Consumer Commission Report

Making Health Better Together

Consumers Health Forum OF Australia

Optimising consumer-centred health and social care for now and the future

Consumers Health Forum of Australia 2020
Consumers Commission Report

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Foreword

We are pleased to present this CHF report Making Health Better Together. The report has been shaped by a diverse group of 30 consumer leaders from across Australia and has drawn on interviews with national experts. The Commission was established by CHF in the wake of the COVID-19 pandemic to ensure a strong consumer voice was helping to shape healthcare moving forward. CHF believes that meaningful partnerships with consumers are critical to ensuring we reimagine health and social care in a way that is person-centred and person-led after this significant period of disruption.

The health and wellbeing impacts of COVID-19 have been widespread and well documented. The ongoing economic effects will continue to impact on many, particularly the most disadvantaged in our community, for months and years to come. Although equal treatment is a fundamental Australian value, we recognise that COVID-19 and our policies to control it have affected some disproportionately. The recovery must focus on those most affected and should be done in a way that builds stronger communities and embraces innovation. This approach will make Australia more resilient in the face of future crises.

While Australia's response to COVID-19 has worked well overall, there have been some significant challenges and many lessons we can learn from the experience. The lived experiences of consumers, families and carers are just as critical to informing our understanding of what has happened as service use and funding data. Consumer anxiety about the safety of healthcare settings led to many people delaying ongoing care. Others had elective procedures deferred or the format of their appointments changed. Out of necessity we have adopted significant changes at great speed and now we must consider what should be retained, what fault lines have been exposed and what practical and structural changes are needed to address the gaps.

The Commission met on six occasions and exchanged views and ideas across a range of issues from consumer leadership to mental health, as well as integration, digital health and health equity. The key issues discussed in these deliberations are drawn together into a set of diagnoses, prescriptions and recommendations through this report. We present this paper for the consideration of the broader consumer community, as well as ministers, governments, health care professionals and industry representatives. The key issues identified will help shape CHF's advocacy agenda moving forward.

We hope you find this report a useful way to conceptualise what consumer-centred health and social care can look like into the future and how we can get there.

Tony Lawson, Chair, CHF

Leanne Wells, CEO

Acknowledgement of Country

CHF and the Consumer Commission acknowledges the Traditional Owners of country throughout Australia where the Consumer Commissioners work, live, and have met to produce this report. We recognise their continuing connection to land, waters and community and pay our respects to them and their cultures; and to elders both past and present.

We acknowledge the ongoing contribution Aboriginal and Torres Strait Islander peoples make to the health and wellbeing of our communities and our environment, and recognise the importance of self-determination and community-centred services for good health outcomes for all Australians, including Aboriginal and Torres Strait Islander people.

CHF Vision and Mission

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

- advocating for appropriate and equitable healthcare
- undertaking consumer-based research and developing a strong consumer knowledge base
- identifying key issues in safety and quality of health services for consumers
- raising the health literacy of consumers, health professionals and stakeholders
- providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- early intervention, prevention and early diagnosis
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective. CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.

Executive Summary

Appetite for Change

While an appetite for health reform existed before COVID-19 turned our lives upside down, the pandemic has brought significant reform to major aspects of health and social care in ways we could not have imagined 12 months ago. It has also brought home how inextricably linked the population's health is to the overall economic health of our society.

CHF established the Consumer Commission to take forward the lessons of the COVID-19 experience for a better and more consumer-focussed health system into the future. The Consumer Commission draws in the expertise of 30 leading consumer advocates who bring a diversity of backgrounds and perspectives.

Diagnosis and Prescription

Across a series of workshops, the Commissioners considered the biggest health issues facing Australia and how we can reimagine health and social care for the benefit of consumers, families and carers as we move through and beyond COVID-19. The Commissioners 'diagnosed' the following issues and 'prescribed' a range of structural and practical changes to support the system into the future:

	DIAGNOSIS	PRESCRIPTION
Consumer leadership and co-design	Consumer voices and choices improve services, experiences and outcomes but co-design and co-production practices remain limited. Consumer engagement is especially needed in times of stress but is often the first thing to be dropped.	Consumer engagement, choice and control should be embedded across the system, alongside shared decision-making in all health services. We can build consumer leadership through establishing a consumer academy and enhancing partnerships between consumer organisations and other sectors.
Mental health and wellbeing	We have experienced growing rates of anxiety, loneliness and distress and have seen escalating demand for mental health and suicide prevention services in a system struggling to cope. We have observed more than ever that services like social housing and a secure income have a significant impact on mental health and wellbeing outcomes. Personal and community wellbeing has been highlighted as fundamental to resilience and coping in times of crisis.	We must re-examine major social policies including income support and housing and bolster coordination between mental health and other services. Workforce and service development is imperative to enhance the role of peer support across the mental health and suicide prevention systems, provide greater access to digital services and psychosocial supports. We need health investments balanced across health promotion and wellbeing programs and primary and acute services.
Integration and care coordination	Many parts of the system operate in silos e.g. aged care, disability, mental and physical health, and fee-for-service funding drives a transactional approach to care. Links within and beyond health systems are needed to provide a coordinated and continuous patient journey.	We must adopt blended funding approaches to incentivise team-based care, and systematically introduce care coordinators and/or navigators. Coordinated arrangements and co-commissioning should be developed across state-federal, primary-tertiary and public-private divides and permanent national governance forums are needed to facilitate timely, coordinated decision making.
Health equity	The link between poverty and poor health is clear and a social determinants approach is needed to effectively address this issue. Top-down approaches to designing and delivering services have failed in the past and instead we need a greater focus on community-led and controlled solutions.	We must recognise the inequalities across age groups that have been widened due to COVID-19 and engage and empower young people in the recovery. We should adopt a social determinants approach and implement it by developing a national social prescribing scheme, increasing investment in health promotion, prevention and health literacy and investing in critical social supports and infrastructure to build communities.
Digital health	Digital health has considerable benefits when integrated alongside face-to-face care. We need to address access barriers such as poor internet and low digital literacy and overcome systemic issues with interoperability which prevent information sharing across the system. Investment to encourage continued innovation is important.	High quality telehealth and virtual care should be embedded as an ongoing part of healthcare for all. We should develop a national plan to guarantee digital access and adopt platforms that enable information sharing, real-time data collection and reporting. We should invest in digitisation across healthcare as an enabler to improve patient care.

The Way Forward

These principles and recommendations draw on the key findings from the Commission's workshops, the insights from our expert interviews and relevant evidence. In addition to the five topics discussed through the workshops, it became apparent that a cross-cutting theme of governance and national leadership had emerged in the Commission's proposals.

The recommendations are made across six key topics as a path forward for a reimagined health and social care system. Here we summarise the key points, principles of what health care should look like and how we can get there. The list of recommendations can be viewed in full at the conclusion of the report.

