GOVERNMENT OF
WESTERN AUSTRALIA

# Climate Health WA Inquiry

## Inquiry into the impacts of climate change on health in Western Australia

**Inquiry Lead:**
**Dr Tarun Weeramanthri**

**Witnesses:**

**Dr David Russell-Weisz**
**Director General, Department of Health**

**Ms Angela Kelly**
**Assistant Director General, Purchasing and System Performance, Department of Health**

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[09:00:06]

HEARING COMMENCED

PROF WEERAMANTHRI: I would like to begin today by acknowledging the traditional custodians of the land we are meeting on, the Wadjuk people of Noongar Nation, and pay my respects to elders past and present. Thank you both for your interest in the Inquiry and for your appearance at today's hearing. The purpose of this hearing is to assist me in gathering evidence for the Climate Health WA Inquiry into the impacts of climate change on health in Western Australia. My name is Tarun Weeramanthri and I have been appointed by the Chief Health Officer to undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's Project Director. If everyone could please be aware that the use of mobile phones and other recording devices is not permitted in this room, so please make sure that your phone is on silent or switched off.

This hearing is a formal procedure convened under section 231 of the *Public Health Act 2016*. While you are not being asked to give your evidence under oath or affirmation, it is important you understand that there are penalties under the Act for knowingly providing a response or information that is false or misleading. This is a public hearing and a transcript of your evidence will be made for the public record. If you wish to make a confidential statement during today's proceedings, you should request that that part of your evidence be taken in private. You have previously been provided with the Inquiry's terms of reference and information on giving evidence to the Inquiry. Before we begin, do you have any questions about today's hearing?

DR RUSSELL-WEISZ: No.

MS KELLY: No, I don't.

PROF WEERAMANTHRI: I would like to state for the record that I was employed full time by the WA Department of Health as part of their senior executive team from February 2008 to October 2018. Following my resignation from the Department, I commenced independent consulting work in 2019. The WA Department of Health engaged me on a short-term contract to lead this Inquiry. For the transcript, could I ask each of you, please, to state your name and the capacity in which you are here today?

DR RUSSELL-WEISZ: Dr David Russell-Weisz, Director General, Department of Health.

MS KELLY: Angela Kelly, Assistant Director General Purchasing and System Performance Division, Department of Health.

PROF WEERAMANTHRI: Dr Russell-Weisz, would you like to make a brief opening statement?

DR RUSSELL-WEISZ: Thank you. Yes. Thank you for the opportunity to speak to the Inquiry today.

[09:02:26]

As a health system, we are supportive, very supportive, of the work being done to address and mitigate the impacts of climate change, and are pleased that it was such a central component within the Sustainable Health Review released in April 2019 and endorsed by the government. Yesterday, and probably ironically, we activated the State Hazard Heatwave Plan based on current forecast temperatures. This has never previously happened in December. The average maximum for Perth in December is 29.1 degrees. Already, the first seven days of December have seen the mean maximum temperature of 36.

Projections from the Department of Water and Environmental Regulation indicate that continued greenhouse gas emissions will cause further global warming and changes in all components of our climate, with summer temperatures in WA increasing by as much as 2.1 degrees Celsius by 2030. Heatwaves will become an increasingly regular feature of the WA summer. The recently public Sustainable Health Review takes a deliberate and measured approach to climate change and sustainability, through targeted interventions and evidence-based improvements in the way we work. We are committed, as a health system, to work to eliminate duplication, reduce waste and minimise our environmental footprint across all our Health Service Providers, and work with our external stakeholders and partners to do the same. This sort of sustained change takes time and requires leadership at all levels of all healthcare organisations, and ongoing political commitment. It must build upon effective community, consumer, carer, staff and service provider input. We look forward to working with, and providing advice to, our Health Service Providers and other stakeholders across the state.

PROF WEERAMANTHRI: Thank you. The establishment of this Climate Health WA Inquiry is, as you well know, a specific recommendation of the Sustainable Health Review, which also made separate recommendations for the health system to reduce its environmental footprint as a matter of priority and begin transparent public reporting on its footprint by July 2020. How do you see the issue of climate change connecting to ideas of sustainability more broadly? And is there a window of opportunity for the health sector to progress more quickly in this area than previously?

