



Council of Social Service of New South Wales

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Ms Lauren Mayo
Community Health Review Team, NSW Health
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Dear Ms. Mayo,

Re: Feedback on the NSW Community Health Review

The Council of Social Service NSW (NCOSS) welcomes the opportunity to comment on the options for community health services proposed in the document *Community health at the crossroads: Which way now?* NCOSS also greatly appreciates the Community Health Review Team for granting extra time to provide our feedback.

This feedback report provides a broad, thematic analysis of the proposed options for the future of community health against what NCOSS considers to be essential criteria for community health within NSW. NCOSS has not used the pro forma supplied.

NCOSS calls for the NSW Health system to adopt a vision that invests in the future rather than continuing to respond to the present demands of the acute care system. Therefore NCOSS recommends that a directional pathway approach is adopted to slowly restructure the NSW health system. The NGO sector believes that the best direction for NSW health is for a short term commitment to 1B, a mid-term commitment to 3A and a long term commitment to 4. It is imperative that NSW Health maintains Option 4 as the future key goal through the process and strives to achieve this within a feasible timeframe.

If you require any further assistance, please do not hesitate to contact Samantha Edmonds, NCOSS Senior Policy Officer, Health on 02 9211 2599 ext 111 or Samantha@ncoss.org.au

Yours sincerely

Alison Peters
Director

24 April 2009

**Submission to Centre for Health Service
Development, University of Wollongong**

**Feedback on the Review of NSW Health
operated
Community Health Services**



April 2009

**Council of Social Service of NSW (NCOSS)
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1. About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW.

NCOSS has as its vision a society where there is social and economic equity, based on cooperation, participation, sustainability and respect. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals. Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, peak organisations and a range of population-specific consumer advocacy agencies.

2. Introduction

NCOSS believes that health policy and systems need to be based on principles that recognise health as a human right and that take account of the social determinants of health and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

Community Health has a key role in addressing these principles and is an essential element of the NSW Health System, at its best providing a holistic framework for the promotion and maintenance of good health within community settings, whilst responding to and meeting the changing and diverse needs of local communities and priority population groups. The NSW health system needs to remove the major focus that is paid to the acute care system so that a balance can be achieved between community health and acute care.

NCOSS believes that what is needed is the political will and drive to reframe the NSW Health system into one primarily focused on the wellness and 'health' of the population, rather than one geared towards 'sickness' responses. A key component in this framework is a recognition that primary and community health services, including those provided by NGOs, need to be solidly positioned at the centre of the health care system. This requires a considerable policy, political and financial shift towards investment in primary and community services, and a substantial reframing of how health care is delivered.

In our submission NCOSS has considered the 7 proposed options outlined in the report *Community Health at the Crossroads: Which way now*. These have been

compared to our own 6 key principles outlined in the previous NCOSS submission¹ for ensuring a change in the NSW health system to a health system focused on wellness with community health at its centre rather than seeing community health as simply an adjunct to the acute care health system.

3. What other changes are impacting on NSW Health and will affect Community Health?

3.1 National Health and Hospitals Reform Commission

The National Health and Hospitals Reform Commission have produced an interim report – A Healthier Future for All Australians. This report recognises the importance of primary health care, promoting health and preventing illness. However they have also identified a number of key principles that should guide the shaping of Australia's Health System. Many of these principles align with the importance of community health. The key one for the NSW Community Health Review is principle 4 - Strengthening prevention and wellness.

This principle states:

'We need a comprehensive and holistic approach to how we organise and fund our health services and work towards improving the health status of all Australians. The balance of our health system needs to be reoriented. Our health system must continue to provide access to appropriate acute and emergency services to meet the needs of people when they are sick. Balancing this fundamental purpose, our health system also needs greater emphasis on helping people stay healthy through stronger investment in wellness, prevention and early detection and appropriate intervention to maintain people in as optimal health as possible'.²

NCOSS strongly supports this principle as the basis of any effective health system.

3.2 COAG

The National Healthcare Agreement has a series of objectives to be met by States and Territories. These are:

Prevention: Australians are born and remain healthy;

Primary and Community Health: Australians receive appropriate high quality and affordable primary and community health services;

Hospital and Related Care: Australians receive appropriate high quality and affordable hospital and hospital related care;

Aged Care: Older Australians receive appropriate high quality and affordable health and aged care services;

¹ NCOSS, 2008, *Submission to Centre for Health Service Development, University of Wollongong: Review of NSW Health operated Community Health Services*. Available at <http://www.ncoss.org.au/resources/081202-NCOSS-CHR-submission-Dec08.pdf>

² National Health and Hospital Reform Commission, *Principles to shape Australia's Health System*, <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/principles-lp#4>, viewed 7 April 2009.

