Sustainable Health Review

Summary of Community Discussion Session

26th October 2020

Engagement Reflections

DIAGRAM 5: Types of Engagement Approaches

Inform — Provide information to people and let them know what has been decided and what is going to happen.

Educate — Provide opportunities to learn more about plans, proposals and processes to assist people to understand problems, alternatives and solutions.

Consult — Obtain feedback on plans, proposals and processes that may influence current and future decisions and assist with the development of alternative solutions.

Involve — Work with people throughout a process to ensure their concerns and opinions are included in the decision making process and in the development of alternative solutions.

Co-design — Identify and create a plan, initiative or service, that meets the needs, expectations and requirements of all those who participate in, and are affected by the plan.

Co-produce — Implement, deliver and evaluate supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship.

Citizen Led — Individuals, groups or communities lead their own decisions, solutions and activities, and may collaborate or seek support in doing so.

Doing To — Doing For — Doing With — Doing By

Engagement Reflections – the "hardly reached"

- What about the hardly reached? How are you going to connect with them? We talked about different ways to engage…
  - Taking time to have the conversations
  - Convening "kitchen table" discussions
  - Holding Open Space forums
  - Going where people already are

Try little bits of everything – all of the ideas – websites, Facebook, Shouting Café, Open Space – we need it all!

Engagement Reflections – "brave safe spaces"

- It's a concern is that while some very brave people will speak up, and it can be very healing, there are also lots that are afraid or unable to speak up and need others to support their issues

- A brave space is needed for people to have a voice and be heard. Many people feel that their voices have been silenced or shut down in services especially with mental health services

- There is an element of working with staff to support them to understand more about their unconscious biases and minimise the chance of stigmatising consumer and community representatives

How do we create "brave safe spaces" – for people to come and tell their story?

Shouting Cafes

- An International Association of Patients Alliance Conference was held recently and one presentation was a Patients' Shouting Café, a process for health consumers to articulate issues about health care and health systems - from individual experiences to broader issues. The Shouting Cafe format was developed by and is used by the Korean Patients Association, and was presented in English-language version at the Global Patients Congress of the IAPO September 2020. The model is fascinating - they provide support to those that want to become articulate and they made videos of patients' testimonies. So the process and the outcomes are rich in this model.

- Here are two videos about "Patient Shouting Cafe" – from 2020 and 2016 :

