

## Climate Health WA Inquiry

### About your submission

Are you responding on behalf of an organisation or group?

- No  
 Yes

If yes, please identify the organisation

### Your contact details

The following information will not be published without your permission but enables the Inquiry to contact you about your submission if required.

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### Terms of Reference

You are encouraged to address at least ONE of the Terms of Reference as listed below. Please select which item/s you will address:

1. Establish current knowledge on the implications of climate change for health in Western Australia (WA) and recommend a framework for evaluating future implications.
2. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will protect the public from the harmful health impacts of climate change.
3. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will strengthen the preparedness and resilience of communities and health services against extreme weather events, with a focus on the most vulnerable in the community.

- 4. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will reduce the contribution of WA health services to climate change and other detrimental impacts.
- 5. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will enable WA Health services to implement change, including energy efficiency, to a more sustainable model.
- 6. Evaluate the likely benefits (health and wellbeing, social and economic) arising from climate change mitigation strategies, with a focus on WA health services.
- 7. Define the role of the Department of Health in leading public policy on climate change and health.
- 8. Recommend the Terms of Reference, scope and preferred methods for undertaking a climate change vulnerability assessment for the health sector.
- 9. Recommend the Terms of Reference, scope and preferred methods for developing a Climate Change Adaptation Plan for the health sector.

#### Submissions response field

**Please type your response to the item(s) selected above into the field below. Alternatively you may provide your submission as a separate attachment (suggested maximum 5 pages).**

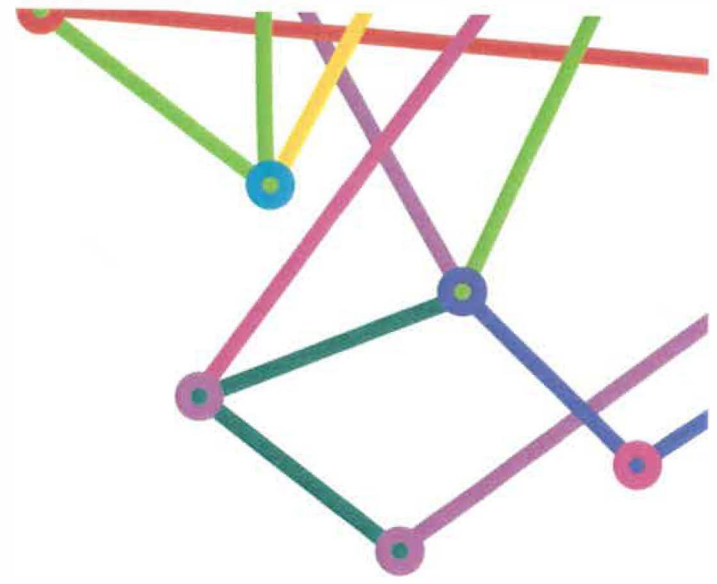
See attached submission.

#### Attachments

**The following documents were provided as attachments to the submission**

- Inquiry [Terms of Reference](#) and Minister's [Announcement](#)
- Inquiry [presentation](#)
- Climate and Sustainability Forum Working Group [Report](#)
- Australian Medical Association position [statement](#)
- Royal Australasian College of General Practitioners position [statement](#)
- Doctors for the Environment written [submission](#) to the Inquiry

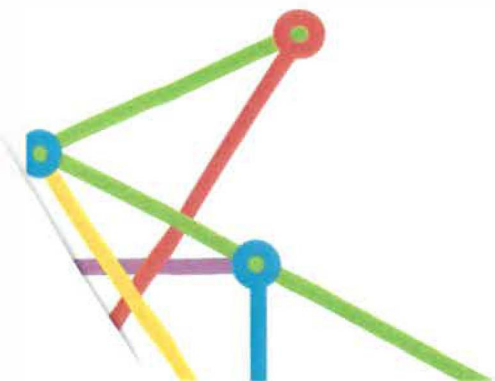
**Please complete this sheet and submit with any attachments to: Climate Health WA Inquiry**



# Climate Health WA Inquiry

WA Primary Health Alliance Submission

January 2020



**WA Primary  
Health Alliance**  
Better health, together

**phn**

PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative



## INTRODUCTION

The Australian Government's Primary Health Network (PHN) program commenced from 1 July 2015 with the objective to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

PHNs have three key roles:

- They commission health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. This may include working with others in the community to plan and deliver innovative services that meet specific health needs.
- Through practice support, they work closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high-quality care.
- They work collaboratively within their regions to integrate health services at the local level to create a better experience for patients, encourage better use of health resources, and eliminate service duplication.

WAPHA is the organisation that oversees the strategic commissioning functions of the three Western Australian PHNs: Perth North, Perth South, and Country WA. This provides WAPHA with the ability to influence health system change across WA.


Western Australians enjoy levels of health and wellbeing and access to health care that is high by international standards and most people live long and healthy lives with health care provided when it is needed. However, this is not true for every person living in Western Australia, and many people in the community face daily challenges accessing the health care services they need, whilst also being aware of what services are available to support them.

WAPHA wishes for Western Australian's to have equitable access to the health care they need, and for all people to lead healthy and well lives. We recognise that for some populations and individuals, access to health care is not the same and we are committed to focusing our efforts on the people with the greatest need and we work to mitigate the barriers, design programs and work with partners to achieve the common goal of improving health outcomes for all. We aim to achieve provision of the right care, in the right place and the right time.

WAPHA's vision is 'Improved health equity in Western Australia' and we have adopted the Quadruple Aim, widely accepted as a compass to optimise health system performance. Health for Western Australian's, including equity of access, reduced disease burden and improved health outcomes, is one of the aims under the Quadruple Aim.

WAPHA is committed to:

- Building a robust and responsive patient-centred primary health care system through innovative and meaningful partnerships to ensure effective, efficient, accessible, safe, continuous, and sustainable healthcare for all people.
- Partnering with services that contribute to addressing determinants of health, including environmental factors, socio-economic factors and community capacity to mitigate the prevalence of disease, mortality and morbidity.
- Questioning why health status and outcomes are not the same for everyone and building capability within primary care so this can be improved.
- Commissioning services in the areas of greatest need.

