



**Rural Health West
and
WA Primary Health Alliance**

**Pilbara Collaborative Health Forum
Workshop Report
November 2016**

KBC Australia
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LIST OF ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation
AOD	Alcohol and Other Drugs
ATSI	Aboriginal and Torres Strait Islanders
CD	Chronic Disease
ED	Emergency Department
ENT	Ears, Nose and Throat
FIFO	Fly In Fly Out
FTE	Full Time Employee
GP	General Practitioner
KBC	Kristine Battye Consulting Pty Ltd trading as KBC Australia
MH	Mental Health
MSES	Medical Services Equalisation Scheme
NGO	Non-Government Organisation
PADAP	Pilbara Aboriginal Drug and Alcohol Program
PAHPF	Pilbara Aboriginal Health Planning Forum
PHC	Primary Health Care
PMHDS	Pilbara Mental Health and Drug Service
RFDS	Royal Flying Doctor Service
RHW	Rural Health West
RTO	Registered Training Organisation
TAFE	Technical and Further Education
VET	Vocational Education and Training
WA	Western Australia
WACHS	Western Australia Country Health Service
WACRH	Western Australia Centre for Rural Health

WAGPET

Western Australia General Practice Education and Training

WAPHA

Western Australia Primary Health Alliance

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EXECUTIVE SUMMARY

The health and wellbeing of individuals, families and the community is impacted by a range of factors that sit outside the health service system such as housing, infrastructure, employment, community safety and education. As such, there is considerable value in a broader inter-sectoral approach to projecting and planning for health services and programs, and developing collaborative approaches for common priorities. This should result in greater sharing of resources and reduced duplication of effort to improve the health of communities in the Pilbara.

Purpose of the Workshop

Rural Health West and WA Primary Health Alliance convened a cross sectoral workshop to determine the appetite for engagement of a wide range of stakeholders from across the Pilbara to establish a collective approach to addressing the health and social needs and priorities in the region.

Workshop process

A half day workshop was held in Karratha on the 24th November 2016 with a number of people attending the meeting by videoconference and teleconference.

An overview of the priorities identified through recent health needs assessments was presented, together with the upstream factors contributing to health issues and downstream consequences. Each sector or agency was asked to identify points of intersection of their agency with the identified health priorities.

The non-health agencies were then asked to identify their priorities and where they saw potential for collaborations with health and other sectors to improve outcomes.

Outcomes

The forum has identified three priority areas for cross sectoral collaborative work.

- ***Child health and wellbeing*** which extends to include environmental health issues, primary health care service enhancement, alcohol and substance misuse and family strengthening
- ***Health workforce development*** with extension to building service delivery capacity within the education sector to support primary health care and child health and development
- ***Focusing on systems*** to improve the effectiveness of current public, private, Aboriginal Community Controlled and NGO services, with particular attention to chronic disease, child health and development, mental health and alcohol misuse, and connection to environmental health concerns.

Next Steps

The process to undertake the collaborative work was discussed but not confirmed at the Forum. There was agreement that there are significant opportunities through a collaboration. The form of the collaboration will be determined at a follow up meeting in early 2017.

1 INTRODUCTION

Rural Health West and the WA Primary Health Alliance (WAPHA) jointly convened the Pilbara Collaborative Health Forum. The forum arose as a result of discussions among a number of health service providers about health workforce in the Pilbara and challenges of ensuring that the future health workforce needs of the Region were planned not only on the basis of health data but also with consideration of needs and priorities of other sectors.

There are a range of stakeholders that play a vital part in achieving long term personal and community wide health benefits that sit outside the health services sector. Housing, infrastructure, employment, policing, education and community services all impact on health outcomes. As such, there is considerable value in a broader inter-sectoral approach to projecting and planning for health services and programs, and developing collaborative approaches with common goals. This should result in greater sharing of resources and reduced duplication of effort to improve the health of communities in the Pilbara.

Rural Health West and WAPHA invited representatives from the police, Department of Education, local government (Pilbara Regional Council, City of Karratha, Town of Port Hedland, East Pilbara and Ashburton), regional development, chambers of commerce, health and medical education and training providers, child protection services, housing, non-government organisations providing health, disability and drug and alcohol services, and health service providers including Aboriginal Community Controlled Health Organisations, private general practices, Western Australia Country Health Service (WACHS), and Royal Flying Doctor Service (RFDS). The list of attendees to the forum is appended (Appendix 1).

The ***purpose of the workshop*** was to determine the appetite for engagement of a wide range of stakeholders from across the Pilbara to establish a collective approach to addressing the health and social needs and priorities in the region.

1.1 Overview of the Workshop process

The workshop process is outlined in Table 1, and the agenda is included at Appendix 2. Pre-reading was distributed to participants prior to the workshop outlining the key findings from the Health Needs Assessment and a series of questions for participants to consider in preparation for discussion at the workshop (Appendix 3).

Table 1. Overview of process

Item	Process
<i>Introduction and Welcome</i> Acknowledgement of country Genesis for the Collaborative meeting	Chris Pickett set the scene for the forum
<i>Current situation</i> Overview of the WAPHA health needs assessment and WACHS Pilbara profile, identified priorities, upstream factors contributing to health data and downstream impacts/ consequence	Kris Battye (Appendix 4, Forum presentation)

Item	Process
<i>Where do agencies intersect with health priorities?</i>	Facilitated discussion. Each sector was asked to describe points of intersection between their agency and the identified health priorities i.e. child health and development, alcohol and substance misuse, mental health, chronic disease and risk factors, health workforce and service provision.
<i>Priorities of non-health agencies requiring a joint response</i> What are their priorities? What other agencies or sectors could/should be involved to make a greater difference?	Facilitated discussion. Each sector asked to outline priorities
<i>Current mechanisms for collaborative planning</i> Do current mechanisms accommodate joint planning, priority setting and activity? Is a different approach needed?	Group discussion

2 HEALTH PRIORITIES IN THE PILBARA

Drawing on the WAPHA Health Needs Assessment (2016) the WACHS Pilbara Health Profile, and the Rural Health West Pilbara population and health snapshot (2016), priority health issues in the Pilbara include chronic disease, high risk alcohol use, mental health and injury. Health (including primary health care services, secondary and tertiary services) provide a range of services and programs to respond to these health issues [Appendix 4 provides an overview of data]. However, the factors that contribute to and prevent these health behaviours are multi-faceted and are within the sphere of influence of multiple agencies as well as dependent on the health literacy of individuals and families.

Furthermore, the consequences of health issues such as alcohol abuse has far reaching impacts not only on the physical and mental health of the individual but on community safety, family violence and maintenance of the family unity.

