



WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative

First Interim State Public Health Plan WA Primary Health Alliance (WAPHA) Submission

December 2017



Introduction

WA Primary Health Alliance (WAPHA) is pleased to provide our submission on the First Interim State Public Health Plan for Western Australia.

WAPHA is the organisation that oversees the commissioning activities of Western Australia's three Primary Health Networks – Perth North, Perth South and Country Western Australia. Primary Health Networks (PHNs) were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

The alignment of WA's three PHNs under one organisation (WAPHA) affords a once in a generation opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across organisations and across boundaries. WAPHA's vision is improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level.

WAPHA believes strongly in an integrated health care system; with capacity to deliver person-centred, best practice care for all those in need. The World Health Organisation (WHO) states that the person-centred health system needs to purposefully consider and adopt a person-facing perspective, ensuring the content and organisation of services matches the needs of the individual, their families and communities.¹ In this context, WAPHA supports a collaborative approach to improving coordination between public health and primary care to enable improved health and social outcomes.

Executive Summary

The First Interim State Public Health Plan (the Plan) provides a summary of the relevant demographic and epidemiological data available, presented in user-friendly language. WAPHA acknowledges The Plan presents a broad summary of evidence to address the three priority areas. WAPHA recommends a more granular breakdown of the data, both in terms of geography and demographics, that focuses on unmet needs. WAPHA supports incorporating shared accountabilities in the Plan for better health outcomes for Western Australians across multiple agencies across the entire health system, from primary care through to tertiary acute care.

WAPHA understands the important role that local government plays in improving health outcomes for Western Australians. There is considerable need to align resources through joint planning across all three levels of government and WAPHA looks forward to taking a strong leadership role in the development of an integrated, person centred and equitable health care system.

The priority areas identified in the Plan are consistent with the strategic priorities of WAPHA:

- improving health equity and access;
- developing patient centred models of care;
- building strong partnerships with stakeholders to improve coordination across the patient journey;
- integrated and outcomes focused commissioning; and
- increasing the capacity and capability of the primary care workforce.

WAPHA believes that mental health is everyone's business and requires the whole of community to improve mental health and wellbeing. WAPHA recommends mental health be more strongly addressed in the Plan.

¹ World Health Organisation, 2014, Transforming health services delivery towards people-centred health systems, Available at: http://www.euro.who.int/__data/assets/pdf_file/0016/260710/Transforming-health-services-delivery-towards-people-centred-health-systems.pdf

The 2016 Australian Institute of Health and Welfare (AIHW) report on Australia's health status references several measures of health that are indicated within the Plan, including life expectancy and morbidity.² Other health status measures that are not as evident in the Plan include disability-adjusted life year (DALY) and self-assessed health status measures.

For integration and consistency throughout State and Commonwealth health planning, a coordinated approach in the collection and measurement of a person's health status is highly recommended.

WAPHA endorses the Plan's focus on Aboriginal health. WAPHA suggests adding an extra priority group so that dedicated attention is given to addressing the health issues impacting on other vulnerable and disadvantaged groups, such as; the elderly, CaLD communities, people with specific diseases and marginalised groups including homeless people, refugees and the LGBTI community.

The Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017 Report (Lessons of Location) compiled and published in partnership between Department of Health WA (DoHWA) and WA Primary Health Alliance (WAPHA) identifies:

- current evidence about geographical health inequalities;
- places throughout WA with very poor but potentially preventable health outcomes through targeted primary healthcare interventions;
- where place-based approaches can be effective;
- where location is a direct risk factor; and
- opportunities to better target health and broader services to those most in need.

WAPHA recommends the sources of data and summaries of the Plan (in particular, identified vulnerable populations) are aligned and consistent with the *Lessons of Location* report.

As the Plan is not formally required until part five of the Public Health Act 2016 (estimated by 2020-21), WAPHA recommends an adaptive system is considered, with capacity to utilise up-to-date data and analysis to renew and adapt health plans through an iterative process. For example, the Plan identifies the ten most disadvantaged areas in Western Australia based upon 2011 Socio-Economic Indexes for Areas (SEIFA) data. By the time the Plan is released, this data may be 10 years old and out of date. As the Plan uses SEIFA, it is important to describe in some detail what this index is and its relevance from a planning perspective.