- 
- Supporting people to manage their health issues in the community by partnering with providers to ensure services are timely, affordable and accessible to all; and that services meet the needs of individuals throughout their lifespan and in the communities in which they live.
  - Prioritising integration of care across health services to ensure continuity of care for all people in an equitable and efficient manner.
  - Measuring and monitoring outcomes of primary health care equity, quality, efficiency and accessibility, including; availability of primary health care services, accessibility and use of health services for Aboriginal people, responding to alcohol and drug use early detection and treatment, timeliness of primary health care services, potentially preventable avoidable hospitalisations, chronic disease management, patient satisfaction and workforce sustainability.
  - Cultural diversity awareness, understanding of people's background and ethnicity, supporting culturally secure, closer to home health care.

Please find below WAPHA's submission to the Climate and Health WA Inquiry.

## BACKGROUND

- The Climate Health WA Inquiry (Inquiry) was established under part 15 of the Public Health Act 2016 as an outcome of the Sustainable Health Review (SHR) enduring strategy 1 – commit and collaborate to address major public health issues. Recommendation 5 aims to: Reduce the health system's environmental footprint and ensure mitigation and adaptation strategies are in place to respond to the health impacts and risks of climate change. Set ongoing targets and measures aligned with established national and international goals.
- The terms of reference of the Inquiry wishes to review the current planning and response capacity of the health system in relation to the health impacts of climate change, and make recommendations for improvement with respect to climate change mitigation and public health adaptation strategies (appendix 1).
- The Department of Health held a briefing for the Inquiry in October 2019 outlining the approach, climate change definitions, climate change data and severity figures, and findings from the SHR Climate and Sustainability Forum Report (appendix 2).
- The SHR Climate and Sustainability Report is provided (appendix 3).
- The AMA and RACGP have position statements on Climate Change and Human Health with both recognising climate change as a key public health issue and advocating for policies to protect human health. The AMA provides a literature review and wishes to see a National Strategy for Health and Climate Change with Australia adopting mitigation targets, collaboration across jurisdictions, details of mitigation and adaptation strategies as well as education. The RACGP commits to mitigation and adaptation strategies and provides details of roles for general practice (appendix 4 and 5).
- Doctors for the Environment Australia provided a submission to the Climate Health WA Inquiry highlighting the importance of action on climate change and projections for climate change impact in WA. Recommendations included reducing emissions, the carbon and environmental impact of health services, preparing and protecting the community from unavoidable climate impacts (appendix 6).
- Multiple agencies were invited to present to the Climate Health WA Inquiry public hearings, which started on 3 October 2019 (appendix 7). WAPHA was provided with a set of questions to respond to at the Inquiry and responses to the questions are provided within this paper.
- WAPHA presented to the inquiry on Thursday 5 December 2019.



## BACKGROUND TO CLIMATE CHANGE IN AUSTRALIA (RACGP *Climate Change and Human Health – Position Statement*)

Climate change resulting from human activity is affecting our relationship with our environment and presents an urgent, significant and growing threat to health worldwide<sup>1</sup>.

Activities such as burning fossil fuels for energy and changes in land use, particularly deforestation, increase the levels of carbon dioxide and other gases in the atmosphere, holding heat near the surface of the earth.

Increased levels of carbon dioxide in the atmosphere, and the resulting increased heat, are altering planetary systems, including ocean circulation, prevailing winds and cloud cover<sup>1</sup>.

Increased carbon dioxide is considered the largest single contributor to human-induced climate change<sup>2</sup>.

Climate change affects human health directly, indirectly and through societal responses. An example of direct climate change impact is the increase in morbidity and mortality, and mental illness related to a greater frequency of more intense weather events (floods, droughts, hurricanes and storms), as well as the effects of increasing temperatures and heatwaves.

Extreme weather events can lead to both increased pressure on healthcare services and facilities, and damage to those facilities<sup>3</sup>.

Indirect health effects include those mediated via changes in environmental systems, causing alterations in the distribution of vector, water and food borne infectious diseases, air pollution patterns, and the availability of safe drinking water and adequate nutrition. Further health impacts relate to changes in economic and social systems, including as people migrate or conflict over scarce resources<sup>3</sup>.

Health impacts vary based on the vulnerability and adaptive capacity of individuals and populations. Vulnerable groups include women and children, older adults and those with pre-existing medical conditions, those living in rural and remote areas, those in outdoor occupations, and lower socio economic communities<sup>1</sup>.

In remote populations, flooding, loss of facilities and threats to housing are climate change risks. The National Climate Change Adaptation Research Facility suggests the Kimberley region experiences a disproportionate effect of climate change on Aboriginal people and is exacerbated by difficulties in many communities. The report highlights the capabilities that are critical in developing adaptation planning in Aboriginal communities and incorporating climate change research findings and education into community-level and regional planning initiatives<sup>4</sup>.

The indirect impacts of climate change result from interactions of climate with other systems. Examples include declining agricultural yields and quality caused by drought, resulting in poorer nutrition despite higher caloric intake; and changes in the distribution of vectors that spread infectious disease, caused by flooding<sup>1</sup>.

Socially mediated impacts of climate change may include conflict, migration, and damage to livelihood from droughts or cyclones<sup>1</sup>.


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<sup>1</sup> Parise. I. A brief review of global climate change and the public health consequences. *Australian Journal of General Practice*. 2018; 47 (7); 451-56.

<sup>2</sup> NSW Government, Office of Environment and Heritage. Causes of climate change. Sydney South, NSW: NSW Government. Office of Environment and Heritage. Available at <https://climatechange.environment.nsw.gov.au/About-climate-change-in-NSW/Causes-of-climate-change> [accessed 26 November 2019]

<sup>3</sup> Department of Health. Climate and sustainability forum, working group report. Department of Health WA. 2018.

<sup>4</sup> Leonard, S et al. Indigenous climate change adaptation in the Kimberly region of North-western Australia. NCCARF. 2013. Available at: <https://www.nccarf.edu.au/publications/indigenous-climate-change-adaptation-kimberly-region-north-western-australia>



Vulnerability to the impacts of climate change, both in Australia and globally, depends on geographic, social, economic and biological factors. Overall, climate change may increase inequality, as people with fewer material, social and health resources will be more vulnerable to the adverse impacts of climate change.

