

Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Department of Local Government, Sport and Cultural Industries (DLGSC)
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other, please specify: DLGSC_____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

Direction 1: Keep people healthy and get serious about prevention and health promotion

- DLGSC strongly supports the intent of this Direction and is looking forward to the further exploration of a “Social determinants (of health) approach” mentioned in the report. The recently published WA Youth Health Policy 2018-23 emphasises the need for “a more holistic concept of health and wellbeing to be considered in the planning of health services, taking into account physical, mental and social needs” (DPC Media Statement, Monday 16 April). This shows the significant role DLGSC’s sectors play in improving the long-term health and wellbeing outcomes of young Western Australians.
- Integrated planning across the public sector will be required for successful implementation. For example, the question of how the directions outlined within the Sustainable Health Review can be integrated with the strategies included in the Interim State Public Health Plan and Health Promotion Strategic Framework will need to be addressed.
- Appropriate funding and resources need to be allocated to community-based preventive initiatives. It is understood that less than three per cent of the current health budget is allocated to health prevention. If there is strong commitment to supporting innovative health prevention and promotion initiatives, adequate resources will need to be made available to different agencies across the public sector.
- This includes better alignment and/or management of arts and sports expenditure through the Western Australian Health Promotion Foundation Act 2016 that provides for 15% of its consolidated revenues to be paid to the arts and 30% to sports with or by DLGSC.
- A paradigm shift needs to occur in the way prevention programs are delivered. Prevention and health promotion needs to look beyond health messaging and focus on changing behaviours and societal norms at an individual and community level.
- Proactive partnerships need to be developed across the public sector, acknowledging the importance of cross sectoral support to achieve shared goals. This would also work towards decreasing duplication of service delivery.

Division specific comments and feedback:

Sport and Recreation (WA)

- Greater acknowledgement needs to be given to benefits of physical activity, not only as a positive contributor to the prevention of childhood obesity, but across a range of health outcomes. Physical activity is a key contributor to prevention of non-communicable disease such as diabetes, hypertension, cardiovascular disease and cancer; and improved mental health through social inclusion and decreased incidence of anxiety and depression.
- There is a strong need for better evaluation and understanding of the positive impact that prevention programs can make in communities, and the different contexts where interventions can be most effective. For example, promoting and encouraging physical activity does not only achieve positive health outcomes, it meets a range of targets across social policy, education, and transport agendas.
- Sport and Recreation (WA) has the flexibility and collective expertise to lead programs in

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partnership with other agencies to address key issues within the physical activity agenda. Sport and Recreation (WA) has strong networks with service delivery partnerships across local government, community organisations and sporting associations that could assist in tackling physical inactivity.

Office of Multicultural Interests

- The Office of Multicultural Interests (OMI) supports investment in culturally sensitive prevention and promotion models to ease the burden on clinical services, including in the mental health sector.
- Over 32 per cent of the Western Australian population was born overseas and migration and ethnicity-related factors form part of the social determinants of health. They also impact on other social determinants of health including housing, education and employment. Conditions surrounding migration and settlement may exacerbate health inequities and expose individuals to increased health risks and poor health outcomes. OMI is concerned that the Interim Report makes no mention of the diversity of the Western Australian population.
- This requires health planning that includes development of culturally sensitive approaches to health prevention and promotion as well as healthcare. Culture, language and religion can impact on a person's understanding and acceptance of health information, and access and responsiveness to health services. A low level of English language proficiency is a major barrier in this respect.
- Of particular importance for some individuals from culturally and linguistically diverse backgrounds is health literacy and the ability to navigate the health system.
- A universal approach to health promotion is unlikely to reach some groups and individuals and it is therefore important that targeted strategies are developed that reach particular population cohorts. This is consistent with the State Government's substantive equality policy framework which recognises that, where service delivery agencies cater to the dominant, majority group, some people may miss out on essential services.

Racing, Gaming and Liquor (WA)

- One of the primary objects of the Liquor Control Act 1988 (the Act) is to minimise harm or ill-health caused to people, or any group of people, due to the use of liquor.
- Where a community is experiencing harm due to the use of liquor, the Director of Liquor Licensing may impose conditions on liquor licences restricting the sale, supply and consumption of liquor. However, to address the underlying social dysfunction in many communities, a whole-of-government approach is required to provide support and diversionary services.
- Racing, Gaming Liquor (WA) will work with other government agencies in measuring the effectiveness of restrictions and support services implemented.