WA has experienced large population arrivals throughout the 'mining boom' years, often experiencing increases of one thousand new arrivals every week. The strain on housing prices, utilities, education and health rose considerably throughout 2009-2011. This environment has arguably contributed to poorer health outcomes for many vulnerable people living throughout WA. High-level plans such as this one need to be flexible and adaptive enough to respond to environmental and other factors that may cause considerable changes to the health needs of vulnerable population groups.

While it is true that most Western Australians are doing well, the current costs of healthcare continues to increase at unsustainable levels.³ Western Australia's health expenditure has continued to rise year-on-year and grown faster than inflation over that period of time averaging 8 per cent growth from 2008-09 to 2016-17.⁴ Over the same period State

² Australian Institute of Health and Welfare, 2016, Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra

³ Price Waterhouse Coopers, 2016, Healthcare Reform: Why the Stars are Finally Aligning, Available at: <https://www.pwc.com.au/publications/pdf/health-healthcarereform-report.pdf>

⁴ Western Australia Department of Health (DoHWA), 2015, Better health, better care, better value: WA Health Reform Program 2015-2020

health expenditure as a proportion of general government expenditure increased from 24.9 per cent to 29.7 per cent.⁵ The 2014-15 Federal health spend on hospitals was 46 per cent of the total recurrent health expenditure. Working towards a person-centred health system requires a shift towards care being delivered in the primary care setting. Ultimately, to address better collaboration and integration between primary and public health, further investment is required into the primary care sector.

The Western Australia State government fiscal outlook seeks to reduce health expenditure in line with the national growth average. Whilst other States and Territories have reduced health spending in line with this national average, Western Australia has not.⁶ The Plan does not adequately address the financial considerations required in addressing improving health outcomes throughout Western Australia. Alignment of health and economic priorities and agreement between State and Federal governments are imperative to address the economic implications of health planning.

The Plan identifies that social inequity continues throughout the course of a person's life with similar disparities evident for infant mortality, developmental delays and the prevalence of chronic disease in adulthood. Dr David Barker's work around the fetal origins of adult disease holds that, "events during early development have a profound impact on one's risk for development of future adult disease. Low birth weight, a surrogate marker of poor fetal growth and nutrition, is linked to coronary artery disease, hypertension, obesity, and insulin resistance."⁷

Health determinants that have been linked to low birth weight require further investment and action on prevention, early detection and increasing health literacy to reduce the burden of disease later in life. WAPHA recommends that this be included as a focus for the Plan, in line with identified hotspots located in the *Lessons of Location* report.

The role of sharing data across health portfolios, departments and commissioning bodies, including primary care and local government is required to achieve an integrated, patient-centred system. According to the Productivity Commission's inquiry into data availability and use, data that allows performance monitoring and comparison of government activities is fundamental for improving the delivery of those activities to the community.⁸ Appropriate use of data to drive innovative monitoring and comparison within government (and community) is critical to addressing the fragmentation that exists in the current health system. WAPHA recommends that the Plan provides detail on the sharing of data across-agencies and community to achieve better health outcomes across Western Australia.

1. Empowering and enabling people to make healthy lifestyle choices.

The Plan describes the health status of Western Australians on a whole of population level. For example, the reference to 'Ischemic heart disease being responsible for the highest proportion of deaths.' WAPHA recommends a more granular description and use of data to ensure local governments can focus planning upon the health needs pertinent to their location.

The focus for general practice in enabling healthier lifestyle choices for patients requires increasing capacity for identification, assessment and addressing risk factors including unhealthy eating, inactivity, obesity, smoking, alcohol and other drugs consumption and injury prevention.