DR RUSSELL-WEISZ: I think the first thing I would say there is that the feature of the Sustainable Health Review was – what it gave us was a blueprint for the future, a framework that we could work with over the next 10 years, that wasn't just purely about building brand new hospitals, but it was about providing better care in the community. And through that was making the whole health system more sustainable. And when we talk about sustainability, we talk about sustainability in what we provide to our patients, not just through acute services, but through public health and preventative health. We talk about that in safety and quality terms in better population health. We talk about it in enhanced clinical – what clinical service delivery we provide. And we talk about it in financial sustainability.

[09:06:00]

Over the last – and I think this does need to be emphasised – over the last four to five years, we have got our finances in order. We still struggle in certain areas, but we understand our business better. That will allow us to actually spend more time in reducing our environmental footprint and actually concentrating on climate change with our Health Service Providers. If we are constantly worried about going over budget or having, you know, unreasonable demand pressures we don't understand, unfortunately, these strategic priorities sometimes play second fiddle. I think because of the position we're in, we can now concentrate on reducing our environmental footprint as a matter of priority. And one of the things that have come out of the Sustainable Health Review is reducing energy consumption, using water more efficiently and managing waste, clinical, food and general waste, and reducing carbon emissions in transport, and reusing and recycling.

We actually have to get our workforce on board. And this is not just the executive workforce. So one of the challenges, through the Sustainable Health Review – and it goes, I think, to the core of your question – is how do we make sure this is everybody's business? Like, we make sure – and we try and make sure – that Aboriginal Health is everybody's business. How do we make sure that every little bit that every person does in our health system actually has an impact on climate change? It's not good enough for us to use the excuse that I have heard in the media that we're very small, we're Australia, we make no difference. Everybody can make a difference, whether they happen to be in Fitzroy Crossing or they happen to be at Perth Children's Hospital.

We have got new-built hospitals, as you know, across the state, Perth Children's, Fiona Stanley. We are moving to more automated smart buildings, technology is designed to reduce energy consumption and improved monitoring and control. We have some other challenges at some of our older facilities, but even they are making significant – or trying to make significant – inroads, and this is happening already at Graylands Hospital and Sir Charles Gairdner Hospital. We are looking to establish waste management policies to support better waste management across the health system, and also are implementing Green Star requirements in all new hospital developments, while we've gone through $7 billion worth of hospital redevelopments. And some of those are much more environmentally friendly, whether they be the new facility at Onslow or the new facility at Perth Children's Hospital, we will continually improve on those Green Star requirements. Obviously, we can't do it alone, and we will be collaborating with our colleagues in the eastern states, and the Australasian Health Infrastructure Alliance and environmentally sustainable design guidelines.

PROF WEERAMANTHRI: If we have time at the end, we might come back to the implementation phase of the post Sustainable Health Review.

DR RUSSELL-WEISZ: Yes.

[09:09:19]

PROF WEERAMANTHRI: Give you time to give that some thought and how that relates, as well, to governance. But if we could turn to – your first comment was around the current temperatures in this state - - -

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: - - - and the fact that, I think, Westplan Heatwave has been placed on standby, if that's correct?

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: So just for the record, the WA Department of Health is the prescribed hazard management agency, or the lead agency, for a heatwave emergency. Westplan Heatwave, as the plan is called, was initiated in 2012.

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: The latest Emergency Preparedness Report 2019, which I'm not sure has been published, or is about to be published, has, we are told, specific sections on heatwaves and climate change. In light of the changing climate and in light of your experience with the heatwave plan for the last few years, do you think the plan or its implementation needs to be improved or better targeted in any way?

DR RUSSELL-WEISZ: Thank you. I would always say that we can improve. We need to be looking at, you know, all our emergency preparedness. We've seen, just as an example, we had a significant – this is not related to climate change – but a significant ICT outage for the whole system middle of last year, and two nights ago, we had a partial one. Quite significant, but the response, we have learned from the response of 18 months ago, and one could see, even though it was 3.30 in the morning, one could see things happening that were much more practical and focused on actually re-establishing the clinical ICT systems. So I think we will learn from… we need to be reviewing all our emergency preparedness.

But I do think – and this isn't… from no particular inside knowledge – I do think we will need to adapt. We are going to need to adapt. If we're having more and more heatwaves, the real worry for me is people will become complacent, because each way we put up a heatwave plan, if it's two or three times a year, people look at it as potentially either crying wolf, or not actually take it seriously, and will just say… as people said to me yesterday, "Why have you got the heatwave plan up? Perth gets hot, get over it". Saying we've got five days of 38, 38, 40, 40, 40. And it is interesting seeing the practical steps that people are taking. On a personal note, one of my children, on Saturday, their sporting event has been cancelled because of the heat.

