

# SUSTAINABLE HEALTH REVIEW

## Community Conversation 27th October 2020

### SUMMARY

This Community Conversation was held as a follow-up session to the 19th October 2020 briefing of the Sustainable Health Review Implementation. It was a 90 minute session with a free-flowing discussion. This document aims to summarise the main points and capture the suggestions and feedback shared during the session.

**Pip Brennan**

Health Consumers' Council

# Sustainable Health Review

## 27<sup>th</sup> October 2020 Summary of Discussions

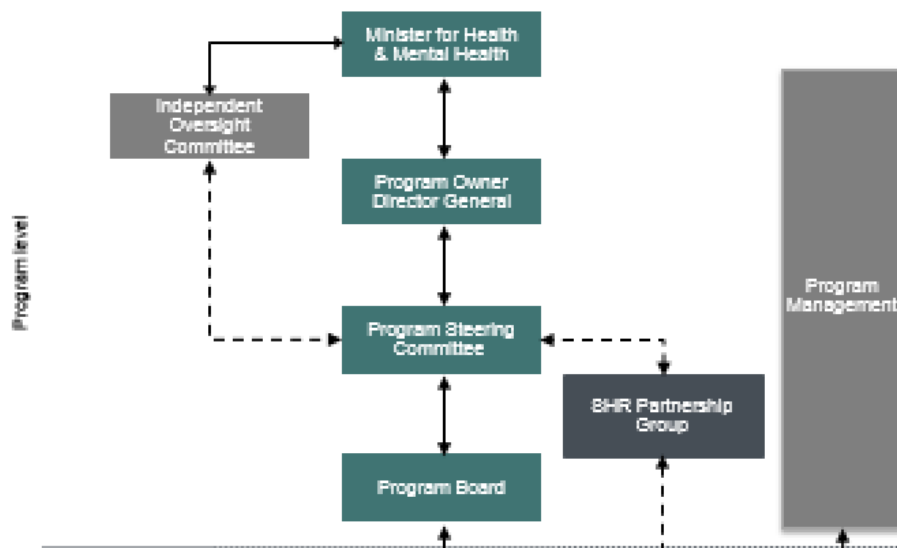
### Background

On 19<sup>th</sup> October 2020 there was a briefing from Nicole O’Keefe, Assistant Director General, Strategy and Governance, and Nicole Bennett, Director, Sustainable Health Implementation Support Unit both from the WA Department of Health.

This link below to the HCC website has a video recording of the presentations by Nicole O’Keefe and Nicole Bennett as well as the PowerPoints they shared.

There is also links to lists of all the different people involved in all the different committees and layers of governance for the Implementation of the Sustainable Health Review.

<https://www.hconc.org.au/what-we-do/policy-development/sustainable-health-review-consumer-view/>



This 27<sup>th</sup> October Community Conversation was convened a week later as the 19<sup>th</sup> October session ran out of time for discussion. People felt that the subject matter is complex and required some time to reflect on. The 27<sup>th</sup> October session was 90 minutes long with a free-flowing discussion format. This document aims to summarise the main points and capture the suggestions and feedback shared during the session.

You can watch the replay here: <https://youtu.be/lfe0XqCIKAA>

## Summary of Discussion

### Communication Channels - Brainstorming

- Would we consider doing an 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? Support groups not necessarily connected with health?
- 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, Community Resource Centres, and 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?

### Engagement

- What about the hardly reached? How are you going to connect with them? We talked about the different ways to engage, time to have the conversations which does require time and resources – this needs to be included. It can be valuable to link in with experienced consumers, lived experience voices etc.
- 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
- How do we create "brave safe spaces" –for people to come and tell their story – some of the barriers to recovery are seen in the Unrecovery Star which Chris shared to best understand how these my play into unsafe spaces for people (including the hardly reached)
- Iatrogenic trauma can be defined as any trauma that has been induced by a clinician's activity, manner, or therapy.
- There is an element of working with staff to support them to understand more about their unconscious biases and minimise the chance of stigma
- We also need to be aware of those with LLN (literacy/language and numeracy) challenges
- What about Open Space Technology events?
- In relation to stigma people may experience when putting their hand up to get involved – is there an opportunity for more grass-roots discussions?
- On the topic of systemic trauma, is Systemic trauma & Systemic trauma prevention addressed in the Sustainable health review or in the Outcomes Framework?
- It does seem sometimes like the consumer groups are set up like more poorly paid staff meetings.
- **Patients Shouting Café** - Ann Lawless went to an international patients' alliance conference recently and one presenter was Patients Shouting Café, a process for health consumers to articulate issues about health care and health systems - from individual experiences to broader issues. 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" - the cafe format was developed by and is used by Korean Patients Association, and was presented in English-language version at the Global Patients Congress of the IAPO last month. See also a 2016 video

