



Climate Health WA Inquiry

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

Inquiry Lead:
Dr Tarun Weeramanthri

Witnesses:

Ms Pip Brennan
Executive Director, Health Consumers Council

Ms Clare Mullen
Engagement Manager, Health Consumers Council

Thursday, 17 October 2019, 10.00 am

DEPARTMENT OF HEALTH

**INQUIRY INTO THE IMPACTS OF CLIMATE CHANGE ON HEALTH
IN WESTERN AUSTRALIA**

(CLIMATE HEALTH WA INQUIRY)

INQUIRY LEAD:

DR TARUN WEERAMANTHRI

HEARING WITH HEALTH CONSUMERS' COUNCIL WA

WITNESSES

**MS PIP BRENNAN
EXECUTIVE DIRECTOR**

**MS CLARE MULLEN
ENGAGEMENT MANAGER**

THURSDAY, 17 OCTOBER 2019

HEARING COMMENCED

5 PROF WEERAMANTHRI: Ms Brennan, Ms Mullen, I would like to thank you 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've been appointed by the Chief Health Officer to undertake the Inquiry. Beside me is Dr Sarah
10 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 if you could please make sure that your phone is on silent or switched off.

15 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
20 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've 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?

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MS BRENNAN: No, I don't.

MS MULLEN: No.

30 PROF WEERAMANTHRI: For the transcript, could I ask each of you to state your name and the capacity in which you are here today? And could I also ask that throughout the hearing, you briefly state your name prior to speaking so that the transcriber can be accurate?

35 MS BRENNAN: Pip Brennan, Executive Director of the Health Consumers' Council.

MS MULLEN: And Clare Mullen, Engagement Manager of Health Consumers' Council.

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PROF WEERAMANTHRI: Thank you. Ms Brennan, would you like to make a brief opening statement.

45 MS BRENNAN: Well, I was actually going to start with just a bit about the Health Consumers' Council, if that's okay. So the Health Consumers' Council is an independent not-for-profit organisation. So it's established under our State's incorporation law, and this year is our 25th year of operation. So we have a vision for equitable, person-centred quality healthcare for all West Australians. And to achieve this vision, we undertake individual advocacy, and that also informs our sustainable advocacy issues.
50 And we undertake engagement activities with health service staff and

consumers, carers and community members who want to become involved in improving the health system. So we try and network and support people who want to get the service and at the policy tables.

5 I was the Chair of the Consumer and Carer Reference Group of the Sustainable Health Review and as such, I was a panel member of that review. And as well as attending engagement activities throughout that project, the Health Consumers' Council also advocated for, and requested that, more inclusive engagement activities be undertaken. We work in the regions, we work with
10 Aboriginal communities, culturally and linguistically diverse communities in relation to the view of our state's health system, which resulted in the final report of the Sustainable Health Review.

PROF WEERAMANTHRI: Thank you. So you're on the main
15 Sustainable Health Review panel as a member, thank you.

MS BRENNAN: Yes, correct.

PROF WEERAMANTHRI: And as well as the Consumer and Carer
20 Reference Group.

MS BRENNAN: Yes.

PROF WEERAMANTHRI: And so you are familiar with the
25 recommendations as they related to sustainability and, in fact, the commissioning of this Inquiry?

MS BRENNAN: Indeed, yes.

PROF WEERAMANTHRI: Thank you. I think we will hear quite a bit
30 about your relationship with patient groups, but you did also mention that you engage with [health] staff in your organisation. What does that look like?

MS BRENNAN: It's actually quite key, as you can
35 imagine. It's important to work with staff to help them understand the benefits of, and how to actually engage with, consumers. So one of the things that the Health Consumers' Council's office in Western Australia is that we have a seat at the table at a range of these – the Sustainable Health Review is one example. Another example I was going to talk about was the Clinical Senate, so we have
40 a seat at that table too. And it's about – for us, as an organisation, it's about us bringing a broader community perspective into the system. So we do a lot of work alongside the system. We very much see partnership.