WAPHA has heard from GPs about difficulties in addressing issues such as weight, mental health and other stigmatised issues within society. To curb the rise in overweight and obesity, GPs require additional resourcing and upskilling to address this difficult issue, alongside community-wide campaigning, accessible programs and activities in close

⁵ Government of Western Australia, 2017, 2017-18 Budget, Budget Paper No. 2, Vol 1, Kevin J. McRae, Government Printer

⁶ DoHWA, Better Health, p.13

⁷ Calkins, K., & Devaskar, S. U. 2011, Fetal Origins of Adult Disease. *Current Problems in Pediatric and Adolescent Health Care*, 41(6), pp. 158–176 available at: <http://doi.org/10.1016/j.cppeds.2011.01.001>

⁸ Productivity Commission, 2017, Data Availability and Use, Report No. 82, Canberra

proximity to place of residence. The table below describes the low percentage of people having discussions with GPs relating to health risks.⁹

<i>Risk groups having discussion with GP about risk</i>	<i>% Share of risk group</i>
Smoker — reducing or quitting smoking	39.6
Overweight person — a healthy weight	13
Obese person — a healthy weight	34.6
Obese person — eating healthy food or improving diet	20.1
Obese person — increasing physical activity	18.2
Person exceeding alcohol consumption guidelines —moderating use	12.4
People with no/low exercise —increasing physical activity	12.5
People with inadequate fruit or vegetable consumption — eating healthy food or improving diet	13.3

Reducing harmful alcohol use

In general, the focus is on alcohol in the Plan, and has limited reference to pharmaceutical and other drug use. Greater reference to other drugs is warranted given the prevalence of poly drug use, misuse of medications, and opportunities for harm reduction, particularly in priority population groups.

WAPHA supports the principles of *The Western Australian Alcohol and Other Drug Interagency Strategy 2017-2021* (Interagency Strategy) to enable integration and address fragmentation across the health sector. It is anticipated that this strategy will provide further alignment of State and Commonwealth funded activities. The efficacy of an interagency framework depends, in large part, on all parties driving solutions to address common barriers to integration such as data sharing, eligibility criteria and service boundaries. The coordinating role of Primary Health Networks suggests it is important to work across agencies and sectors so that alcohol and drug problems are detected and addressed within their local community. It is recommended the Plan addresses and aligns key recommendations and priorities from the Interagency Strategy.¹⁰

WAPHA recommends including reference to the role alcohol plays in interpersonal and community violence. According to the Foundation for Alcohol Research and Education (FARE), about half of reported domestic violence incidents and up to 47 per cent of child protection cases involve alcohol. This same research found more than 1 million children are affected in some way by alcohol. More granular data on alcohol and other drugs usage should be proved in the Plan to assist local governments in planning interventions and strategies.

There is increasing concern in relation to problematic and excessive alcohol and drug use amongst older adults. This cohort has not been specifically referenced in the Plan. The National Drug Strategy identified older adults as a priority population with unique health circumstances such as pain, co-morbidities, and social circumstances such as isolation identified as important factors in the context of drug and alcohol use and the impact on health services.

As noted in the Western Australian Network of Alcohol and other Drug Agencies (WANADA) submission to the Sustainable Health Review, partnership and cross-sector coordination are keys to reducing the harmful effects of alcohol and other drugs. This includes increased capacity to identify and respond to problematic alcohol and other drug use, enhancing service delivery across the continuum of care, and improved efficiency across the health system. WAPHA is supportive of this position believing that strong sustainable relationships with clinicians, communities, providers and other stakeholders can improve coordination across the patient journey.

⁹ Productivity Commission, 2017, Integrated Care, Shifting the Dial: 5 year productivity Review, Supporting Paper No. 5, Canberra

¹⁰ Mental Health Commission, 2017, Western Australian Alcohol and Drug Interagency Strategy 2017-2021. Mental Health Commission, Government of Western Australia.

Prevent injuries and promote safer communities

WAPHA recommends aligning suicide prevention strategies to other existing plans such as; *Living is for Everyone framework* (LIFE), *Suicide Prevention 2020: Together we can save lives*, *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* (ATSISPEP), and *World Health Organisation: A global imperative*. In meeting a key recommendation from *Suicide Prevention 2020*, The Mental Health Commission (MHC) has commissioned 10 Suicide Prevention Coordinators to develop local strategies and coordinate cross-agency programs. As part of the Australian Government's \$46 million investment into suicide prevention across Australia, WAPHA is coordinating three suicide prevention trial sites in WA trialing the Alliance Against Depression framework. WAPHA, alongside MHC Suicide Prevention Coordinators, can play a leadership role in LGA strategies to reduce suicide.