Culture and the Arts (WA)

- Establish a WA Arts and Health Reference Group to guide the development of a WA Arts and Health Framework which is informed by the arts and culture and health sectors. This would enable cross-government timely response to immediate and future actions identified in the SHR.
- Arts and Health plans should be developed then embedded in an integrated planning system

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of health providers, as well as employment of Arts and Health coordinators for health services and hospitals linked to community engagement and inclusive of local culture and heritage.

- Proposed change: Acknowledge the significance of prevention and health promotion and include at least one culturally based additional immediate action or alternatively a cohesive plan for the coming years with actions focussing on other vulnerable age and demographic groups.

Direction 2: Focus on person-centred services

- DLGSC is supportive of a person-centred service approach and believes that sport, arts and culture activities should be fully integrated in applicable health services for the benefit of Western Australian patients, communities and individuals.

Division specific comments and feedback:

Sport and Recreation (WA)

- The health system needs to recognise that many people actively participate in preventive health measures.
- Participation in sport and recreation and community activities can protect and promote better physical and mental health for people of all ages and abilities.
- The role of local government in providing access to health supporting environments, such as walk and cycle paths, public open space and parkland, leisure centres and sporting facilities, must be valued in strategic health planning.

Office of Multicultural Interests

- OMI supports person-centred approaches which involve the consumer in decision making about their care. This has been shown to have positive health outcomes in aged care, mental health and disability services. Culturally appropriate person-centred approaches consider cultural and psycho-social factors for people from culturally and linguistically diverse backgrounds. It is characterised by exploration, empathy and responsiveness to a client's needs, values and preferences. The benefits of a person-centred approach include improved experience of the person, increased level of health following illness, reduced demand on services and increased levels of satisfaction for practitioners and clinicians.
- Access to health care can vary widely between groups based on factors such as age, pre-migration experiences, migration status and other variables. These intersectional factors are critical when applying a person-centred lens.
- A crucial element in a person-centred approach is clear communication. It is vital that clients understand any information conveyed and to understand its implications for them. This is particularly important in terms of the impact on a person's ability to make informed decisions about their health and healthcare, and to provide consent for any treatment including starting or adjusting medication. This may require the use of multilingual communication strategies such as interpreters and translated information.
- OMI supports initiatives that enhance access to culturally appropriate health care for people from culturally and linguistically diverse backgrounds such as the development by the Migrant and Refugee Women's Health Partnership of a competency standards framework for culturally responsive clinical practice, a national initiative that brings health professionals and community representatives to address systemic barriers to access for health care for migrants and

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refugees.

Culture and the Arts (WA)

- Culture and the Arts (WA) believes there are more (immediate) actions in this space. It is strongly recommended to encourage the use of modern technologies to collect evidence in real-time to inform the development of patient-centred arts and health projects to support engagement and the recovery process, and to encourage positive thoughts in health service environments for patients and their families.
- Proposed action: Collaborate with other agencies to drive forward digital inclusion initiatives for people living with a disability, living in age-care, or living in isolation from communities, to ensure and encourage access to preventive and promotional health activities.

Direction 4: Facilitate effective interaction between acute and community-based mental health services to deliver mental health reforms across the WA health system

- DLGSC is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction.

Division specific comments and feedback:

Sport and Recreation (WA)

- Future initiatives must recognise involvement in sport and active recreation as a mechanism to support patient care in a community setting.

The Office of Multicultural Interests

- The Office of Multicultural Interests supports Step-up, Step-Down programs, recovery colleges and other community based services that allow mental health consumers to avoid possible hospitalisation.
- Community health and allied health networks offer a wide variety of services including those specialised in the needs of particular groups including Aboriginal people and people from culturally and linguistically diverse backgrounds.

Direction 5: New ways to support equity in country health

DLGSC is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction. DLGSC notes that many marginalised and regional communities, particularly Aboriginal communities, face significant social challenges that can negatively impact on physical and mental health, social wellbeing and community cohesion.