Projected changes in Australia's climate that affect health include:

- more frequent and widespread heatwaves and extreme heat, increasing the risks of heat stress, heat stroke, dehydration and mortality<sup>5</sup>. Heatwaves contribute to acute cerebrovascular accidents, and aggravate chronic respiratory, cardiac and kidney conditions and psychiatric illness. The current carbon dioxide emissions trajectory is projected to increase heatwave-related deaths threefold in Melbourne and Brisbane and fivefold in Sydney over the period 2013 to 2080, compared with current heat-related mortality<sup>6</sup>.
- more frequent, severe and widespread bushfires, increasing risks of burns, smoke inhalation, heat stress, dehydration, trauma and long-term mental health impacts<sup>7</sup>.
- more extreme rainfall events, flooding and storm surges, increasing risks of injury, communicable disease transmission, distress, and acute and chronic anxiety disorders<sup>8</sup>.
- more frequent, prolonged and widespread droughts, a significant cause of adverse mental health among rural Australians<sup>6</sup>.

## General Practice

Awareness of the impacts of climate change is important for general practice as GPs respond to the outcome of climactic events. For example:

- The Queensland floods in 2010-2011 resulted in more than 78% of the state being declared a disaster zone, with 35 people killed and approximately 2.5 million otherwise affected<sup>9</sup>.
- The recent NSW bushfires claiming six lives and destroying hundreds of properties.
- Thunderstorm asthma claiming the lives of 10 people and thousands of people suffering breathing difficulty in Melbourne in 2016; with claims that if timely treatment was provided they may have survived. Triggered by a unique combination of high pollen levels and a certain type of thunderstorm, it caused a large number of people to develop asthma symptoms over a short period of time<sup>10</sup>.

## Climate Change and Mental Health

The impacts of climate change on people's mental and community health arise directly and indirectly with some human health effects surfacing gradually. Some communities and populations are more vulnerable to the health-related impacts of climate change with factors that may increase sensitivity to the mental health impacts including geographic location, presence of pre-existing disabilities or chronic illnesses, and socioeconomic and demographic inequalities, such as education level, income, and age.

<sup>5</sup> Wilson, L., Black, D., Veitch, C. Heatwaves and the elderly: The role of the GP in reducing morbidity. *Australian Family Physician*. 2011; 40 (6); 637-40


<sup>6</sup> Guo, Y. Gasparrini, A., Li, S et al. Quantifying excess deaths related to heatwaves under climate change scenarios: A multicountry time series modelling study. *PLoS Med* 2018; 15 (7):e1002629. Doi: 10.1371/journal.pmed.1002629.

<sup>7</sup> Johnston F. H. Bushfires and human health in a changing environment. *Australian Family Physician*. 2009; 38 (9); 720-24.

<sup>8</sup> Ng F. Y., Wilson, L. A., Veitch, C. Climate adversity and resilience: The voice of rural Australia. *Rural Remote Health* 2015; 15 (4): 3071.

<sup>9</sup> <https://www.qld.gov.au/environment/pollution/management/disasters/flood-impacts>

<sup>10</sup> Choahan, N. Thunderstorm asthma: what can GPs do to help patients? *NewsGP*. 26 June 2018. Available from <https://www1.racgp.org.au/newsgp/clinical/thunderstorm-asthma-what-can-gps-do-to-help-patie>



Stress from climate impacts can cause children to experience changes in behavior, development, memory, executive function, decision-making, and scholastic achievement.<sup>11</sup>

Populations at higher risk for poor mental health outcomes as the negative effects of climate change progress, include.<sup>12</sup>

**Children** - at particular risk for distress, anxiety, and other adverse mental health effects in the aftermath of an extreme climate event.

**Elderly** - higher rates of untreated depression and physical ailments contribute to their overall vulnerability, such as increased susceptibility to heat.

**Economically disadvantaged** - people living in poverty and with fewer socio-economic resources have less capacity to adapt to the challenges brought by climate change.

**Farming or rural communities** - vulnerable to the negative mental health outcomes associated with drought. Older farmers in Australia report an overwhelming sense of loss as a result of chronic drought and its economic consequences.

**People with mental illness** - those using medications to treat disorders such as depression, anxiety, and other mood disorders are particularly vulnerable to extreme weather events and extreme heat.

**Women, pregnant women, post-partum mothers** - are prone to greater worry and feelings of vulnerability, anxiety disorders, and other adverse mental health outcomes; suffer higher rates of PTSD after disasters than men. Increases in domestic violence towards women are also common after a disaster.

### WAPHA's commitment to mental health

More than 50% of WAPHA's funding is dedicated to mental health programs that promote early intervention to reduce the impact and escalation of mental illness. Our priorities include:

- Increasing access to local, low cost mental health services in areas with limited service availability but high demand.
- Building capacity within general practice to recognise and support patients with mental health conditions and ensure GPs are aware of clinical pathways and referral processes.
- Increasing access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency departments.
- Leading the implementation of the Alliance Against Depression (AAD), a key strategic approach to achieving the vision of health equity in WA.
- Finding the best approaches to suicide prevention for at-risk populations.

<sup>11</sup> Clayton, S., Manning, C. M., Krygsman, K., Speiser, M. Mental health and our changing climate: impacts, implications and guidance. Washington DC: American Psychological Association and ecoAmerica. 2017.

<sup>12</sup> Crimmins, A. J., Balbus, J. L., Gamble, C. B. et al. The impacts of climate change on human health in the United States: A scientific assessment. US Global Change Research Program: Washington DC, 312, p 2106. <http://dx.doi.org/10.7930/J0R49NQX>





## Climate and Health Inquiry - Questions

### Opening Statement:

- WAPHA is committed to the health and wellbeing of all Western Australians and is supportive of the WA Government actioning this Inquiry into Climate Change and the impact on health.
- We are also supportive of the McGowan government's commitment to climate change through the Premier's Priorities – 'A Livable Environment', announcing the development of a Western Australian Climate Change Policy to address the challenges of climate change for the state and develop a roadmap for actions.
- The WHO Sustainable Development Goals recognise urgent action is needed to combat climate change and its impacts – noting climate change now affects every country on every continent.
- In 2009, the Lancet reported climate change to be the biggest threat to health in the 21<sup>st</sup> century, and Margaret Chan, Director General of the WHO, has described climate change as the same.
- This has been evidenced dramatically over the years by extreme weather conditions and environmental disasters and changes.
- Climate change is a global phenomenon and when considering the health impacts – we know they vary based on the vulnerability and adaptive capacity of individuals and the supportive environments in which they live.