In 2015, a Western Australian Parliamentary inquiry into the impact of fly-in fly-out (FIFO) work practices on worker's mental health made recommendations based on the issues associated with the structure of FIFO work and the need for data to inform and improve understanding of the mental health impacts. The Inquiry made recommendations related to reducing suicide; these should be included in the Plan. For local governments with a high proportion of FIFO workers and families, aligning suicide prevention strategies and interventions findings would be beneficial.

The Productivity Commission's *Shifting the Dial* report outlines the elements required to transition to a patient-centred model of care including raising health literacy standards and providing greater choice of care.¹¹ WAPHA recommends the inclusion of improving health literacy in the Plan as a key enabler to assist people in making healthier lifestyle choices.

Furthermore, *Shifting the Dial* report recommends that people should take further responsibility for their own health. "Patient passivity reduces the scope for self-management of conditions and reinforces a provider-based system."¹² The Plan should reflect steps for individuals to begin to take greater control of their health care, in a collaborative and coordinated approach with GPs and throughout the primary care setting.

Health literacy amongst Australians can be poor. About 60 per cent of Australians have inadequate health literacy. This rate is higher, at nearly 75 per cent, for Australians aged 55 years or more. This population cohort also has the highest likelihood of chronic disease.¹³ Raising people's health literacy and giving people information that allows them to be participants in their own care, including a capacity to self-manage, provides opportunities to empower Western Australian communities to make healthy lifestyle choices and manage their health.

Providing people choice of access and care reflects the principles underpinning a person-centred system. Whilst people in many parts of Western Australia have extensive choice of, and access to, GPs, pathology services, dentists and many other Allied Health services, choice of acute or outpatient services is limited, as is health care in general for rural and remote Western Australians.

2. Providing health protection for the community.

Mitigating the impact of public health emergencies on the community

WAPHA's strategic priority to build strong partnerships with clinicians, communities, service providers and other stakeholders means it could play a central role in communicating throughout primary and tertiary care to mitigate the impact of public health emergencies when required.

¹¹ Ibid., p.18

¹² Ibid., p.19

¹³ Ibid., p.20

Supporting immunisation

The Western Australian Immunisation Strategy 2016–2020 provides a vision for building on improvements in immunisation services. The Plan should refer to this strategy as it is an agreed roadmap for strengthening partnership and programs to improve immunisation rates throughout Western Australia. In particular, the key performance indicators should be referenced for local government planning purposes. WAPHA’s Immunisation Strategy reflects these areas of impact and complements the *Western Australian Immunisation Strategy 2016-2020*.

In implementing WAPHA’s Immunisation Strategy, we are working with general practices as part of objective one to improve childhood immunisation coverage. WAPHA assists general practices to gain access to the Australian Immunisation Register and provides up-to-date reports on the number of children not immunised by practice and age range. Over the coming years WAPHA will work towards improving immunisation rates amongst adolescents and adults (objectives two and three) working collaboratively with the community.

The AIHW report, *Healthy Communities: Immunisation Rates for Children in 2015-16* highlights the need for a continued focus on immunisation coverage and catch up vaccinations. Even though the majority of Western Australian children are immunised, it is important to maintain high immunisation rates to protect the community, including vulnerable groups such as babies who are too young to receive their vaccines.¹⁴

A more granular analysis at SA2 level provides greater variation in immunisation rates, from a 99 per cent high in Broome to a low of 80 per cent in South Perth and Kensington for fully immunised five-year-olds. WAPHA’s general practice support staff helps general practice to achieve childhood immunisation targets and provides practical support and education for staff in effective immunisation practice.

Promote oral health improvement

The Plan should address the importance of integrating primary health care with dental care. Areas of focus should include, coordination of care, better referral pathways, increased knowledge and resources for GPs, plus increasing population health literacy around dental care. WAPHA’s *Lessons of Location* report describes dental conditions as a relatively common condition for potential preventable hospital admissions throughout Western Australia.