- Proposed action: DLGSC believes that community based preventive health programs promoting active and culturally engaged lifestyles should be considered as an immediate action in this space.
- In designing the programs DLGSC acknowledges that outcomes at an individual or targeted population level may be achieved in a 3-year time frame, however impact or system level changes can only be achieved through sustained activities and with long term investment (7 -10 years)

Division specific comments and feedback:

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Sport and Recreation (WA)

- Sport and Recreation (WA) will continue to support inclusion programs and projects that assist people in all communities to achieve healthy active lifestyles.
- A strong public health system will integrate prevention services, such as community-based intervention and programs that promote better physical and mental health, and not rely on acute treatment to solve public health issues.

The Office of Multicultural Interests

- The number of overseas born people in regional areas is significant with Bunbury, East Pilbara and Port Hedland all recording just over 20% of the population as overseas born (ABS 2016). OMI supports innovations which consider diverse populations in regional areas in the planning, design, delivery and evaluation of services.

Local Government

- Systemic changes are needed to enable government and non-government organisations to be more responsive to the health of WA communities.
- The Public Health Act 2016 requires all 139 Local Governments to develop local public health plans feeding into the State plan. This planning process provides the framework for engagement with WA local governments. It is important to acknowledge the role of the respective tiers of government in achieving the proposed direction and actions.
- Increasingly Local Governments (particularly in regional and remote areas of WA) are providing health services that are traditionally provided by the State Government or other service providers because the service is not provided within easy access for their community. The provision of such services impacts on other services.
- Initiatives like the Southern Inland Health Initiative (SIHI) are instrumental in providing parity of service through better use of technology and workforce incentives to ensure health services are available in rural and remote locations and the model should be expanded into other regions.

Racing, Gaming and Liquor (WA)

- A significant number of Western Australian remote communities continue to explore methods to reduce the level of harm caused due to the use of liquor. To address this, the Liquor Control Act 1988 enables areas of the State to be declared restricted areas prohibit the bringing in, possession and consumption of liquor over a specified period for an area/premises under a declaration.
- Consultation with the communities is required to ensure recommendations are in the public interest.

Culture and the Arts (WA)

- Through whole-of-government targets, Culture and the Arts (WA) sees a large potential in improving the current situation in country health as further outlined in the following direction. As mentioned in several areas of the report, tackling social challenges have a significant impact on a sustainable health sector in WA and Culture and the Arts (WA) looks forward to work together to achieve better health outcomes.
- The social determinants that affect health outcomes for people who live in the country WA need to be addressed through a whole of government approach. Culture and the Arts (WA)

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advocates for local decision making and increased investment in arts and health partnerships that have the capacity to achieve improved health and well-being outcomes for people in country WA.

Direction 6: Develop partnerships for Aboriginal health outcomes

- DLGSC strongly supports the intent of this direction and is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction.

Division specific comments and feedback:

Sport and Recreation (WA)

- Participation in sport and recreation and cultural activities has demonstrable benefit relating to physical and mental health and wellbeing, social inclusion and cohesion and connection to culture.
- In addition, linking sports and recreation programs with health and other allied services and opportunities can increase uptake and use.

Local Government

- Local Government are responsible for the public health planning within their districts. There is an opportunity to ensure the best outcomes for Aboriginal Communities by developing the frameworks for local health planning on Aboriginal Communities
- Such 'Aboriginal Local Health Plans' (ALHP) would consider the unique needs of Aboriginal Communities within respective Local Government districts, contribute to improving residents' health and embed these into the existing statutory framework through the Public Health Act 2016. Further such plans could be integrated into the Local Government Integrated Planning Framework through the Community Strategic Planning process.
- The ALHP would provide better evidence for placed based planning approaches to the design and delivery of health programs from Government directly and non-government agencies contracted to deliver services on behalf of government.
- The plans would contribute to and inform several other State Government health planning frameworks and investment priorities, including the WA Aboriginal Health and Wellbeing Framework 2015-2030 WA-Health-Promotion-Strategic-Framework-2017-2021. National Partnership Agreement on Health and Overcoming Indigenous Disadvantage reporting.
- There is an opportunity to work with the Department of Health, Aboriginal Controlled Health Organisations, Health NGO's, identified local governments and respective communities to identify opportunities to pilot public health planning in anticipation of part 5 of the Public Health Act implementation.