- <https://www.youtube.com/watch?v=Oxl2GwZIVuU>
- [https://www.youtube.com/watch?v=A1cu\\_annd8Q&t=32s](https://www.youtube.com/watch?v=A1cu_annd8Q&t=32s)

#### **Audit of things that are already happening in consumer engagement**

- Community Advisory Councils/ Groups/ District Health Advisory Groups etc. are already doing important and this needs to inform the Implementation
- A systematic engagement process of these groups is an important next step.

#### **Services 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? 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.
- 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.

#### **WA Council of Lived Experience (WACoLE)**

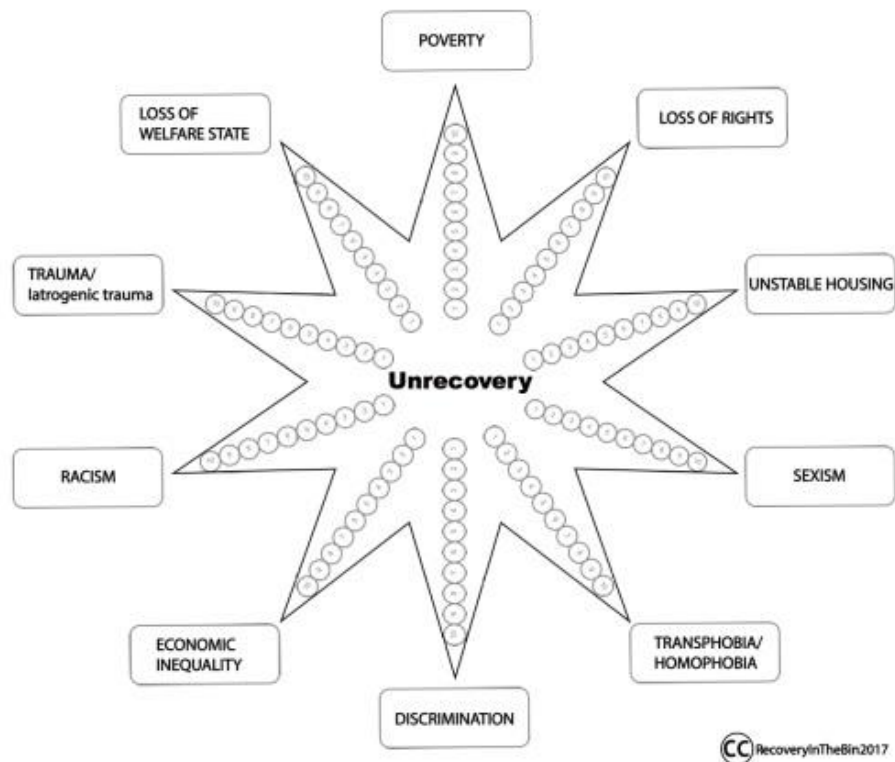
- There is a group of people starting the WA Council of Lived Experience as they have come to the realisation that providing lived experience feedback in so many different parts of the system doesn't work so well – there may be an opportunity for this initiative to slot into and inform the Sustainable Health Review. It is still early days in relation to establishing governance etc. Others agreed that this is a really important idea.
- Email [trish-owen@hotmail.com](mailto:trish-owen@hotmail.com) if anyone wants more information on WACoLE

#### **Holistic Health**

- 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 supports optimal health & well-being (Holism)?

