



Government of Western Australia
WA Country Health Service

Northern and Remote Country Governing Council

NORTHERN AND REMOTE COUNTRY GOVERNING COUNCIL 2013 / 14 REPORT

NORTHERN AND REMOTE COUNTRY GOVERNING COUNCIL

ANNUAL REPORT 2013/14

1. Message from the Chair

It has been another productive year for the Northern and Remote Country Governing Council (NRCGC), including regional visits to Esperance, Kununurra, Warmun, Carnarvon, Coral Bay, Exmouth and Newman.

These visits have improved our understanding of the host site's local service delivery challenges, issues, infrastructure and performance, as well as being able to engage with both clinicians and stakeholders. Meeting with members of the District Health Advisory Councils has also been valuable, as the importance of consumer engagement is strengthened within health.

We appreciate the time and effort that goes into organising these visits, and acknowledge the level of dedication and professionalism among the staff of the WA Country Health Service (WACHS).

The NRCGC continues to meet monthly, with every second meeting involving a video conference with the four regional directors of the WACHS regions we cover, to discuss and analyse the health service delivery and performance issues, along with reviewing the progress of key actions from each region's strategic plan.

We continue to meet with key stakeholders in health, including local governments, other health-related organisations and other government agencies (e.g. police) to gain a greater understanding of their roles as they interact with health, and to look at ways of working together to improve the health of people living in northern and remote regions.

After two years as a governing council involved in monitoring the performance of health services and engaging with community, clinicians and consumers, a number of areas have emerged that require long term engagement. Some key future achievements are to:

- Provide electronic discharge summaries as a priority for country health services;
- Develop partnerships with other health service providers in remote locations to improve access to health services for all and improve overall efficiency;
- Promote greater use of Telehealth;
- Implement the Mental Health Plan;
- Address transport issues;
- Develop relationships with other government agencies responsible for the building blocks of the social determinants of health; and
- Actively participate in the restructuring of primary health responsibilities as primary health networks are established.

One of the greatest concerns is the strain placed on our health services as they continue to see people including young people that have chronic diseases and poor health as a result of their social situation – gaps in the social determinants of health. Health services must address these health determinants if our services are to be sustainable in the long term. We cannot go on treating preventable conditions.

The WHO (2008) definition of the Social Determinants of Health noted the following as the necessary building blocks to health.

- Safe pregnancy;
- Positive early childhood experiences;
- Educational attainment;
- Secure employment;
- Safe housing; and
- The conditions of daily life.

The presence of these building blocks creates a more resilient community and develops the capacity of a community to manage itself effectively. There are many northern and remote country areas where there is an absence of some or most of these building blocks. Further, the

lack of primary health services in remote communities frequently sees WACHS not only as the provider of last resort, but in many instances as the only provider where other service models have failed.

The NRCGC will continue to consult with other government agencies, with communities and with other stakeholders, developing partnerships in an endeavour to improve the social determinants of health in these locations. We must take a “health in all policies” approach as the means to improve health and reduce avoidable demand on our health services.

The NRCGC continues to work closely with WACHS to ensure the health services in the northern and remote areas of Western Australia deliver a quality health service that is safe and sustainable. We have been very pleased and impressed by the standards of care delivered. Nevertheless through WACHS we continue to pursue a policy of continuous improvement in quality of care.

I would like to thank Dr Jay-Mien Phang for his participation in this inaugural governing council and regret his resignation at the end of last year. We will continue to work towards Dr Phang’s passion for an effective ICT system within country health.

I thank all of the WACHS’ staff who have made presentations to keep us up to date with the necessary information required during this period of health reform.

I also thank the Deputy Chair, Marani Hutton and my fellow council members for their dedication to the role. I acknowledge that this dedication has not wavered even during this uncertain time of change within health and the current review of the governing councils.