Child health and development is also a priority for Health agencies in the Pilbara, with about a fifth of the population aged 0-14 years. In the Pilbara, 12% of Aboriginal babies and 6% of non-Aboriginal babies are low birthweight – less than 2.5 kg. This not only has risk of complications in the perinatal period, but has longer term implications on the physical and mental growth and development of the child. Furthermore, 0-3 years is critical for brain development including self-regulation and development of cognitive functions like impulse control, curiosity and attentiveness.

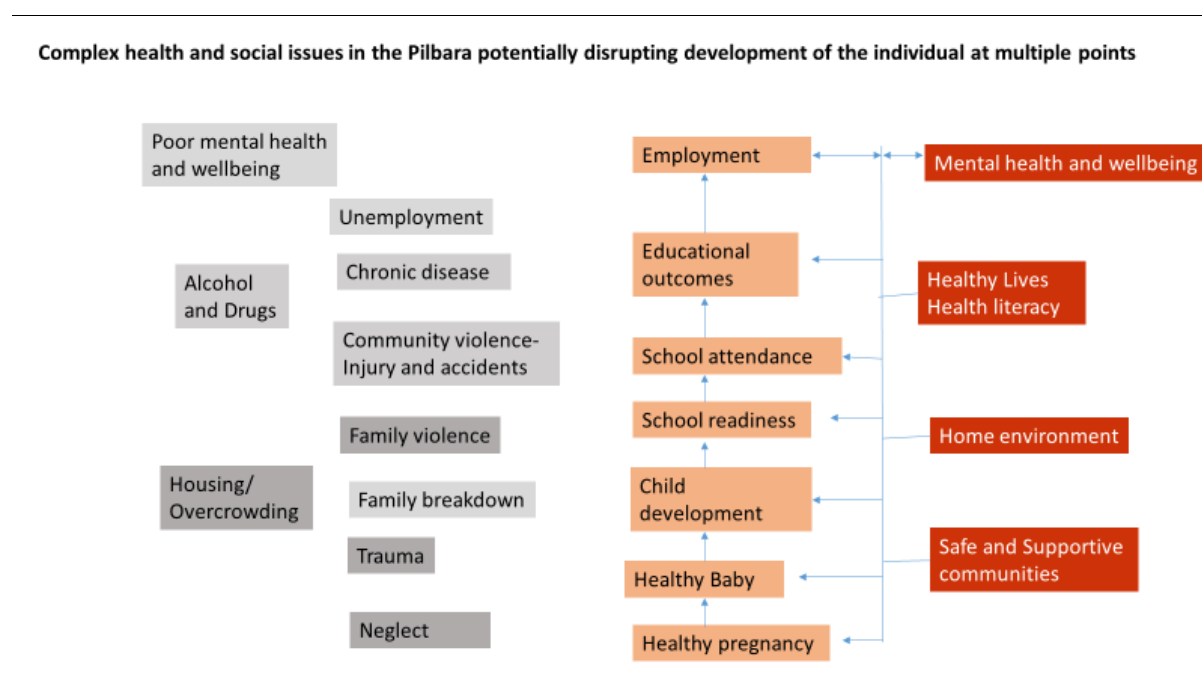
Parent or caregiver relationships are important for developing social and emotional competencies and resilience in the child. However, these relationships are challenged in families where there are mental health issues, alcohol and substance abuse, or caregiver ill health such as managing a chronic disease. Where young children are exposed to excessive or prolonged stress they have a higher risk of developing inflammatory conditions such as asthma, diabetes and heart disease, there are enlarged

areas of the brain associated with aggression and impulsivity, delays in cognitive development and impaired development of healthy coping mechanisms.

The health data indicate that there are pockets of developmentally vulnerable children in the Pilbara region, and that children are subject to a range of stressors including injury, acute and chronic health challenges, that impact on school readiness and longer term learning and educational outcomes.

There are multiple factors that contribute to the positive life trajectory of an individual. However, there are also a range of complex health and social issues that challenge this trajectory (Figure 2.1). The socioeconomic and health data from the Pilbara indicate that these complex issues are in play, and are outside the scope of any one organisation to address. This underpins the rationale for a collective, cross sector approach to developing responses to these complex social issues.

Figure 2.1 Complexity of health and social issues in the Pilbara



This meeting was initially planned to focus on health workforce. In the Pilbara there is a recognised capacity and availability problem i.e. on a population basis, the number of health professionals residing in the region is about a third to a half of that of WA as a whole. There is also very limited private sector capacity. This results in heavy reliance on government funded services and a high reliance on fly-in and fly-out services. Furthermore, high staff turnover coupled with FIFO services impedes the development of multidisciplinary and planned team care which is needed for good preventative care and management of people with chronic health issues.

The picture being described is that behind the health data there is a complex story where the solution is not just about more health services to treat the health problem. It also requires tackling the factors that contribute to the health and social issues in the Pilbara.

It is likely that if we were considering data from education, police and child protection services, there is similarity in the causal factors that contribute to their statistics. Rural Health West and WAPHA have convened the forum to determine if there is an appetite for joint planning and action across sectors to tackle some of these complex health and social issues.

3 POINTS OF INTERSECTION WITH HEALTH PRIORITIES

Each sector was asked to identify where their agency intersected with the identified health priorities i.e. did it influence or contribute to upstream factors (protective or causal), deal with impact or consequences of the health issue, or did it work to respond to the presenting health issue/ priority.