[09:12:11]

The other one hasn't been, and there is the attitude, "No, just get on with it, it's only a bit hot". So we've got so much to do in that education space.

What can we do? We cover emergency management arrangements across Western Australia to deal with the implications of the heatwave. It describes – and you heard the Chief Health Officer yesterday, it describes risk reduction strategies, preparedness for, you know, looking at risky populations such as children or young children, and the aged and those who are unwell. It is actually continued to emphasise that message, to mitigate risk. What we need to do more, running education campaigns for communities, including vulnerable populations, in partnership with local government. This can't just be looked at to Health. It's interesting, the Chief Health Officer had a media scrum yesterday on heatwave. But it's not just down to Health. We are the recipients sometimes, but it is actually that partnership with local government.

What can we do with the Commonwealth? Community warnings. Working with other agencies and industry groups. And probably, more importantly, is how do we get, right through the population, a clear understanding of the possible effects of heatwave exposure. There is a national working group, of which you'd be aware, of which we're a part, and identified the key common goals as ensuring standard messaging, moving to a national standard, and considering if national alert notifications could be applied to a heatwave. We are looking at reviewing our State Hazard Plan for Heatwave, and we'll consider adopting the Bureau of Meteorology's excessive heat factor measure, which takes into account local acclimatisation factors as its measurements, and this would allow more targeted heatwave preparation. But the major area that I think I'm worried about, is people will take this as normal and therefore will become complacent.

PROF WEERAMANTHRI: Thank you. There's a couple of things that the Inquiry's heard about from other witnesses, just to respond a little to what you've said. You talked about the issue of crying wolf. And clearly, the threshold for declaring a Westplan Heatwave is set fairly high, so you don't cry wolf at, you know, too low a threshold, and so you're not triggering it all the time. And therefore, a formal heatwave alert from the Department of Health is relatively rare, and there hasn't been one for a couple of years. But we've also heard evidence, both in written submissions and from hearings, that there is also a burden of illness and morbidity with increased numbers of hot days that fall short of a formal heatwave, and that becomes a bit of a separate public health problem in itself. So if you can think of outdoor workers, the fact that it's not a heatwave, but it's very hot, many more days of the year, is actually a significant public health issue. And we might see that trend increasing. So just share that with you.

[09:15:22]

And the second thing is that we've also been really struck by the number of organisations that are working with vulnerable people who have very first-hand experience of the summer conditions and how that affects homeless people and others. And the summer is actually the peak period, we are told, not winter, for the demand on social services. And so it could be that there could be developing relationships between the Department of Health and some of those organisations who could help target and, you know, get the message out to groups at risk. Health Service Providers have been very clear in these hearings about their responsibilities and accountability under the *Health Services Act 2016*, and we've been fortunate enough to hear from the chairs or deputy chairs of all the area Health Service Providers. But they're also looking to the Department of Health for specific policies, standards, practical support or tools, et cetera. They want this to be, you know, coordinated sensibly. The Sustainable Health Review mentioned the successful National Health Service UK model of system-wide coordination. Could that model be adapted to fit with the Department of Health's system manager role?

DR RUSSELL-WEISZ: Both of us might answer this. Certainly, yes, and I think you have to get… well, if you look at the journey that we've been on – and you're part of that – but in 2016, we went to devolved governance. It's now much more mature. So if I look at where we were in July 2016, and where we are at the end of 2019, we have a mature model with Health Service Providers being very clear on their accountabilities, their risks and what they're responsible for. But very much to echo the Sustainable Health Review, the Sustainable Health Review, we are implementing, as I say, as a WA health family. So we are doing that with the Department and the Health Service Providers in unison. Yes, the Minister, through the boards, will hold them to account and will hold me to account through the Department. But in this, there does need to be system-wide responses through mandatory policies.

We set up the health services, you know, when we went – sorry, when we went to devolved governance, we set up the new governance through new legislation. So there were two busy years, a new *Public Health Act* and then there was a new *Health Services Act*. It gave us a legislative framework to be able to enact the devolved governance. And I think the maturity of the Health Service Providers has prevailed. I would never go back to the old model. So you have got Health Service Providers who are probably at different stages along the journey, some which are maybe closer to the Department, some of which are further away from Department. But I think that's actually quite healthy. I think if everybody was the same… what's very clear is people are very aware of their accountabilities.