Principles

EQUITY: Access to health and social care is equitable according to need and preference

COLLABORATIVE LEADERSHIP: Consumer experience and representation is present in all policy development, implementation and evaluation, whilst consumers and the community are partners in all levels of healthcare organisational governance and leadership

PERSON-CENTRED: All healthcare organisations are person-centred as a foundation of safe, high-quality healthcare, and model the key attributes of high-performing organisations as recommended by the Australian Commission on Safety and Quality in Health Care

COORDINATION: Health and social care providers and systems work together with consumers to collaboratively meet consumer needs

WELLBEING: Psychosocial and supportive care and holistic approaches are recognised as integral parts of healthcare and are key to delivering care that address a range of biological, cultural, environmental, and social factors, including financial disadvantage, that are integral to health and wellbeing

CHOICE: New approaches, including digital services and platforms, are integrated into healthcare and offered equitably and inclusively as a choice for consumers and providers to jointly select, based on informed consent and according to capacity and need

TRANSPARENCY: All policy and government forums adopt transparent processes with a requirement for public reporting of who has been consulted, as well as public reporting on consumer-centred indicators within the health system

TRUST: All governments and organisations are transparent about data security and privacy safeguards for any new and existing health platforms to enable public trust and confidence

Recommendations

Governance and national leadership

- Provide more training, resources and support to build consumer leadership capacity and capability
- Adopt a Health in All Policies approach and a wellbeing budget and report card
- Establish cross-portfolio governance forums that facilitate timely, coordinated decision making
- Empower young people to be partners in the COVID-19 response and recovery

Consumer leadership and co-design

- Establish a national health consumer leadership academy
- Embed consumer leadership and participation in health system governance and culture
- Fund a database of evidence-based consumer resources and research
- Establish more partnerships between consumers and other stakeholders

Mental health and wellbeing

- Invest in mental health and suicide prevention services with a focus on early intervention
- Expand the role of peer support across the mental health and suicide prevention systems
- Embed a mental health and wellbeing focus into COVID-19 recovery plans
- Partner with consumers to develop accountability indicators for mental health, suicide prevention and wellbeing services including psychosocial supports

Integration and care coordination

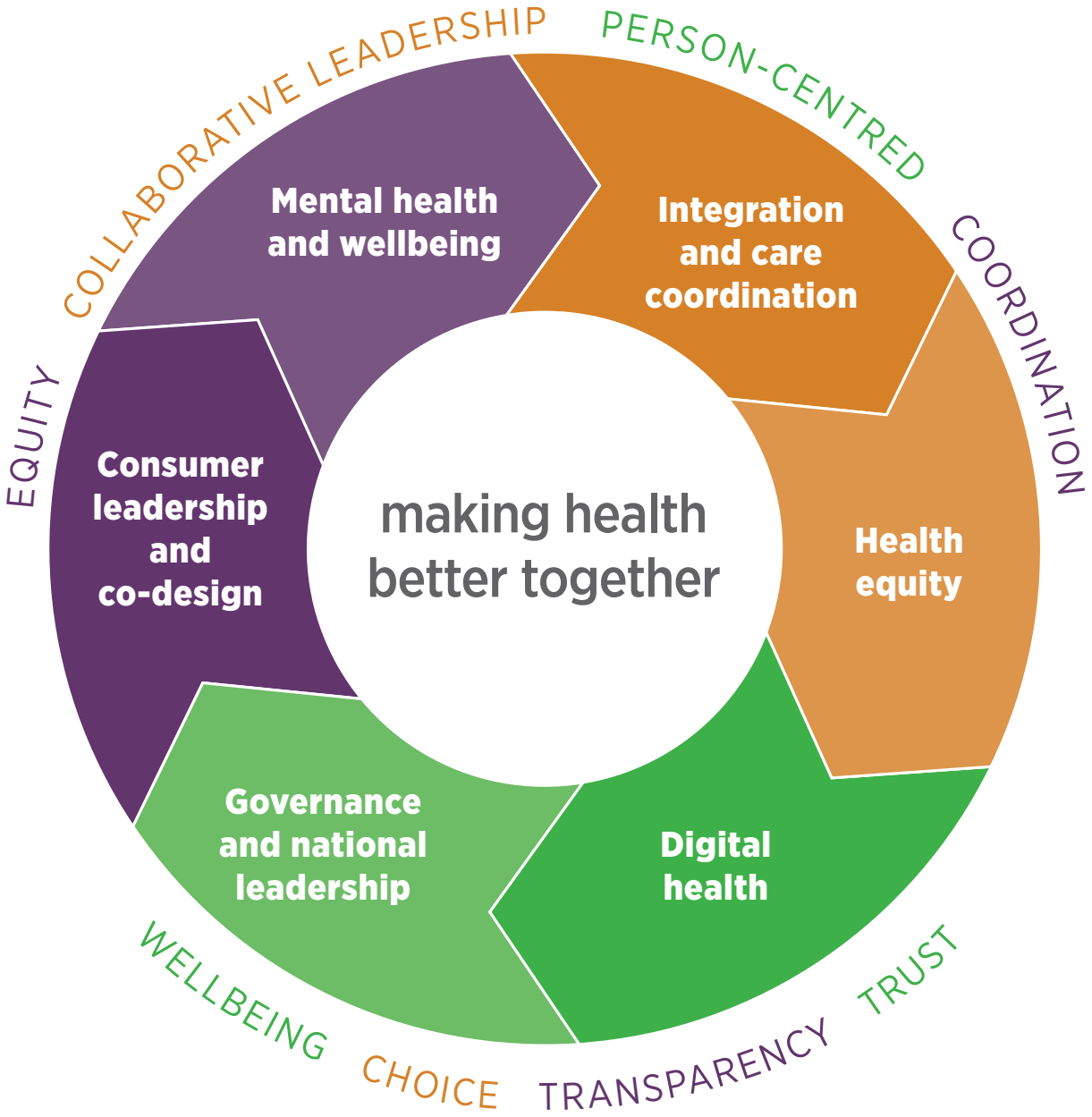
- Adopt blended funding approaches that incentivise consumer-centred, team-based care
- Finalise, fund and implement the 10 Year National Primary Health Care Plan
- Invest in a network of care coordinators and health system navigators
- Align all Primary and Local Health Network (PHN and LHN) boundaries and equip the organisations to jointly plan and co-commission

Health equity

- Permanently increase income support payments
- Urgently build more social housing to meet demand
- Broaden the Australian Charter of Healthcare Rights to include a right to health
- Increase investment in prevention to at least 5% of overall health spending as part of the National Preventive Health Strategy

Digital health

- Ensure the use of safe, high-quality digital health services is embedded across the health system
- Provide ongoing access to telehealth and virtual healthcare for all
- Adopt interoperable digital platforms that facilitate information sharing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Background

CHF's mission is to draw on consumer and community knowledge and experience to help shape innovation and improvements to the Australian health and human services system. The COVID-19 pandemic has placed an incredible strain on the health system, the economy and on individuals across Australia, but if we heed the lessons from this experience we have an opportunity to reimagine our health and social care systems for the better.

An appetite for health reform already existed before COVID-19 turned our lives upside down. In August 2019 the Australian Government launched Australia's Long-Term National Health Plan, which included a commitment to develop a 10-year Primary Health Care Plan and a 10-year National Preventive Health Strategy, amongst other items. In October 2019 the Royal Commission into Aged Care Safety and Quality released its interim report showing systemic failures and instances of neglect. On 30 June 2020 the Productivity Commission handed the final report from its inquiry into mental health to the Australian Government, with recommendations to build a consumer-centred mental health system. Vision 2030: a Blueprint for Mental Health and Suicide Prevention is also in development. The 2020-2025 National Health Reform Agreement signed by all Australian governments also sets out long-term health reforms.

Just prior to this wave of government inquiries and plans, CHF had called for a series of transformational shifts to give consumers the power, agency, activation and access to disrupt traditional modes of service delivery in health care. CHF's 2018 Shifting Gears White Paper called for investment in a pipeline of consumer leaders to drive change for a better health system.