45 In our vision, we talk about person-centred quality healthcare, and that references that there is a patient, that there are carers and loved ones, and also that there are health providers who are also humans. So we believe it's really important that the staff experience and the patient experience are inextricably linked. So it's very much a part of our work to support the services, as well as

to support consumers. So if you look at our... technically if you look at our contract with the Health Department, it has individual support services and sector support services.

5 PROF WEERAMANTHRI: So maybe if you could reflect, as you're speaking this morning, just on patient expectations, but also what do you know of staff expectations through that engagement process? And also, what you found through the Sustainable Health Review process specifically, because that was such an intensive long process and with deep engagement. And then what
10 you're finding from your Health Consumer Council experience, which is not part of the Sustainable Health Review. I know that's a bit difficult to tease out, but I think it's important for us to know where you're getting your views. Was it just through that process, or was it wider and for longer periods of time, just coming through consumer views generally.

15 MS BRENNAN: And I just wanted to check, Tarun, are you talking here also about environmental sustainability, specifically, or just in general about engaging more generally?

20 PROF WEERAMANTHRI: Yes. So the sustainability issue is being talked about for a long time - - -

MS BRENNAN: Yes.

25 PROF WEERAMANTHRI: - - - in the environmental space.

MS BRENNAN: Yes.

30 PROF WEERAMANTHRI: That's the obvious place to start.

MS BRENNAN: Yes.

PROF WEERAMANTHRI: And so we're keen to hear your views about how patients see that environmental sustainability piece.

35 MS BRENNAN: Yes.

PROF WEERAMANTHRI: There's also a more recent focus on climate change - - -

40 MS BRENNAN: Yes.

PROF WEERAMANTHRI: - - - and how that relates to that sustainability agenda. Clearly, part of the inquiry is about reducing the emissions footprint of the health sector, but also the waste footprint, which is slightly different.

MS BRENNAN: So I wonder if it's useful if I start with looking at the Clinical Senate debate on waste. So the Health Consumers' Council role in that is we have a seat at the table going onto the debate, and we're the executive advisory group that organises the debate. So what was
5 interesting to me was that that was really, largely, framed through the lens of eliminating waste, as in unnecessary tests and treatments. But what also emerged from that, throughout the day, was that there was opportunities to make a lesser environmental footprint. So it was as distinct from talking about clinical waste. And so, in the Clinical Senate, for those who are not aware,
10 there's an opportunity for people who attend, who are clinicians across the sector of all hues, to develop recommendations.

One was particularly articulated that says the system manager produces a benchmark report annually across hospitals for key waste areas and makes the
15 report publicly available. So the concept behind that was that there was quite a lot of activities that I wasn't aware of before I went along to that debate, that different area health services are doing to reduce waste, the single-use items and so – a range of different things. I wouldn't be across the whole detail but there was quite a lot of work that happens in a way that's pretty opaque to the public. But anyway, that opportunity was that there would be a report that
20 would be publicly available, but that recommendation was not endorsed. And so, I guess, for me, that's a pretty strong signal for the system that it is perhaps not a current priority.

I would reflect to that, with the Sustainable Health Review, that it was of such a massive breadth of topic. And I think I really would like to recognise the contribution of Jaymie Yallup-Farrant who was on the Consumer and Carer Reference Group for the Sustainable Health Review, for the fact that it continued to make it all the way through to a recommendation. I think it can
25 be very difficult to keep that at the top of the list. In terms of patient expectations around waste, I'm not really convinced that people really have a very high expectation of our health system in having a role around waste, and I probably don't think about it that much. And I think, in part, that connects to... I mean, if you're really unwell and you're really sick, it might not be top of your mind as the thing that you're worried about. People tend to worry about
30 their clinical care. People do tend to feel concerned about how they're treated as a human being; that sort of thing will be very much top of the list.