- https://www.youtube.com/watch?v=Oxl2GwZIVuU

- https://www.youtube.com/watch?v=A1cu_annd8Q&t=32s

Engagement Reflections – trauma

Iatrogenic trauma = any trauma that has been induced by a clinician's activity, manner, or therapy.
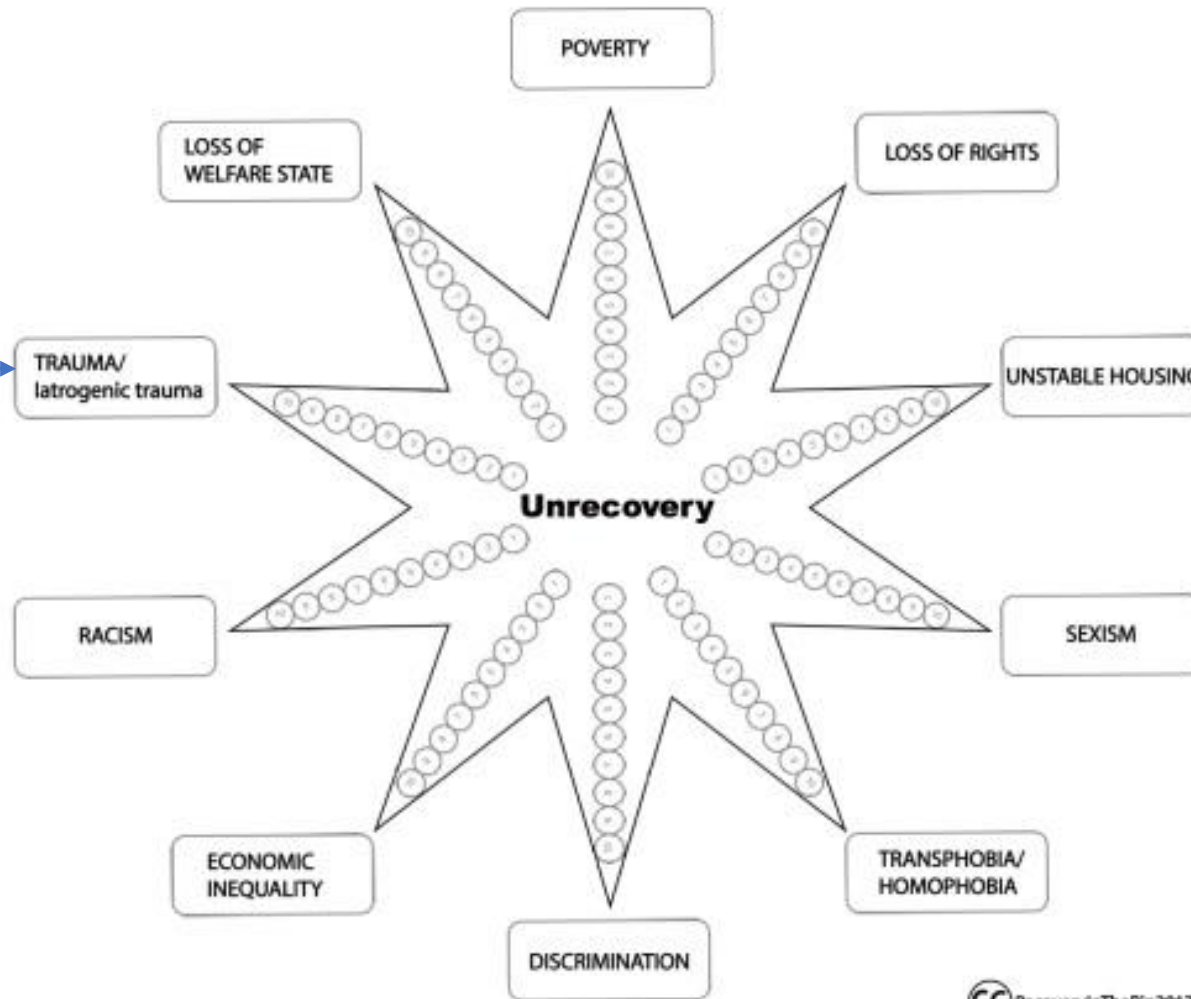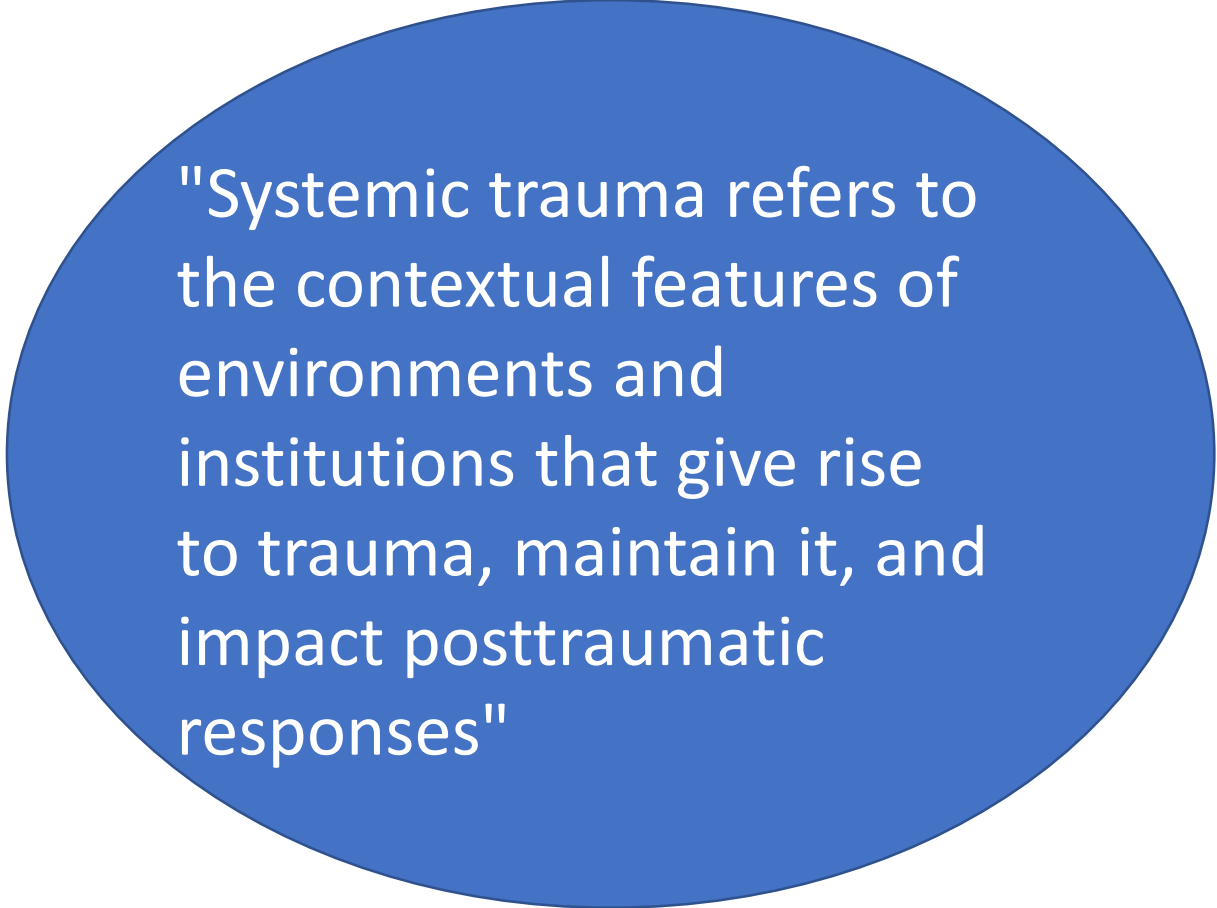
The Unrecovery Star demonstrates some of the barriers to recovery to show how these may play into unsafe spaces for people (including the hardly reached)

POVERTY

LOSS OF WELFARE STATE

LOSS OF RIGHTS

TRAUMA/ Iatrogenic trauma

UNSTABLE HOUSING

Unrecovery

RACISM

SEXISM

ECONOMIC INEQUALITY

TRANSPHOBIA/ HOMOPHOBIA

DISCRIMINATION

CC RecoveryInTheBin2017

Engagement Reflections – trauma

Links to Articles:

https://www.tandfonline.com/doi/abs/10.1080/15299732.2014.871666?src=recsys&journalCode=wjtd20#:~:text=Systemic%20trauma%20refers%20to%20the,it%2C%20and%20impact%20posttraumatic%20responses.

https://www.tandfonline.com/doi/abs/10.1080/15299732.2014.871666?src=recsys&journalCode=wjtd20#:~:text=Systemic%20trauma%20refers%20to%20the,it%2C%20and%20impact%20posttraumatic%20responses.

"Systemic trauma refers to the contextual features of environments and institutions that give rise to trauma, maintain it, and impact posttraumatic responses"

Engagement Reflections – holistic

- Our needs intersect across sectors – while funding and services are siloed, humans are not..

- Is Emotional Health / Emotional intelligence (EQ) / Social and Emotional wellbeing addressed in the Sustainable Health Review recommendations? Also financial health, spiritual health, sexual health, cultural health, environmental health, relational health.... holistic health that support optimal health & well-being (holism)?

WA Council of Lived Experience

- There is a group of people starting the WA Council of Lived Experience as they have come to the realisation that providing lived experience feedback in so many different parts of the system doesn't work so well – there may be an opportunity for this to slot into and inform the Sustainable Health Review. It is still early days in relation to establishing governance etc.

