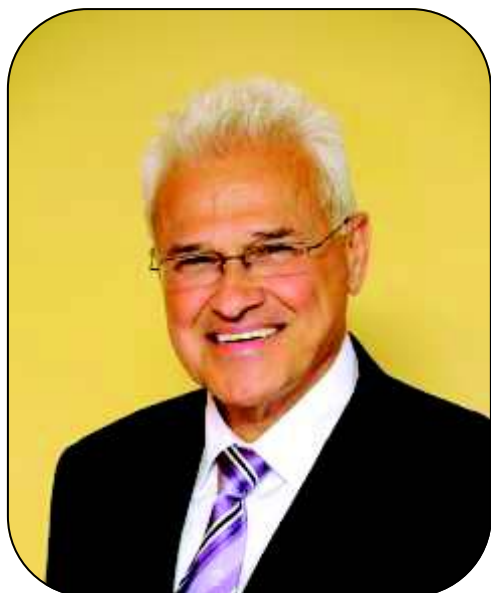


An Interview with Les White..



Les White is the inaugural Chief Paediatrician, NSW Kids and Families

You have had a very impressive career: Paediatric Oncologist, Professor of Paediatrics, Chief executive of Sydney Children's Hospital and now the NSW Chief Paediatrician: Has this been what you planned or hoped of your career?

I didn't have a specific roadmap when I started and I couldn't have predicted exactly where I would end up. Some of these positions arose along the way, such as the inaugural Sydney Children's Hospital executive position, which came as the hospital separated from the broader campus at the Prince of Wales, Randwick and the NSW Chief Paediatrician role which came out of the Garling enquiry. Broadly, I did have a desire to make a difference, so when the opportunity arose to do so at a broader system-wide level I took it up and went from there.

What has influenced your career most?

There are some individuals who have influenced my career in terms of role models. Most importantly, I have learnt that the health and wellbeing of children is a key component of what is good for all of society, for everybody. If children are healthy and well then all of society will benefit. This central theme is what got me interested in doing paediatrics in the first place and all the stages thereafter followed from there.

Do you still keep an interest in any areas of research?

Yes I do. Research has been an interesting evolution because I spent a lot of time on cancer research, both clinical and in the laboratory. I had a whole series of papers published and was awarded a Doctorate of Science for my contributions to

literature. Not surprisingly, my cancer work and research has tapered off over the last decade or so and my involvement with that is limited now with only one clinic a month. At the same time, I have become very interested in health services research and organisational culture research and I have transferred skills from one domain to the other. Although quite different there are nevertheless some transferrable learnings about the discipline of research and thinking in an enquiring way about the things around you. I find research very stimulating and I wouldn't want to give it up. At the moment I am looking at establishing a state-wide collaborative around studying the services for children as a major agenda for research.

How much do you feel that paediatrics is changing or has changed, say in the last 15 years?

There are huge improvements. First of all, the capacity to treat illness is far better. There are massive improvements in addressing acute illness or, indeed, acute presentations of chronic illness and many hospitalisations have been dramatically reduced as a consequence. As a parallel to that, while we treat and manage better we don't necessarily cure so we now have a rising burden of chronic complex disorders which is ongoing, beyond childhood into adulthood. So that is one major change and challenge, particularly when you add the transition to adult care context.

Another aspect of change is the increasing recognition of the continuities between child and adult health and wellbeing and the particular importance of early childhood. This looks not so much at the illness context but at overall wellbeing and becoming productive contributors to society generally. If you look at child health and wellbeing more broadly, evidence increasingly points to the impact it has on societal wellbeing as a whole. The scope of child health and wellbeing starts in-utero and continues right into young adulthood. We need to think much more broadly and recognise opportunities to make a difference early in this life-course.

What is your vision for paediatrics in Australia?

This is such a big question. Firstly, I would like to have these connections integrated into the way we work, from the impact of early childhood influences right through to young adulthood and all the transitions between. This broader view of child health and wellbeing also recognises the importance of the social determinants of

health and how they intersect with healthcare. If you are talking nationally, I would very much like the learnings from one jurisdiction to be translated into another so we benefit from each other's experience. This is not to stifle innovation, as there are always new initiatives in any jurisdiction or individual service, but the idea would be that we are very closely networked across the country so if something good happens in one area it is picked up in another fairly quickly.