But I'm pretty sure that you're aware here around the table about the Patient Opinion platform. So that's an independent moderated platform across the
40 nation, and Western Australia has been the leader in its implementation. So there is an opportunity for people to jump online and tell their stories. Now, we only found three stories that you could conceivably connect with environmental waste. So there was one, actually, from New South Wales,
45 which was talking about food packaging, and we're happy to provide that link – it's in the public domain. But basically, the person said, "In this day and age, aren't we supposed to be reducing plastics? Every meal came with plastic cutlery, orange juice in a plastic, disposable cup, and the trays are all

disposable as well. Every day the bin was full of plastic. Can't we do something different?" So the response... people may be aware that the response from the health service is also available for everybody to have a look at. And it talks about, "I can confirm that we are committed to recycling and all our plastic items are fully recyclable. Unfortunately, due to food safety regulations, we are unable to reuse the same cutlery. Additionally, infection control concerns prevent the use of jugs for the serving of juice. I do appreciate your feedback, and we can assure you that we are committed to responsible waste management".

So there's that immediate tension between infection control and single-use and all that sort of thing. So I felt that that was a common theme running through the Clinical Senate debate as well. We did find a couple of other stories. There was one in WA, because that first story I quoted was from New South Wales, but there was in country southwest, and it was again talking about the plastic waste on the tray. And the response said, "An important part of delivering quality care is a strict approach towards maintaining infection control and meeting patients' individual dietary requirements". So I think, again, there's that pushback from the system around that, and we did have somebody complain about hospital food as well as waste, so the ongoing theme.

So I hope that really... just to summarise, there's two things that I saw. There are things happening in the health system that are largely opaque, I think, to the public. And we're very passionate about the importance of transparency and changing practice. And had that recommendation four from the Clinical Senate debate been implemented, I think you would have seen a greater uptake of waste management practices. And also with the public, not a huge number of stories on patient opinion relating to waste, but those that were there tended to have a response from the system around focusing on infection control.

PROF WEERAMANTHRI: That is helpful. I'll just make a couple of comments, just in response. One is that you mention considerations around food safety and infection control. And I think it's right to say that there's always a balance - - -

MS BRENNAN: Yes.

PROF WEERAMANTHRI: - - - between environmental impact, cost, infection control, or between packaging, food safety, et cetera. And a lot of the submissions we received say it's time, perhaps, to rethink the balance. Not to say that any of those considerations aren't important - - -

MS BRENNAN: Correct.

PROF WEERAMANTHRI: - - - but maybe we made those decisions a few years ago, arrived at a position which has now become historic and current, but the context has changed, so we just need to say, "Have we

balanced that off correctly as a risk issue, and is the response proportionate?" So it's actually helpful to get the stories you've just given us. We've got some around infection control, but that food safety, food packaging issue we haven't heard before. And clearly, the issue of food waste is also very significant and written about. So these stories coming back are important.

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MS BRENNAN: Yes, Tarun. And the Health Consumers' Council would contend that there could be some fantastic opportunities in partnership with health services and consumer and community, and preferably with some expert input, to tackle that problem again and decide together what new balance could be.

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PROF WEERAMANTHRI: And just to reiterate that everyone is concerned with good clinical care and - - -

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MS BRENNAN: Absolutely.

PROF WEERAMANTHRI: - - - good patient outcomes, but there may well be ways to get to those same good outcomes, or even better outcomes, and still meet good economic, environmental and social considerations.

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MS BRENNAN: Agreed.

PROF WEERAMANTHRI: You do – and I also take your point about the Patient Opinion survey, and thank you for taking the time to get those stories out. But could it also be a question that, unless you ask, you may not find out what people's views are on this issue?