Patient Experience: Australians have positive health and aged care experiences which take account of individual circumstances and care needs;

Social Inclusion and Indigenous Health: Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians; and

Sustainability: Australians have a sustainable health system.³

The key objective for the Community Health Review is (b), however by having an integrated community health service consisting of GPs, community health and NGOs, the other objectives of this agreement will be able to be met.

Other agreements that may impact on community health include:

- National Partnership Agreement on Preventative Health,
- National Partnership Agreement on Hospital and Health Workforce Reform (including Taking pressure off Public Hospitals)

As noted by the Community Health Review Report there is the potential for funding being provided under these agreements that may be relevant for Community Health.

3.3 Planning for the Future – NSW Health 2025

NSW Health in its “Fit for the future: Have you say about future directions for health in NSW” highlighted 7 key future directions for NSW Health. The purpose of this planning was to:

[Set] directions for the NSW Public Health System over the next 20 years so that [people] will have ongoing access to high quality, affordable health services which are comparable with the best in the world.⁴

Future Direction 3 – Strengthen primary health and continuing care in the community addressed the need for a strong network of primary and community health services, including health NGO services. It recognised that a strong network of primary and community health services ‘which are well integrated with other parts of the health system can lead to a healthier population, reduced health inequalities, and less need for more intensive and expensive treatments including hospital inpatient care’.⁵

The aim of this direction was to strive

‘for a health system that supports people’s quality of life in the community by helping them to access a comprehensive integrated network of primary and community health services linked to and backed up by hospital services as needed’.⁶

³ Council of Australian Governments (COAG), *National Healthcare Agreement*, http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm, viewed 7 April 2009.

⁴ NSW Health, *Fit for the Future: Have your say about future directions for health in NSW*, 2006, p.2.

⁵ NSW Health, *Fit for the Future: Have your say about future directions for health in NSW*, 2006, p.23.

⁶ NSW Health, *Fit for the Future: Have your say about future directions for health in NSW*, 2006, p.23.

3.4 Caring Together for NSW: The Health Action Plan for NSW

Caring Together for NSW is NSW Health's response to the Garling Inquiry. In it NSW Government state:

'Caring Together: The Health Action Plan for NSW is the first stage of the NSW Government's response to the Inquiry's findings and recommendations. It sets out the Government response to each recommendation and seeks to engage the community and our health workforce in a new way forward that more than ever, centres on the needs of patients.

Underpinning the NSW Government's response to the recommendations is a commitment to a universal system that provides safe, high quality health care for everyone in our community'.⁷

The focus of the Action Plan is on the acute care services in Public Hospitals. While this is understandable as it is a response to an inquiry into the acute care system, it is a shame that community health is not mentioned as a potential way of improving care within the hospital system. If the Government is serious about decreasing the strain on our public hospital system it needs to invest into community health, in particular health promotion and early intervention. The functions and future of primary and tertiary services are inextricably linked, and failure to recognise this is counter-productive to the long-term sustainability and quality of the NSW health care system for the entire community.

NCOSS hopes that the Caring Together Plan does not divert further funding and resources only into the acute care/hospital system.

4. Importance of recognising Health NGOs within the proposed options:

NGOs within the health sector have strong capacity to be key deliverers of community health services that meet the aims and priorities of the NSW State health plan. The NSW State Health Plan (2007) includes priorities to increase investment in prevention and early intervention within health services and reduce the health gaps for communities that experience multiple disadvantages. NGOs work towards identifying, developing and managing innovative programs and services, building community infrastructure and advocating for the interests of disadvantaged people.⁸ Therefore, the restructuring of the NSW health system can not ignore the important function that NGOs play in the delivery of services.

The nature of the NGO sector is to be integrated within communities and to establish strong connections with marginalised groups. Health outcomes across NSW are currently unequal with certain communities, such as people living in rural and isolated areas experiencing poorer health outcomes than other community groups.⁹ For geographic, social and cultural reasons, mainstream services are not always accessible to or are the most appropriate provider of health care for particular population groups.¹⁰ A reliance on mainstream services can contribute to the unequal distribution of health outcomes. The report *Towards a National Primary*

⁷ NSW Health, *Caring Together for NSW: The Health Action Plan for NSW*, 2009, p.6.