Question 1: Could you tell us about the history of WAPHA as an organisation, your mission and values, and the other groups or organisation you regularly interact with in the health sector?

- WAPHA is the organisation that oversees the strategic commissioning functions of Western Australia's three primary health networks. WAPHA's primary objective is to improve health outcomes and patient experiences through our commissioning activities of appropriate primary healthcare services in areas where they are most needed for the people for who need it the most. Our principal source of funding is from the Commonwealth Department of Health, and key to our work is partnerships that we develop at the local and state level.
- As the operator of WA's three Primary Health Networks – part of the Australian Government's national PHN program – WAPHA plans, guides and directs investment towards important primary healthcare services. Our state-wide structure and strong partnerships give us an opportunity to shape a health system fit for the future.
- Key to our work is partnerships with and support provided for GPs, allied health professionals, service providers, government and community, to deliver better health, together.
- WAPHA's focus and PHNs is on identifying priorities, linking services and, commissioning and funding care that is locally accessible to help those at risk of poor health outcomes to access excellent care closer to home and reduce potentially preventable hospitalisations.
- WAPHA recognises the changing context of the health sector and health needs of the population and champions integrated care across the health sector.

**Vision:** equitable health outcomes for all Western Australians

**Mission:** to lead an effective and responsive patient centred primary healthcare system

**Purpose:** a leader in the system that delivers equitable health outcomes for Western Australians

### Partners, groups and organisations we interact with in the health sector

- We partner and invest in approximately 250 community-based primary healthcare programs across the state, offering a lifetime of support to Western Australians.
- Minister for Health's Office, WA Department of Health, HSPs, DoH – Clinical Excellence Division, Mental Health Commission, Peak bodies (AMA, RACGP, WAAMH, WANADA, COMHWA, AHCWA, Pharmacy Guild, Palliative Care WA, WACOSS, HCC).

Question 2: This inquiry was set up by the Minister for Health, following a specific recommendation from the Sustainable Health Review. Can you tell us about your involvement with the SHR process, and now its implementation phase? Do you have a definition of sustainability that you work with, and is environmental sustainability a component?

#### WAPHA's Engagement with the SHR:

- The importance of primary health care, integrated health care and care in the community are key themes of the SHR.
- In addition to a formal submission to the Review, WAPHA played a central role in developing the strong primary health care direction achieved in the directions of the Interim Report and enduring strategies of the Final Report of the SHR.
- Facilitating a partnership approach, Ms Chris Kane, WAPHA's General Manager for Strategy and Engagement was invited by the Department of Health to second into the SHR Secretariat to lead the primary care policy direction.
- Chris led the Minister for Health's election commitment of the SHR Primary Health Care Roundtable, which included sponsorship from WAPHA to invite Hal Swerissen from The Grattan Institute and Alison Verhoeven from the Australian Healthcare and Hospitals Association providing a national perspective on the importance of integrated healthcare.
- In addition, Chris provided primary health care policy papers to inform the direction of the Review and WAPHA sponsored the SHR Community Services Forum with Learne Durrington representing primary health care as a keynote speaker.
- Wishing to ensure the eight SHR enduring strategies and 30 recommendations are realised, WAPHA has confirmed it's ongoing commitment to the SHR by ongoing engagement with the implementation team.

#### Definition of sustainability, and is environmental sustainability a component?

- WAPHA supports the Commonwealth Department of Health national vision, for primary health care to achieve an outcome whereby a strong, responsive and sustainable primary health care system improves health care for all Australians, especially those who currently experience inequitable health outcomes, by keeping people healthy, preventing illness, reducing the need for hospital services and improving management of chronic conditions<sup>13</sup>.
- Our definition of sustainability recognises the importance of focusing on meeting the needs of our community today and ensuring we do not compromise the needs of our community into the future and for future generations.
- For health care sustainability WAPHA aligns to the quadruple aim of health care addressing patient experience, population health, staff and carer wellbeing and sustainable costs.
- For sustainable health care equity, quality, efficiency and acceptability of services are fundamental to individual and patient outcomes and is key to WAPHA's approach.

#### Environmental sustainability

- Environmental sustainability and climate change have a direct effect on an individual's health and wellbeing and contribute to increased injury, physical and mental illness.
- WAPHA is well placed to identify at-risk communities and support general practice to respond and work with communities to promote health and wellbeing outcomes.
- WAPHA's focus is to develop partnerships in the community and lead integration of health services across the primary health care sector to prevent where possible these effects.
- We wish to work with other stakeholders, as suitable, to adapt to and mitigate climate change effects. Health impacts of climate change can occur through direct and indirect causal pathways and the severity is in part determined by the adaptive capacity of the population.

<sup>13</sup> Department of Health. National vision for primary health care. Commonwealth Government.  
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/NPHC-Strategic-Framework-vision>



- WAPHA supports the AMA and RACGP position statements on Climate Change and Human Health recognising climate change as a key public health issue; committing to mitigation and adaptation strategies and promoting and advocating for these among GPs, healthcare organisations and the community (appendix 4 and 5).
- WAPHA acknowledges it is important for primary health care to understand the causes, health risks and consequences of climate change and that GPs have a specific a role to play.
- Responses and planning for climate change require alignment between primary and acute care and local governments.

The RACGP has identified the ‘Role of GPs’ in their climate and health position statement, noting GPs have key roles in identifying, reducing and managing adverse health effects of climate change on Australians and the international community, within each of the domains of general practice.

