



HEALTH CONSUMERS'
COUNCIL

Independent Governance Review of the WA Health Services Act 2016

<https://consultation.health.wa.gov.au/sgd-governance-system-support-directorate/independent-governance-review-submission-portal>



Contact: Executive Director Suzanna Robertson
suzanna.robertson@hconc.org.au

www.hconc.org.au

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Introduction

The Health Consumers' Council WA Inc. (HCC) was established in 1994 with the purpose of giving a voice to health consumers in Western Australia and improving health outcomes by encouraging and supporting consumer engagement and involvement in health services. HCC also provides an individual advocacy service to support consumers to navigate the WA health system and seek redress.

Executive summary

HCC submits that this Review is a timely opportunity to take stock of how the Health Services Act impacts on the health of the WA community:

- There are strong foundations of consumer, carer and community – and clinician – involvement in the WA Health system that can be built on and enhanced.
- An opportunity to recognise and respond to the fact that the WA Health system is a complex adaptive system and should be managed accordingly – not as a collection of constituent parts, but as a connected and integrated system. This is particularly important when considering systemwide reforms such as the implementation of the Sustainable Health Review.
- There are elements of health service provision in WA – such as prison health – that were excluded from the Health Services Act. We contend that this Review is an opportunity to align the governance of prison health services with other state-run health services in WA.
- State-managed health services must integrate well with other health services – such as primary care and private health services – for the community to be able to experience truly person-centred care. While those other elements of the health system are beyond the scope of this Review, we contend that how WA services relate to those other services are very much in scope.

This feedback represents the views of Health Consumers' Council WA from our role as an independent non-government organisation with extensive experience of advocating for health system improvement at all levels, and discussions with a wide range of diverse consumers, carers and community members.

This submission does not include the comments that were provided in two consultations that HCC hosted for the Review Panel. A report with that feedback has been submitted separately.

General points

Understanding health systems, and health system reform in a complex system

It is widely understood that health services function as complex systems:

“Although some of the components of a health care organization may function as a simple or complicated system where interventions would yield the expected results, many parts of it function as complex systems... As such, is not always possible to predict changes or the effects of interventions on these systems due to their complex nature. Appreciation of the complex nature of health care systems and characteristics of these complex systems and their networks are necessary to manage health care organizations and changes in health care.”¹

¹ “Health Care Organizations as Complex Adaptive Systems”, Ratnapalan and Lang, 2020, https://journals.lww.com/healthcaremanagerjournal/Abstract/2020/01000/Health_Care_Organizations_as_Complex_Adaptive.4.aspx last accessed May 2022

“Individual needs’, ‘localization’, ‘integrated care’, ‘partnership working’ and ‘equity’ are all key words in the current health policy rhetoric. They are highly desirable goals which will require far more attention to whole system thinking than has been the case so far. Change programmes, as currently configured, will find it hard to overcome the contradiction between expectations for whole system reform and the current practice of operationalizing change uniquely through local, independent, performance metric targets.

While the theory of complex systems is appealing for understanding the behaviour of health care systems, the way it is usually used misses the important notion of scale. Currently numerous uncoordinated, parallel performance targets are introduced. This may well achieve ‘whole system’ changes but in reality this is only at a ‘whole subsystem’ level. It is essential that a clearer differentiation between targets for system behaviour and targets as performance monitoring is made.”²

Systems thinking is a way to see the system

Leads to an outcome
> that is only possible when all of these elements are at play together

Dynamics

“a style of thinking that attends as much to the connections between things as to the things themselves, and to the connections between things and their wider context, and looks at things and their connections from more than one perspective.”

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There have been many reviews undertaken and statewide policies that have been developed where it is unclear whether the community has benefited from the implementation of recommendations or activities in the way that was originally envisaged. See [Appendix B](#) for a list of some of these.

