



## Submission Response

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Sustainable Health Review (WA) (2017)

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27 October 2017

### INTRODUCTION

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal health in Western Australia, with 22 Aboriginal Community Controlled Health Services (ACCHSs) currently engaged as members.

The essence of AHCWA's approach to service provision is based on the philosophy of empowering Aboriginal people in 'owning' and 'driving' the health and other community services that are provided to Aboriginal people in the communities in which Aboriginal people live.

As an organisation, AHCWA's mission is to lead the development of Aboriginal health policy, to influence and monitor performance across the health sector, to advocate for and support the continued development of ACCHSs and build the workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in WA.

AHCWA also plays an important role in supporting quality governance, risk and clinical practice standards across its Member Services.

AHCWA welcomes the opportunity to provide feedback to the Panel. We hope this reform leads to a more client centred, culturally safe, evidence based and cost effective health system across the primary to tertiary continuum.

### EXECUTIVE SUMMARY

The following paper outlines the key principles that we believe should underpin the delivery of health services in Western Australia, particularly those provided to Aboriginal people.

These principles are:

- Developing a patient-centred, wellness orientated, whole of life health system.
- Redirecting existing funding streams to enhance primary health care (including ACCHSs) to optimise service delivery and improve health outcomes. Improving the coordination and integration of health services to deliver safer, more accessible and more efficient care.
- Utilising technology to provide timely and cost effective quality care closer to home.
- Building the capacity and commitment of mainstream services, including hospitals, to contribute to the delivery of culturally safe health services to Aboriginal clients.

We have attached AHCWA's response to the State Government's recent Service Priority Review: Interim Report to the Western Australian Government (2017), which articulates our Sector's position with regards to the funding of services in WA.

### DISCUSSION OF KEY PRINCIPLES

#### 1. Developing a patient-centred, wellness orientated, whole of life health system



The ACCHS approach demonstrably adheres to the principles of empowerment, ownership and self-determination which are the cornerstones of person-centred and holistic healthcare.

This approach was developed nearly five decades ago as a counter to the existing “mainstream” services which were failing Aboriginal people. The ACCHS system has been remarkably successful in engaging Aboriginal people in their lifelong “health journey” and ACCHSs are the preferred primary care provider for most Aboriginal people in WA. They are also, increasingly, the preferred provider of many non-Aboriginal people - to the point where several services have had to “close their books” for clients who are not Aboriginal.

We believe that a genuinely person-centred approach to healthcare would benefit all Western Australians; and we urge health planners to consider the principles underlying the ACCHS system when redesigning their services. In particular by:

- Providing holistic care – mindful of cultural and social needs
- Providing flexibility to meet client needs
- Respecting and empowering clients
- Strengthening the relationship between clients and healthcare providers

The ACCHS model of care is also increasingly focused on wellness, prevention and early intervention. Most ACCHS include “social and emotional well-being” and “healthy life-style” programs and some bigger services have gyms (such as the Derbarl Yerrigan Heart Health program). Annual health assessments are a core component of daily clinic business with a very strong focus on risk factor detection and early intervention. Performance in these areas is monitored regularly and improvements are made through a Continuous Quality Improvement approach.

We believe that a focus on prevention and early intervention is absolutely fundamental to any large-scale Health System redesign process. The experience of the WA ACCHSs over the past decade could help inform the change process within “mainstream” WA. From our experience, prevention and early intervention activities are very powerful but they need to be accessible, systematic and well-resourced. They also need to be underpinned by basic health infrastructure – particularly Environmental Health. Current rates of preventable conditions such as Rheumatic Heart Disease are totally unacceptable from a health equity point of view and a needless drain on downstream Health Services.

The ACCHS model is also strongly focused on “the whole of life” – from pregnancy to old age – in keeping with cultural priorities. This long-term commitment to a person’s life-long healthcare is a key component of an effective, efficient and responsible health system and is in marked contrast to the fragmentation and “short-termism” of much of the current health system. There is also increasing knowledge and awareness of the profound importance of the ante-natal and early childhood period with respect to long-term health outcomes – from mental health to chronic disease. This knowledge needs to be matched by investment and action.