**Role of GPs and Climate Change**

Communication skills and the doctor-patient relationship	<ul style="list-style-type: none"> <li>• Identifying patients who are particularly vulnerable to heat, and ensuring they take precautions and are monitored</li> <li>• Ensuring patients and the local community have access to and respond to public health advice, such as disaster and weather warnings from health departments and emergency services</li> <li>• Recognising climate change exacerbates health inequities – e.g. through the unequal impacts of extreme weather events – and seeking opportunities to promote health and social equality</li> </ul>
Applied professional knowledge and skills	<ul style="list-style-type: none"> <li>• Promoting urgent action to mitigate climate change through individual, practice-based, social and population-based initiatives</li> <li>• Identifying action to reduce climate change in clinical consultations, e.g. encouraging active transport, promoting low-energy diets preventing unwanted pregnancy and promoting energy-efficient homes and buildings</li> </ul>
Population health and the context of general practice	<ul style="list-style-type: none"> <li>• Leading the response to the burden of non-communicable diseases that are the main cause of morbidity and mortality in Australia today, such as mental illness</li> <li>• Undertaking and supporting ongoing education for themselves, other health professionals, patients and the wider community about climate change and its impact on individual and population health</li> </ul>
Professional and ethical role	<ul style="list-style-type: none"> <li>• Taking personal action to mitigate climate change and improve health</li> <li>• Supporting community action – e.g. community gardens for local food production, public open space for outdoor recreation and physical activity, safe walking and cycle ways, high-quality public transport systems</li> <li>• Working with other professionals to strengthen individual, community and social action, through government, business and community organisations</li> <li>• Using general practice expertise and GPs’ professional position as trusted community leaders to advocate on behalf of patients for effective climate change policy and action</li> </ul>
Organisational and legal dimensions	<ul style="list-style-type: none"> <li>• Investigating opportunities to reduce energy usage and other environmental impacts, minimising waste, improving efficiency, investing savings in further energy reductions and addressing opportunities for new technologies. This includes; managing energy and water use; consumables and recycling.</li> </ul>

Question 3: In your submission to the SHR in 2017, WAPHA emphasised the importance of reducing demand on the State hospital system and providing good community wellbeing and clinical care options through primary care. This shift from hospital to community, apart from benefitting patients, would undoubtedly have a major environmental impact, as hospital care has a much heavier environmental footprint than primary care. Is the health sector making any progress in this area, and is there data to show it?

- WAPHA shapes, strengthens and sustains a health system that works for people, to achieve better health care, particularly for those most at risk of poor health outcomes.
- We are responsible for planning, guiding and directing investment towards important primary health services. For many, these services are the first contact they have with the WA health system and we work to keep them well and out of hospital.
- We identify priorities, link services, and fund care that is locally accessible, by working together with GPs, service providers, government and its agencies, and communities.
- As an agency WAPHA prioritises potentially preventable hospitalisation and measures the support we provide to general practices and other health care providers. Our internal reporting – ‘Performance and Quality Framework’ includes ‘Population Health Indicators’ and ‘Program Indicators’. We recognise that the work of WAPHA is part of a broader system of health interventions, and that no one component of the system can drive change alone.
- WAPHA has a lead role into commissioning mental health services as well as other programs designed to address health priorities; and supports GPs through online clinical decision-making support; online, telephone and face-to-face support, digital integration and enhanced practice programs.

**This approach, and all programs we commission and communities we work for, across the state, are designed to increase potentially preventable hospitalisations.**

Examples of activities that align to awareness of coping and wellness regarding climate change and environmental impacts for Western Australians.

### 1. Aboriginal Health

Aboriginal people are eligible for an annual Indigenous-specific health check. This health check, listed as MBS item 715, was established as Aboriginal people have a higher morbidity and mortality rate than non-Aboriginal people, with earlier onset and more severe disease progression for many chronic diseases. The aim of the health check is to provide Aboriginal people primary health care matched to their needs by supporting early detection, diagnosis and intervention for common and treatable conditions. It is pleasing to see an increase in the number of health checks over time.

- From 2010-11 to 2016-17 Indigenous-specific follow-up rates more than tripled – from about 71,000 to 230,000 patients.
- Nationally 29% of Indigenous Australians (about 230,000) people had an Indigenous-specific health check in 2017-18
- 27.4% of Indigenous Australians in Western Australia had a health check in 2017-18<sup>14</sup>

The data include all Indigenous-specific health checks and follow-ups billed to Medicare by Aboriginal Community Controlled Health services or other Indigenous health services, as well as by mainstream GPs and other health professionals.

<sup>14</sup> <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/rate-of-health-checks>



## Integrated Team Care (ITC)

The ITC Program, run by WAPHA, contributes to improving health outcomes for Aboriginal people with chronic health conditions through access to care coordination, multidisciplinary care, and support for self-management; and contributes to improving access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal people.

Perth South - in 2018-19, 164 clients were supported to achieve self-management category

Perth North - in 2018-19, 58 clients were supported to achieve self-management category

Country WA PHN - in 2018-19, 414 clients were supported to achieve self-management category

## 2. Mental Health

As mentioned above, more than 50% of WAPHA's funding is dedicated to mental health programs that promote early intervention to reduce the impact and escalation of mental illness.

Key activities to achieve outcomes in mental health for all Western Australian's include:

- **Practitioner Online Referral Treatment Service (PORTS):** A service providing telephone and online treatments by registered mental health professionals to people experiencing financial and/or locational disadvantage. It plays a central role in ensuring equity for those in need of, and unable to, access face-to-face mental health services, with GPs having the option of referring directly to the service.
- **Joint Regional Mental Health Plans:** A initiative of the Mental Health and Suicide Prevention Plan to promote collaborative and integrated planning and commissioning of mental health services to ensure those needing care can access the right services at the right time, in the right place by the right team. Their development requires collaboration between PHNs, Health Service Providers and the WA Mental Health Commission, and has been incorporated within the Sustainable Health Review
- **Trials:** As part of the national Australian Government Suicide Prevention Trial, WAPHA oversees three Trials in Perth South, the Midwest and the Kimberley. Each site was selected due to its higher than average suicide rate. The Trials aim to find the most effective approaches to suicide prevention for at-risk populations and to share this knowledge across Australia.
- **Alliance Against Depression:** The strong link between depression and suicide requires a focus on improving access to primary mental healthcare for all people. Based on evaluated trials, the AAD is an internationally accepted practice for the care of people with depression and in the reduction of suicidal acts. It has informed the activities within the Perth South and Midwest Suicide Prevention Trial Sites.

## 3. My Health Record Program

The My Health Record expansion program managed by WAPHA was an important initiative in the development of My Health Record within WA, with positive outcomes.

### Perth South PHN

- The average monthly rate in 2018-19 of regularly uploading providers was 28.6%, although this had risen to 37.9% for June 2019, following the My Health Record expansion project.

