Submission: Feedback on the One Health One System Green Paper
Presented by Health Promotion, THO-N Primary Health

Health Promotion North supports health service design and delivery firmly grounded in and informed by the social determinants of health\(^1\) and principles of Primary Health Care.\(^2\)

Central to this is:

- an equitable distribution of services;
- community involvement;
- focus on preventative and health promotion services;
- appropriate technology; and
- a multi-sectoral approach.

The Alma-Ata Declaration calls on governments, health workers and the broader community to work together, acting to protect and promote health. In order to work towards the Government’s vision for Tasmania these principles need to underpin the One Health System reform package.

We have provided our responses to some of the questions raised in the Green Paper in the following table.

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<th>Consultation Questions – for community</th>
<th>Response/Comments</th>
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<td>Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?</td>
<td>Any changes to the health system should be consistent with the Alma-Ata Declaration on Primary Health Care(^2). The health of a community and its people is affected by physical, emotional, social, cultural and political factors. Any change to the health system should contribute to health equity. This would ensure that everyone in our community has the knowledge and skills to seek better health and wellbeing. Equity in health is concerned with actively seeking to reduce the differences in health status between different groups or communities. This is not the same as health equality as not every group in the community has the same experience of health and wellbeing due to differences in biological factors. The Green Paper fails to address how vulnerable, or at-risk, population groups will be affected by any changes in the system and how priority will be given to those most at need, ensuring the right services can be provided at the right location at the right time for those who need it.</td>
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The One Health One System reform must give priority to at risk groups and those most in need. Acknowledgement to the social determinants of health and the impact these have on the ability of individuals to stay healthy and in their own homes and communities longer is not evident in the Green Paper.

| If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided? | The NSQHS Standards\(^3\) state that improvements to the system can be achieved when clinicians actively participate in organisational processes, safety systems, and improvement initiatives. Clinicians make health systems safer and more effective if they have a broad understanding of their responsibility for safety and quality in healthcare and develop partnerships with patients and carers.

The Green Paper does not consider more detailed consumer involvement and how this will occur into the future - from the development of brochures, representation and involvement in key meetings and involvement in safety and quality decision making.

Partnerships between health and community services, health professionals, patients, families, carers and consumers are important and as such will lead to improvements in health care quality and outcomes. The Green Paper highlights the need to ‘explore partnerships’ (p.17) yet fails to detail who these partners may be and how these partnerships will be managed. Partnerships need to happen at all levels of the health care system, ensuring action across the continuum at both the individual level and at the population level.

Action across the continuum is about looking for opportunities to develop a comprehensive approach to promoting the health and wellbeing of our communities. This includes improving equity, working in partnership and encouraging whole-of-government and whole-of-community action.\(^4\) |

| If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access? | The Alma-Ata refers to primary health care as being the ‘Hub’ of the health system supported by other levels which work together to contribute to health. The other levels provide more specialist services. Primary Health care refers to a range of community health and care services that are provided in the community close to where people live and work. These services are the first point of contact for people accessing the broader health care system.

The other levels of the system supporting the hub of primary health care include:

- Intermediate level – more complex issues, specialist services, highly trained workforce who support the system on a practical level with problems that may arise with all aspects of primary health care;

- Central level – provides planning and management skills, education for specialist staff, financial support and how the system is to operate to ensure the successful operation of primary health care.

It is important that the central level allow for communities to be involved in the ongoing planning and evaluation for health care, guiding them on how to determine priorities and adapt state and national solutions to best meet their needs of their own community. This is highlighted in the Alma-Ata, Standard 2 of the National NSQHS Standards, Australian Commission on Safety and Quality in Health Care

\(^3\) NSQHS Standards, Australian Commission on Safety and Quality in Health Care

\(^4\) NHPAC Wilkinson, R, Marmot, M (Eds) 2003; 2006
Safety and Quality Health Service (NSQHS) Standards and quoted in the Green Paper …"Patients belong at the forefront of every decision” (p.5)

The Green Paper highlights ‘role delineation’ as a key to improving the safety, quality and affordability of our health service (p.18) and the definitions matrix presents clinical services only ‘at this stage’. Primary and preventative health services are not included in the first stage of this process and nor are they included in the second stage which focuses on the development of the clinical services profile. It is important that primary health services are included in the role delineation process and seen as equally contributing the health and wellbeing of individuals and communities.

Transport is a major factor to consider when designing the location of services. Access to public transport in Tasmania and in particular rural areas is limited. Appointments need to consider bus timetables, child care arrangements and the cost of such.

Consumers need to be consulted with around the making of appointments that may affect their employment and other commitments rather than scheduling of automatic appointments.

Services may not be readily available in person at all health centres/rural hospitals and locations, however it is possible to use technology at a far greater rate. Whilst there is an increase in the use of Telehealth facilities for specific clinical patient/client appointment, this should be expanded (and in an appropriate context with support staff available where required).

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<th>What services do you currently receive in a hospital setting that you think could be safely delivered in your community?</th>
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<td>Health consumers can be actively involved as key partners in identifying local needs and in the design of delivery. Community based Health Centres such as Westbury CHC provide an excellent model of how primary health services can be coordinated and delivered in a local community setting and involve consumers in the planning and delivery of health care. As stated in the Green Paper (Supp 3) ‘we need to increase capacity, support and appropriately fund broad primary health services at a community level.’ The Green Paper recognises that whilst there has been an increase investment in the acute care system, there has not been the same level of resources and investment in primary and community care. There needs to be an investment in the services that keep people out of hospital.</td>
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<th>How well does the proposed framework align with practice in your discipline?</th>
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<td>Health promotion is regarded as an important component of the work undertaken by Primary Health services and sites and is recognised as being ‘everybody’s business’. Health promotion is not identified within the Green Paper as being a strategy in maintaining and improving the health of individuals and communities. Health promotion ensures the action areas of the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services are evident in aspects of its approach. We need to shift from ‘doing health promotion’ to ‘working in health promoting ways’. This includes embedding the principles of health promotion into the ways services are designed and delivered. Tasmania has identified eight principles of practice for working in health promoting ways.</td>
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These include: equity, determinants of health, evidence informed practice, community participation, supportive environments, cultural change, action across the continuum and partnerships. A number of national and state initiatives and priorities are also important considerations in targeting health promotion effort. On a State level the work of Health Promotion North is guided, in part, by the Working in Health Promoting Ways: A Strategic Framework for DHHS. The framework provides a range of information, tools, resources and direction to support staff work in health promoting ways on both an individual and service level with a focus on wellness, prevention and achieving sustainable outcomes for health consumers.

…”If we are to refocus our health system on wellness, prevention and primary health care we also need to refocus the education and training programs that prepare and support our workforce” (Green Paper: Supp2)

Health Promotion Consultants have been successfully working with services in the design, delivery and evaluation of education and training programs that assist our workforce to consider the principles of health promotion practice, establish and maintain partnerships to facilitate the transfer of skills and knowledge and build and enhance workforce capacity in health promotion.

Our workforce require further education and training around health promotion and prevention to assist in the refocus of the health system. Further, health workers who deliver health care services require skills and training in understanding the health needs of their communities and how deliver these services appropriately at a community level.

Recommendations

1. An equitable distribution of services;
2. Community involvement;
3. Focus on preventative and health promotion services;
4. Appropriate technology; and
5. A multi-sectoral approach.

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1 DHHS, 2009, Working in Health Promoting Ways: A Strategic Framework for Health and Community Services