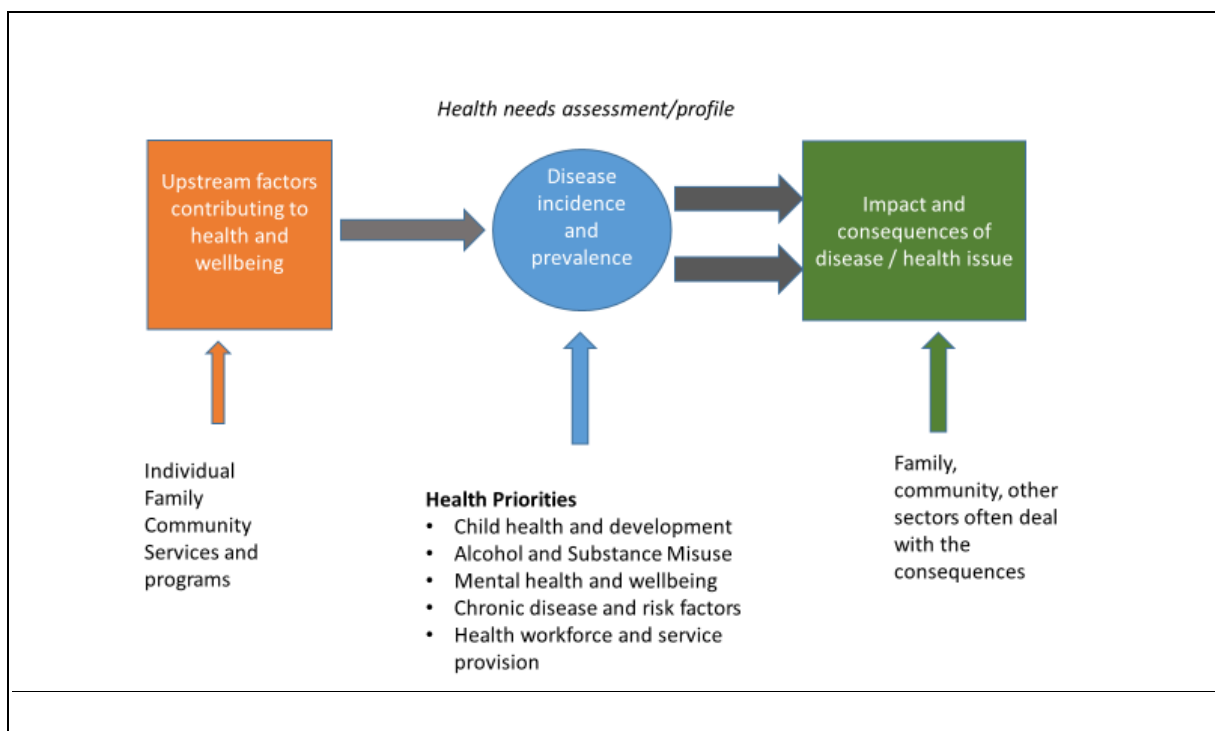


Table 3.1 Non-Health agencies points of intersection with Health priorities

PRIORITIES	POLICE	DEPT OF EDUCATION	ENVIRONMENTAL HEALTH	LOCAL GOVT	PILBARA DEVEL COMM
CHILD HEALTH AND DEVELOPMENT	Downstream Children not attending school Children and young people experiencing abuse	Downstream Factors impacting children's access to the curriculum – are they fit for school? (nutrition, sleep, physically able/hearing) Often a lack of parents or available carers in the household (ATSI), sometimes when available the carer or parents don't have the knowledge or understanding to assist the child with education	Upstream Poor living conditions impact on health and development	Response Support youth services Run programs for young people to develop living skills Run playgroups Provide childcare facilities for NGOs to run	
ALCOHOL AND DRUGS	Response and Downstream Strong contributing factor to offending and re-offending Safety of health staff/ED	Downstream Foetal Alcohol Syndrome affected children AOD is being used by some students	Upstream Poor living conditions impact on AOD issues	Support and advocacy	
MENTAL HEALTH	Response and Downstream Transport people to hospital (in the Pilbara and to mental health facilities outside the Pilbara) People in custody with MH issues, attempt to source treatment – difficult to manage	Response and Downstream School psychologist services under resourced (1FTE for 1500 children) Children enter school system with issues and needs that require greater allocation of resources than Ed can provide	Poor living conditions impact on mental health	Upstream Support NGO programs e.g. Men's Shed	

	Big impact on police resources	Interventions around suicide mostly post-school			
CHRONIC DISEASE & RISK FACTORS	Response Maintaining officer health		Poor living conditions contribute to chronic disease	Upstream Invest in facilities to combat CD and risk factors e.g. outdoor trails, gym fitness programs	
HEALTH WORKFORCE AND SERVICE PROVISION		School nurses under resourced Gap in treatment services available to teenagers – sexual health, and prenatal/postnatal for females	Upstream Revolving door into health services – skin, enteric, chest infections Upstream and Response Training in environmental health offered in some communities, but insufficient jobs on completion. People doing training to improve own home and community environment	Response City of Karratha administers MSES – affordable housing for GPs (recruitment and retention strategy)	Small state govt authority Upstream role – funding and partnerships to increase liveability in Pilbara Aim – services in Pilbara the same as expected in a city Mining downturn, FIFO decreased, rents decreased Royalties for Region invested in hospital facilities Seeks to influence where funding is spent

Table 3.2 Health related agencies intersecting with Health Priorities

PRIORITIES	MENTAL HEALTH/AOD -PMHDS	EDUCATION/TRAINING -WAGPET -WACRH	DISABILITY/AGED CARE -Silverchain	PRIMARY HEALTHCARE -GPs -WACHS -Nintirri -REDS	State/Regional RURAL HEALTH WEST WAPHA WACHS
CHILD HEALTH AND DEVELOPMENT	Response PMHDS provides early intervention services for children (CAMHS works well)	Response GP registrars are part of the medical workforce and key provider in preventative care WACRH – opportunities for service learning placements		Response Nintirri – lifestyle programs for children, screening and health checks – Tom Price and Paraburdoo	
ALCOHOL AND DRUGS	Response Liaise with ACCHOs Run PADAP (3 FTE but 1 vacant) Referrals to Mission Australia, Turner River and Yaandina for treatment Work with school psychologists – treat and refer as needed Developed boys and girls support groups		Limited Partnership with Sobering up shelter (Bloodwood Tree Assoc) for a breakfast club	RFDS provides GP and nurse clinics to remote communities and deals with CD, AOD and mental health. Biological, social and environmental all contribute to health issues across communities Lack of systems impact on planned care	RHW – outreach service provision
MENTAL HEALTH	*		Response Individual and group counselling for MH clients and carers and support independent living	Lot of services but not connected	Opportunities for collaboration and co-commissioning between WACHS and WAPHA across priority areas
CHRONIC DISEASE & RISK FACTORS	Co-morbidity concerns Obesity linked to medications – risk	GP registrars are part of the medical workforce and key provider in	Majority of clients have a CD link with appropriate agencies to remain at	FIFO but no local anchor point for whole of patient care	

	disengaging from treatment	preventative and managed care	home for as long as possible	Need place based options and leverage VC and telehealth opportunities	
HEALTH WORKFORCE AND SERVICE PROVISION		<p>WAGPET GP training Accreditation of facilities and GP training supervisors i.e. general practices, hospitals and ACCHOs for training Seeking to develop longer rotations and increase the number of GP training rotations in the Pilbara in conjunction with WACHS Challenge – Pilbara is not seen as an attractive place to live.</p> <p>WACRH Upstream and response Focus on placements for nursing and allied health students to obtain exposure to remote health and the Pilbara region</p> <p>Research projects informed development of Wallaby Student Program (partner with RHW), where children visit schools to expose students to careers in health industry</p>	<p>Silverchain has RTO status – assist local organisations train and educate staff, promote local training. Potential partners include Pilbara Institute, WACHs, universities and training organisations, local not for profits.</p> <p>Example: Work with Wirraka Maya to deliver Cert III training in PHC and support training placements</p> <p>Offer Mental Health First Aid training</p>	<p>Private practice workforce development opportunities but requires a “supported” start up period for about 12-18 months while establishing the business e.g. WACHS Population Health right of private practice model; 360 Health and Community i.e. “Incubator model”</p> <p>FIFO options can work if it is a regular provider who is working into an established system/model of care</p>	<p>RHW focus on recruitment and retention strategies for medical workforce and provision of locums</p> <p>Opportunities for regional and place based workforce responses.</p>