Nola Wolski
CHAIR
NORTHERN AND REMOTE COUNTRY
GOVERNING COUNCIL

Reference: WHO Commission on Social Determinants of Health. *Closing the gap in a generation: Health equity through action on the social determinants of health*. WHO:2008. - http://www.who.int/social_determinants/thecommission/finalreport/en/

2. Council's Focus

"Planning – setting the direction for local health service planning within the statewide context"

The strategic priorities jointly developed during 2012/13 with WACHS "Towards Healthier Country Communities 2013-2015" were released in June 2013. This plan sets out the strategic directions for regional health services and provides the foundation for the development of local action plans needed to achieve or contribute to these priorities. The NRCGC maintained oversight of the development of local regional plans for 2013/14 and continues to monitor progress and achievement of actions.

Against the overarching "Towards Healthier Country Communities 2013-2015" strategic priorities the NRCGC defined its main areas of focus and actions for 2014, which included

- Alcohol and drug related admissions.
- FASD
- Environmental health including social determinants of health
- Mental Health
- Working with other service providers and stakeholders.

In collaboration with the Drug and Alcohol Office and the Population Health Directorate in the Department of Health, alcohol licensing applications for country areas are being screened and where these applications represent a risk, a submission is being coordinated from local health services and clinicians to raise an objection with the Licensing Commission.

Work has also commenced on review of the alcohol and tobacco brief intervention policy to better support the screening of inpatients with the aim of reducing the health risks and associated burden on the health system arising from excessive alcohol and tobacco use. Improving the rates of detection and prevention in Sexually Transmitted Diseases (STI) are a focus, particular those regions with above average rates of infection.

The NRCGC has continued to press for changes and increased focus on the environmental factors and social determinants that continue to represent a risk, particularly in remote Aboriginal communities. The governing council is strongly advocating for changes to the plumbing legislation to allow environmental health workers to undertake minor plumbing repairs that represent a health risk in remote communities.

Mental health remains a challenge in the Northern and Remote areas. The new adult psychiatric units at Broome and Kalgoorlie are being well utilised and have demonstrated that they are able to manage acute patients with mental conditions, which avoids the need to transfer these patients to Perth. Similar units are needed in other regional centres such as Geraldton, as well as establishment of step down facilities or community support services to allow patients to be supported within the community after their acute episode.

NRCGC visited the temporary health clinic in Warmun



The NRCGC entered into a memorandum of understanding (MOU) with both the Goldfields Midwest Medicare Local and the Kimberley Pilbara Medicare Local. These MOU form the basis for ongoing engagement, collaboration and development of joint initiatives to meet common priorities, particularly around better integration of primary health care services with acute hospital services. One of the joint initiatives involves a pilot for shared electronic health records and electronic discharge summaries between general practice and Geraldton Hospital. In the Kimberley and Pilbara regions a joint

Regional Service Performance and Care Coordination Group was formed to provide a vehicle for consideration and development of across agency service plans, coordination and integration of services where multiple agencies or service providers are involved.

The review of the Clinical Services Framework (CSF) across WA Health provided an opportunity for smaller country hospitals and community health services to be incorporated for the first time in this important planning tool. The NRCGC was very much involved in the review of the CSF from a WA country perspective to ensure that the future service requirements and projections were reflective of the needs expressed by the community and supported by sound planning data. The new CSF is expected to provide a sound basis for planning and services definition for next five to ten years.

The transition to activity base funding (ABF) for WACHS in 2013-14 posed a number challenges to ensure adequate funding distribution across all regions. The initial budget analysis at the start of the year projected a deficit of \$64M. The majority of the cost pressures were in the northern regions due to their high operating cost, which the new funding model does not adequately address, particularly the higher costs associated with staff housing, locum coverage and staff allowances in many parts of country WA. A range of budget strategies were introduced and a strong argument presented to Government for additional funding to cover the higher costs. A budget supplementation of approximately \$40M was received from Government enabling WACHS to end the year with only a small budget overrun.