But I think, in this, we actually have to address this. We are not going to be able to address climate change – yes, as individual providers, we have to have a system-wide response.

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We have to look at emergency preparedness as a system-wide response, but also make sure that the accountabilities and responsibilities of the Health Service Providers are not confused, and the Department has a role in regulation, in assurance, and also in facilitation. So I think, you know, yes, regulation, fine, is very hard. Look at assurance. Assurance is a harder role, but can be a softer role, and facilitation is what they're talking about, "Let's do this as a system". We can do that. For example, the Chief Health Officer manages to take the regulatory hat off one minute and put a facilitation hat on the next. You are able to do that. And I think that's probably what the Health Service Providers are looking for, is guidance, policies, assistance, then they are responsible. But Angela might want to comment.

MS KELLY: Thank you. And I think to build on that, and particularly around the National Health Service model of their Sustainable Development Unit, it's been up for quite some time. I think we can learn from that. I don't think there's any point in reinventing the wheels. They've got some good data; they've got some indicators. And I think, as the Director General has indicated, one of their key roles is clearly about facilitation, and facilitating roles with local government, key stakeholders, community groups, as well as the Health Service Providers. So I think that's a role we can play.

Clearly, one of the areas we would have to do is make investment into that. The Sustainable Development Unit has staffing; they do reporting and monitoring through some dashboard related. And they bring together all of the key groups within the NHS broader model, through that. So we could look at that. Clearly, we could facilitate with some of our colleagues across government. So the Department of Water, the energy providers, to assist us and the Health Service Providers to reduce those carbon emissions, to reduce water consumption, and to enable us to use that more efficiently. Can we capture energy early in the day and then use that at night? There's a range of things that we could do. That would be a role that we could play as the system manager, and then work with our colleagues through implementation of that.

The Director General, earlier, talked about infrastructure. So we've got some very clear guidelines from national bodies on that, but then when we get to fit-outs, we've got to look at how best we can do that, because at the moment, we've had a $7 billion spend. Probably not going to get a lot more to get bright, shiny things, so we've got to make the facilities that we've got fit for purpose, that are energy-efficient, that can cope with some of the demands that we have. So how do we do that? So we can look at a range of issues. And again, working with colleagues across government on that. And then, of course, the smaller things about reducing our vehicles. So carpooling, actually reducing the government vehicle pool, how do we do that? How do we use that better? And then that, of course, leads to end of trip facilities for staff, so

that we can actually try and get a healthier staff group, by getting them to walk and have those facilities there.
[09:21:56]

So there's a range of things, that it can come back to that Sustainable Development Unit concept, that we can clearly use.

PROF WEERAMANTHRI: Thank you for explaining that system manager role very well. So just to move to not just that, but other aspects of leadership. So one of the terms of reference for the Inquiry is to, and I quote, "Define the role of the Department of Health in leading public policy on climate change and health". So how do you see that leadership role, broadly, firstly, within the health sector, secondly – and you've already mentioned this – as a major public sector agency working with other agencies across government, and thirdly, with the public itself?

DR RUSSELL-WEISZ: I think, probably, it goes back to my original point, is what does a system manager do? So the way I describe it, and whenever I talk to anybody in the Department, I say, whatever you do will touch the community or touches patients, even though you're not by the bedside. So in explaining it, I talk about regulation assurance and facilitation, but I also talk at a more global level about leadership and stewardship. That is the system manager's role. It leads the steward, it doesn't do everything. I think that's probably been the learnings of devolved governance. It took a while for the Department to understand it didn't do everything, and it didn't control everything. So it has a leadership stewardship role, it has a role through setting mandatory policy. But again, that's quite hard. It should do something that is probably as tangible, but not as hard as policy. It should be seen to be the leader. It should be seen to be challenging the norms.

The Department of Health should be a leading agency on climate change. Health Service Providers… and also, it's the message you send to the external community. We are the public health system. We do not represent the private health system, but we should bring them along with us. We should bring our external stakeholders along. Primary healthcare. The great thing about WA is the relationships we have with some of our external partners, such as the WA Primary Health Alliance. Now, we can't do much in the Sustainable Health Review without partnership with them. Now, surely, I would argue that climate change policy, and climate change reduction or any actions we need to take, need to be done in unison. So I would see the primary role is coordinating the way the State responds to climate change and health. We need to be that link with other agencies. If we reduce our environmental footprint, as a leader, we'll hopefully bring others with us.