		Developing nursing training pipeline with WACHS			
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4 PRIORITIES IDENTIFIED BY NON-HEALTH AGENCIES

The non-health agencies that attended the workshop were asked to identify priorities of their agency where a joint response with other sectors would strengthen their efforts and potentially improve outcomes.

Police		Education		Environmental Health		Local Govt		Pilbara Development Commission	
Priorities	Partners	Priorities	Partners	Priorities	Partners	Priorities	Partners	Priorities	Partners
Proactively engaging with children and families (issues of abuse and welfare)	Schools Hospitals Dept Child Protection	Early intervention for children at risk – enable School attendance and access to curriculum, progression to secondary education and TAFE EI includes working with foodbank, housing, socialisation, parenting skills	Dept Child Protection Police Health Housing Regional Services Reform Unit (focus on families and parenting)	Decreasing disease in particular: skin; enteric; eye; ENT; infestations (e.g. worms)	ACCHOs WACHs – population health NGOs Local Govt PM&C Regional Services Reform Unit Housing	General wellbeing including: • Access to GPs • Reducing Chronic disease	RHW WACHS ACCHOs	Transparency of funding. Agencies provide details of: what they are funded for (what is to be delivered); location; frequency; duration. This will enable better planning, decision making, resource allocation	ALL
		Tracking and monitoring students (Tri-state Border) web-based system of maintaining and sharing student records -	DCP Martu School Alliance Independent Schools Assoc	Clinical referral pathways between GPs, ACCHOs and WACHS		Family approach to health and wellbeing – focus on the child and young people	Community groups Elders Circle Services (health and others) providing services to out stations –		

Police		Education		Environmental Health		Local Govt		Pilbara Development Commission	
Priorities	Partners	Priorities	Partners	Priorities	Partners	Priorities	Partners	Priorities	Partners
		recognise transience)					focus on Men's Health		
		Training for disengaged youth (VET sector)	TAFE – pathways to training Local Government	Health Hardware – laundries, toilets, baths	ACCHOs WACHs – population health NGOs Local Govt PM&C Regional Reform Unit Housing	Mental health	Resource sector to support MH (possible funding/ connection to be made)		
		Pathways to mental health providers/ services	WACHS WAPHA NGOs	Lifestyle/ hygiene – change school policy re use of soap in schools		Federal and state – understanding who provides what (in relation to health)?			
				Workforce development - Training places for Cert II and III in Indigenous Environmental health					

5 CURRENT MECHANISMS FOR COLLABORATIVE PLANNING

There are a number of forums which could potentially coordinate this body of work. These include:

- The Regional Services Reform Unit
- The Pilbara Aboriginal Health Planning Forum.

These forums have an Aboriginal and Torres Strait Islander focus. Aboriginal people make up 16% of the Pilbara population, so these processes are not focused on the remaining 84%. That said, the priorities of the Pilbara Aboriginal Health Planning Forum (Box 1) align with the priorities identified in the WAPHA needs assessment, WACHS Pilbara Health Profile and priorities identified by the non-health agencies represented at this workshop.

Box 1: Pilbara Aboriginal Health Forum Priorities

1. Childhood/Early years
2. Chronic Disease
3. Environment and Health
4. Improved Systems and Coordination
5. Mental Health and Social and Emotional Wellbeing.

Other regional groups include:

- Human Services Managers Group. This group includes regional heads of state government departments i.e. Housing, WACHS, Police, Child Protection
- Pilbara Regional Council – membership include the four local governments of City of Karratha, Ashburton, Town of Port Hedland and East Pilbara.

6 IS A DIFFERENT COLLABORATION REQUIRED?

Attendees were concerned about establishing another regular meeting process given current commitments for meetings, forums, and committees. However, they acknowledged the benefit of bringing the broader stakeholder groups and sectors to the table, to share knowledge and expertise, and to understand the priorities and challenges for various organisations.

Should support be obtained to establish this collaborative forum, there was suggestions to include Pilbara Aboriginal Health Planning Forum as a partnership for this collaborative group (WAPHA/RHW/PAHPF). In addition, attendees indicated that the agenda and meeting content will require structure and focus to ensure maximum benefit.

It was recognised that some critical attendees were unavailable on the day i.e. Regional Reform Unit; Mission Australia; representative from Yaandina; Wirraka Maya Aboriginal Health Service and broader general practice representation across the Pilbara. This created some gaps in the gathering of information and touchpoints across sectors.

It was suggested that RHW and WAPHA should follow up with the Pilbara Regional Council to facilitate engagement with the other Councils not attending the workshop.

Next Steps from the Workshop:

WAPHA and RHW will consolidate information provided and knowledge gained from this workshop into a draft proposal or strategy for this group to consider.

7 ANALYSIS OF WORKSHOP DISCUSSION

Drawing on the priorities identified by the health agencies, non-health agencies, and key points of intersection, the areas where there appears to be convergence of priorities include:

- Child health and development which also extends to include environmental health issues, primary health care service enhancement, alcohol and substance misuse, family strengthening
- Health workforce development with extension to building service delivery capacity within the education sector to support primary health care.
- Focusing on systems to improve the effectiveness of current public, private, ACCHO and NGO services, with particular attention to chronic disease, child health and development, mental health and AOD, and connection to environmental health concerns. This could also extend to include financing and funding streams which are contributing to the increased number of services and providers but at the same time fragmenting care in the absence of agreed models of care and local anchor points for whole of patient care in some communities.

7.1 Child Health and Wellbeing

Child health and development was an identified priority for WACHS population health and the PMHDS, police, environmental health, education and local government. It is also an identified priority of the Pilbara Aboriginal Health Planning Forum and the Regional Services Reform Unit. However, no single local planning forum currently includes representatives of all key agencies, **AND** has a whole of population focus. RHW and WAPHA could seek to gain membership of an existing forum or look to establishing a separate or overarching forum with key agencies in which child health and wellbeing would be a key focus.