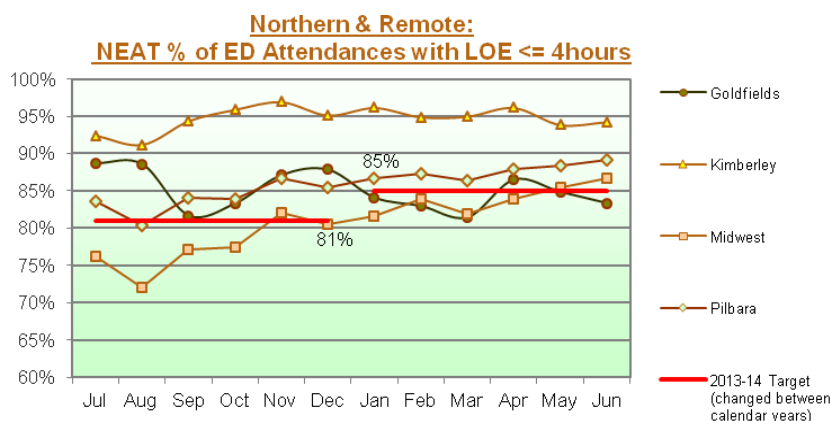
3. Health Service Performance

“Monitoring – monitor performance in reaching local Health Service goals.”

The NRCGC reviews a range of reports and information as part of its role in providing additional stewardship over the performance of WACHS health services to ensure services are safe and being delivered efficiently and effectively. The council ensures there is a continued focus on National and State performance targets and that WACHS services are being delivered safely and efficiently inline with the resources and services specified within the WACHS Service Agreement with the Department of Health.



Overall the NRCGC has been satisfied with the performance of the regional health services and the overarching focus on service and quality improvement. Some of the performance measures monitored are reported below.

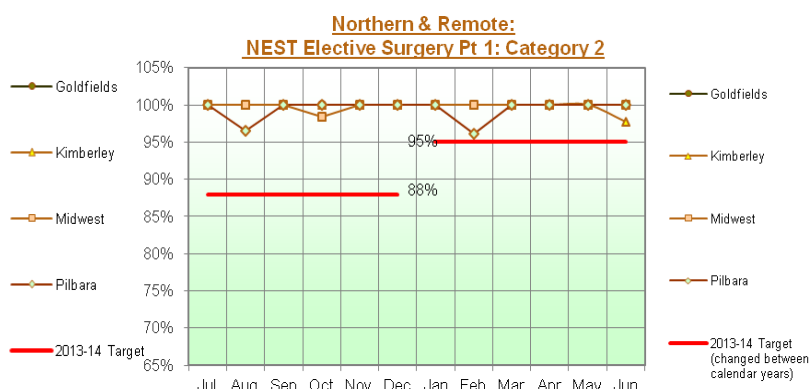
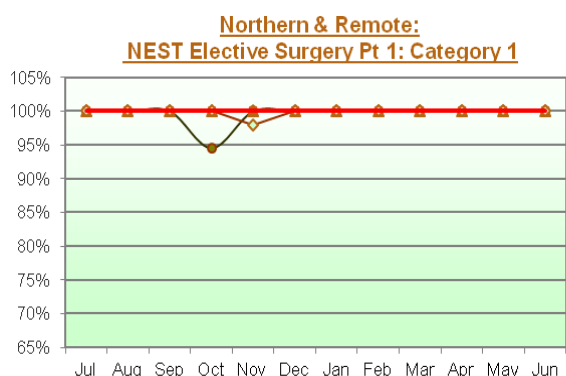


The national emergency attendance targets (NEAT) is a key performance target and overall WACHS regions perform well when compared nationally. As indicated in the graph, WACHS regions generally demonstrated improvement and achievement of the target of treating patients and discharge or admission within four hours. Geraldton hospital has implemented a

number of reforms within its emergency department and as can be seen in the graph has moved from under-performing against this indicator to now achieving this target. Consistently achieving the NEAT target is a challenge for Kalgoorlie hospital due to the high demand,