To express this as coherent theme, I would like to see integration happening in multiple domains across not only the life-course continuum but also across the various dimensions of the service continuum. The latter includes: the tiers of service, often referred to as primary, secondary, tertiary and quaternary; the geographic and demographic divides; and the jurisdictional barriers. Progress in those four facets of integration to me would be a great achievement.

“If children are healthy and well then all of society will benefit.”

As co-chair of the ACI Disability Network, what are your interests in the health of people with an intellectual disability?

I was bought into that network partly because of my perceived capacity to facilitate and lead. I had no specific professional experience in intellectual disability. There is also a personal aspect of being a parent of a young adult with an intellectual disability. The network has lots of different players from various different perspectives and they needed someone who didn't have a historic link with any one group, who was independent and had the capacity to bring people together. I have ended up staying on longer than I had anticipated because it is such an important opportunity to make a difference.

What do you think the ACI Disability Network may be able to achieve to contribute to their wellbeing?

I was pleased to see in the last School-Link newsletter the outline of the ACI network and its structure and the various agenda items and subcommittees. The structure is designed to address a whole range of issues within the health system

and beyond. So it is very comprehensive. We have projects that work on cohesion and integration of services and others focus on making the patient journey as appropriate as possible. It is expected that over time the network may also be able to grow and enhance services, but we have to make sure that we know exactly what the best models are and how to progress them. In that domain there are also major opportunities to be part of the bigger picture, namely DisabilityCare Australia (NDIS) and the various state alliances that go with that.

How much do you think the DisabilityCare Australia (NDIS) will change things for people with an intellectual disability?

It is hard to know, but the optimist in me sees a whole new way of addressing needs. The fact that it has received the recognition and the profile that it has within the last few weeks, is in itself a huge achievement. People are now more aware that there are enormous challenges for both individuals with disabilities and their carers. The additional resources is a big component but with that goes a philosophical approach to maximising choice, supporting carers, trying to recognise the potential of people with a disability and to offer them maximum opportunity to develop their potential. So I do feel that there are some real major opportunities ahead of us and the ideal would be to be there at the forefront and to participate in the evolution of DisabilityCare Australia.

How much will that help health and mental health issues?

We know that people with intellectual disabilities have a much higher disease burden across the board: physical and mental. The mental health challenge is a particularly major issue. Sometimes I think of it as a triple whammy, as you may have physical disability or illness, intellectual disability and mental health challenges all happening simultaneously, which is a very tough combination. We need to use the opportunity of increasing awareness to put that squarely on the agenda and to keep working on it. It is one of the key aspects of what the ACI network and the various subcommittees promote.

How much have you seen paediatrics make an impact on the care for children and adolescents with mental health and intellectual and developmental disabilities?

Let me begin by recognising that specialist mental health services are the domain of mental health experts. However, general paediatricians are very actively involved in supporting families and providing the social, emotional and behavioural

aspects of healthcare care for children and young people. They work closely with other health professionals, such as general practitioners. If you look at the workload of a general paediatrician in the community, a very large proportion of their daily work is about those social, emotional, behavioural aspects of health, which is not always understood and acknowledged. However, that is a critical part of what they do. It seems to be something that parents as well as patients need and appreciate. We need to acknowledge and support this work and ensure an integrated relationship with the specialist aspects of mental health expertise so there is a continuum and we don't have two different silos working separately.

Are you IT orientated? Do you have a web-link you would recommend?

One website I have been particularly impressed with recently is www.raisingchildren.net.au. There is now a project lead by Professor David Bennett along with the NSW Kids and Families: Youth Health and Wellbeing team to expand the adolescent and young person aspects of parenting information on this website. The traditional focus of the website and of the Raising Children network has been on parenting of younger children.

Do you have a current project you are working on?

I am working on lots of projects as part of the role I have in seeking to coordinate services across the state. One is a project looking at maximising access to surgical services for children: the right services, the right place, the right time. This would allow the children's hospitals to do the specialist things that only they can do with the other hospitals being supported in doing operations that are not so specialised and that can be done closer to home. This is a tiered approach with appropriate access to services as close to home as possible and referral to the children's hospitals for things that need to go there.

Do you have a book you could recommend?

I don't really have time to read much fiction, mainly papers and reports. However the most recent book I read, while I was travelling on conference leave, was *A tale of two cities*- the old classic. It is brilliant literature but thoroughly depressing!

