ACT Integrated Care Community Panel

Process and outcomes report

16 January 2023

Ask.
Listen.
Understand.
Achieve.

Contents

1. Executive Summary

The ACT Government's vision is for a person-centered health system that is innovative, effective, and sustainable. This includes the ACT Government's commitment to health care that puts patients and their families first. Engaging with the local community is critical to explore experiences and perceptions of health care across the region and gaps in services.

A community engagement program called '*Designing ACT health services for a growing population*' was commenced in August 2022 to explore the community's current and future perceptions of the ACT health care system. This was a phased engagement designed to get a broad understanding of public opinion on healthcare across the ACT in the first phase with deeper consultation occurring through deliberative style engagement approach for the Integrated Care Program and a range of activities to socialise the Northside Hospital early design concept.

As part of this a community panel was established to gather insights and perspectives on integrated care and the delivery of health care services closer to where people live.

The panel was formed through an Expression of Interest (EOI) process hosted on the associated Your Say project page. From this the panel was formed with 30 randomly selected individuals who had attributes reflective of the diverse ACT community. The panel met online for four workshops totalling 12 hours of deliberation time and collectively understood, questioned and provided feedback on a range of matters relating to health services in the ACT with a focus on integrated care provided closer to where people live.

The engagement activity was complex with detailed subject matter that participants were required to understand within the context of community needs that extended past their own.

General feedback on concerns, priorities, and aspirations for the design of future health care services across the ACT were discussed and included the following key themes.

- Improving **accessibility** and flexibility of access for patients and their care givers.
- Empowering **consumer choice and control** through people-centred care – involving patients, care givers and the community in an individual's care.
- Better **integration of services for non-English-speaking community members**, shown through care that considers differing cultural requirements, provides for low English literacy / comprehension, and is respectful of these needs.
- Better **support for Aboriginal and Torres Strait Islander people** to access health care the way they want to, rather than assuming everyone wants to access the same types of care the same way.
- **Transparency of information** and **effective information management** so that patients have knowledge of, and input into the information on their record. Highlighting that this information should be readily available to all relevant health care providers in a patient's individual care journey.
- **Improving community knowledge and understanding** of health care services available to them and how to access them.
- Making available and accessible more services to support people with **early intervention** of their health issue/s.
- More **support for staff and care givers** so that they are able to provide health care services in a way that is culturally considerate and appropriate for each individual.

1.1   Priorities within key areas

Throughout this engagement participants shared their views on priorities across several health cohorts that they felt needed increased attention in the context of four areas of integrated care:

- Models of complex care,
- Health hubs in the community,
- Patient navigation and communication, and
- Virtual health.

1.2   Testing areas of integrated care against health care cohorts

The areas of integrated care were further tested against panel-identified health care cohorts to test what the principles would look like in-action for the following groups:

1. Disability

2. Mental health

3. Caring for older people and end of life care

4. Culturally appropriate care

5. Families, children and youth.

Common areas of feedback across all groups included continuity of care, consumer knowledge and access to services and care, early intervention, timely provision of, and access to, health care services, patient input and consultation, and support for staff and care givers.

1.3   Testing proposed initiatives in response to principles

Following consideration of and reflection upon the consumer principles developed by the community panel Canberra Health Services developed some proposed initiatives to test with the panel. Each proposed initiative is a tangible outcome to exemplify how the work undertaken by participants has already started to shape thinking about how the community accesses health care services across the ACT. The initiatives were posed as questions to participants to gage sentiment:

1. How important is it that you see the principles developed in these workshops in Canberra Health Services document / websites?

2. How useful would it be for consumers to have the option of accessing virtual appointments at a community health centre so that a staff member can assist?

Do you feel that different centres should provide different services (e.g. Health Hubs and Walk in Centres) or should there be a mix of services at each centre?

How likely would you or your family/friends be to use or want education and awareness-raising sessions in the community health centres?

Each initiative received at least 67 per cent support from participants with further discussions highlighting how small moderations to initiatives could make them acceptable for a greater number of community representatives.

Reflection of the principles in relevant Canberra Health Services documentation, print and digital received highest support, with 100% of participants noting that they want to see the principles and work undertaken through this engagement visually reflected and committed to.

2. Introduction

2.1   Purpose of this report

This report contains the findings of Phase Two of the *Designing ACT health services* engagement program by Canberra Health Services and the ACT Health Care Directorate.

This phase of the engagement, delivered by Canberra Health Services, held a central focus to:

> Gather informed perspectives to help us shape our planning to provide the right relationships and infrastructure to support integrated health care services closer to where people live.

This engagement phase was delivered through the establishment of a community panel who worked to help decision-makers understand how integrated care affects the daily lives of members of the community and define what members of the Canberra community want and expect from effective health care services across the Territory.

Communication Link has prepared this report to provide a record of these insights.

2.2   Project context

As Canberra's population continues to grow, investment in health services and facilities is vital to cater for this growth—and that means being prepared with a long-term plan across all facets of care.

A cohesive, accessible and integrated health system across the ACT will provide better management for Canberrans between service providers.

Canberra Health Services sought to gather a community panel, reflective of the community accessing health care services across the ACT, to build a well-rounded understanding of what people want, need, and expect from effective and integrated health care services across the ACT.

Panel engagement was framed around 'person-centred services; safe and effective care' and was informed by the strategic goals of Access, Accountability and Sustainability consistent with the ACT Health publication *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020*-2030.

Canberra Health Services will use the panel outcomes to inform the design, and delivery of health care services that are integrated and delivered closer to where people live in Canberra now and into the future.

The panel formed part of the consultation program named '*Designing ACT health services for a growing population'*. This program designed in partnership by ACT Health and Canberra Health Services included three phases of engagement:

- Phase one
    - Designing ACT health services YourSay survey (including Integrated Care questions)
    - EOI for integrated care community panel
- Phase two
    - Northside Hospital community consultation
    - Integrated Care community panel
- Phase three
    - Close the loop with the community
    - Provide outcomes of engagement.

2.3   Engagement timeline

The following timeline provides an overview of the engagement process undertaken by Canberra Health Services to engage and deliver the ACT Integrated Care Community Panel.
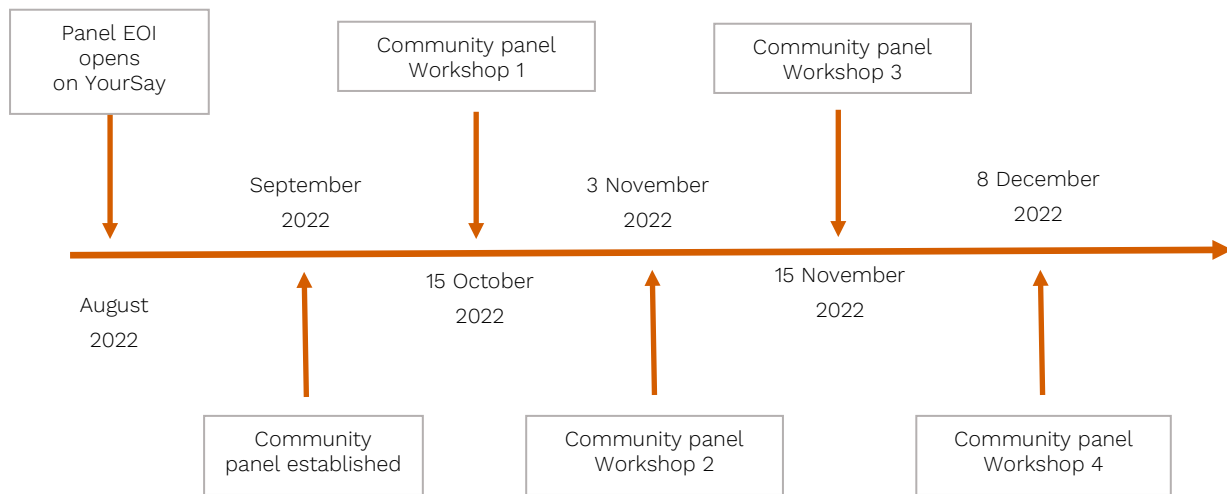
3. The community panel process

3.1   Why a community panel?

The way people access and expect to access health care services within their communities continues to evolve and change.

Understanding what is important for the community, now and into the future, will assist Canberra Health Services to plan for, and respond to social, technological and infrastructure challenges.

It was decided to employ a deliberative approach to consultation and engagement focused on being inclusive and equitable. Characterised by mutual respect among participants during discussions and negotiations, this approach ensured that all participants were well-informed and had enough information on which to base their advice.

This community panel offered the opportunity for up to 30 randomly selected individuals, who had attributes reflective of the local community accessing health care services across the ACT. The panel approach was taken to dive deep into the issues relating to the design and delivery of publicly funded health care services currently provided and to be designed and delivered across the Territory in the future.

This panel, in conjunction with wider community engagement undertaken via a survey as part of the broader '*Designing ACT health services for a growing population*' engagement program, was designed to provide Canberra Health Services with clear direction on the community's values, priorities and expectations.

