



## **Public Submission Cover Sheet**

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
This information will be used only for contacting you in relation to this submission	
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Publication of Submissions	
Please note all Public Submissions will be published unless otherwise selected below	
☐ I do not want my submission published	
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## **Submission Guidance**

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.





## **Submissions Response Field**

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

The Peel region comprises five Local Governments (Mandurah, Murray, Waroona, Serpentine-Jarrahdale and Boddington) and is characterised by:

- A high rate and increasing trend of unemployment. At the March 2017 quarter, Peel's unemployment rate was 9.3% compared to the State average of 6.2%. This includes the City of Mandurah at 10.9% and Shire of Murray<sup>1</sup> at 10.2%. Youth unemployment is currently at 19.3%<sup>2</sup>.
- Low secondary education completion rates. Only 35% Peel's population has attained Year 12 level education, compared to the WA average of 49%. Furthermore, 29.2% of people aged 15-19 years in Peel do not engage in education, training or employment<sup>3</sup>.
- High level of childhood vulnerability. Low level of non-compulsory early childhood education<sup>4</sup> has
  resulted in a lack of language and cognitive skills, leaving many children developmentally
  vulnerable.
- **Increasing domestic violence**. Mandurah Police responded to 2,677 in 2015-16<sup>5</sup>.compared to 2,255 in 2014-15; an increase of 18.7%.
- Newstart recipients increased in Serpentine-Jarrahdale (by 35.9%), Mandurah (by 22.3%) and Murray (by 22.0%) between September 2015 and September 2016.
- Mean taxable incomes declined by 14.2% in 2015

Additionally, other social determinants for health such as SEIFA scores, single parents, homelessness and early childhood development scores across a number of LGAs in the Peel negatively compare with regional and metropolitan areas throughout WA. These social determinants combined with a future projection of rapid population growth from 130,000 to 444,000 by 2050, a higher than average number of people over 65 residing in the Peel and no indication of planned growth of health infrastructure through Perth and Peel@3.5 million presents a high risk situation for the future of the Peel.

Mandurah, Murray, and Waroona as well as surrounding areas such as Armadale, Kwinana, Rockingham are identified as priority locations of the highest health needs in the *Western Australian Primary Health Association's (WAPHA) Perth South Population Health Needs Assessment 2016-17.* Confirming the region's health needs as requiring attention. Particular health issues identified included mental health and behaviour conditions, high rates of health risk behaviours including suicide and self-inflicting injuries, a number of chronic conditions, and risk of an inadequate workforce to meet the high level of need.

Service providers report that an increase in economic pressures has seen an increase in drug and alcohol abuse throughout the region which is having a further effect on the demand for mental health services that are limited in the region.

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<sup>&</sup>lt;sup>1</sup> Department of Employment, 2017. Small Area Labour Market – December quarter 2016.

<sup>&</sup>lt;sup>2</sup> Department of Employment, Education and Workplace Relations, 2013. *Regional Education, Skills and Jobs Plan Western Australia – Peel 2012-14*.

<sup>&</sup>lt;sup>3</sup> Department of Training and Workforce Development 2015. *Peel Workforce Development Plan* 2015 – 2018.

<sup>&</sup>lt;sup>4</sup> Department of Employment, Education and Workplace Relations, 2013. *Regional Education, Skills and Jobs Plan Western Australia – Peel 2012-14*.

<sup>&</sup>lt;sup>5</sup> Summary of 2014-15 and 2015-16 FDV Statistics provided via the Minister for Police provided to PDC.

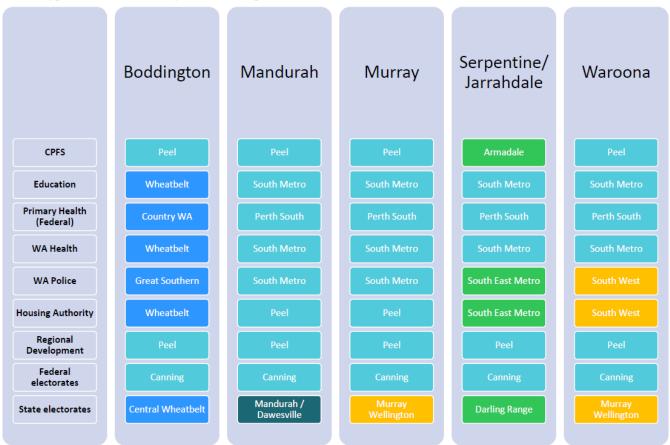




Solutions suggested through the *Population Health Needs Assessment* includes the development of a health workforce that can deliver multidisciplinary team care for people with complex multi-morbidities. The need for such a service is reinforced through our discussions with services providers in the community sector and their clients who constantly face barriers of not only lack of available services but also lack of service coordination amongst the health and community services sectors. The difficulty for people in crisis or high need having to re-tell their story or be constantly referred on to other services has a severe negative effect on their wellbeing and hopes for a successful future. Initiatives such as the developing Peel Youth Medical Service Health Hub which is focused on creating a holistic client centred model of care to facilitate collaboration with a range of providers may see improvement in this area.

The disparate way in which Government agencies currently zone their services further affects the ability of end-users to successfully navigate the service system. The following table produced as part of the research report *Living with holes in the wall: Research report of the Peel Says No to Violence project* shows the disparate services areas within Peel.

Table 1: Key government boundaries compared to Peel local government areas



This has an effect on both the central point from which the client accesses their service and also on the strategic planning for the region across government. For example, a person in Boddington which has limited community services in their town may access a service for child protection in Mandurah but social housing from Northam. This is both confusing and difficult for the client who may have limited transport options.

Additionally, considering regional locations such as Mandurah, Murray, Serpentine / Jarrahdale and Waroona part of the South Metropolitan health area does not enable planning for service delivery relevant for rural and regional centres. Residents in these areas face barriers to health associated with living in rural Western Australia which should be considered when planning service delivery such as





limited transport, limited access to local health practitioners, limited access to pharmacies and limited support mechanisms. Consideration of Peel as its own health district should be considered in future planning.

Transport to specialist health services not located in regional towns, or even visiting services can also become a barrier to the elderly and others in the community without a vehicle. Improved coordination of both visiting and metropolitan based services to enable a client with multiple morbidities to see a number of services on the one day would be beneficial.

Consideration should be given to a model of regional care which integrates health and social services. Services designed from this perspective take into account the whole spectrum of an individual's needs enabling earlier intervention and prevention strategies to be implemented. A whole system approach to integration presents opportunities for savings and service improvements through reduced emergency admissions and duplication.

Greater focus on preventative and early intervention for areas flagged as having multiple risk factors for future complex morbidities is required. A whole of government focus through a range of policy levers and programs to enable early intervention in complex social issues such as homelessness, obesity, drug and alcohol abuse and mental health could see significant savings in the long term health budget.

## Peel Health Campus

Discussions with local stakeholders suggest that the Peel Health Campus is currently unable to meet the healthcare demands from the local and surrounding communities. When considered with the expected growth in population in the Peel region this poses serious concerns for the future. Local stakeholders recommend:

- Extension of the current heath campus
- Development of a fit for purpose emergency department
- Development of mental health beds within Peel Health Campus to cater for the increasing need for acute mental health resources in our community
- Review of the referral processes between Peel Health Campus and other hospitals including the Murray Districts Hospital and Fiona Stanley Hospital.