



### Culture and workforce to support new models of care

- 23** Build a systemwide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change.
- 24** Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability.
- 25** Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.
- 26** Build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.
- 27** Remove barriers to equity, flexibility and transparency in workforce arrangements.

# Sustainable Health Review: culture and workforce HCC information session

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JULY 2022

CLARE MULLEN, DEPUTY DIRECTOR



# Acknowledgement of Country

Source: Snapshots by Narelle Henry

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We acknowledge that we are meeting on the traditional country of the Whadjuk people of the Noongar Nation and pay respect to Elders past, present and emerging. We acknowledge that they have occupied and cared for this country over countless generations and we celebrate their continuing contribution to the life of this region.

# Recognition of Lived Experience

We recognise the importance of the lived experience voice of health consumers and carers to be at the table. We recognise the value they bring to how we design, deliver and evaluate our health services.

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We thank those that have come before us to pave the way for the health consumer movement and who have spoken even though their voice shook, and shared personal stories and partnered to create change.



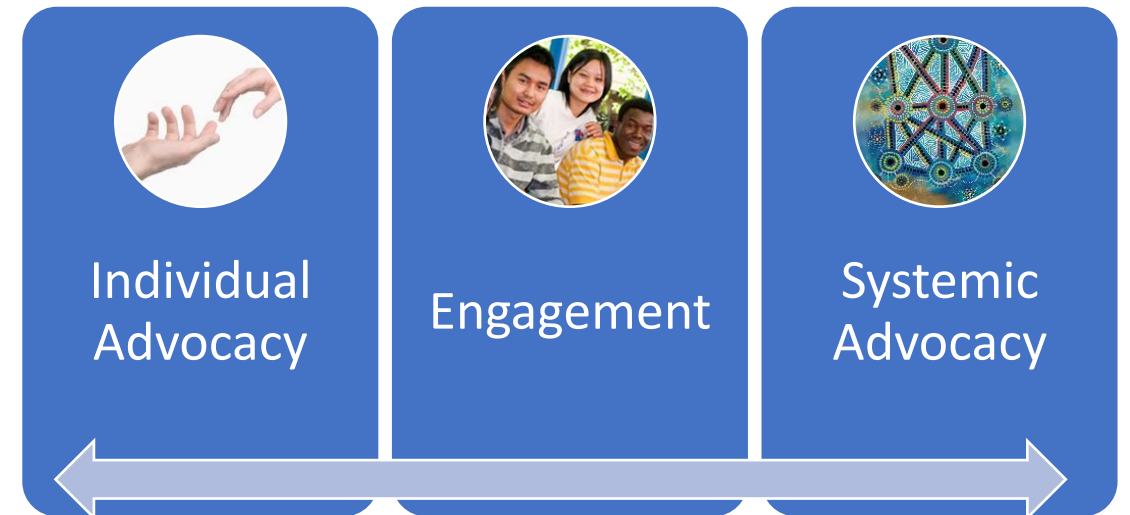
# HEALTH CONSUMERS' COUNCIL

## Vision

Equitable, person-centred, quality healthcare for all West Australians.

## Purpose

To increase the capacity of all people to influence the future direction of health care and to make informed choices.



# Today's session

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## Aims

- To raise awareness of the work underway in this area under the Sustainable Health Review
- Highlight some background information that might be helpful
- To encourage you to participate in consultation opportunities
- Create a forum where consumers/community members can ask questions about this work

## Please note!

This information session has been initiated by Health Consumers' Council to try to demystify this workstream and empower consumers to be active partners in this work. This is not a communication that has been approved by the WA Department of Health.