Aligning the governance of prison health to other state managed health services

We note the comment in the SHR that “The Panel supports the transfer of custodial health services from the Department of Justice to the WA health system following Government consideration of the

² Complexity and Whole-System Change Programmes, Dattée, 2010.

https://www.researchgate.net/profile/James-Barlow-2/publication/51442840_Complexity_and_Whole-System_Change_Programmes, accessed May 2022

³ Systems thinking, 5 mins presentation for the Obesity Collective Feb 2022, Fiona McKenzie, Orange Compass, <https://youtu.be/rUAKU2lewoA>, accessed May 2022

Justice Health Project, including analysis of costs and benefits, specifically considering health outcomes for high-risk populations.”

We are not aware of the outcome of the Government’s review of this report. We believe it should be considered as part of the scope of this Review and that governance should transfer to WA Health in line with the situation in other jurisdictions.

In response to the items in the Terms of Reference

“the impact of the current governance structure on the culture of HSPs from the perspective of consumers and carers, staff and the community”

Consumer and community involvement

- There are strong foundations of consumer, carer and community – and clinician – involvement in the WA Health system that can be built on and enhanced.
 - There is an existing structure of committees and groups involving consumers, carers and community members that can be built on and enhanced for the benefit of the WA community. These include the Consumer Advisory Councils (generally metro HSPs and hospitals), District Health Advisory Councils (regional), Consumer Advisory Groups (often in mental health), Lived Experience Advisory Groups (often in mental health), Aboriginal Cultural Advisory Groups and others
 - We recommend that the importance of consumer, carer and community perspectives at the highest levels of governance is reiterated by ensuring these perspectives are explicitly included on Health Service Providers (HSP) Boards and the Department of Health Health Executive Committee.
 - We note the common belief that “we are all consumers”, but we suggest that there is a value in appointing experienced senior consumer representatives to explicitly bring a consumer/carers/community perspective – in the same way that clinical perspectives are mandated by the Act.
- There is the opportunity to build and extend existing training for consumers, carers and community members.
 - To the best of our knowledge, training for people who may be or become consumer, carer or community representatives is currently provided by Health Consumers’ Council, Consumers of Mental Health WA (for consumers of mental health services), Carers WA (for carer representatives) and the Consumer and Community Involvement Program (for consumers and community members interested in being involvement in medical or health research).
 - At Health Consumers’ Council we are regularly requested to provide a systemwide consumer lens on a wide range of issues – by the WA Department of Health, as well as individual HSPs. It is not possible for HCC staff to meet all of these requests and current systems and resourcing mean that there are only a small number of people who have the time and capacity to be across a wide range of health system and health service in the way that is required. These are mostly people who are privileged to have paid roles as consumer advocates and engagement practitioners working in consumer or carer organisations.
 - Health Consumers’ Council maintains a network of consumer, carer and community representatives across WA. We have three main foci when supporting this network:

- One – to widen the circle of people who participate in the health system and grow the network so that we keep reaching people who may not otherwise be heard in the health system. This includes developing specific networks to reach people from diverse cultural backgrounds, Aboriginal people, and people with disability.
 - Two – to inform people in this network about key issues across the health system, so they are informed about these when participating in representative opportunities
 - Three – to provide opportunities for people in this network to connect with each other to share learnings and knowledge, and to provide peer support in representative roles.
 - We believe there is potential to further develop this network to increase support, connection and information amongst senior consumer, carer and community representatives in order to widen the pool of consumer representatives who are able to provide a systemwide consumer lens on a wide range of issues. This could include a pipeline of people who could apply to join HSP Boards, as well as people to participate on Ministerial, statewide and other high-level committees.
 - If there is support for this approach, we would recommend that a co-design process is resourced and used to recruit existing and potential consumer, carer and community representatives to participate in the design and development of a consumer leadership program. This could be developed to dovetail with the national work being undertaken by the national Consumers Health Forum of Australia.
 - It could include training and development, mentoring, and networking support to broaden the pool of people who are available to participate in the increasing number of requests for senior consumer, carer or community representatives.
 - Health Consumers’ Council maintains the WA Health Engagement Network (www.healthengagement.org.au) – an online community of practice for people in WA who are interested in developing the practice of consumer engagement. (This was established in 2017-2018 with seed funding from WA Primary Health Alliance – no funds have been received from WA Department of Health.) There are currently almost 400 members including health service staff and consumer, carer and community representatives. More information about the Network and how it was developed is online at <https://www.hconc.org.au/issues/engagement-community-of-practice/>
- There is the opportunity to build and extend training and education opportunities for HSP and WA DoH staff who may be considering partnering with consumers, carer, family or community members.
 - HCC has run workshops and presentations for staff on the practicalities of partnering with consumers. It is our observation from discussions with staff that many people are willing to partner with consumers, but are afraid to try something in case they fail. When directed to existing written materials, they often ask for more practical examples.
 - As identified in a literature review on engagement carried out for the Mental Health Commission in October 2020, “the culture of an organisation is fundamental to effective engagement with service users in service design and delivery. In fact, the key difference between service user involvement which was considered “tokenistic” and service user involvement which was valuable and probing, “lay in the grey area of culture and values that lie behind structures and systems” (Sexton, 2010 quoted in “System and service engagement: a rapid review of models, processes and evidence for engagement

