Expert Panel
Independent Governance Review of the Health Services Act 2016
Department of Health
189 Royal Street
East Perth WA 6004

Dear Chair,

Independent Governance Review of the Health Services Act 2016

Please find attached Cancer Council WA's submission in respect of the Independent Governance Review of the *Health Services Act 2016* (the Review).

As the peak non-government cancer control organisation in Western Australia, Cancer Council WA advises the State Government and other bodies on practices and policies to help prevent, detect and treat cancer. We develop, promote and contribute to policy and initiatives to reduce the impact of cancer on the Australian community.

Cancer Council WA welcomes the Review, and is pleased to have been given the opportunity to contribute. Cancer Council WA's feedback in respect of the Review is directed at ensuring that the governance of the WA health system facilitates preventive and public health and enables high-quality health care. In providing this feedback, Cancer Council WA also comments on possible reform that could be considered to further these objectives.

If any questions or comments arise during the review of this submission, please contact Rebekah Light, Legal Policy Advisor on 0411 784 084 or Rebekah.Light@cancerwa.asn.au.

Thank you for your consideration of our submission. We look forward to reading the outcomes of the Review in due course.

Yours sincerely,

Ashley Reid
Chief Executive Officer

16 May 2022

WESTERN AUSTRALIA

Independent Governance Review
Health Services Act 2016

Public Submission Form

Please complete this sheet and submit with any attachments at the Submission Portal.

The submission and survey responses you provide will help to inform the Expert Panel's advice in its Report to Government on the Review. The Government may use that Report to inform future changes to laws and policies relating to the governance of the WA health system.

Please contact the Review Secretariat at IndependentGovernanceReview@health.wa.gov.au if you have any further questions about your submission or survey response and how your information will be handled.

Your Personal Details

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If you do provide this information you can still opt for your submission to remain anonymous.

We will never publish your contact details. Your contact details will only be used for this consultation.

Title	Mr☒ Miss☐ Mrs☐ Ms☐ Dr☐ Other☐
Organisation	**Cancer Council WA**
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Submission Response Field

Please type your response into the field below. Alternatively, you may provide your submission as a separate attachment (suggested maximum five (5) pages).

Please do not provide the following types of information in your submission and/or survey response:

- ***Information that would identify a third party (for example, the name of a patient, clinician or administrator). We may redact or not publish submissions that identify third parties, or that are regarded as defamatory or discriminatory.***
- ***Sensitive information including your race or ethnic origin or political opinion.***

Please see attached submission.

Cancer Council WA

Submission: Independent Governance Review of the Health Services Act 2016

May 2022

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Cancer Council WA

Cancer Council WA welcomes the opportunity to provide a submission as part of the Independent Governance Review of the *Health Services Act 2016* (**HS Act**).

Cancer Council WA is a leading health promotion charity in Western Australia (WA). Our vision is a cancer-free future for all Western Australians and, over the last 60 years, we have strived to achieve this vision through cancer research, advocacy, education, and support. We are highly regarded in the community and work closely with a diverse range of stakeholders to help deliver outstanding, client-centred customer service and health equity throughout our communities.

In the spirit of deepening relationships, Cancer Council WA acknowledge all the traditional custodians and owners of country throughout Western Australia and recognise their continuing connection to land, waters and community. We also pay our respect to their Elders and extend that respect to all Aboriginal peoples living and working in this area.

1. Background to the Review

The terms of reference for the Independent Governance Review of the HS Act (**the Review**) are stated to be as follows:

"Terms of reference

In carrying out the review, the Panel will consider the governance of the WA Health System in relation to:

- *the efficiency and effectiveness of the devolved governance structure, the System Manager and Board-led Health Service Providers (HSPs)*
- *the impact of the current governance structure on the culture of HSPs from the perspective of consumers and carers, staff and the community*
- *whether the System Manager's role in planning and commissioning services and ensuring accountability is adequately enabled through existing mechanisms, such as mandatory policies, directions and Service Agreements*
- *whether the System Manager and the HSPs are fulfilling their respective roles as originally envisaged, including whether the System Manager is exercising available authority under the existing structure and the HSPs are responding accordingly*
- *the system's ability to manage, plan and implement key health reforms and workforce requirements*
- *the system's ability to respond to emergency situations*
- *any other related matters."*

The Department of Health (**DOH**) website provides (in part), *"The governance review is also an important first step in reviewing the effectiveness of the Act, prior to the commencement of a statutory review."*

Cancer Council WA's feedback in respect of the Review is directed at ensuring that the governance of the WA health system facilitates preventive and public health and enables high-quality health care. In providing this feedback, Cancer Council WA also comments on possible reform that could be considered to further these objectives.