It is understood that the Regional Services Reform Unit has established a place based collective impact project targeting Intensive Family Support. Given the importance of child health and wellbeing identified by agencies and sectors present at the workshop, a region wide approach is likely to be supported. Broadening the focus to include family wellbeing can overtly extend planning and strategy development to include environmental health responses, primary health care, alcohol and substance abuse, parenting and family support.

7.2 Health Workforce Development

While the health agencies (providers and educators) attending the workshop clearly have identified workforce as a priority area, it is also seen as priority for the education sector, local government and the Pilbara Development Commission.

The workshop identified a raft of workforce development opportunities including:

- Utilising Silverchain's RTO status to support training and development of a local workforce with particular consideration of employment entry level qualifications such as Certificate III in Aboriginal and Torres Strait Islander Primary Health Care, Assistant in Nursing, allied health assistants, Indigenous environmental health. These entry level qualifications can articulate to higher level qualifications to support career development.
- A key function of the WA Centre for Rural Health is the development of clinical placements for allied health and nursing students in rural and remote areas. Partnering with WACHS, WAPHA, Rural Health West and the Department of Education, there may be opportunities to develop service learning placements for occupational therapists and speech pathologists to build capacity for the delivery of allied health therapy for children with developmental delays. The Broken Hill University Department of Rural Health has an established model for consideration where service provision is located in the schools. A key issue is having a senior allied health clinician to develop the initial programs and provide clinical supervision. Partnering with WACHS, WAPHA and possibly private providers to source and provide this clinical leadership is likely to be required.
- WAGPET is seeking to increase GP training capacity in the Pilbara and northern WA. This requires accreditation of training placements in general practices, ACCHOs and WACHS hospital facilities in conjunction with supervisor support and accreditation. A strategy to increase the attractiveness of GP training in the Pilbara and Kununurra, WAGPET is seeking to develop longer rotations that would place GP registrars across a number of locations and linked to the Kimberley.
- The establishment of Regional Training Hubs is also anticipated to establish vertical training capacity in a region to support the development of the rural and remote general practice and generalist medical specialist workforce.
- Building on the success of the nursing pipeline approach to training instigated by WACHS.
- Rural Health West linking with the City of Karratha and local general practices to support recruitment and retention of GPs and access to the MSES program.
- Developing private practice opportunities. The WACHS Right of Private Practice arrangements for population health employees, which provides a safety net for employees as they establish private practice capability and develop their business. As these employees transition to full-time or predominantly private practice, WACHS then has a vacant position and can recruit a replacement. 360 Health and Community has also indicated that there is the opportunity to establish private practice arrangements in the larger centres with some initial financial support in the first 12-18 months as the business becomes established.

The Regional Director of Education identified the need for increased capacity to provide health care in or through the schools focused on adolescent and sexual health, antenatal care and postnatal care. Additional School Nurse capacity was identified as a need but are there other opportunities for the type of care/ services to be delivered?

Psychology service capacity provided through the Department of Education was also identified to be limited i.e. 1 FTE: 1500 students. Is there the opportunity for WAPHA to work with the Dept of Education to broker therapeutic psychology services?

7.3 Systems approach for integrating care

The Pilbara is similar to many rural and remote areas with a significant Indigenous population and concerning health statistics. These areas are frequently the recipient of significant investment in health and social care services and programs from a range of funding sources such as state and Commonwealth health departments, Prime Minister and Cabinet, the Mental Health Commission, Department of Social Services. This results in a busy service system at a community and regional level but often there is little connection between services and an absence of shared information to support planned and coordinated care.

A key strategic area of work of an entity such as the Pilbara Health Forum would be to develop a detailed understanding of the complex service system as it relates to the identified health priorities. This system mapping would identify those services located in and local to communities, those that are regional and have a visiting function (or patients travel to the regional centres) and those that are supra regional. Through the forum, a key task would be to establish partnerships between key providers to develop and negotiate agreed models of care underpinned by shared clinical information, and look to re-orientate services and systems to align with these newly defined models of care. This may result in disinvestment in some services and programs and reinvestment in others. WAPHA could facilitate this process.

7.4 Rural Health West and WAPHA

The forum has identified three priority areas for cross sectoral collaborative work. The process to undertake this work was not confirmed at the Forum but there was agreement that there are significant opportunities through a collaboration. The form of the collaboration will be determined at a follow up meeting in early 2017.

Rural Health West and WAPHA have agreed to develop a communique as a follow up from the workshop to be disseminated to the invited agencies. The organisations will also prepare a joint media release highlighting the opportunities for interagency collaborations to address health and social priorities for the Pilbara.

APPENDIX 1 – LIST OF FORUM ATTENDEES



Pilbara Collaborative Health Forum Attendance Register

NAME	ORGANISATION	ATTENDANCE
Chris Pickett	Rural Health West	✓
Kelli Porter	Rural Health West	✓
Tina Donovan	Rural Health West	✓
Rohan Rasiah	WA Central for Rural Health	✓
Margaret Abernethy	WA Country Health Service	✓
Kylie Bosich	WA Country Health Service	✓
Frances Keegan	WA Country Health Service	✓
Ron Wynn	WA Country Health Service	✓
Sharon Sewell	WA Primary Health Alliance	✓
Courtney Wellington	WA Primary Health Alliance	✓
Winnie Henry	WA Primary Health Alliance	✓
Linda Richardson	WA Primary Health Alliance	✓
Richard Hancock	Pilbara Development Commission	✓
Neil Darby	Department of Education	✓
Leigh Cover	City of Karratha	✓
Carlos Correia	WA Police	✓
Maureen Robertson	Royal Flying Doctors Service	✓
Phil Montgomery	WA Country Health Service	Dial in ✓
Robert Mullane	Environmental Health Directorate	Dial in ✓
Alexis Guillot	Pilbara Regional Council	Dial in ✓
Paul Hersey	360 Health and Community	Dial in ✓
Stacey Robinson	Nintirri	Dial in ✓
Colleen Bradford	WAGPET	Dial in ✓
Amy Flaherty	Silverchain	Dial in ✓
ORGANISATIONS UNABLE TO ATTEND		
Empowering People in Communities	Regional Services Reform Unit	Regional Development Australia
Wirraka Maya Health Services	Mission Australia	Rural Clinical School
Sonic Health Plus	Tom Price Medical Centre	Karratha Central Healthcare
Chamber of Commerce Karratha	Rural Doctors Association WA	Port Hedland Family Practice
Chamber of Commerce Hedland	Shire of East Pilbara	WA Housing Authority
Chamber of Commerce Inland	Town of Port Hedland	Yaandina
Chamber of Commerce Newman	Primary Health Care	Child Protection and Family Services
Chamber of Commerce Onslow	OSH Medical Group (PHMC)	Disability Services Commission
Mawarnkarra Health Service	Puntukurnu Medical Service	East Pilbara Independent Support Inc