### **Key priorities for sustainability**

- *Whole person-centred, respectful care – across the health system.*
- *Increased investment in “wellness”, prevention and early intervention (including Environmental Health for Aboriginal communities).*
- *Commitment to, and accountability for, “health for life” – including increased focus on, and investment in, ante-natal and child health.*

## **2. Redirecting existing funding streams to enhance primary health care (including ACCHSs) to optimise service delivery and improve health outcomes.**

We believe that one of the most important changes that needs to be made to the Health System is the redirecting of funding and services from expensive hospital care to more effective (and more accessible, more acceptable and cheaper) primary and community care. Access to socially acceptable and affordable services that minimise the disruption to a patients’ lives increases the



ability of clients to engage in choices around positive lifestyles and treatment pathways. Again the ACCHS sector is the leader in this field.

ACCHSs have long provided team-based, multi-disciplinary care to their communities and are constantly looking at innovative ways to build the capacity of their staff and improve access to specialised services. Examples that fall outside the traditional model of general practice include:

- Integrating child health nurses into ACCHSs to increase access to essential child development services and early intervention for conditions such as anaemia, growth faltering and hearing loss.
- Integrating midwives into ACCHSs to increase early access to ante-natal care and support.
- Developing GP-run local dialysis services to lessen the impacts of dislocation for rural and remote end stage renal patients.
- Using on-site retinal photography for screening for diabetic eye disease - performed by Aboriginal health Workers/Practitioners (AHW/AHPs) and GPs.
- Point of care testing for diabetes care (HBA1C and urine ACR tests) and STI testing.
- Training AHW/AHPs to provide essential primary care including immunisations, wound dressings and diabetic foot care.
- Hosting on-site allied health services (podiatrists, diabetes educators, psychologists, exercise physiologists) for chronic disease care.
- Hosting specialist services for on-site “out-patient” care – using a range of funding methods (Rural Health West, WA Health and MBS).
- Developing wellness and rehabilitation programs to build the capacity of community members through activity/exercise, health literacy and improved social wellbeing.
- Developing “healthy life-style” and smoking cessation programs.
- Providing health promotion services in local schools.
- Providing Aboriginal Liaison Services to coordinate the care of patients post discharge.
- Providing Commonwealth Chronic Disease programs for regional communities (such as the Integrated Team Care Program).
- Providing HACC services and medical hostel services.

Additionally, our ACCHSs partner with visiting services such as ear and eye mobile services to support clients, improve access and facilitate communication. And they have been essential players in the development of clinical care pathways such as the Kimberley Protocols.

The ACCHS sector has ably demonstrated that comprehensive, integrated primary care is achievable and that the primary care workforce can operate at a level far beyond its traditional “scope of practice”. We are keen to develop and share this model further with the support of hospital partners.

### **Key priorities for sustainability**

- *Growing the capacity of primary care to deliver enhanced comprehensive community-based services.*
- *Continued capacity-building of the primary care workforce – GPs, AHW/AHPs and nurses.*
- *Building partnerships between hospital and primary care services.*
- *Building partnerships between primary care and other community services.*

### **3. Improving the coordination and integration of health services to deliver safer, more accessible and more efficient care**

Comprehensive primary care cannot offer all services, especially for regional patients, onsite or locally.



Where some of the patients' care is provided by hospitals or other outside provider's coordination is essential for continuity, consistency and safety. We believe that the coordination of care is best done by the ACCHSs and/or GPs, as these are the healthcare providers that best understand the complex needs of their clients. Current services for patients requiring care off of country (e.g. PATS & Country Connect) have proven to be both fragmented, inadequate and unsafe. Existing funding in PATS and other patient journey services would be better invested in coordinating services delivered by the ACCHSs/GP sector.