2. Background to the Health Services Act 2016

The HS Act introduced significant reform to the WA health system, including a new decentralised governance model.

The HS Act sets out the powers of the Minister and establishes the Ministerial Body as a body corporate (see Part 2 of the HS Act). The Minister for Health has overall responsibility for the WA health system.

The Director General of the DOH (being the Department CEO in the HS Act) is the system manager of the WA health system (see section 19(2) of the HS Act). The WA health system is comprised of:

- the DOH; and
- health service providers (**HSPs**); and
- to the extent that contracted health entities provide health services to the State, the contracted health entities (see section 19(1) of the HS Act).

The Department CEO is responsible for strategic leadership, direction, policy, planning, performance and oversight of the WA health system.

HSPs established under section 32 of the HS Act are separate legal entities. The Minister may establish a health service provider (**HSP**) for a health service area and specify whether the HSP is to be a Board governed provider or Chief Executive governed provider (see section 32 of the HS Act). Currently, the HSPs are:

- North Metropolitan Health Service (Board governed);
- South Metropolitan Health Service (Board governed);
- East Metropolitan Health Service (Board governed);
- Child and Adolescent Health Service (Board governed);
- WA Country Health Service (Board governed);
- Health Support Services (Board governed);
- PathWest Laboratory Medicine WA (Board governed);
- Quadriplegic Centre (Chief Executive governed).

HSPs are responsible and accountable for providing health services to their local communities, in accordance with service agreements.

The Department CEO has the ability to issue policy frameworks binding HSPs and their staff (see sections 26 and 27 of the HS Act) to ensure consistent approaches across the WA health system on specified matters of system-wide importance[a]. The Department CEO must also enter service agreements with HSPs for the provision of health services by the HSP (see section 46 of the HS Act) and may issue directions (see Division 3 of Part 3 of the HS Act).

[a] It is noted that some of the mandatory requirements under the policy frameworks are also stated to be mandatory requirements for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

3. Collaborative action to address public health

'Public health' is defined in section 4(1) of the *Public Health Act 2016* (**PH Act**) as follows:

*"**public health** means the health of individuals in the context of —*

(a) *the wider health and wellbeing of the community; and*

(b) *the combination of safeguards, policies and programmes designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability".*

A high proportion of health costs arise from preventable diseases. Government frameworks including the Sustainable Health Review Final Report (2019)[1], the WA Health Promotion Strategic Framework 2017-2021[2] (with the next framework for 2022-2026 currently in development), the WA Cancer Plan 2020- 2025[3] (**Cancer Plan**), and the National Preventive Health Strategy 2021-2030[4] recognise the importance of collaborative action and targeted preventive approaches to promote public health and address the prevention of chronic disease.

The majority of the disease burden in Australia is caused by cancer, cardiovascular diseases, musculoskeletal conditions and mental and substance use disorders[5]. It is estimated however that 38 per cent of the disease burden could be prevented through a reduction in modifiable risk factors[5]. Similarly, research has indicated that approximately 32 per cent of cancers (excluding keratinocyte cancers) are attributed to known risk factors that can be controlled[6]. The number of deaths caused by chronic disease, including cancer, can be reduced through addressing risk factors such as tobacco use; overweight and obesity; poor diet; inadequate physical activity; alcohol use and ultraviolet radiation exposure (amongst other factors)[5,6].

There is a pressing need to progress strategies that target the risk factors for chronic disease to reduce the burden of chronic diseases. There are a range of factors that affect the health of individuals and communities (the determinants of health). The determinants of health include social, economic, physical, cultural and commercial factors, and addressing these determinants of health requires a whole-of-system response involving governments, non-government organisations, universities and the private sector.

The DOH has a central role in public health and cancer prevention and is involved in a broad range of initiatives to prevent illness and promote public health. The Chief Health Officer (**CHO**) has key functions under the PH Act in respect of public health, including in respect of the State public health planning and the development and implementation of policies and programs to achieve the objects of the PH Act (see section 6 of the PH Act). The Director General of the DOH has certain responsibility for specified matters relating to public health as set out in health legislation, including the HS Act, *Tobacco Products Control Act 2006*, *Food Act 2008* and PH Act. HSPs also advance public health in the provision of health services, including in programs and activities for the protection and promotion of public health.

Cancer Council WA supports a greater focus and investment within the WA health system on collaborative action to address public health issues, in order to reduce chronic disease, and supports any necessary and appropriate legislative, policy and operational changes to support and facilitate this objective.