APPENDIX 2 – FORUM AGENDA



WAPHA
WA Primary Health Alliance



Pilbara Collaborative Health Forum

Date: Thursday 24th November, 2016

Time: 10 am – 1pm

**Venue: Bulba Room. Pilbara Population Health, Nickol Bay Hospital site,
Dampier Highway, Karratha**

VC Details:

Perth:

To dial from outside of the WA Health Network:

External Videoconference Unit

Step 1 - Dial the WA Health IP Gateway: 203.0.174.160

Step 2 - When prompted for a number, enter 6295

Tom Price:

Meeting Room, Tom Price Hospital, Dial-in code: 6295

Newman:

Pilbara Population Health, Newman. Dial in code: 6295

South Hedland:

DeGrey Room, WACHS Corporate Office, South Hedland. Dial in code: 6295



WAPHA
WA Primary Health Alliance

phn
COUNTRY WA
An Australian Government Initiative

Pilbara Collaborative Health Forum Agenda

Thursday 24 November, 2016 - 10:00am to 1:00pm

ITEM	TIME	TOPIC
1.	10:10	Introduction and Welcome
		<ul style="list-style-type: none"> • Introduction of participants and acceptance of apologies • Acknowledgement of Country • Genesis for this Collaborative meeting
2.	10.25	Current situation
		<ul style="list-style-type: none"> • Overview of findings of the health needs assessment • What lens do we use? • Why are we considering collective impact?
3.	10.40	Where do agencies intersect with these health and social issues?
		<ul style="list-style-type: none"> • Which of these "Health" priorities are priorities for your agency? • Considering prevention, responding or dealing with the consequences of the issue, where does your agency intersect with groups in the community having these issues?
4.	11.20	Priorities identified by agencies requiring a joint response?
		<ul style="list-style-type: none"> • What other priorities require a joint response/close involvement with another organisation/ sector if going to make a difference? • What other agencies/ sector need to be involved?
5.	11.50	Current mechanisms for collaborative Planning
		<ul style="list-style-type: none"> • What are the current mechanisms for joint planning/joint response?
<i>Short leg stretch</i>		
6.	12.10	Current mechanisms in the reform environment
		<ul style="list-style-type: none"> • Do the current mechanisms accommodate joint planning, priority setting and activity? • Do we need a different approach?
Meeting Close		

APPENDIX 3 – FORUM PRE-READING LIST



Pilbara Collaborative Health Forum

Pre-reading

Overview of the purpose of the meeting:

To determine the feasibility/ appetite for engagement of a wide range of stakeholders from across the Pilbara to establish a collective approach to addressing identified health and social needs and priorities in the region.

Purpose of this Paper

- Provide a snapshot of the health and social issues facing the Pilbara
- Outline **questions for participants to consider to prepare for discussion** at the Forum

Current Situation

The Western Australian Primary Health Alliance (WAPHA) and the Western Australian Country Health Service (WACHS) have recently and independently undertaken a needs analysis and profiling of the Pilbara. The findings from these studies identify a number of complex health and social issues confronting the region. These include:

Lifestyle and chronic disease

- High rates **lifestyle risk factors**, including **overweight and obesity, smoking (including Aboriginal and non-Aboriginal women during pregnancy), excessive alcohol intake**, resulting in increased prevalence of **chronic disease** (diabetes, respiratory illness)
- Renal failure, and subsequently renal dialysis accounting for one quarter of all hospital separations, and half the hospital attendances for Aboriginal people

Alcohol, Drugs and Mental health

- Nearly half the Pilbara population over 16 years **(49.6%) are drinking at a level at risk** of lifetime harm
- **Alcohol related road accidents** (fatal or hospitalisations) occur at **twice the state average**
- **Difficult to access sobering up and medical detox** in the region
- **Ice is an emerging problem** in Karratha, Onslow, Hedland and Tom Price, with **sniffing and alcohol abuse** high in Newman
- One in 7 adults report having a current diagnosed mental health condition, but less than half use a mental health service

Child and adolescent

- Higher rates of **developmentally vulnerable children** In East Pilbara and remote areas **impacting on readiness for school and early learning**

- High rates of **hearing loss for Aboriginal children** – impacting on **educational outcomes** and potential impact on **employment** and links to **involvement with justice system**

Injury – particularly children

- Higher than average rates **mortality and hospitalisations as a result of injury (poisoning, road accident, falls, “forces”)**. This includes **child injury** i.e. third highest rate of deaths compared to all regions in WA and **hospitalisations at 2.2 times the state average**

Aboriginal health

- Risk behaviours involving drugs and alcohol. For Pilbara Aboriginal people, **avoidable deaths** due to **alcohol and tobacco about 3-4 times non-Aboriginal people**
- Higher rates of **low birth weight babies** (11%) compared to Pilbara average (about 6%)
- **Lower life expectancy and earlier onset of chronic conditions** (by about 20 years)
- **Heart attack and diabetes** are leading cause of avoidable deaths for Aboriginal residents.

Health care system under pressure

- Potentially preventable hospitalisations 2x the state average – this is indicative of the health care system struggling to cope
- Access to and use of GP services about half that of the national average
- Three quarters (74%) of the presentation to Hospital Emergency Departments are for semi-urgent and non-urgent conditions that probably could have been dealt with by a GP, compared with 66% for WACHS
- Very limited private sector positions – predominantly government funded services
- Limited availability of medical specialists, and allied health (podiatry, psychology, occupational therapy, pharmacists), dentists and mental health services, coupled with high rates of turnover impacting on continuity of service provision.

What lens do we apply to look for solutions?

Health lens v Community lens

Putting a health lens to this data for Karratha/Roeboorne you would say chronic disease, child and maternal, mental health, drugs and alcohol are the key priorities and Health would probably design a service model and workforce around clinical solutions to those issues.

However, if you talk to the Aboriginal population about what are their concerns for these communities they will say Men's health and well being as significant contributing factor to family breakdown, violence, drugs and alcohol, unemployment, loss of housing, truancy of kids, poor nutrition etc etc.

Their solution would include working with families as a whole unit as well as immersion of kids in culture and return to country. This would be a much more preventative approach and likely involving significantly different skill sets and resources to attack root cause.

