

Community Health Review Bulletin

This is the second issue in a series of bi-monthly bulletins providing information on the Review of Community Health Services in NSW

In this Issue

Featured in this second edition of the Community Health Review Bulletin is:

- Discussion of the definitional concept of community health,
- An update on the progress of the Review and
- Advice on the successful tenderer engaged to complete the second and third terms of reference for the review. Some detail about their approach and consultation strategy will also be given.

Defining Community Health & the Scope for the Review



Community health is a complex concept, due in part to the historical context in which community health services have developed since the 1970s. As with other primary health care, community health has evolved as a decentralized, bottom-up endeavour necessarily dispersed where its constituents reside.¹ Over time these services have changed and evolved independently, assuming different management and

¹ FERRER, R.L., HAMBIDGE, S.J. AND MALY, R.C., 2005. The Essential Role of Generalists in Health Care Systems. *Ann Intern Med.* 142: 691-699.

service provision structures. Since their inception, community health services have evolved to be provided in a range of different settings, delivered by a wide range of different health professional groups.

Community health services provided by NSW Health form part of a broader community based service system collectively termed the *primary and community health* (PaCH) sector. This sector includes private providers such as general practitioners, allied health care professionals, community pharmacists, and health-related non-government organisations. Optimal outcomes for patients cannot be achieved unless the sector as a whole functions as an integrated and cohesive system.

Whilst services within the PaCH sector share a common philosophy and have many similar features, they also have differing roles, funding mechanisms and organisational structures.

The NSW Health *Integrated Primary and Community Health Policy (2007-2012)* defines community health as follows:

“Community health services provide a range of community-based prevention, early intervention, assessment, treatment, health maintenance and continuing care services designed to improve or maintain the health and well being of individuals and communities”.

For the purposes of the Community Health Review (CHR), the scope and parameters

of community health have been further defined and inclusions and exclusions made explicit as follows. This definition has been developed following a limited review of the national and international literature and through consultations with key stakeholders within the Department and Area Health Services.

In the context of the Community Health Review, community health services are those which satisfy these three criteria:

1. Services are primarily delivered in a community setting, including facilities co-located with other health services, such as community health centres on hospital grounds. Note this excludes all admitted/inpatient services.
2. Services provided to individuals and/or small groups, as opposed to the whole population or large population groups.
3. Services are delivered, managed and operated by NSW Health. While the review is primarily concerned with NSW health operated services, it must necessarily consider the interface and linkages with a range of other providers, including Non Government Organisations (NGOs), General Practice and private providers.



Reference Group (area directors/managers of community health), receiving feedback for their proposed approach, methodology and consultation strategy. This project inception stage is critical for planning the direction of the project and ensuring the outcomes sought are achieved.

The Community Health Directors Peak Forum is the expert reference group and will continue to be the primary contact between the Department and AHS and between the consultants and AHS for the duration of the review, particularly in identifying key Area stakeholders to be consulted.

Baseline Audit

The NSW Department of Health has been undertaking an initial baseline audit, collecting and analysing data on the current state of community health services in NSW. The Baseline Audit, which includes a qualitative and quantitative analysis of the current state of community health is on schedule to be completed in draft form by the end of April 2008 and The Baseline Audit addresses the first term of reference for the review – collating and analysing existing data and information on location of and types of services, management and organisation structures, service delivery models, extent of human and financial investment and current service activity levels for community health services. The findings of the audit will help inform the consultation process.

Current Status

Tender Process

The open tender process for the Review of Community Health Services in NSW closed on 4 March 2008. A number of high quality submissions were received. Following a rigorous evaluation process, the **Centre for Health Services Development, University of Wollongong (CHSD)** was appointed as the successful tenderer to complete the second and third terms of reference for the review. CHSD has been meeting with Departmental directors and executives, the Steering Committee and the Expert

Appointment of new project leader

The Branch is currently reviewing applications for the appointment of a new departmental project leader for the Community Health Review, as Karen Peters has gone on maternity leave. Karen has been leading and steering the project since January 2008. Karen's breadth of experience and knowledge and her dedication and passion for community health have been invaluable to getting the project to this stage. Karen will return to the department in December 2008.