# Background to the Sustainable Health Review

- The Final Report for the Sustainable Health Review was released on 10th April 2019 after around 18 months of work.
- It includes over 30 recommendations organised into 8 “enduring strategies”.
- While it took a while for work to start in earnest, and then COVID came along, we’re now starting to see some momentum resuming.
- Today’s discussion will cover what we know about the 5 recommendations that relate to **enduring strategy 7: Culture and workforce to support new models of care**





## Culture and workforce – recommendations

- Rec 23: Build a systemwide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change.
- Rec 24: Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability.
- Rec 25: Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.
- **Rec 26: Build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.**
- Rec 27: Remove barriers to equity, flexibility and transparency in workforce arrangements.



**Culture and workforce to support  
new models of care**  
Recommendations  
23–27

# Consumer involvement in this work so far

Recommendation	Consumer involvement so far	Potential opportunities
23: culture of courage	Presentation to the SHR Partnership Forum 11/21 HCC has reached out to the Rec team April 2022 – worked was paused at that time.	Aligning systemwide leadership framework with consumer leadership opportunities. Ensure a focus on leading across organisational boundaries.  High performance culture
24: cohesive outward looking system	Presentation to the SHR Partnership Forum 11/21	
25: contemporary workforce roles	Presentation to the SHR Partnership Forum 11/21 Stakeholder consultation meeting	Suggestion of including new roles such as navigator and peer workers
26: workforce capability	HCC hosting consumer workshops; Presentation to the SHR Partnership Forum 11/21	
27: equity in workforce	Presentation to the SHR Partnership Forum 11/21	Get clarity on standard LMS across all HSPs and impact on consumers





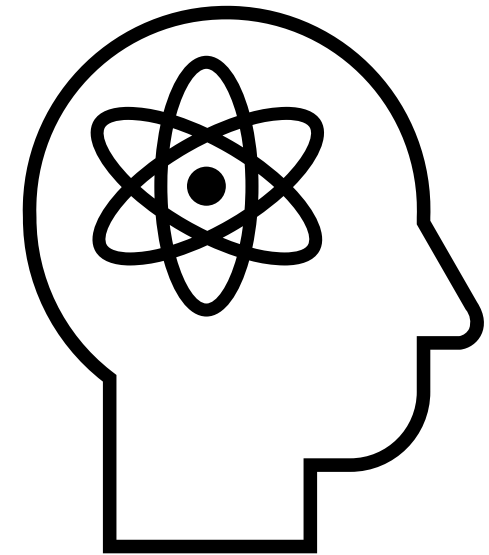
# Issues through a consumer lens...?

- Consumer and carer involvement in training and development of healthcare roles and professionals
- The importance of roles that support consumers and carers to experience joined up care in a fragmented system
  - Care navigation
  - Transition roles (i.e. child to adult services, rural to metro...)
- The importance of psychological safety for safe high quality care – and high reliability systems
  - Transparency about this to the community and consumer leaders
- The importance of a relational – person to person – approach to services – even if those services are being delivered digitally or remotely
- Protecting time to care and developing trusted relationship
- The opportunity to consider new roles that go across traditional workforce silos – i.e. Aboriginal Health Worker, care navigator, community connectors
- The need for roles that can deal with health AND social care needs – recognising the non-clinical aspects that impact on health

# Some examples and ideas to consider...

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- “Culture eats strategy for breakfast”
- Radical help – co-design is key!
- Peer workers, Aboriginal Health Workers, bi-cultural workers
- Social prescribing
- Mendip health connections
- Beating Diabetes Together in NSW
- Nurse practitioners
- Care navigators and linker roles



# Culture of courage, innovation and accountability and... compassion?

## The case for compassionate leadership

“There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn **results in high-quality care** (West 2021).”<sup>1</sup>

## Room for improvement in WA

From the third annual ‘Your Voice in Health’ survey of WA health system staff August 2021<sup>2</sup>

- “Only 45% of staff agreed that they think it’s safe to speak up and challenge the way things are done in their organisation
- only 52% of staff agreed that their organisation treats staff who are involved in an error, near miss or incident fairly”

## The four behaviours of compassionate leadership



### Attending

This means being present with and focusing on others – ‘listening with fascination’ (Kline 2002). Listening is probably the most important leadership skill and compassionate leaders take time to listen to the challenges, obstacles, frustrations and harms colleagues experience as well as listening to accounts of their successes and joys (West 2021).