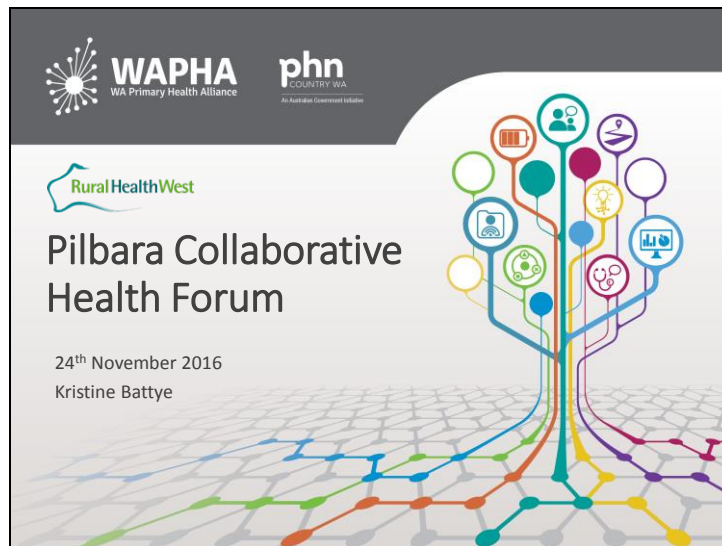
This lens relevant not only to the Aboriginal community, the broader community perceives health and wellbeing in a similar way, rather than the body part approach we tend to use in the health system.

Questions

- Looking at the health and social needs identified by the WAPHA and WACHS needs assessments, does your agency have a role in preventing, responding or dealing with the consequences of any, or all of these issues?
- What are the priority areas for your agency/ sector?
- Are they the same as 5 years ago? Has there been any shift (+ve or -ve) in the last 5-10 years?
- Does your agency identify other priorities that requires a joint response with another sector/ agency to prevent, respond, mitigate?
- What mechanisms are currently available in the Pilbara for a joined up or collaborative approach to addressing priorities for your agency/sector? Are they able to effect change?


APPENDIX 4 – FORUM PRESENTATION


Slide 1




Slide 2

Introduction

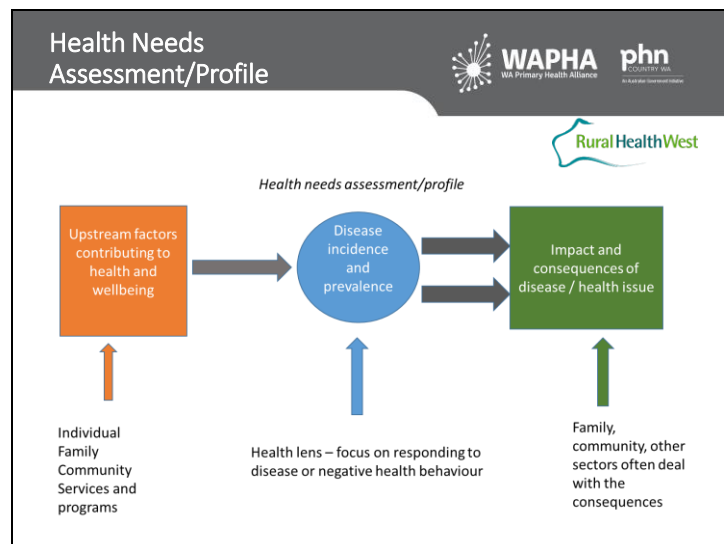
**WAPHA**
WA Primary Health Alliance

**phn**
COUNTRY WA
An Australian Government Initiative



- Introductions
- Genesis for the Collaborative meeting
 - Forum initially to focus on workforce, now and future – to address identified priorities
 - Many of the factors contributing to health outcomes are outside “health”
 - Value of collaborative approach – planning, common goals, mutually reinforcing strategies, sharing resources BUT significant shift in thinking and approach
 - Examples of targeted collaborations at a state and regional level
- Purpose of the meeting
 - To determine the appetite for engagement of a wide range of stakeholders from across the Pilbara to establish a collective approach to addressing identified health and social needs and priorities in the region

Slide 3



Slide 4

Current Situation – Health Lens

WAPHA WA Primary Health Alliance phn
Rural HealthWest



WAPHA Needs Assessment and WACHS Pilbara Health Profile


Priority Health Issues

- **Lifestyle risk factors** (overweight, smoking, physical inactivity, risky alcohol consumption) contributing to **chronic diseases** and hospitalisations (diabetes; respiratory; heart disease) – *statistics worse for Aboriginal people*
- **Alcohol:**
 - 60% of men and 38% women drink at risk to lifetime harm
 - Alcohol related road accidents (2x state average)
- Diagnosed but untreated **mental health** conditions (adults)
- Injury and poisoning second highest reason for hospitalisation (accidents, self harm, assault, complications of care)

Slide 5

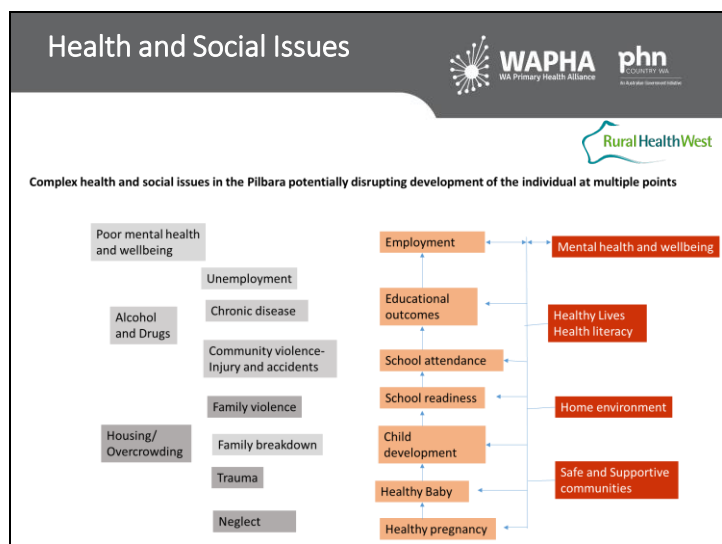
Health Lens – Children and Development




- **Low birthweight babies** (higher risk of complications) – 6% Pilbara and 12% for Aboriginal babies (similar or better than state, but Aboriginal twice that of non-Aboriginal)
- **Immunisation** – Pilbara rates consistently high for childhood immunisation
- **Child Development** - Developmentally vulnerable children varies across the region (some areas worse than national levels)
- **Childhood Injury** – hospitalisations for injury and poisoning 1.3 x state average, with transport accidents 2.2x state
- Pilbara children **hospitalised for Potentially Preventable conditions** at 1.2 x state average (mainly Aboriginal children) – ENT infections, dental, asthma
- Enteric disease notification (e.g. salmonella, crypto) **2x state average** (0-14 yo); **Aboriginal children 0-4 years 7x higher than non-Aboriginal**


Slide 6




Slide 7

Health Services in the Pilbara


WAPHA
WA Primary Health Alliance



phn
Pilbara Health Network





- On a population basis, **limited availability of health professionals**:
 - GPs, OTs and pharmacists about half that of WA
 - Dentists and psychologists is a third that of WA
- Limited private sector positions – reliant on govt funded services
- People are using ED for semi-urgent and non-urgent conditions that could have been dealt with by a GP
- High turnover impacting on continuity of service provision, and development of planned and coordinated multidisciplinary care which is needed for preventative health (including child and maternal health) and chronic disease management
- High rates of potentially preventable hospitalisations is an indicator of **local health care system struggling to provide “planned and coordinated care”**

Slide 8

Where do Agencies Intersect with ‘Health’ Priorities?