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MS BRENNAN: Yes, Tarun, I would agree with that. And as I say, it can be difficult... I think it could be difficult – the cohort of people who are seeking treatment may not be the best people to engage with. It may be more of a broader community focus, and potentially partnership with local government, who knows. That kind of concept of perhaps going to the healthy public who may have more bandwidth to have a look at those issues. I don't know. I mean, each hospital and health service will have a Consumer Advisory Council or District Health Advisory Council. There's some good talent you could work on within the hospital, and I do wonder if it's something that is a, perhaps, a broader community interest and could be approached slightly differently.

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PROF WEERAMANTHRI: And we have had feedback from some of our public forums that patients in rehab, for example, are more concerned about this, because they've been in the system for - - -

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MS BRENNAN: Correct.

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PROF WEERAMANTHRI: - - - months, some of them and actually have now got the time to get feedback. So just - - -

MS BRENNAN: Correct.

5 PROF WEERAMANTHRI: - - - letting you know that. But thank you
again. You've given us some ideas about where further consultation could
occur, so that's helpful. With respect to staff expectations, we have heard,
fairly consistently through the Inquiry, that staff are trying to do the right thing
environmentally at home, and that there is a gap when they come to work. And
10 there's a cognitive dissonance, that's the term that's been used, which is
becoming of concern to staff.

MS BRENNAN: Yes.

15 PROF WEERAMANTHRI: They want to be able to work in an
environment where they see people are trying to do the right thing
environmentally. And it's not immediately obvious why there should be so
much waste in the health system. Is that something that's been reported to you?

20 MS BRENNAN: I will be honest and say it's not been top
of my list. But as I say, it can be difficult in the health sector when there are so
many things competing for attention. And that is what, as I say, what I felt
throughout the Sustainable Health Review and without the champion that we
had, I think we would not have ended up with anything like what we've had.

25 PROF WEERAMANTHRI: You've talked about Patient Opinion. I
think that's different from tools to measure patient satisfaction on an ongoing
basis.

30 MS BRENNAN: Absolutely, it is, yes.

PROF WEERAMANTHRI: Could you just outline the difference?

35 MS BRENNAN: It's really interesting. This area of human
endeavour is constantly changing. As you may be aware, for example, that the
NHS in the UK have, for a long time, been collecting the friends and family
test data, "Would you recommend this service to others?" And after a bajillion
bits of data, I think they're kind of wondering, really, what change it's making.
I think there's other tools, perhaps, that might be more effective. But it also
40 depends on what the tool is for. Say, for example, in our state, we have the
patient experience health survey, the PEHS survey. And that's perhaps more at
a population level, and that may have some benefit, although it does largely
exclude people who don't speak English and people who don't have a fixed
address. So we've long had equity concerns about that.

45 But from the Health Consumers' Council perspective, there are, perhaps, limits
to how effective widespread surveys might be. I'm wondering about
something, perhaps, a bit more targeted, where the health service takes it on as
a bit of a wicked problem and perhaps includes their local governments, for

example, who work very much in that space of waste recovery. And the people, perhaps, who are in their patient groups already, but also people who may live in a suburb who are not sick. But, say, for example, I live near Fiona Stanley Hospital and I consider it my hospital. And I would be interested in going along to something around waste, even though I'm not attending it as a patient. So there could be a bit of a different approach.

But those things, they do take some resourcing and time. And as I say, it's very, very hard when you're flat-out trying to stop people dying to put this at the top of the list. And this is what I find over and over again. It can make it difficult. And that's why, I guess, I really welcome the resources that have been put aside towards this so it can still have some bandwidth. It's really interesting to hear your reflections about staff feeling that cognitive dissonance between how they want to behave as citizens and how they have to behave at work.

PROF WEERAMANTHRI: Can I ask you, you're obviously connected and talk to other health consumer bodies across the country. Has this issue come up in any of your national discussions?

MS BRENNAN: Interestingly, no. We've been very involved in medical devices and patient safety issues, I must say. However, it's something that I will certainly be raising at our next meeting.