The ACCHS has long called for the integration of, and communication between, tertiary hospital/specialist services and primary health care. Currently there is no system by which a patient can be guaranteed their follow-up care as close as possible to home following hospital discharge. A patient living in Kununurra (more than 2000km from Perth) will very likely be given a follow-up outpatient appointment in a Perth hospital outpatient clinic when they could have been seen by a visiting specialist in their own town.

The AHCWA MAPPA Project, an online health service mapping platform, is an example of a sector-led initiative designed to help resolve this problem. It aims to improve the connectivity and integration of health services, while also addressing the need to provide patient-centred and culturally safe treatment and management decisions.

Additionally, the MAPPA platform will increase efficiency and productivity for hospital employees, doctors, AHWs / AHPs, RNs, Allied health and other health service providers, by ensuring a better understanding of the client's environment, quality client discharges and referral processes, while ensuring a safer and more culturally acceptable care for the clients closer to home, with family and on country. This will reduce health service costs, including travel and length of stay. The MAPPA tool will assist in getting the 'right care at the right time in the right place'. We see this as a big achievement for AHCWA, its Aboriginal Community Controlled Health Services, and their communities across

#### **Key priorities for sustainability**

- *Improving integration, coordination, and communication between services to ensure patient pathways are seamless.*
- *Investing in ACCHS/GPs as the primary coordinators for patient journey.*
- *Investing and supporting innovative solutions such as AHCWA's MAPPA project.*

#### **4. Utilising technology to provide timely and cost effective quality care closer to home**

Enormous opportunities exist to improve the health of WA's population living in rural and remote regions, particularly Aboriginal people, through the utilisation of digital technologies.

Both Aboriginal people and country people in general are adept and avid users of technologies such as mobile phones and tablets and opportunities exist to harness this usage for healthcare.

Examples would include:

- Health education apps.
- Chronic disease monitoring apps (e.g. for blood pressure, blood glucose and CHF).
- Appointment management and reminders.
- Tele-health services (e.g. specialists, diabetes education).
- Diagnostics (e.g. wound care, otoscopy).

Point of Care (POC) testing is another under-utilised and under-resourced technology which has the potential to greatly improve patient care and reduce costs. ACCHSs routinely use HBA1c, ACR, HB and INR tests in their clinics and increasingly STI testing is POC. Unfortunately not all these tests are funded.

The limiting factors for the uptake of digital technologies are connectivity, especially in the Western Desert region, and costs. Urgent attention also needs to be given to improving connectivity in



remote areas. Without connectivity the gap for remote Aboriginal people will only widen. The issue of cost is complex, however given the potentially enormous savings of these technologies to the health sector, consideration needs to be given to subsidising these costs to patients. Additionally, Medicare funding needs to be urgently reviewed. For example, currently specialists are eligible for MBS but allied health professionals, such as diabetes educators, are not.

Finally, resources need to be made available for the development of culturally appropriate digital health education resources for Aboriginal people in order to maximise the benefit to this community.

#### **Key priorities for sustainability**

- *Expanded development and use of portable digital technologies.*
- *Expanded use of and funding for Point of Care testing technology.*
- *Development of culturally appropriate resources.*
- *Review of the eligibility of MBS criteria around the use of telehealth.*
- *Lobbying for improved connectivity for rural and remote areas.*

#### **5. Building the capacity and commitment of the tertiary system, and other mainstream services, to contribute to the delivery of culturally safe health services to Aboriginal client**

While progress has been made addressing systemic racism in WA's institutions including the Health Sector, work still needs to be done to provide equitable care to Aboriginal people.

One example is that despite good evidence of the benefits of having AHPs as part of a multidisciplinary team, very few hospitals employ these health professionals. Our sector finds this an astounding and disturbing omission.

Similarly, we are perplexed by the very limited partnerships between hospital departments and ACCHSs. The benefits of strong and consistent relationships have been well demonstrated by the tertiary nephrology units, the ACCHSs and the communities they serve. This partnership has resulted in increased continuity of care for patients, more effective communication between specialists and GP's and better health outcomes. The lessons learned from this partnership could be applied to other units within the tertiary setting.