## Unrecovery Star

<https://recoveryinthebin.org/unrecovery-star-2/>



## Systemic Trauma

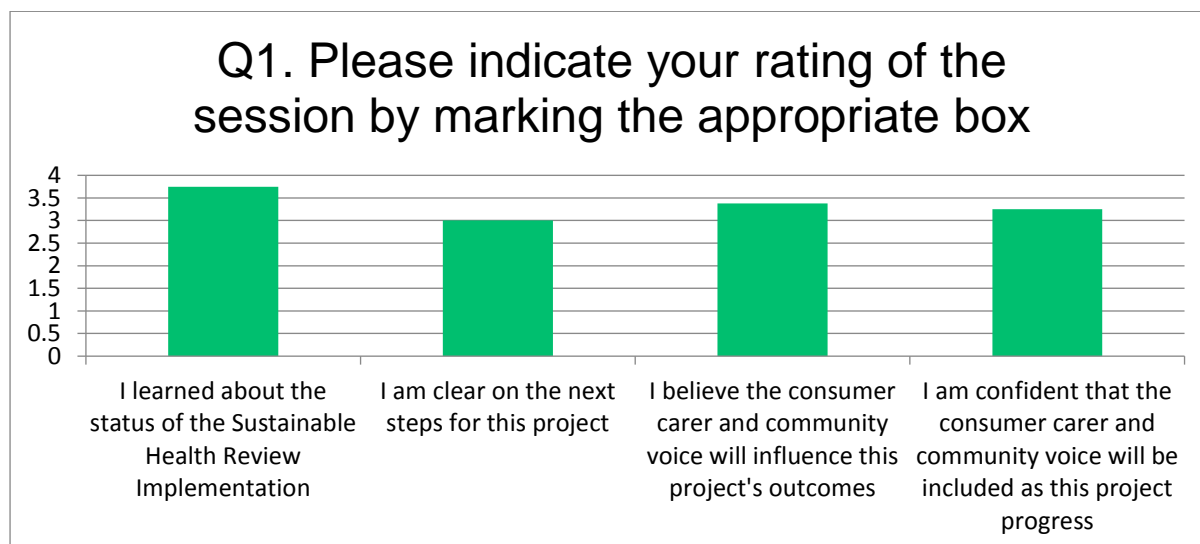
"Systemic trauma refers to the contextual features of environments and institutions that give rise to trauma, maintain it, and impact posttraumatic responses"

<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.>

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## Feedback from the 19<sup>th</sup> October Sustainable Health Review Session

After the 19th October community conversation about the Sustainable Health Review this survey was sent out. There were eight responses and six people wanted to be involved further. The survey will be edited slightly and sent out again to 26th October participants.



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

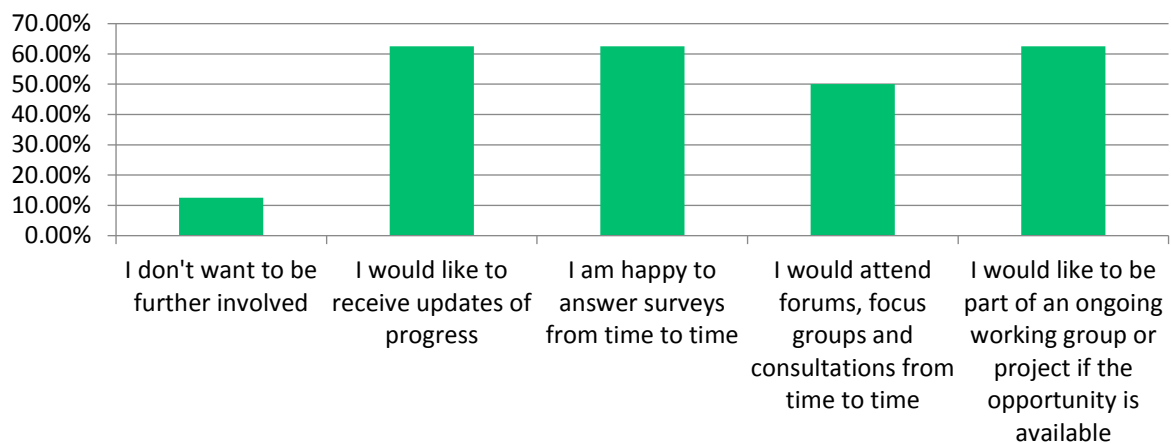
- segment after speakers left when health consumers felt more confident to speak the truth
- I found the levels of decision makers useful. My opinion is they need to have Carers and Consumers on all levels because they will keep making the same mistakes all the time that by the time Carer and Consumer 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?