PROF WEERAMANTHRI: Thank you. You did hold a workshop on 7 October with the support of this Inquiry, I'll put on the record. It was held at Health Consumers' Council. Can you tell us about that workshop and what was discussed?

MS MULLEN: Yes, it's Clare, Clare Mullen. We had 16 people register for the session and 10 attended on the day. When we asked people what was of interest to them and what had brought them there, many of them commented about a personal interest in the environment and climate change, and also some people commented on their increasing awareness of the health impacts of that. They talked about physical health impacts, but also mental health impacts. When people were asked about the impacts that people were seeing or experiencing, a number of people commented about concerns about rising temperatures. And the impact that they spoke about seeing was that it limited people's ability to get outdoors and exercise, and also to connect with their neighbours in their communities. And children spending less time outdoors playing, and that impacting on their physical and mental health, particularly with a focus on reducing childhood obesity.

There was a bit of a theme about the increased impacts that there are on people who are from less advantaged backgrounds, more disadvantaged backgrounds. And so, for example, people having to make decisions about whether they can afford to have the air conditioning on alongside other household expenses that they might be juggling. And the increased health risks for older people and

people with chronic conditions of rising temperatures were mentioned. With regards to that issue about spending time outdoors, that was also highlighted with regard to, if you like, impacting more on some communities than others. So some people commented that some areas are leafy and have lots of wide-open spaces and others have less tree canopy and less shaded open spaces. And there's often a link between those two and, for example, housing affordability. So it could be that people who are looking for more affordable homes are in areas with less tree canopy and less wide-open spaces, and therefore have more challenges at spending time outdoors.

There was concerns raised about environmental events such as bushfires, coastal erosion and rising sea levels, particularly impacting, for example, in Torres Strait communities. And they talked about the loss of biodiversity impacting on the health of the land, as well as the potentially negative impacts of fracking. The mental health impacts were mentioned by a number of people. One person commented about lying asleep worrying at night about her grandchildren's future. And others spoke about particular groups experiencing mental health impacts because of their connection to the land. And Aboriginal people and farmers, for example, were particularly mentioned.

There was, however, also some discussion about some of the positive impacts; that in recent times, for example, people coming together as a community to tackle some of these issues. And also, for example, young people's involvement and their activation in the school climate change strike, and community groups, local community groups, bringing people together to discuss how communities can reduce their environmental impact. Potentially similar to the experience of staff, people there spoke about a number of actions that they personally are taking to reduce their impact on the environment. They spoke about talking with friends and family, taking action at home about water tanks and solar panels, and so on. But also, we talked about things that they're doing at a community level – so getting involved in community activities such as community gardens, or also talking to neighbours in housing complexes about how to grow more veggies in the gardens and those areas, and also getting involved politically to encourage action.

With regard to the impact that people thought health services could have, one strong theme was the opportunity for the health services in general to collaborate across Government to ensure that the human health and the environmental health impacts of all Government initiatives are considered – for example, new infrastructure development, town planning, building regulations and industrial activities such as fracking – and try and apply that whole of government approach. Similar, perhaps, to the comment that was made through the Clinical Senate, there was a suggestion that perhaps the health services could undertake a number of audits. They could audit the use of energy and the use of materials to identify and share opportunities for improvement. A suggestion of moving to electric vehicles. And again, similar to the comments that came through Patient Opinion, there was a comment there about the possibility of composting or using food waste to create fertiliser, or

perhaps using other ways to use leftovers, for example, partnerships with groups for homeless people.

5 There was something specific about ways that the health service could support people in communities to reduce their health-related waste. So we had one person there whose daughter had a disability and uses... so PEG feeding tubes. And so, for example, when the PEG feeding tubes are changed, then the syringes that go along with them are no longer able to be used with the new PEG, and it's not possible for those to be given back to health services, and the person is told to dispose of them. And so, for example, that person is taking action to connect informally with other people who might be in a similar situation. But if there were some support available to enable community members who find themselves in that situation to make it easier to ensure that equipment like that is being reused.