The COVID-19 pandemic has led to a significant shift in attitudes and behaviours around public health. People have reconceptualised the relationship between public and private health as the pandemic has shown that good health is not something that can just be delivered to individuals by healthcare providers. More people have come to understand how their behaviours, actions and circumstances influence the quality of their experience and health outcomes both at the individual and societal levels.

Since COVID-19, we have seen significant reform to major aspects of health and social care across Australia including telehealth, income support, housing, childcare and many other areas where previously reform had seemed 'too difficult'. Additionally, as a society, we have reconceptualised the relationship between the public and private spheres into a more holistic understanding of population health. These policy changes and conceptual shifts have highlighted the benefits of investing in human capital and wellbeing to improve life for everyone in our community.

This has also been recognised internationally, with the World Economic Forum declaring that "a healthy future cannot be achieved without putting the health and wellbeing of populations at the centre of public policy."[1] As a nation, we now find ourselves facing difficult and important policy choices as we continue to deal with the ongoing effects of the pandemic and we start to think about what life beyond COVID-19 can and should look like.

1 Global Future Council on Health and Healthcare. (2020). *How to build a better health system: 8 expert essays*. World Economic Forum. Accessed 16 October 2020, < https://www.weforum.org/agenda/2020/10/how-to-build-a-better-health-system/>

Consumer Commission

CHF has established the Consumer Commission to take forward the lessons of the COVID-19 experience for a better and more consumer-focussed health system into the future. There are a number of reforms that have been shown to be possible and worthwhile during COVID-19, including telehealth, state and federal health cooperation and more systematic approaches to elective surgery waiting lists. The Consumer Commission draws on the expertise of 30 leading consumer advocates to ensure a strong consumer voice contributes to designing changes to health and social care moving forward.

The Consumer Commission was asked to consider the following key questions:

- How has the COVID-19 pandemic changed the way we think about and deliver healthcare services and build a healthy society?
- What should the future of health and social care policy look like from the consumer and carer perspective?
- What tangible changes should be put in place to support equal access to health care and reduce disadvantage across the Australian community?
- How can the consumer voice, experience and perspective be instrumental in shaping the approach in the post-COVID environment?

To answer these questions, commissioners participated in a series of online workshops across August to October 2020. Prior to the Commission's first meeting, Commissioners were asked to identify the biggest health issues facing Australia both during and post the COVID-19 pandemic. Five common themes emerged in the responses and informed the structure of the workshops around these topics:

- Consumer leadership and co-design
- Mental health and wellbeing
- Integration and care coordination
- Health equity
- Digital health

Expert interviews

To accompany the Consumer Commission workshops, CHF undertook a series of interviews with experts from across the health and social services sectors including within government, research and the community sector. Experts were asked to identify which aspects of reform should be retained after the COVID-19 pandemic, what gaps and fault lines have been exposed and what structural and practical changes are needed going forward. The key themes that emerged from these interviews are summarised in Part II of this report. A full list of experts who took part in the interviews is included at Attachment B.

Decision-making lens

The Consumer Commissioners raised a wide range of issues and ideas across the initial set of workshops, all of which could play a role in a reimagined health and social care system. To narrow the focus of this paper, each proposal has been tested against the following criteria:

- **Supportable:** is the proposal able to be supported by key stakeholders across the health system? The supportability for consumers is the primary consideration, but the ability to get broader support was also considered important in order for the proposal to be successfully taken up
- **Achievable and implementable:** is the proposal achievable within the constraints of the health system, budgets and policy environment? Can the proposal realistically be implemented by governments and/or communities? These criteria are not intended to constrain ambition or proposals that disrupt the status quo, but rather to envision an implementation pathway as part of the proposal
- **Links to existing platforms and the policy environment:** are there existing strategies, policies or mechanisms that outline a supportive framework for the proposal? How would the proposal fit with other reforms that are occurring at the moment?
- **Informed by evidence:** is there strong, independent evidence to support the proposal? What does the peer-reviewed literature say about how this sort of proposal can be implemented effectively?

Part One
Making Health Better — the Consumer Perspective

The COVID-19 pandemic has changed the way we think about and deliver health and social care in Australia and reminded us how inextricably linked the population's health is to economic health, inequality and overall wellbeing across the community. The Consumer Commission was established to consider what changes need to be retained or adopted to build a healthy society and improve health outcomes for consumers, carers and communities. This includes planning and preparing for future pandemics, and the broader questions of what we want our health and social care systems to look like into the future.

While the conversation started from the perspective of healthcare, Commissioners highlighted the need to recognise that health for all goes beyond healthcare for all and includes the need to promote healthy lives focused on wellbeing. The links between health and a wide range of other sectors, including aged care, disability and housing amongst others, were highlighted even though service delivery often exists in silos. Health messaging and clear communication was also a common theme across the discussions. Each of these issues will be explored more throughout this report.

For each of the key topics, Consumer Commissioners provided both a DIAGNOSIS of the issues related to that topic and a PRESCRIPTION for addressing these issues through structural and practical changes.

Consumer Leadership and Co-design

Diagnosis

For several decades there has been recognition of the need for a more active role for consumers in health care, what is often referred to as consumer 'choices' and consumer 'voices' aiming to improve service delivery, consumer experience and health outcomes. National policies recognise that there is mutual benefit to having consumers and carers as partners in planning, design, delivery, measurement and evaluation of systems and services, as well as partners in their own care.[2] Co-design and co-production are seen as enablers of meaningful consumer involvement and service improvement and are a key attribute of a high-performing person-centred healthcare system.[3]

Overseas, organisations with a dedicated focus on improving patient experience have been established, including The Point of Care Foundation in the United Kingdom and the Beryl Institute in the United States, but to date we have not seen this level of investment or focus in Australia. In times of stress or difficulty it becomes even more important to ensure consumer voices are at the table to help inform policy and system responses. During the COVID-19 pandemic we have seen mixed responses across the country when it comes to consumer involvement in policy and planning.

The experience of many consumer organisations was that most face-to-face meetings were cancelled at the onset of the pandemic in March 2020. Some committees then reverted to online formats after a couple of months break. Some committees, research projects and clinical trials that has consumer involvement were paused at the outset of the pandemic and have not yet resumed.

Some jurisdictions showed a strong commitment to consumer involvement in their COVID-19 response, while others saw consumer engagement largely dropped as the pandemic escalated. Queensland facilitated consumer participation at almost every level of decision making in the state's COVID-19 response and this involvement has been embedded into ongoing system governance arrangements. While there were pockets of discrete consumer involvement, the New South Wales (NSW) response was to withdraw into tight decision-making circles, leaving some consumers to take a proactive approach with Health Consumers NSW and establishing the Consumer Leaders COVID-19 Taskforce to influence system and service-level decision making. Tasmania also faced barriers initially but saw positive results from taking a proactive approach to presenting consumer feedback and input to government.

In the ACT, a consumer representative was included on the main Emergency Coordination Committee from its establishment and the consumer peak was engaged in work on an ethical decision-making framework. The cessation of funding for the state-based consumer organisation in South Australia was a barrier to maintaining consumer engagement during the pandemic, while in Western Australia online

2 Australian Commission on Safety and Quality in Health Care. (2019). Partnering with Consumers Standard, accessed 3 September 2020. <https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>

3 Australian Commission on Safety and Quality in Health Care. (2018). Review of the key attributes of high-performing person-centred healthcare organisations. Sydney: ACSQHC.

activities were used to fill some gaps where regular forums had been cancelled. Nationally a more permanent solution is needed to future proof consumer engagement as a regular part of health system responses in every jurisdiction into the future.

