intervention – a government designed solution to a government identified issue, with no genuine consumer input:

Treatment 1 – regulation by the TGA (box size, dosage, warning on pack)

Treatment 2 – pharma surveillance (real time monitoring)

Treatment 3 – prescriber (tapering plans, guidelines)



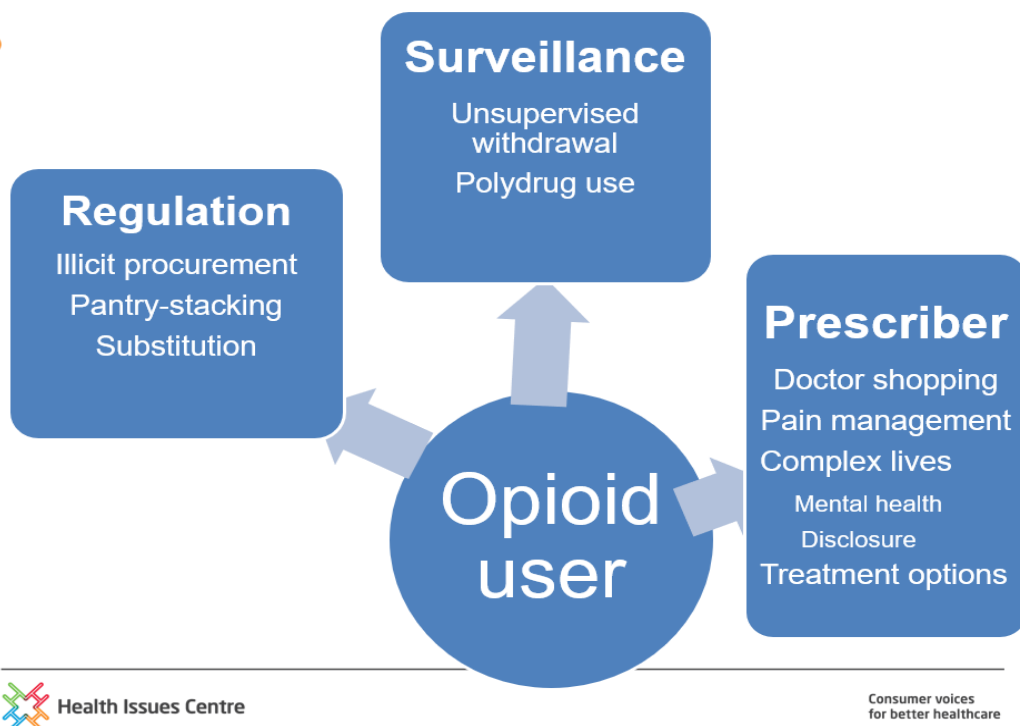


Opioid use from a consumer perspective – unintended consequence of these interventions:

Treatment 1 – regulation by consumer (illicit procurement, pantry stacking, substitute)

Treatment 2 –surveillance (unsupervised withdrawal, polydrug use)

Treatment 3 – prescriber (Dr shopping, pain management, complex lives, treatment options)



Noting:

44% of users have a concurrent addictions, (mental health & disclosure) there is only 1x Benzodiazepine treatment centre in Australia while over 40,000 prescriptions were dispersed last year.



Bringing everyday consumers into the room

HIC went to the streets of Melbourne with a camera and got consumers to voice their opinion on certain issues. These shorter interactions can really ground conversations, but without creating expectations in consumers who participate that things will actually change – as there's no ongoing commitment.

Example 1: A shared understanding requires a shared language

<https://www.youtube.com/watch?v=8mRoLI8uLjI>

These videos on palliative care and Advanced Care Planning clearly highlight that the general public and the health system don't have a shared language or understanding of the issues. Only 50% of consumers knew what Palliative Care was and only one consumer knew what Advance Care Planning was.

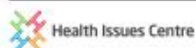
Bringing everyday consumers into the room

<https://www.youtube.com/watch?v=aishLN5gClc>



https://www.youtube.com/watch?v=KPY_6aOLOgo

<https://www.youtube.com/watch?v=8mRoLI8uLjI>



Consumer voices
for better healthcare

Example 2: It's not easy getting old

End-of-life

<https://www.youtube.com/watch?v=pei1UW7N-9E>

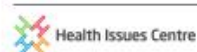
<https://vimeo.com/141003190>



<https://www.youtube.com/watch?v=EuT6uYueeAM>



<https://www.youtube.com/watch?v=WblEV1cgjAs>



Consumer voices
for better healthcare



In this video the intention is to provoke people to participate in conversation on various issues to identify exactly what isn't easy? <https://www.youtube.com/watch?v=6x96hjMtIp0>

— Its Not Easy Growing Old

Physical

Tire more easily, can't do as much as previously- one busy day has a greater impact.

