

**Submission  
No 50**

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF  
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY  
GROWTH REGION**

**Organisation:** Health Consumers NSW

**Date Received:** 29 May 2020

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## Health Consumers NSW Submission

### Inquiry into health services in the South-West Sydney growth region

#### Introduction

Health Consumers NSW (HCNSW) is the peak body for people who use health services (health consumers) and their families. We are an independent, member based, charity who works to ensure that health consumers are involved in co-design and governance of health services in NSW. HCNSW has a membership of over 700 individual health consumer representatives from across NSW. These health consumer representatives provide a health consumer and lived experience perspective to health services across NSW, including with Local Health Districts (LHD), Primary Health Network (PHN), health pillar organisations, as well as private and NGO health providers. We also have a membership of 47 health consumer organisations, working with various disease and population specific groups. Through our members we have a reach of some 200,000 people who use health services in NSW.

HCNSW has not had the opportunity or capacity to consult with our membership in South West Sydney. This submission will, therefore, not provide specific responses to issues identified in the inquiry's Terms of Reference. We will instead focus on the urgent need for health services in South-West Sydney, and for the Inquiry itself, to proactively involve local health consumers, community members and community organisations in consultative and deliberative processes.

#### South Western Sydney Local Health District (SWSLHD)

South Western Sydney Local Health District (SWSLHD) has some of the best developed and most mature consumer and community resources and infrastructure in NSW Health. This infrastructure includes: a consumer and community participation strategy, a district Consumer and Community Council, consumer advisory councils at various facilities, a district Consumer Participation Manager, and engagement staff working at various facilities. Despite this extensive infrastructure we can find only limited evidence that SWSLHD is proactively using these resources to inform its planning for future growth and embedding health consumers in co-design and governance processes.

The consumer and community involvement in the building of health infrastructure in the region varies greatly. And learnings from other significant hospital builds in NSW are not informing the engagement processes in SWSLHD. HCNSW is concerned that the processes for consumer engagement in the current redevelopments within SWSLHD are not well embedded in SWSLHD's and Health Infrastructure's planning processes. Without such engagement there is significant risk of building facilities that neither reflect the communities needs nor contribute to better patient experiences.

### Growing the Capacity of Health Consumers and Community Members

In our experience, local health consumers, community organisations and community members are all willing to be involved in deliberative processes with health services. Despite this willingness there is insufficient and inconsistent investment from local services in building the capacity of health consumers, community members and community organisations to participate meaningful participation.

There is, all too often, an assumption that health consumers and community members all have equal access to and knowledge of consultative processes (including parliamentary inquiries). Small local community organisations are well placed to facilitate engagement, but they are often limited in their capacity to contribute staff or volunteer time to participate in time consuming deliberative processes. Consultative and deliberative processes need to be developed with and for these groups, and investment must be made in capacity building activities. This could include training for consumer and community representatives, sitting fees for representatives of key local organisations and groups, partnering with local NGOs to ensure that the experiences of specific hard to hear populations are listened to, and funding regional or state peaks to lead such processes.

There also needs to be active partnerships with specific population groups and tailored engagement processes for reaching these groups. This could include joint planning with local Aboriginal community-controlled organisations, engagement with local Aboriginal Elders, culturally relevant engagement processes (such as yarn ups) with local Aboriginal communities. These processes need to be repeated and adapted to reach other local populations, such as local CALD communities, members of the LGBTI community, older people and people who are regular users of health services.

### Growing the Capacity of Health Services to Involve Consumers and Community Members

Involving health consumers and community members in co-design and governance is a specialised skill. Specialists in consumer and community participation have skills and knowledge around building structures that create two-way communications and power sharing. These skills go beyond traditional health communication skills, which tend to focus more narrowly on shaping messaging from health services to the community.

HCNSW is concerned that specialised consumer and community participation skills and knowledge are not sufficiently embedded in current health planning and building processes within South Western Sydney.

### Inquiry

HCNSW is concerned that the Terms of Reference for this inquiry do not explicitly seek the experiences and expectations of health consumers and community members in South-West Sydney. This is a serious limitation to this inquiry. There is strong evidence of patient experience and consumer engagement contributing to better planning and the creation of health services that more adequately meet the needs and expectations of communities and health consumers.

We note that, as of 27 May 2020, there were only three submissions from individuals who had received care from health services in South-West Sydney. HCNSW is very concerned that such a small number of responses is inadequate for the committee to have a broad understanding of health consumer and community sentiment and concerns for these issues. Without such an understanding the findings of the inquiry will be inadequate.

HCNSW is happy to provide witnesses to this inquiry. We also recommend that the inquiry proactively seek to hear from health consumers and community members in South-West Sydney. This could be achieved by holding hearings in multiple locations in the South-West Sydney region, including both town hall style and closed hearings as needed. We also suggest that the committee

proactively identify and invite local health consumer leaders and community leaders to appear as witnesses. HCNSW would be happy to assist the committee in identifying such witnesses and supporting them to appear.

## RECOMMENDATIONS

1. That health consumers and community members be actively involved, and adequately supported, to participate in the ongoing planning and governance of health care planning and the building of health care infrastructure in South West Sydney
2. That SWSLHD adequately resource its existing consumer and community participation infrastructure to inform planning and decision making around future provision of health services
3. The staff with specialised knowledge of involving health consumer and community members in co-design and governance processes be engaged in local and regional health planning processes and in local health infrastructure build and rebuild processes.
4. That SWSLHD and Health Infrastructure NSW work with HCNSW to develop criteria, training and consumer engagement plans for health builds and rebuilds
5. That the inquiry proactively seeks direct input from health consumers and community members in the South West Sydney region. This could involve:
  - Holding hearings in multiple locations in South-West Sydney
  - Holding both town hall style and closed hearings for health consumers and community members
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  - Identifying local consumer and community leaders to appear as witnesses before the inquiry

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