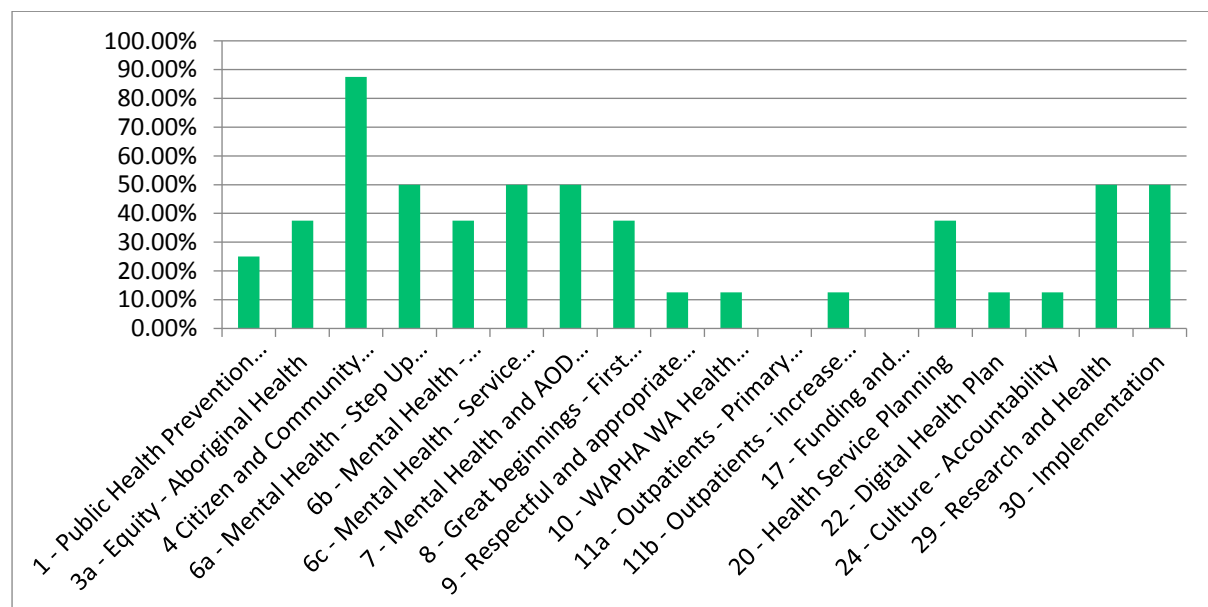
- slides too densely packed with words and badly designed for readability by audience
- The slides were very difficult to read - dense and incomprehensible for a zoom meeting... silencing about why the SHR was paused (1) at all in 2020 and (2) for such a long time when the pandemic did not strike hard 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 you're 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...

