

Independent Oversight Committee

Meeting No. 4 Communique

PURPOSE

This Communique provides an overview of the Sustainable Health Review (SHR) Independent Oversight Committee (Committee) meeting No. 4 held on Tuesday 24 November 2020.

BACKGROUND

The Committee is an impartial body accountable to the Minister for Health and Mental Health (Minister), that maintains independent oversight of the Sustainable Health Implementation Program (Program). The Committee also provides guidance and advice as the WA health system continues to implement the SHR, to ensure key partners and stakeholders continue to be represented and guide the reform.

[The Committee membership \(external link\)](#) includes eight leading health experts, consumers and advocates who have been appointed and endorsed by WA Cabinet to oversee wide-ranging reforms and ensure a sustainable future for health care in Western Australia.

Intent on ensuring the SHR is brought to life, the Committee is focussed on:

- implementation of SHR Recommendations;
- public reporting of progress through meaningful outcomes, indicators and communications; and
- purposeful partnerships with stakeholders, including consumers, to drive progress and outcomes.

MINISTER'S ADDRESS

The Minister was invited to attend meeting No. 4 to discuss the progress of the Program, areas of strength and where there are opportunities for improvement. The Minister noted the Government was required to pause the Premier's Priorities Program as result of the coronavirus pandemic 2019 (COVID-19), reiterating that the true essence of SHR is for cross-agency collaboration, and to drive transformative policy and sustainable change, which in some cases has been accelerated by the COVID-19 response and recovery. The Minister acknowledged the Committee's important role in providing independent oversight and advice to the Minister, the Director General of the Department of Health (Director General) and all leaders progressing SHR Recommendations. The Minister advised the Program was a priority for Western Australians and Government and requested the Committee consider an interim report in the first half of 2021 on the progress of the Program.

AREAS OF STRENGTH AND PROGRESS

Progress of SHR Recommendations

An update on the progress of priorities for implementation across SHR Recommendations was provided by the Director General, acknowledging early achievements are being made across the WA health system at the same time as the robust, transparent, public facing Program of work is being developed. The Director General advised a full report on achievements and challenges will be provided to the Committee prior to the next meeting, and highlighted some of those:

- The emergence of digital-health champions with usage of digital-health among clinicians and patients increasing; and the commencement of the outpatient mobile application.
- Elective surgery waitlist cases are remaining below pre COVID-19 levels.
- Increased interaction between the WA health system and vulnerable groups, particularly Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse groups, and rural and remote communities.
- Improvements across information and communication technology capability including a new laboratory information system at PathWest Laboratory Medicine WA; the 'HealthNext' program modernising the computing environment to better support the delivery of healthcare services; updating the Human Resource Management Information System; and the development of an Electronic Medical Records business case.

Executive Sponsors and Recommendation Leads for SHR Recommendations 4, 6 and 7 presented to the Committee:

- SHR Recommendation 4 – it was noted that genuine engagement and consumer involvement takes time and is complex. There has been collaboration across the health sector through reviews and surveys aimed at understanding the current state of consumer engagement, as well as bringing together evidence about best approaches to community participation. The Committee encouraged the efforts to improve community involvement, advising that engagement is what the community will judge Program implementation on. The SHR Partnership Group was discussed as an effective way Recommendation Leads can engage consumers and seek advice on community involvement.
- SHR Recommendations 6 and 7 – progress on strengthening governance with the mental health executive, appointment of the Chief Medical Officer Mental Health and building local leadership within health service providers was discussed. There has been a substantial amount of consultation with the sector, consumers, and the community including some led by Aboriginal community members, on the suicide prevention strategy, safe space strategy, and through the mental health, alcohol and other drugs priorities forum held in October 2020. Works are underway to expand services at Royal Perth Hospital, Joondalup Health Campus, Geraldton, Midland, Bunbury and Armadale Hospitals, along with additional community care beds, transitional housing and an interim youth homelessness residential mental health and alcohol and other drug service. The Committee advised that mental health is a significant priority across metropolitan, regional and remote Western Australia, and acknowledged there needs to be a balanced approach to implementation of SHR Recommendations that considers immediate system pressures, staff and community engagement. The development of indicators that measure improved mental health outcomes and that are meaningful to the public was discussed.