15 The other suggestion was around Webster packs being able to be reused, rather than replaced each time. And there was a comment about opportunities for the health system to continue and build on initiatives around health promotion and linking these to environmental health. So suggestions like facilitating sessions with tenants in housing complexes where people can share ideas about how to reduce, reuse and recycle, which would have the associated benefits of act, belong, commit benefits too. And particularly, also, taking action to talk with people in vulnerable groups, because that was a really strong theme, recognising that some groups are potentially... this is an added burden alongside other burdens.

20 There was a comment that recognised that many of the actions that could be taken really might need to take place at a place level, and that the solutions may differ from place to place, and so the opportunity to work with people where they are in community. And a genuine co-design approach where all parties come to the table ready to be with equal positions at the table. And there was a comment also recognising the role that businesses have and the necessity of them being involved too. But people did also comment that there's an opportunity to tap into the community interest in this space and encourage positive action.

30 In terms of some of the potential barriers, people commented about the lack of easy access to clear information on sustainable alternatives, and I would imagine that is also an issue within health services too. I know, for example, I have seen an example from interstate of changing the kidney - - -

MS BRENNAN: Dishes?

45 MS MULLEN: Kidney dishes, yes, from throwaway plastic to recyclable compostable materials, by, I imagine, that some avenue by which it's easy for both people who work in the system and people who use the system to find out about potential ideas and how they're working. And I guess, for me, one of the themes that came through was the recognition that some of

the solutions lie in that community. So in community, in bringing people together in order to build on the assets that exist both within the health system's knowledge and expertise and within the community, to help people connect and ensure, particularly, that support is in place for vulnerable groups to deal with the impact of climate change.

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PROF WEERAMANTHRI: Thank you. So you're almost saying – I'm just struck by that phrase, "in community". So it's not just the solutions are in the community, but they're also in community, meaning they're in the process of bringing people together.

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MS MULLEN: Yes. That, for me, emerged from that and from other conversations I've been part of in this space, that the collective nature of bringing people together, yes, has its own benefits.

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PROF WEERAMANTHRI: Health Consumers' Council has a particular role with vulnerable groups and specific expertise dealing with different groups in our population over a long period of time. So maybe just thinking about what you've said, Ms Mullen, Ms Brennan, can I just ask you to reflect on engagement in terms of going forward with, first of all, say, culturally and linguistically diverse groups? There has been some recent articles saying that migrant and ethnic communities feel a bit left out of this climate change debate, and we're just starting to discuss what we can do as an Inquiry. Is there's any advice you'd give us about how we might engage with culturally and linguistically diverse groups, but also with youth and with other groups that tend to not have a voice?

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MS BRENNAN: So certainly in terms of culturally and linguistically diverse communities, at the Health Consumers' Council we don't like that hard-to-reach phrase, but prefer the hardly-reached. Because actually, people are easy enough to find if you're willing to go out to where they are, rather than expect them to come to your West Perth office at 10 o'clock in the morning on a weekday. So I think those, sort of, general principles of seeing if you can go out to where people already are and have conversations with them in places that they feel comfortable. And having – there's so many fantastic organisations, for example, the Ishar Multicultural Women's Health Centre, who bring them together. Already they may have bicultural workers so that you've got less of the language barriers. It's just about being somewhat creative and linking in with everything that's already there.

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I think youth is a particularly important cohort. As the parent of a soon-to-be 21-year-old, I'm only too aware of the specific anguish that young people experience, that somebody, a Gen Xer like myself, doesn't. I do think, again, there's so many great opportunities already there. I mean, say, for example, Clare's already talked about community, and again, it is in community, there are already lots of fantastic youth groups there. There could be important partnerships in going and talking to people and developing things that actually work. I do really feel a strong call for something like a

government/community organisation level. There are, I think, a lot of opportunities to leverage resources in different areas to bring those sorts of things together, to help young people be part of something practical and achievable.