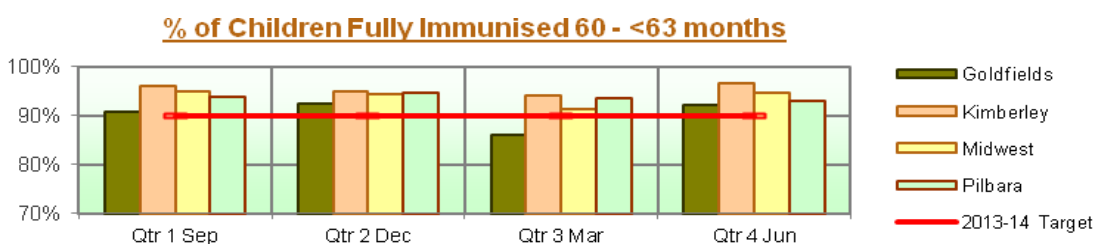
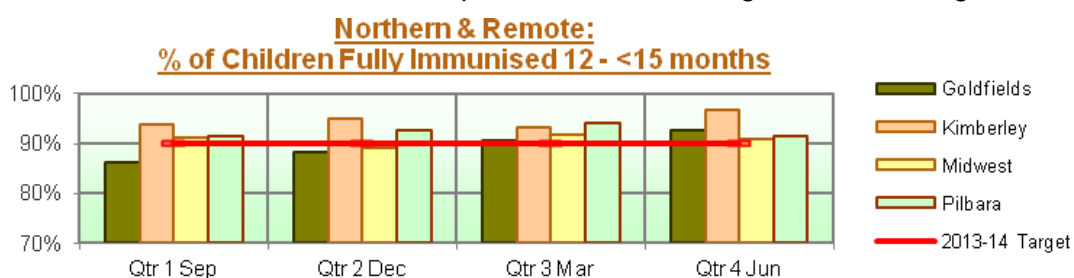
however there is a continued focus and review of their performance to ensure that continual improvement is being made.

The northern and remote regions have for the vast majority of the year achieved the national elective surgery targets (NEST) of 100% for category 1 and 95% for category 2 patients. Good performance has also been recorded against category 3 patients.

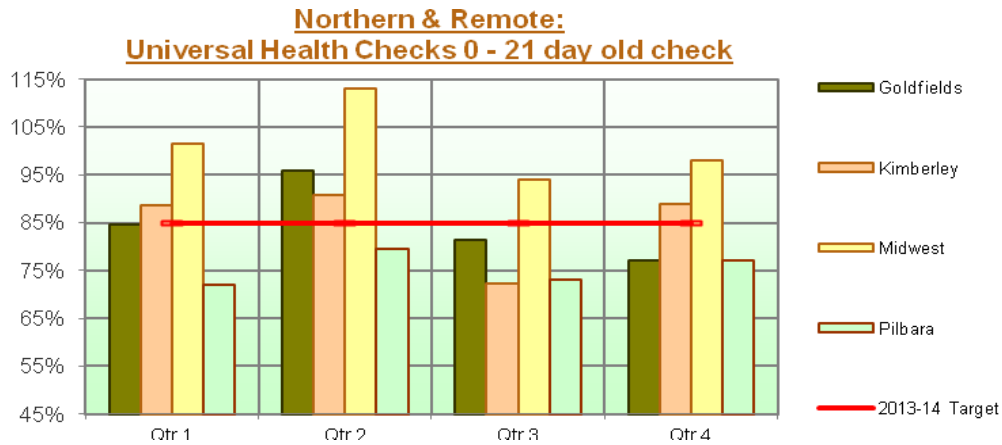


In 2015 the NEST performance targets increase to 100% for all categories and the WACHS regions are well placed to achieve these targets.

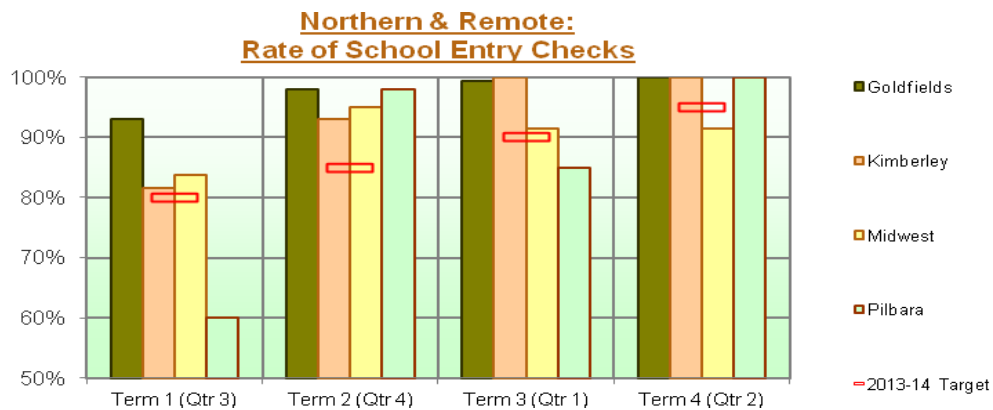
Maintaining high childhood immunisation rates across communities is another important State priority. The graphs below are significant in that they show there are high levels of success with immunisation programs in many locations. The Pilbara region in particular has shown strong improvement in immunisation rates when compared to previous years and the Goldfields region has also demonstrated continual improvement with tracing and immunising new born children.



