

**Submission to the Department of
Health and Ageing (DoHA) on
*Medicare Locals: Discussion Paper
on Governance and Functions***



November 2010

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1. Recommendations

1. The term 'Primary health care' and the scope of services this encompasses is defined in the context of the National Health and Hospitals Network and in relation to the role of Medicare Locals.
2. The definition of primary health care is based on a holistic understanding of health as wellbeing and the social determinants of health.
3. Additional objectives for Medicare Locals are added:
 - Address health inequalities for groups in the local community experiencing poor health outcomes
 - Promote healthy lifestyles and the maintenance of health, as well as the prevention of illness and injury
4. To achieve objectives on reducing health inequities and health promotion and prevention, Medicare Locals should:
 - Engage in strategic planning with the Australian National Preventive Health Agency
 - Adopt a broad prevention and health promotion agenda that is based on addressing the social determinants of health, not just alcohol, tobacco and obesity.
5. The Australian Government should adopt and implement a *Health in All Policies* approach to address health inequities and improve health outcomes
6. That the following principles underpin the role, governance and operation of Medicare Locals:
 - Equal opportunities to good health and well-being
 - Social model of health
 - Social determinants of health
 - Health promotion, prevention and early intervention
 - Consumer and community led health services
 - Value of non-government organisations (NGOs)
7. Funding for primary health care is increased as a proportion of the health budget
8. Funding for primary health care services prioritises health promotion, prevention and early intervention in community-based settings.
9. Consideration is given to the provision of funds to the primary health care sector consistent with the recommendations of the PHHA, and to health-funded NGOs.
10. The Australian Government gives equal opportunity to community and primary care providers to operate Medicare Locals, such as Aboriginal Community Controlled Health Services.

11. Medicare Local Boards/Governing Councils are based on a balanced, partnership approach between not just health managers and clinicians, but also with the local community.
12. Membership of Boards/Governing Councils that is representative of the local community
13. Mechanisms are established to support appropriate and equitable representation and participation on Boards/Governing Councils
14. Medicare Locals actively engage and partner with local NGOs in the planning and delivery of health services.
15. In determining the structures and linkages of Medicare Locals with other service providers, DoHA considers the recommendations in the *NCOSS Submission to the NSW Health NGO Program Review* and the *NSW Health NGO Review Recommendations Report*.
16. That national policy guidelines and implementation levers are developed to ensure effective linkages between LHNs, Medicare Locals, and other key service providers at the local level, and to improve coordination and integration in the planning and provision of health services.
17. Medicare Locals are required to develop local consumer and community engagement strategies within a nationally consistent framework
18. Medicare Locals have an identified budget component for engagement and consultation, as well as resourcing for capacity building initiatives.
19. Medicare Locals publicly report against performance measures for consumer and community engagement
20. The role of non-government health and community services, particularly peak bodies and state-wide services, is recognised and incorporated into engagement frameworks and processes.
21. Healthy Communities Reports includes non-clinical measures on health status, service use and health outcomes.

2. About NCOSS

The Council of Social Service of NSW (NCOSS) provides independent and informed policy development, advice and review and plays a key coordination and leadership role for the non government social and community services sector in New South Wales.

NCOSS works with our members, the sector, the NSW Government and its departments and other relevant agencies on current and emerging (and ongoing) social, systemic and operational issues. NCOSS has a vision for a society where there is social and economic equity, based on co-operation, participation, sustainability and respect.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. 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.

3. About NCOSS Health Policy Advice Group

NCOSS convenes a number of forums and Policy Advice Groups to inform our work so that it reflects the expertise and views of the sector. One such forum is the NCOSS Health Policy Advice Group (HPAG). The NCOSS HPAG is comprised of peak and state-wide consumer and community non-government organisations that advise NCOSS on health policy issues, particularly access and equity issues for low-income and disadvantaged groups.

HPAG members represent a diverse range of areas, including consumer advocacy, oral health, mental health, drugs and alcohol, sexual health, family planning, women's health, youth health, ageing, and disability.

The contribution of HPAG and HPAG members has informed this submission.