approaches in the mental health sector”, Aha! Consulting for the Mental Health Commission, 2020)”

- We contend that we need to create more opportunities for “social learning” – learning from each other – and “experiential learning” – learning by doing in order to support the required culture change. This means creating the conditions where people feel safe to try things and risk making mistakes. In the Minister for Health staff survey reported in August 2021⁴, only 45% of WA Health staff agreed that they think it’s safe to speak up and challenge the way things are done in their organisation, and only 52% of staff agreed that their organisation treats staff who are involved in an error, near miss or incident fairly. We believe it is critical that staff are supported to understand that mistakes are an inevitable part of learning, and that activities don’t need to be “perfect” before engaging with consumers.

Patient experience

- As is well known, the WA health system is complex and fragmented. See [Appendix A](#) for a slide showing some of the elements of this system.
- Consumer representatives often question why a service that is available at one health service is not available at others – i.e. COVID information for people who are immunocompromised is available on hospital sites in SMHS and EMHS, but not yet⁵ in NMHS
- Consumers can experience disjointed care – particularly regional consumers – who may attend multiple metro hospitals, sometimes for the same condition. We have heard of cases where this means that the clinical teams at each site are unable to access the other site’s medical records for that patient.
- There is unwarranted variation in approach to identifying and implementing frontline innovation and improvement. These teams should always be embedded at the frontline, but there are opportunities to connect the work through networks that could be centrally facilitated.
- There is also an opportunity to ensure consumers are involved in service improvement projects from the outset (i.e. before the project scope is finalised). This will ensure that projects are designed – and resourced – in a way that enables consumer, carer, and community involvement to add maximum value.

“the system’s ability to manage, plan and implement key health reforms and workforce requirements”

Improving safety and quality

- We believe it is difficult for systemwide reform to be effectively implemented when the Department of Health CEO’s responsibility relating to “performance management”⁶ are in conflict with the Department of Health CEO’s functions relating to improving the safety and quality of health services⁷.
 - This is because we believe that to promote improvement – and a culture of patient safety and quality – it is important to be able to get the balance right between a no-

⁴ <https://ww2.health.wa.gov.au/Reports-and-publications/Minister-staff-survey>

⁵ NMHS and SCGH websites checked 18/05/22

⁶ Item 20 (m), “Functions of Department CEO: monitoring the performance of health service providers, and taking remedial action when performance does not meet the expected standard

⁷ Item 20 (l), “Functions of Department CEO: overseeing, monitoring and promoting improvements in the safety and quality of health services provided by health service providers

blame culture in which frontline teams and hospital leaders are able to be open and transparent about shortcomings in order for them to be improved; and a culture of accountability, where action is taken to address under-performance.