- Discharge summaries uploaded to MyHealth Record uploads increased month on month (according to data obtained by the PHN) and increased from 1,837 in July 2018 to 6,587 in June 2019, an overall increase of 259%.

#### Perth North PHN

- The average rate in 2018-19 of regularly uploading providers was 22.9%, although this had risen to 30.6% by June 2019, following the My Health Record expansion project.
- Discharge summaries uploaded to MyHealth Record uploads increased month on month from 2,640 in July 2018 to 11,244 in June 2019, an overall increase of 326%.

#### Country WA PHN

- The average rate in 2018-19 of regularly uploading providers was 25.6%, although this had risen to 36.5% by June 2019, following the My Health Record expansion project.
- Discharge summaries uploaded to MyHealth Record increased month on month, according to data obtained by the PHN from 1,462 in July 2018 to 5,699 in June 2019, an increase of 290%.

#### **4. Ageing**

- PHNs work with general practices to encourage clinicians to perform 'over 75' health checks
- Activities undertaken with general practice also includes: quality improvement involving the PEN CS system to extract practice data and work with the practice team to identify, recall and provide 'over 75' assessments for eligible patients.

#### **Rate of people aged 75 and over with a GP health assessment (2018-19)**

Perth South PHN - increase of 1,769 health assessments performed in the PHN

Perth North PHN - increase of 1,596 health assessments performed in the PHN

Country WA PHN - increase of 298 health assessments performed in the PHN

- WAPHA, in conjunction with Hammond Care, is delivering the 'Advance Project' providing information for general practices to work with patients in the PHN to increase the use of advance care planning. The training encourages practices to use the annual 'over 75' health assessment to start discussions with patients and their families about end of life planning.
- The PHN is also piloting a program aimed at reducing social isolation in people over the age of 75. This program, coordinated by the Australian College of Mental Health Nurses, will work with general practices within the Mandurah regions to identify eligible clients for referral into this program. It is envisaged that practices involved in the pilot will use the 'over 75' health assessment to identify eligible patients.

#### **Rate of MBS services provided by primary care providers in residential aged care facilities**

##### Perth South PHN

- Over the last three years, the PHN has seen an increase in GP consultations.
- The City of Melville and Gosnells recorded the largest increase in after-hours services.

##### Perth North PHN

- The PHN has seen a decrease in GP consultations over the last three years.
- However, in relation to after-hours service provision, the City of Perth experienced a dramatic increase, doubling over the 3-year period. City of Stirling has the highest number of after-hours services delivered in Perth North.

##### Country WA PHN

- Over the last three years, Country WA has seen an increase in GP consultations but a decrease in after-hours services. The PHN performed fewer medical management reviews.

- WAPHA has commissioned the Psychological Therapy in Residential Aged Care Facilities (RACFs) program with a 4-year rollout plan through to 2022. The model of care commissioned will provide further opportunities for GPs and other practitioners in the PHN to increase the use of MBS items, namely: GP consultations, medication management reviews, case conferences, and Nurse Practitioner consultations.
- WAPHA will continue to work with RACFs and primary care clinicians (including pharmacists) to provide care for residents and deliver a mode of care that increases the use of MBS items. The PHN is also working with RACFs to increase the upload and use of residents' My Health Record. It is expected to contribute to an increase in use of MBS items over the next few years.

## 5. GP Urgent Care Networks

### Perth South PHN

- The PHN has worked with Comprehensive Primary Care (CPC) practices to embed the 10 building blocks of high performing primary care. Block 3 addresses empanelment: the team has worked with practices to understand their panel size. This activity is designed to enable practices to ensure patients have prompt access to care when required by ensuring on the day appointments are available.
- The GP Urgent Care Network Pilot was planned in collaboration with the WA Department of Health and in 2019-20 to deliver a public awareness campaign and intensive support and skills updates for general practitioners to better manage triage four and five patients within their practice rather than in emergency departments.

## 6. Health System Improvement and Innovation

### Perth South

CPC builds capability in general practices to respond to Commonwealth policy direction for primary care, by developing sustainable business models and improved models of care. Work is continuing to commission or procure initiatives through seed funding to support CPC practices that:

- Build engaged leadership by GPs and capability of the practice team
- Support integrated, place-based, team care arrangements
- Improve coordination and continuity of care for better health & social outcomes for patients
- Build on existing and/or introduce new and innovative models of care
- Develop models of care that are scalable, sustainable and adaptive to future changes

## 7. Health Care Homes

Perth North PHN - Patient enrolment exceeded target by 153%.

## 8. GP Practice accreditation

Perth South - of 253 general practices in the region, 203 are accredited

Perth North - of 255 general practices in the region, 191 are accredited

Country WA - of 172 practice in the region, 125 are accredited

## 9. Potentially Preventable Hospitalisations

- WAPHA monitors the rate of PPH and contributes to ongoing performance improvement as part of the overall health system in WA - through an integrated and collaborative approach.
- This collaborative approach is embedded in the Sustainable Health Review, with a key recommendation being the establishment of a partnership between WAPHA and the WA Department of Health to support integrated care and complex care navigation.
- WAPHA funds services and provides support to general practice to reduce the rate of PPHs.

## Potentially Preventable Hospitalisations<sup>15</sup>

Total PPHs	Perth North	Perth South	Country WA
2013-2014	23,813	21,606	16,608
2014-2015	23,551	22,345	16,695
2015-2016	24,802	24,305	16,881
2016-2017	25,886	24,789	17,573
2017-2018	25,690	25,336	18,027

## Vaccine preventable

	Perth North	Perth South	Country WA
2013-2014	1,060	1,019	995
2014-2015	1,335	1,265	1,048
2015-2016	1,468	1,402	1,041
2017-2018	1,808	1,702	1,315

## 10. Immunisations

WAPHA collaborates with the WA Immunisation Network to support projects for catching up overdue children and promoting the importance of reminders. This data can be associated directly to a provider at a practice level however it is represented as 'number of due/overdue children'. The PHN encourages recall and reminder processes/data cleansing and education events to build workforce capacity. The table below shows WA is progressing well towards the national target level for immunisations.