There were mixed views about consumer engagement in Victoria. Early in the pandemic, Safer Care Victoria established the Consumer Leadership Reference Group [CLRG Covid-19] comprising 16 consumers from across the state, who provided a consumer perspective on pandemic planning and response. At the same time, consumers continued to be involved in regular forums. However, many health consumers in Victoria felt ignored and left out of the pandemic response planning. Feedback from some felt they could have played a more valuable role by sharing lived experience to highlight gaps in the system and improve public messaging.

Prescription

Consumer leadership, partnership, choice and control should be embedded into health system governance and culture, drawing on lessons from consumer-centred approaches in other sectors. Priority must be given to ensuring disadvantaged and underrepresented voices are able to influence decision-making that affects them.

Shared decision making should be embedded into all health services and settings, supported by evidence-based guidelines and tools. Consumers also need to be embedded into health systems in a range of leadership and co-creation roles, not just through engagement. Such leadership roles were codified in CHF's 2018 *Shifting Gears* White Paper[4] and include consumers as health system planners, within formal governance structures, as teachers and students of a consumer leadership academy and as spokespeople and influencers. An academy would create an ongoing pipeline of informed, skilled consumer leaders who are trained in collaborative practice and co-design.

Conversely, within organisations person-centred care requires an enterprise-wide approach to achieve multiple attributes across all aspects of an organisation. All health organisations should adhere to the key attributes of high-performing person-centred healthcare organisations prescribed by the Australian Commission on Safety and Quality in Health Care (ACSQHC),[5] including comprehensive care, strong leadership and person-centred culture and governance. The National Safety and Quality Health Services Standards already have a mandatory 'partnering with consumers' requirement against which services are accredited.[6]

To build on the incredible work many consumers are already doing, the Consumer Commission identified the need for more information sharing and the establishment of communities of interest within the consumer and carer communities to break down silos, ensure the use of evidence-based approaches and better coordinate advocacy. Such forums would also ensure best use is made of existing tools including consumer sentiment surveys, Care Opinion, Real People Real Data, patient activation measures, and patient-reported outcome and experience measures.

Partnerships between consumers and providers to develop such measures ensure care is value-based and reflects what matters to consumers. We can draw on the approach of the International Consortium of Health Outcomes Measures (ICHOM) where measures for each condition have been developed with consumers and carers and include quality of life as well as clinical outcomes.[7]

Commissioners also want to see more partnerships between health consumers and researchers, policy consultants, technology start-ups and entrepreneurs to bridge the gap between consumer, clinician, government and corporations on health policy and programs.

4 Consumers Health Forum of Australia. (2018). *Shifting Gears – Consumers Transforming Health*. Canberra: CHF.

5 Australian Commission on Safety and Quality in Health Care. (2018). *Review of the key attributes of high-performing person-centred healthcare organisations.* Sydney: ACSQHC.

6 Australian Commission on Safety and Quality in Health Care. (2017). *National Safety and Quality Health Service Standards*. 2nd edition. Sydney: ACSQHC. p14.

7 ICHOM. *Standard Sets*. Accessed 16 October 2020, <https://www.ichom.org/standard-sets/>

Mental Health and Wellbeing

Diagnosis

The onset of COVID-19 and the associated measures designed to reduce its spread have seen widespread changes to the usual psychological state across the Australian community, with mild to moderate incidences of depression and anxiety significantly higher during the lockdown period.[8] Preliminary survey data also found 1 in 2 Australians reported feeling more lonely since the start of the COVID-19 pandemic. Young adults reported more loneliness, anxiety and stress than other adults and living with family during the pandemic was beneficial for protecting against loneliness.[9]

A recent survey by VicHealth showed that general satisfaction with life had declined during coronavirus lockdown with more people reporting low-medium life satisfaction scores, lower levels of subjective wellbeing and fewer people feeling connected to others. The survey also showed impacts on other healthy behaviours including physical activity and healthy eating.[10]

Given many of the measures required to contain COVID-19 are drivers of loneliness, anxiety and distress, a greater focus needs to be placed on access to mental health and suicide prevention services, as well as psychosocial and supportive care, in a way that brings services and supports to the consumer.

Australia's mental health and suicide prevention system was struggling to cope before the COVID-19 pandemic arrived. One in five Australians experiences mental ill-health in a given year, but too many who sought treatment were not receiving the necessary level of care.[11] COVID-19 has only further reinforced the need for systemic change in mental health, suicide prevention and psychosocial support with reports of many services ceasing when the pandemic hit. Commissioners noted the significant impacts of a range of social determinants on mental health and wellbeing, including income, housing, physical health, a healthy environment and home care.

8 Fisher, J et al. (2020). *Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey*. MJA pre-print 10 June 2020. Accessed at: https://www.mja.com.au/system/files/2020-06/Fisher%20mja20.00841%20-%2010%20June%202020.pdf

9 Lim, M.H. et al. (2020). *Survey of Health and Wellbeing – Monitoring the Impact of COVID-19*. Accessed at: https://www.swinburne.edu.au/content/dam/media/docs/Loneliness-in-COVID-19-15-07-20_final.pdf

10 Victorian Health Promotion Foundation. (2020). *VicHealth Coronavirus Victorian Wellbeing Impact Study*. Melbourne: VicHealth.

11 Productivity Commission (2019) *Mental Health,* Draft Report. Canberra.

Prescription

The Consumer Commission calls for a shift towards a more holistic approach to mental health and wellbeing that recognises the interdependency of physical and mental health across all government systems. Policy development needs to recognise that all aspects of a person's life, including physical, mental, emotional and social factors, influence their state of wellbeing. Reforms should start with a permanent increase to income support payments and a significant investment in additional social housing stock to provide stable, supportive environments for people to live healthy lives.

Greater investment is needed in mental health, suicide prevention and psychosocial support services based on a targeted understanding of gaps and in a way that complements existing supports. While investment is needed at all levels, a recovery and wellbeing focussed approach requires shifting investment towards community-based services.

Coordination is needed between mental health, suicide prevention and other sectors including child and family services, education, youth and justice. Commissioners also call for greater recognition of allied health and psychosocial supports within mental health and a more integrated approach to holistic care planning.

There is a need to enhance the role of peer support across the mental health and suicide prevention systems as peer workers are currently sporadically utilised and poorly supported. The Fifth National Mental Health and Suicide Prevention Plan recognises that peer workers play an important role in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences.[12] Examples of best practice peer support should be drawn from the growing number of peer networks and models that exist across Australia.[13]

Both peer workers and community organisations should have a central role in the development and delivery of social prescribing programs as they have a key role in delivering services that support health behaviours and psychosocial care. Social prescribing is the delivery of non-clinical services to improve health and wellbeing outcomes and address the underlying causes of poor health, loneliness and social isolation.[14]

12 National Mental Health Commission. (2017). *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Department of Health. p46.

13 Walker C, Mawson, E. (2019). *Peer Support for Chronic and Complex Conditions – a literature review*. Chronic Illness Alliance. Accessed on 14 October 2020, http://www.chronicillness.org.au/wp-content/uploads/2019/05/Peer-Support-for-Chronic-and-Complex-Conditions-Lit-Rev-Feb-2019-FINAL.-docx.pdf.