4. Policy frameworks

Cancer Council WA supports the use of policy frameworks under the HS Act to address matters of system-wide importance. Policy frameworks allow the Department CEO, as system manager, to address matters across the WA health system in a flexible and efficient manner (for example, when compared to having regulations made). Policy frameworks are located on the DOH website (https://ww2.health.wa.gov.au/About-us/Policy-frameworks), which is important to facilitate transparency and accountability in respect of the operation of the WA health system (see section 26(5) of the HS Act). Cancer Council WA makes the following points regarding policy frameworks under the HS Act.

- Cancer Council WA supports the Public Health Policy Framework as an avenue to promote public health and address the modifiable risk factors in respect of chronic disease. For example, the Smoke Free Policy (MP 0158/21) and the Healthy Options WA Food and Nutrition Policy (MP 0142/20) in the Public Health Policy Framework advance this objective. Cancer Council WA also considers that policy frameworks could be used for providing a process for declining engagement with the tobacco industry and other unhealthy industries, such as the unhealthy food and beverage and alcohol industries, in particular situations such as public health policy formulation. Similarly, the Sponsorship Policy (MP 0047/17) under the Procurement Policy Framework could be reworked to incorporate considerations set out in the Healthway Co-Supporters Policy (September 2021) (located at: https://www.healthway.wa.gov.au/wp-content/uploads/Co-Supporters-Policy.pdf) in respect of reducing the promotion of unhealthy brands.

- Cancer Council WA considers the Clinical Governance, Safety and Quality Policy Framework is important to support appropriate clinical care across the WA health system. Appropriate processes are necessary to ensure that care is safe, consumer and carer centred, based on accurate information and that clinical governance structures are clear and maintained across the WA health system.

- The Information Management Policy Framework provides certain mandatory requirements regarding data collection by HSPs. Data collections are of key importance in the WA health system for patient care, quality and safety, and research. Data collection in the WA health system would be facilitated by a single state-wide electronic medical record (**EMR**) that captures comprehensive health information in a consistent manner. This is important to ensure streamlined quality care, unprecedented system analysis and research capabilities.

  Data collections can facilitate public health research including regarding the risk factors affecting health and the effectiveness of treatment and other interventions. Cancer Council WA advocates that systems should record (amongst other matters) information about health risk factors (such as smoking status), health screening and early diagnosis and be included in datasets managed by the DOH. Further, the details of interventions provided (for example, evidence-based smoking cessation support) should be recorded.

  Cancer Council WA recommends that health services ask patients regarding their smoking status at every engagement by patients with health services, and that evidence-based smoking cessation support is offered and provided. There is strong evidence that highlights increased health system usage and costs for smokers[7]. Smoking also increases the risk of intraoperative and postoperative complications[8].

- The Information and Communications Technology Policy Framework specifies the ICT governance and policy requirements HSPs must comply with. The WA Health Digital Strategy 2020-2030 (**WAHD Strategy**) is stated to be supporting information under this policy

framework. The WAHD Strategy includes the development of a state-wide EMR. Having separate or multiple medical records systems (as is currently the case across HSPs) can lead to disparate, siloed health care with inadequate information available to treating health professionals. This can have implications for continuity of care and quality and safety.

There is a pressing need for a user-friendly EMR system with integrated systems and programs to facilitate better information sharing, aid clinical decision-making and continuity of care, and reduce clinical risk. Cancer Council WA considers it is vital this initiative is progressed as a matter of priority. Once established, its use should be governed in accordance with applicable legislation and by binding requirements under the policy frameworks.

- The Research Policy Framework sets out research requirements for HSPs across the WA health system. Cancer Council WA considers it is important to have frameworks across the WA health system that facilitate research and ensure it is conducted with high ethical and scientific standards.

- Cancer Council WA considers the use of appropriate compliance monitoring desirable in relation to the policy frameworks. In this regard, it is noted that the Smoke Free Policy (MP 0158/21), a mandatory requirement under the Public Health Policy Framework, states "Health Service Providers must provide a report annually for the period 1 July to 30 June to the System Manager on compliance with this Policy". This allows a level of transparency as to how a policy framework is operating.

- A mandatory requirement in a policy framework should impose clear obligations, given that non-compliance with a policy framework can be a breach of discipline (see section 161 of the HS Act). Framework, strategy or guidance documents that do not impose clear obligations on HSPs or their staff may not be appropriately designated as mandatory requirements of the policy frameworks. Nevertheless, it can be helpful to have them linked into the relevant policy framework website as a key supporting framework, strategy or guidance document for ease of reference.