Members of the HPAG as at September 2010 are:

- ACON
- Adults Surviving Child Abuse
- Alzheimer's Australia NSW
- Association for the Promotion of Oral Health
- Brain Injury Association NSW Inc
- Cancer Council NSW
- Carers NSW Inc
- CPSA
- Council On The Ageing (NSW) Inc
- Family Planning NSW
- Hepatitis NSW
- Institute of Dental Health
- Medical Consumers Association
- Mental Health Association NSW Inc
- Mental Health Co-ordinating Council
- Network Of Alcohol & Other Drug Agencies (NADA)

- NSW Association for Youth Health
- NSW Consumer Advisory Group - Mental Health Inc
- NSW Nurses' Association
- NSW Users & Aids Association
- Older Women's Network
- People with Disability Australia Inc
- Positive Life NSW Inc
- Physical Disability Council of NSW
- Public Interest Advocacy Centre
- Royal Australasian College of Physicians
- Women's Health NSW

4. NCOSS' approach to health advocacy and policy

NCOSS believes that health policy and systems need to be based on principles that recognise health as a human right, 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.

The World Health Organisation Constitution states that: *“The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.”*¹

More specifically, the United Nations have explained that seeing health as a human right can be understood as:

*“The right to... an effective and integrated health system encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all. Underpinned by the right to health, an effective health system is a core social institution, no less than a court system or a political system.”*²

Simultaneously, an approach based on the social determinants of health recognises that the cultural, social and economic environment in which people live shapes their health, and that inequalities in these areas lead to inequalities in health. Recognising the social determinants of health as a principle in the development and delivery of health and other human services builds on the recognition of health as a human right, and facilitates a process of integrated service delivery.

NCOSS also believes that across health policy and service delivery the community generally, and consumers of health services more specifically, should be involved in all aspects of health care design, from individual to systemic levels. Consumer engagement is essential to the development and delivery of accessible, effective, appropriate and patient-centred health services that lead to positive health outcomes.

These principles form the foundation of the work NCOSS undertakes in relation to advocacy and policy in Health.

¹ World Health Organisation Constitution, available at:
http://www.who.int/entity/governance/eb/who_constitution_en.pdf

² UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, 2006

5. Introduction

NCOSS welcomes the opportunity to provide input on the governance and functions of Medicare Locals.

NCOSS endorses the joint submission made by the Councils of Social Service (COSS) Network and supports the 13 recommendations for the NGO health and community services sector to work with Government to build a better primary health care system.

In addition, NCOSS makes the following submission in response to a number of the specific questions posed in the Discussion paper.

6. Comments on the Discussion Paper

7.1. *What will Medicare Locals do?*

7.1.1. **Definition of Primary Health Care**

NCOSS believes that the term 'primary health care' needs to be clearly defined, including the range of services that this encompasses, in order for Medicare Locals to operate effectively. Neither the National Health and Hospitals Network Agreement or the Discussion Paper definitively states what constitutes 'primary health care.' How primary health care is defined will determine not only the scope of services and programs that Medicare Locals will facilitate, but also their approach to the provision of services.

NCOSS supports a broader definition of primary health based on a holistic understanding of health as wellbeing, rather than the absence of disease (see 7.1.3 *Principles* below). This extends beyond medical care and its focus on clinical services to a broader focus on a comprehensive range of generalist services by multidisciplinary teams at both the individual level and also at the level of communities.

Recommendation

1. The term 'Primary health care' and the scope of services this encompasses is defined in the context of the National Health and Hospitals Network and in relation to the role of Medicare Locals.
2. The definition of primary health care is based on a holistic understanding of health as wellbeing and the social determinants of health.

7.1.2. **Objectives**

NCOSS supports the five key objectives for Medicare Locals outlined on page 5 of the Discussion Paper. In addition, NCOSS submits that Medicare Locals should also have specific objectives to reduce health inequities and to prevent disease/injury and maintain health.

Despite the fact that Australia has some excellent health care services, there is still considerable inequity in access to the system and in the health outcomes for certain population groups. Two of the key priority areas outlined in the National Health and Hospital Reform Commission (NHHRC) report, *A Healthier Future for all Australians*,

were improving access, and addressing inequalities in Aboriginal health, mental health, oral health and rural/remote health.

Adding objectives to address health inequities and promote well-being would also give more direct and explicit support for the Key Directions for Change outlined in the *National Primary Health Care Strategy*. It is also consistent with the principles and objectives agreed to by the Council of Australian Governments in the National Healthcare Agreement³.