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PROF WEERAMANTHRI: That's a very positive message. So you're basically saying the groups are out there, you just need to go to them and go to where they are, rather than - - -

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MS BRENNAN: It's our experience, usually, that people in community are much more ready to engage than people in government are.

PROF WEERAMANTHRI: Thank you. Do you have a specific remit around the aged care sector, or people who are elderly?

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MS BRENNAN: We don't. We don't have a specific... obviously, there's a range of important organisations like Council on the Aged WA, AdvoCare. So they do individual advocacy in that space. But we do advocate for older people who are stuck in hospitals. And as we know, it happens quite a lot and it's something that's very, very, very close to our heart. We have certainly been really trying to do something around bringing to life the recommendations from the Sustainable Health Review in relation to the aged care sector. We've been pushing quite hard for the use of the Care Opinion platform to work in that space. But in terms of environmental, it probably hasn't come to the top of our list, but I know it's something for us to consider.

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PROF WEERAMANTHRI: And we are getting some feedback that this is an issue for the young, yes, for adults, yes, but also for grandparents. And that was one of your comments you made - - -

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MS MULLEN: Yes.

PROF WEERAMANTHRI: - - - earlier, Ms Mullen. And that's, I think, a bit... it's coming through in other ways as well. So people are worried for their grandchildren - - -

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MS MULLEN: Yes.

PROF WEERAMANTHRI: - - - in the longer term. There clearly is a need for ongoing engagement. These are complex issues, and everyone is grappling with them, both in terms of roles and responsibilities, and how much of a priority issue this is. And that clearly might change over time, as we go forward. And it seems to be changing, if you look at the last years.

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MS BRENNAN: Absolutely.

PROF WEERAMANTHRI: So is there a role for Health Consumers' Council to partner with other organisations in terms of thinking this through?

5 MS BRENNAN: I think there's always a role for not-for-profit organisations to look to partner. The Health Consumers' Council does have a seat at the Supporting Communities forum, which some of you may be aware of as an intergovernmental, state-based forum. So it has Directors General of Health and Education, Police, Justice Communities, and I may have forgotten one. It also has not-for-profit organisations at the table. I have four Aboriginal leaders at the table. And I sit on it as a consumer. I think it is an important mechanism for bringing together the State around these issues. What is very difficult is there are no incentives at all for Government to share their dollars and share their outcomes. So that's really what Supporting Communities forum has been really trying to work on, how can we make the delivering community services and partnership policy real.

It has, in my opinion, focused perhaps more on the government, non-government relationship, and very much needs to also include the consumer and community at the table. But, of course, it is a great mechanism for progressing shared outcomes. It's done a significant amount of work, you're probably aware, of developing outcomes for our state. So that's when a specific project, they also align with the McGowan priorities. So there's that whole thing of outcomes being stated in the positive and being the whole of human reality. So it's really looking at how can we create a better state.

20 PROF WEERAMANTHRI: Could you just, for the record... the Delivering Community Services in Partnership Policy, I'm aware, has been there for some years as a policy framework. If you could just, perhaps, remind me how long it's been there and how long has the Supporting Communities forum been established for?

25 MS BRENNAN: So the Supporting Communities forum – sorry, the policy, I believe, off the top of my head, was 2012, but I would need to check that. It has just recently undergone a review. I think it's always really important a policy is a policy and reality is reality. So there is often a bit of a disconnect between what it says on paper and how people experience, as a not-for-profit having a service purchase from Government. So it's been really important to keep it as a focus. The Supporting Communities forum was formed by the McGowan Government and it looked at what the partnership forum had done before, and tweaked and improved it to create the Supporting Communities forum.