- It is useful for policies under the policy frameworks to have contact details of the person, position and area within DOH responsible for the policy. This assists with queries in relation to the policy in question. The version of the policy is also useful in considering how a policy has changed over time. In addition, Cancer Council WA supports the regular review of mandatory requirements of policy frameworks to ensure that they are appropriate over time.

5. Service agreements

Section 46(2) of the HS Act provides that the Department CEO and a HSP must enter into a service agreement for the provision of health services by the HSP. Service agreements must state the following:

"(a) the health services to be provided to the State by the health service provider;

(b) the teaching, training and research in support of the provision of health services to be provided;

(c) the funding to be provided to the health service provider for the provision of the services, including the way in which the funding is to be provided;

(d) the performance measures and operational targets for the provision of the services by the health service provider;

(e) how the evaluation and review of results in relation to the performance measures and operational targets is to be carried out;

(f) the performance data and other data to be provided by the health service provider to the Department CEO, including how, and how often, the data is to be provided;

(g) any other matter the Department CEO considers relevant to the provision of the services by the health service provider." (See section 46(3) of the HS Act).

Cancer Council WA notes the use of service agreements as a governance tool and accountability mechanism. However, Cancer Council WA considers that it would be appropriate to have greater public access to the detail contained in service agreements, including in respect of specific programs. Currently it appears only abridged versions are published on the internet (https://ww2.health.wa.gov.au/About-us/Service-agreements) which provide only a broad overview of arrangements.

6. Health Service Provider land

Regulations may provide for the conduct of persons on HSP land and what may be brought onto HSP land (see section 209 of the HS Act). Cancer Council WA notes that a prohibited item (which includes an alcoholic beverage) must not be brought onto HSP land unless the person has permission to do so; and a person must not smoke on HSP land (see regulations 7 and 8 of the *Health Services (Conduct and Traffic) Regulations 2016* (**HSCT Regulations**) respectively).

Cancer Council WA notes that the prohibition on bringing an alcoholic beverage onto HSP land is not absolute. An alcoholic beverage can be brought onto HSP land with permission. A reference to 'permission' in the HSCT Regulations is a reference to permission that is:

"(a) given by the responsible chief executive or a responsible authorised person; and
(b) in writing; and
(c) obtained and not revoked prior to the performing of the act that is the subject of the permission."
(see regulation 3(2) of the HSCT Regulations).

It is noted that a staff member of a HSP acting in the course of the staff member's employment is to be treated as having the permission (see regulation 3(3) of the HSCT Regulations).

Alcohol is a cause of cancer and is responsible for around 3500 cancers in Australia each year[9]. Its use should not be facilitated by HSPs, as it conflicts with the objects of the HS Act, including "to promote and protect the health status of Western Australians". It is unclear in what circumstances permission may be given to bring an alcoholic beverage onto HSP land. Cancer Council WA recommends that consideration be given to whether it would be appropriate to prohibit an alcoholic beverage being brought onto HSP land in all circumstances.

Cancer Council WA supports the use of the HSCT Regulations as a governance tool to reduce exposure to alcohol and smoking while on HSP land. Cancer Council WA considers that e-cigarette use should also be prohibited on HSP land by way of legislation.

7. Integration of mental health care

Mental and physical health are linked[10]. Those who experience severe mental illness generally have poorer physical health than other members of the community and have a significantly reduced life expectancy[10,11]. This higher mortality rate can be largely attributed to higher rates of physical illness[10,12].

Mental illness can overshadow comorbid physical health risks[13]. Barriers to recognition of physical health conditions and risks can deny people with mental illness access to the same standards of care that others in the community would expect. Low screening rates, under-diagnosis and lack of preventive care play a role in the difference in health outcomes between the general population and those living with a mental illness[14].

People living with a mental illness have higher rates of physical illnesses than the general population, including cardiovascular disease and stroke, cancer, type 2 diabetes, chronic respiratory conditions and chronic kidney disease. Evidence suggests that people with a serious mental illness are[15]:

- six times more likely to die from cardiovascular disease
- two to three times more likely to be diagnosed with type 2 diabetes
- more likely to be diagnosed with a respiratory disease and type 2 diabetes or have a stroke at a younger age (under 55)
- 90 per cent more likely to be diagnosed with bowel cancer (particularly if they have schizophrenia)
- 42 per cent more likely to be diagnosed with breast cancer (in women with schizophrenia).