- E: mail trish-owen@hotmail.com if anyone wants more information on WACoLE

WACOSS Outcomes Measurement Framework

https://wacoss.org.au/wp-content/uploads/2019/11/OMFW-illustrative-framework-FINAL.pdf

There were many insightful suggestions in the discussion, which follow on these slides

Ideas – Broader Audience

- **Local government** is a very important "jurisdiction" in health issues. There are still a few surviving community-controlled health services in local government areas e.g. Fremantle Womens health Service which serves women across three local government areas, and they give women a voice in managing the health service

- Connecting with **WA Local Government Association (WALGA),** Community Resource Centres, Neighbourhood Houses etc. It would be wonderful to see WALGA as a member of the Supporting Communities Forum (the group of government and non-government agencies)

- Local Governments (e.g. in Esperance) are working hard on collating and implementing a local public health plan. It would be great to involve them more in the health consumer space....

- Could the sustainable health review link in with **local MP offices** & the various issues local residents are raising with their local MPs?

Ideas – Broader Audience – Services
How do people know what's available?

- People don't know what's in their community. At **Centrelink** for example, why can't they have information about support services in the local area?

- Aged Care is federally funded – for each 12-13 months before people in the Peel district can get their care package which is so hard on carers and consumers. The **Senior Citizens centres** – why isn't that turned into a one stop shop in their community where people can catch up, but also connect with services – GPs, podiatrists etc. – deliver care where people are. Why don't hospitals link in with the exercise equipment that is in the area to help people recover when they get home?

- The ConnectGroups Community Booth at Fiona Stanley closed during COVID-19 and an evaluation has been done which will be shared with the group when available. The Community Advisory Council at Fiona Stanley Hospital is looking into how the hub can be used in the future.

Ideas – Broader Audience

- Would we consider doing a short **audio visual summary** of the key papers?

- Are you doing any current **advertising**? You have your passionate followers but I mean for the **layperson** out there?

- Can we connect with **libraries**? **Meetups and support groups** that are not necessarily connected with health?

- Could the Sustainable Health Review Implementation link in with **local MP offices** & the various issues local residents are raising with their local MPs?

Ideas – Broader Audience

- Messages about SHR need to be out there where people are, on the **screen in GP offices**, **libraries** anywhere there are waiting areas. **Waiting area spaces** are under-utilised in sharing information. Many TVs in waiting rooms that could be better utilised with info & subtitles needed when people can't hear the sound but surely can read subtitles whilst waiting.

Ideas – Review what's already happening

- Community Advisory Councils/ Groups/ District Health Advisory Groups etc. are already doing important and this needs to inform the Sustainable Health Review Implementation

- A systematic engagement process of these groups is an important next step.

We are never starting from scratch – there is so much already happening

Feedback from 19ᵗʰ October Session

There were eight responses to the survey from the 19ᵗʰ October session and six people wanted to be involved further.

The survey will be sent out again to 26ᵗʰ October participants.

Q1: Please indicate your rating of the session by marking the appropriate box

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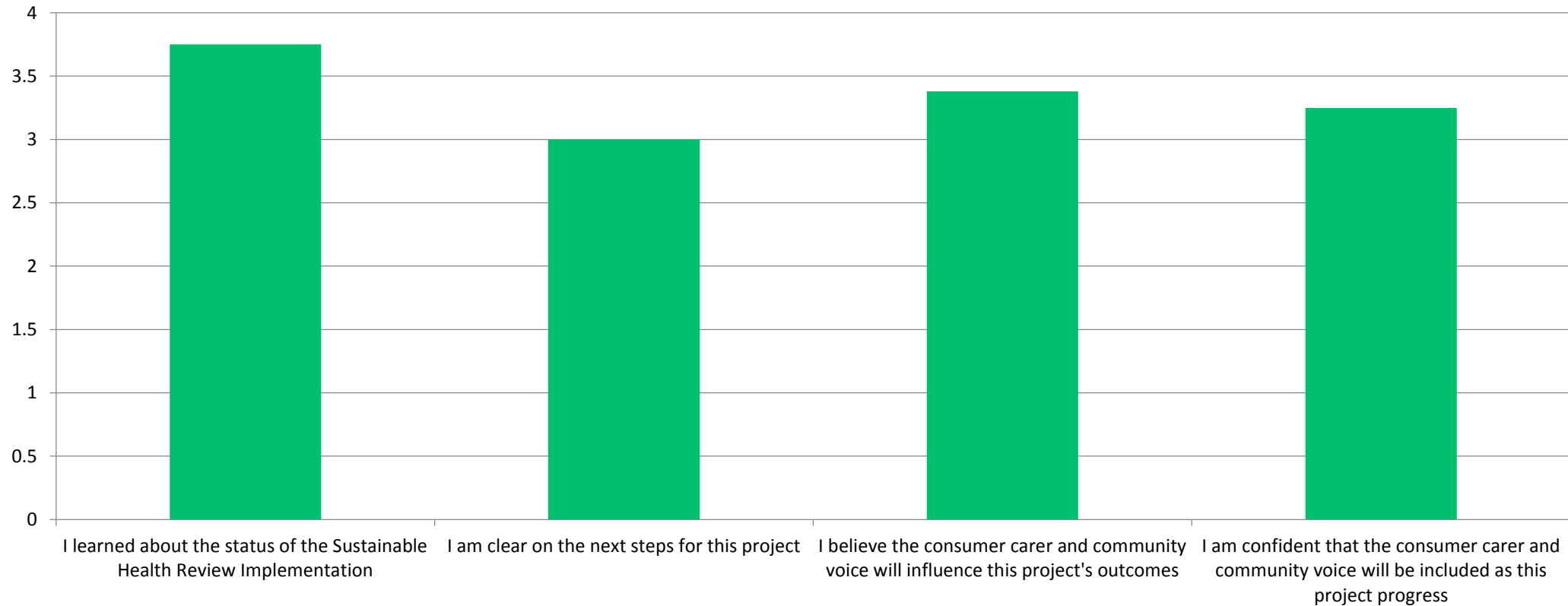
Q2. Which part of the session did you think was most useful and why?