We employ 900 staff, but it's actually the 44,000 staff out there we want to get involved in this, and we want to make it practical. So again, mandating from the top might be useful for the whole health system as a system, but surely
[09:25:16]

we've seen this through innovation, that there can be things done at a local area health service that we encourage staff to do that can reduce the environmental footprint in many different ways, that we're never going to see in Royal Street, but South Metro, North Metro will see at their local level. And I think we need to link better climate change on health. I think some of the… not mantra, but I think what's been seen out there, maybe also by the public, is climate change is an issue, we need to reduce it because of all the environmental health effects. But actually, the public health effects and chronic disease effects are probably not as well known.

I don't think, if you ask people out there, whether they would equate climate change to actually people's individual health status, I think that would be, probably, a harder thing to equate, and we probably need to be better about educating that. That actually, if we reduce climate change and our environmental footprint, your health will improve and your kids' health and your grandkids' health will improve. So I think the other way that we see a role is through the voice of Health. So basically, you know, the Minister has done, through his surveys. I would imagine through this as it evolves, this will be another area that we could look at through getting that climate change message, and understanding people's understanding of it. And there's a state climate policy being coordinated by the WA Departments of Water and Environmental Regulation. So I think just… yes, finalising, is those adverse health implications for climate change, I don't think we've quite made the link. We might have done, but I'm not sure others.

PROF WEERAMANTHRI: So we're right at the end of this formal hearings phase and evidence gathering for this Inquiry. And so we have heard from other witnesses precisely what you've said, just to reinforce it. First of all, that health is a very useful frame for discussing climate change, and people actually will listen to a health message in a positive way, where they may not have paid attention to an environmentally-focused climate change message. And we've heard that from experts in the field. So they're encouraging us to continue to speak about the health effects through this report, but also that the public understanding of the links are still relatively low in terms of level of understanding, so that the links are not well known.

They may be well known in the field, but generally, out there, people aren't particularly making the connections. And the latest international report on *The Lancet* Countdown 2019, which came out a few weeks ago, made that precise point, that the links are not widely known. So we are thinking, in this Inquiry, of making a recommendation around a public awareness campaign of some sort, but focused on not just raising awareness, but also guiding specific actions people can localise the risk, personalise the risk, and take some action. So we've had some evidence from communications experts about what that campaign might look like. Is that something you'd consider?

DR RUSSELL-WEISZ: Absolutely. And I think if we could… we've led the way with LiveLighter, you know, we've led the way with the smoking reductions, because we made it real.

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I'm not saying that's cracked yet, I'd like it at zero – smoking is not at zero – but we've got to make it real, and we've actually got to make it real to the person who, for example, lives in, you know, lives in Midland. Make it real to your everyday life. It's more a policy up there and people can, sort of, point at government and they can point at, you know, at climate change agreements at a political level, we've actually got to make it much more local.

PROF WEERAMANTHRI: Thank you. We are keen to make recommendations, as well, from this Inquiry, that build, where possible, on existing, already funded initiatives, rather than having a whole lot of standalone new initiatives that we recommend. In the innovation and research space, are the current funding programs or streams open to applications that deal with environmental waste or climate related matters?

DR RUSSELL-WEISZ: Yes, absolutely, Tarun. The major Department of Health research programs, as they currently stand, clinical research fellowships, register research fellowship programs and research translational programs, and the WA Child Research Fund, have the potential to address waste issues. The RTPs have economic analyses as a measure of cost benefits, and it's possible that some of these outcomes will reduce waste. But I think, more broadly, we now have a future health research innovation fund that will literally double the amount of money going into research innovation over the next forward estimates. So the bill, the repurposing of the WA Future Fund, is going through parliament as we speak. It'll probably go through next year. That will repurpose WAFF into the Future Health Research Innovation Fund.