It is frustrating for me not being able to walk distances and do simple things like walking the dog

Cognitive

Trying to remember where I parked the car at the supermarket.

My memory is not as good as it used to be. I deal with this by making notes. Physically I can't do as much as I used to without needing a break.

Emotional

The heartaching loss as friends die.

I suffer increasingly from anxiety caused by the knowledge that my future is shrinking

The videos are then analysed to look at sentiments, identify common themes then develop the next question. It uncovered a key difficulty – loss of identity. This is something that can't be managed by a health intervention, but can be tackled as a social intervention.

— Loss of identity

Maintaining my identity as an individual, not being put into a box as an 'elderly citizen'.

People not taking older people seriously. People underestimating what we can do and achieve.

Hate getting old cause people treat you like you don't know what you are talking about, like you are getting senile

Being made to feel unnesesary or irelevant by younger persons other than family even when at 76 you are in voluntry committee positions

Not being listened to. Being dismissed as being irrelevant.

Being invisible and being talked down to

I no longer feel respected and I no longer feel a sense of belonging. I am never invited to fun activities. sometimes I would like to just enjoy a conversation with someone who might respect my opinion.



Example 3: Complaints about Healthcare

A piece of work was carried out in relation to health complaints. It revealed 4% of respondents who pursued a complaint about a bad healthcare experience were satisfied with the outcome.

What's the Use in Complaining?

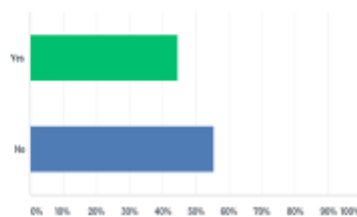
Self
Serving Took Response Difficult Appointment
Process Nurse Dealt Ignored Patronised
Care Denied Hospital AHPRA Complaint Given Outcome Resp
onded Doctor Letter Happened Brush
Apology Pain Life Tried Phone Call



Consumer voices for better healthcare

Have you had a bad experience?

Q1 I have had a bad healthcare experience and reported it



4% of respondents who pursued a complaint were satisfied with the outcome



Consumer voices for better healthcare



Emerging Health Issues from Social Listening

- Regulation of treatments and devices – not just mesh
- Work related mental health – people speak to family and friends rather than HR person at work/ vicarious trauma
- Aging and identity
- Preventable lifestyle conditions – obesity, diabetes
- Data aggregation and access – my health record/ identity theft