## Feedback from the 19<sup>th</sup> October Sustainable Health Review Session (cont.)

### Q4. How would you like to get involved in the Sustainable Health Review? Please check all that apply

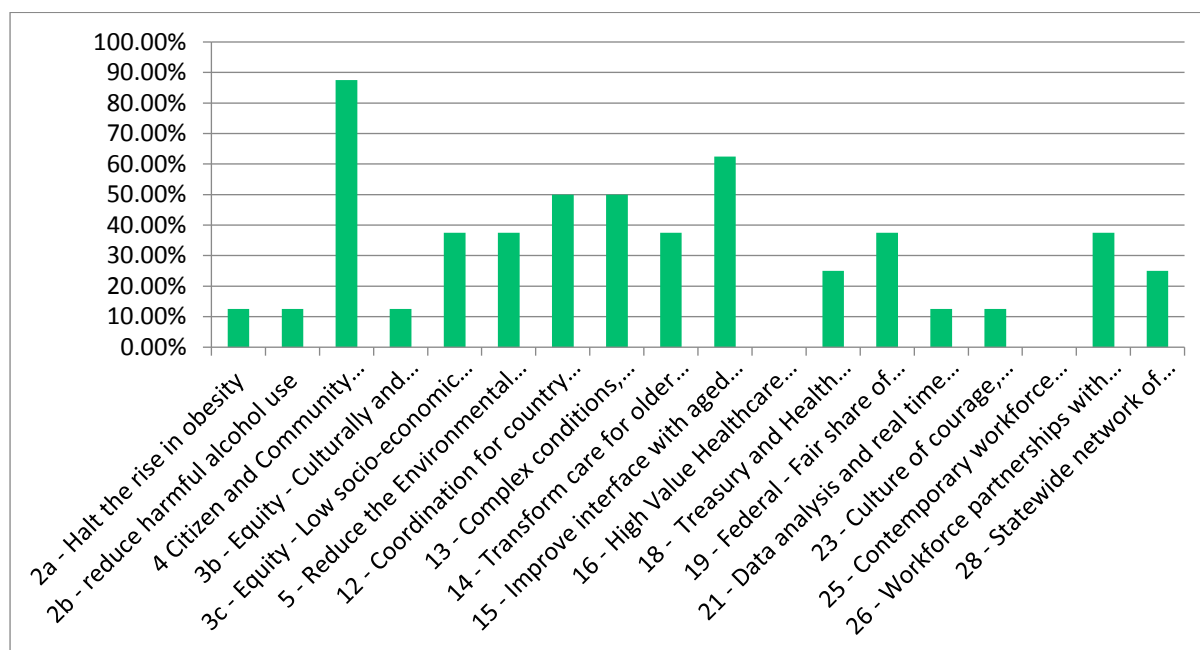


### Q5. Which recommendations particularly interest you from Tranche 1?

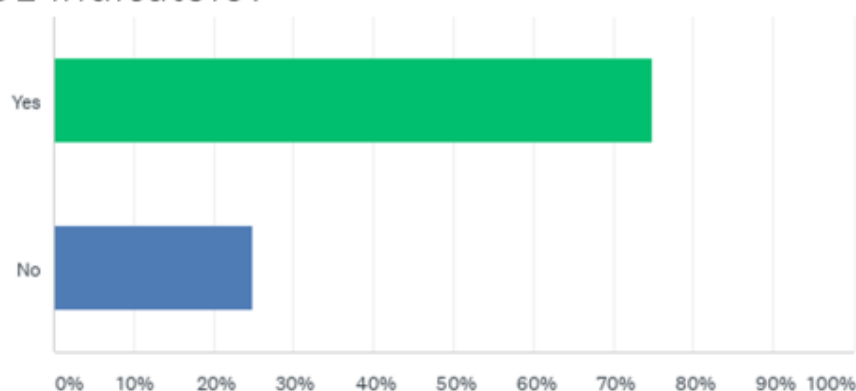


## Feedback from the 19<sup>th</sup> October Sustainable Health Review Session (cont.)

### Q6. Which recommendations particularly interest you from Tranche 2?



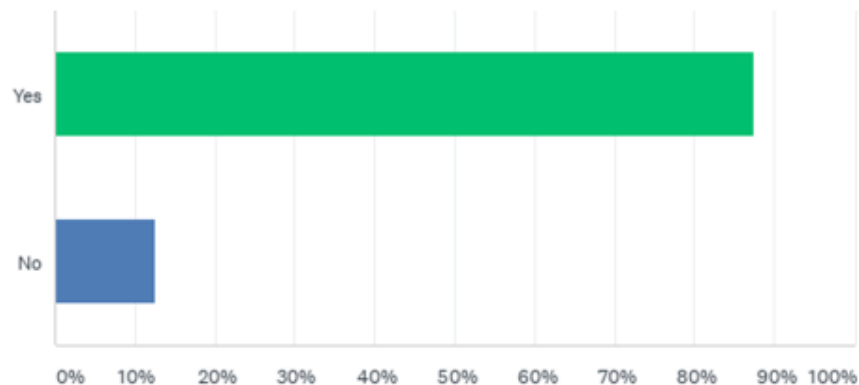
### Q7: Would you like to participate in deeper, more detailed discussions on the 33 SHR Outcomes and the 131 indicators?



