



Consumers Health
Forum OF Australia

Establishment of the Australian Consumer Leadership Academy

Pre-Budget Submission

“Building a Centre of Excellence”

Consumers Health Forum of Australia (2022)
Establishment of the Australian Consumer
Leadership Academy

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Consumer Health Forum - Establishment of the Australian Consumer Leadership Academy – 2022-23 Pre-Budget Submission

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Summary of Recommendation

Problem	There is no current pathway to formally recognise the skills and expertise that consumers bring to the health system despite the growing need for consumer leadership and advisory positions in health services and healthcare organisations.
Solution	Establishment of the Australian Consumer Leadership Academy to provide an articulated pathway for a formal qualification that provides a benchmark for consumer leadership and best practise in Australia.
Investment	\$5 million over 3 years commencing 1 July 2023 to develop a pipeline of consumer leaders with the skills and expertise to occupy high level positions in the health system
Impact	A network of graduates with credentials to fill formal, decision making roles such as executive advisers in health care organisations, research and translatory roles such as investigators and editors, and in governance. A group of graduate leaders who can mentor emerging leaders.

Introduction

The Consumers Health Forum of Australia (CHF), established in the 1970s and then as a national peak body in 1985, represents the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

To respond to the pressing challenges facing our health system CHF formed a Consumer Commission in 2020 to contribute ideas about the future of the Australian health and social care system in the wake of the COVID-19 pandemic.

Through this process the Commission recommended the establishment of an Australian Consumer Leadership Academy (ACLA). **This submission is seeking a \$5 million investment over 3 years** from the Commonwealth Government to support the establishment of a dedicated Consumer Leadership Academy that will be led by CHF with academic partners.

The case for strengthening consumer leadership in health

There is a robust body of evidence that shows when consumers are engaged in their health care and decision making, health outcomes improve, and resources are allocated more efficiently.

The evidence is summarised well in *The King's Fund 2014 publication People in control of their own health and care* which makes a clear distinction between the critical role for consumers being involved in their own care (self-leadership) and the role of patients working with other leaders (e.g., clinical, managerial, community) to engage in leadership tasks such as visioning, governance, strategic planning, decision making and service redesign. Whilst these two roles share some of the same capabilities, there are also some different implications for how health organisations will need to work with consumers and communities to fulfil these different roles.

Partnering with consumers and community is about healthcare organisations, providers, policy makers and researchers actively collaborating with consumers to ensure that health policy, information, systems, and services meet their needs. This will include investment in training and development that enables consumers to utilise and be recognised for their skills and knowledge and to effectively partner in the development and improvement in healthcare. Importantly, providing further training and development options for consumers supports them to effectively operate as a significant partner in the health system and enables them to impact on policy, planning, delivery, evaluation, and monitoring of healthcare policy, systems, and processes whilst applying best practise.

Building competent and capable consumer leaders is internationally recognised as essential to drive positive change in the health system. Australia has been at the forefront of consumer participation for several decades but without the opportunity to provide a pathway for formal recognition of skills and expertise, the ability for consumers with lived experience to occupy senior roles is limited. It is essential moving forward that consumer leaders are considered a significant partner at both the governance and executive levels in health.

Problem

The Australian Government and government agencies such as the Australian Quality and Safety in Healthcare Commission (ACSQHC), the Australian Digital Health Agency (ADHA) and the National Mental Health Commission are beneficiaries of advice from consumer representatives who are primarily nominated by CHF. Primary Health Networks (PHNs) and local hospital networks and districts also partner with consumer advisers to inform their commissioning decisions and services. Whilst there are exemplars in consumer engagement and leadership occurring across the Australian health care sector, there are examples where it could be seen as tokenistic and minimal at best and community is increasingly distrusting of directly engaging with decision-makers.

There is significant activity being undertaken in Australia in relation to information, training and support and development opportunities for consumers. However, it is not well co-ordinated and is distributed across a range of consultancies and organisations which has created duplication and siloing of practice and, in some cases, agencies paying for similar ideas and practice. Furthermore, unlike all other professional groups in the health sector, consumers or people with lived experience do not have access to the same level of formal qualification that recognises and supports the expertise they bring. Consumers increasingly need to be occupying leadership positions on Boards, at executive levels or on high level policy and advisory committees within health, research, education, and community organisations

and often feel ill equipped to do so. Health, research, and community organisations are increasingly creating positions for consumer leaders but have little understanding of the skills and expertise required and the level of remuneration, nor have the mechanisms to support mentoring.

History has also highlighted the impact of not involving people. A successive number of reports commissioned because of adverse events in health and social care have concluded that in most cases, significant harm could have been prevented and financial cost saved if organisations had listened to those in their care¹.

Solution and Benefits to the Australian Consumer Leadership Academy

The primary purpose of the ACLA is to develop a formal, high-level qualification for consumer leaders that currently does not exist. The secondary purpose is to enable micro-credentialling for consumers, clinicians, policy makers, researchers and other stakeholders who want to build more authentic partnerships with consumers and recognise and understand diverse experience and perspectives in health care.

The ACLA will provide four levels of activity

- Internships for consumers wanting to attain a high-level formal qualification in consumer leadership in health
- Access to individual modules/units on various components of consumer engagement and leadership that are also credentialled and that can be taken up by consumers, policy makers, service providers, researchers, and the like. These units can be credentialled individually or articulated into a higher-level qualification
- Shorter, intensive programs that are aimed at development/capacity building (e.g., Collaborative Pairs)
- A clearinghouse: a repository of resources, information, publications, tools, training programs and conferences as a central conduit for effective consumer participation and leadership in healthcare and a Centre of Excellence.