The group participated in workshops held on four separate days, their discussions were supported by Communication Link as independent facilitators with limited Canberra Health Services staff observing. Within these workshops, the group discussed, and shared ideas based on a wide selection of information building on the wider community engagement.

> **What is a community panel?**
>
> A community or citizen panel comprises of a random selection of people who are a reflective representation of a population.
>
> The panel are provided with detailed information that helps them to understand the issues and options associated with the advice they are asked to provide. The panel will deliberate on a range of issues over a set period to inform issues that have broader impacts on those they reflect through their participation.

3.2   Engaging the ACT Integrated Care Community Panel

The ACT Integrated Care Community Panel was established in Phase one of the *Designing ACT health services* engagement program.

Expressions of interest for the panel were obtained via a survey made available through a call out box on the Designing ACT health services YourSay page. It was promoted through a program update on the YourSay page, via ACT Government channels, including social media, website updates and through community health centres. Participation was sought from the broader community and from across priority population groups, via direct communications to 71 stakeholders. These stakeholders were provided with project background as well as content to share with their networks.

Interested members of the ACT community had the opportunity to self-nominate by completing the survey, sharing target demographics and why they had an interest in participating in the panel.

The EOI ran for an initial three weeks – 15 August to 9 September - and was then extended a further week, closing Friday 16 September.
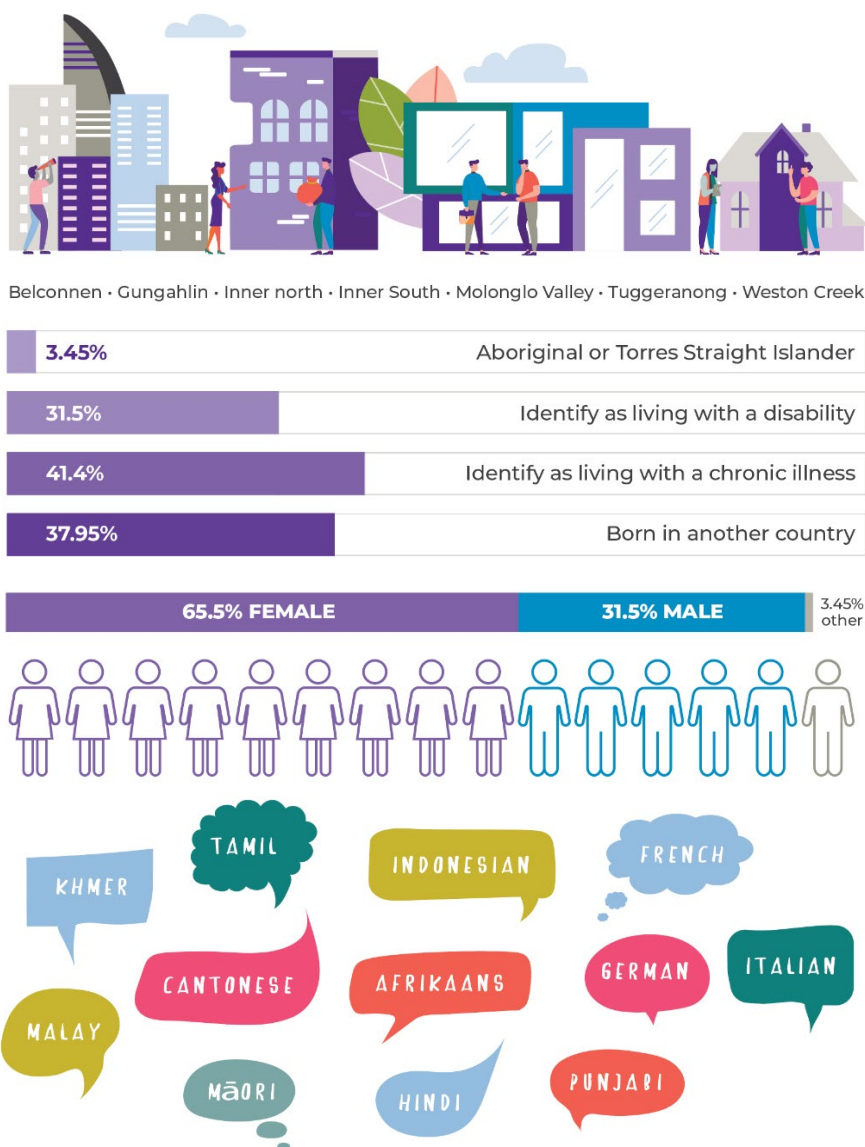
In total, 56 expressions of interest were received. Out of the 56 received, a random stratified selection process was used to select 35 community members who were invited to participate in the panel workshops. Of those selected, 30 individuals confirmed their participation.

Seventy-one per cent of these responses were from people identifying as female, while there was a lower number of responses received from younger age groups, 18-24 years.

Submissions were evaluated against agreed demographic subsets (strata) and a panel was chosen to provide for:

- An equal gender split (as close as possible) with non-binary representation
- Even representation from across Canberra's eight district areas
- Age brackets falling between 18 and 75+ years in line with 2016 census data, the most recent available at time of engagement plan development
- Reflective of the cultural diversity in the ACT
- Involvement of First Nation's residents
- Involvement of those identifying as living with a disability
- Involvement of those living with an ongoing illness or condition
- Involvement of those who care for people with a disability or ongoing illness or condition.

The following details the reflective spread of the panel engaged:

Belconnen · Gungahlin · Inner north · Inner South · Molonglo Valley · Tuggeranong · Weston Creek

3.45%	Aboriginal or Torres Straight Islander
31.5%	Identify as living with a disability
41.4%	Identify as living with a chronic illness
37.95%	Born in another country

65.5% FEMALE · 31.5% MALE · 3.45% other

TAMIL · INDONESIAN · FRENCH · KHMER · CANTONESE · AFRIKAANS · GERMAN · ITALIAN · MALAY · MĀORI · HINDI · PUNJABI

3.3   Integrated Care Deliberative Panel Journey

The panel workshops were held online via Microsoft teams in response to the majority of panel preferences and utilised a range on online tools to assist in deliberation and participation. These tools included Mural, Slido, breakout rooms and scribes.

The deliberative panel's journey had four key areas of focus:
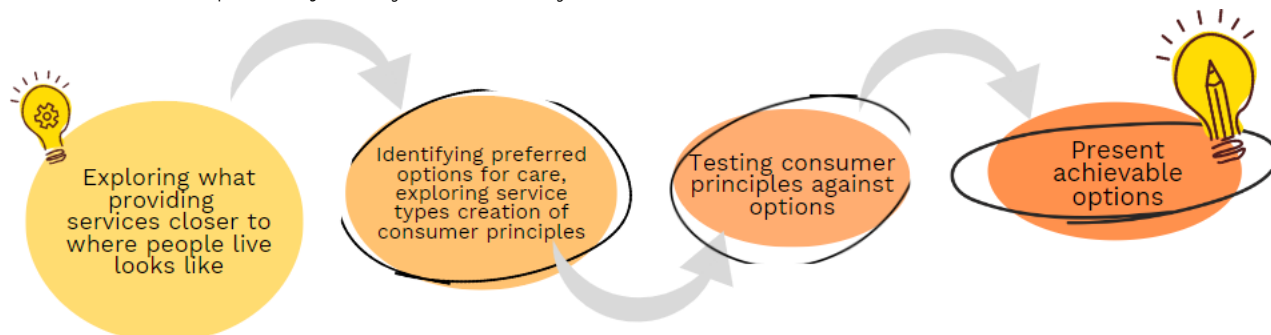
Across three workshops, between 20 and 30 panel participants attended exploring what health care services could look like if provided with more integration and closer to where people live.

Participants designed a suite of consumer principles – Appendix A – outlining needs for participation in and expectations for the delivery of integrated health care services across the ACT.

The fourth and final panel workshop provided an opportunity for Canberra Health Services to respond to the feedback and principles provided by the panel. Based on insights gained from the first three workshops and defined principles, Canberra Health Services presented options for what care solutions could look like across the ACT in the coming years and into the future. Panel members were further encouraged to give feedback on these options.

Meeting summaries from each of the four meetings are provided at Appendix C-F.

3.4   Promotion

An expression of interest process for the panel was promoted as part of Phase one - *Designing ACT health services* YourSay survey. The following promotional activities were undertaken to jointly promote the survey and let the community and stakeholders know of the opportunity to participate in the community panel.

3.4.1   Social media

Canberra Health Services and ACT Health Facebook pages were used to jointly promote the community survey and expressions of interest for participation in the community panel.

Information was also shared across the ACT Government Facebook page.