⁸ NCOSS, *Working Together for NSW*

⁹ NSW Health, *A new direction for NSW: State Health plan towards 2010*, 2007, p.9

¹⁰ Australian Institute of Health and Welfare, *Australia's health 2008*, 2008, p.337

*Health Care Strategy: A Discussion paper form the Australian Government*¹¹ states that without effective engagement with local communities, services are less likely to be relevant or culturally appropriate. This can lead to poor adherence to treatment regimes, limited success with reduction in lifestyle related risk factors and worsening clinical outcomes. NGOs ability to be integrated into the community and understand the need of marginalised groups allow them to be key deliverers of relevant health promotion, prevention and intervention strategies that can improve the health outcomes of these population groups. Connections with the community allow NGOs to be flexible in the services that they provide. NGOs are therefore able to adapt services and service planning to meet the changing needs and circumstances of communities. This should be recognised as an essential element of a health system aiming to promote the wellness of its population.

5. Considerations for the proposed Options

5.1 Working Together for NSW

According to the *Working together for NSW agreement* between the NSW government and the non-government sector, the role of non-government organisations is to;

- Partner with government in its planning and service delivery role by identifying social needs and services and projects and programs to address these needs
- Advocate in the interests of disadvantaged people and communities across NSW
- Facilitate the participation of people and communities in policy and decision making process
- Identify, develop and manage innovative programs and services which effectively meet community needs and build community infrastructure

These agreements impact the way that the non-government sector views the future of NSW Health in a number of ways and should be used as a guide in determining which of the options will enable the full implementation of WT4NSW.

Following are six key concerns, leading on from the WT4NSW, for the NGO sector in determining which of the options would be the best proposal to improve the delivery of community health services in NSW

5.2 Concerns for the NGO sector

NCOSS has outlined six major concerns for the NGO sector in regard to the restructuring of community health within NSW. These concerns are used as assessment tools for the review of each option outlined in the report *Community Health at the crossroads: Which way now?* The concerns are listed below and can be referred to in full within the *NCOSS Submission to Centre for Health Service*

¹¹ Department of Health and Ageing, *Towards a National Primary Health Care Strategy: A Discussion paper form the Australian Government*, 2008, p 19

Development, University of Wollongong Review of NSW Health operated Community Health Services November 2008.¹²

- 5.2.1 The need to reframe the NSW Health system
- 5.2.2 A Social view of health
- 5.2.3 NGOs play a complementary function
- 5.2.4 Integrated Planning process
- 5.2.5 Getting the right mix of services
- 5.2.6 A strong role for communities

The final community health review report makes a recommendation that a strategic review take place on the NGO sector. NCOSS is aware that NSW is undertaking 'The NSW Health NGO Review' and recommends that the Community Health Review be taken into consideration when planning the future of NGOs.

6. Review of the proposed pathways

NCOSS supports the Inquiry's recommendation that a directional pathway approach is adopted to slowly restructure the NSW health system. The NGO sector believes that the best direction for NSW health is for a short term commitment to 1B, a mid-term commitment to 3A and a long term commitment to 4. In order to demonstrate how Option 1B, 3A and 4 best support the future of NSW Health, all the options will be compared to the key concerns for the NGO sector.

6.1 Option One: Maintain the fundamental role and structure of community health with incremental enhancements.

1A: Status Quo

1 B: Status quo with NSW policy mandate to maintain current community health investment

These options maintain the current system of focussing on 'sickness' rather than 'wellness'. A health system that focuses on sickness places heavy financial and social burdens on the community and fails to recognise health as a human right. Investing further funding into this system, without the future intent to reframe the health system, will only add to the future community burden. This is reflected in the *Integrated Primary and Community Health Policy 2007-2012*¹³, which states that meeting growth through the current focus on hospital based care will consume 100% of the health budget by 2030. Maintenance of the current status quo indicates that there will be limitations to the functions of Community health. This hinders the ability of NSW health to respond dynamically to the changing needs of the community now and into the future. Option 1B does make an important step towards ensuring community health funding is maintained and used for promotion, prevention and early intervention services and would be an ideal stepping stone towards a reframed NSW Health system.

¹² NCOSS, 2008, *Submission to Centre for Health Service Development, University of Wollongong: Review of NSW Health operated Community Health Services*. Available at <http://www.ncoss.org.au/resources/081202-NCOSS-CHR-submission-Dec08.pdf>

¹³ NSW Department of Health, 2007. *Integrated Primary and Community Health Policy 2007-2012: Implementation Plan*. Sydney: NSW Department

6.1.1 Does the option reframe the system

Option 1A and B do not make concrete commitments to strengthen the role of community services as the forefront of health within NSW. The funding structure of both these options reflects the lower priority of community health within our current health system.

