

## Community Health Review Bulletin

*This is the first in a series of monthly bulletins providing information on the Review of Community Health Services in NSW*

### Background

At its planning day held in April 2007, the NSW Health Senior Executive Advisory Board agreed to undertake a review of Community Health Services in NSW.

This follows an increasing recognition across Government of the importance of investing in prevention and early intervention services, and of looking at a range of strategies to reduce avoidable hospital admissions.

In October 2007, the NSW Department of Health Management Board gave formal support to the Review, and its Terms of Reference (see Attachment).

In broad terms, the review will focus on current investment in community health services operated by NSW Health, identifying challenges and gaps in service delivery and making recommendations for reform.

It will also examine linkages with other primary and community health providers such as general practitioners and non-government organisations, as well as other parts of the health system, namely the acute and population health sectors.

The Primary Health and Community Partnerships Branch of the Department of Health is managing the project.

The Review will be steered by the Chronic, Aged and Community Health Priority Taskforce Departmental Group, with the addition of one rural and one metropolitan Area Director of Community Health and a nominee of the Chief Health Officer.

As part of the review process, advice will be sought from a range of key stakeholders,

including the NSW General Practice Council, Alliance of NSW Divisions, Council of Social Services of NSW, and other relevant State and Australian Government agencies.

### The policy context

The Review is consistent with, and supports the priorities of, both *the NSW State Plan* and the *NSW State Health Plan*. The priorities in the *State Plan* particularly relevant to the Review are:

**Priority S1:** Improving access to quality health care

**Priority S2:** Improving survival rates and quality of life for people with potentially fatal or chronic conditions through improvements in health care

**Priority S3:** Improving health through reduced obesity, smoking, illicit drug use and risk drinking

**Priority F1:** Improved health and education for Aboriginal people

**Priority F4:** Embedding prevention and early intervention into Government services

**Priority F5:** Reduced avoidable hospital admissions

**Priority F7:** Reduced rates of child abuse and neglect

The Review is relevant to all seven Strategic Directions in the *NSW State Health Plan*, but in particular to **Strategic Direction 3** "Strengthen primary health and continuing care in the community".

The Review is taking place in the context of the *Integrated Primary and Community Health Policy 2007-2012*. This policy sets out the strategic directions for providing comprehensive and coordinated primary and community health care. The policy is at: [http://www.health.nsw.gov.au/policies/pd/2006/PD2\\_006\\_106.html](http://www.health.nsw.gov.au/policies/pd/2006/PD2_006_106.html)

## Deliverables and outcomes

The deliverables associated with the Review are:

Deliverable	Delivered By Whom	By When
<b>FIRST TERM OF REFERENCE</b>		
Report on scope of activity and existing investment in community health services	NSW Department of Health	March 2008
<b>SECOND TERM OF REFERENCE</b>		
Report on: <ul style="list-style-type: none"> <li>Community health clinical and management structures</li> <li>Current community health service system, including service gaps</li> <li>Strengths and weaknesses of existing community health services framework</li> <li>Community health services linkages with, and referral pathways to, general practice and other community-based healthcare providers</li> </ul>	External Consultant	October 2008
Report on national and international models of care for community health services, including recommendations as to best practice models	External consultant	October 2008
<b>THIRD TERM OF REFERENCE</b>		
Final report	External Consultant	December 2008
Advice and comment from key stakeholders	Project Leader	February 2009
Advice on recommendations for appropriate key performance indicators in Chief Executive Performance Agreements	Steering Committee	March 2009
Final Departmental response to the Review	NSW Department of Health	May 2009

### Current status

The majority of the review is to be undertaken by an external consultant.

The tender was advertised on the NSW Government tenders website <http://tenders.nsw.gov.au/health> and in the press on Monday 4 February 2008. The successful tenderer will be appointed by the end of March 2008.

The consultant will undertake a wide range of consultations with key stakeholders within and external to NSW Health, as well as a national and international literature and program review.

Outcomes of the review will include recommendations on core services to be provided by community health, clinical and management structures, service delivery models and linkages with other parts of

the health system. The review will also identify a pathway for reform of the sector, taking into account these recommendations.

To develop an initial baseline for the review, the Department is currently collating and analysing data on the location and types of services provided by community health, current service activity levels, and the extent of human and financial investment in community health services.

The Review will be completed by December 2008.

#### **Further information can be obtained from:**

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# Community Health Review

## Terms of Reference

*The review has 11 terms of reference, grouped under three core themes.*

### 1. Audit scope of activity and existing investment in community health services

The following components to be addressed by the **Departmental Working Group**:

- 1.1. *Identify and report on the range of services that Area Health Services deliver under the banner of “community health” including:*
  - 1.1.1 *the modes of service delivery*
  - 1.1.2 *the client group/s and demand patterns (including projected demand)*
  - 1.1.3 *the asset base used to deliver those services (capital, fleet) and trends over time in the allocation of those assets*
  - 1.1.4 *the human resources employed to deliver those services and trends over time in allocation of those resources*
  - 1.1.5 *the financial resources allocated to deliver those services and trends over time in the allocation of those resources*

### 2. Gaps in current provision of community health services

The following components to be addressed by **consultant**:

- 2.1. *Identify and assess community health clinical and management structures within Area Health Services.*
- 2.2. *Identify the existing community health service system, and gaps or deficiencies in service delivery.*
- 2.3. *Identify and report on the strengths and weaknesses of the existing community health service framework.*
- 2.4. *Identify the extent of linkages, including referral pathways, and gaps, to general practice, other government agencies, non-government organisations and other providers of community-based primary health care.*
- 2.5. *Identify the extent of linkages, including referral pathways, and gaps, with other parts of the health system, namely the acute and population health sectors.*
- 2.6. *Research and produce a report, which could be used as a resource guide, detailing national and international models of community health service delivery and identify and recommend models considered best practice*

### 3. The Future - Enhancing community health service delivery

The following components to be addressed by **consultant**:

- 3.1. *Produce a report and make recommendations, both short term and long term, for a revitalised and cost effective community health sector and identify a pathway for reform. This will include recommendations in relation to:*
  - 3.1.1. *clinical structures;*
  - 3.1.2. *management structures;*
  - 3.1.3. *integration of community health services within existing clinical networks;*
  - 3.1.4. *mechanisms for improving the transparency and assessment of quality of services provided by community health services;*
  - 3.1.5. *mechanisms to improve the transparency and assessment of service costs- for example through improvements to the Unaudited Annual Returns (UAR);*
  - 3.1.6. *linkages and referral pathways within the primary and community health sector and between community health services and the acute and population health sectors*
  - 3.1.7. *appropriate key performance indicators (process, output and outcome) for community health services*
- 3.2. *Define the core services to be managed by community health services including the integration of the delivery of services with primary health care. Review existing evidence on “best buys” for community health services and identify services that no longer offer “value for money” taking into consideration the priorities articulated in the State Plan and State Health Plan.*
- 3.3. *Identify and recommend areas of disinvestment/reinvestment to achieve this vision.*
- 3.4. *Recommend a staged pathway for reform.*

The following components to be addressed by the **Departmental Working Group**:

- 3.5 *Based on the advice of 3.1.7, make recommendations as to appropriate Key Performance Indicators that may be introduced into Chief Executive Performance Agreements to strengthen the findings of the review.*