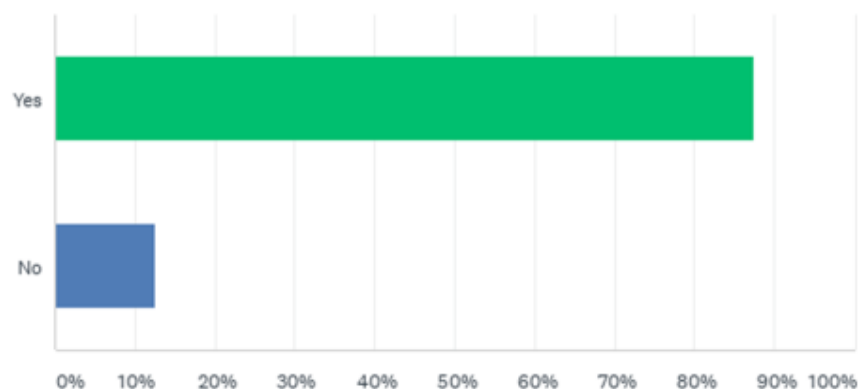


## Feedback from the 19th October Sustainable Health Review Session (cont.)

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

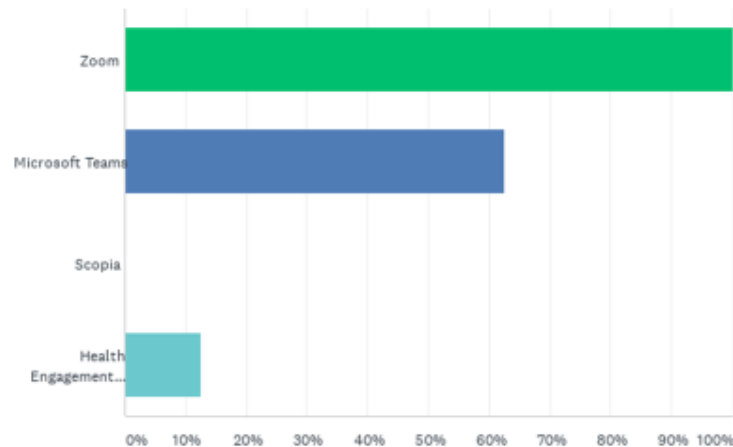


Q8: Hearing back from you on the 33 SHR Outcomes may take several discussions. Are comfortable with that?



## Feedback from the 19th October Sustainable Health Review Session (cont.)

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



## Outcomes Consultation

<https://www.hconc.org.au/wp-content/uploads/2020/10/20201015-HCC-Consumers-Workshop-SHR-Outcomes-19-October-2020-V1.0.pdf>

There was a short discussion on Sustainable Health Review Outcomes Measurement (see PowerPoint from 19<sup>th</sup> October 2020 session)

## 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 | <ul style="list-style-type: none"> <li>1. Population health outcomes improved for all</li> <li>2. Obesity and harmful alcohol use reduced</li> <li>3. Inequity reduced</li> <li>4. Services are responsive to people's needs</li> <li>5. An environmentally responsible health sector</li> </ul>   | 5 - Drive safety, quality and value through transparency, funding and planning | <ul style="list-style-type: none"> <li>19. People receive high value services</li> <li>20. Funding system rewards high value care</li> <li>21. Access to primary care and aged care increased</li> <li>22. Health system is accountable</li> <li>23. Health system capacity meets community needs</li> </ul> |
| 2 - Improve mental health outcomes                               | <ul style="list-style-type: none"> <li>6. Improved mental and physical health outcomes</li> <li>7. Care is person-centred and responsive</li> <li>8. Connected and visible care pathways</li> <li>9. People know where to go to access support</li> </ul>  | 6 - Invest in digital healthcare and use data wisely                           | <ul style="list-style-type: none"> <li>24. Enhanced clinical engagement with data and technology improving patient outcomes</li> <li>25. Digitally enabled health services with care better coordinated</li> <li>26. Accountability is increased</li> </ul>  |
| 3 - Great beginnings and a dignified end of life                 | <ul style="list-style-type: none"> <li>10. Children receive the best start to life</li> <li>11. Early intervention where it is needed most</li> <li>12. People choose the services they receive and where they die</li> <li>13. People experience a dignified end of life</li> </ul>   | 7 - Culture and workforce to support new models of care                        | <ul style="list-style-type: none"> <li>27. Health workers' skills and capabilities are fully utilised</li> <li>28. Workforce planning guides future investment</li> <li>29. Community need shapes the health workforce training pipeline</li> <li>30. Staff are engaged, empowered and productive</li> </ul> |
| 4 - Person-centred, equitable, seamless access                   | <ul style="list-style-type: none"> <li>14. People are cared for in the most appropriate setting</li> <li>15. Patient experience and quality of life is improved through integrated care</li> <li>16. Hospital readmissions are reduced</li> <li>17. Patients receive care closer to or at home</li> <li>18. People's data follows them on their journey</li> </ul> | 8 - Innovate for sustainability  | <ul style="list-style-type: none"> <li>31. Innovation and experimentation in health care delivery</li> <li>32. Research agenda responds to health system needs</li> <li>33. Research translation improves patient care and outcomes</li> </ul>   |

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?

## 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 consultations are coming up soon.

### Any thoughts or suggestions – just post them on the HCC webpage:

<https://www.hconc.org.au/what-we-do/policy-development/sustainable-health-review-consumer-view/>

## Sustainable Health Review – Implementation

### Sustainable Health Review Implementation 2020

[Click here to share your questions, thoughts, suggestions about the Sustainable Health Review](#)