That will then have a secure increasing amount of money which is quarantined for research innovation. So it's into a special purpose account – it accumulates, it does not go back to Treasury at the end of each year. And it is the interest from that WA Future Fund. Now, there's an early strategy that has been endorsed for the first two years until we get an Advisory Councillor, an Advisory Council to the Minister. But it is also there for research, medical research and innovation. I see no reason why, in some of those areas, why you couldn't apply for money on climate change, especially if it was made real to improving the health and wellbeing of the population, which this is very much about.

But there's also the push, in the Sustainable Health Review, from, you know, increasing our public health spend from around two per cent to five per cent. Now, if our public health spend is going to do that, and we are both committed to that, people ask me, "How are you going to do it?" I said, actually, that's quite easy. You just basically quarantine the amount of money that goes up to five per cent. You just have to define what is public health. It's not chronic

disease management, it's public health, and we've done that. Why couldn't you spend some of that money in relation to climate change interventions? [09:32:04]

MS KELLY: Thank you. I think the other one is that you could quarantine some funding is where savings or efficiencies have been made. So if there are efficiencies in water usage or energy, in consumption of certain goods and services, those funds could be quarantined to reinvest, to seek some innovative ways to deliver and make some change. So that could be another avenue that you might want to look at.

PROF WEERAMANTHRI: So we're covering a range of topics, and thank you for answering them succinctly. We've got between 10 and 15 minutes left, so I'll just - - -

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: - - - run through them, if that's okay. We've heard a lot in this Inquiry about single-use items in hospitals, and whether their usage is justified from an infection control point of view. And we're not doing primary research ourselves, we won't come to a view on that, but we might come to a view on whether this is an issue that needs to be discussed further and revisited. And these and other such issues aren't unique to WA.

DR RUSSELL-WEISZ: No.

PROF WEERAMANTHRI: So could some of them, rather than just being, kind of, discussed at a WA level, be taken up at a national level, and do we have the forums and processes to do that in a reasonably expeditious manner?

DR RUSSELL-WEISZ: I think we do. And thinking about this, obviously, the benefits of single-use items, as everybody knows, they came from improving infection control, reducing incidence of infections in patients, and nobody wants to dispute that. You know, that was – I think the single-use items, probably, over the last 30, 40 years, have increased, primarily because of that. But it has had, and will have, if we don't reduce it, an environmental footprint.

I think there's an opportunity for the Australian Commission on Safety and Quality in Healthcare to do some work as (1), a national body. We have asked them to do some work on quite contentious items. AHMAC has – the Australian Health Ministers' Advisory Council – has gone to the Commission of Safety and Quality as the honest broker, as one that is actually saying, "How could you do this while maintaining and improving safety and quality for patients in hospitals or in the system? How could you mitigate the use of single-use items, but still have the same outcome?" It takes it away from any

jurisdictional agenda, or potentially political agenda, and keeps it in the safety and quality area.
[09:34:47]

You could ask them to liaise with the TGA, but I think the TGA is regulatory, and I think if you left it with the Commission, it is possible they could drag in some experts. They could work, potentially, with institutes, such as the Grattan Institute, to look at what is best evidence around the world. I'm sure there is people… we're not the first to look at this. But I think it needs to be done nationally, and I think it needs to be done with the mantra that this is not about risking patient outcomes.

PROF WEERAMANTHRI: The State Public Health Plan for WA, 2019 to 2024, was released early this year, and has two, I could find, references to climate change. The Victorian and South Australian state public health plans have identified addressing climate change as a specific high priority theme. Is this something you would consider for the next iteration of the WA plan?

DR RUSSELL-WEISZ: Yes, I would for the Public Health Plan, but I'd also consider it for the State Health Plan. So we've now got Sustainable Health Review. One of the things, when I came into this role to do, was do a revamp of the state plan, you know, our State Health Plan, but we wanted to wait for the Sustainable Health Review. The Sustainable Health Review has got us 80, 85 per cent of the way there. We've got eight enduring strategies, 30 recommendations. It will morph into a state health plan, and I think climate change needs to be, you know, a component of that, again, encouraging local Health Service Providers to do what they can do, but the system manager having a leadership and an assurance role.

We are now, just as an example, we have released a digital strategy. So that forms under our Sustainable Health Review. We should be – I think – under either the State Public Health Plan or State Health Plan, you know, what is our climate change policy? What's the thing the system manager can be proud of in relation to climate change, and how do we make that more contemporary? Because then that sits under every plan we do. So I'm open to it being under the State Public Health Plan, but I'm also considering it – it's in the Sustainable Health Review. Government have endorsed Sustainable Health Review. So it's there, but we need to make it a bit more visible.