Now that you're ready – implementation advice from HIC

Capitalisation

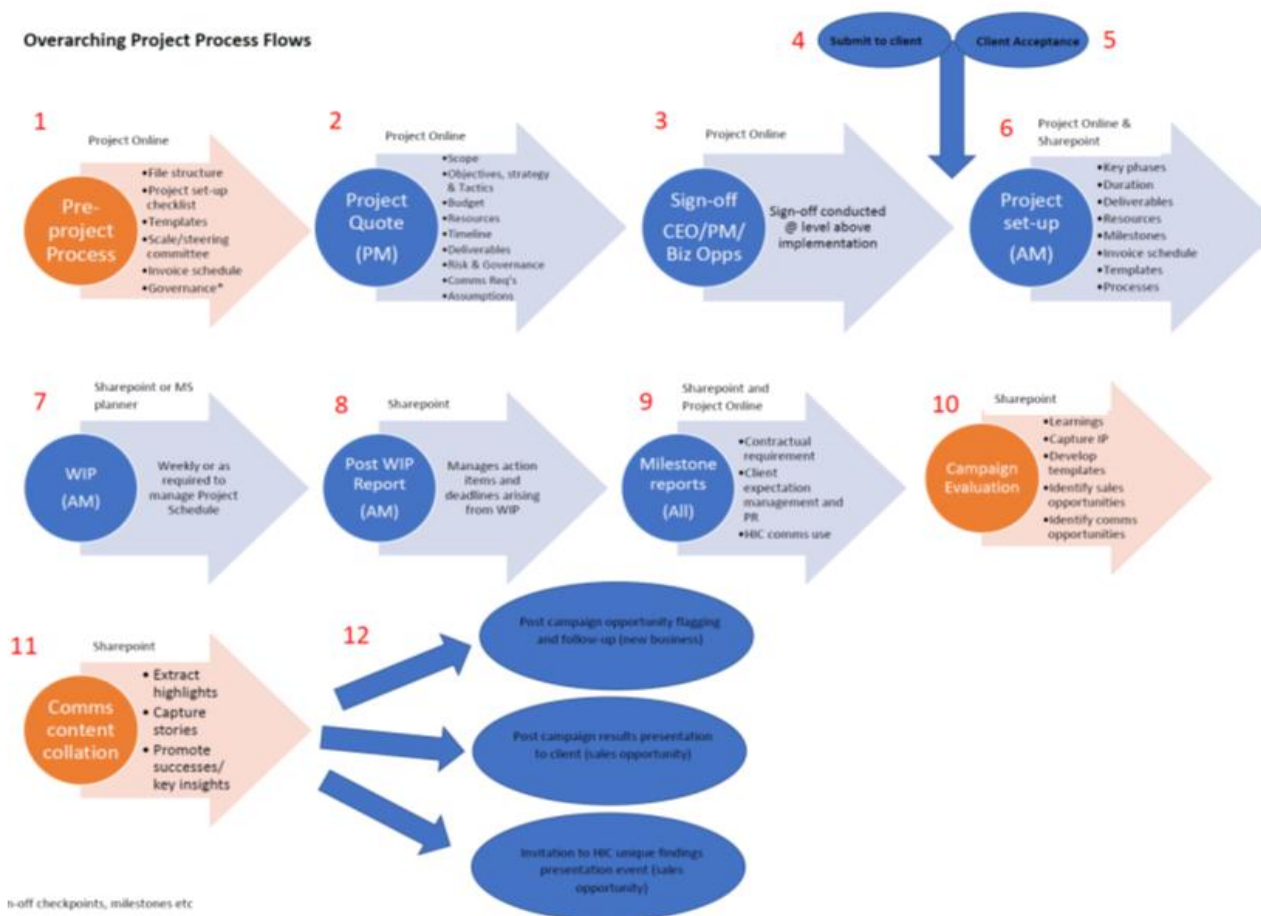
Either invest in the project or push your current resources to their limits.

Structure

Since the beginning of this financial year HIC have;

- Recruited 3 staff
- Redefined 2 positions
- Gone from managing 2-3 to 12 simultaneous projects
- Developed a Project Management flow chart

Overarching Project Process Flows



Skills

This has highlighted process gaps requiring retrofitting solutions for:

- Workflows tracking
- Scheduling and reconciling WIP to budget in real time (it is very easy to go over hours without close monitoring)
- Quality Control