More than 90 per cent of the Western Australian population, including most regional areas, have had fluoridated water for more than 40 years, with Kununurra and Newman having fluoridation from 2017. The Plan should outline the local government areas and towns that still require fluoridation in line with current Department of Health policy.

3. Improving Aboriginal health

Reduce the incidence of chronic disease and injuries for Aboriginal people.

The Plan’s use of data to focus on Aboriginal Health is reinforced by WAPHA’s *Lessons of Location* report; in particular the disparity between Aboriginal people living in remote parts of Western Australia in comparison to metropolitan Perth. Improving Aboriginal health in Western Australia is a priority for WAPHA.

WAPHA’s *Lessons of Location* report identified, “the proportion of Aboriginal people in an area was found to be a statistically significant predictor for qualification as a hotspot for all potentially preventable hospitalisations (PPH) conditions and major categories examined, except for convulsions and epilepsy and dental conditions. Across all other PPH types, an increase in the proportion of the Aboriginal population in the area, resulted in the area on average,

¹⁴ Australian Institute of Health and Welfare, 2017, *Healthy Communities: Immunisation rates for children in 2015–16*, Cat. no. HPF 4. Canberra

being more likely to qualify as a hotspot. By far the greatest need in terms of PPHs occurs in country WA, particularly in the Kimberley – When all 22 PPH conditions are examined together the Kimberley stands apart from the rest of Western Australia (*Lessons of Location*. pp. 29-30).”

WAPHA has commissioned service providers for the Integrated Team Care (ITC) program across Western Australia. ITC replaced the Care Coordination and Supplementary Services (CCSS) and Improving Indigenous Access to Mainstream Primary Care (IIAMPC) activities. ITC exists for patients and health professionals to work collaboratively to provide culturally appropriate care, and to fund where appropriate the provision of specialist and allied health services.

Improving environmental health conditions in remote communities.

Addressing the poor environmental health conditions in remote Aboriginal communities requires a whole of community approach coupled with a bipartite government response. WAPHA acknowledges the strong connection to country for Aboriginal people and we support people’s choice to live, work and play in country. WAPHA would recommend a strong focus is placed on addressing these complex issues in a coordinated and sustainable way.

Reduce the incidence of prevalence of STIs and BBVs; vaccine preventable disease among Aboriginal people.

Reducing the incidence of preventable diseases will require coordination across the whole of community inclusive of the role primary care plays. WAPHA assists general practice to gain access to the Nation Immunisation Register and provides up-to-date reports on the number of children not immunised by age range.

The Western Australian Aboriginal Sexual Health and Blood-borne Virus (BBV) Strategy 2015-2018 recognises the unacceptably high rates of sexually transmissible infections (STIs) amongst Aboriginal people in Western Australia and sets out a coordinated, comprehensive response which calls upon service providers and communities to work together to improve sexual health outcomes. It emphasizes partnerships, community engagement and response, and building capacity in primary care to reduce the prevalence of BBVs and STIs amongst Aboriginal people. WAPHA recommends including key recommendations and activities from this strategy into The Plan.

The Plan should also address key recommendations to be identified in *the Western Australia Women’s Health Strategy 2018-2023* and the *Western Australia Male Health Policy* (both currently in development) particularly guidance on addressing Aboriginal health issues including reducing the prevalence of STIs and BBVs.

Vision, mission, goals

An integrated system requires a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships across all elements of the health system. Integration refers to the process, methods and tools to facilitate improved care through better coordination of services.¹⁵ WAPHA recommends that integration be addressed when describing the key outcomes and goals of the Plan.

WAPHA’s mission is to build a robust and responsive person-centred primary health care system through innovative and meaningful partnerships at the local and state-wide level which has some synergy to the mission and goals of The First Interim State Public Health Plan.

WAPHA appreciates the Department’s consideration of our submission. If you wish to discuss our recommendations in more detail, contact WAPHA care of Mrs Christine Kane, General Manager Strategy and Health Planning, on 08 6272 4966 or chris.kane@wapha.org.au

¹⁵ Brown, L, 2016, Six elements of integrated primary healthcare, in *Australian Family Physician*, Vol 45, No.3, pp.149-152.