3.4.2   Stakeholder information

Emails were distributed to 71 – Appendix B – key stakeholder groups reinforcing the availability of the community survey and opportunities to submit expressions of interest to participate in the community panel. These communications also encouraged these stakeholder groups to share information with their communities and encourage participation in both the survey and community panel.
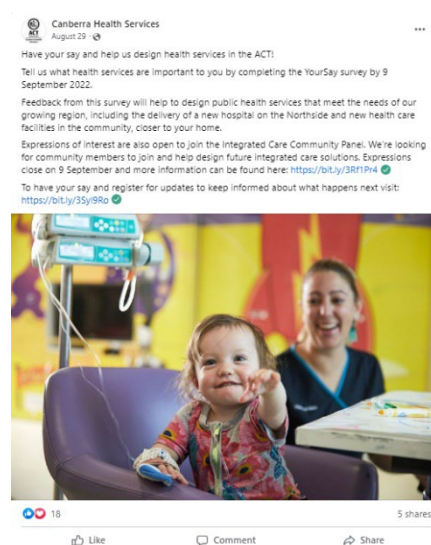
3.4.3   OurCBR newsletter

Information was placed in the September edition of OurCBR newsletter highlighting the community survey and ability to apply for participation in the community panel.

3.4.4   Your Say news item and subscriber notification

A news item was published to the Designing health care Your Say page and a subscriber update provided to those who had opted-in for ongoing information on the project, providing awareness and opportunity for those already engaging with the project to gain knowledge.

4. What we heard

This section of the engagement report outlines what was heard in each of the four workshops. Workshops were held periodically, over three months. Participants commenced with a four-hour workshop that developed their knowledge of the ACT health care system landscape and provided opportunity to them to share priorities from individual perspectives. The process then moved participants through two workshops that saw them develop, define and then test eight consumer principles. The process concluded with a fourth workshop where key Canberra Health Services representatives provided feedback on the consumer principles, insights into how the principles would be utilised moving forward and tested some potential solutions that had been identified for implementation guided by the principles.

Workshop summaries were provided to participants for review and endorsement following each workshop. These summaries are provided at Appendix C-F.

4.1   Workshop 1
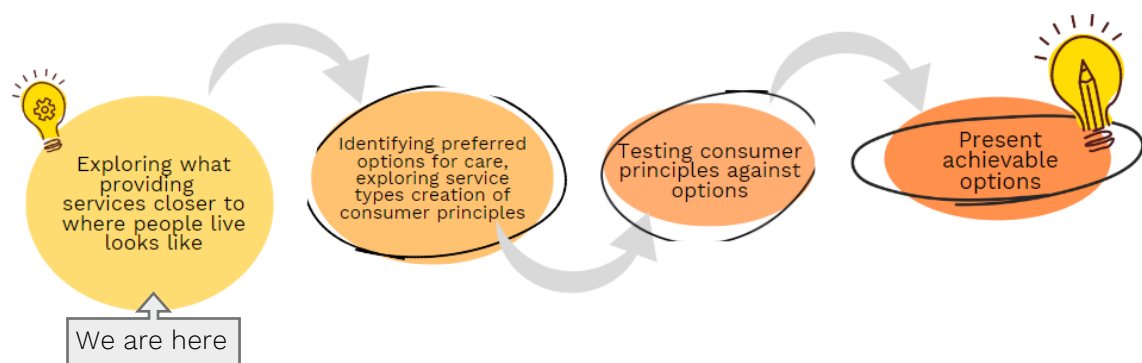
The first workshop was held over four hours on Saturday 15 October 2022.

The workshop focused on establishing operation guidelines for panel participants and expectations for panel outcomes. The panel were provided keynote talks to enable the development of a clear understanding of the current landscape of the ACT health care system and how complex different facets are.

The panel were also asked to consider what providing integrated health care closer to where people live could look like and how this could benefit individuals across the community with differing health care needs. This explored four areas that Canberra Health Services are focused on for their Future Thinking:

1. Models of complex care,

2. Health hubs in the community,

3. Patient navigation and communication, and

4. Virtual health.

Within these four areas of focus, participants identified elements that could enhance patient experience if applied to new health care services close to where people live. These included:

- Opportunity to provide increased access to bulk-billed services.
- A broad range of opening hours, including after hours and the ability to cater for walk-in appointments.
- Patient navigation could be improved across relevant health care services so that different departments have a better and consistent understanding of patient needs.
- Inclusion of more services like Step Up Step Down to provide follow-up navigation support.

Panellists also identified potential challenges related to the implementation of the elements identified, this included:

- There being little coordination between health care services at present.
- Establishing appropriate communication systems that are integrated and enables consumer and service providers to work together.
- The language used by service providers is not always appropriate for the literacy level or language abilities of the consumer they are working with.
- There is little consideration given for the differing requirements of those with a disability or cultural differences.
- Virtual care be an issue for low-income consumers or those who have financial challenges as many services are billed the same as in-person consultations.

Based on individual introductions and feedback provided throughout Workshop 1, Panellists identified over 15 areas of particular interest and seven consumer groups of interest – See Appendix C for the Workshop 1 Summary, and a complete breakdown of these topics.

These areas related to specific service areas and consumer groups and can be grouped into the following:

- Appropriate access to health care services for all demographics across the ACT community,
- How health care services are designed and delivered to the variety of demographics across the ACT community, and
- How integration could enhance these experiences.

Key outcomes

Participants were supported to develop a sound understanding on the ACT health care system and the related complexities.

Integrated care and the considerations in implementing integrated care across existing and future health care services across the ACT was discussed, encouraging participants to think more deeply and broadly about the ability to, and implications of delivering integrated services closer to where people live.

The consideration of areas of interest and consumer groups of interest encouraged participants to consider other members of the community and their perspectives.

Participants developed a clear and realistic understanding of what their participation in this process could and could not guide and influence.

Workshop 2

Exploring what providing services closer to where people live looks like → Identifying preferred options for care, exploring service types creation of consumer principles → Testing consumer principles against options → Present achievable options

We are here
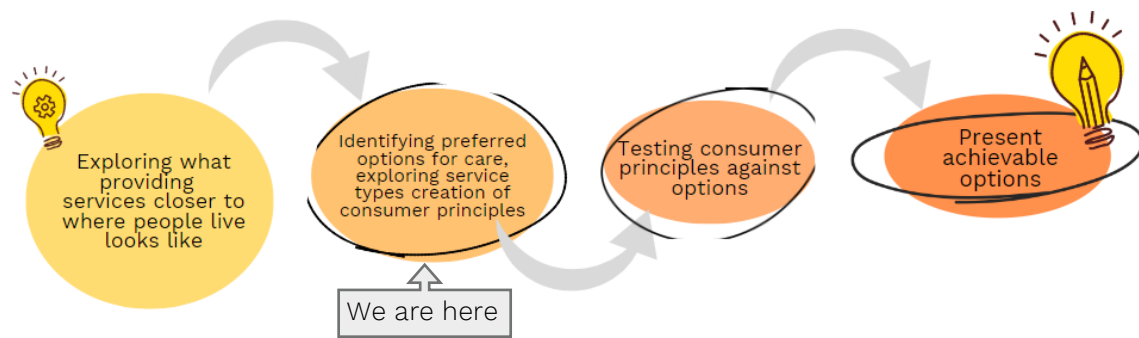
The second workshop was held over two hours on Wednesday the 2 November 2022.

This workshop moved on from developing knowledge of the health care landscape to considering and defining what a best-case example of integrated care, that involved an interprofessional / multidisciplinary team working in partnership with consumers to provide person-centred care, could look like.

Panellists then worked together to design consumer principles that could be applied across integrated care solutions across the ACT, identifying good practice / best practice.

Areas of specific interest identified by the panellists for consideration in shaping the consumer principles continued to build on the initial 15+ areas of interest from Workshop 1. These areas of interest were also identified as important for consideration as part of a best-case integrated care example and included:

- Improving accessibility and flexibility of access.
- Empowering consumer choice and control.
- Better integration of service for non-English-speaking community members.
- Embedding consumer partnerships across services.
- People centred care - refer to patients as people, not consumers.
- Respect for a patient's lived experience and expertise, who need to play a role in their care.
- Providing choice of access for Aboriginal and Torres Strait Islander people, not just a single provider.
- Transparency to the patient and transparency to the community.

Panellists then worked together to establish and define eight consumer principles to present to Canberra Health Services for consideration and feedback.

The eight consumer principles are:

1. Respect, equality, equity.

2. Accessibility.

3. Clear navigation information and assistance.

4. Integrated, well trained, and supported staff.

5. Person centres, individualised care.

6. Appropriate care for Aboriginal and Torres Strait Islander community members.

7. Transparency of information sharing.

8. Continuous involvement from the community – partners not just involved.

See Appendix D for the Workshop 2 Summary, and a complete breakdown of each principle defined and how the panellists expect each principle to look in action.

> **Key outcomes**
>
> Panellists established and articulated what would be considered best-case delivery of integrated health care solutions guiding their development of the consumer principles.
>
> Areas of importance discussed and explored, encouraging participants to consider a range of circumstances and needs in the development of consumer principles.
>
> Identification and definition of eight key consumer principles for the consideration of Canberra Health Services and application across health care services in the ACT.