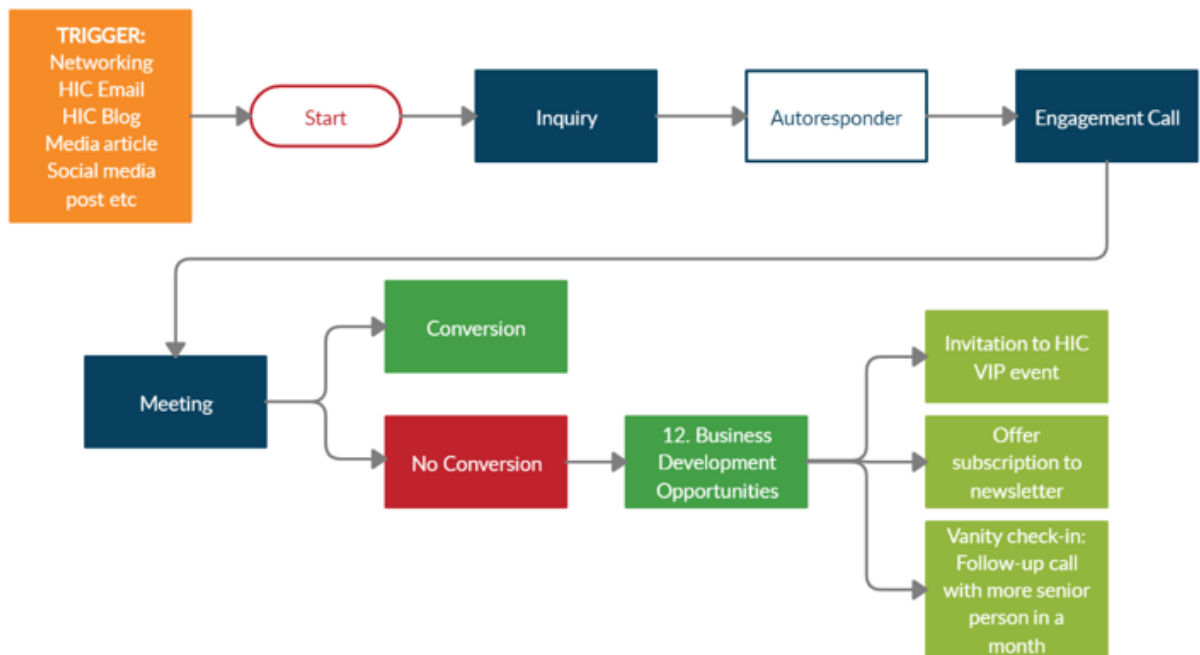


Systems

Solutions were to;

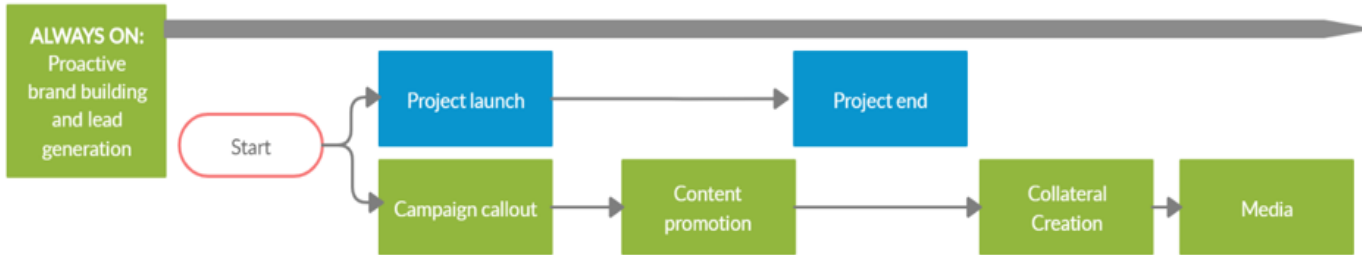
- Invest in a Project Management System – we have elected to use Project Online, as it is a Microsoft Suite tool and communicates with our existing tools. This tool is a fully fledged project management tool that will enable:
 - Dashboard reporting for “at a glance” views of key metrics
 - “Favourite” views of dashboards
 - Sophisticated resource tracking and management – including people, time and budgets
- Develop templates – to ensure we’re operating a smooth process and supporting the team to avoid reinventing the wheel, we are creating standardised templates and collateral, including
 - Designed reporting and promotional templates
 - Process documents, e.g.: WIP, Risk Matrix, PM schedule
 - Standardised guidelines & procedures

