

Sustainable Health Review

Public Submissions

The WA State Government's Sustainable Health Review aims to prioritise the delivery of high quality, patient-centred sustainable healthcare across WA into the future.

Western Australians continue to enjoy excellent health outcomes and quality health services. However the system is under increasing pressure from an ageing population, chronic disease and health inequity, and the health budget continues to rise. We need to focus on value and innovation to further improve health outcomes; ensure safe and high quality services; improve patient experience; and drive clinical and financial performance.

The Government has appointed a highly experienced expert Panel including consumer, employee and clinical leaders to undertake the Review and to consult widely about the directions the WA health system needs to take. Public submissions are the first step in ensuring all Western Australians, including our patients, our community, our workforce and our partners, can contribute to the Sustainable Health Review and help us to shape the future of our health system.

The Panel is calling for public submissions in relation to the Sustainable Health Review Terms of Reference. We encourage you to contribute to the future vision for health in Western Australia.

All members of the community – individuals and organisations, are encouraged to provide a submission.

Guidance for public submissions is found in the attached Cover Sheet. Please complete this public submissions cover sheet and return completed with any attachments to the Sustainable Health Review Secretariat via:

Public submissions close **5.00PM (WST) 2 October 2017** and can be submitted via:

Email: SHR@health.wa.gov.au

Fax: (08) 9222 4046

Mail: Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH, WA 6004

Further information about the Sustainable Health Review is available at health.wa.gov.au/sustainablehealthreview or via SHR@health.wa.gov.au

Public Submission Cover Sheet

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

Your Personal Details	
<i>This information will be used only for contacting you in relation to this submission</i>	
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input checked="" type="checkbox"/>
Organisation	Women's and Newborns Health Network (Health Networks, Department of Health)
First Name(s)	Graeme
Surname	Boardley
Contact Details	[REDACTED]
AND	
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Organisation	Women's and Newborns Health Network (Health Networks, Department of Health)
First Name(s)	Janet
Surname	Hornbuckle
Contact Details	[REDACTED]
Publication of Submissions	
<i>Please note all Public Submissions will be published unless otherwise selected below</i>	
<input type="checkbox"/> I do not want my submission published <input type="checkbox"/> I would like my submission to be published but remain anonymous	

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;

Submission Guidance

- 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).

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Submission on behalf of the Women's and Newborns' Health Network.

Co-Leads: Dr. Janet Hornbuckle and Graeme Boardley.

October 2017

Key examples for exploring service provision to women and infants in WA

Investment in improving the health of women of reproductive age is vitally important to reduce the burden of chronic disease in the population, not only the physical health but also mental health. Significant research is available demonstrating the developmental origins of health and disease to support investment in health prior to and during pregnancy as a sustainable way of reducing the burden of chronic disease.

1. Maternal Obesity:

- Significant advantages if obesity is addressed in young women and those of reproductive age.
- Not only influences the woman but has additional benefits for their families.
- Reduces complications of pregnancy and birth both for mother and baby; also reduces later onset chronic disease, including Type 2 diabetes and hypertension both in the woman but more importantly their children,

Options to consider – access to bariatric surgery for young people; currently only accessible to those with chronic disease and usually older people; very limited public access to this surgery; usually more of a problem for those in lower socio-economic groups and as such rarely have health insurance to access surgery.

Community based programs to support pre-pregnancy health including weight-loss, healthy eating, exercise management programs; access to allied health services especially dietetics and physiotherapy

Consideration of 'subsidised' food for pregnant women who are of low socio-economic status where food security is not guaranteed, especially in those with pre-existing diabetes

2. Mental Health:

- Maternal suicide is now the leading cause of maternal death in Australia. Recognition of this fact is vitally important as both Federal and State funding, and access to hospital and community based services are grossly inadequate. One in 6 mothers and 1 in 10 fathers have significant anxiety and depression. Parental mental health impacts the mental health and development of their children, so early intervention and access to services to support the mental health of all parents would have long term benefits to the health of the population.
- WA Health has a Perinatal and Infant Mental Health Model of Care ([A framework](#)). This framework supported implementation along with the expansion of hospital and community based mental health resources, including the NGO and primary care sector. The implementation of the framework would reduce the incidence of anxiety and depression and reduce the risk of maternal suicide.

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Key points on enhancing the patient journey for maternity care

1. Consistent system wide access to continuity of maternity care models and options for women e.g. home birth and water birth. Evidence shows ([Progress Report](#)) that access to continuity of care models for pregnancy and birth has multiple benefits including reduction in intervention rates, length of stay and costs to WA health and increased satisfaction and other maternal health benefits. A toolkit to support the implementation of Midwifery Group Practice (MGP) into public services has already been developed ([Midwifery Continuity of Carer Model Toolkit](#)). Consumer demand is high and currently overwhelms the number of available MGP models, the majority of which cater for women of low risk. Similar models for women at risk of pregnancy complications also require expansion.
2. Keeping mother and baby together. Currently the funding model is a disincentive to keep mothers and babies together in hospital where neonatal care is required and could be performed outside of a neonatal nursery e.g. qualified and unqualified neonatal status. National funding model requiring review of methodology and recognition of the importance of keeping mother and baby together.
3. Enhanced recognition of the importance of access to women-specific Hospital and Community based allied health services throughout the age continuum is required.
 - Social work – lack of Social Workers in rural and remote areas. Access needs improvement. Programs such as the Strong Links program at KEMH (previously funded but ceased) to be revisited/funded to improve engagement and connectivity with service providers across the continuum.
 - Women’s Health physiotherapists – to assess and treat women with pelvic floor dysfunction after childbirth and pelvic pain secondary to other gynaecological conditions
4. Services to Aboriginal women and families to be expanded to include funding for mothers and grandmothers to be included in the health care team. Care coordination models, including MGP’s, to be expanded to include services to Aboriginal and CALD women.
5. Investment in fully integrated ICT systems that follow the patient journey and connect pre-pregnancy, pregnancy, intra-partum, postnatal, and child health care and services is pivotal to ensure efficient, cost effective services are provided to all women throughout the reproductive years.
6. Consideration needs to be given to linking maternity and child health services in community clinics. Models in Eastern states services have resulted in efficient “one stop” shops providing multiple specialised services to families closer to their homes. Antenatal care provided in the community with planned birth in hospital, followed by postnatal and child health support in the community. Linking with primary care services further enhancements the suite of services and improves outcomes.