#### **Key priorities for sustainability**

- *Increasing the Aboriginal workforce in all State run health services.*
- *Providing real opportunities for Aboriginal Health Workers/Practitioners within hospital and community health settings.*
- *Investing in and support for Aboriginal Liaison Officers.*
- *Engaging with Aboriginal communities and ACCHSs more effectively.*
- *Building partnerships between hospital departments and ACCHSs.*

#### **CONCLUDING THOUGHTS**

AHCWA acknowledges and understands the challenges that lie ahead, in reshaping our health system to make it more effective in delivering outcomes and also efficient in how it operates. The philosophy of empowering people in 'owning' and 'driving' the health and other community services that they receive in their communities is applicable to all Western Australians. Our Sector has been a leader and innovator in reshaping the health system to meet the complex needs of our community, and is willing to share our experiences and learnings with the wider health sector. Our Sector acknowledges that moving forward requires a stronger collaborative approach if meaningful improvements in health are to be achieved. Investment into preventative, comprehensive primary health care, particularly the kind that ACCHSs provide, is an evidence-based, cost-effective method of health service delivery, proven to reduce demand on costly tertiary services. AHCWA along with our Member Services are committed to working closely with our State Government to build a healthcare system that meets the needs of the people.

## Submission Response

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Response to Service Priority Review: Interim Report to the Western Australian Government

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15 September 2017

### INTRODUCTION

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal health in Western Australia, with 22 Aboriginal Community Controlled Health Services (ACCHSs) currently engaged as members.

The essence of AHCWA's approach to service provision is based on the philosophy of empowering Aboriginal people in 'owning' and 'driving' the health and other community services that are provided to Aboriginal people in the communities in which Aboriginal people live.

As an organisation, AHCWA's mission is to lead the development of Aboriginal health policy, to influence and monitor performance across the health sector, to advocate for and support the continued development of ACCHSs and build the workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in WA.

AHCWA also plays an important role in supporting quality governance, risk and clinical practice standards across its Member Services.

AHCWA welcomes the opportunity to provide comment on the Service Priority Review's (the 'Review') Interim Report (the 'Report') to the Western Australian Government. The Review comes at a time when there is significant focus on achieving public sector reform in the State. It is crucial that communities and the services that support them are positioned as key leaders in these processes.

## **BUILDING A PUBLIC SECTOR FOCUSED ON COMMUNITY NEEDS**

AHCWA largely supports the findings contained within the first direction for reform.

In particular, that: there has not been enough collaboration across the public sector to solve complex problems; there has not been enough solutions, or long-term commitment to funding solutions, to improve outcomes for remote communities; there has been insufficient recognition that all regions and communities are different and need tailored, often community-led solutions; and, there has been limited genuine co-design of services, in particular for regional and Aboriginal people.

We believe that these findings arise from an ongoing lack of genuine commitment from previous State Governments and Commonwealth Governments to provide leadership to communities in service design and delivery. We refer the Review to the findings contained in the Holman Review (2014) titled '*A Promising Future: WA Aboriginal Health Programs*'. The Holman Review found that of the Aboriginal health projects evaluated, 91.3% delivered 'good', 'excellent' or 'outstanding' value for money. The 91.3% of projects represented 88% of funds. Evidence that indeed, in terms of Aboriginal community-controlled programs, we are getting better outcomes and value for money. The Holman Review dispels the myth that Aboriginal organisations are often non-performers, and goes further to say that funding for such programs must be maintained for those important outcomes to be sustained. However, it has been very concerning that even such a glowing review was not enough to result in long-term funding for the relevant Aboriginal health programs in the immediate aftermath of the Holman's Review release. Further, those investments are at serious risk even now.