Mortality rates could be reduced by facilitating access for people living with a mental illness to physical health screening and early intervention[16,17]. Population-based screening is recommended for bowel cancer, breast cancer and cervical cancer[18].

Many of the above physical illnesses share multiple risk factors, including tobacco smoking; overweight and obesity, poor diet and physical inactivity; and alcohol use. People living with a mental illness have a much higher prevalence of these risk factors compared to the general population, contributing significantly to a disproportionate chronic disease burden[10,14,15].

Cancer Council WA advocates that tobacco smoking; overweight and obesity, poor diet and inadequate physical activity; and alcohol use in people living with a mental illness are the most important modifiable risk factors for chronic disease. Research has demonstrated that addressing these risk factors can assist with recovery from mental illness. For example, stopping tobacco smoking for longer than six weeks has been linked to people feeling less stressed, anxious and depressed, with effect sizes similar to using antidepressants to treat mood and anxiety disorders[19]. Similarly, improved physical activity levels have been shown to not only be preventive against some mental health conditions but also be an effective component of treatment[20,21,22,23,24]. In addition, diets higher in fruit, vegetables, fish and wholegrains have been associated with a reduced likelihood of depression in adults[25].

Cancer Council WA suggests the following be considered, from a governance perspective, as part of a strategy to improve the physical health of people living with a mental illness.

- The DOH policy titled “Statewide Standardised Clinical Documentation for Mental Health Services” (MP 0155/21) is a mandatory requirement of the Mental Health Policy Framework and is applicable to HSPs providing mental health services. It mandates the use of Statewide Standardised Clinical Documentation for all WA public mental health services to document clinical care.

Cancer Council WA recommends the review of standard clinical documentation to ensure prompts are included to address existing physical illnesses (for example, cancer) as well as physical health risk factors in the patient's treatment and care (including in treatment, support and discharge planning) so that evidence-based support can be provided (for example, best-practice smoking cessation care). Further, the clinical documentation should ensure there are prompts to consider access to physical health screening programs (for example, evidenced-based cancer screening) and early diagnosis for the patient.

- The Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Departments Policy (MP 0070/17), in the Mental Health Policy Framework provides (in part at page 2) as follows:

  "Relevant Health Service Providers and Contracted Health Entities providing Hospital Emergency Department services must offer the following patients with written mental health emergency and follow up information on discharge from Hospital Emergency Departments:
  1. Patients who present to the emergency department for mental health assessment.
  2. Patients who present to the emergency department for mental health treatment.
  3. Patients who present to the emergency department with mental health-related concerns.

  The written mental health emergency and follow up information must include the following:
  "• The contact numbers for 24 hour specialised mental health emergency response services.
  • If the individual is being referred to another service for mental health care, the name and contact details of that service and, if possible, written information regarding an appointment date and time.
  • If an appointment with the referred service for mental health care cannot be made at discharge, the name, contact number, address and normal opening hours of that service.
  • A space for a health professional or patient to record a future appointment date and time."

  Cancer Council WA recommends that consideration be given to amending the Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Departments Policy (MP 0070/17) to include a requirement to provide information to support and improve the individual's physical health.

- Cancer Council WA considers that embedding physical health screening, early diagnosis and intervention within HSPs providing mental health services must be supported by appropriate staff training, procedures and resources. It is recommended that staff training, procedures and resources be regularly reviewed to ensure physical health screening, early diagnosis and intervention can be supported at an operational level.

<u>Mental health care for patients affected by cancer</u>

Cancer Council WA Statewide Services staff report that most people affected by cancer experience an increase in symptoms associated with poor mental health such as anxiety, sleeplessness, panic attacks, and depression. Patients living with a pre-existing mental illness often report the cancer diagnosis and treatment pushes them over the therapeutic level where their medications are no longer effective.

A lower rate of cancer survival is associated with a history of mental illness[26]. Comorbidity is a contributor to the survival difference. Treatment guidelines to ensure that comorbid illness does not unnecessarily impede cancer treatment have the potential to improve cancer survival[26].

Cancer Council WA's website includes information on optimal care pathways that provide a national standard of high-quality cancer care. This is located at: https://www.cancerwa.asn.au/professionals/optimal-care-pathways/.

The Cancer Plan[3] Priority Two (described as West Australians receive Optimal Care) provides (at page 20) that this priority is:

"To ensure the best outcomes optimal cancer care should be accessible to all. Optimal care is person-centred, safe, high quality, multidisciplinary, supportive, well-coordinated and interwoven with research opportunities where possible".

Optimal cancer care, in the context of a patient living with a mental illness, involves integrated mental and physical health care.