- segment after speakers left when health consumers felt more confident to speak the truth
- I found the levels of decision makers useful. My opinion is they need to have Carers and Consumers on all levels because they will keep making the same mistakes all the time that by the time Carer and Consumer voice reaches the top layer it has lost in Jargon.
- the Q and A because it addresses community concerns
- difficult to say, as one who sits "outside" the system, found all of it informative.
- Was good to know all the different working/implementation groups
- breakdown of outcomes
- Getting clarity on actions, next steps

Q3. Which part of the session did you think was least useful and why?

- slides too densely packed with words and badly designed for readability by audience

- The slides were very difficult to read - dense and incomprehensible for a zoom meeting... silencing about why the SHR was paused (1) at all in 2020 and (2) for such a long time when the pandemic did not strike hard nor seriously interrupt acute care in WA.

- I feel that when some of the questions were asked they didn't get why we asked them.

- Nothing springs to mind

- I think all the info was useful, there was just so much of it

- I'm not sure there was a least useful section your telling us a story you have to start at the beginning, I only wish I'd done some background work before the session so I was fully informed

- Overview... although necessary and can't think of another way to do it... it was big...

Q4: How would you like to get involved in the Sustainable Health Review? Please check all that apply
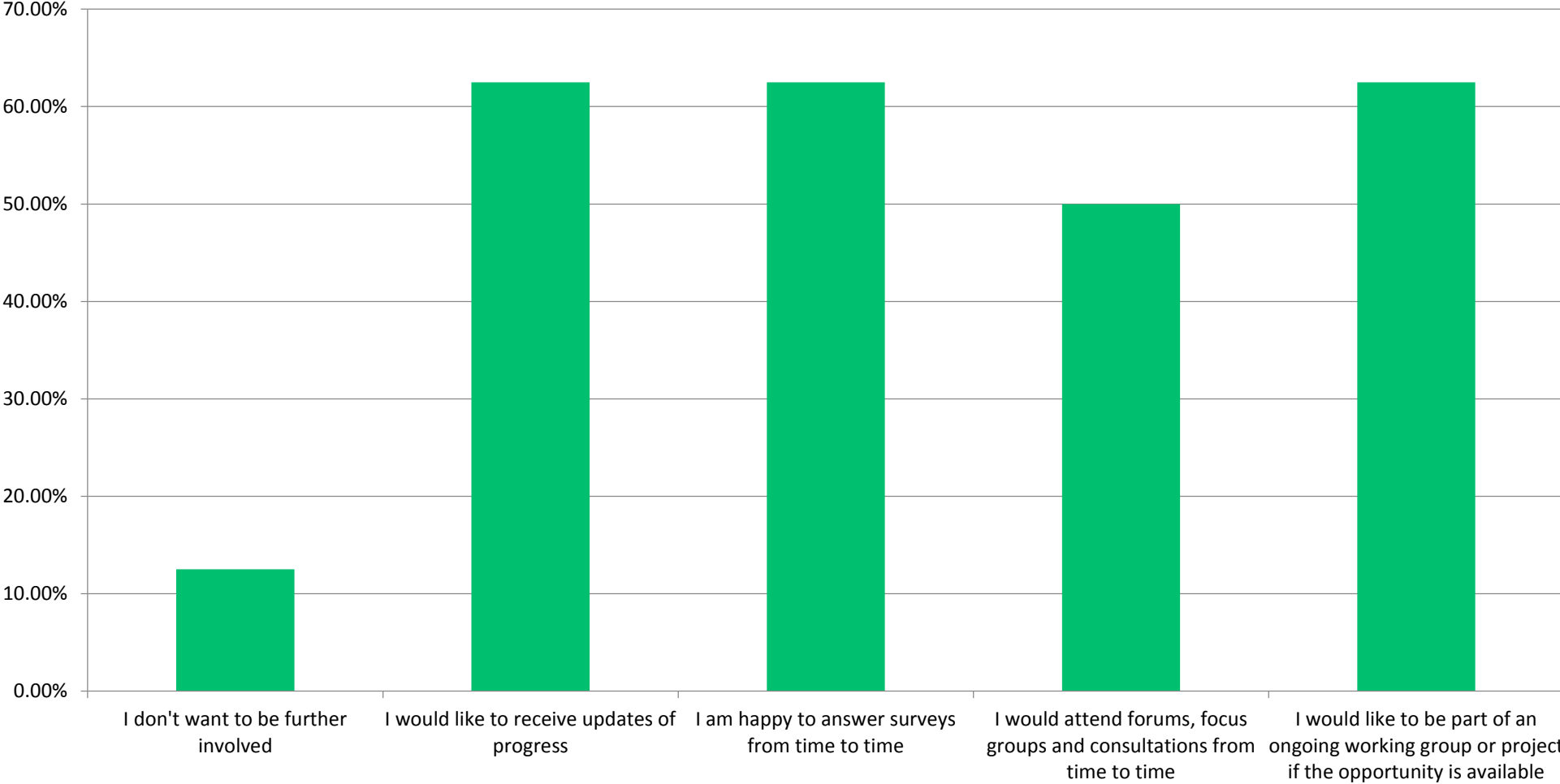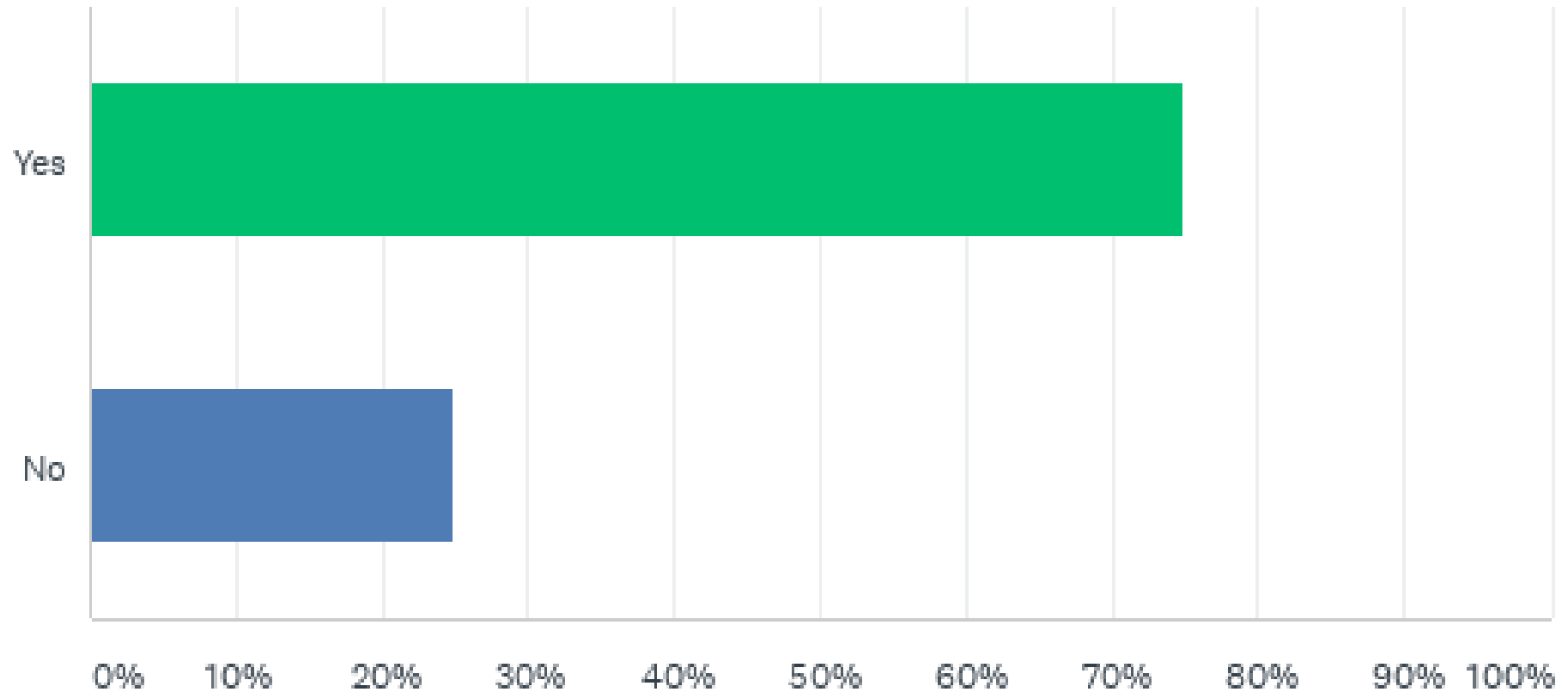