14 Consumers Health Forum, Royal Australian College of General Practitioners. (2020). *Social Prescribing Roundtable, November 2019:* Report. CHF and RACGP.

Integration and Care Coordination

Diagnosis

While consumers want an integrated, joined-up experience across all aspects of health and social care, the reality is that most parts of care continue to operate in silos and moving between parts of the system remains difficult. Barriers exist between different providers (e.g. public, private, not-for-profit) and between different care settings (e.g. community, primary and tertiary services).

Funding is a key factor that drives behaviour with the fee-for-service model incentivising a more transactional approach that doesn't meet the needs of many people, especially those with chronic and complex conditions. The role of the multidisciplinary team is critical to a coordinated care experience for the consumer and needs to include aged and disability care workers. Consumers and carers are critical parts of their own care team and needs to be included within the communication structure. Additionally, the role of peer workers should be recognised and valued.

A number of surveys were conducted with cancer patients which found patients experienced changes or delays to diagnosis and treatment services during the COVID-19 pandemic, especially for allied health and counselling services and follow-up appointments. COVID-19 changed the way many patients were cared for, including appointments being held via telehealth and a majority of respondents report some level of anxiety about their care being affected by the pandemic.[15] A survey undertaken by the Continuity of Care Collaboration from May to June 2020 found a significant drop in engagement with healthcare services for non-COVID health issues. 52% of respondents had delayed on avoided medical appointments, including general practice and allied health appointments and pathology tests.[16]

Additionally, given many aspects of care sit outside the health system it is important that the transitions, both within health settings and between health and social services, operate seamlessly. Care coordinators, system navigators and link workers play an important role to support these transitions. The COVID-19 pandemic has highlighted many of the gaps and silos that already existed, particularly between health services and aged and disability care.

The pandemic has also forced rapid changes that in some cases have led to more coordinated and streamlined approaches, including the establishment of the National Cabinet to facilitate rapid decision making on key policy questions. It is worth considering the value of retaining some of these changes beyond the COVID-19 experience.

15 Breast Cancer Network Australia. (2020). *The impact of COVID-19 on people living with breast cancer*. Accessed 14 October 2020, https://www.bcna.org.au/news/2020/10/the-impact-of-covid-19-on-people-living-with-breast-cancer/.

16 Continuity of Care Collaboration. (2020). *Consumer Survey: Access to Healthcare During COVID-19*. London Agency

Prescription

The Consumer Commission calls for 'one health system' with aligned boundaries across state and federal systems and incentives for team-based models of care. The system should focus on health and wellbeing outcomes for the consumer rather than system activity. Health outcomes should be informed by patient reported outcome and experience measures developed in partnership with consumers. This should be, at least in part, implemented through the National 10 Year Primary Health Care Plan currently under development.

Blended funding approaches should be adopted to ensure the viability of health services and facilitate new models like virtual hospitals and home-based care without placing a cost or complexity burden onto consumers and carers. Primary Health Networks (PHNs) have a key role to play as fund holders, commissioners and 'system stewards'. Reform of private health insurance to enable coverage of services that consumers value needs to form part of the overall funding reform picture. Consumers need to be involved in funding model design to ensure complex needs are met.

Commissioners would like to see the systematic introduction of care coordinator or navigator roles to support consumers to connect key services, with a particular focus on self-management support for consumers with chronic and complex conditions. All models should start from a premise of addressing consumer needs and preferences and should build on existing evidence-based models.

Commissioners support the establishment of permanent governance forums that enable timely, coordinated discussion and planning around health and wellbeing across the Commonwealth, states and territories, as well as linking between the public and private health sectors and include consumer representation. Such a forum should undertake a detailed evaluation and review of the response to the COVID-19 pandemic to inform future system planning from a holistic perspective and prepare for future crises.

Health Equity

Diagnosis

Health equity means that consumer choice and access is enabled and not restricted for some compared to the services and supports others receive. Factors such as geography, age, disability, gender identity and sexual orientation, culture and language, health status and economic means should not limit or reduce access to health care. Resources should be allocated fairly and according to need, noting that equity is not the same as equality. Access to health care is also often influenced by socially constructed biases and prejudices which lead to inequitable access and outcomes. A social determinants approach is needed to address these underlying factors.

There is a clear link between poverty and poor health and social outcomes and therefore policies that reduce poverty, ensure stable housing and meet basic needs are important for improving health and wellbeing, as reflected in the Sustainable Development Goals.[17] Good health is not evenly distributed across the population, and some demographic groups clearly experience avoidable differences in health, wellbeing and longevity.[18] The COVID-19 pandemic has increased inequality by significantly reducing earnings in the lower half of household income distribution.[19] For example, in 2020 average weekly wages in the industries most affected by the pandemic and lockdowns were less than half of those in the least affected industries.[20] Women, young people and people on income support are over represented in this cohort. If ongoing government support is not provided it is likely that COVID-19 will leave a legacy of greatly increased inequality and poverty. Therefore, health equity and social justice principles need to be at the forefront of all pandemic responses and recovery plans.

While they are less likely to be severely impacted by the virus, young people are experiencing many of the indirect effects of the COVID-19 pandemic and the exacerbation of inequalities that existed previously. For example, 30% of young adults were unemployed or underemployed before the pandemic hit and nearly half had experienced housing stress in the past five years.[21] The Commission supports the OECD's call for youth and intergenerational approaches to policy moving forward to reduce the long-term social and economic impacts of the recession and worsening mental health.[22]

It is important to recognise the long history of top-down approaches that have failed to close the gap and reduce disparities in mortality and morbidity rates within disadvantaged communities. During COVID-19 Aboriginal and Torres Strait Islander communities have demonstrated how self-directed community responses can be effective through a model of self-determination and community control. Moving forward 'nothing about us without us' needs to be at the core of health policy development and community and cultural leaders need to be engaged from the start as messages and programs are developed.

17 UN Department of Economic and Social Affairs. *The 17 Goals.* Accessed 20 October 2020, https://sdgs.un.org/goals

18 Australian Health Promotion Association and Public Health Association of Australia. (2018). *Health Promotion and Illness Prevention Policy Position Statement.* AHPA and PHAA. p3.

19 Davidson, P. (2020). *Inequality in Australia, Part 1: Overview.* Supplement: The impact of COVID-19 on income inequality. Sydney: Australian Council of Social Service and UNSW.

20 Henwood, B. (2020). *Income and wealth inequality in Australia was rising before COVID-19.* Accessed 14 October 2020, https://newsroom.unsw.edu.au/news/social-affairs/income-and-wealth-inequality-australia-was-rising-covid-19.

21 Collin P, Kang M and Skinner R. (2020). *COVID-19 cases are highest in young adults. We need to partner with them for the health of the whole community.* The Conversation. Accessed on 15 October 2020, https://theconversation.com/covid-19-cases-are-highest-in-young-adults-we-need-to-partner-with-them-for-the-health-of-the-whole-community-144932.

22 Allam M, Ader M and Igrioglu G. (2020). *Youth and COVID-19 – Response, Recovery and Resilience.* OECD.

Prescription

The need to address the social determinants of health was identified in the 2013 report by the Senate Community Affairs References Committee.[23] Many of the recommendations in this report remain relevant and should be implemented as a priority.