- As highlighted in the Your Safety In Our Hands In Hospital 2021 report “The results from the third annual ‘Your Voice in Health’ survey of WA health system staff show that workplace culture and employee wellbeing are key areas for improvement. When only 45% of staff agreed that they think it’s safe to speak up and challenge the way things are done in their organisation and only 52% of staff agreed that their organisation treats staff who are involved in an error, near miss or incident fairly, it demonstrates the need for a ‘no-blame’ reporting culture that focuses on the system issues that can be tackled to ensure safe, high quality patient care.”⁸
- We note the shockwaves that reverberated through the WA community, and the WA Health workforce, when Aishwarya Aswath’s death was reported in April 2021. We understand that many people unfortunately experience harm in health systems around the world. While each HSP has its own safety and quality team, it’s not clear where the systemwide focus on safety and quality improvement sits.
- Again, we believe it’s difficult for the one Department of Health to be able to both harness the energy for improvement, and act as the group that sanctions HSPs for under-performance.
- We are not aware of any consumer, carer or community involvement in any systemwide safety and quality committee.
- In general, we believe there is a lack of any forums where people representing diverse and informed consumer, carer and community perspectives have input at a systemwide level.
 - For example, while it is welcomed that there is consumer involvement in the WA Clinical Senate – through HCC’s involvement – we note that there is no similar body that exists to present a diverse and collective consumer, carer or community voice to the WA Health system.
 - We believe there is a role for a both a Clinical Senate, and a partner Consumer Senate, to act as a trusted but critical friend to the WA health system – able to provide early warning of issues of concern to these groups, as well as being partners in identifying practical and workable solutions to those issues.
 - From our work with Aboriginal community members on their experience of providing feedback or making complaints, we believe there are some groups where the issues of concerns are consistently systematic issues that may only be able to be served by partnering with consumers at a systemwide level.
 - We acknowledge that these suggested approaches may seem to require significant investment. However, we believe that this investment is warranted in terms of the opportunity to avoid errors and reduce harm, as well as to improve efficiency in service provision for the WA community.

⁸ 2021, Your Safety In Our Hands in Hospital, page i, https://ww2.health.wa.gov.au/~/_/media/Corp/Documents/Reports-and-publications/Your-safety-in-our-hands/Your-safety-in-our-hands-report-2021.pdf

The Sustainable Health Review

- The Sustainable Health Review is a complex program of systems reform (that is, changing the conditions within which the elements in a system operate), but appears to be currently being implemented as series of inter-related projects.
- As outlined above, in complex adaptive systems – such as health systems – effort must be made to strengthen the *relationships between* the different elements of the system as well as improving the elements themselves^{9, 10}.
- While there is a strong focus on project and program governance in the implementation of the Sustainable Health Review, there appears to be little on developing strong relationships and building leadership capacity to work in this new way. When HCC approached the SHR Implementation Unit to enquire whether there was an intention to develop communities of practice, or opportunities where Recommendation Leads could connect informally to discuss activities to facilitate cross-fertilisation of approaches and sharing of lessons learned, we were informed this was not the intention.
- We suggest that consumers and carers are often the people who experience the fragmentation and lack of integration across the various elements of the health system and as such, can add significant value to how those relationships could be improved.

Engaging partners beyond the WA Health system in the SHR

Currently on the SHR there are few external co-leads, and it has been informally suggested that this number may be reduced. We believe it is not possible for the WA Health system to address the needs of the community – for safe, high quality, effective and efficient healthcare – on its own. We strongly contend that the SHR should promptly review the appointment of external co-leads with the expectation that these will increase.

State role in improving health, as distinct from improving healthcare

The social determinants of health are widely recognised for their contribution to a community's health and wellbeing. We believe it is not possible for a Department of Health with a focus on providing safe high quality healthcare in a complex and turbulent context to provide sufficient focus and resources on primary prevention and improving wellbeing, and in particular to address to broader social determinants of health. In our current system, management and leadership attention, energy and resources are always going to be drawn to the urgent need to address issues of acute healthcare.