AHCWA supports the proposals contained within Section 1.4 '*Recognise community needs in designing and delivering services*'. In particular, that a "metro-centric 'one-size fits all' approach is failing to meet the needs of regional and remote communities." The ACCHSs' unique service and leadership model, ensures that each service is best placed to respond to the needs of the community. More importantly, community members are empowered to design services. However, the Sector continues to experience significant barriers to implementing local solutions. These are primarily born out of a lack of commitment from funding bodies to work with communities, and a continual resistance

to provide longer contracts to services. We recommend that the Panel consult with the Aboriginal Health Planning Forums as best-practice in designing and delivering place-based services.

However within the above section, we are concerned to read that the Panel '*strongly supports the continuation of regional services reform as both a mechanism to increase engagement and collaboration between the State Government and Aboriginal people, and as an essential journey towards overcoming Aboriginal disadvantage*'. We remind the Panel that the Reform Unit was created on the back of the previous State Government's intention to close remote communities after essential services funding withdrawal by the Commonwealth Government. The announcement caused, and continues to cause, great anxiety and uncertainty within communities. Not to mention the likely breaches of international human rights laws that it continues to raise. To this day, as far as we are aware, the Sector has not been substantially engaged by the Reform Unit. This suggests that the Aboriginal community more generally is not being engaged in this process, and therefore that it is a top-down approach to service delivery and reform.

The Sector also wishes to express concern about the Panel's proposal to '*Deliver better services through digital transformation*'. Whilst supporting innovation in the design of programs and services, it would be remiss of this Review to forget the following. First, that internet quality in rural, regional and remote communities is often not at an adequate standard to ensure effective digital service delivery. Second, that there exists limited evidence as to how digital services can be effective for Aboriginal people – most digital services are mainstream services which are currently not culturally appropriate or safe. For this recommendation to be successful, it would be necessary for Aboriginal people to be leaders in project design, and for substantial infrastructure investment to ensure equality in access to digital services.

## **ENABLING THE PUBLIC SECTOR TO DO ITS JOB BETTER**

AHCWA largely supports the findings contained within the second direction for reform.

In particular, that too often the WA government has processes and practices that focus on narrow conceptions of accountability and compliance, and discourage effectiveness and collaboration;



internal rules, red tape and risk aversion that have the effect of stifling innovation; operating styles that give the impression of a culture of process over outcome; a cultural tendency to avoid risk, driven by internal systems and by a political environment that is unforgiving of mistakes; inconsistent collection, management and sharing of data; operating styles that give the impression of poor use of data to understand customer needs, measure outcomes, drive contemporary service design and evaluate effectiveness; and, operating styles that give the impression of being unable to respond to complexity.

As the representative for 22 ACCHSs in WA, our organisation and our Member Services know all too well the many government-created factors causing sub-optimal performance in the WA public sector. We continue to experience first-hand the persistent top-down approach to the procurement of non-government health services. We further continue to experience systemic racism in the way some government services work with communities and community-controlled organisations.

We have long been seeking to achieve better procurement processes with commissioners of Aboriginal services. However, thus far, there have been few if any changes to the approaches and processes. A key recommendation that we make with regards to this is to ensure that community-controlled organisations who have displayed success in the delivery of programs are given preferred provider status when it comes to tendering for Aboriginal-specific money. This would allow those services to improve focus on delivering innovative best practice services, rather than continually spending precious resources on re-applying for funding.

AHCWA supports the Panel's recommendation in Section 2.3 '*Link data and share information for better outcomes*'. We agree that '*there is a high degree of uncertainty about what is allowed to be shared, leading to risk-averse and inconsistent decisions being made and depriving the community of value.*' However, we must ensure that in improving data linkage and sharing, that improving accountability for its subsequent use becomes a priority. There must also be significant community involvement in the development of data linkage and sharing policy, to ensure clarity around data ownership and privacy can be maintained. Aboriginal communities continue to be heavily studied and analysed, however as proven in numerous reports, little ownership is taken by governments and their agencies to utilise this data to improve outcomes.

## **RESHAPING AND STRENGTHENING THE PUBLIC SECTOR WORKFORCE**

AHCWA largely supports the findings contained within the third direction for reform.