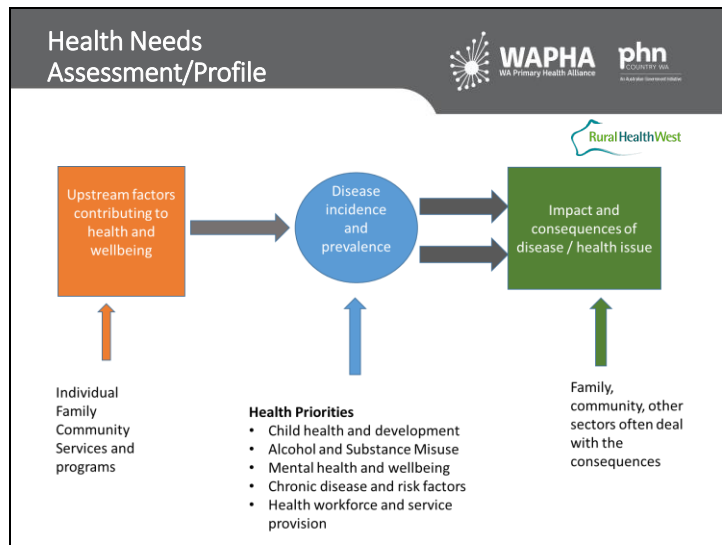

WAPHA
WA Primary Health Alliance


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Pilbara Health Network



- Child health and development
- Alcohol and substance misuse
- Mental health and wellbeing
- Chronic disease and risk factors – smoking, obesity, physical activity
- Health workforce and service provision

Slide 9



Slide 10


Health Needs Assessment/Profile


The table maps health priorities to various organizations. The header 'ORGANISATION' lists: POLICE, DEP OF EDUCATION, ENVIRO AND HEALTH, LOCAL GOV, REGIONAL REFORM UNIT, PILBARA DEVEL COMM, MENTAL HEALTH/AOD, EDUCATION/ TRAINING, DISABILITY/ AGED CARE, PRIMARY HEALTHCARE, and RURAL HEALTH WEST. The 'PRIORITIES' column lists: CHILD HEALTH AND DEVELOPMENT, ALCOHOL AND DRUGS, MENTAL HEALTH, CHRONIC DISEASE & RISK FACTORS, and HEALTH WORKFORCE AND SERVICE PROVISION. The table is currently empty for data entry. Logos for WAPHA, phn, and Rural HealthWest are present in the header.


	POLICE	DEP OF EDUCATION	ENVIRO AND HEALTH	LOCAL GOV	REGIONAL REFORM UNIT	PILBARA DEVEL COMM	MENTAL HEALTH/AOD	EDUCATION/ TRAINING	DISABILITY/ AGED CARE	PRIMARY HEALTHCARE	RURAL HEALTH WEST
PRIORITIES											
CHILD HEALTH AND DEVELOPMENT											
ALCOHOL AND DRUGS											
MENTAL HEALTH											
CHRONIC DISEASE & RISK FACTORS											
HEALTH WORKFORCE AND SERVICE PROVISION											

Slide 11

Priorities of YOUR Organisation



WAPHA
WA Primary Health Alliance



phn
Pilbara Health Network




- What are the priorities of your organisation that require closer involvement with other agencies to progress change?
- Which agencies/ sectors need to be involved?

Slide 12


WAPHA
WA Primary Health Alliance


phn
Pilbara Health Network



PRIORITIES	ORGANISATION											
	POLICE		EDUCATION AND TRAINING		ENVIRONMENT HEALTH		LOCAL GOVERNMENT		REGIONAL REFORM UNIT		PILBARA DEVELOPMENT COMMISSION	
	Priorities	Potential Partners	Priorities	Potential Partners	Priorities	Potential Partners	Priorities	Potential Partners	Priorities	Potential Partners	Priorities	Potential Partners
CHILD HEALTH AND DEVELOPMENT												
ALCOHOL AND DRUGS												
MENTAL HEALTH												
CHRONIC DISEASE												
HEALTH WORKFORCE AND SERVICE PROVISION												


Collaboration

WAPHA WA Primary Health Alliance phn Public Health Network of Australia

Rural HealthWest

Current mechanisms for collaborative planning:

- What are they?

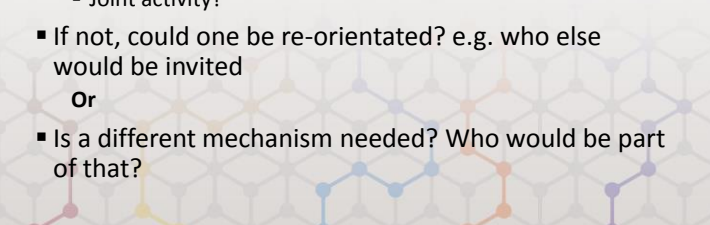
A background graphic showing a network of interconnected nodes and lines, representing collaborative planning mechanisms.

Mechanism for Joint Planning and Response



WAPHA WA Primary Health Alliance phn Public Health Network of Australia


Rural HealthWest

- Do the current collaborative forums accommodate a cross sector collaboration:
 - Joint planning
 - Priority setting
 - Joint activity?
- If not, could one be re-orientated? e.g. who else would be invited
- Or
- Is a different mechanism needed? Who would be part of that?

A background graphic showing a network of interconnected nodes and lines, representing collaborative planning mechanisms.

Collective Impact



- Collective Impact is premised on the fact that complex problems can not be solved by individual organisations or by single programs or policies
- It calls on organisations to move from their own agendas to a common agenda, with shared measurement and alignment of effort
- 5 Elements of Collective Impact:

Common
Agenda

Shared
Measurement

Mutually
Reinforcing
Activities

Continuous
Communication

Backbone
Infrastructure