A national social prescribing scheme, involving a series of local social prescribing programs across the country, and a national health literacy strategy are needed to give consumers, families and carers agency over their health and care. Additionally, as we plan for the future, young people need to be genuinely engaged through co-design and empowered to inform the response and design the society they will inherit.

The Consumer Commission calls for the right to healthcare embedded in the Australian Charter of Healthcare Rights be broadened to include a right to health, not just healthcare. The Charter should be strengthened by recognising the impact of social, environmental and commercial determinants on health outcomes, including the creation of barriers to accessible and affordable healthcare.

The Commission calls for greater investment in health promotion, prevention and health literacy to make up a minimum of 5% of overall health expenditure.[24] Building on the societal shift we have seen during the pandemic towards health as a collective responsibility, these measures would shift the focus from individual behaviours to the underlying systemic factors in order to address the social determinants of health and reduce inequities in health outcomes.

The Commission calls for coordinated investment in social infrastructure that enables people to live lives free from poverty, anxiety and deprivation. Investment should focus on social housing, income support, childcare, public transport, broadband coverage and aged and disability care. These are all examples of services that build communities and should be seen as an investment, not a cost.

23 Community Affairs References Committee. (2013). *Australia's domestic response to the World Health Organisation's (WHO) Commission on the Social Determinants of Health report "Closing the gap within a generation"*. Canberra: Senate Printing Unit, Parliament House.

24 Jackson H, Shiell A. (2017). *Preventive health: How much does Australia spend and is it enough?* Canberra: Foundation for Alcohol Research and Education.

Digital Health

Diagnosis

Digital health is the use of digital tools, technologies and services in healthcare delivery to empower people and populations to manage their health and wellbeing and support provider teams to work within flexible, integrated, interoperable and digitally-enabled environments.[25] It can help improve access and outcomes for some, and has considerable benefits when integrated alongside face to face care. Digital technologies are, and will increasingly, play a central role in healthcare and we need to ensure that access to care is not restricted because of poor internet, lack of device, inability to afford data or low digital literacy. According to the 2019 Australian Digital Inclusion Index Australia's overall digital inclusion score is increasing but the gap between digitally included and excluded Australians is widening for some.[26] Addressing these gaps needs to be at the forefront of any digital health policy.

There is a growing evidence base showing the effectiveness of telehealth consultations for a range of services[26, 27, 28] and uptake has increased during the COVID-19 pandemic.[30] The question is how to ensure ongoing access for those who need and want it in a way that is sustainable for health providers and provides high quality care for consumers. Funding models (both public and private) need to recognise telehealth as an ongoing part of healthcare.

We also know that digital health encompasses so much more than telehealth. Other tools such as big data, robotics and artificial intelligence can be used as enablers of improved patient care through detection, diagnosis and monitoring. At the same time, transparency is critically important to reassure consumers about the security and privacy of their data.

Information sharing is another critical component of having a digitally capable health system. We currently face significant issues resulting from the use of legacy platforms which are a barrier to sharing health information between services and providers. This needs to be addressed alongside better integration and utilisation of My Health Record.

25 Snowdon A. (2020). *Digital Health: A Framework for Healthcare Transformation.* HIMSS.

26 Thomas J, Barraket J, Wilson CK, Rennie E, Ewing S, MacDonald T. (2019). Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019. Melbourne: RMIT University and Swinburne University of Technology, for Telstra.

27 Kruse CS, Krowski N, Rodriguez B, et al. (2017). Telehealth and patient satisfaction: a systematic review and narrative analysis. *BMJ Open*. 7:e016242.

28 Caffery LJ, Bradford NK, Smith AC, et al. (2018). How telehealth facilitates the provision of culturally appropriate healthcare for Indigenous Australians. *Journal of Telemedicine and Telecare*. 24(10):676-682.

29 Hwang R, Morris NR, Mandrusiak A, et al. (2019). Cost-Utility Analysis of Home-Based Telerehabilitation Compared With Centre-Based Rehabilitation in Patients With Heart Failure. *Heart, lung & circulation*. 28(12): 1795-1803.

30 Hunt G. (2020, April 20). *Australians embrace telehealth to save lives during COVID-19* [press release]. https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australians-embrace-telehealth-to-save-lives-during-covid-19.

Prescription

The Commission calls for a culture shift within healthcare so that high quality digital access is seen as a right not a luxury and an investment not a cost. A 'national strategic plan for digital access and innovation' should be developed which draws on the insights of consumers' lived experiences to co-design platforms and systems across industries and parts of the health system that work for consumers and carers.

Commissioners support the use of digital options to improve access and outcomes and streamline the care pathway, though consumers should always retain choice and digital should be integrated alongside face to face care. Digital tools can support consumers to be empowered to navigate the system and drive their own care and recovery.

As a first step the Consumer Commission calls for ongoing high quality, affordable access to telehealth and virtual care for all consumers including investment in digital navigation and specific initiatives to address the digital divide through both education and access to devices and broadband.

The Commission would like to see the adoption of digital platforms that enable information sharing and interoperability between services, support collaboration and maintain choice for consumers. Real-time outcome-based data collection and public reporting should be embedded into these systems.

Governments and service providers need to be transparent and responsive to concerns about data security to enable public trust in new technologies.

Part Two
Making Health Better — Other Expert Views

To further explore these questions and identify the extent to which consumer views align with other stakeholders across health and social care, CHF staff undertook a series of interviews with a range of health and community sector leaders.

Interviewees were asked to respond to the following questions:

1. What changes have been adopted during the COVID-19 pandemic response that should be retained to help support improved health and wellbeing into the future?
2. Where are the fault line or gaps that have been exposed?
3. What policy and practical changes are needed to improve health outcomes and experiences for consumers and support the recovery

25 interviews were conducted with experts from the government, research, media, health and community sectors. The full list of interviewees is listed at Appendix B and a summary of the key themes that emerged from those discussions is outlined below.

These expert views concur with the Consumer Commissioners in diagnosing health equity, digital health, integration and care coordination and mental health and wellbeing as key themes emerging from our experience of care during the COVID-19 pandemic response.

Retain

There has been greater recognition that health is unequal across the community and fundamental inequities place some people more at risk during a pandemic. Additionally, the importance of public health to the overall health of the community and the critical role of primary and community care to supporting our ongoing health has been highlighted, taking some of the focus away from acute care.

Australians have built a collective understanding that everyone has a part to play to support each other's health and increased overall understanding of infectious diseases and infection control measures.

Telehealth has been adopted as an adjunct to care, and now needs to be accompanied by an associated agenda to define and evaluate quality digital care, address access barriers and inequities, provide infrastructure support, encourage continuing innovation and improve digital literacy.

There is merit in retaining the newly created arrangements to support cooperation, collaboration and information sharing across and within governments to expedite processes and decision making. Additionally, the shift towards a willingness to adopt innovative approaches and rapidly mobilise services to meet community need, including flexible care arrangements supported by new funding models, has been beneficial.

The health system must identify, highlight and replicate exemplars of meaningful and purposeful consumer involvement in decision making at the system and service levels, including engaging with community and cultural leaders to build health services that meet the needs of local communities (noting that this did not happen across the board).

Additional investment in social supports and human capital to address the social determinants of health including through childcare, early years education, income support and housing should be retained, as should the additional capacity for front line mental health services and increased access to a range of online mental health supports.

Fault lines

Gaps between health and social care including silos between health, aged care and disability services have been highlighted during the pandemic. This has occurred alongside exposure to a range of social determinants that impact on health outcomes leading to the further widening of health inequities including disparities in educational attainment, employment and housing, and evidence of structural racism.

