

Issue No 5

Community Health Review Bulletin

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

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General update

The Centre for Health Service Development has completed most of the consultations for the Community Health Review.



Their findings form part of the initial reports to the Department of Health on the review. These reports include a review of the evidence nationally and internationally on community health and an analysis of the strengths and weaknesses of community health in NSW today.

The reports will be discussed with the Community Health Review Steering Group during November and December. Their main purpose is to inform the Final Report of the review due with the Department at the end of December 2008. This will include

options and recommendations for staged reform to revitalise community health.

A range of submissions have been posted to the review's website – see: <http://www.nswchr.net/Home/Submissions/submissions-available>

Further submissions can be made – via www.nswchr.net/ – until Friday 14 November 2008.

National health reform – what's happening?

An important aspect of this review is keeping an eye on developments in health reform nationally, particularly those affecting primary and community health.

Health reform in Australia is presently an area of high activity. Here we give a quick snapshot of some of that work. The review needs to take these developments into account when determining a pathway forward for community health in NSW.



National Primary Health Care Strategy

During June 2008, the Hon Nicola Roxon MP, federal Minister for Health & Ageing, announced that the Rudd Government would develop a National Primary Health Care Strategy.

The strategy's focus is to include better rewarding prevention activity, supporting people with chronic disease, access to services from practice nurses and allied health, and greater emphasis on multidisciplinary teams.

An External Reference Group (Chair: Dr Tony Hobbs, GP Obstetrician from Cootamundra) will develop a draft strategy for the Minister's consideration by mid-2009. More information is available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/Primary+Health+Strategy-1>

Medicare Benefits Schedule Review

As a related step, the federal Minister also announced a review of the Medicare Benefits Schedule. This is being undertaken by the Commonwealth Department of Health & Ageing – with a focus on simplifying the schedule, reducing red tape and supporting prevention activity.



National Preventative Health Taskforce

In April 2008, Minister Roxon announced the establishment of Preventative Health Taskforce (Chair: Professor Rob Moodie, University of Melbourne and former CEO of VicHealth).

This Taskforce will provide advice on preventative health programs and strategies, focusing on chronic disease (especially obesity, tobacco and excessive alcohol use).

The Taskforce will develop a National Preventative Health Strategy by mid-2009.

For more information, see:

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/home-1>

National Health & Hospitals Reform Commission

In December 2007, the Council of Australian Governments (COAG) agreed to establish a National Health and Hospitals Reform Commission.

The Commission (Chair: Dr Christine Bennett, Chief Medical Officer, BUPA Australia) is developing a long-term health reform plan for Australia. The priorities include improving integration and coordination across the health sector, placing a greater focus on prevention, improving frontline care, better promoting healthy lifestyles and managing chronic illness, improving Indigenous health outcomes, and improving health services in rural areas.

More information can be found at:

<http://www.nhhrc.org.au/>

Council of Australian Governments' led reforms

COAG is working on reforms that will influence community health. These include:

- reform to roles and responsibilities in community mental health, aged care and disability services,
- reforms to improve life expectancy and childhood mortality rates for Indigenous Australians,
- reforms to improve Indigenous early childhood development, and
- negotiations around new Australian Health Care Agreements in 2009.

More information can be found at:

<http://www.coag.gov.au/>



Wellness & older people

The wellness of older people is an important component of community health. It is a focus of the work of the Chronic, Aged and Community Health Priority Taskforce ('the Taskforce'), together with its sub-committee, the Healthy Older People Advisory Committee ('HOPAC').

The Taskforce provides direction and leadership for NSW chronic, aged and community health services, to achieve highly integrated services. HOPAC provides advice to the Taskforce on health issues for older people and their families and carers. Together they are working on a number of important issues.

Return to wellness following illness and/or hospitalisation

Governments want to increase support to enable older people to live safely and independently in the community. As well as supporting the frailest in our community, we want to implement strategies that promote health and prevent disease and disability in older people more generally.

There is a series of initiatives to assist people to move from hospital back into the community focus on rehabilitation.

