wa council of social service

Submission on the

Independent Governance Review of the Health Services Act 2016

20th May 2022

The Western Australian Council of Social Service (WACOSS) welcomes the opportunity to provide comment on the Independent Governance Review of the Health Services Act (2016).

WACOSS is the peak body for the community services sector in Western Australia and works to create an inclusive, just and equitable society. We advocate for social and economic change to improve the wellbeing of Western Australians, and to strengthen the community services sector that supports them. WACOSS is part of a network consisting of National, State and Territory Councils of Social Service, who advance the interests of people on low incomes and those made vulnerable by the systems that have been put in place.

WACOSS would like to provide comment specifically on two points of the terms of reference:

- The WA Health system's ability to manage, plan and implement key health reforms and workforce requirements; and
- the system's ability to respond to emergency situations

The system's ability to manage, plan and implement key health reforms and workforce requirements

WACOSS is currently engaged with the Department of Health through the Sustainable Health Implementation Program (Program) and implementation of Sustainable Health Review (SHR) Final Report Recommendations, continuing on and aligned to work undertaken through 2020/2021.

WACOSS maintains regular representation in, and provides support to Program Governance Frameworks structures, working groups and forums. This includes: Co-Chairing the SHR Partnership Group (SHR PG); sitting on working groups for Recommendations 4 and 13; and providing feedback and policy advice on specific SHR Recommendations, including Recommendations 3c and 26. In addition, WACOSS works directly with the Information and System Performance Directorate (ISPD) to assist with outcome measure development and associated activities.

The SHR Final Report explicitly recognises the centrality of purposeful partnerships, both in shaping a more sustainable health system and in addressing the social, economic, cultural, political, and health drivers of health inequalities.

> *"Success is dependent on an acknowledgment that problems cannot be solved by the health system alone. Sustainability is highly reliant on purposeful partnerships and active engagement with people receiving services, government and non-government organisations, and the use of both state and national policy levers"* (SHR Final Report p v).
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> *"Change is inextricably linked to creating purposeful partnerships with people, communities, industry and the non-government sector, and between levels of government to address the myriad of factors that are essential to health and wellbeing"* (SHR Final Report p 4).

WACOSS commends the incorporation and promotion of collaboration and effective partnerships at the strategic level of the SHR, but notes that there are limited mechanisms and opportunities that enable genuine partnership between the Department of Health and the community services sector throughout Program and Recommendation implementation.

SHR Partnership Group

The SHR PG is one mechanism that has been established to bring together representatives across the WA health system including consumers, people with lived experience, clinicians, non-government organisations, Health Service Providers and the Department of Health. The SHR PG meets on a bi-monthly basis and acts as an advisory body that provides external advice to the SHR's Independent Oversight Committee, as well as to Executive Sponsors and Recommendation Leads on Program approaches. WACOSS CEO Louise Giolitto is co-chair, and plays a key role in planning and chairing meetings in consultation with the SHR PG Secretariat and Chair.

In 2021, WACOSS was recruited by the Sustainable Health Implementation Support Unit (SHISU) to evaluate the effectiveness of SHR PG with a view of making any improvements that would assist in reaching program objectives. Evaluation findings identified both strengths and areas for improvement to help guide partnership activities and expected outcomes of the group over time.

Members acknowledge that the SHR is ambitious in scope, and that the establishment of the SHR PG is a valuable mechanism for bringing together sectors and individuals to form a diverse network that can drive significant change across the health system. There is a genuine desire from members to represent and articulate their sector, community or individual perspectives and needs, and provide considered advice for Recommendation Leads.

Members highlighted, however, that much discretion over SHR PG processes, decision-making and response to feedback received is held by the Department of Health. As such, members suggested that enabling greater ownership and leadership from all sectors can maximise the potential of the group by drawing together diverse and complementary competencies and expertise whilst ensuring greater inclusivity.

Partnerships Across the SHR Program

Although the aims of the SHR are largely commendable, there appear to be challenges in translating these ambitions into reality, particularly in relation to giving greater priority and attention to community services and consumer/carer organisations in the Program's Implementation.

At the recommendation level, for example, as far as WACOSS is aware, only one recommendation has a community co-lead (Recommendation 4). WACOSS believes that in order to achieve the objectives of the SHR/SHIP necessitates close engagement with the social determinants of health and thus a strategic and operational shift of the health system to develop robust, cross-sector partnerships. This is particularly important to achieve the systemic shift from a predominantly reactive, acute, hospital-based system to one with a strong focus on prevention, equity and access to services at home and in the community. This should include co-leadership at the Recommendation level with community services whose core business and expertise aligns strongly with particular recommendations.