4.2   Workshop 3
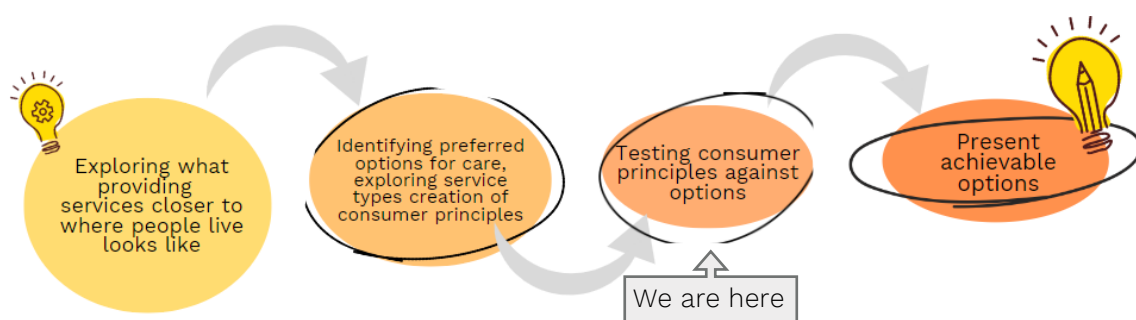
The third workshop was held over three hours on Tuesday 15 November 2022.

In this workshop panellists worked in small groups, then as a wider team to consider and refine the principles applying them to different health care requirements. Five health care cohorts were identified and used as the circumstances through which each group would make their considerations. The five health care cohorts were:

1. Disability

2. Mental health

3. Caring for older people and end of life care

4. Culturally appropriate care

5. Families. Children and youth.

The panel then explored individual expectations in accessing health care services, what would be required and how it could be addressed in future services provided across the ACT.

The panel identified several topics that were common to more than one health care cohort, these were:

- **Continuity of care** – the want for a seamless experience when going between health care providers.
- **Knowledge of services and care** – for patients and their family or supports to be able to fully understand and comprehend individual health concerns and understand what health care services are available.
- **Early intervention** – for more services to be made available and more accessible to support people with early intervention of their health issue/s.
- **Timely provision of, and access to, health care services** – the need to be able to access health care services within the ACT when needed, rather than having to travel or be placed on long waiting lists.

- **Increased access to more health care services** – resourcing to be reviewed and reconsidered for health care services that are currently on limited supply. Consideration given to viability of resourcing services currently not available across the ACT.
- **Community input into treatment pathways** – individuals to have the ability to access support and inform relevant representatives of their community of the options available for their circumstances, and for representatives to advise on appropriateness for the group.
- **Patient input and consultation** – for service providers to actively engage with patients and involve them in major decision making about their health care.
- **Support for staff and care givers** – the need for support and education to be provided so that staff and caregivers can provide health care services in a way that is culturally considerate and appropriate for each individual.

Panellists then considered the refined principles and what they might look like when applied in the context of the five health cohorts. Panellists expressed expectations that benefits of the principles being applied would include:

- Making sure translation or interpreter services are readily available.
- Increased options for health care in the home (e.g. chronic health conditions, dialysis) as people can be more comfortable in homes, particularly if more vulnerable.
- Individuals to have the opportunity to contribute to their own Digital Health Record with ability to correct and provide facts from a patient perspective that may impact how care is delivered.
- Recognition that people are unwell, may be scared, unsure, have had previous bad experiences. Providers should not always perceive this as aggressive/frustration.
- Aboriginal and Torres Strait Islander health services should be informed by Aboriginal and Torres Strait Islander community members as they can have a better perspective on the beliefs and experiences of this group.
- Providing support for patients who have difficulty with technology.
- Give women the opportunity to directly convey their concerns recognising that women aren't encouraged to speak up in some cultures and the men representing them may misrepresent their experience.
- Have information from GPs flow through to hospital and vice versa.

See Appendix E for the Workshop 3 summary and a complete breakdown of the panel's identification of what principles in action would look like in relations to different health cohorts.

4.3   Workshop 4
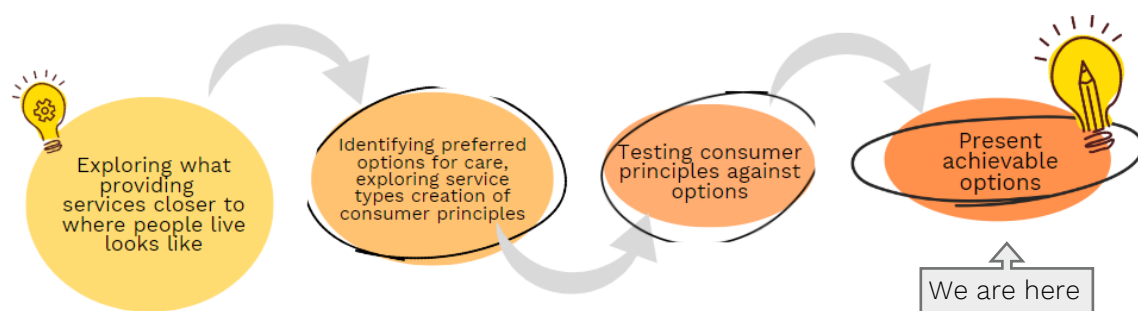
The fourth workshop was held over two-and-a-half hours on Thursday 8 December.

In this workshop panellists were joined by Canberra Health Services Chief Operating Officer, Cathie O'Neill, Project Lead Paediatric Patient Navigation Service, Denise Lamb, Program Director Integrated Care, Kirsty Cummin and Clinical Director for Reform, Professor Walter Abhayaratna.

The aim of this final workshop was to revisit the work undertaken through the panel process and the journey they have been on exploring the future of health care services in the ACT. Cathie O'Neill

provided a reflection on the panel's feedback, where they align with existing objectives and how Canberra Health Services proposes to further integrate them into the planning for and delivery of health care services into the future.

Professor Abhayaratna provided commentary and reflection on the principles in context of clinical reform and participants also heard about feedback provided on the principles from Health Care Consumers Association ACT (HCCA).

Canberra Health Services tested a range of proposed initiatives. Panellists were briefed on each proposed initiative individually, then asked to respond via Slido poll to gather group sentiment.

4.3.1   Testing of proposed initiatives

Canberra Health Service's Chief Operating Officer, Cathie O'Neill, presented the panel with four proposed actions that Canberra Health Services could consider implementing across existing and future health care services in response to the principles developed by the panel.

1. **How important is it that you see the principles developed in these workshops in Canberra Health Services document / websites?**
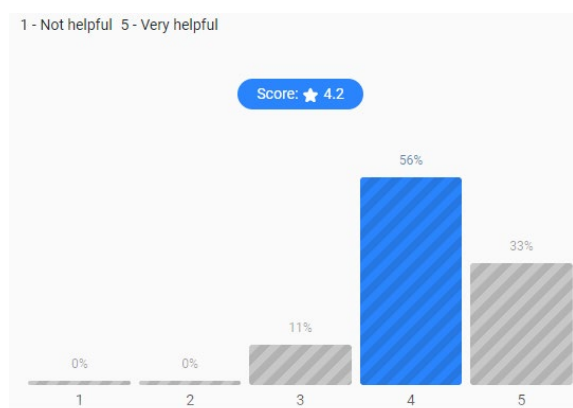
   Of the participants who responded 100% felt it was important, or very important to see the principles developed through this process reflected in relevant documents. These results reflect an expectation from participants that their work and time developing the principles is reflected through visual utilisation of them.
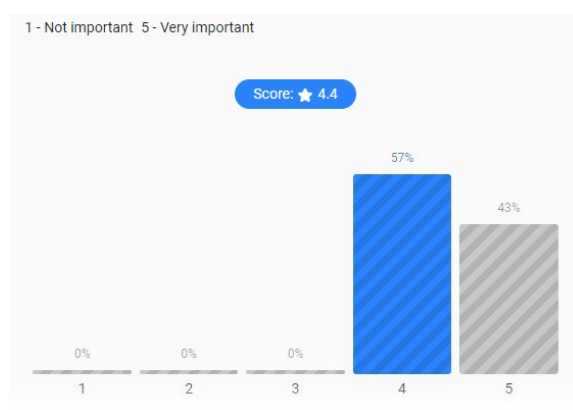
How useful would it be for consumers to have the option of accessing virtual appointments at a community health centre so that a staff member can assist?

Of the participants who responded, 89 per cent felt it would be useful, or very useful for patients to be able to attend a virtual care appointment out of home, at a health centre, with assistance from on-site and in-person staff members.

There was further discussion around how this service may only be needed once per consumer, and that by providing the opportunity to upskill consumers in accessing virtual care there would be a bigger uptake in utilisation of the service.

Do you feel that different centres should provide different services (e.g. Health Hubs and Walk in Centres) or should there be a mix of services at each centre?

Of the participants who responded, 67 per cent strongly felt that there should be a mix of services at each centre, the remaining 33 per cent were evenly spread from some different centres specialising to most centres having a mix of services.

These results indicate a majority expectation that services will be easily available to people from all relevant health care centres, however further discussion revealed understanding that there are not necessarily enough relevant specialists to enable services to be provided consistently across each centre.

1 - Different centres specialising 5 - A mix of services at each centre

Score: ★ 4.3

0% | 11% | 11% | 11% | 67%
1 | 2 | 3 | 4 | 5

How likely would you or your family/friends be to use or want education and awareness-raising sessions in the community health centres?