Recommendation

3. Additional objectives for Medicare Locals are added:

- Address health inequalities for groups in the local community experiencing poor health outcomes
- Promote healthy lifestyles and the maintenance of health, as well as the prevention of illness and injury

In order to achieve these objectives, it will be necessary for Medicare Locals to work in conjunction with the new Australian National Preventive Health Agency. However, in order to effectively prevent ill-health and promote wellness, their focus must extend beyond alcohol, obesity and tobacco to include broader action based on the social determinants of health.

As outlined in the joint COSS Network submission, this requires a multi-faceted, inter-sectoral approach that engages government departments, agencies, non-government organisations and the community at the local, state and national levels. This approach can be supported by implementing a requirement for *Health in All Policies* (HiAP)⁴.

Recommendation:

4. To achieve objectives on reducing health inequities and health promotion and prevention, Medicare Locals should:

- Engage in strategic planning with the Australian National Preventive Health Agency
- Adopt a broad prevention and health promotion agenda that is based on addressing the social determinants of health, not just alcohol, tobacco and obesity.

5. The Australian Government should adopt and implement a *Health in All Policies* approach to address health inequities and improve health outcomes.

³ See clauses 4b, 5, and 13a, COAG, National Healthcare Agreement, 2009, http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/IGA_FFR_ScheduleF_National_Health_care_Agreement.pdf

⁴ *Adelaide Statement on Health in All Policies*, Report from the International Meeting on Health in All Policies, Adelaide, 2010, <http://www.sahealth.sa.gov.au/wps/wcm/connect/d4f9bd0043aee08bb586fded1a914d95/omsheet-sahealth-100610.pdf?MOD=AJPERES&CACHEID=d4f9bd0043aee08bb586fded1a914d95>

7.1.3. Principles

To support the Medicare Locals achieve their objectives and deliver improved health outcomes for the community, NCOSS recommends that Medicare Locals adopt the following principles:

- *Equal opportunities to good health and well-being*

The World Health Organisation⁵ and the International Covenant on Economic, Social and Cultural Rights⁶ (of which Australia is a signatory) states that everyone has the right to the highest possible level of physical and mental health. The Ottawa Charter on Health Promotion also commits countries to, “*respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies.*”⁷

- *Social model of health*

Medicare Locals must adopt and promote a social model of health that focuses on wellness, rather than illness and injury. NCOSS reaffirms the Ottawa Charter that health is a state of well-being and not merely the absence of disease⁸. The traditional biomedical model of health that has shaped the design of our current health care system perpetuates demand for more costly acute and clinical services at the expense of more effective health promotion and prevention approaches.

- *Social determinants of health*

NCOSS strongly believes that the role of Medicare Locals should be underpinned by the social determinants of health. This approach recognises that the achievement of optimal health and well-being requires action beyond the formal healthcare system. It requires action to address broader social, economic, cultural, environmental and political factors that shape the circumstances in which individuals are born, grow-up, live, work and age and that cause health inequalities.⁹

Key elements of a social model of health include:

- Policy coherence and service integration across all levels and branches of government including planning, transport, housing, environment, and health.
- Service integration and effective community partnerships involving government agencies, non-government organisations, businesses, and the local community.

⁵ “*The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition*”. *World Health Organisation Constitution*, adopted by the International Health Conference New York 19 June – 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld Hlth Org.*, 2, 100), and entered into force on 7 April 1994

⁶ Article 12, *International Covenant on Economic, Social and Cultural Rights*, United Nations, New York, 16 December 1966

⁷ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

⁸ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

⁹ Commission on the Social Determinants of Health, *Closing the gap in a generation - Health equity through action on the social determinants of health*, World Health Organisation, Geneva, 2008.

- Mechanisms for local communities to participate in service planning and delivery, and measures to empower individuals to engage with and influence the services they want in their local community.
- Equitable access to services;
- A focus on “client” as well as “clinical” outcomes.

Addressing the social and economic inequalities that underpin the determinants of health will have multiple benefits for individuals through improved life expectancy, lower burden of disease and better quality of life; and for society, including decreased health care spending, reduced welfare payments, increased productivity and workforce participation, and fairer, more cohesive and inclusive communities.

