

Public Submission Cover Sheet

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

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Title	[REDACTED]
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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 review WA health system should be considered within the context of four megatrends which are likely to increase health service demand in both the shorter and longer term, and which ultimately must be addressed where appropriate to decrease demand and remain 'sustainable'. These are: an ageing population; an increase in 'lifestyle' related chronic disease related to obesity, physical inactivity and social isolation; increasing inequality leading to more people of lower socioeconomic status; and global environmental change, in particular climate change. At the same time, digital technology disruption is likely to present both challenges and improvements in understanding health trends and improving health service delivery.

There has been extensive work at a state, national and international level to report evidence-based preventative health solutions across the three megatrends of lifestyle related chronic disease, inequality and climate change (which I hope the Sustainable Health Team will review), but they generally require a multi-faceted and systemic approach- no one 'magic bullet' will suffice. Most Western democracies are battling with the same issues, so there is no need to reinvent solutions. Some of the groups that have summarised this work include the Public Health Association of Australia, the Commonwealth Department of Health, the Australian Prevention Partnership Centre, the NHS Sustainable Development Unit and the World Health Organisation. Below I will list a few specific measures that could be considered in the WA context, but this is not comprehensive or based on systematic review.

In terms of chronic diseases related to behavioural factors, the WA health system could:

- 1) **Establish and fund a 'Health-in-all-policies' or equivalent section within the Department of Health.** The teams role would be to liaise and support and possibly mandate other departments or processes to consider health in any significant decisions. This recognises that many of the factors that affect health are outside of the health sector, such as urban design to incorporate good options for active transport eg. cycling paths. One specific measure that could be negotiated might be for a small fraction of the Main Roads budget to build a significant number of cycle ways. It is understood that the Health-in-all-policies approach adopted in South Australia has received some criticism but seemingly this is in significant part due to poor funding and implementation.
- 2) **Serious consideration should be given to a tax on sugary drinks.** Evidence supports that this would reduce consumption and a portion of the proceeds could be used to fund further comprehensive health promotion programs- creating net neutral or financial benefit for the government. This has been highly successful with tobacco and Healthway. It is understood this is ultimately a political decision but as a health sector we have an ethical duty and powerful position to put forward evidence-based solutions; it a politician's role to work out how to sell it to the public and outwit industry interests.
- 3) **A reasonable and specified portion of the state health budget should be quarantined and protected for spending on primary prevention and health promotion, in balance with the proportion allocated to acute care and rehabilitation services.** There have been many cuts to health promotion programs in recent years in preference for clinical treatment services, but there is a longer term cost to pay for such measures, including increasing rates of obesity and physical inactivity that are now playing out as chronic disease presentations and admissions.
- 4) **Consideration should be given to establish obesity and/or physical activity KPIs for director generals or senior positions across governments,** recognising lifestyle-related factors are affected by sectors beyond health. Thought should be given to adequate processes or incentives to allow or support senior positions in such endeavours, as in some cases there will be opposing processes dis-incentivising action. Local government decision makers should be included due to involvement with urban planning decisions.

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- 5) **Play a greater role in regulating the availability and promotion of energy dense foods.** Just as there is current regulatory practice in WA to limit the number of liquor licences and tobacco outlets, this could be expanded to fast food outlets or vending machines. This is currently practiced in Denmark, which has a third of the obesity rate of Australia. Further restrictions could also be placed on marketing of energy dense food and drinks, particularly to young people.
- 6) **Increase and trial new programs for mental health illness prevention.** The Act, Belong, Commit program has been well supported, but other innovative initiatives could be trialled to increase social connectedness and support and decrease social isolation, in an attempt to prevent mental illness. Recent global political events make evident many people are unhappy with current economic settings related to work practices, income, and political processes and there seems to be increasing division and intolerance towards views across society- it will be more essential than ever to connect people to share problems and experiences and maintain tolerance and acceptance.

In terms of increasing socioeconomic inequality, the WA health system could,

- 1) **Establish a ‘Social Determinants’ Unit within the Department of Health.** This team could explore and propose specific initiatives to tackle the social determinants of health. One initiative could be child health nurses actively involved and visiting at risk families up to the age of five, including for help with parenting skills or negotiating health systems, as has been done in the NHS. Early childhood experiences are well-recognised as important for determining lifelong health. Currently there exists specific staff teams for Aboriginal Health and Cultural and Linguistic Diversity within Department of Health, but there are no specific initiatives to tackle issues faced by those from low socioeconomic backgrounds.

In terms of global environmental change, particularly climate change, the WA health system could,

- 1) **Establish a Sustainable Health Unit.** This unit could assess the current carbon emissions of the WA health system and implement measures to decrease emissions. The National Health Service in the UK established a Sustainable Development Unit approximately 10 years ago, and has made significant budgetary savings by systematically implementing energy saving measures. The Unit could also have a role working with other government departments and the public to raise awareness of the health impacts and threat of climate change, thereby increasing public and government support for emission reduction measures. The South West of Western Australia is already being affected by a changing climate and is very vulnerable to further change, with a 20% decline in rainfall over the last 30 years and an associated 80% decrease in runoff into dams. Research has recently been done by the Department of Health showing there has been an increase in hospital presentations and admissions during recent heatwaves, particularly for low socioeconomic areas. Bushfires are also an increasing threat to health. Climate change more generally has been recognised as the biggest health threat of the 21st century in the Lancet medical journal- as a health service we must play our part in protecting our children’s futures by reducing emissions within the sector and raising awareness of the level of health threat.

In a more general sense, public health physicians should be an integral part of the Sustainable Health review, due to their training and experience in both clinical medicine, and extensive knowledge in healthcare system design and health more generally to maximise health at a population level. This includes understanding of the ‘prevention paradox’, where most people presenting with a disease actually occur in low or medium risk individuals, not those of high risk. **Health promotion and prevention bodies such as the Faculty of Public Health Medicine within the Royal Australasian College of Physicians, the Cancer Council, the National Health Foundation, the Public Health Association of Western Australia and the Public**

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Health Association of Australia should also be included for their views on upstream prevention. Clinical healthcare services are one element of multiple factors in determining the final healthcare demands of the population.

Improvement in database systems and data linkage capacity should be a core focus of the review, as discoverable trends will increasingly assist in targeting health services. For example, in the Northern Territory, where most primary care is directly provided by government rather than private GPs, good data linkage projects have been able to demonstrate those receiving a good level of primary care have less frequent admissions to hospital- this evidence has successfully been used as the basis to properly fund primary care services in various communities.