Of the participants who responded, 70 per cent felt it would be very likely or somewhat likely that their family and friends would choose to attend or use an education and awareness-raising session held at a community health centre.

Further discussion noted that if sessions were provided via hybrid options and recorded and made available for later viewing there would likely be a larger percentage of people who would access them.

Following presentations panellists were provided opportunity to seek clarification or ask questions of presenters and observers.

See Appendix F for the Workshop 4 summary.

1 - Not likely 5 - Very likely

Score: ★ 4.0

0% | 10% | 20% | 30% | 40%
1 | 2 | 3 | 4 | 5
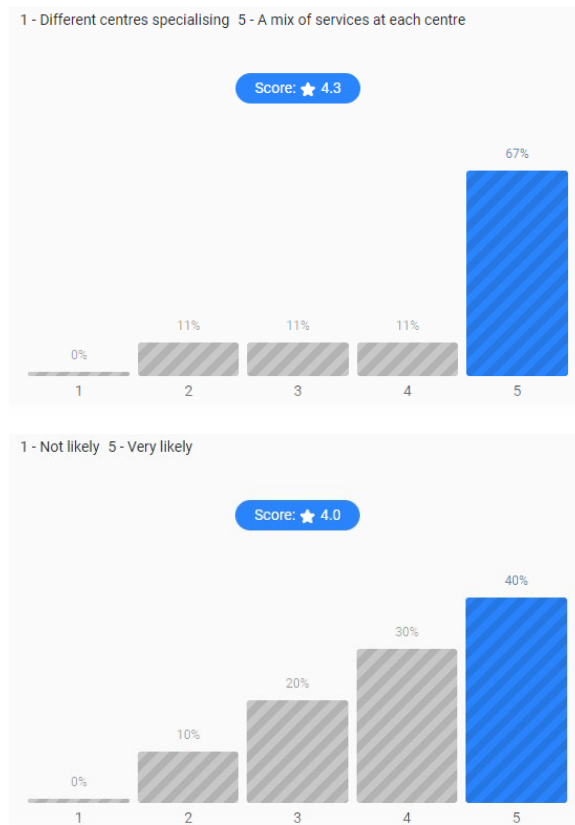
Key outcomes

Participants were provided feedback on the consumer principles developed throughout this community panel process, with highlights around where and how the principles align with existing or planned initiatives.

Canberra Health Services had opportunity to test some service delivery proposals with the panel to ascertain whether they believed that this would meet the expectations intended via the consumer principles.

Participants were provided opportunity to explore and raise any further issues or topics that had risen as a result of participation in this community panel.

Appendix A – Integrated care consumer principles

Consumer Principles - Prepared by the Integrated Care Community Panel – November 2022

	Defined	In action
Respect, equality, equity	Consideration of each patient's individual circumstances. Acknowledgement of an individual's culture, belief system, communication, and physical needs so that the care considered and provided is both clinically and personally appropriate.	• Training provided to health care providers and support staff who engage with the community at health care service locations so that they are aware of cultural sensitivities and can identify when a patient or community member may require additional support, including the elderly, to actively participate in their health care journey. • Access to representatives who can advocate for, represent, or support those who may have diverse medical needs, be of advanced age, or have unique cultural requirements. • Acknowledgement of Australia as a highly multicultural society through visual and obvious commitment to serving our community at each health care service location so that people from all walks of life feel comfortable to attend.
Accessibility	Support for patients to access health care services that provide for an individual's communication, financial, physical and environmental requirements in a timely way.	• Patient access to resources that identify service availability and wait-times to enable self-selection of service and service providers. • Health care services that respond to individual cultural and social needs by having relevant community representatives available or accessible to support patients when needed. • Clarity in options of financial access, for those needing or seeking support to see a GP so that it is clear where subsidised GP appointments are available. • The tools and functionality to remotely view wait times when in community health intake.

	Defined	In action
Clear navigation information and assistance	Provision of clear information, via accessible channels, that supports people of all backgrounds and literacy levels to understand, navigate and participate in their journey within the health care services that they need.	• Information to be made consistently available across a range of formats to cater to the communication and literacy levels of the community. • Information to be made available in an appropriate format via communication channels relevant to individuals, where they seek it. • Mechanisms in place for clear, consistent, and timely communication between providers, and between providers and patients when action is required by one or more parties.
Integrated, well trained, and supported staff	Health care professionals who are supported to participate in an integrated and open health care journey with the patients, considering their views and experience as well as clinical treatment.	• Having programs and technology available to capture and share the patient health care journey with relevant health care providers. • The ability for patients to provide input into records and information available to relevant health care provider via integrated programs.
Person centred, individualised care	Health care services provided in consideration of the individual as a whole, considering their individual medical, emotional, communication, education and cultural needs and sensitivities and aim to treat the person long-term as well as the immediate issue at hand.	• Individualised care plans developed with each patient, with input from all relevant health care providers, and plans available and accessible via secure integrated programs. • Health care professionals working with patients to identify health care goals and integrating these into individualised care plans. • Consideration of alternate health options that may complement clinical treatment, i.e., pet therapy. • Flexibility, control and choice over when and how patient care is provided.
Appropriate care for Aboriginal and Torres Strait Islander community members	Commitment to self-determination and increased involvement of local Aboriginal and Torres Strait Islander communities in identifying preferred ways to access health care services and receive treatment and acknowledgement that one solution does not work for all Aboriginal and Torres Strait Islander communities.	• Providing health care services at facilities tailored to requirements identified through Aboriginal and Torres Strait Islander – led engagement. A clear focus on services that specialise in the diseases and illnesses that disproportionately impact this community so that patients can access the care they need where and how they want to access it. • Providing equitable and culturally humble care to the indigenous community when considering treatment approaches and options. • Ensure appropriate representatives are available or accessible to support patients in communicating individual needs or providing health care providers with the cultural understanding required to provide the most appropriate care.

	Defined	In action
Transparency of information sharing	Patient confidence in accuracy and disclosure of relevant health and personal information – including patient experience, treatment specifications and cultural considerations – to all health care professionals who are a part of their health care journey.	• Providing means for patients to have access to review the information retained on any file accessible by approved health care providers. • Patient experience feedback sought upon discharge or end of care to inform future care providers as well as address any issues identified. • Health care services share the measures that have been taken to address complaints or feedback which have a clear resolvable action, • Opportunity to provide input to healthcare records to prevent having to tell a person's story many times over.
Continuous involvement from the community – partners not just involved	Community consultation undertaken to inform the development and establishment of new health care services showing that local patients have input into the design of services available.	• Engagement with the community in co-design processes at relevant stages of service and facility design, where possible. • Public reporting that aligns to the outcomes of initial community consultation and provides updates to ensure currency and relevancy. • Community involvement in identification of service requirements for areas across the ACT so that health care services are delivered to meet the unique needs of the community it will service, i.e. more services focused at aged care, • Involving the community in the identification of unique cultural or community-specific training and inclusion requirements so that staff are empowered to provide the best and most appropriate care for the community they service.

Appendix B – Stakeholder distribution list

A Gender Agenda Inc	Mental Health Consumers Representative
ACT Disability, Aged and Carer Advocacy Service Inc	Mental Illness Education ACT Incorporated
ACT Eden Monaro Cancer Support Group	Mercy Aged and Community Care Ltd
ACT ME/CFS Society Incorporated	Meridian (formerly AIDS Action Council of the ACT Inc)
ACT Palliative Care	Ministerial Council on Ageing
AMA	Ministerial Council on Disability
Anglicare NSW South, NSW West and ACT.	Ministerial Council on Women
Arthritis Foundation of the ACT Inc.	Ministerial Council on Veterans
Assisting Drug Dependents Inc (Directions Health Services?)	Ministerial Council on Multicultural
Asthma Australia Ltd	Ministerial Youth Advisory Council
Australian Breastfeeding Association ACT & Sthn NSW Branch	National Stroke Foundation
Australian Capital Territory Council of Social Service Inc	North Canberra Community Council meeting
Australian Red Cross Society	Northside Community Service Limited
Belconnen Community Council meeting	Oz Help Foundation Ltd
Belconnen Community Service Inc	Palliative Care ACT Incorporated
Beyond Blue Limited	Post and Ante Natal Depression Support and Information Inc.
Black Dog Institute	Ronald MacDonald House
Carers ACT Ltd	Sexual Health and Family Planning ACT Incorporated
Communities@Work	Society of St. Vincent De Paul Pty. Limited
Community Connections Incorporated	Southside Community Services Inc/Community Services #1 Incorporated
Community Options Incorporated	The Cancer Council ACT
Council on the Ageing (ACT)	The RSI & Overuse Injury Association of the ACT
Diabetes NSW	The Trustee for The Salvation Army (NSW) Property Trust
DUO Services Australia Ltd	Society of St. Vincent De Paul Pty. Limited
Epilepsy Association ACT Incorporated	Southside Community Services Inc/Community Services #1 Incorporated
GROW	The Cancer Council ACT
Gugan Gulwan Youth Aboriginal Corporation	The RSI & Overuse Injury Association of the ACT
Gungahlin Community Council meeting	The Trustee for The Salvation Army (NSW) Property Trust
Headspace	Tresillian
Health Care Consumers Assoc of the A.C.T. Incorporated	Tuggeranong Community Council meeting
Hepatitis ACT Inc	Tuggeranong Community Council meeting
Inner South Community Council meeting	Uniting Residential Care
Kidsafe ACT Incorporated	Weston Creek Community Council meeting
Kincare Health Services Pty Ltd	Winnunga Nimmityjah Aboriginal Health and Community Services Ltd
Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) Community Advisory Council	Woden Community Service Incorporated
UNEC	Woden Valley Community Council
Majura Womens Group Inc	Women's Centre For Health Matters
Menslink	