Children <sup>16</sup> (2016 data)										
Immunisations										
	All		All children				Aboriginal children			
Age	National data	National target	WA	Perth North	Perth South	Country	WA	Perth North	Perth South	Country
12-<15 months	93.2%	95%	92.7%	93.5%	91.9%	93.7%	84.6%	85.3%	84.6%	90.1%
24-<27 months	91.1%	95%	90.1%	90.9%	90.5%	93.5%	84.5%	84.6%	85.5%	89.4%
60-<63 months	93.1%	95%	91.5%	91.0%	90.5%	93.8%	94.0%	92.5%	91.56%	95.8%

## 11. Commissioned Projects

Examples of recent commissioned projects include:

- Wheatbelt – establishment of a Clinical Specialist Team to address methamphetamine use in a holistic way, with clinical case management, counselling, medical support and peer support.
- Midwest – immunisation and influenza vaccination workshops for 120 health professionals, in partnership with WA Country Health Services.
- Perth, North West – supported GPs to manage patients affected by persistent pain, in a program that improves self-management, with individual coaching and co-ordinated allied health care.
- Pilbara – funding an alcohol and other drug service for eight to 14-year old's that provides holistic care, through individual counselling, group activities and family support.
- Great Southern – established the Compassionate Communities project to start and shape conversations around dying, death and loss to improve end of life care, support and experience.

<sup>15</sup> <https://www.aihw.gov.au/reports/primary-health-care/mhc-potentially-preventable-hospitalisations/data>

<sup>16</sup> Australian Childhood Immunisation Register (2016). ACIR - Current data.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-curr-data.htm>



Question 4: WAPHA has a strong focus on general practice support, data-sharing, developing population profiles and the like. Do you have any specific data on vulnerable groups, that could allow for better targeting of intervention strategies e.g. elderly population or in aged care, that might benefit from specific heat-wave interventions?

- Climate change is a global phenomenon and health impacts vary based on the vulnerability and adaptive capacity of individuals and their supportive environments.
- We know vulnerable groups include women and children, the elderly, those with pre-existing medical conditions, those living in rural and remote areas, those in outdoor occupations, and lower socio-economic communities<sup>17</sup>.
- Climate change effects future generations and it is our duty to protect future suffering.

In his article on, '*a changing environment and the impact in general practice*', Dr Tim Senior discusses the environmental impacts general practice sees, and that issues raised with their GP may not be not identified by the patient as climate change, but rather discussion of the weather. He says:

*While environmental impacts on health are obvious in times of natural disaster, they can also affect day-to-day lives, albeit in ways that might not seem immediately related. 'Climate is measured over periods of years, in terms of averages and extremes,'. 'No one experiences an average, so people won't come in and talk so much about "climate", but the topic of "the weather" is common. 'People often come in and say, "It's so hot out there, I'm struggling to get out and do the things I need to do". 'When that is happening more often, that's the climate impacting on people's health. When people say, "My allergies are really bad, there is so much pollen around", that is an impact of climate on people's health. 'I've had people break bones or fall down steps because of a torrential downpour that made the steps wet. That may not get picked up in statistics about health and climate change, but when it's happening more often because the rain is heavier and more frequent, that's an impact of climate change. 'So people's experience isn't of "climate", but their experience is changed because of changing climate.'*<sup>18</sup>

- Our place-based approach helps us to understand that – where people live – affects their health and wellbeing and the health issues seen in general practice.
- Noting climate change may impact food security, particularly in remote areas, the following paragraph was added to the Country WA PHN Needs Assessment (population profile) regarding food security: *The 2013 Food Access and Cost Survey Report found food costs significantly increased with distance from Perth. The food price differential between Perth and very remote areas increased 5.3%, with food costing 20.8% more in 2010 to 26.1% more in 2013. The largest differences in food cost between Perth and remote areas were for fruit (37.9% more), non-core foods (31.0% more) and dairy (30.6% more).*
- GPs and other primary health professionals are directly connected to their communities and can implement programs and direct patients to community services in response to climatic events quickly. For example they can; adjust therapies to adapt to environmental stress, modify medication to elderly patients during heatwaves, promote physical activity and utilising public transport, and promote messaging for community outcomes.

#### Example of Vulnerable Group Data – Older Australians

- As an example of the targeted data WAPHA collects; data tables (appendix 8) show the number of persons aged 70+ years, number of residential aged care places and relative socioeconomic disadvantage (IRSD) by ABS Statistical Area Level 3 (SA3) and aligning to the three PHNs.

<sup>17</sup> Ibid.

<sup>18</sup> Lyons, A. A changing environment: impacts of environmental health can present to general practice in a variety of ways, from the effects of bushfires to issues of mental health. Good Practice. Issue 4, April 2017.



### Perth North PHN

- Stirling SA3 has the largest population aged 70+ years as well as the highest number of residential aged care places. The most socioeconomically disadvantaged area in Perth North PHN is Swan SA3, with an IRSD score of 1006. This insight provides opportunity for targeted interventions if needed.

### Perth South PHN

- Mandurah SA3 has the largest population aged 70+ years and Melville SA3 has the highest number of residential aged care places. The most socioeconomically disadvantaged area in Perth South PHN is Mandurah SA3, with an IRSD score of 970.

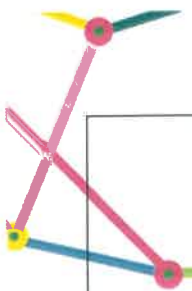
### Country WA PHN

- Bunbury SA3 has the largest population aged 70+ years as well as the highest number of residential aged care places. The most socioeconomically disadvantaged area in Country WA PHN is Kimberley SA3, with an IRSD score of 863.



Question 5: WAPHA also stresses the importance of quality improvement to evaluate outcomes and drive new approaches to patient care. Are you aware of any exemplar practices using such an approach to improve environmental sustainability or reduce waste?