Sales Process

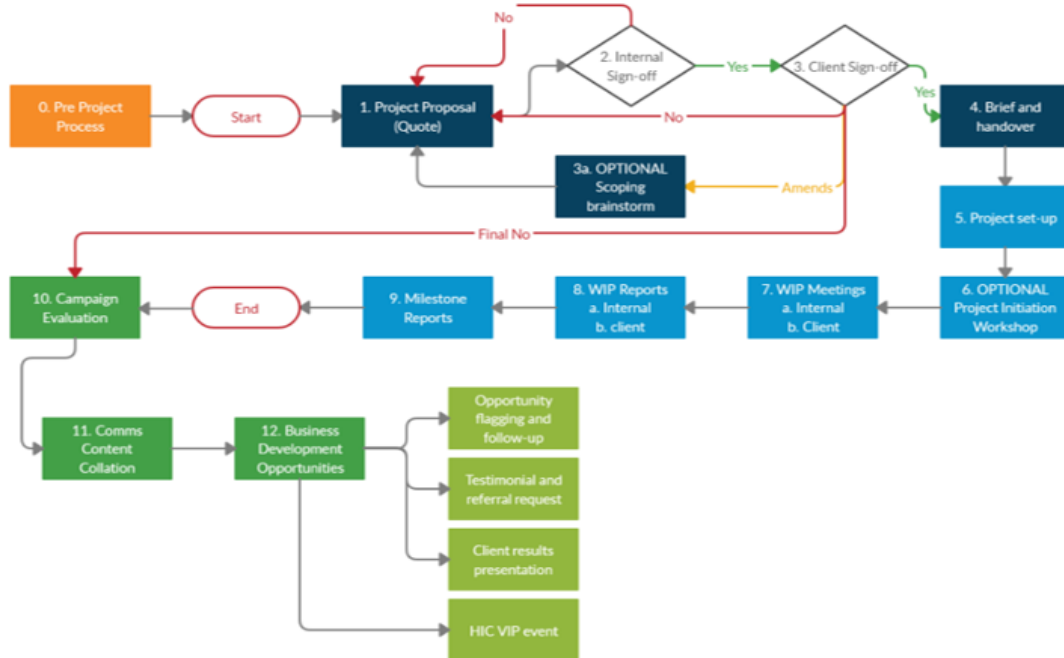




Communications

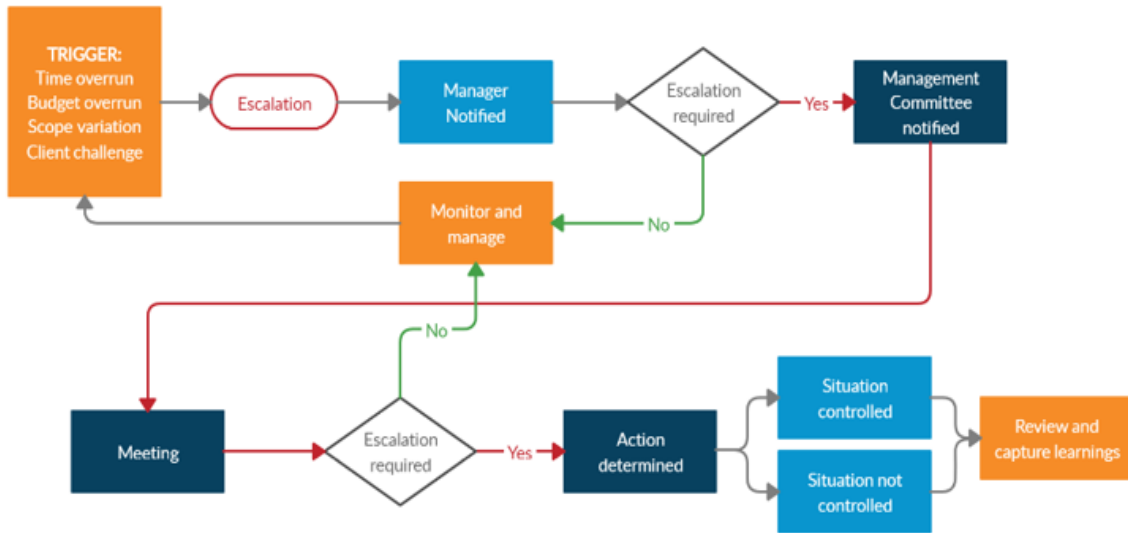


Consulting



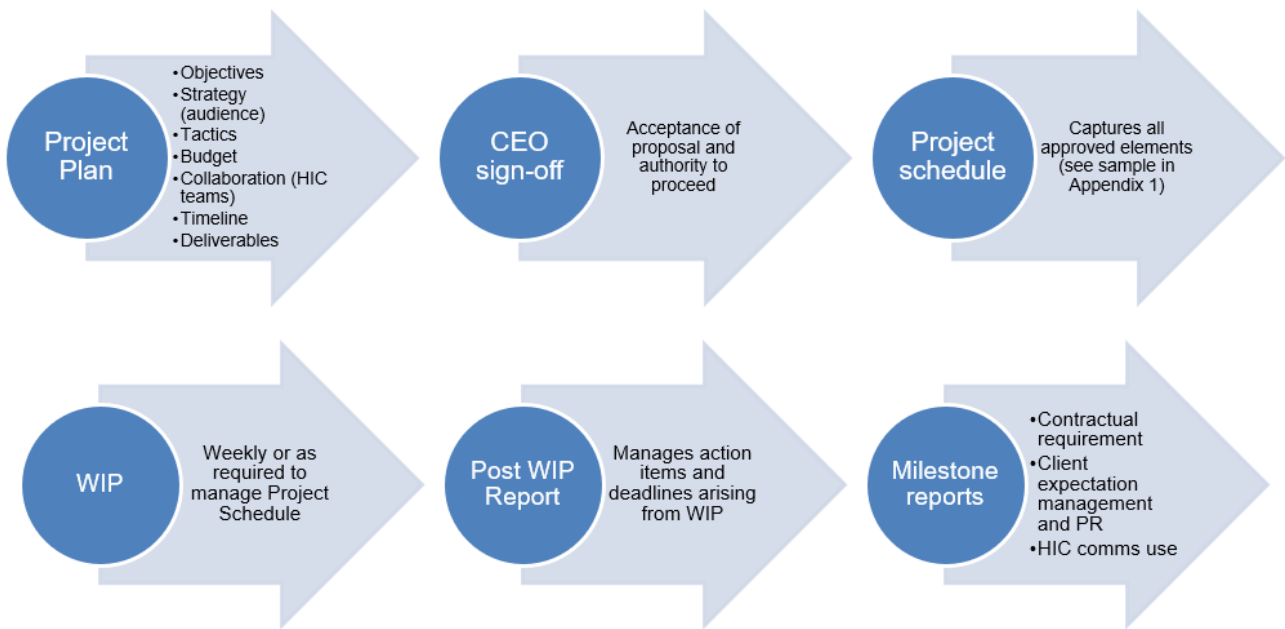


Escalation process



Project Management Consultation

Ideal process flow





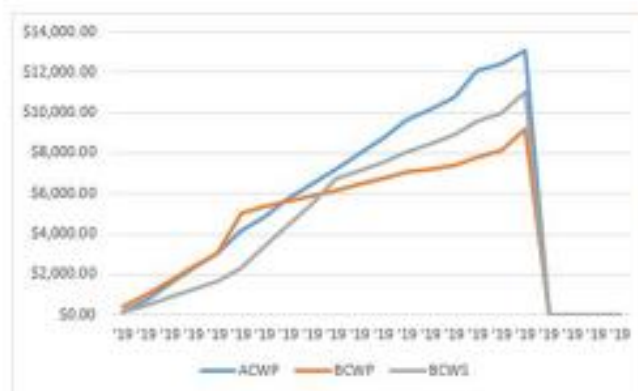
Culture

- Commercial orientation – all about the customer and their expectation
- To time, to budget, to quality – different drivers in a commercial environment than an NGO. This can create a cultural clash and it's challenging to operate on both sides. You need different people with different skills.
- A Project management tool – only as good as its users – HIC have used Microsoft Projects – it may be more of a complex tool than required but is now established.
- Interflow between accounts and project management – needs to track what provision of your resources are being allocated to project work, and generates reports on margins

Risk

Be realistic – don't set people up to fail as not everyone can transition from an NGO to a commercial environment.

The Most Powerful Element – *Earned Value*



EARNED VALUE OVER TIME

The project's earned value based on the status date. If actual cost (ACWP) is higher than earned value (BCWP), then the project is over budget. If planned value (BCWS) is higher than earned value, then the project is behind schedule.

[Learn more about earned value.](#)



More examples of HIC work

Training & Informing

- Preventing Falls <https://www.youtube.com/watch?v=CWtvqtHqBFQ>
- Stop this meeting, I want to get off <https://www.youtube.com/watch?v=Ofs39XnkU88>
- People supporting people for better health
<https://www.youtube.com/watch?v=s8ITAA96K38>

Social Media – live streaming

- What really matters