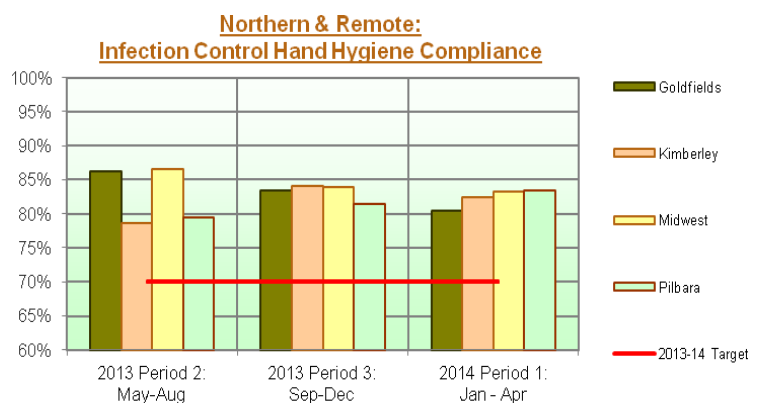
The provision of universal health checks for new born children and school entry health checks are also monitored closely and good levels of performance have been maintained. Although the graph below suggests that some regions have not performed well against the 0-21 day old checks, this is mainly the result of a number of mothers choosing to have the birth outside of the region and not returning to the region within the 21 day timeframe for this performance measure. These children are followed up and checked when they return to the region.



Similarly school entry checks can fluctuate across the the year due to the transient nature of many families. Overall these checks are generally carried out over the year.



Hand hygiene is one of the safety and quality indicators monitored and performance in this area continues to improve and is a testament to the focus being applied by WACHS health services in promoting and maintaining high standards of safety and quality in health delivery.



4. Governance

“Reporting – reporting achievements against the local plans in line with the health service delivery governance framework established by the Director General, utilising standardised reporting tools and templates available to all governing councils for this purpose)”

The WA Country Health Service Board meetings between the WACHS CEO, governing council Chairs and the A/Director General is an important forum to ensure alignment of priorities and performance targets. These meetings allow the NRCGC Chair to raise key strategic issues that are raised during regional engagement visits and governing council meetings.

The NRCGC provides oversight on the development of regional action plans for the implementation of strategic priorities for WACHS for 2013-15. There was good progress made by the regions in introducing their individual action plans.

Safety and quality performance is a core priority and close attention is given to clinical safety performance and the implementation of recommendations from clinical incident investigations. The NRCGC with the Southern Country Governing Council have worked on developing improved performance reports and trend analysis to allow greater visibility of health service performance over time and assessment of continuous improvement in the delivery of health services across a range of delivery parameters.

5. Engagement and Communication

“Community and clinical engagement – ensuring Health Service consultation with local stakeholders and the community”

The NRCGC has continued to hold regional engagement meetings with visits to Esperance, Kununurra, Warmun, Carnarvon, Coral Bay, Exmouth and Newman. The engagement with community representatives, local stakeholders, health service staff and clinicians is seen as an important function to gain a real insight into local issues. Building stronger partnerships with other service providers and stakeholders has been a core theme during these visits.

Establishing or maintaining inter-agency/stakeholder relationships and regular engagement is key to meeting many of the challenges in the delivery of services in many country communities due to the isolation and long distances between towns and regional centres.



There has also been a focus on building a stronger relationship with the District Health Advisory Councils (DHACs) based in regional areas. The council was pleased to see the formation of a new DHAC in the East Pilbara area and met with some of the members during the council's visit to Newman. The enthusiasm and initiatives identified by this group to improve the awareness of health and health services in the community was inspiring. The DHACs are an important link to patients and community members about the state of the local

health services and the community's perception of the services being delivered.