Investments in short-term fixes and ill-targeted measures over time have resulted in a lack of focus on prevention and preventive health approaches, such as cancer screening and self-management, to keep people well when we needed it most.

There is a continued reliance on funding models that focus on episodic care and disincentivise integrated team-based health and social care, which does not enable holistic care for people with chronic conditions and exposes the fragility of primary care business models.

The pandemic has exposed systemic failures in aged care that prioritise profit over high quality care for older people.

Health messaging was inadequate, was not targeted to the needs of diverse communities and did not make messages accessible to all consumers. Additionally, health services and settings were too willing to drop consumer engagement and co-design approaches with community and cultural leaders in a time of stress when consumer input was needed most.

A narrow approach to mental health has been adopted that focuses solely on visits with an individual provider and reliance on medication but does not fully utilise the range of social and behavioural tools available to sustainably address the long-term mental health impacts of the pandemic.

There has been evidence of confusion over the division of responsibilities between levels of government leading to gaps and duplication in the pandemic response, and a lack of forward planning and preparedness for crisis management, including the rapid adoption of new technology.

Structural and practical changes

There is a need to develop funding models that enable and incentivise high value care, multidisciplinary approaches and prevention of illness focused on the needs of the consumer. Coordinated leadership across state governments, PHNs and local governments is needed to deliver regional services that are efficient, easy to navigate and meet the needs of children, young people, families and local communities based on co-design

It is crucial to leverage the expertise of NGOs and community organisations to distribute health information, deliver health services and build trust with local communities. This should occur alongside efforts to improve health literacy through a national health literacy strategy, delivered primarily through multidisciplinary primary care teams and accessible community avenues such as public libraries.

Independent mechanisms must be developed and sustained to support long term health system planning and support planning at the local population level, with consumer leadership embedded into governance arrangements. These mechanisms should review and evaluate the pandemic response to identify the gaps, share lessons learnt and be better prepared for the next health crisis, and include young people as co-designers of the recovery effort.

Future health policy must take a public health, equity and social determinants of health approach to health policy that goes beyond clinical responses and addresses the underlying lifestyle, environmental and structural factors that impact on wellbeing.

A commitment to significant reform of the aged care sector in line with the recommendations of the Royal Commission into Aged Care Safety and Quality is critical.

Build on this moment to embrace the use of digital platforms and technology to support health including through home-based care, system navigation, in-reach models, virtual hospitals, telehealth and a range of other opportunities.

Where to from here?

While we continue to deal with the ongoing impacts of the COVID-19 pandemic in Australia, conversations are already turning to the future directions and priorities for our health and human services systems in a post pandemic environment. Out of this moment of major disruption we have an opportunity to recreate our health and social care systems to be more consumer-centred, to better meet the needs of consumers and carers and to improve health outcomes.

These principles and recommendations draw on the key findings from the Commission's workshops, the insights from our expert interviews and relevant evidence to identify what healthcare should look like and how we can get there. In addition to the five topics discussed through the workshops, it became apparent that a cross-cutting theme of governance and national leadership had emerged in the Commission's proposals.

Principles

EQUITY: Access to health and social care is equitable according to need and preference

COLLABORATIVE LEADERSHIP: Consumer experience and representation is present in all policy development, implementation and evaluation, whilst consumers and the community are partners in all levels of healthcare organisational governance and leadership

PERSON-CENTRED: All healthcare organisations are person-centred as a foundation of safe, high-quality healthcare, and model the key attributes of high-performing organisations as recommended by the Australian Commission on Safety and Quality in Health Care

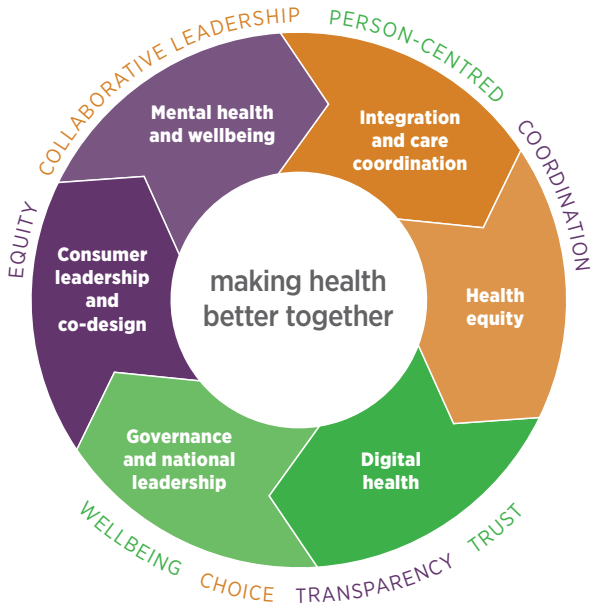
COORDINATION: Health and social care providers and systems work together with consumers to collaboratively meet consumer needs

WELLBEING: Psychosocial and supportive care and holistic approaches are recognised as integral parts of healthcare and are key to delivering care that address a range of biological, cultural, environmental, and social factors, including financial disadvantage, that are integral to health and wellbeing

CHOICE: New approaches, including digital services and platforms, are integrated into healthcare and offered equitably and inclusively as a choice for consumers and providers to jointly select, based on informed consent and according to capacity and need

TRANSPARENCY: All policy and government forums adopt transparent processes with a requirement for public reporting of who has been consulted, as well as public reporting on consumer-centred indicators within the health system

TRUST: All governments and organisations are transparent about data security and privacy safeguards for any new and existing health platforms to enable public trust and confidence



Recommendations

The Consumer Commission has laid out an ambitious reform agenda for the future of health and social care in Australia; one that is consistent with the views of many other lead health and community sector organisations. For this agenda to be successful, consumers, families and carers must be partners in every step of the process from design to implementation.

The Commission recognises that delivering this agenda will need input from a diverse range of experts and we see consumer experts playing a critical role as equal partners in this process. For some recommendations, the consumer community's role should not just be one of participant or partner, but rather one of leadership. As outlined in Shifting Gears – Consumers transforming health, consumer leadership roles can take many different forms across health system planning, policy co-design, governance, research, accreditation and peer support just to name a few. For each recommendation health consumers will take on some level of leadership role either through advocacy, design, implementation, monitoring or all of the above.

The recommendations are made across six key topics as a path forward for a reimagined health and social care system.