<p>The RACGP Specific Interest's Environmental Impacts in General Practice network was established in November 2015.</p>	<ul style="list-style-type: none"> <li>It provides supports for GPs to address the issue of climate change in their practices, both in consultations and within practice processes.</li> </ul>
<p>WAPHA's Country PHN – Great Southern</p>	<ul style="list-style-type: none"> <li>has a particular interest and focus on the importance of climate change and its impact on health, and the Regional Clinical Committee has established an environmental health and climate change position, represented by Keith Bradby OAM, CEO of Gondwana Link. This appointment has brought the environmental lens to health planning within GS PHN and provided connections through UWA research and Doctors for the Environment.</li> </ul>
<p>WAPHA has been working closely with the environmental program Gondwana Link</p>	<ul style="list-style-type: none"> <li>(see <a href="http://www.gondwanalink.org">www.gondwanalink.org</a>) and the Global Eco-Health Network (see <a href="https://ecohealthglobal.org/">https://ecohealthglobal.org/</a>) to establish a small number of active sites across south-western Australia where environmental and health groups work together to demonstrate and document the benefits for human health of protecting and restoring the natural environment.</li> </ul>
<p>WAPHA's Country PHN – Great Southern</p>	<ul style="list-style-type: none"> <li>In the Gondwana Link area initial funding has been gained to start the process of establishing four sites where restorative actions are underway – the Margaret River catchment, the Albany catchment (extending north to the Stirling Ranges), the Nowanup Bush Campus (being established by Curtin University, with a focus on Noongar cultural education and healing) and with Ngadju Conservation Aboriginal Corporation based in Norseman (proposed focus on mental health benefits of working on country). A fifth program focused on respiratory health benefits of better fire management is also being discussed (appendix 9).</li> <li>Further to this, the Country PHN Great Southern is part of the 'Greater Choice' for at home palliative care with the team undertaking a Compassionate Communities Public Health approach to people and the environment.</li> </ul>
<p>Professor David Pencheon</p>	<ul style="list-style-type: none"> <li>Highlighted in the SHR Climate and Sustainability report, WAPHA is aware of the work of Professor David Pencheon and the outcomes achieved by the NHS Sustainable Development Unit in the UK. Outcomes appear to have been achieved due to the development of a dedicated unit or team addressing climate change in the health sector, as well as systematic programs within hospitals focusing on reducing greenhouse gas emissions, utilising wind power generators, solar panels, efficient hospital lighting and targeting waste.</li> </ul>
<p>Nepean Blue Mountains PHN</p>	<ul style="list-style-type: none"> <li>In response to bushfire, flooding and snowfall on roads, the Nepean Blue Mountains PHN developed the, '<i>Roles for general practitioners and primary health networks in disasters: Nepean Blue Mountains PHN's preparedness guide</i>'. The guide includes resources for GPs, a coordinated GP volunteer roster for the evacuation centre, GP training, documentation processes, and information of counselling services for local residents (appendix 10).</li> </ul>



Greater health care at home and expansion of WA's telehealth health care,	<ul style="list-style-type: none"> <li>provides multiple benefits, and also reduces travel time and vehicle use.</li> </ul>
NSW Health Emergency Management Unit	<ul style="list-style-type: none"> <li>NSW PHNs met with NSW Health Emergency Management unit and secured membership at both regional and state level on their Health and Wellbeing Subcommittees as part of the State Recovery Committee.</li> <li>Individual PHNs also have disaster management plans and align with NSW EMPLAN</li> </ul>
Northern Sydney PHN	<ul style="list-style-type: none"> <li>Provided a presentation to their Board in July 2019 – and are developing a Climate and Health Strategy – aligned with areas identified in the National Framework.</li> <li>Looking at education and capacity building of clinicians to deal with the potential health impacts, supporting healthy communities and emergency preparedness.</li> <li>Dr David Pencheon – former head of the NHS Sustainable Development Unit (England) - visiting in May 2020 with the University of Sydney (Professor Peter Sainsbury), and we are working with Peter to set up a session for primary care where interested clinicians and health managers can attend.</li> </ul>
Murrumbidgee PHN	<ul style="list-style-type: none"> <li>Board considering climate change and have had initial discussions about next steps.</li> </ul>
Western Sydney PHN	<ul style="list-style-type: none"> <li>Supporting drought affected areas and undertaking activities specific to drought in their region.</li> </ul>

- Other activities include; use of electronic health records and discharge summaries reducing paper and toner use; GPs practices auditing their energy use, the environmental co-benefits of supporting patients to increase physical activity, achieve a healthy weight, promote consumption of plant-based foods, and reduce smoking and alcohol intake.

Primary Health Care – Adaptation Strategies:

- Disaster preparedness
- Disease surveillance
- Vaccination
- Psychosocial support
- Nutritional assessment

Question 6: Do you see a role for WAPHA in partnering with the health department, health services and government, following completion of this inquiry and consideration of its recommendations? What would you like the inquiry to recommend around future governance and leadership?

- WAPHA played a central role in the SHR, demonstrating our commitment to working with WA Health and we seconded our General Manager – Strategy and Engagement to the SHR Secretariat. We are committed to the outcomes of the SHR and wish to see all enduring strategies achieved.
- We wish to maintain efforts to achieve continuity of care for patients and system integration which not only supports health outcomes, but also reduces duplication and minimises total resource costs.
- WAPHA would like to see the following areas addressed as part of this review:
  - Governance and direction for climate change and health established for WA
  - Alignment of the WA Health, Climate and Health report to the Premier’s Priorities state government Climate Change Policy
  - Benchmarks and targets for renewable energy and emission levels, waste, procurement to reduce the health system’s contribution to climate change
  - As a health system we need to think holistically about the care pathways we develop
  - Consideration of support and alignment to the Global Green and Healthy Hospitals – an international alliance that aims to empower healthcare practices to reduce their environmental impact
  - A defined partnership approach of interested stakeholders
  - Alignment to the WHO Sustainable Development Goals – goal 13, Climate Action
- The GP’s role within the community is what makes them perfectly placed to perceive the ground-level effects of climate change such as heat stress; respiratory, cardiovascular and renal exacerbations from a high-pollution, high-heat day; or new outbreaks or distribution of different infectious diseases.
- Primary health sees the direct effects of prolonged drought on people’s mental health and well-being in agricultural areas, and climate change has a direct impact on mental health status<sup>19</sup>.
- WAPHA recognises general practice role in helping communities prevent and adapt to climate change is a key role of the GP and WAPHA plays a central role facilitating engagement with primary health care to assist those who are in greatest need.
- We look forward to the outcome of the Inquiry.

<sup>19</sup> Lyons, A. A changing environment: Impacts of environmental health can present to general practice in a variety of ways, from the effects of bushfires to issues of mental health. Good Practice. Issue 4, April 2017.  
Climate Health WA Inquiry