MS KELLY: I think the other bit to add is government's own priority about a liveable environment.[1]

DR RUSSELL-WEISZ: Yes.

[1] Here, the government's priority refers to the Department of Health's priority in relation to creating and maintaining a liveable environment across WA.

MS KELLY: So again, we've got a link with that. And that's when government came in and they've got a set of priorities. We've ensured that with the Sustainable Health Review and those priorities, they complement each other, which is really important.

[09:37:35]

The last thing we want is to be at odds with other government agencies, so we can work around that as we develop the plan, to make sure that those key areas are addressed and highlighted.

PROF WEERAMANTHRI: So you did mention the state policy development process earlier. And there is a climate change discussion paper that was put out earlier this year - - -

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: - - - consultation on which has just closed, I believe - - -

DR RUSSELL-WEISZ: Yes.

PROF WEERAMANTHRI: - - - which is the basis for a proposed state climate policy. Can I just confirm, without asking you for details, whether the Department of Health put in a submission to that, just to kind of… just in terms of tying up what you've just said, formally with input into that state policy.

DR RUSSELL-WEISZ: I would have to come back to you on that, whether we… I don't want to mislead the committee by… I'm sure we would have, unless sometimes I decide not to, because I think we're too close. If we're actually doing the work, us putting in a submission just might be a bit close. But can I come back to you on that?

PROF WEERAMANTHRI: Yes, thank you. Just a couple of last questions. One of the things that's come through this Inquiry is that some programs, even though they're not directly aimed at environmental sustainability, or reducing emissions or waste, actually have that effect, as a by-product of what they're aiming to do. And that's a terrific thing. It doesn't actually matter whether you're trying to do it or whether it happens as a side effect. So such programs in WA Health that aim to improve the efficiency or effectiveness of healthcare. You've mentioned Choosing Wisely, you've mentioned the digital strategy. Also telehealth, which WA Country Health Service talked to us about, will lead to significant environmental benefits, even though not conceived for that purpose. Could you start to measure those environmental impacts more routinely as part of your evaluation frameworks?

DR RUSSELL-WEISZ: I mean, we would need assistance. How you measure environmental impacts, I think, needs expertise. I think it's easier

to measure how much you're doing by telehealth. It's interesting that we have seen our PATS increase larger than I thought it would do, and yet we've seen telehealth, you know burgeon as well. We're now doing tele-chemotherapy. We're now setting up trials on tele-dermatology.
[09:40:05]

Now, I think you need to measure, have we ameliorated our PATS? Have we actually kept it down to a level where it would have burgeoned if you didn't have telehealth? I think Choosing Wisely, I think you can certainly, now, there's enough evidence around the world on low value healthcare, how do you get it, you know, how do you make sure it's through every organisation? I think only Andrew was telling me the other day, we are still, in certain sites, still doing, you know, procedures that we know are of very little benefit. Now, it's reduced, but how do we go that further? But the actual measurement on the environmental effect, I would have to take advice.

MS KELLY: And again, I think we'd look to the NHS and their Sustainable Development Unit. They've already got some measures that we could probably look at, and that could be translated, as the Director General indicated. Telehealth is probably the one that we could do straight away. So you could start to work out the number of saved kilometres, and then try and convert that into carbon emissions that don't occur, because we've managed to keep the patients in their own environment, which again, is really important for that patient and for the family's point of view, so they're not travelling long distances. So we could do that. So that's a measure that's probably quite easy, we could do.

Definitely through, perhaps, theatre utilisation and the equipment that's used in theatre, we could start to measure what is and what isn't used. So there's a range, but we haven't gone into the detail. I'd like to probably do some research. Again, let's not reinvent the wheel, let's look at what is around. But as part of Sustainable Health Review, we are required to have certain measures that will be publicly available, and we need to monitor and report against, you know, on a regular basis.

PROF WEERAMANTHRI: Thank you. So this is my last question. Please feel free to make any closing remarks that you wish to make. But could you reflect a little bit on your experience with the implementation phase of the Sustainable Health Review and any relevance to governance of whatever might come after this Inquiry?