Meeting with staff during the regional visits is an important aspect of understanding the diverse challenges facing front line staff. The Council is always impressed by the enthusiasm and professionalism of health service staff. Many of the ideas and suggestions that emerge during these sessions are incorporated into local improvements or fed into health service plans

6. Future Strategic Focus

The NRCGC will continue to monitor the progress in the implementation and achievement of outcomes identified in the "Towards Healthier Country Communities 2013-2015" strategic plan for WACHS as it enters its final year. The council will also commence considering and planning the strategic priorities for the next three to five years.

Specifically, the key areas the NRCGC has identified for focus include;

- Ensuring investment in ICT and telehealth in country areas is a high priority in the WA Health ICT plan;
- Promote partnerships with other health service providers in remote locations to improve access to health services for all and to reduce duplication of services;

- Working with regional health services to identify opportunities for efficiency improvement and reducing costs pressures.
- Development of relationships with other government agencies responsible for the building blocks of the social determinants of health;
- Implementation of the mental health plan; and
- Collaborate and engage in the restructuring of primary health responsibilities with new primary health networks being formed by the Commonwealth.
- Aim to improve STI detection and prevention in areas with extremely high rates of infection.

7. Appendix

7.1 Northern and Remote Country Governing Council Meetings.

Date	Meeting Type	Key Items Covered	Key Actions
18-19 July 2013	Regional Engagement Meeting - Esperance	<ul style="list-style-type: none"> • Meeting with Esperance Medical Advisory Committee (MAC) Representatives. • Doctor shortages • Tour of hospital and new medical centre. • Hospital re-development • Meetings with local DHAC and community representatives. • Challenges around mental health and Aboriginal health services. 	<ul style="list-style-type: none"> • Junior doctor models • Hospital redevelopment – medical engagement. • Commonwealth rural primary health care funding
16 August 2013	Performance Review Meeting	<ul style="list-style-type: none"> • Business Performance and Safety and Quality Dashboard and reports. • Staff and patient security working in health services • Regional action plans • Finance and budget performance • Social determinants of health and “Closing the Gap” program • Primary health care bilateral discussions • Telehealth program 	<ul style="list-style-type: none"> • Review of Clinical Service Framework for WACHS • Sentinel and Adverse events and complaints processes.
19-20 September 2013	Regional Engagement Meeting – Kununurra	<ul style="list-style-type: none"> • Visit to Warmun Aboriginal community and meeting with local health staff and community members • Visit Kununurra Ochre primary health centre and meeting with primary health staff. • Tour of Kununurra hospital and short stay unit • Meetings with local medical and hospital staff and DHAC representatives. 	<ul style="list-style-type: none"> • House in Aboriginal Communities. • Environmental health worker – restrictions on plumbing repairs. • Specialists and Medical support/leadership • Halls Creek renal services
18 October 2013	Performance Review Meeting	<ul style="list-style-type: none"> • Regional performance and dashboard review • Financial performance • Clinical incidence and Safety and Quality Standards. • Rural HealthWest – Medical Workforce 	<ul style="list-style-type: none"> • Continue to refine clinical incident reporting and monitoring framework. • Draft MOU with Goldfields Midwest Medicare Local and