- *Health promotion, prevention and early intervention*

NCOSS strongly believes that health promotion, prevention, and early intervention should be the guiding principles for the structure of the health system and the delivery of all health services. There is a substantial and growing evidence-base within NSW,¹⁰ Australia,¹¹ and internationally¹² that the prevention of problems, and intervening early when problems do arise, will manage the growing demand for acute services and contain rising health care costs.

Not only will this approach create a more sustainable health care system, but the evidence indicates that health care systems orientated around wellness through health promotion, prevention, and early intervention are more efficient and effective as they reduce inequity of health outcomes experienced by disadvantaged groups, and improve overall health and wellbeing of the general community.

The primary and community health sector are the main providers of health promotion, prevention and early intervention services. They must be positioned front and centre of the health care system.

- *Consumer and community led-health services*

The value of consumer led health services was outlined in the recent review of the reforms to the National Health System (NHS) in England:

“Effective and sustainable provision of health-related services can only be achieved if people participate in the design of policies, programmes and strategies that are meant for their protection and benefit. The involvement of communities in setting priorities, and in designing, implementing and evaluating government programmes, policies, budgets, legislation and other activities relevant to the right to health is not only a human right, but has been shown to increase the likelihood that the needs of the community will be met more effectively.”

¹⁰ Owen A et al., *Community health: the evidence base: A report for the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong, 2008.

¹¹ National Health and Hospitals Reform Commission, *A Health Future for All Australians: Final Report*, Canberra, 2009

¹² The Marmot Review, Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, London, 2010

*International evidence shows that involving patients in their care and treatment improves their health outcomes, boosts their satisfaction with services received, and increases not just their knowledge and understanding of their health status but also their adherence to a chosen treatment. It can also bring significant reductions in cost, as highlighted in the Wanless Report, and in evidence from various programmes to improve the management of long-term conditions”.*¹³

- *Value of non-government organisations (NGOs)*

NCOSS believes that the role of NGO’s in health system must be recognised and incorporated into the national reforms. Non-government health and community services are an essential element of the overall health system. They provide 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.

Services delivered through this sector are an important alternative to the public health system for individuals and communities who may not access more formal institutional health settings, or who would otherwise default to an already overloaded acute care system.

Recommendation:

6. That the following principles underpin the role, governance and operation of Medicare Locals:

- Equal opportunities to good health and well-being
- Social model of health
- Social determinants of health
- Health promotion, prevention and early intervention
- Consumer and community led health services
- Value of non-government organisations (NGOs)

7.1.4. Funding

In order to take the pressure of acute crisis driven health responses, there needs to be a significant boost to funding for primary and community health care, with a particular focus on early intervention and prevention. In 2000–2001, over one-third (35%) of recurrent health expenditure was on hospitals, compared to just five per cent on Community and Public Health.¹⁴

¹³ *Equity and excellence: Liberating the NHS*, Department of Health, London, July 2010

¹⁴ Australian Institute of Health and Welfare (AIHW), Health Expenditure Australia 2001-2002, Figure 13, Australian Government,

NCOSS also supports the recommendations of the Public Healthcare Association of Australia that funds be made available to the primary health care sector to¹⁵:

- support local and regional level arrangements for primary health care coordination including support for citizen and community involvement, both at the local, agency and regional levels;
- increase centrally based funding for organisations that support self-management and community participation, without limitation being placed on their exercise of advocacy;
- strengthen local government's involvement in public health to achieve intersectoral collaboration;
- support education and training initiatives that lead to wider implementation of primary health care principles;
- provide increased funding for research and evaluation of comprehensive primary health care in every state and territory, open to community health services, local government and a range of primary health care practitioner groups;
- plan extension of community health services as a key component of the primary health care sector, with provision for long-term funding for primary health care to avoid the costs and discontinuities associated with dependence on short term project funding; and
- flexible funding arrangements to support enhancement of the primary health care sector, in accordance with local strengths and needs and covering all relevant community-based agencies and practitioners.

Given the crucial role of NGO's in facilitating access to health for disadvantaged groups and in the delivery of early intervention and prevention services, NCOSS argues that there should be an increase in funding for non-government health and community service organisations. In order to continue to provide effective community health services, funding is required for the cost of delivering services and for improved wages and conditions to attract and retain quality staff.