ACT Government | **Canberra Health Services**

Integrated Care Community Panel
MEETING 1 SUMMARY REPORT
October 2022

Details

Attendees
- 17 Community Panel Members
- Cathie O'Neill, Chief Operating Officer – Canberra Health Services
- Amanda Bell, Business Manager – Canberra Health Services

Facilitator
- Ellen Samuels, Facilitator - Communication Link
- Martine Bilen – Communication Link
- Jackie Beanland – Communication Link

Meeting location
- Held online via Teams, with Mural and Slido

Meeting agenda

- Welcome, introductions and purpose of the panel process
- Panel operating guidelines
- An overview of the ACT health care system and the challenges being addressed

BREAK

- Overview of YourSay survey outcomes
- Current ACT health care system services and integrated care opportunities

BREAK

- Gap analysis – have we considered everything?
- What do you need to contribute in Workshop 2?
- Reflection
- Next steps

Rules of operation

Panellists determined how they would work together. All acknowledged that the diverse community representation of the group will bring differing views and opinions, and that all opinions were to be respected and respectfully considered by all involved. A summary of the rules identified were:

- Share experiences and learn from each other's.
- Acknowledge and respect different views. Undertake constructive conversation.
- Assume good intentions. Listen through that lens.
- Utilise the hands-up function to ensure fair rotation of comments.
- Use active listening.

These will be used to guide future meetings.

Areas of interest

Based on individual introductions and feedback provided throughout Workshop 1, Panellists identified areas of particular interest. These areas related to specific service areas and consumer groups. These areas can be grouped into the following:

- Appropriate access to health care services for all demographics across the ACT community,
- How health care services are designed and delivered to the variety of demographics across the ACT community, and
- How integration could enhance these experiences.

Benefits and challenges of service solutions

Panellists explored four areas that Canberra Health Services are focused on for their Future Thinking:

1. Models of complex care,
2. Health hubs in the community,
3. Patient navigation and communication, and
4. Virtual health.

Many of the challenges and benefits captured during this activity can be captured in the three areas of interest outlined in 'Areas of Interest'.

Presentations and information

Cathie O'Neill, Chief Operating Officer, Canberra Health Services, presented on a range of topics including:

- Health services in the ACT, responsibilities and services provided to support preventative health, care in the hospital and care in the community.
- Chronic health conditions prevalent across the ACT.
- Breakdown of funding and sources of funding dedicated to health across the ACT and how public hospitals and community health facilities across the ACT currently operate.
- What can be done to make it easier for consumers across the ACT?
- Exploration of future service options.

What you're interested in discussing

Specific topics were identified as being of particular interest. These include:

- Mental health
- The integration of private health care services with the public system
- The role of general practitioners, nurses and pharmacists in relation to prescribing medication
- The importance of preventative health care services
- The importance of appropriate health care services that consider the consumers culture as well as health needs, and
- Exploration of the role community centres, and health hubs could play.

Summary of topic areas

Sectors of interest

- Digital access
- End of life care
- Preventative health care
- Addiction
- Families / Parents and carers with children
- Health hubs and community-based services
- Rehabilitation services
- Disability / invisible disabilities
- Mental health
- Breaking down stigmas
- Service resourcing
- Transport
- Culturally appropriate health care
- Timely access
- Therapy animals
- Opportunities for people to help themselves
- Cancer treatment
- Accessibility and access knowledge
- Mental health / housing and homelessness

Consumer groups of interest

- Mental Health
- Caring for older people
- Migrant health
- Youth mental health
- Families and children
- People falling through the gaps
- People with disabilities / invisible disabilities

	Models of care for complex conditions	Health services in the community	Patient navigation and communication	Virtual health
BENEFITS	• Establishes an appropriate communication system that is integrated and enables consumer and service providers to work together. • Could be an effective way to manage similar cases and be used for teaching / training. • Less consumer frustration if only having to tell their story once and having all caregivers know treatment plan. This will be supported by the introduction of the Digital Health Record (DHR). • Possible for increased availability of appointments / flexibility over times and days to access services.	• A broader range of opening hours, incl. after hours and ability to cater for walk-ins would be helpful. • Opportunity for effective holistic care of a range of conditions including lifestyle-related health issues, chronic issues, mental health, and possibly palliative care. • Opportunity for GP and/or nurse-led care. • Locations could include pharmacists and prescribers alternate to just GPs. • Services easier to access as they are closer to home and easier to access all services required if co-located and sharing the same relevant patient information.	• Could be improved by integrating care across relevant health care services so that different departments have a better and consistent understanding of patient needs. • Visibility on wait times can support a consumer to select the best service for their circumstance. • The introduction of the Digital Health Record (DHR) will be of benefit in these situations as all care givers will have access to the same information. • Opportunity for increased accessibility for people who may be time poor or have sensory or social-based needs experienced with face-to-face services. • Inclusion of more services like Step Up Step Down to provide follow-up navigation support, Safe Haven Cafe and more integration with NGOs.	• Digital access to services and service providers provides a comfortable and convenient option for the tech savvy, time poor, transport challenged and those with anxiety, who are immune compromised, neurodiverse or have another vulnerability. • A great addition to in-person services and care.
CHALLENGES	• Find ways to attract specialists to the ACT. Currently, some consumers need to travel interstate for treatment of complex conditions. • There is currently little-to-no coordination between services. • Ensuring access to care for all people including those with low literacy and conditions that make it harder, such as intellectual disability, cognitive impairment, or a mental health condition. • Consumers with complex conditions are not always being supported by a key care team leader. • It is hard to identify a gateway into care for complex conditions and hard to identify what support if available.	• Maintaining a child friendly, quiet waiting area and social distancing is very challenging. A digital waiting room accessible for those attending the service could assist with attending appointments when required rather than waiting. • Waiting areas are very challenging for consumers with sensory-based challenges. • Navigating services is currently haphazard. Patients and their providers have limited or siloed knowledge of services available and what works together in an integrated way. • Currently these services close too early for convenient access for many consumers. • Limited consideration given for the differing requirements of those with a disability or cultural differences. • In-community services don't currently integrate seamlessly with Emergency Departments or GPs. • Nurses not having the ability to prescribe yet informing a patient that their health condition will require medication and to see their GP for a script. This is very frustrating and stressful for consumers.	• It is challenging to have a mixture of carers who don't share information. • There is limited coordination between the public and private sectors. • Consumers are offered care predominantly aligned to Western-based philosophy with few options for alternate and/or culturally appropriate care. • The language used by service providers is often not appropriate for the literacy level or language abilities of the consumer they are working with. • There is Not enough information is available to assist patients navigate ACT health services, and when they do figure it out, the different providers do not share information, so things are missed. • Little up-front transparency around how much services will cost.	• Can be an issue for low-income consumers or those who have financial challenges as many services are billed the same as in-person consultations. • It is challenging to acquire paperwork that requires health professional input or signature when the provider does not yet have a digital solution. • Is a deterrent for those who are challenged using technology. • Some consumers express privacy concerns around how their data is stored. • There are few options for those who do not have access to the technology required to access virtual health services.

Appendix D – Workshop 2 summary

Integrated Care Community Panel
MEETING 2 SUMMARY REPORT
October 2022

ACT Government | Canberra Health Services

Details

Attendees
- 17 Community Panel Members
- 4 apologies who will review the recording and provide feedback out of session
- Minister Rachel Stephen-Smith MLA, Minister for Health

Facilitator
- Ellen Samuels, Facilitator - Communication Link
- Martine Bilen – Communication Link
- Jackie Beanland – Communication Link

Observers
- Meg Bransgrove, Senior Advisor to Minister for Health
- Cathie O'Neill, Chief Operating Officer – Canberra Health Services
- Amanda Bell, Business Manager – Canberra Health Services

Meeting location
- Held online via Teams, with Mural and Slido

Meeting agenda
- Welcome, introductions and purpose of the panel process
- Minister Rachel Stephen-Smith MLA address and discussion with the panel
- Activity: Exploring areas of focus for consumer principles for integrated care to guide the design of future health care services across the ACT.

BREAK

- Activity: Defining what the principles identified would look like in action when applied across new health care services in the ACT.
- Reflection
- Next steps

Presentations, information and activities
- Minister Rachael Stephen-Smith MLA, Minister for Health addressed the panel, providing an overview and context of the impact this work will have on the future of health services in the ACT.
- Exploration of what defines a consumer principle and how they are expected to be applied.
- Panel discussion and brainstorm revealed seven main areas of focus for consumer principles for integrated care.