### Understanding

This involves taking time to properly explore and understand the situations people are struggling with. It implies valuing and exploring conflicting perspectives rather than leaders simply imposing their own understanding (Gallo 2017).



### Empathising

This involves mirroring and feeling colleagues’ distress, frustration, joy, etc., without being overwhelmed by the emotion and becoming unable to help (West and Chowla 2017).



### Helping

This involves taking thoughtful and intelligent action to support individuals and teams. Removing obstacles that get in the way of people doing their work (eg, chronic excessive workloads, conflicts between departments) and providing the resources people and services need (eg, staff, equipment, training) are the most important tasks for leaders (McCauley and Fick-Cooper 2020).

<sup>1</sup> <https://www.kingsfund.org.uk/publications/what-is-compassionate-leadership>

<sup>2</sup> [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](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)



# Radical Help...

“What is the role of the modern state in creating the good life? Are... the public servants of today, simply humanisers of the inevitable, those who must mop up the fall out of rapid techno economic change? Or can we be the radical architects of a much-needed social revolution?”

...

I work with people like Anne. Anne is unwell, in pain and overweight. Keeping appointments with nine specialist doctors is her full-time job. But when I meet the doctors, they tell me something Anne already knows – the drugs don’t work. Anne needs radical help to change the way she lives. I set up in doctor’s surgeries and ask them to send me ‘heart-sink’ patients like Anne. A small team then starts to unpick the always complex problems that lie behind ill health. Anne decides to take up her embroidery again, her mood lifts and she is ready for the next challenge. The remedies are unorthodox, more often social than clinical but the data impresses the clinicians and the service is low cost.”

<https://www.hilarycottam.com/humanising-the-inevitable-c21-public-service/>

# Peer workers, Aboriginal Health Workers, bi-cultural workers

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## Peer workers

- Well embedded in mental health and alcohol and other drug services
- Nationally and at a state level significant work is being done on how to foster a robust and well-supported MH and AOD peer workforce and set up a Lived Experience (Peer) Workforce Association
- Consumer Health Forum Consumer Commission found “There is a need to enhance the role of peer support across the mental health and suicide prevention systems as peer workers are currently sporadically utilised and poorly supported.”<sup>1</sup>
- Opportunity to explore extending these into other conditions – i.e. WELL Collaborative

## Aboriginal Health Workers and Practitioners

- Registered Aboriginal and Torres Strait Islander Health Practitioners are qualified to perform a broad range of responsibilities. They provide culturally safe support in a variety of settings and have access to MBS item numbers.<sup>2</sup>

## Bi-cultural workers

- A bi-cultural worker is employed to use their cultural knowledge, language skills, lived experience and community connections to work with people who they share a lived experience with and with mainstream organisations. Bi-cultural workers elevate community voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety (cohealth, 2019)<sup>3</sup>.

<sup>2</sup><https://www.naatsihwp.org.au/>

<sup>3</sup> <https://www.cohealth.org.au/get-involved/bi-cultural-work-program/>

# Social prescribing

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- Recognises that many things that contribute to our health are social, not clinical
- Examples in Australia include Compassionate Communities
- Related examples include Live Well Tasmania, Live Well Logan
- Query – medicalising something that is social?



# Example: Mendip Health Connections

- Started in a GP surgery
- Process
  - Map existing resources with community members and service providers
  - Identify gaps
  - Take action to address the gaps
- Key workforce roles
  - Community connectors – members of the community
  - Health connectors – health service staff
- Similar examples include Compassionate Communities



<https://healthconnectionsmendip.org/>



## Working across sector and funding boundaries

Western Sydney Diabetes (WSD) is a partnership between Western Sydney Primary Health Network, Western Sydney Local Health District, Diabetes NSW & ACT and PricewaterhouseCoopers, with an Alliance of over 130 partner organisations.