As is the case in Victoria and Queensland – where separate entities focus on primary prevention and wellbeing, removed from the bureaucracy of health administration and so enabled to invest in more bottom-up, community led innovation – we call for the establishment of a separate, standalone agency with a more targeted focus on primary prevention and wellbeing. This agency should be resourced appropriately – in line with the ambition of the SHR – and include a strong focus on engaging communities in its governance, as well as in the design and implementation of activities.

⁹ <https://www.health.org.uk/sites/default/files/ComplexAdaptiveSystems.pdf>, 2010

¹⁰ https://www.mq.edu.au/_data/assets/pdf_file/0012/683895/Braithwaite-2017-Complexity-Science-in-Healthcare-A-White-Paper-1.pdf

“the system’s ability to respond to emergency situations”

The approach to the response to living with COVID demonstrates some of the failures of the current governance arrangements and the lack of consumer, carer and community involvement.

In 2020, we heard reports from consumer representatives that all consumer engagement and involvement activities were ceased. HCC ran a number of informal training sessions to upskill consumers in the use of virtual meeting technology – Zoom – which was welcomed by many participants. But there were no opportunities for consumers – either at HSP level, or system level – to be involved as partners. This contrasted with the situation in Queensland where Health Consumers Queensland were at the tables as partners, and received increased funding to enable them to undertake additional engagement activities in light of the need to respond to the pandemic. (HCC submitted a request for additional funds in light of the situation in early January 2022 and at the time of writing (May 2022) have not received a response.)

From our position in the system, and with two years to prepare, the level of preparedness for COVID in the community in WA at the start of 2022 did not meet community expectations. Particularly in light of the fact that a number of other health system priorities have been paused or delayed since March 2020.

We held a number of consumer conversations and shared people’s concerns with leaders across WA Health.

While the DoH COVID Comms team initially met with us at the start of 2022, we had almost no success in influencing community-facing content.

For example, EMHS and SMHS responded to the feedback we provided and added information for people who are immunocompromised by adding information to their website. It took a further two weeks for this information to be added to the DoH website. As of the time of writing (18 May 2022) this information is still not available on the NMHS website.

Only in April, when we were able to make direct contact with staff in the Department of Premier and Cabinet, were we able to provide advice on how to ensure that government communications answered the questions that many health consumers had and that so far, remained either unanswered or difficult to find.

Health Consumers’ Council commends the WA Government for undertaking this Review, and prioritising the feedback from consumers, carers and community members. We look forward to supporting the implementation of any recommendations, in particular, that relate to further embedding consumer, carer and community involvement at all levels in the health system.

Please contact the undersigned for any clarification or further information.

Kind regards,

Suzanna Robertson
Executive Director

Prepared by HCC staff member Clare Mullen, Deputy Director



Context: Health system and services in WA

WA Health (state)

- Department of Health
- Five Health Service Providers (HSPs) covering multiple hospitals, sites and services
 - East Metro
 - North Metro
 - South Metro
 - WA Country Health Service
 - Child and Adolescent Health Service
- PathWest

Mental Health (state)

- Mental Health Commission
- Office of the Chief Psychiatrist

Primary care (Commonwealth)

- General Practices
- Allied health – physio, podiatrist, dentist etc
- Some mental health and AOD services
- Aboriginal Community Controlled Health Services
- WA Primary Health Alliance – commissions services

Community services (various)

- Non-government organisations (360 Health and Community, Ruah, Richmond Wellbeing, Silver Chain etc)

Other health

- Commonwealth Department of Health
- Australian Commission on Safety and Quality in Healthcare
- Australian Digital Health Agency
- Private hospitals

Other related services (various)

- Universities – training and research
- Aged care services
- National Disability Insurance Scheme and disability service providers



Policy and system issues

- Sustainable Health Review
- Review of Safety and Quality in the WA health system (Hugo Mascie-Taylor)
- Healthy Weight Action Plan
- Safety and Quality Health Service Standards
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 -2025
- Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2019-2025
- Complaints and consumer feedback
- Health literacy
- Consent to treatment – pelvic mesh and other devices
- Climate change, health and sustainability
- Community-led health
- Social prescribing
- Digital health
- Others...
- And... COVID readiness!