- *Pathways Home Program* – increase rehabilitation and step-down capacity to support the move from hospital to home,
- *Hospital to Home* – discharge support care packages for people over 75,
- *Acute to Aged-Related Care Services* – provide assistance to people with complex needs to gain access to appropriate post-hospital care, and
- *Transitional Aged Care Program* – help individuals to maintain, and where possible optimise, their physical, cognitive and psycho-social functioning.

Sarcopenia and sarcopenic obesity

Muscle strength diminishes with age and lack of use. This particularly affects older

people with chronic diseases. It is exacerbated by any immobilisation, such as hospitalisation.

On this issue, the Taskforce is liaising with the Falls Prevention Program (*Bulletin 4*) and the Medical Assessment Units, which provide specialist treatment for elderly patients. Sarcopenic obesity is addressed mainly through fitness programs in the community.

The ideal exercise program for older people is a combination of aerobic exercise (e.g. walking, dancing or exercise classes) and resistance exercise (anything that stresses muscles beyond normal daily activities).

Health information for older people

Providing information to older people and people with chronic disease on their choices related to:

- Remaining living in the community with support services, and
- Transition into residential aged care.

The ongoing challenges, particularly for community health, in providing wellness and other packages to older people include:

- better matching programs of care and support to older people's needs,
- ensuring older people are sufficiently well informed about available services and these services are accessible to older people, and
- smoothing the transition between services.

Aboriginal maternity services in the community

Compared with the non-Aboriginal population, Aboriginal babies have a higher rate of preterm birth, almost double the rate of low birth weight (<2500gms) and they are more likely to die in their first month of life. It is vital to ensure that Aboriginal women are provided with quality, accessible and culturally appropriate maternity services.

The Aboriginal Maternal and Infant Health Strategy (AMIHS) offers community-based, culturally sensitive, continuity of care for Aboriginal babies and their mothers to 8 weeks postpartum. The care is provided in a partnership model by midwives and Aboriginal Health Workers or Aboriginal Health Education Officers.

All AMIHS programs are developed locally, reflecting local needs, community relationships and community and health sector expectations. The AMIHS model places emphasis on working collaboratively, especially with local Aboriginal Community Controlled Health Services.

The benefits of a strong local focus are evident, such as at the Biripi Aboriginal Medical Service in Taree. Last year, the Biripi service provided pregnancy care to 63 women – 85% received antenatal care before 20 weeks. Success is illustrated by the decrease in low birth weight from 21% in 2001 to 11% in 2007.

Expansion of AMIHS from 14 to 31 services supports improvement in Aboriginal maternity care, like that in Taree, across NSW.

The Malabar Community Midwifery Link Service (MCMLS) is an innovative model of care in the delivery of Aboriginal maternity and early childhood services (Royal Hospital for Women and Sydney Children's Hospital). It uses a continuity of care model to provide culturally appropriate maternal and infant and early childhood care for Aboriginal families in community settings. Dedicated midwives, a Community Education Officer, an Early Childhood Nurse and paediatrician-run clinics ensure seamless transition between services, high levels of uptake and long term follow-up.

In addition, the service is increasingly caring for non-Aboriginal women from culturally and linguistically diverse backgrounds from the local community. A unique aspect of MCMLS is the approach to

labour and birth care because midwives are on call, so that a known midwife can attend the hospital admission, the labour and birth.

The next Bulletin...

Following receipt of the first two reports for the review at the end of October, the next *Community Health Review Bulletin* will feature some of their highlights and key themes.

While these reports are primarily being used in the development of options and recommendations for reform in community health, which will be the subject of the Final Report in December, we want to reflect back to all stakeholders some of the significant issues and themes so far.



We aim to produce the additional Bulletin in early-December 2008.

Further information on the Review can be obtained from:

Paul Armstrong
Project Leader
Community Health Review
Primary Health & Community
Partnerships Branch
NSW Health

Tel: 9424 5901 or Email:
parms@doh.health.nsw.gov.au