[About Us](#)[Health Professionals](#)[Community](#)[Events](#)[News and Resources](#)[Work with Us](#)[Research](#)

## Beating Diabetes Together

Diabetes is a problem that many parts of the community have an interest in solving. Working together, we can create a range of strategies to take the heat out of our diabetes 'hotspot' in Western Sydney. Success will require diabetes prevention and management to become everybody's business and below are some of the initiatives of our WSD partnership.

### Routine screening

One of the most significant initiatives of WSD has been the introduction of HbA1c screening at Blacktown and Mount Druitt Hospital emergency departments. Over the past three years, more than 100,000 patients have had a HbA1c screening performed as part of a regular blood test whilst being treated at these hospitals. To expand on this initiative, Western Sydney Primary Health Network has rolled out routine HbA1c screening in some Western Sydney general practices. This kind of screening promotes early detection of diabetes and pre-diabetes in the community, allowing better management of these conditions.



# Nurse practitioners – and other advanced practice roles

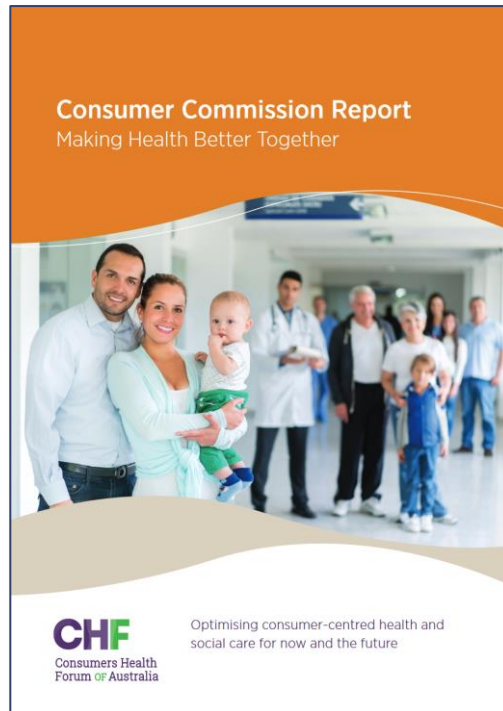
- Nurse practitioners (NP) in Australia for over 20 years.
- A NP is a highly experienced registered nurse who has completed Master's level study and endorsed the Nursing and Midwifery Board of Australia
- Can prescribe some medications and do some advanced procedures such as minor surgical procedures and invasive diagnostic tests
- Over 2,200 NPs in Australia (06/21)
- Strong support from the community for NPs
  - “Patients are more satisfied with care from a nurse practitioner than from a doctor, with no difference in health outcomes”<sup>3</sup>
- But... more awareness of the scope of NPs needed
- MBS funding items can limit the scope and act as a barrier to access
- NPs are the only health professionals required to establish a collaborative arrangement with a doctor – power imbalance known
- RACGP do not support independent NPs<sup>2</sup>

[https://consultations.health.gov.au/health-workforce/nurse-practitioner-10-year-plan-survey/supporting\\_documents/Nurse%20Practitioner%2010%20Year%20Plan%20Consultation%20Paper.pdf](https://consultations.health.gov.au/health-workforce/nurse-practitioner-10-year-plan-survey/supporting_documents/Nurse%20Practitioner%2010%20Year%20Plan%20Consultation%20Paper.pdf)

<sup>3</sup> <https://www.health.nsw.gov.au/nursing/practice/Publications/nurse-practitioner-review.pdf> 2014

<sup>2</sup> <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/nurse-practitioners-in-primary-healthcare>