For example in relation to Recommendation 3:

Reduce inequity in health outcomes and access to care with focus on:
a) Aboriginal people and families in line with the WA Aboriginal Health and Wellbeing Framework 2015-2030

b) Culturally and Linguistically Diverse (CALD) people; and
c) People living in low socioeconomic conditions

Beyond WA Health services, a much wider network of community services delivers care and support to people in their homes and communities, and it is important to leverage existing expertise and leadership. However, despite their vital contribution, community services are poorly understood and recognised compared to other parts of the WA health system. This is partly because of the diversity of services being delivered and partly because they are delivered in a wide range of settings – including in people's own homes and home-like settings, as well as in community clinics, community centres and schools – so they are less visible than services delivered in hospitals and GP surgeries. Nevertheless, they provide a broad spectrum of services related to health, and are made up of professionals who specialise in disability, mental health, Indigenous and multicultural groups, family and domestic violence, aged care, youth and family services, to name a few.

We recommend that managing, planning and implementing key health reforms requires forming and maintaining strategic partnerships with the community services sector.

The system's ability to respond to emergency situations

WACOSS commends Western Australia's response to the COVID pandemic – it has saved lives and avoided the worst impacts of the pandemic on our community. We also value and appreciate the collaborative approach taken by the Western Australian Government in working with the community services sector in many areas during this pandemic. However, there have also been some significant barriers to collaboration and many occasions where the Department of Health has not worked openly with the community sector, this was particularly acute in preparation of border reopening.

As previously mentioned, the community services sector is poorly understood by the Department of Health compared to other parts of the WA health system. This includes a general lack of understanding of the sector's characteristics, including the nature and scope of services provided, the diverse ways in which services are delivered, the wider conditions in which they operate, and the various needs of the sector - particularly frontline services. As a result, there has been a lack of tailored information for the sector, as well as an initial lack of understanding the requirements for PPE and RATS (particularly for residential and frontline services) and cleaning requirements.

We note the importance of the roles of the State Health Incident Coordination Centre (SHICC) in managing and coordinating the State's COVID-19 response, and the role of the State Welfare Incident Coordination Centre (SWICC) in supporting the Department of Health and the SHICC in coordinating welfare services during COVID-19. WACOSS commends the State Government emergency management systems adaptation to the rapidly changing circumstances brought on by concurrent public health and natural disasters in 2020-22.

In our experience, the consistency in engagement, information and working in partnership between the community services sector and Government has varied between services. WACOSS has received reports that service providers had difficult accessing information through SHICC, had long waiting times on the phone, did not get call backs, or were referred onto other organisations. After hours contact was extremely difficult, although this improved over time.

In some instances, the issues and needs of particular services and cohorts were bounced between the two coordination centres, resulting in adverse outcomes. The homelessness sector and street present people are one such example. It was unclear to the sector where responsibility for particular

issues lay, such as transportation of COVID-positive street-present people to suitable accommodation. This resulted in some street present people being left for hours as they waited to be accommodated.

Further, isolation accommodation for street-present people was inadequate and did not meet demand, there was confusion over medication requirements and who could administer it, and a lack of provision of material supports to address substance dependency. Homelessness services co-ordinated vaccination programs for street present people, as well as compiling figures on vaccination rates among the homeless, data that at the time was not collected by the WA Government. Draft guidelines for congregate living were not appropriate to many community services, and thus working guidelines were largely developed by the homelessness and FDV sectors.

In contrast, the Mental Health Commission and Department of Communities Senior Officers Disability Taskforce worked very closely with the sector in developing workforce readiness and contingency planning, sharing resources amongst the sector; and establishing links with relevant mainstream agencies such as WA Health. In engaging the community services sector early, they were able to provide and work from a whole-of-community focus and better respond to the needs of vulnerable people.

WACOSS has participated in a number of working groups that aimed to identify specific barriers and gaps in current engagement strategies – be it for vaccination, information or resource sharing – that sought to ensure the most vulnerable people in WA are supported through the COVID-19 pandemic and have access to the latest information and resources. We believe there is a need for Strategic Communications planning and process for managing communications during emergency events. We note that information resources on community COVID preparedness were initially poorly targeted, with many not publicly available until March 2022.

In terms of strategies for generating timely and comprehensible messages that meet the diverse needs of audiences, we believe that a more efficient communications approval mechanism should be enacted to enable quicker responses (to the rapidly changing circumstances) and more coordinated messaging between Health and other sectors.

The intent of our comments herein is solely to identify lessons learned to ensure a more effective response to the next crisis. We appreciate that agencies, services and staff act in good faith and do their best under crisis circumstances, so that we were ultimately successful in securing good community outcomes.

If you would like to discuss this submission further, please contact WACOSS Senior Policy Officer Eva Perroni at eva@wacoss.org.au or 6381 5300.

Yours sincerely,

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