In particular, that: central agencies have tended to take a stewardship function in relation to workforce-related policy; central agencies have tended to act as gatekeepers rather than facilitators; there has too often been an absence of systematic and long-term workforce planning, capability development and effective workforce management; there has too often been a lack of systematic and meaningful data related to workforce engagement, productivity, and performance; there is proportionately low diversity representation across the workforce; and, there is a need for better attraction and retention in regional areas and/or for specific occupational groups.

Non-government organisations often rely on the social commitment of its employees to ensure retainment against increasing job insecurity due to short-term contracts and a lack of transparency in government spending priorities. The majority of our Member Services work in regional, rural and remote communities, where there are constant skills shortages across most aspects of service delivery. Short contracts (less than 3 years) do little to encourage workforce spread from metropolitan areas. It is important for workforce strategies to reflect the challenges experienced by services providers in regional, rural and remote areas. We also strongly recommend that any strategy prioritise the upskilling of local community members to address skills shortages. As such, community organisations must be key collaborative partners in this area of policy development.

## **STRENGTHENING LEADERSHIP ACROSS GOVERNMENT**

AHCWA supports the findings contained with the fourth direction for reform.

In particular, that too often: there exists modes of operation that end up maintaining silos, with inconsistent approaches to – and insufficient incentives for – cross-sector collaboration; there is an emphasis on short-term issues management rather than on enduring stewardship responsibilities; there is a lack of cohesive narrative or culture for the sector; there is no common vision of what the sector exists to do or wants to achieve for the staff; there is a hollowing out of competitive procurement

capabilities and commercial acumen, and a lack of sophistication in approaches to partnering with community-based organisations and the private sector; there is no mechanism for leveraging capabilities across government; there is a lack of systematic engagement at high level with citizens in policy design; and, there is a perceived lack of trust and partnership between the Government of the day and its agencies.

ACCHSs are frequently hindered in determining their service priorities, as top-down approaches to policy development continue to exist at both levels of government. The current machinery of government changes, including the Sustainable Health Review, provide significant opportunities to improve this ongoing predicament. What we want to see is a cultural change within decision-makers to embed community-leadership and decision-making at the highest levels. We will not improve outcomes or see value for money if governments merely consult with communities.

## **WHOLE OF GOVERNMENT TARGETS**

AHCWA is mostly supportive of the idea of whole of government targets as proposed by the Panel.

It does make sense that shared goals are developed between agencies to reduce silos that hinder service delivery. We agree that *'a small number of targets could be set to address some of the complex challenges that need combined efforts from multiple agencies to effectively deliver benefit to the community.'*

However, AHCWA is concerned that a whole of government approach may lead to decreased responsibility on agencies to improve outcomes. As such, it is imperative that if a whole of government approach is taken, then as provided in the Report, the State Government: establishes clear leadership, transparency and accountability for delivery against targets; establishes a dedicated implementation support unit to ensure the success of the whole of government targets framework; and, integrates and aligns a targets framework with other accountability mechanisms and support structures. These mechanisms should be further complemented by an 'Expert Community Sector Committee' that is given the authority to operate and provide guidance on the delivery of whole of government targets.

We suggest the Panel assess the viability of the newly created Supporting Communities Forum to perform this role.

AHCWA will provide further feedback on the development of whole of government targets as more detail becomes available, and we can adequately consult with our Member Services.

## **CONCLUDING THOUGHTS**

It is evident that the Panel has approached the Review with broadly the right mindset, and its interim report provides sufficient guidance to improve the machinery of government. However, we highlight that many of these findings have long been identified by organisations working within the public sector in Western Australia. And, historically, we have seen this rhetoric before. The key ingredients to any change in the status quo will always lie with the Government's unwavering commitment to fully implement any and all sensible recommendations; its various agencies' commitment to changing the way they currently do business; and community being placed by both to be an informant, developer and driver of change. We look forward to working with all involved, in order to achieve this.

*The Aboriginal Health Council of Western Australia advocates on behalf of 22 Aboriginal Medical Services in Western Australia, to ensure that the health needs of the State's communities are represented at all levels.*