

## 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*

**Title** Mr  Miss  Mrs  Ms  Dr  Other

**Organisation** Public Health Advocacy Institute of WA

**First Name(s)** [REDACTED]

**Surname** [REDACTED]

**Contact Details** [REDACTED]

### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- 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;
- 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).*

- **Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;**

PHAIWA is supportive of a health system that invests in prevention. There is evidence to show that investing in prevention will save the health system dollars. In comparison to other countries Australia is not investing to the same capacity. In 2014, 1.9% of the current expenditure in health was spent on prevention. In comparison Canada spent 6.3% and the United Kingdom spent 5.1% (OECD 2017). The latest WA State Budget shows health expenditure is declining from an average of 8% growth per year from 2008-09 to 2016-17 to only 1% from 2017-18 to 2020-21 (Government of Western Australia, 2017) which is a concern for the overall health of the West Australian community as greater investment is needed. Utilising existing funds and reallocating to prevention could see an improvement in overall health outcomes for West Australians. This funding should be used for evidence-informed programs, policies and research, and interventions that are cost-effective such as those outlined in the Assessing Cost Effectiveness (ACE) Prevention Study. Often funding in prevention is based on the political cycle which can be detrimental to the health outcomes. Long term investment in prevention should be prioritised.

Leveraging existing investment and directing funding into the prevention programs already occurring is recommended. More funding toward and capacity building around evaluating public health programs is vital and a range of evaluation methods must be considered. Research and evaluation must be a priority as a means to inform practice.

PHAIWA is supportive of a system that is integrated with clear lines of communication, and is patient/community focused.

PHAIWA acknowledges the important role of both the State and Local governments in promoting health and wellbeing and planning and delivering preventive health programs. The role of local government is pivotal in shaping the health and wellbeing of individuals that make up a “community” and advocating for improved services and wellbeing for their communities.

- **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;**

The World Health Organisation outlined a number of prerequisites for health including “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity”

### 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).*

(WHO, 2017). A strong health system would address these factors in order to see improvements of health in the WA community.

PHAIWA believes collaboration is important to avoid duplication and link resourcing and expertise to 'solve' problems. A social determinants approach would see an opportunity for various Government departments to work together to achieve good outcomes for the WA population. By encouraging cross-departmental partnerships there would be opportunities for the Government to address the prerequisites for health as outlined by WHO. An example of where this could be improved is in regional and remote areas. PHAIWA works in regional and remote areas of WA and has witnessed firsthand the disconnect between different Government agencies which in turn, result in poorer community outcomes and a lack of true engagement with community members or management. For example, when members of the community have challenges accessing running water for months at a time, there are impacts on their overall health. A cross-government approach that integrates the important role of local governments and addresses social determinants of health would see better health outcomes, particularly in examples as outlined above.

Often Indigenous communities that are located on Crown land or are categorised as "town based communities" fall through the cracks and do not receive the services required to ensure health and wellbeing. This issue needs to be addressed as a matter of urgency.

More broadly, there are a number of examples globally where a Health in All Policies (HiAP) approach has been adapted. This approach would see all sectors of Government addressing health outcomes which in turn would positively impact West Australians. Government of South Australia & World Health Organization (2017) identifies the need for consideration of health across different sectors as health impacts society more broadly (e.g. economically, productivity). There are challenges to implementing a HiAP approach and it has been noted that there isn't one model for how to implement HiAP. Despite this there is more evidence and case studies available to highlight Governments undergoing this process and learnings can be adapted. The strength of this type of approach would aim to see better partnerships, opportunities to address the basic needs for health and ultimately see positive health outcomes.

- **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;**

The health workforce is a critical driver to the success of health outcomes in WA. It is vital that the Government invest in capacity building of this sector through a range of strategies as those aforementioned in the question. This health workforce is not only those in the medical and biomedical sectors but also include key professionals working in preventive health (e.g. health promotion, environmental health, public health). Professionals in the preventive health space are instrumental in ensuring the WA population build their own capacity to control and advocate for their health. This is

### 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).*

clearly referenced to in the Ottawa Charter for Health Promotion and the Jakarta Declaration for Leadership in Health Promotion. Health is ever changing, and those working in the field need to continue to building skills to address new challenges, find new ways of working together and be more effective in delivering health outcomes. Capacity building is also important for those who work in procurement, in order to learn about the challenges faced working on the ground so that more effective strategies and funding is agreed to.

Although it is important to ensure the workforce has the capacity by attending training etc. the workforce also need ongoing support and resources to implement learnings in their work (Wilkins, A 2015; Lloyd, B 2009). Dean (2014) recommended that capacity building needs to be included as part of strategic priorities. NSW Health has a Capacity Building Framework which has key action areas: organisational development, workforce development, resource allocation, partnerships and leadership (NSW Health Department, 2001). WA Health could improve its capacity building by adapting the NSW Framework and working with and contracting existing organisations such as PHAIWA, AHPA and PHAA whose remit it is to ensure capacity building in public health is ongoing, of a high standard and contemporary. This commitment would form new partnerships and indicate a level of trust resulting in an increase in workforce capacity. There is a need to ensure a consistent and sustainable capacity building model for public health to ensure we have a responsive system, partnerships rather than in silos, a commitment to addressing inequity, increased participation by the public health sector and community, and visibility which recognises the work done by public health practitioners in all sectors and at all levels of government.

- **Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.**

In order to continue to improve the health outcomes of the WA community investment in Healthway is vital. Healthway enables many community based and sector wide programs that increase health and wellbeing, stimulate learnings, provide capacity building and knowledge translation, provides funding and resources on a range of levels whether it is buying out sponsorship for events (influencing environments), supporting capacity building initiatives to improve the workforce and in turn community outcomes, or supporting programs and research that address key health outcomes of the WA community.

### 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).*

#### References:

Organisation for Economic Co-Operation and Development (OECD). 2017. *Health expenditure and financing*. [Available at <http://stats.oecd.org/Index.aspx?DataSetCode=SHA>]

Government of Western Australia. 2017. *Western Australia State Budget 2017-18: Budget Paper No. 2 Vol 1*. [Available at <http://static.ourstatebudget.wa.gov.au/17-18/2017-18-wa-state-budget-bp2-vol1.pdf?>]

Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE–Prevention Team (2010). *Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report*. University of Queensland, Brisbane and Deakin University, Melbourne.

World Health Organisation (WHO). 2017. *The Ottawa Charter for Health Promotion*. [Available at <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>].

Government of South Australia & World Health Organization. 2017. *Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world*. Adelaide: Government of South Australia. [Available at [http://www.who.int/social\\_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1](http://www.who.int/social_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1)]

Wilkins A, Lobo RC, Griffin DM, Woods HA. 2015. Evaluation of health promotion training for the Western Australian Aboriginal maternal and child health sector. *Health Promotion Journal of Australia* 26(1) 57-63.

Lloyd B, Rychetnik L, Maxwell M, Nove T. 2009. Building capacity for evidence-based practice in the health promotion workforce: evaluation of a train-the-trainer initiative in NSW. *Health Promotion Journal of Australia* 20(2) 151-154.

Dean HD, Myles RL, Spears-Jones C, Bishop-Cline A, Fenton KA. 2014. A Strategic Approach to Public Health Workforce Development and Capacity Building. *American Journal of Preventive Medicine*. 47(5S3) S288-S296.

NSW Health Department. 2001. *A Framework for Building Capacity to Improve Health*. NSW: NSW Health Department.