<https://www.facebook.com/1324496744363675/videos/1443620019118013/>

What the conversation told us

“**Non judgemental staff** and understanding of chronic conditions. Especially the invisible ones.”

“**Not talking down to disabled women** who access the service. Taking their concerns as legitimate and **not fobbing them off**.”

“A **Dr that will listen to you** and being able to get an appt when you are unwell not three weeks later and to not be interrogated as to why I need an urgent appt.”

“We all know our own bodies, we know when something isn't right. You go to the doctor's and because we didn't go to uni we are so stupid. I'm, so over getting a **pat on the head and a Panadol**.”

“Being heard with a **sympathetic eye** about women's health care especially multiple sclerosis and other diseases instead of being **shoved out the door** as doctors don't understand them.”

End of Life

- I hope I die before I get old <https://www.youtube.com/watch?v=pei1UW7N-9E>
- End of life planning <https://www.youtube.com/watch?v=aishLN5gClc>
- Born in a taxi – ‘illuminated angels’ roving act <https://vimeo.com/141003190>
- Unspoken – Kyneton <https://www.youtube.com/watch?v=EuT6uYueeAM>
- Ill think about it today <https://www.youtube.com/watch?v=EuT6uYueeAM>

Spotlight Program – Pelvic Mesh

Many women in Australia have undergone pelvic mesh implants. Many did not give their informed consent. Many have suffered crippling adverse side-effects. Nobody knows how many. We need to hold the health system accountable to these women

- Update on pelvic mesh implants <https://www.youtube.com/watch?v=IQHP4XyBCnQ>
- Pelvic Mesh Presentations <https://www.youtube.com/watch?v=zGgaEzF9BvU>

Consumer responses to facts

- Dental concerns in Victoria https://www.youtube.com/watch?v=KPY_6aOLOgo