Injecting resources alone into the community health system is an ineffective use of resources without corresponding data collection, planning and service mapping. Although increase in funding is vital to the functioning of the community health system, until community health is mapped out and planned with a focused strategic plan to invest in a strong framework for service delivery resources will be wasted.

Option 1A and 1B are at odds with:

- The *Integrated Primary and Community Health Policy 2007-2012's* recognition that community based care reduces demand for acute care services, and must occur in order for health care to remain affordable.
- The *NSW State Health Plan's* strategic direction to strengthen primary health and continuing care in the community

6.1.2 Does it have a social view of health

A social determinant of health approach requires a health system structured to deal and respond to health in a way that is inclusive of socio-economic status, geographical location, gender and culture. Option 1A and B do not consider how to incorporate the social view of health into the system as these options propose maintenance of the current system.

6.1.3 Does it recognise or allow the complementary value of NGOs

Option 1A and 1B fail to explore how NGOs would be included in the delivery of health within the community or whether they would have access to increase in funding. This ignores the valuable contribution that the NGO sector can play in the delivery of health as well as their capacity to meet the NSW Health State aims of bridging the gap between those with better and poorer health outcomes.¹⁴

Whilst an increase in funding to community health is vital these options do not meet the requirement under the NSW Health *Integrated Primary and Community Health Care Strategy Implementation Plan* that Area Health Services:

“as part of their integrated service planning processes, establish consultative relationships between themselves and non-government organisations (et.al)...to improve the delivery of services to patients and the communities.”¹⁵

6.1.4 Does it enable the right mix of services

¹⁵NSW Department of Health, 2007. *Integrated Primary and Community Health Policy 2007–2012: Implementation Plan*. Sydney: NSW Department, , p 15

Option 1a and 1B include no plan on structuring the health care system so that health care services are evaluated with consideration to cost, health outcomes, community participation and engagement and social inclusion. These options propose injection of funding without consideration to the best path of service delivery.

6.1.5 Is it an integrated planning process

In order to ensure that clients are provided with the best possible service, integrated planning processes between all levels of service provision in the NSW health system are needed. Both option 1A and B fail to recognize the need for planning between all levels of service providers to ensure clear pathways for service users, strong connections and maximum utility of resources. Without integrated service planning, NSW health runs the risk of allowing individuals and communities to fall through the cracks.

6.1.6 Community role

Option 1A and B do not discuss the role that the community plays in the delivery of health services. These options do not provide any opportunity for community feedback or advice. Allowing consumer choice and engagement when investing into the community health sector would significantly improve identification of priority needs, service delivery and service participation.

6.1.7 NCOSS Recommendation

NCOSS strongly opposes both option 1A and 1B as they do not meet any of the above criteria that we consider important. Option 1B is appropriate as a short term step along the pathway towards restructuring the community health system. Option 1B ensures that there is maintenance of the current investment in community health and early intervention and prevention programs. Without this immediate assurance community health will struggle to move forward along the pathway to Option 4.

6.2 Delineate and redevelop community health as a specialist service

6.2.1 Option 2A: Redefine Community Health as a short term hospital demand management program

Option 2A removes creates a community health system that works with patients 6 weeks prior and 6 weeks post acute care. This removes all other functions of the community health system other than to support the hospital system.

6.2.1.1 Does the option reframe the health system

Restructuring community services to support acute care settings puts the focus of the health care system on 'sickness' rather than the wellbeing and health of the population. Reframing community health to be a hospital demand management system would reduce the quantity of people accessing acute care. This fails to focus on strategies to reduce the need for acute care in the first place.

The aims and objectives of the Community Health sector and the Acute hospital system should not be the same as they have different roles to play and different population groups to target. This option undervalues the role that health based services can play within the community and limits the inclusion of prevention and early intervention policies within governmental departments. Therefore this ignores the State Plan *Priority F4: Embedding prevention and early intervention into government service* and responds to healthcare through sickness not as a lifestyle.

6.2.1.2 Does it have a social view of health

Current NSW Health operated community health services are more inclined than the acute system towards a model of care which takes into account the social determinants of health and how these shape the health of individuals and communities. This enables these services to operate from a client-centred model, linking their service aims with the needs of the consumers. This is crucial in a health system that predominantly works from a top-down approach as it enables marginalised community groups who may not respond to mainstream services to access health treatment. Focusing Community Health services as a way to improve acute services fails to recognise its broader role in improving wellness and overall health.