Governance and national leadership:

1. All governments should provide more training, resources and support to health consumer organisations to build leadership capacity and capability amongst consumers and providers, influence decision making through partnership approaches and produce evidence of consumer sentiments and lived experience to inform health policy
2. The Australian Government should adopt a Health in All Policies approach and an overarching wellbeing framework that takes a cross-portfolio social determinants approach to improving health outcomes including through a wellbeing budget and a national report card to track performance against key wellbeing metrics
3. Governments should establish governance forums that facilitate timely, coordinated decision making and holistic health system planning across all sectors (including federal, state, public, private and not-for-profit stakeholders)
4. Governments should empower young people to be partners in the COVID-19 response and recovery through co-design by:
   a. establishing a young person's advisory committee that reports to National Cabinet
   b. establishing a network of regional youth forums as part of the Australian Government's National Youth Policy Framework
   c. requiring young people to be identified as a target group for inclusion in all major stakeholder forums

Consumer leadership and co-design

5. The Commonwealth Government should establish an independently governed national health consumer leadership academy, with co-support from states and territories and other contributors. The academy would be a key component of the health system to support consumer leadership, qualifications, mentorship of emerging consumer leaders and advocates and networking opportunities to amplify the consumer voice
6. Health system managers, administrators and workers should embed consumer leadership, participation and choice into health system governance and culture, including through the systematic use of Patient Report Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) routinely across all health services, public and private
7. The Australian government should support improved knowledge exchange and collaboration between

consumer organisations by providing funding for a central database of evidence-based resources, a directory of active consumer representatives and their activities, research grants on consumer leadership and collaboration, and annual consumer summits

8. Consumer organisations and governments should establish more partnerships between health consumers and other stakeholders to influence health policy and highlight lived experience, including through requiring:
   a. all major research collaboratives such as CRCs, CREs and any future partnership or translation centres to have skilled consumer partners and participants
   b. all major stakeholder forums to always include consumer organisations and representatives
   c. all government agencies to include consumers on their boards and committees

Mental health and wellbeing

9. All levels of government should increase investment in mental health and suicide prevention services, organisations supporting wellbeing and specialist services providing psychosocial care with a focus on early intervention in the community. The Commonwealth should lead this process as the jurisdiction with responsibility for primary care, and should start by implementing all recommendations from the Productivity Commission inquiry into mental health
10. All levels of government and health service providers should expand the role of peer support across the mental health and suicide prevention systems by investing in training and embedding peer workers into workforce structures
11. The Commonwealth, in partnership with states and territories, should ensure mental health and wellbeing is a key focus of policy and programs throughout the COVID-19 recovery
12. Governments should pool funding to develop a set of accountability indicators for mental health, suicide prevention and psychosocial support services that are clear, evidence-based and measurable and relate to both clinical outcomes and quality of life. The indicators should be developed in partnership with consumers and carers and publicly reported on

Integration and care coordination

13. Governments to coordinate on the adoption of blended, innovative funding approaches that incentivise consumer-centred, team-based care within the health system, between health and social care settings, including the NDIS and aged care, and across the public-private divide
14. The Australian Government should finalise, appropriately fund and implement its 10 Year National Primary Care Plan as a priority
15. All levels of government should improve coordination by investing in a jointly funded network of care coordinators and health system navigators, developed collaboratively with local communities drawing on existing expertise and funding and as part of efforts to expand the health workforce in areas of need
16. Align all Primary Health Network (PHN) and Local Hospital Network (LHN) boundaries and report these publicly. Require all regions to have shared consumer consultative processes, shared planning arrangements and accelerate the co-commissioning of services to deliver value-based health and social care.

Health equity

17. The Australian government should permanently increase income support payments to a level that enables people to live above the poverty line as a critical first step to address the social determinants of health
18. As part of a Health in All Policies approach, Commonwealth and state and territory governments should coordinate and pool funding to urgently build more social housing to meet demand, as well as joint investment in other public and community infrastructure
19. The Australian Charter of Healthcare Rights should be broadened to include a right to health, not just

healthcare, and all levels of government and health services should be required to publicly report against the Charter and the steps they have taken to ensure these rights are being met

20. As part of the development of the National Preventive Health Strategy, the Commonwealth should increase the focus on preventive health measures, including:
    a. Targeted investment in the early years of life to address health and income inequalities for children, young people, families and communities
    b. Increased investment in prevention and health promotion research
    c. Implementation of a national social prescribing scheme and a national health literacy strategy
    d. A commitment to increase investment in prevention to make up at least 5% of overall health spending by 2030.

Digital health

21. Ensure the use of safe, high-quality digital health services is integrated across the health system by:
    a. Subsidising devices and access to data to help diminish the digital divide
    b. Ensuring all services provide secure digital options
    c. Funding a network of digital navigators and digital navigation platforms to train health professionals to use digital forms of delivery, and support consumers with low digital health literacy
    d. Fund and partner with consumers to develop a digital health information library to provide access to credible, high-quality health information, mobile apps and other digital resources to support self-care.
22. The Commonwealth and states and territories to provide ongoing access to high-quality, affordable telehealth and virtual healthcare for all consumers starting with primary care, virtual hospitals and case conferencing across health and social care
23. Health system managers and administrators to work collaboratively to adopt secure, interoperable digital platforms that facilitate information sharing, collaboration and choice between providers and consumers to improve the quality and efficiency of care.

Conclusion

Through this report – Making Health Better Together – CHF and the Consumer Commission have demonstrated the value and power of partnering with consumer experts on significant policy and system reform. Only consumers and their families and carers see and experience the whole health care system. Different clinicians and providers only interact with the system at various windows across the course of a person's care journey. Consumers' observations and lived experience from before and during the COVID-19 pandemic are critical to understanding what worked, where the gaps are and what changes are needed to improve outcomes and experiences for the people our systems are designed to care for.

This report outlines a set of person-centred principles and recommendations, providing a clear picture what consumer-centred health and social care should look like and a roadmap for how we can get there after this significant period of disruption.

Appendix A:
Consumer Commissioners

Tony Lawson
Indra Gajanayake
Laila Hallam
Georgia Gardner
Kate Griggs
Lynda Whiteway
Melissa Cadzow
Sophy Athan
Susannah Morris
Helen Mees
Lisa Kelly
Christine Walker
James Smith
Charlie-Helen Robinson
Ben Horgan
Briannan Dean
Jane Cockburn
Jan Donovan
Debra Letica
Matthew King
Sonia Markoff
Shirley Baxter
Angela Fitzpatrick
Saba Nabi
Ingrid Ozols AM
Jim Madden
Danielle Boyle
Ravini Fernando
Kellie O'Callaghan
Penelope McMillan
*Jahdai Vigona attended the workshops as an observer

CHF Secretariat

Leanne Wells
Jo Root
Lisa Gelbart
Leanne Kelly
Carolyn Thompson
Anthony Egeland
James Ansell

Facilitator

Andrew Hollo

Appendix B:
Expert Interviewees

- Ainslie Cahill (Maridulu Budyari Gumal/SPHERE)
- Alison Verhoeven (Australian Healthcare & Hospitals Association)
- Professor Anna Peeters (Institute for Health Transformation)
- Rebecca Edwards (Consumer expert)
- Belinda MacLeod-Smith (Consumer expert)
- Bill Bowtell (APA Consulting)
- Debra Kay (Consumer expert)
- Professor Sharon Goldfeld (Murdoch Children's Research Institute)
- Dr Gabrielle O'Kane (National Rural Health Alliance)
- Professor Ian Webster (University of New South Wales)
- Ian Yates (COTA Australia)
- Jacqui Phillips (Australian Council of Social Services)
- Jennifer Doggett (Australian Healthcare Reform Alliance)
- Karen Booth (Australian Primary Health Care Nurses Association)
- Professor Kirsten McCaffery (Sydney Health Literacy Lab)
- Dr Mark Morgan (Royal Australian College of General Practitioners)
- Matthew Etherington (Red Cross)
- Melissa Sweet (Croakey)
- Michael Brennan (Productivity Commission)
- Mohammad Al-Khafaji (Federation of Ethnic Communities' Councils of Australia)
- Professor Jeffery Braithwaite (Australian Institute of Health Innovation)
- Professor Rosemary Calder (Australian Health Policy Collaboration)
- Dr Sandro Demaio (VicHealth)
- Dr Stephen Duckett (Grattan Institute)
- Professor Tim Usherwood (The University of Sydney)