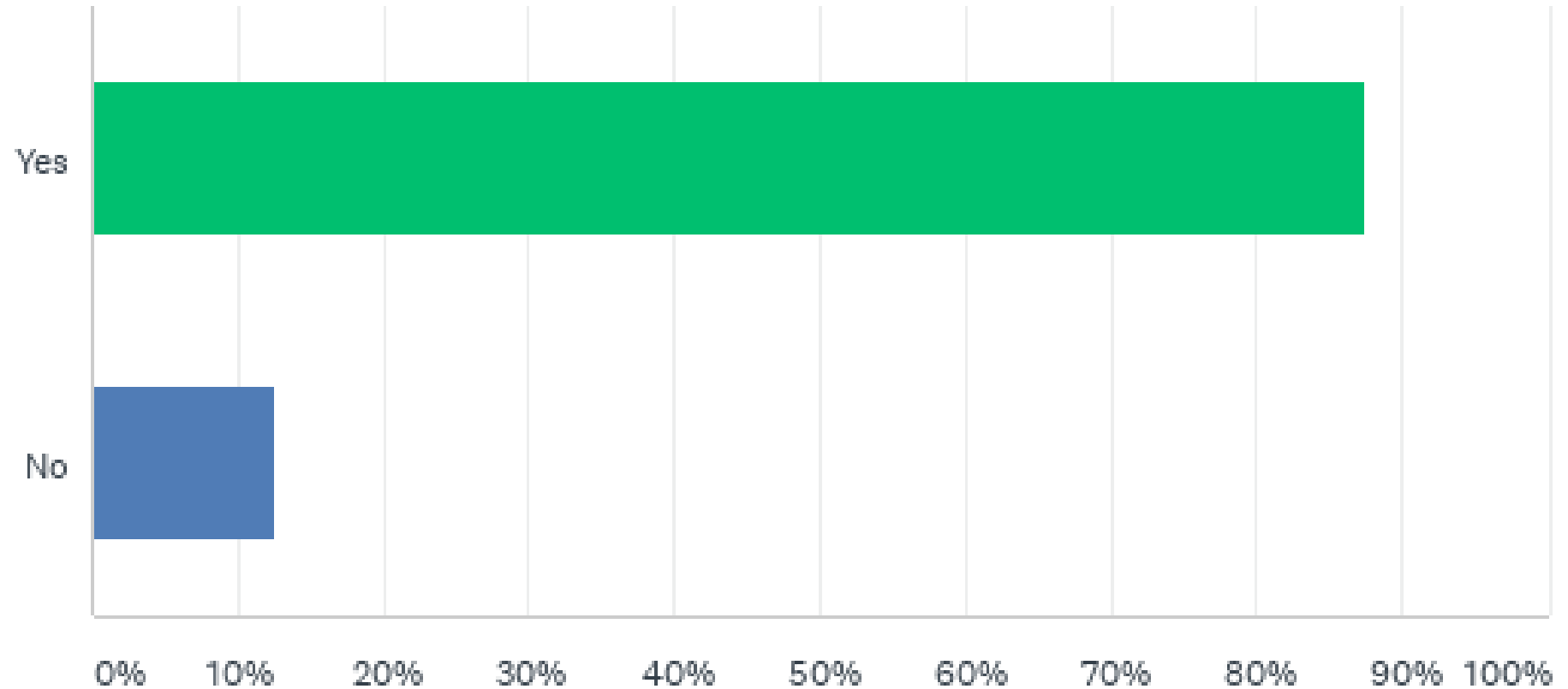# Q5: Which recommendations particularly interest you from Tranche 1?
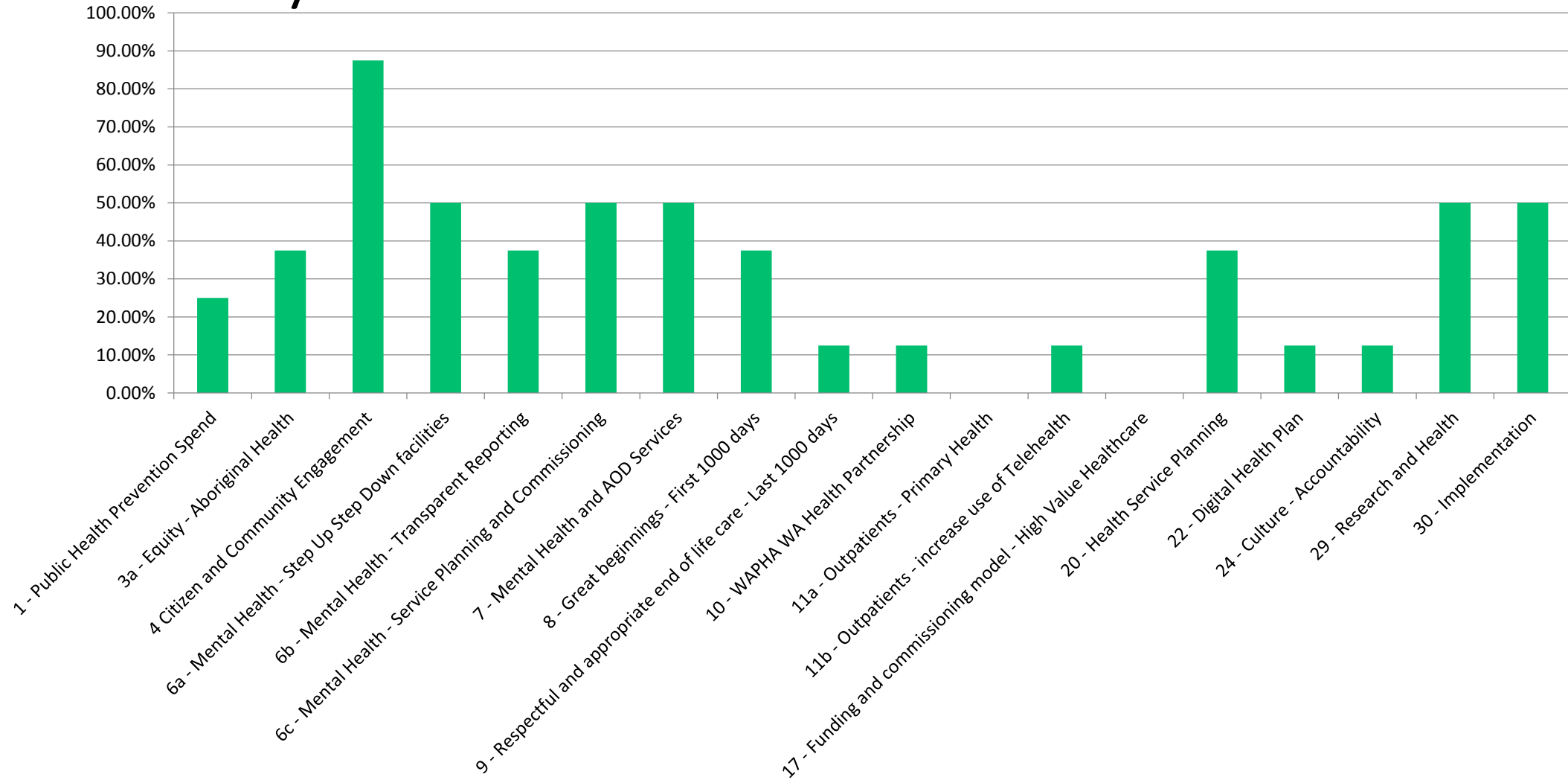
Q6: Which recommendations particularly interest you from Tranche 2?
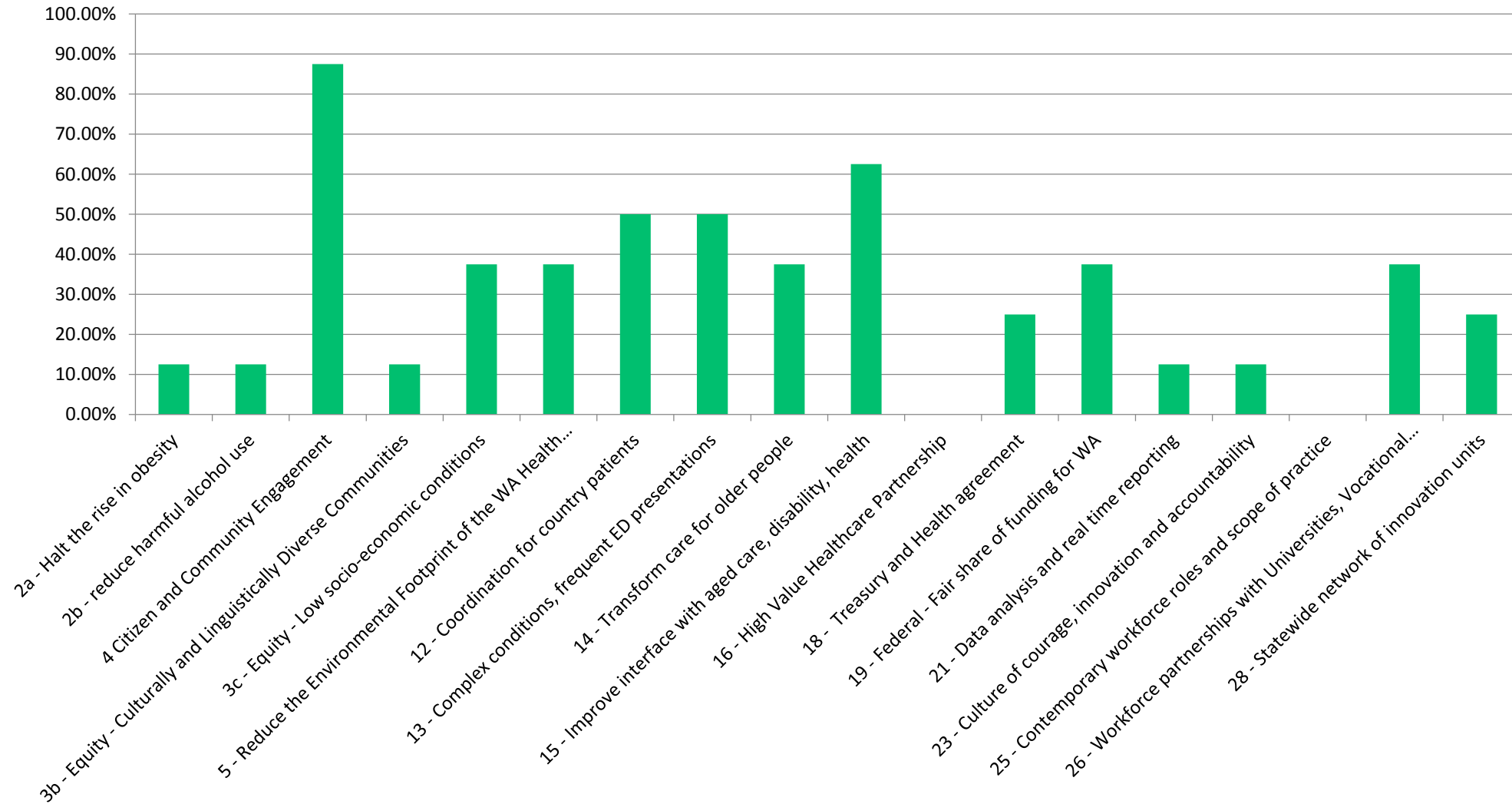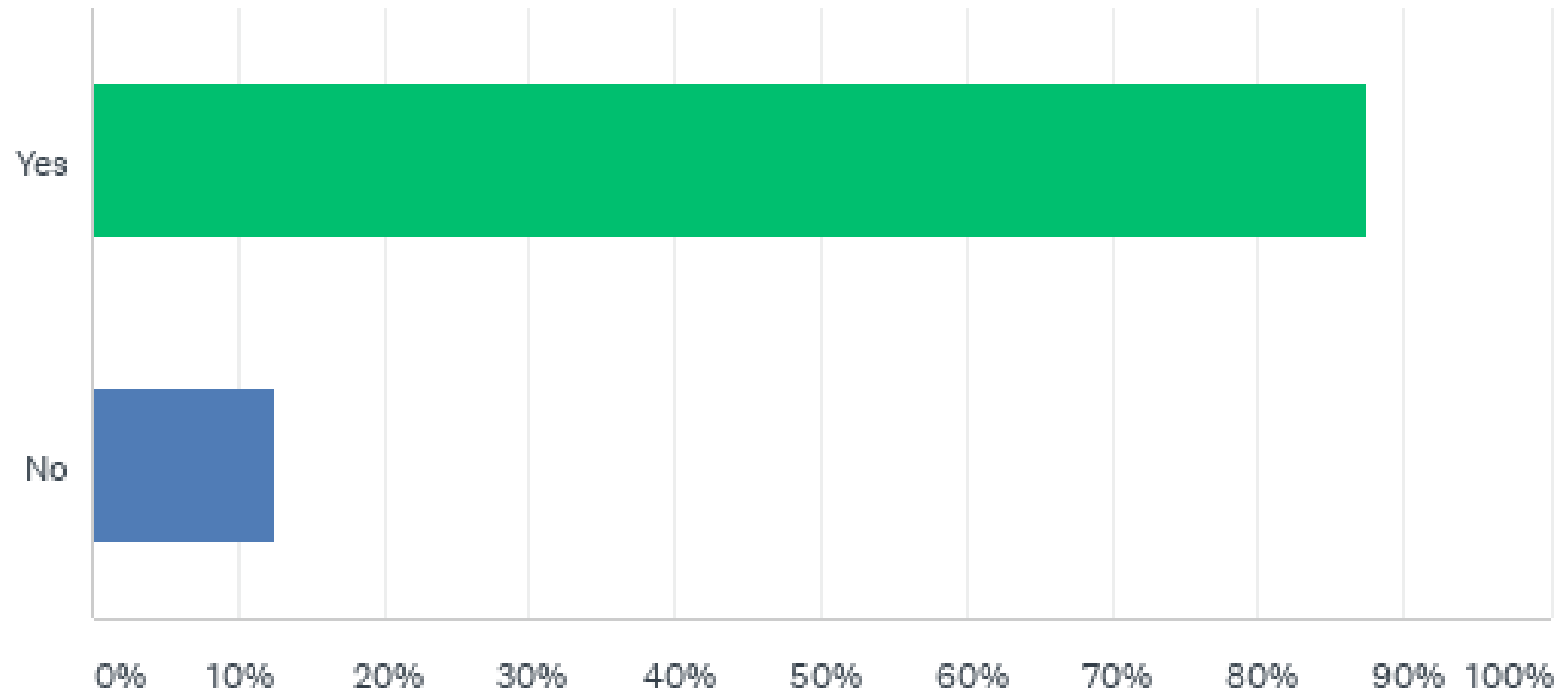
Q7: Would you like to participate in deeper, more detailed discussions on the 33 SHR Outcomes and the 131 indicators?
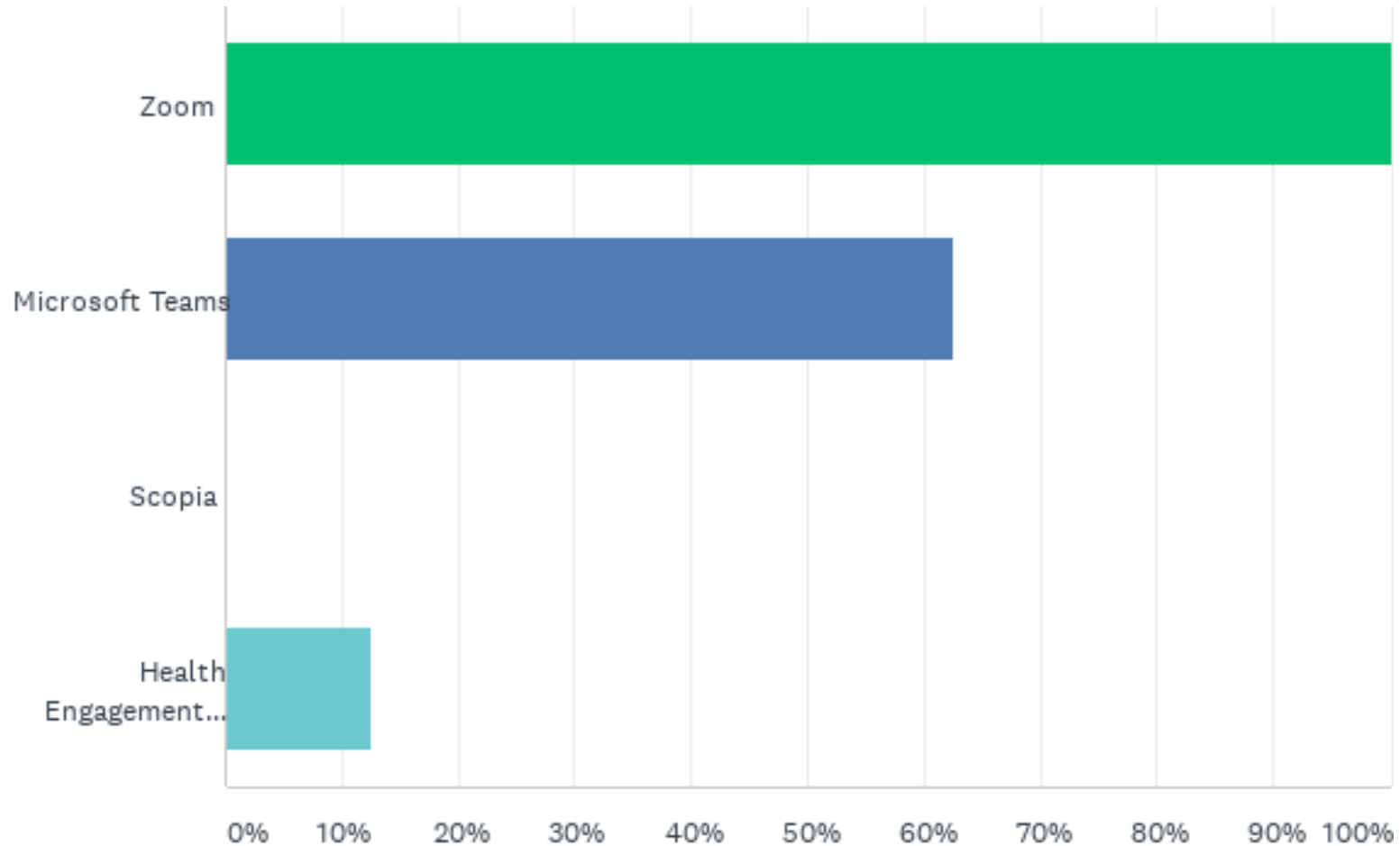
Q8: Hearing back from you on the 33 SHR Outcomes may take several discussions. Are comfortable with that?