6.2.1.3 Does it recognise or allow the complementary function of NGOs

This option proposes that under the new role of Community Health services, supporting the hospital system, all other functions of the service are to terminate or pass onto non-government organisations or the Commonwealth. This option focuses on the acute care system and ignores the importance of integrated, client centred community services and therefore does not deal with the value of NGOs.

The logistics of relocating previous services of government community health settings are not simple. In order to achieve the State Governments (2007) strategic direction *Create better experiences for people using health services*, the process needs to be well planned and inclusive of all population groups. To ensure best practice and high quality of service that remains client-centred, the planning process should be consumer driven; using client engagement and feedback along with local based evidence to ensure that Community based services are entrenched in the local community. NGOs are often better positioned within the community setting to understand the nature of a wide variety of community groups and would be able to ensure that community's wants and needs are matched with service provision. In order for this to happen, the valuable role that NGOs can play needs to be recognised through planning, funding and integration into the whole NSW health system.

6.2.1.4 Does it enable the right mix of services

This option gives no consideration to the way community services are to be delivered other than to support the hospital system. In order to achieve the aims of the NSW State Plan consideration of all aspects and roles of community health need to be considered.

6.2.1.5 Is it an integrated planning process

In order to ensure that service users are provided with the best possible service provision, integrated planning processes between all levels of service provision in the NSW health system are needed. The narrow focus of this option ignores the aims of

the NSW State Health Plan to provide an integrated approach to planning, funding and delivering health to local communities.

6.2.1.6 A strong role for communities

This option does not provide any avenue for community input or participation on the restructure of community health. This is crucial as many of the services the community members may be using provided through community health may be relocated, discontinued or provided through an alter native service. To ensure best practice and high quality of service that remains client-centred, the planning process should be consumer driven; using client engagement and feedback along with local based evidence to ensure that Community based services are entrenched in the local community

6.2.2 Option 2B: Redefine community health as a prevention and early intervention program

This proposed model maintains the current structure of community health but redefines its major role as prevention and early intervention.

6.2.2.1 Does the option reframe the health system

This option acknowledges the importance of prevention and early intervention to promote the wellbeing of the population. However, in order for the health system to be able to provide effective prevention and early intervention programs, community health needs to be placed at the centre of health care delivery, firmly integrated within the community and strongly linked with primary and other community services. Without this, programs will not be suited to the current climate of community groups or able to provide a comprehensive intervention and thus fail at reducing the prevalence of illness. The current community health structure will be unable to support the programs that will be needed to provide effective and resourceful prevention and intervention programs. What is required is the political will and drive to reframe the delivery of community health within NSW.

It is important to recognise that under option 2B the community health system is seen as an appendage to the acute care system rather than an independent system. NCOSS does not support the transferral of funding responsibility for community services to the hospital system. This risks the ability of community health to grow dynamically to meet community changes. Community health will be unable to implement full potential if it is always seen in terms of the acute care system.

6.2.2.2 Does it have a social view of health

In order to implement programs that alleviate the impact social determinates have on health, prevention and early intervention strategies need to be linked with government and non-government services that offer support in areas such as housing, finance or language. Option 2B does not have the structure, resources or planning to implement this holistic view to health outcomes. This significantly reduces the dynamic efficiency of the option as it is limited in the variety of ways that health services can improve the wellness of the populations.

6.2.2.3 Does it recognise or allow the complementary function of NGOs

NCOSS welcomes the recognition that a strengthened local network of organizations, including NGOs, needs to be established as part of the strategic focus on prevention and early intervention. Non-Government organizations can play a vital part for prevention and early intervention (Refer to 6.2.1.3). The current structure of the NSW health system does not allow for NGOs to be fully integrated into the health delivery process. The lack of commitment to change the structure of service delivery and linkages between community health and NGOs will reduce the effectiveness of what this partnership can achieve.

6.2.2.4 Does it allow the right mix of services

Option 2B strives to include all levels of service delivery into the prevention and early intervention programs. However, the current structure of the health care system is still maintained and makes little reflection to the way that community health could be structured differently so that early intervention and prevention programs were implemented through the best service to do so. Option 2B will need to invest into research on prevention and early intervention programs to ensure that they are implemented through services that are best suited to do so.

6.2.2.5 Is it an integrated planning process

Under this option, prevention and early intervention programs are implemented through the current system rather than a system that is specifically designed to provide prevention and early intervention programs. Without an integrated planning process between community members, NGOs, primary and community health and the acute care system on how to best implement prevention and early intervention programs, community health risks wasting valuable resources, doubling up on services, providing services that are ineffective and not matching resources with need.