Group discussion explored what each principle meant and could look like when defined in context of the design of health care services in the ACT.

Areas of focus
Specific areas of interest were identified to shape the focus of consumer principles and included:

- Improving accessibility and flexibility of access
- Empowering consumer choice and control
- Better integration of service for non English-speaking community members
- Equality, better care, respect
- Information symmetry

- Embedding consumer partnerships across services
- Better connections between Disability and Health
- More peer workers in the health system as they are more empathetic to the needs of the patient
- People centred care - refer to patients as people, not consumers
- Respect for a patient's lived experience and expertise. Consumers also need to play a role in their care

- Better support for Aboriginal and Torres Strait Islander people to access health care
- Providing choice of access for Aboriginal and Torres Strait Islander people, not just a single provider
- Transparency to the patient
- Transparency to the community
- Smooth transition of care from childhood to adulthood

ACT Government | **Canberra Health Services**

Consumer Principles - Prepared by the Integrated Care Community Panel – November 2022

	Defined	In action
Respect, equality, equity	Acknowledgement of an individual's culture, belief system and physical needs so that the care considered and provided is both clinically and personally appropriate.	• Training provided to health care providers and support staff who engage with the community at health care service locations so that they are aware of cultural sensitivities and can identify when a patient or community member may require additional support to actively participate in their health care journey. • Access to representatives who can advocate for, represent, or support those who may have diverse medical needs or have unique cultural requirements. • Acknowledgement of A¬ustralia as a highly multicultural society through visual and obvious commitment to serving our community at each health care service location so that people from all walks of life feel comfortable to attend.
Accessibility	Support for patients to access health care services that provide for an individual's financial, physical and environmental requirements in a timely way.	• Patient access to resources that identify service availability and wait-times to enable self-selection of service and service providers. • Health care services that respond to individual cultural and social needs by having relevant community representatives available or accessible to support patients when needed.
Clear navigation information and assistance	Provision of clear information, via accessible channels, that supports people of all backgrounds and literacy levels to understand, navigate and participate in their journey within the health care services that they need.	• Information to be made consistently available across a range of formats to cater to the communication and literacy levels of the community. • Information to be made available in an appropriate format via communication channels relevant to individuals, where they seek it.
Integrated, well trained, and supported staff	Health care professionals who are supported to participate in an integrated and open health care journey with the patients, considering their views and experience as well as clinical treatment.	• Having programs and technology available to capture and share the patient health care journey with relevant health care providers. • The ability for patients to provide input into records and information available to relevant health care provider via integrated programs.

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	Defined	In action
Person centred, individualised care	Health care services provided in consultation with the person, considering their individual medical, emotional, and cultural needs and sensitivities and aim to treat the person long-term as well as the immediate issue at hand.	• Individualised care plans developed with each patient, with input from all relevant health care providers, and plans available and accessible via secure integrated programs. • Health care professionals working with patients to identify health care goals and integrating these into individualised care plans. • Consideration of alternate health options that may complement clinical treatment, i.e., pet therapy.
Appropriate care for Aboriginal and Torres Strait Islander community members	Commitment to self-determination and increased involvement of local Aboriginal and Torres Strait Islander communities in identifying preferred ways to access health care services and receive treatment and acknowledgement that one solution does not work for all Aboriginal and Torres Strait Islander communities.	• Providing health care services at facilities tailored to requirements identified through Aboriginal and Torres Strait Islander – led engagement. A clear focus on services that specialise in the diseases and illnesses that disproportionately impact this community so that patients can access the care they need where and how they want to access it. • Ensure appropriate representatives are available or accessible to support patients in communicating individual needs or providing health care providers with the cultural understanding required to provide the most appropriate care.
Transparency of information sharing	Patient confidence in accuracy and disclosure of relevant health and personal information – including patient experience, treatment specifications and cultural considerations – to all health care professionals who are a part of their health care journey.	• Providing means for patients to have access to review the information retained on any file accessible by approved health care providers. • Patient experience feedback sought upon discharge or end of care to inform future care providers as well as address any issues identified. • Health care services share the measures that have been taken to address complaints or feedback which have a clear resolvable action, • Opportunity to provide input to healthcare records to prevent having to tell a person's story many times over.
Continuous involvement from the community – partners not just involved	Community consultation undertaken to inform the development and establishment of new health care services showing that local patients have input into the design of services available.	• Engagement with the community in co-design processes at relevant stages of service and facility design, where possible. • Public reporting that aligns to the outcomes of initial community consultation and provides updates to ensure currency and relevancy.

Appendix E – Workshop 3 summary

ACT Government | Canberra Health Services

Integrated Care Community Panel
MEETING 3 SUMMARY REPORT
15 November 2022

Details

Attendees
- 17 Community Panel Members
- 4 apologies who will review the recording and provide feedback out of session

Facilitator
- Ellen Samuels – Facilitator, Communication Link
- Martine Bilen – Breakout room host, Communication Link
- Jackie Beanland – Breakout room host, Communication Link
- Tenille McClelland – Breakout room host, Communication Link
- Amanda Bell – Breakout room host, Canberra Health Services

Meeting location
- Held online via Teams

Meeting agenda

- Welcome, introductions and purpose of the panel.
- Recap of principles developed in Workshop 2.
- Activity: Exploring what the delivery of health care services might look like across models of complex care and health care in the community.

BREAK

- Activity: Exploring what the delivery of health care services might look like across patient navigation and communication and virtual health.
- Reflection
- Next steps

Presentations, information and activities

- Review and refinement of principles drafted in Workshop 2.
- Exploration of what the delivery of health care services might look like across models of complex care and health care in the community.
- Exploration of what the delivery of health care services might look like across patient navigation and communication and virtual health.
- Report back from each group and panel discussion on any additions from the broader panel.

Areas of commonality

Topics that were commonly raised across more than one health care cohort:

- **Continuity of care** – the want for a seamless experience when going between health care providers.
- **Knowledge of services and care** – for patients and their family or supports to be able to fully understand and comprehend individual health concerns and understand what health care services are available.
- **Early intervention** – for more services to be made available and more accessible to support people with early intervention of their health issue/s.

- **Timely provision of, and access to, health care services** – the need to be able to access health care services within the ACT when needed, rather than having to travel or be placed on long waiting lists.
- **Increased access to more health care services** – resourcing to be reviewed and reconsidered for health care services that are currently on limited supply. Consideration given to viability of resourcing services currently not available across the ACT.
- **Patient input and consultation** – for service providers to actively engage with patients and involve them in major decision making about their health care.

- **Community input into treatment pathways** – individuals to have the ability to access support and inform relevant representatives of their community of the options available for their circumstances, and for representatives to advise on appropriateness for the group.
- **Support for staff and care givers** – the need for support and education to be provided so that staff and caregivers are able to provide health care services in a way that is culturally considerate and appropriate for each individual.

What refined principles may look like when applied across the below models of care in the context of five health cohorts identified in previous panel workshops:

	Models of complex care	Health care in the community	Patient navigation and communication	Virtual health
Disability	• Individuals are consulted directly about their own care where possible and practicable, recognising that different people will want different levels of influence over their care. • Being able to develop an interdisciplinary care plan with GP and specialist involved, which will help ensure everyone is onboard with a wholistic plan that has the patient at the centre of their care. • Having a mechanism that enables patients and ACT-based health care providers to share patient knowledge and information with health care providers outside of the ACT to incorporate them into the care process, even as a virtual health care provider. • Individuals to have the opportunity to contribute to their own Digital Health Record with ability to correct and provide facts from a patient perspective that may impact how care is delivered. • Model of care needs to be flexible to respond to individual needs, opinions and experience. • Work with the National Disability Insurance Scheme (NDIS) which focuses on disability but not broader health care issues so that patients are able to access what they need, when they need it.	• Increase options for health care in the home (e.g. chronic health conditions, dialysis) as people can be more comfortable in homes, particularly if more vulnerable. • Improve prescriptions and access to medications (including over the counter medications) if unable to leave the home. Currently the emergency department or ambulance service can be an easier option to access medications even if over the counter than having to find a way to physically access a pharmacy. • Better transport outside of the home when care cannot be provided in the home, such as imaging. • Care integration is about getting people to the place to get the care they need. Not a wrap around service if there is a barrier to transport to where care is available. • Partnering and listening with access to the right resources.	• Increased support for patients who use devices to communicate. Many clinicians are becoming fluent in sign language etc. but are not as familiar and comfortable communicating with technology devices. • Improved wayfinding and physical navigation without assumptions that people know what to do when entering a facility. Navigation should be clear, signage simple/straightforward rather than medical and the environment responsive to physical conditions • Treatment of the person, not their condition – people don't want to be spoken to as a medical condition, they want to be acknowledged. • The environment needs to be considered with recognition of how disabling the environment can be (i.e. noise, environment, surfaces). • Recognition that people are unwell, may be scared, unsure, have had previous bad experiences. Providers should not always perceive this as aggressive/ frustration. • Patients should feel empowered and encouraged to speak up if don't they understand or if something is not explained properly.	• More access to virtual health – doctors be more open to do telehealth instead of face-to-face appointments simply because the patient has a disability • Enabling virtual health care and telehealth to be more accessible to those with disabilities so that they can more readily access specialist care in other states. • Technology and apps can have failures – a digital solution would need to cover all options for use and consider all abilities to utilise that solution.
Mental health	• Continuity of providers in terms of a known person giving the care for stability during difficult times. People who have the best outcomes are those who have a continuity of care with team of dedicated health care providers. • Have alternate options available across health services as patient entry points into care. Entry via GPs may not always the best entry point for some people. • Specialist health care shortages have impacts. Training people takes a long time. • Low intensity Cognitive Behavioural Therapy (CBT) could be considered to provide early intervention and take the strain off psychologist and psychiatrist lists that are often overwhelmed and long. • Step-up/step-down programs that can support 4-5 people for the same cost as 1 person in hospital.	• Patients would benefit from an increase in availability of low intensity CBT Coach, step-up, step down programs, that are already delivered in the community. • Access to school psychologists in schools is a critical need and important to provide early support. • Addressing the gap that appears when a person being treated finishes school - why is the cutoff finishing school and not finishing the treatment? • Support for people to access the system at a time when they are needing the services but are possibly not capable of seeking them out alone. • Provision of specialised support in the community, like a walk-in centre, so a patient's needs can be addressed before specialist care is required.	• Provision of support for patients wanting to access services and navigate the system, it can be confusing and daunting. • When developing new health care services to support this cohort, seek voices from people who have been part of the system for a long time. • Clear information that enables patients to understand and navigate what will be the best solution for them. • People need to be able to access health care services in a timely way. If they aren't getting the right support at the right time, it can exacerbate other issues (such as employment etc)	• Utilising a digital or hybrid approach where required and appropriate to make care more accessible. • Really beneficial as people might want to keep to themselves and don't have to worry about transport etc which takes an extra layer of stress away. • Can be challenging if people have low digital literacy or don't have access to appropriate technology and internet.

Integrated Care Community Panel
MEETING 3 SUMMARY REPORT
15 November 2022

ACT Government | Canberra Health Services

	Models of complex care	Health care in the community	Patient navigation and communication	Virtual health
Caring for older people and end of life care	• Dignity no matter what the age, a comforting and familiar surrounding environment considering whether it can be in the home rather than institution facility. • Provide improved support for entry into aged care and assistance with transition from home to aged care. • Improved patient reporting to family and friends. • Lack of self-determination and appointment of trustees/ guardians and a need to ensure that representation of the individual is good for them, not what suites the interest of others. • Increase in case managers that work for the families or patients to action the needs of the patient and ensure that all are heard. • Events care planning introduced to help patients determine their care directives.	• Access to more mental health support for aging people recognising an incline in mental health issues with older people. • Improving quality of life for the aged by having more services available to them, close to where they live or within their own home. • Being able to reach out for support without feeling judgement. • More support and check-ins after a new medical device has been provided to a patient to ensure that it is being used correctly.	• Use of simple words in communication and for communications to be undertaken or made available in a range of languages. • Better quality of life defined by the patient so that their expectations and comfort levels are met, rather than too much, or too little being done to meet provider or community expectations. • Making positions for volunteers for people who don't speak English to support this cohort.	• Providing support for patients who have difficulty with technology. For example, Telehealth appointments may need prior contact by a representative from the provider to ensure it is working and the patient can use it properly.
Culturally appropriate care	• Making sure interpreters or translation services are readily available. • Interpreters included as an option when making an appointment – being able to receive reports in preferred language or at least simple English. • Avoid using their children as interpreters, this makes the information biased. • Being able to ask for female healthcare practitioners. • The way western healthcare is done is very different to Aboriginal and Torres Strait Islander approaches to healthcare. For example, only having one visitor is very limiting as they often want to have their family around them throughout the medical process and our system doesn't work for them. • Cultural awareness that will support the patient experience throughout, have this all integrated and consistent.	• Community support services are not known by the health care service provider, it would be good if they could understand support services relevant to the person's needs (i.e. cultural support services, services available in different languages or translation of resources into the person's dominant language. • Aboriginal and Torres Strait Islander health services should be informed by Aboriginal and Torres Strait Islander community members as they can have a better perspective on the beliefs and experiences of this group. • Cultural awareness support for staff.	• Give women the opportunity to directly convey their concerns recognising that women aren't encouraged to speak up in some cultures and the men representing them may misrepresent their experience, • Encourage healthcare literacy and use of the community hubs to prompt education around heath care.	• Support for patients so they are comfortable with computers or the technology they are receiving their health care through. • Patients should be given the option to have face-to-face or virtual - virtual should never be the only option. • If an interpreter is required, they should be available virtually and included in the booking of appointments for virtual health. • Having the ability to find health providers that can speak the person's native language instead of sourcing interpreters as it can be hard to express some things through virtual channels such as the phone without visual supports.
Families, children and youth	• A multidisciplinary framework is important but needs a clear leader of the care team who is responsible for the patient, for communicating with the patient and the broader care group • Local access to specialist services rather than having specialists who travel to the ACT periodically. • Very important to have broad and clear cultural understanding and support for the decisionmaker who also needs to be brought into the care circle. • Clear liaison with the Aboriginal Liaison Officer – or similar representative. • There may be some circumstances where the family may not want to tell the patient of their condition due to cultural reasons – staff may also require support to be aware of these times. • Consider the short term, long term and middle-term planning – well trained and well supported staff are important to each of these stages.	• Looking at the whole community structure, family, friends and sometimes community leaders – all in consideration of confidentiality • Accessibility and availability of different community support services with connections and referrals across services, • Establishment of relevant liaison officers for multicultural communities which could help to ensure continuity between hospital and community services. • Develop mechanism for family or patient to provide feedback on the care that they receive, not in terms on criticising but opening opportunities for improvement.	• Need to have ways for the community to learn how to navigate the system. This could include mentors to help guide initially (members of your own community / group / local networks) and encouraging people to work together on problems and solutions to assist people to navigate. • Need ways to identify the trusted sources that are reliable. • It would be good for individuals to have transparency and see what health records there are about them. • Have information from GPs flow through to hospital and vice versa.	• Those providing virtual care need to listen to the patient. • Make sure people have expertise, knowledge and qualifications to provide the services that are needed, despite being virtual.

Appendix F – Workshop 4 summary

ACT Government | Canberra Health Services

Integrated Care Community Panel
MEETING 4 SUMMARY REPORT
Thursday 8 December 2022

Details

Attendees
- 17 Community Panel Members
- 4 apologies who will review the recording and provide feedback out of session

Facilitator
- Ellen Samuels - Facilitator - Communication Link

Facilitator support
- Martine Bilen - Breakout room host - Communication Link
- Jackie Beanland - Breakout room host - Communication Link

Presenters
- Cathie O'Neill - Chief Operating Officer - Canberra Health Services
- Professor Walter Abhayaratna - Clinical Director for Reform - Canberra Health Services

Observers
- Amanda Bell - Business Manager - Canberra Health Services
- Denise Lamb - Project Lead Paediatric Patient Navigation Service - Canberra Health Services
- Kristy Cummin - Program Director Integrated Care - Canberra Health Services

Meeting details
- Held online via Teams

Meeting agenda

- Welcome, introductions and purpose of workshop
- Review of process and participation to date
- Commentary and reflection on consumer principles – Dr Walter Abhayaratna

Break
- Broad reflection on consumer principles and the feedback received from the panel throughout this process – Cathie O'Neill
- Consideration of proposed health care services
- Reflection and ongoing involvement
- Next steps

Additional topics discussed

Cathie O'Neill was available to participants for further questions and clarifications. Topics covered included:

- A centralised service for carers to receive information.
- Flexibility in making and changing appointments with various CHS managed health care services.
- Distinctions between ACT public and private health care services.
- Systems for centralisation of information accessible outside of a hospital environment.

Presentations, information and activities

- Overview and review of the journey the ACT Integrated Care Community Panel has been on throughout this process.

- Overview of feedback received on consumer principles from consumer and integrated care representatives.

- Dr Abhayaratna provided insights into how the consumer principles developed align to many of those Canberra Health Services are looking to establish as internal principles for integrated care across the ACT.

- Cathie O'Neill provided panellists with insights into how the work undertaken through this process has aligned with Canberra Health Services' vision for future health care services across the ACT. Outlining points where information provided by the panel have challenged Canberra health Services' perceptions and assumptions and added value to how different areas will be approached moving forward.

- Cathie O'Neill highlighted where the principles developed will influence and be included in the planning and delivery of future health care services across the ACT, outlining and testing participant sentiment around some of the solutions the feedback and principles have influenced, including:

  - New service offerings such as facilitated virtual care
  - Utilisation of health hub and walk in centre spaces
  - Education and awareness-raising sessions
  - Self-activated care.