In the education and training domain there will be three key streams that will focus on:

- Partnering with Consumers in Policy;
- Partnering with Consumers in Research;
- Partnering with Consumers in Service Improvement and Culture Change.

The primary focus of the ACLA is to strengthen consumer leadership and build consumer capability to develop effective partnerships that will drive transformational change in the health system burgeoning researchers and health dialog contributors.

The clearinghouse system will provide a central one stop shop for interested consumers and other stakeholders (i.e., service providers, researchers, policymakers) to access information, resources, tools, training programs and networking opportunities.

Through CHF's established presence and proven track record in the Australian health care system and policy decision-making and advocacy– the establishment and delivery of the ACLA will allow Australia to match and apply best practice in line with other likeminded countries such as Canada, the United Kingdom and New Zealand who have recognised the need and have established structures to shift practice.

¹ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/people-in-control-of-their-own-health-and-care-the-state-of-involvement-november-2014.pdf

There have been several Royal Commissions: Aged Care Quality and Safety and Disability at the national level and mental health in Victoria, all of which have identified the weakness of governance and leaderships across respective sectors. The Federal Government announced last year its commitment to strengthening leaders and governance across the aged care sector and we believe the ACLA, although initially a health initiative will have transferability across to other sectors.

Implementation and Costings

The following outlines the indicative costing breakdown over three years. The initial costs are to establish the ACLA as a credible and sustainable model to engage with Australian consumers and community. This initial investment from government will be phased down as the ACLA partners with academia and industry to provide a diversified and sustainable funding base, through philanthropy and user-pay models of service delivery.

	YEAR 1	YEAR 2	YEAR 3	Total
Program Management office	\$100,000	\$100,000	\$100,000	\$300,000
Labour costs	\$300,000	\$300,000	\$300,000	\$900,000
Marketing and Promotion	\$100,000	\$100,000	\$100,000	\$300,000
Communications and Clearing House	\$300,000	\$400,000	\$400,000	1,100,000
Program Development and Delivery	\$350,000	\$500,000	\$500,000	1,350,000
Partnerships	\$200,000	\$350,000	\$350,000	\$900,000
Evaluation	\$50,000	\$50,000	\$50,000	\$150,000
TOTAL	\$1,400,000	\$1,800,000	\$1,800,000	\$5 million

Anticipated Outcomes for the Investment

An investment of \$5 million over 3 years will create the infrastructure for an Academy which will provide 40-50 places over the 3 years for consumers to attain a formal qualification including coursework, placement and mentorship which will enable graduates to occupy positions such as Director of Consumer Engagement, Lived Experience Managers or Expert Advisors at the Executive level in health services and organisations, research co-investigators and editors, as well as Expert Advisors on national high level strategic and reform committees and taskforces. The qualification developed by the Academy will be the benchmark for the system which currently does not have one. It is expected that these internships will be

supplemented by sponsorship from health services and other national and state-based organisations.

The Academy will also provide opportunity for approximately 500 consumers, researchers, policy makers, service providers and other stakeholders to achieve micro credentials for individual units/modules which together will form an articulated pathway for credentialing of a higher-level qualification. This will be on a user pay model. Similarly, at least 50 or more places will be available in shorter, intensive programs such as Collaborative Pairs which will focus on different components of collaborative leadership and co-design, an essential skill for all working in the current health system.

The clearinghouse of resources, development programs and networks will provide a vehicle for a hub or one stop shop for consumers and stakeholders alike to access information, resources, training opportunities and networks related to consumer engagement, consumer leadership and collaborative leadership. This will be a major asset for all working in health to navigate the plethora of programs and information.

About the Consumers Health Forum of Australia

CHF has been the nation's pre-eminent advocate for consumers in the ongoing development and improvement of Australian health policy and practice since 1985. CHF is the national consumer peak body representing a wide variety of consumer organisations and individuals with an interest in health care consumer affairs. This role is recognised under the Australian Government's Health Peak and Advisory Bodies Programme.

CHF's membership is extensive and includes illness groups, disability groups, state peak health consumer organisations, professional, research and other health sector bodies. This diversity enables CHF to have the capacity, credibility, and authenticity to provide deep, well-informed consumer and community insights and perspectives to governments and other decision makers.

CHF's strength and effectiveness comes from its over 200 members, consumer advisors, governance, and team. CHF has experienced a growth in membership and includes organisations and individuals to reach millions of consumers and community. CHF has also added to the number and depth of expertise on CHF's *Consumer Link* Program in response to demand.

CHF has championed consumer education and leadership development through its pioneering *Collaborative Pairs Australia* program, adapted from the UK Kings Fund. Considered world leading, *Collaborative Pairs Australia* teaches collaborative practice between consumers and clinicians, and has attracted participants from PHNs, NPS MedicineWise, the ADHA, research institutes and NZ PHOs.

CHF has mature governance structure through the skills-based Board of Directors. The CHF is accountable and regulated by the Australian Commission for Not-for-Profit Charities (ACNC). With oversight by the Finance, Audit and Risk Committee CHF's financial position is sound, with commissioned projects and partnerships with a range of organisations supplementing core funding.

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