6.2.2.6 A strong role for communities

In order to ensure real efficiency and long term reduction on hospital demand, localised planning with a strong role for community participation is needed. This option ignores the valuable role that communities play in voicing the true areas of need as well as expert ideas on programs that would work. Area Health services are too broad and are far from localised into communities. Implementing prevention and early intervention programs through this current structure allows no real contribution to be made by community groups.

6.2.2.7 Recommendation

This option is essentially a band aid fix to what is a structural problem in health delivery. Without careful planning of a framework that is designed to implement effective prevention and early intervention programs NSW Health will fail to enhance the wellness of the population. NCOSS believes option 2B should not be implemented as it fails to meet the key assessment criteria.

6.3 Reorganise community health into five community streams

6.3.1 Option 3A: Delineate and reorganise community health into five horizontally integrated streams

Option 3A will reorganise community health into population specific streams that are staffed by multi-disciplinary teams. Option 3A is an important stepping stone towards restructuring community health to become Option 4 because it begins to strengthen community health as its own entity and improve the quality of service consumers receive. It is important to recognise that Option 3A is not the final answer for community health and should only be used in the medium term to reach Option 4.

6.3.1.1 Does the Option reframe the system

Community health needs to restructure itself so it is its own unit and not a system overpowered by the demands and structure of the acute hospital system. Option 3A takes logical and strategic steps towards community health being its own core unit under option 4. Horizontally integrated streams strengthen the independence of community health as multi-disciplinary teams are able to work as a cohesive unit rather than splitting and dividing the health service.

Option 3A is still vertically integrated with the hospital system and still managed under the broad Area Health Services. What is needed is a health care system that grows with the population and is able to respond to health needs in a dynamic and efficient manner. This will ensure that the wellness of the population is maintained because the structure of the health system is able to promote this and not just respond to illness. In order to create this, community health needs to become its own entity, structured outside the acute care system.

Option 3A makes important steps towards a cohesive independent community health system, however, significant investment is needed to enable NSW to reduce the prevalence of illness and maintain a healthy population. Streaming population groups may result in fragmentation and hinder the accessibility rather than enhance it. Population groups with complex needs may find it difficult to access this system when they require help from a variety of streams. Strong cohesive integration between the streams is vital to the success and efficiency of community health under this model.

6.3.1.2 Does it have a social view of health

Reorganising community health into population specific streams will allow each stream to build a comprehensive profile about each group. Using this knowledge, professionals will be able to identify what social barriers to health affect their population group. Links to appropriate government and non-government services can be established so that these barriers to good health are eliminated. As an example the child youth and family stream may recognise homelessness as a large barrier to 'wellness' amongst this population group and so align itself with appropriate accommodation services. In order for this to occur, appropriate resources need to be invested into establishing links between services and community health so that programs are able to be established that approach health in a holistic manner.

Community health needs to be localised so that each community health system across the state is able to accurately represent their community and determine what specific issues are acting as barriers to improved health and wellbeing. Option 3A fails to recognise that geographic location plays a large role in determining good health outcomes. The social, cultural, economic and physical environment of specific locations vastly affects the ability of the population to have good health. What is needed is significant investment into establishing community health services that represent defined locations and not broad areas.

6.3.1.3 Does it recognise or allow the complementary function of NGOs

NGOs are recognised as having a role within service delivery as each stream is to establish linkages, partnerships and clear role delineation with NGOs. However, each stream is to establish their own links with no guarantee as to what level NGOs will have a role in community health services. NGOs need to be firmly integrated into service delivery with guarantees to be a part of the whole community health system.

6.3.1.4 Is it an integrated planning process

Option 3A highlights that service planning will occur in conjunction with the acute care system as well as the primary and community care sector including government and non-government agencies.

6.3.1.5 Right mix of services

Consideration to the value different services - the government, private and non-government sector have to play in the provision of health will allow a system that meets the needs of all community members, is cost effective, and allows the participation and social inclusion of all. Option 3A recognises that the acute care system, primary and community care and government and non-government agencies all have a role to play in the delivery of health. However, research into what services should be provided as well as who would be best to provide them is vital for ensuring resources are used efficiently and that the community health service is effective.

6.3.1.6 A strong role for communities

The participation of people and communities in the policy and decision making process of community health will ultimately achieve better health outcomes for all as services will be based on the vocalized needs of community members. The health system needs to include clear informal and formal pathways for feedback on the delivery of community health.

In order to increase the wellness of the population, the health system needs to be orientated towards meeting the needs of the clients and not the needs of the health system. Under option 3A, community health streams would act as entry points into the acute care system. Community health systems need to be distributed evenly across NSW with consideration to transport, physical ability, economic ability and knowledge about community health so that everyone has the opportunity to receive appropriate community care and acute care. Without visible and easily accessible community health services that can be utilized by all, community health fails to meet the rights of people to receive health care to maintain wellness and respond to sickness.