Consultant's Project plan & approach

About Centre for Health Services Development, University of Wollongong



University of Wollongong

- CHSD is a self-funded health services research & development centre
- It is the largest health services research centre in Australia, with 200+ R & D projects (mix of national, state, local projects) & 40 staff and affiliates & 16 disciplines
- The team has experience spanning over 3 decades at all levels of primary health care
- The CHSD project team will include Prof. Kathy Eagar, Carla Cranny, Alan Owen, Peter Samsa, Tineke Robinson, Marie Banfiel and Elizabeth Cuthbert.

Review Goals

Strategic Review of the future role and directions for Community Health Services with:

- Snap shot of current system using the NSW Health Baseline audit plus advice on governance, effective models and gaps in services
- Literature review on effective models and gaps in services
- Consultation with NSW Health, Areas, CHSs, NGOs, peaks and national networks on positioning
- Research on best buys
- Advice and recommendations on future directions and strategic investment and disinvestment

Approach – How will the review work?

CHSD's approach offers a practical balance of consultation effort and investigation:

1. Three areas of empirical investigation to be synthesised to gather the evidence the Review needs:
 - Governance, policy and administration
 - The field – best ideas, evidence of what works where

- Research (best practice models) and development strategies
2. 'Best buys' and recommendations for areas of investment and disinvestment
 3. All against a quickly moving state and national background

Project Plan Timeline

- Start-up: late April
- Review baseline audit: May
- Consultations with key stakeholders: May through November
- Research into community health models and bests buys: May through November
- First and second reports on governance and gaps and effective models: end October
- Third report on future directions and investment: end December

Project Deliverables

The deliverables to be produced by the consultant are:

- **First Report:** Provide a report on gaps in current provision of community health services addressing all of the requirements set out in Terms of Reference 2.1 – 2.4 inclusive (**Due October 2008**)
- **Second Report:** Research and report on models of community health service delivery across a range of jurisdictions, within NSW, other states and territories in Australia and overseas, including identification of best practice models. The report should address all the requirements set out in Term of Reference 2.5 (**Due October 2008**)
- **Final Report:** Provide a report on enhancing future community health service delivery. The report should address all the requirements set out in Terms of Reference 3.1 – 3.4 inclusive (**Due December 2008**).
- Literature & best practice review – to feed into Report 2

Consultation Strategy

Consultations are scheduled for May until November, with additional consultations conducted throughout the project as needed.

The key stakeholders to be consulted in this process include: Area Health Service (AHS) executives; AHS directors and managers of community health and other health services; community health (and other area health) staff; Department of Health directors and executives; community health partners/bodies – General Practice Bodies, Non-Government Organisations; NSW human service agencies; NSW central agencies; various advisory bodies and other stakeholders.

Information collection methods include structured interviews, questionnaires and self assessment tools, small focus group discussions and forums. The consultation process with the relevant stakeholders will serve a number of purposes:

- Provide the information needed on current service delivery models, governance arrangements, linkages and referral processes and perceived gaps.
- Elicit views on options and priorities for reform and future directions relevant to the final report and the literature review.
- Investigate examples of good current practice in the areas of linkage and integration with acute care, primary care, community care and population health services. The process will include follow up mechanisms.

Outcomes sought from the Review

The Review is seeking short and long term recommendations on:

- defining core services to be delivered by community health services

- new and innovative service delivery models
- reformed clinical and management structures for community health
- improving integration with the primary care, acute and population health sectors
- better linkages with non-government and private providers
- appropriate key performance indicators (particularly outcomes)
- improving the transparency and assessment of services provided and service costs

Community Health in Action



Further information can be obtained from:

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