Q8: Hearing back from you on the 33 SHR Outcomes may take several discussions. Are comfortable with that?

Q9: What platforms are you able to/ comfortable using?

Outcomes Measurement

There was a short discussion on the outcomes measurement consultation A key request was that for those interested in the 131 outcome indicators - can they get the information a week before the meeting so they can have time to process it and have had time to think about their feedback?

4. Outcomes that focus on improving health and wellbeing

For success good health outcomes require the WA health system, partners and the community to work together bound by agreed outcomes.

Enduring Strategies 1-4	Outcomes	Enduring Strategies 5-8	Outcomes
1 - Commit and collaborate to address major public health issues	1. Population health outcomes improved for all 2. Obesity and harmful alcohol use reduced 3. Inequity reduced 4. Services are responsive to people's needs 5. An environmentally responsible health sector	5 - Drive safety, quality and value through transparency, funding and planning	19. People receive high value services 20. Funding system rewards high value care 21. Access to primary care and aged care increased 22. Health system is accountable 23. Health system capacity meets community needs
2 - Improve mental health outcomes	6. Improved mental and physical health outcomes 7. Care is person-centred and responsive 8. Connected and visible care pathways 9. People know where to go to access support	6 - Invest in digital healthcare and use data wisely	24. Enhanced clinical engagement with data and technology improving patient outcomes 25. Digitally enabled health services with care better coordinated 26. Accountability is increased
3 - Great beginnings and a dignified end of life	10. Children receive the best start to life 11. Early intervention where it is needed most 12. People choose the services they receive and where they die 13. People experience a dignified end of life	7 - Culture and workforce to support new models of care	27. Health workers' skills and capabilities are fully utilised 28. Workforce planning guides future investment 29. Community need shapes the health workforce training pipeline 30. Staff are engaged, empowered and productive
4 - Person-centred, equitable, seamless access	14. People are cared for in the most appropriate setting 15. Patient experience and quality of life is improved through integrated care 16. Hospital readmissions are reduced 17. Patients receive care closer to or at home 18. People's data follows them on their journey	8 - Innovate for sustainability	31. Innovation and experimentation in health care delivery 32. Research agenda responds to health system needs 33. Research translation improves patient care and outcomes

Next Steps

Evaluation Survey: https://www.surveymonkey.com/r/SHR26Oct2020

This allows for you to indicate your interest in future consultations. Stay tuned. Outcomes Measurement as well as Safety and Quality Indicators are coming up soon.