6.3.1.7 Recommendation

While having many positive features, Option 3A still fails to place community health at the centre of health care as it is still strongly defined in terms of the hospital system rather than its own entity.

6.3.2 Delineate and organise community health into five vertically integrated streams

Under this option, community health services will be vertically integrated to become part of the same budget and management structure of the hospital system.

6.3.2.1 Does the option reframe the system

Option 3B does not reframe community health to be at the centre of health delivery and has no focus on maintaining the wellness of the population or reducing the reliance and demand on the hospital system.

Option 3B impairs community health's ability to be independent and to provide a strong, cohesive prevention and early intervention service to all communities. The fragmentation of community health into hospital models will severely impact the ability of community health to actually reach community members in a format that is appropriate and accessible to all.

NSW Health is currently a system where there is a disproportionate focus of planning and resources on acute care. History proves that funding and resources will move to meet the demands of the hospital system rather than the needs of the long term prevention and early intervention strategies. Without clear separation between community health and acute care, funds will continue to flow to acute care, community health will be unable to meet the needs of people within the community and the demand on the hospital system will increase.

6.3.2.2 Does it have a social view of health

Under option 3B, the structure of community health ignores the impact that the social determinants have on achieving good health outcomes. There is no requirement to connect community health with services provided by other government and non-government services. This reduces the likelihood that services across NSW will work together to reduce barriers to health.

Absorbing community health into the structure of the health system will severely disadvantage communities that do not want to access the acute care system or who do not have the knowledge or ability to do so. This model of service delivery requires the client to navigate the haphazard and confusing nature of the hospital system rather than the system focusing on meeting the needs of the client.

NCOSS agrees with the reports concern that the lack of visible community health structures will make it hard for people to access services. Community health has the capacity to improve the health of the population and reduce the demand on the hospital system. If people can not access these services community health will be unable to do so.

6.3.2.3 Does it recognise or allow the complementary function of NGOs

Linkages and partnerships between NGOs and community health are at the discretion of each area health service. Past performance of NSW Health indicates that unless uniform arrangements are made and NGOs are included as a vital part of service delivery, NGOs will not play a role in the delivery of community health.

6.3.2.4 Is it an integrated planning process

Without a community health operational management structure, planning and integrated service delivery is unlikely to occur. The fragmented nature of community health under this model would provide little opportunity for strong planning processes between primary and community care, acute care and government and non-government services. Option 3B fails to recognize the need for planning between all levels of service providers to ensure clear pathways for service users, strong connections and maximum utility of resources.

6.3.2.5 Right mix of services

Under option 3B community health is absorbed into the clinical model with little regard to alternative ways that services can be provided to consumers. It should be recognized that there are a number of ways that services can be provided and that it does matter who provides a service.

Members of the community may be unable to unwilling to access mainstream services. An example of this can be found through NSW Association of Adolescent Health who state that this option may disengage with disadvantaged youth who 'reject' mainstream services as they view them as insensitive to their needs and lifestyle

6.5.6 A strong role for communities

Option 3B provides no opportunity for communities to play a role in the service delivery of community health. This is evident through physically removing infrastructure of community health services into the hospital system, no clear formal process for communities to have their say and placing community health as a part of the clinical model rather than its own model of service delivery.

6.3.2.7 Recommendation

Option 3B does not meet any of the requirements that NCOSS considers vital to the restructuring of health care and should not be implemented as the future of community health.

6.4 Option 4: Fundamental transformation of the NSW Health system

Option 4 places community health at the centre of the NSW health system in a revitalised network of integrated Primary and Community Health Services (PACHS) that bring together local GPs, community health and NGOs in effective local partnerships.

6.4.1 Does the option reframe the system

Option four successfully creates a health care system that focuses on the wellbeing of the community and individuals rather than responding only to sickness. Community health is recognised as its own entity and is heavily integrated into local communities. This investment into a strong community health structure comprising primary and community health, NGOs, GP's and government services allows for community health to be flexible and dynamic in the way that interventions are designed for clients. Clients and community groups are placed at the centre of health care delivery and the health system works towards working with the current and future needs of consumers.

Option 4 provides an important opportunity for investment into the health workforce through education and training measures. This aligns with the recommendations made in the report *A Healthier future for all Australians*¹⁶ to improve quality performance by creating a sustainable health workforce for the future and fostering continuous learning in our health system.