# Care Navigators/Link Workers



- “...given many aspects of care sit outside the health system it is important that the transitions, both within health settings and between health and social services, operate seamlessly. Care coordinators, system navigators and link workers play an important role to support these transitions.”<sup>1</sup>
- **“Patient liaison coordinators are needed for people from rural, regional and remote communities** to assist in navigating the challenges of health service provision in hospitals or private care facilities in metropolitan areas; to assist in the use of telehealth as a complementary option. Patient liaison coordinators are essential in all aspects of health service navigation, be it in metropolitan, rural, regional or remote facilities.
- **Develop a national vocational qualification** in healthcare coordination that incorporates peer workers and/or patient liaison roles, as well as advocating for and coordinating care specifically for rural, regional and remote patients.”<sup>2</sup>

<sup>1</sup> [https://chf.org.au/sites/default/files/docs/chf\\_consumer\\_commission\\_report\\_v4final.pdf](https://chf.org.au/sites/default/files/docs/chf_consumer_commission_report_v4final.pdf)

<sup>2</sup> [https://chf.org.au/sites/default/files/220222\\_rural\\_regional\\_remote\\_roundtable\\_report\\_final.pdf](https://chf.org.au/sites/default/files/220222_rural_regional_remote_roundtable_report_final.pdf)



Service systems are often complex, opaque and hard to navigate



People experience a range of barriers to accessing services



People often carry trauma or distress from their experience of the 'sharp edges' of the service system

**The people who would benefit the most from support are consistently the ones who are missing out.**

The systemic problems with social and community services are well known, entrenched and have proven challenging to shift despite efforts from within and outside of government.

Linker roles have emerged as a strategy to address these systemic issues, explicitly designed to help people navigate the complexity of the service system. They provide a way to operationalise the relational, client-centred, flexible support which evidence shows is more effective.

#### **Our initial findings:**

- Linkers are a distinct role.
- There are common characteristics to Linker practice.
- There is a core set of attributes that define how Linkers work.

Further questions arise from this analysis, with more work needed to explore the full potential of Linkers and how to sustain this workforce.

**Link workers –  
research by Paul  
Ramsay Foundation**

<https://paulramsayfoundation.org.au/wp-content/uploads/2022/04/PRF-Dandolo-Linkers-Final.pdf>

**LINKER PRACTICE**



**Navigation and flexible support**

Work alongside clients to connect them to resources and support, collaboratively problem-solving barriers to build capability and independence



**Client-led goals and aspirations**

Elicit aspirations and priorities, understand barriers, explore options and opportunities available, and develop a tailored plan



**Relationship and trust-building**

Build trust and connection early and maintain strong and respectful relationships



**Community knowledge and relationships**

Practice active outreach and engagement to connect with clients who could benefit from additional support

**PROGRAM DESIGN  
& ORGANISATIONAL  
STRUCTURES**



**Flexible service model**



**Capacity to work with families over time**



**Caseload that affords time and space for relationships**



**Supportive management in a small team**

Maintain a network of local service providers and relationships with community members

# Recommendation 26

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- Build capability in workforce planning
- and formally partner with universities, vocational training institutes and professional colleges
- to shape the skills and curriculum
- to develop the health and social care workforce of the future



# Rec 26 – implementation priorities

- Investment in a systemwide integrated workforce information system to support workforce planning and support through linked information including payroll, Human Resources, learning management, rostering, training, credentialing and performance development.
  - Investment in improved workforce analytics and modelling capability.
- **A 10-year health and social care workforce strategy developed by July 2021 [now anticipated to be late 2022/early 2023] with key stakeholders including joint planning of training needs and placements; ensure an interdisciplinary approach to care with training exposure in both acute and community settings, and equitable and adequate placements across professional groups with a focus on regional areas.**
  - Encourage and advance health and social care educational curriculum to include a sound understanding of how health, mental health and social care systems are organised and operate, including training in the skills needed for a digitally literate workforce. Link in with NFP sector and significant work already advanced in this area e.g. MH Peer Worker training at TAFE and other providers