40 MS MULLEN: Another thing that emerged from the workshop that we held was that climate change in health... immediately people are also starting to talk about family and community, economics and employment, education, about environment. And so that inter-relationship between... it signals it as one of the complex wicked issues. And so the, if you like, the opportunity or the need for leaders at all levels, from all perspectives,

who are comfortable with that complexity and some of the discomfort that comes of working in complexity, really, I think, stood out for me. And, potentially, some of the limitations of our traditional government approach with its built-in administrative processes and hierarchies and so on that a forum
5 such as that, that brings lots of different players together to try and do something differently, in the process of doing it differently. It was striking, I think, how much people... all of those issues, if you like, came up when that issue of climate change in health was mentioned.

10 PROF WEERAMANTHRI: So you've said that it's a complex issue and that it's a leadership challenge. Would you like to reflect a bit on the nature of the leadership needed? Are there any particular models of leadership that are suitable to this kind of problem, that are not the hierarchical leadership model?

15 MS MULLEN: I think it's the opportunity for models that work alongside the existing kind of hierarchical models and how, particularly, people in public servant roles or public sector roles can play their role at the boundary of their organisation, but, if you like, going into – as we've talked
20 about, going to where people are, working within different structures. There's some work that, I think, has been led by the University of Birmingham, but which also the Public Sector Commission brought here, looking at the 21st century public servant, and there's some interesting parts in there about public servant roles being around navigators, networkers. And particularly, they are
25 interested in that space of engagement, about engaging with humanity. And again, going back to that point before about the person-centred nature, requiring that whole holistic approach for both community members and people employed in organisations.

30 PROF WEERAMANTHRI: We've just got a couple of minutes left. Based on this – we've had a conversation, which is great, and I've got a lot of useful information from you and specifics about particular forums and groups that are existing, that could be part of how we can solve a bit further. But
35 having just reflected on this conversation on the forum that you held at Health Consumers' Council, does anything come to mind that you'd like to say now, before we close, even if it's something that strikes you, as opposed to a definitive statement about what we should do, given we've had a good discussion about this?

40 MS MULLEN: I think, really, linking it to that element of sustainability, that the most sustainable system, our health system, is obviously one where fewer people need to use it because of ill health. And certainly in
45 conversations that I've been part of, many of the practices that focus on environmental sustainability also have benefits for human sustainability in terms of social connection, physical health and other mental health benefits. And so, I guess, when I reflected on the discussion that we had and in preparation for this, is that connection between people as individuals, people within community and the natural environment, that the opportunity to perhaps

relocate that balance is a possibility that, I think, would have benefits for the health system as well as the individuals who use and work in it.

5 PROF WEERAMANTHRI: Ms Brennan?

MS BRENNAN: I think it's pretty hard to top that. I think that really says it all and caps it off perfectly.

10 PROF WEERAMANTHRI: Okay. Can I just return to where you started, which was around the Clinical Senate and waste?

MS BRENNAN: Yes.

15 PROF WEERAMANTHRI: So it's very interesting, because there is quite a lot of material written that suggests some of the most important environmental impacts we can have is actually in that reduce and reuse, but particularly reduce. So anything that actually diminishes waste in general and not specific environmental waste. So reduces duplication, minimises the need for admissions to hospital, shifts care into primary care and the community, is
20 actually some of the most environmentally important interventions you can make. So maybe it's all part of the same conversation.

MS BRENNAN: I would agree. And I think the high-value healthcare work that's happening, it does overlap with this. And, of course, I'm
25 very passionate about informed consent. Most consumers don't really understand what their choices are, what models of care they should follow. I think some of the key messages around "It's okay to ask", and, "Do I really need this test or treatment?" I think the work in that space of community being able to make more informed choices is really important and has a really
30 important sustainable thread.

PROF WEERAMANTHRI: Thank you both for your attendance at today's hearing.

35 MS BRENNAN: Thank you.

PROF WEERAMANTHRI: 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
40 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 a submission to the Inquiry when you return the transcript. Once again, thank you very much for your evidence.
45

MS BRENNAN: Thank you so much.

MS MULLEN: Thank you.

HEARING CONCLUDED