This option aligns itself with the strategic directions of the NSW State Health Plan as well as the NSW's *Integrated Primary and Community Health Policy 2007-2012*, which includes the priority areas of integrated service planning, integrated service delivery, improved models of care, stronger partnerships, improved workforce capability, and enhanced information management and research.

6.4.2 Does it recognise the social determinates of health.

The social determinates of health are recognised and incorporated into service delivery and planning within option 4. Placing community health hubs into geographically defined catchment areas will allow community health to have a strong understanding about local needs and issues. Option 4 includes a strong role for population needs based planning which allows for comprehensive services to be matched to the local population profile. This is essential as community health can not be expected to focus on the wellbeing of the population unless specific interventions are designed that will work to suit the needs of community groups.

This option includes the capacity for a 'whole of government' approach that links services with the health care system. This is demonstrative of an understanding that factors such as housing and transport actively impact on good health outcomes. Links and partnerships across the whole government will allow policies and programs to be created that help remove social determinants as a barrier to health.

6.6.3 Does it recognise or allow the complementary functions of NGOs

Option four provides the flexibility to engage with NGOs in a holistic way to ensure that NGOs and other stakeholders are true partners in a comprehensive health system.

6.6.4 Is it an integrated planning process

¹⁶ National Health and Hospitals Reform Commission, 2009, *A Healthier Future for all Australians- Interim report*, Commonwealth of Australia. Can be accessed from: [http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/\\$File/CONTENTS.pdf](http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/$File/CONTENTS.pdf)

The infrastructure of community health under option 4 will allow strong links for communication, assessment, referral and service planning and delivery between primary and community care, the acute care system, NGOs, GPs and relevant government departments. Where appropriate, services will collocate in order to maintain the cohesive structure of community health. This will create a system that allows for an integrated planning process.

Option 4 is inclusive of the recommendations contained in the National Health and Hospitals Reform Commission's interim report *A Healthier Future for all Australians*¹⁷ (2009) to create multidisciplinary Comprehensive Primary Health Care Centres and personal electronic health records.

6.6.5 Does it allow for the right mix of services

Under the newly structured system, community health is recognised as being in a better position to provide the bulk of health care whilst the acute care system is suited to providing care for serious health cases. Through planning and involving all the key stakeholders, the right mix of services within community health can be established. Under community health care, services need to be evaluated to determine what programs are best delivered through government or non-government services. It is important to recognise that it does matter who provides a service and that in some cases NGOs are better placed to do so.

Performance indicators need to be created for health outside of the hospital system so that there is true transparency and accountability within the community sector. Performance monitoring that moves beyond the short sighted indicators such as hospital patient turnover, waiting times for elective surgery and emergency department presentations need to be established.

6.6.6 Strong role for communities

Option 4 allows for the community to be strongly linked with the delivery of community based health care. Locating hubs within regular catchment areas integrates community health into the community. Option 4 also proposes community development and capacity building with local governments in order to create policies that improve the health outcomes of the community. It is imperative to recognise that in order to truly provide a strong role for communities, NSW health needs to set up clear formal and informal pathways for community members to participate in the planning and delivery of health services.

7 Conclusion and Recommendation

NCOSS calls for the NSW Health system to adopt a vision that invests in the future rather than continuing to respond to the present demands of the acute care system.

Each of the recommendations within the report have been measured against the above listed concerns for the NGO sector. These fundamental principles act as

¹⁷ National Health and Hospitals Reform Commission, 2009, *A Healthier Future for all Australians- Interim report*, Commonwealth of Australia. Can be accessed from: [http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/\\$File/CONTENTS.pdf](http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/$File/CONTENTS.pdf)

guiding tools for a strong, cohesive and efficient community health system and they indicate that Option 4 is the optimal future pathway for NSW Health.

Adopting any other option as the long term future of NSW health will critically impair the opportunity to create a health system that has the capacity to improve the overall wellbeing and health of the community. Recommendations outside of option 4 are partial solutions and are only feasible as mechanisms to the bigger resolutions that are needed and met within option 4.

In addition to restructuring the community health system, it is vital that NSW Health develops performance indicators outside of the hospital model. Indicators that are based on wellbeing and health will provide transparency and accountability on the community health system

NCOSS supports the Inquiry's recommendation that a directional pathway approach is adopted to slowly restructure the NSW health system. The NGO sector believes that the best direction for NSW health is for a short term commitment to 1B, a mid-term commitment to 3A and a long term commitment to 4. It is imperative that NSW Health maintains Option 4 as the future key goal through the process and strives to achieve this within a feasible timeframe.