Cancer Council WA recommends the following be considered, from a governance perspective, in addressing the mental health of patients affected by cancer.

- Cancer Council WA recommends clear pathways for specialist support for patients of mental health services with cancer; and for patients of HSPs receiving cancer treatment who develop a mental illness. These pathways should be embedded in clinical care settings and relevant standards, guidelines and policies. The care pathways should be inclusive of regional, rural and remote areas.

- Cancer Council WA considers that psycho-oncology support is critical for cancer patients and recommends that distress screening and psycho-oncology programs be integrated (as usual care offerings) into HSPs providing cancer treatment.

- Cancer Council WA recommends it be incorporated into HSP processes that standardised early detection of cancer-related mental illness be conducted routinely, including in respect of people living in regional, rural and remote areas.

8. Benchmarking performance

The Department CEO has a function regarding "overseeing, monitoring and promoting improvements in the safety and quality of health services provided by health service providers" (see section 20(1)(l) of the HS Act). Cancer Council WA considers that health systems should continually seek to improve performance and that reporting performance data across HSPs should be required to be done in a consistent way to facilitate benchmarking. It is important to benchmark performance in respect of clinical outcomes across clinicians, specialties and organisations as a tool for quality improvement through comparison.

It is unclear as to the extent in which benchmarking is done within the WA health system. Collaboration across the WA health system and the use of policy frameworks to achieve consistency in relation to benchmarking is supported. Subject to confidentiality considerations, Cancer Council WA considers the benchmarking in respect of key performance indicators should be publicly available on WA health system internet sites. This would allow a level of transparency and openness regarding performance.

9. Clinical quality registries

Clinical quality registries play an important role in safety and quality in Australia and are important to health system governance. There are a range of clinical quality registries in Australia[b]. Cancer Council WA supports the use of clinical quality registries to monitor the quality of health care and provide benchmarking for clinical performance and feedback to clinicians, patients, administrators and government. Clinical quality registries can inform clinical practice and decision-making and improve patient outcomes.

Given the importance of clinical quality registries within WA and nationally, Cancer Council WA considers there should be a clear legal framework to facilitate the collection, use and disclosure of information for this purpose. In this regard, the Cancer Council WA notes the existing mechanisms under Part 17 of the HS Act and proposed amendments in the *Health Services Amendment Bill 2021*. There should also be clear guidelines and procedures across the WA health system to facilitate the collection, use and disclosure of information for clinical quality registries.

[b] See for example, https://www.safetyandquality.gov.au/publications-and-resources/australian-register-clinical-registries.

10. Clinical incidents

The Clinical Incident Management Policy (MP 0122/19) (**CIM Policy**) is a mandatory requirement of the Clinical Governance, Safety and Quality Policy Framework. The purpose of the CIM Policy is to ensure HSPs "implement consistent and accountable processes and systems for the management of clinical incidents with the goal to prevent harm to patients and improve patient safety". The CIM Policy is supported by the Clinical Incident Management Guideline 2019 and the Clinical Incident Management Toolkit 2019.

As part of clinical incident management, HSPs must facilitate an appropriate level of open disclosure to the patient, their family and carers as soon as practicable when clinical incidents occur. This is important in building trust between patients and health professionals and the WA health system.

The focus on clinical incident investigations is looking at factors that contributed to a clinical incident. It is important that health practitioners feel comfortable in contributing to the investigation without fear that the information may be used against them. This may facilitate a greater degree of participation and contribution to clinical incident investigations and result in more useful learnings to improve systems for the future. System improvement for patients is of great importance and should be promoted.

While there is capacity to use the *Health Services (Quality Improvement) Act 1994* (**HSQI Act**), to provide specific legal protection regarding quality improvement committee activities, Cancer Council WA understands this is frequently not utilised within the WA health system. A reason for this may include the prescriptive requirements of that legislation. Cancer Council WA recommends consideration be given to reviewing relevant legislation to include a qualified privilege protection in relation to clinical incident investigations that allows more flexibility in the manner in which clinical incident investigations are constituted and conducted and that ensures that learnings can be shared quickly for system improvement.

11. WA Cancer and Palliative Care Network

The WA Cancer and Palliative Care Network (**WACPCN**) is an administrative network that has a vision to lead and influence equitable access to cancer control and end of life care in WA. It is important that the role of WACPCN in leading cancer control be supported and promoted within the WA health system. In performing its role, Cancer Council WA considers the WACPCN should work collaboratively with other parts of the WA health system and stakeholders.