Partnerships and Engagement

Committee members welcomed an update from the SHR Partnership Group, noting through the SHR Partnership Group, advice external to the WA Government and from a broad range of health stakeholders, is provided on the Program, on SHR Recommendations and on approaches to measuring success of Program partnerships. The Committee commended the appointment of a non-government Co-Chair and agreed to correspond with the SHR Partnership Group through a mutually agreed mechanism. Active engagement with stakeholders through the appointment of Co-Recommendation Leads, in the development of indicators for SHR outcomes and as members of SHR Recommendation workings groups was discussed.

AREAS FOR IMPROVEMENT AND OPPORTUNITIES

Communication

Headway with Program communications was outlined, including:

- Regular Program briefings through existing stakeholder forums such as the Health Union Consultative Group, WA Health Aged Care Advisory Group, Aboriginal Affairs Coordinating Committee and Delivery Community Services in Partnership working group. Updates are also provided through formal Program and WA health system structures.
- Webinars with consumers have progressed and updates are being made to the SHR website and intranet sites.

While the Committee commended the commencement of communications, Committee members advised there needed to be a greater effort to translate the progress of the Program and SHR Recommendations publicly, there are successes and wins already evident across the system that need to be celebrated. The Committee also advised that methods of communications to staff in tertiary hospitals can be improved, contemporary and innovative communications appropriately targeted towards staff, sectors and the community are required.

Scoping Approach and Assurance

The approach for scoping and planning the implementation of SHR Recommendations was discussed in line with the Program principles, including:

- The requirement to identify and engage with key stakeholders via diverse and tailored engagement activities, across a spectrum of engagement (from inform through to co-produce and citizen led).
- Upholding standard project management requirements such as developing key milestones and identifying activities to meet milestones, risks, dependencies and enablers.
- Executive Sponsors of each SHR Recommendation proposing their approach to implementation to the Program Steering Committee for endorsement.

Committee members appreciated the Program scoping approach and principles, particularly the built-in requirement for stakeholder engagement, and requested further examples and evidence on the application of the approach. The Committee agreed it will continue to invite Executive Sponsors and Recommendation Leads to Committee meetings to present on how key partners and stakeholders are being considered, consulted and involved. The Committee strongly encourages the SHR Partnership Group as a means of engaging stakeholders and seeking advice, and proposed that methods of measuring stakeholder engagement with SHR Recommendations be considered.

Meaningful Outcome Measures

A presentation was provided on the work underway to finalise publicly reportable indicators for SHR outcomes:

- Measuring SHR outcomes requires identification of both aspirational long-term indicators reflective of the vision and goal, as well as indicators that map more closely to SHR Recommendation activities. Clear and transparent indicators will be either existing or new and will include measurements from outside the WA health system.
- Consultation has been undertaken with key stakeholders, as well as a comprehensive review of existing indicators. This identified 31 high-level indicators for system-level reporting (not all have suitable measures). Of these 10 initial measures have been identified for SHR outcomes reporting that can commence in the immediate term.
- Principles for prioritising indicators in the future have been identified. This will include collaboration with Recommendation Leads, subject matter experts, consumers, and community groups.

The Committee recognised the work undertaken to date, and challenges ahead, in finalising indicators and measures for SHR outcomes. Committee members discussed the importance of having publicly reportable measures for the Program that resonate with Western Australians. The Committee advised that broader engagement with the community and stakeholders is required including a review of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) in conjunction with SHR Recommendation 4; that international and interjurisdictional wellness indicators should be considered; and that mental health measures, aligned to SHR Recommendation 6 and 7, be utilised.

NEXT STEPS

The Committee meets quarterly and more frequently as circumstances require. The next meeting will take place in the first quarter of 2021 with a focus on hearing from Executive Sponsors and Recommendation Leads on SHR Recommendation implementation, including engagement with partners and stakeholders; targeted communications; and the development of indicators for SHR outcomes.



Professor Hugo Mascie-Taylor
Chair, Independent Oversight Committee
18 December 2020