Culture and the Arts (WA)

- Culture and the Arts (WA) understands that there is untapped potential of linking existing guidelines and policy goals for Aboriginal mental health, i.e. align the Cultural Investment Strategy detailed in 'Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services' (former Department of Culture and the Arts, 2016) with WA Aboriginal Health and Wellbeing Framework Implementation Guide (Strategic

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Direction 4 – Individual, family and community wellbeing), to invest in and foster creation of arts and culturally based activities that address current problems, and mental health risks and triggers in a sustainable way.

- There is clear evidence that the wellbeing of Aboriginal people is enhanced by connection to culture. Connection to culture leads to a stronger sense of self-identity, promotes resilience and a positive sense of community. Culture and the Arts (WA) recently conducted a program in the Goldfields region titled Connecting to Country, which supports Aboriginal communities to spend time in country and strengthen links between community, country and culture. With increased investment, this program has the potential to develop and grow and become a major means of engaging Aboriginal young people, schools and youth services with ranger programs and elders. Programs like this have large potential for contributing to whole-of-government shared targets of better health outcomes.

Direction 7: Create and support the right culture

- DLGSC supports the intent of this direction but suggests changing the way it is worded to better reflect its meaning, i.e. clarifying the use of the word “culture” and its context (information system, work etc.)

Division specific comments and feedback:

Sport and Recreation (WA)

- Ensure information about community sport and active recreation opportunities are included in the Healthy WA website.

The Office of Multicultural Interests

- First impressions can impact on a person’s likelihood to engage with healthcare services. It is therefore important to create welcoming environments that empower patients, their families and carers to maximise their level of engagement with health services.

- Consultation with community groups and ethno-specific organisations can help inform the planning and development of environments that to which people from culturally and linguistically diverse backgrounds will respond more positively.

- Developing a culturally diverse workforce is also important. OMI acknowledges that embedding the patient voice into health service planning will be an ongoing driver for improved performance and

- supports strategies to further develop culturally and linguistically diverse representation in the peer workforce as well as at all levels and occupations across health services.

Culture and the Arts (WA)

- Consider consulting creatives to help design a system that is living up to the patients’ and their families’ needs while providing staff with the right tools to engage and communicate with the public.

Direction 8: Greater use of technology, data and innovation to support consumers, clinicians and drive change

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Division specific comments and feedback:

The Office of Multicultural Interests

- To achieve health equity and facilitate effective planning and delivery of culturally appropriate services to WA's CaLD population it is important that government agencies and other services providers have a clear understanding of, and relevant data on, the demographic, socioeconomic and cultural characteristics of their client base.
- The Australian Bureau of Statistics (ABS) has developed Standards for Statistics on Cultural and Language Diversity in response to a widely recognised need for a nationally consistent framework for the collection and dissemination of data on cultural and language diversity.
- OMI advocates for cultural and linguistic data collection to identify disparities in health outcomes for particular population cohorts and to inform policies, programs and strategies to address them. Further information is available in OMI's The Guide to Cultural and Linguistic Data Collection for the Public

Sector. https://www.omi.wa.gov.au/Resources/Publications/Documents/lga_guides/data_collection_guide.pdf

Local Government

- The use of technology will be a key driver to improve health care in the community. Local Government acknowledges the importance of having the right regional infrastructure to make it possible.
- Local Government support, invest and often manage centres that facilitate tele health services including Community Resource Centres, and health centres.

Direction 9: Harness and support health and medical research collaboration and innovation

- DLGSC strongly supports the intent of this direction and is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction specifically in the research area of Public health
- DLGSC values that Public health and therefore research relating to collaborative approaches and innovation in health prevention and health promotion is included as a priority area. It is recommended that exploration of relationships between behavioural sciences, population levels of physical activity, participating in arts and culture activities, and improved health outcomes be explored as a key focus area.

Direction 10: Develop a supported and flexible workforce

- DLGSC supports the intent of this direction and is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction.