		<ul style="list-style-type: none"> • Clinical Services Framework • Medicare Local Memorandum of Understanding (MOU) 	Kimberley Pilbara Medicare Local endorsed.
22-23 November 2013	Regional Engagement – Carnarvon, Coral Bay & Exmouth	<ul style="list-style-type: none"> • Tour of Carnarvon Hospital • Gascoyne Mental Health • Meeting with hospital doctors • Carnarvon community engagement meeting • Visit to Coral Bay Nursing Post • Tour Exmouth Hospital & meeting with staff and doctors • Exmouth community engagement meeting 	<ul style="list-style-type: none"> • Carnarvon Hospital redevelopment • Medical support and leadership • Nursing post model of care – Nurse Practitioner
13 December 2013	Performance Review	<ul style="list-style-type: none"> • Finance and business performance review • FASD research and Kimberley projects • NRCGC work plan for 2014 	<ul style="list-style-type: none"> • Agreed priorities for 2014
21 February 2014		<ul style="list-style-type: none"> • Meeting with Minister for Health • Financial performance • Environmental and population health 	<ul style="list-style-type: none"> • Northern and Remote strategic priorities. • Governing Council's role • Changes to Plumbing legislation • Liquor licensing applications -
14 March 2014	Joint meeting with Northern & Remote Country Governing Council	<ul style="list-style-type: none"> • Governing council areas of focus • Joint priorities for collaboration • Information technology (ICT) developments • Clinical governance • Medical workforce • Health promotion • District Health Advisory Councils (DHAC) 	<ul style="list-style-type: none"> • ICT strategy for WACHS • Medical workforce and locum cost analysis • DHACs supported and communication to be strengthened. • Clinical governance to remain a key focus.
16 May 2014	Performance Review	<ul style="list-style-type: none"> • Regional performance and safety and quality indicators. • Financial performance and projections • Alcohol strategies and initiatives • DHAC Reports and action plans • NCGC Action Plan 	<ul style="list-style-type: none"> • Review STI strategies in the Kimberley • Early intervention alcohol screening of in-patients
20 June 2014	Regional Engagement -	<ul style="list-style-type: none"> • Visit to Newman Hospital • Meeting with local alcohol management group 	<ul style="list-style-type: none"> • Collaborative partnerships • Establish inter-agency meetings

		<ul style="list-style-type: none"> • Meeting with DHAC • Local stakeholder engagement meeting • Meeting with BHP 	<ul style="list-style-type: none"> • DHAC promote health service awareness in the community
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7.2 Committees / Sub Committees

The NRCGC has not formed any committees and relies on the WACHS Executive and subcommittee structure for advice and reports.

7.3 Stakeholder Engagement

List of stakeholder engagements/meetings held, main stakeholders involved and topics/themes covered. Maybe presented in a table form.

Date	Organisation or Group	Topic
19/20 July 2013	<ul style="list-style-type: none"> • Esperance – Esperance Medical Advisory Committee – Chair and representatives • Local DHAC members • Various local stakeholders and community members • Hospital, mental health and community health staff. 	<ul style="list-style-type: none"> • Doctor shortages and local health challenges • Hospital re-development
16 August 2013	<ul style="list-style-type: none"> • Dr Hart • Aboriginal Health Unit 	<ul style="list-style-type: none"> • Social determinants • Closing the GAP
19 – 20 October 2013	<ul style="list-style-type: none"> • Warmun – Aboriginal community • Warmun health staff • East Kimberley DAHC • Kununurra medical and environment health staff. • Ochre Centre Primary health staff 	<ul style="list-style-type: none"> • Replacement health clinic • Housing design and issues. • Primary health coordination • Regional pressures and priorities
22-23 November 2013	<ul style="list-style-type: none"> • Carnarvon local stakeholders and community members • Carnarvon medical officers • Carol Bay Nursing post staff • Exmouth local stakeholders and community members • Exmouth hospital doctors 	<ul style="list-style-type: none"> • Carnarvon hospital redevelopment • Local health service issues and challenges.
21 February 2014	<ul style="list-style-type: none"> • Minister for Health • Tarun Weeramanthri, Dr Andrew Robertson and Jim Dodds – Population and Environmental Health Directorate. 	<ul style="list-style-type: none"> • Health priorities • Environmental health and population health issues and priorities.
14 March 2014	<ul style="list-style-type: none"> • Southern Country Governing Council 	<ul style="list-style-type: none"> • Common strategic priorities
16 May 2014	<ul style="list-style-type: none"> • Drug and Alcohol Office – Gary Kirby 	<ul style="list-style-type: none"> • Alcohol related interventions and strategies
20 June 2014	<ul style="list-style-type: none"> • Neman alcohol management group representatives • East Pilbara DHAC • Local community members • Hospital staff • BHP representative 	<ul style="list-style-type: none"> • Alcohol related admissions and local management strategies • Hospital redevelopment • Re-establishment of PAMS services. • BHP financial contribution