DR RUSSELL-WEISZ: I'll get both of us to do this. But look, I think it's a great question. The Sustainable Health Review took us slightly longer than we thought, and I think it is an outstanding blueprint for the future. It is basically our plan for the next 10 years. It was led by somebody independent, in Robyn Kruk, an outstanding individual who challenged us on every occasion. And it didn't end up with just going, "Build this", or, "Build that", it was about the enduring strategies. And very much, I was on the

committee, and sometimes a bit of a conflict being on one of those committees or not, but pushing us, that we need enduring strategies that if we suddenly all are not here tomorrow, and the new team come in and government have signed off to this, then they can say, "These are the enduring strategies we've signed off to, now you need to deliver to those".
[09:43:07]

There is no doubt, for example, that mental health is there. Mental health is called out because of the significant demand pressures and the great concerns about meeting the mental health demand of the future. Towards the end of the Sustainable Health Review, we got a colleague on board to start the implementation planning. And in a sense, it has morphed hugely since then. We had an implementation framework that was actually attached to the Sustainable Health Review, because we wanted to be ready. And in a sense, we've learned from that, that was a good piece of work, but we've actually, in making Sustainable Health Review implementation real, we have made it more practical. And I remember the Minister saying at the time of release, which was in April, you'll need six months to get your implementation right, and he was absolutely right. It's taken us that long.

We now have the independent oversight committee established, led by Hugo Mascie-Taylor, which has a vast array of individuals with different expertise on it. The question for me is, how do we make the implementation of the Sustainable Health Review not just feel like another project with tick boxes? How do we make it everybody's business? And what we wanted to do was, number one, to say, "Well, who is responsible?" And the WA health family is responsible. The Health Executive Committee, so the assistant director generals and the chief executives, they are the steering committee led by me. And basically, it will meet for 90 minutes every month at the beginning of every Health Executive Committee, purely on Sustainable Health Review. We will set up a program board that oversees the amount of work that's going on and we will use current governance structures to actually deliver the work, so we are not creating an industry.

We have put together a SHISU, which is the Sustainable Health Implementation Support Unit, in the Department. Interestingly, we wanted to make it quite tight and small. And the Health Service Providers come back and actually say, "We actually want a little bit more centralised support", which is good, because usually, they would probably want to do more themselves. So we've actually had to adapt that. And we've also provided them with resources. We now have, over the last couple of months, some really robust project governance. We also have prioritised the recommendations. So we've actually said, we're not going to do everything on triage one. We now have triage one recommendations that are our priorities, and we have leaders for each one of those. So we've had either an assistant director general or a chief executive putting their hands up, or the Mental Health Commissioner, saying, "We will lead that". Doesn't mean they do everything, it means they're the executive sponsor. And we are now working on outcomes and measures that are real.

[09:46:05]

Now, outcomes and measures that are tangible, not health service performance reporting, we've got that. We'll use some of those. And the one area that I still think we are working on is, what does success look like? So if we were sitting here in three, five, 10 years, and this is what the Independent Oversight Committee has challenged us to do, what would be the success factors for the system being more sustainable? And we're going to look at – and it would be great if the Inquiry even gave us their views on climate change – we're going to look at, probably, a minimum of eight measures. It'll probably be even less. Because we have lots of outcomes, but what are the real success factors that talk about safety and quality and population health, that talk about patient experience, that talk about waste reduction, those key domains, but coming up with maybe four or five that are key success measures of a sustainable health system. So that's where we've got to, and I'll ask Angela to comment on anything I've missed.

MS KELLY: No, I think you've covered everything in that. I think the key thing around any plan that comes out with a set of recommendations is to get your implementation right. So it's to make sure that you're planning for the plan to implement. In the past, we haven't done that well. I think now, as the Director General indicated, to have six months to plan for that, you've got a group of very engaged leaders that want this to succeed. Very clear about this is about benefits, that we can't keep just throwing money into health. Because if we continue to grow at 10 per cent, that we were 10 years ago, then that would impact on education, it would impact on every other area of government. So we've got that sustainability now, through a financial sense, but how will all these other measures be able to be delivered to ensure that we've got the long-term sustainability that we can continue to reinvest in?

PROF WEERAMANTHRI: Dr Russell-Weisz, Ms Kelly, thank you both for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct. While you cannot amend your evidence, if you would like to explain particular points in more detail or present further information, you can provide this as an addition to your submission to the Inquiry when you return the transcript. Once again, thank you very much for your evidence.

MS KELLY: Thank you.
DR RUSSELL-WEISZ: Thanks

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