Division specific comments and feedback:

The Office of Multicultural Interests

- OMI advocates for cultural awareness and cultural competency training for all clinical and non-clinical staff to ensure culturally appropriate service design and delivery for people from culturally and linguistically diverse backgrounds, and its inclusion in clinical accreditation standards and related health education curriculum. The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery (<http://framework.mhima.org.au/framework/>) highlights the importance of cultural competency

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training programs that go beyond cultural awareness to being culturally responsive, stating that the "... integration of cultural responsiveness into clinical and other training programs ensures that cultural competency is embedded into the required skill-set of the mental health workforce.

- OMI also encourages development of strategies that promote recruitment, training and employment of people from culturally and linguistically diverse backgrounds to the broad range of workforce roles including within the lived experience workforce such as peer support workers, and consumer and carer consultants.

Culture and the Arts (WA)

- Culture and the Arts (WA) recognises great potential in the cross-sector development of employment opportunities for arts professionals as well as health staff, to support programs and projects that use arts and culture as a vehicle for achieving health, mental health, recreational, social, educational and general wellbeing goals.

- Inclusion of the arts in the formation and professional development of health and social care professionals can provide health professionals with valuable tools for their practice as well as driving innovations in their work environment.

Direction 11: Plan and invest more wisely

- DLGSC is interested in being part of a cross agency conversation to support a whole of government approach to achieve this direction.

- Clear population targets need to be defined so that policy and programs can be focused around achieving specific outcomes across the public sector.

- Proposed (immediate) action: Establish partnerships with other health service and wellbeing outcome providers and funding bodies to avoid duplication of service delivery and to more effectively respond to social determinants of health.

Division specific comments and feedback:

Sport and Recreation (WA)

- Sport and Recreation (WA) supports greater coordination and integration of services between different tiers of government.

- While the intention to set whole of government targets is supported, it will require significant consultation to ensure they are realistic, especially when they will require coordination of actions across multiple agencies.

- Sport and Recreation (WA) strongly supports recognition of the need for greater focus on first 1,000 days of life. Critical components of achieving better health impact is development of fundamental movement skills and outdoor play. Sport and Recreation (WA) is interested in partnering to further programs that develop positive activity habits and preventive health behaviours in early childhood.

The Office of Multicultural Interests

- OMI supports planning and investment to assist the development of a culturally responsive health system and emphasises the importance of meaningful engagement with culturally and linguistically diverse communities and ethnic organisations in planning processes, including investment in co-design processes.

- OMI notes the importance of targeted consultation to ensure some groups are engaged in

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planning processes and supports investment in strategies that ensure all sectors of the community are engaged in the development of policies, programs and services that affect them.

- OMI supports investment in the implementing the WA Health System Language Services Policy which applies the State Government's Western Australian Language Services Policy 2014 to the unique conditions and complexities of the WA health system taking into account specific requirements and risks associated with health care.
- The Policy provides guidance to Health Service Provider (HSP) staff about system-wide and professional standards to enable effective communication with consumers and carers and to assist with the management of health, legal and other risks that may arise in the delivery of health services, for example, consent to treatment.

Local Government

- Well-developed long-term infrastructure and aspirational planning will limit the short term thinking and poor investment decision in services which are not improving the Closing the Gap targets or improving service delivery and consumer choice for health care options.
- State planning and reform frameworks need to be better integrated and reporting on outcomes established, to provide context to the significant expenditure by Government and demonstrate the outcomes being achieved.

Culture and the Arts (WA)

- As mentioned above, Culture and the Arts (WA) believes it is crucial to establish a joint Arts and Health framework to build a guiding platform for arts and health activities, research and workforce development opportunities endorsed and supported by both Culture and the Arts (WA) and the Department of Health (DoH). Following on from a shared framework it would be possible for the departments as well as arts and culture and health sectors to pursue initiatives as recommended within the directions of SHR in a timely and cost-effective way.

14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?

General comment for further consideration:

- Whole of government shared targets and partnerships will be required to achieve significant outcomes in the Directions outlined in the SHR Interim Report. Shifts in population health does not happen overnight and for sustainable change to occur, support will be needed beyond any one term of government.
- Clear population targets need to be defined so that policy and programs can be focused around achieving specific outcomes across the public sector.
- Further acknowledgement and consideration is needed to determine how the social determinants of health, particularly physical and social environments, can influence population health.
- Further research and evaluated intervention is required to identify the most opportune time and mechanisms to provide support throughout an individual's health journey.