The WACPCN is divided into a Policy Unit (**PU**) based in the DOH and a Clinical Implementation Unit (**CIU**) based in North Metropolitan Health Service. It is understood that the division between the PU and the CIU was initiated to reflect the operation of the HS Act. It is understood that the DOH does not generally provide patient and clinical services and that these functions are appropriately performed by HSPs. Nevertheless, despite its divided structure, Cancer Council WA considers that it is important that the WACPCN operate in a cohesive manner. It is unclear what the current operational processes are between PU and CIU, however it appears there may be a lack of integration between them.

Cancer Council WA considers that the PU should retain leadership for policy development, evaluation and advice (although considers that this should be done in consultation and collaboration with the CIU and stakeholders). While it is noted the "WA Cancer Plan 2020-2025 priorities for implementation" sit under the Cancer Plan, it appears greater clarity is needed as to where responsibility for implementation in respect of particular priorities sits, and how the implementation is being evaluated. This implementation also needs to be sufficiently resourced.

The CIU is responsible for patient and clinical services (amongst other matters). This includes the Cancer Nurse Coordination Service, National Bowel Cancer Screening Program and the WA Psych-Oncology Service. Given the leadership role of the WACPCN in cancer control, it is recommended that consideration be given to the WACPCN having responsibility for cancer programs including the management and operation of the WA Cervical Cancer Prevention Program and BreastScreen WA. Cancer Council WA supports the CIU continuing to manage cancer-related contracts within its remit, implementing appropriate parts of the Cancer Plan, and implementing optimal care pathways. However, it would be desirable for there to be greater integration, coordination and collaboration between the PU and CIU, and between the WACPCN and the WA health system and stakeholders more generally.

Cancer Council WA understands that a review of cancer governance and the WACPCN is now underway (see Contract Reference DoH20218570 TendersWA). As a stakeholder, we are pleased to contribute to any review impacting on cancer governance and the WACPCN.

12. Collaboration

The Code of Conduct Policy (MP 0124/19) under the Integrity Policy Framework provides, in part, as follows:

"The WA health system CORE values are:
1. Collaboration
2. Openness
3. Respect
4. Empowerment."

While a decentralised governance model can have many benefits, it is important that collaboration occurs within the DOH, the wider WA health system and with stakeholders. There needs to be effective coordination mechanisms to ensure that silos do not hinder the effective operation of the WA health system. This may require both structured and unstructured collaboration and planning. Cancer Council WA supports mechanisms to ensure greater collaboration within the WA health system and with stakeholders.

13. Conclusion

Thank you for the opportunity to contribute to the Review and for your consideration of our submission. We look forward to reading the outcomes of the Review in due course.

14. References

1. Sustainable Health Review. Sustainable Health Review: Final report to the Western Australian Government. Western Australia: Department of Health; 2019. Available from: https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf.

2. Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017–2021. Perth: Department of Health, Western Australia; 2017. Available from: https://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports-and-publications/HPSF/WA-Health-Promotion-Strategic-Framework-2017-2021.pdf.

3. Department of Health, Western Australia. WA Cancer Plan 2020–2025. Perth: Health Networks, Western Australian Department of Health; 2020. Available from: https://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports-and-publications/WA-Cancer-Plan/WA-Cancer-Plan.pdf.

4. Department of Health (Commonwealth). National Preventive Health Strategy 2021-2030. Canberra: Department of Health (Commonwealth); 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf.

5. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018 – Key findings. Cat. no. BOD 30. Canberra: AIHW; 2021. Available from: https://www.aihw.gov.au/getmedia/d2a1886d-c673-44aa-9eb6-857e9696fd83/aihw-bod-30.pdf.aspx?inline=true.

6. Whiteman DC., Webb PM., Green AC., Neale RE., Fritschi L., Bain CJ., et al. Cancers in Australia in 2010 attributable to modifiable factors: summary and conclusions. Aust NZ J Public Health. 2015; 39:477-84; https://doi.org/10.1111/1753-6405.12471.

7. Scollo, MM & Greenhalgh, EM. 17.2 The costs and benefits of smoking to the Australian economy. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2021. Available from: https://www.tobaccoinaustralia.org.au/chapter-17-economics/17-2-the-costs-of-smoking.

8. Just, J, Winnall, W, Hurley, S, Greenhalgh, EM & Winstanley, MH. 3.15 The impact of smoking on treatment of disease. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2021. Available from http://www.tobaccoinaustralia.org.au/3-15-smoking-and-complications-in-medical-treatmen.