# Rec 26 – emerging themes

## 1. Culture and Engagement

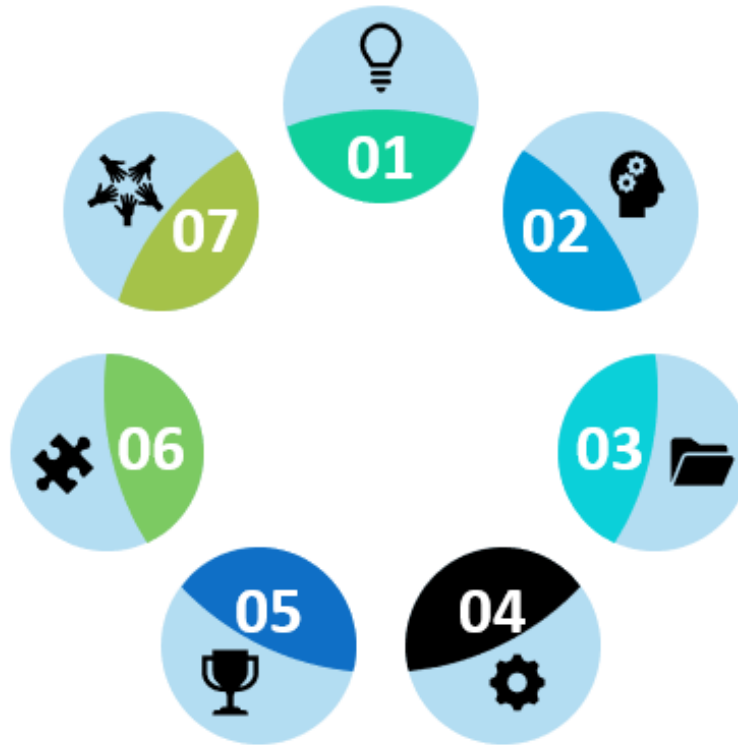
Ensuring and developing a WA health system culture that focuses on safety, wellbeing, engagement and satisfaction for a high-performing workforce.

## 2. Healthcare Leadership

Strong healthcare leadership is essential to ensuring the strategic direction and culture of the WA health system delivers continuous improvements and high-quality healthcare services.

## 3. Workforce Planning

Workforce planning is a mechanism to ensure that health systems recruit, train and retain staff to accurately address the WA health system's demand and needs. A centralised system should link information from payroll, HR, learning, rostering, training and performance development.



## 4. Addressing Workforce Interdependencies

The health and social industry as complex systems which are constantly evolving with interdependencies. This often has a subsequent impact on growth, attraction and retention of the workforce.

## 5. Social Care

To truly address sustainability and improve care to consumers, the WA health system needs to extend beyond hospitals and primary care service.

## 6. Capability and Skill Development

There is a pressing need to ensure that the WA health system workforce has the appropriate qualification, skills and experience to consistently deliver high-quality and culturally safe services.

## 7. ATSI and CALD workforce

It is recognised that attracting and retaining the ATSI workforce improves access to culturally safe treatment and holistic care, which will then improve the health and wellbeing outcomes of the WA community.



# Sustainable Health Review



## Enduring Strategy 1 - Commit and collaborate to address major public health issues



### Recommendation Four:

Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Six priorities for implementation on pages 54-55 of the report

**HCC's Executive Director is the Co-Lead for this Recommendation**





# Opportunities for consumer partnership on SHR workforce reforms

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## Recommendation 26 – consultation to inform a workforce strategy

- Tuesday 26 July – Zoom consultation sessions
  - 1pm – 3.30pm **regional** focus
    - Register online <https://www.eventbrite.com.au/e/wa-health-workforce-reform-consumer-consultation-regional-tickets-384314584267>
  - 4.30pm – 7pm **metro** focus
    - Register online <https://www.eventbrite.com.au/e/wa-health-workforce-reform-consumer-consultation-metro-tickets-384318997467>
- Or email: [Doh.workforcestrategy@health.wa.gov.au](mailto:Doh.workforcestrategy@health.wa.gov.au)