9. Wilson L, Antonsson A, Green A, Jordan S, Kendall B, Nagle C, et al. How many cancer cases and deaths are potentially preventable? Estimates for Australia in 2013. Int J Cancer. 2018;142(4):691-701. Available from: https://doi.org/10.1002/ijc.31088.

10. Australian Institute of Health and Welfare. Physical health of people with mental illness., AIHW, Australian Government, 2020. Available from: https://www.aihw.gov.au/reports/australias-health/physical-health-of-people-with-mental-illness.

11. Chief Psychiatrist of Western Australia. Private Psychiatric Hostel Snapshot 2021. WA: Office of the Chief Psychiatrist; 2021. Available from: https://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2021/11/CP-Private-Psychiatric-Hostel-Snapshot-2021.pdf.

12. Lawrence D, Hancock K & Kisely S. The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. British Medical Journal 2013;346:f2539. Available from: https://doi.org/10.1136/bmj.f2539.

13. Rethink Mental Illness. Lethal Discrimination. Why people are dying needlessly and what needs to change. London: Rethink Mental Illness; 2013. Available from: https://www.rethink.org/media/2627/rethink-mental-illness-lethal-discrimination.pdf.

14. Roberts, R. The physical health of people living with a mental illness: A narrative literature review. NSW: Charles Sturt University; 2019. ISBN: 978-1-86-467344-9. Available from: https://www.equallywell.org.au/wp-content/uploads/2019/10/Literature-review-EquallyWell-2a.pdf.

15. Royal Australian and New Zealand College of Psychiatrists. Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness. Melbourne: The Royal Australian and New Zealand College of Psychiatrists. 2015. Available from: https://www.ranzcp.org/files/resources/reports/keeping-body-and-mind-together.aspx.

16. Lawrence D, D'Arcy C, Holman J, Jablensky AV, Threfall TJ, Fuller SA. Excess cancer mortality in Western Australian psychiatric patients due to higher case fatality rates. Acta Psychiatrica Scandinavica. 2000;101(5): 382-388. Available from: https://doi.org/10.1034/j.1600-0447.2000.101005382.x.

17. Goodman D. Cancer-Related Mortality in People With Mental Illness. JAMA. 2013;309(14): 1440. Available from: https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1485447. Doi: 10.1001/jamapsychiatry.2013.278.

18. Australian Institute of Health and Welfare. Cancer Screening. AIHW: Australian Government, 2 June 2021. Available from: https://www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/about.

19. Taylor G, McNeill A, Girling A, Farly A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014;348:g1151. Available from: https://doi.org/10.1136/bmj.g1151.

20. Schuch FB, Vancampfort D, Firth J, Rosenbaum S, Ward PB, Silva ES, et al. Physical activity and incident depression: A meta-analysis of prospective cohort studies. American Journal of Psychiatry. 2018;175(7):631-648. Available from: https://doi.org/10.1176/appi.ajp.2018.17111194.

21. Rebar AL, Stanton R, Geard D, Short C, Duncan MJ, Vandelanotte C. A meta-meta-analysis of the effect of physical activity on depression and anxiety in non-clinical adult populations. Health psychology review. 2015;9(3):366-78. Available from: https://doi.org/10.1080/17437199.2015.1022901.

22. Rosenbaum S, Tiedemann A, Sherrington C, Curtis J, Ward PB. Physical activity interventions for people with mental illness: a systematic review and meta-analysis. Journal of Clinical Psychiatry. 2014;75(9):964-74. doi: 10.4088/JCP.13r08765.

23. Cooney GM, Dwan K, Greig CA, Lawlor DA, Rimer J, Waugh FR, et al. Exercise for depression. Cochrane Database of Systematic Reviews. 2013. Available from: https://doi.org/10.1002/14651858.CD004366.pub6.

24. Firth J, Cotter J, Elliot R, French P, Yung AR. A systematic review and meta-analysis of exercise interventions in schizophrenia patients. Psychological medicine. 2015;45(7):1343-61. doi: 10.1017/S0033291714003110.

25. Jacka FN, O'Neill A, Opie R, Itsiopoulos C, Cotton S, Mohebbi M, et al. A randomised controlled trial of dietary improvement for adults with major depression (the "SMILES" trial). BMC Medicine. 2017;15(23). Available from: https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-017-0791-y.

26. Cunningham R, Sarfati D, Stanley J, Peterson D, Collings S. Cancer survival in the context of mental illness: a national cohort study. General Hospital Psychiatry. 2015;37(6):501-6. Available from: https://doi.org/10.1016/j.genhosppsych.2015.06.003.