Recommendation:

7. Funding for primary health care is increased as a proportion of the health budget
8. Funding for primary health care services prioritises health promotion, prevention and early intervention in community-based settings.
9. Consideration is given to the provision of funds to the primary health care sector consistent with the recommendations of the PHHA, and to health-funded NGOs.

¹⁵ A Primary HealthCare Policy, Public Healthcare Association of Australia, www.phaa.net.au/documents/PHAAPrimaryHealthCarePolicy.pdf

7.2. What will Medicare Locals look like?

7.2.1. Governance

Structures

NCOSS has some concerns that the exclusive EOI to the Divisions of General Practice for the first round of Medicare Locals will disadvantage and possibly exclude some other potentially suitable organizations, such as Aboriginal Community Controlled Health Services. While NCOSS acknowledges the skills and expertise of many Divisions, NCOSS is concerned that Divisions are historically founded on a medical approach focused on treating illness that may act as a barrier to the delivery of primary health care based on a social model of health.

Recommendation

10. The Australian Government gives equal opportunity to community and primary care providers to operate Medicare Locals, such as Aboriginal Community Controlled Health Services.

Membership

While NCOSS does not have a firm position on the governance arrangements for Medicare Locals, we believe it is essential that the recruitment and selection processes for the Boards or Governing Councils are clear, transparent and accountable.

NCOSS recognizes the expertise of clinicians and their value in health-decision making. However, having clinical representatives on Boards/Governing Councils may give rise to potential conflicts of interest, such as around resource allocation decisions for non-clinical health services. NCOSS recommends that clear guidelines are developed for Medicare Local Board members around the disclosure and management of conflicts of interest to ensure consistent and transparent practice.

NCOSS believes that the Medicare Locals Boards/Governing Councils should have a partnership approach with the local community. Consumer and community input into the governance and operation of the health system is critical to ensure that services are appropriate and responsive to local health needs. It also supports greater transparency and accountability in service planning, funding and delivery.

The recent Marmot Review recommends that rather than enhancing professional and institutional power, the emphasis should be on fostering, “...new kinds of partnerships in a delivery model based on co-production that encourages genuine public engagement in decision-making, shifting the balance of power towards local people and away from professionals and formal institutions”¹⁶ This can be achieved by:

- Membership of Boards/Governing Councils that is representative of the local community. This should include Aboriginal and culturally and linguistically diverse community representatives, carer and consumer representatives, with equal gender representation and a range of ages, including young people.

¹⁶ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

- Mechanisms to support appropriate and equitable representation and participation on Boards/Governing Councils, such as identified positions, professional development, funding support for consumer representatives.

Recommendation

11. Medicare Local Boards/Governing Councils are based on a balanced, partnership approach between not just health managers and clinicians, but also with the local community.
12. Membership of Boards/Governing Councils that is representative of the local community
13. Mechanisms are established to support appropriate and equitable representation and participation on Boards/Governing Councils

7.2.2. Linkages

NCOSS re-affirms the recommendations of the Joint COSS Network submission that the value of non-government health and community services in improving health outcomes is recognised and that Medicare Locals actively engage and partner with local NGOs in the planning and delivery of health services.

NCOSS refers DoHA to the NCOSS submission (*Attachment 1*) to the review of the NSW Health NGO Program that outlines the role of Health NGO's in the NSW Health System and makes recommendations for how they can work more effectively with Government to deliver primary and community health services.

NCOSS also refers DoHA to the final recommendations report by NSW Health on the NGO Program that outlines ways to improve the efficiency and effectiveness of the Health NGO Program (*Attachment 2*). This report can inform some of the considerations in regards to the funding and governance relationship between Medicare Locals and NGOs.

Recommendation

14. Medicare Locals actively engage and partner with local NGOs in the planning and delivery of health services.
15. In determining the structures and linkages of Medicare Locals with other service providers, DoHA considers the recommendations in the *NCOSS Submission to the NSW Health NGO Program Review* and the *NSW Health NGO Review Recommendations Report*.

NCOSS believes that it is essential to develop national policy guidance and implementation levers to ensure effective linkages between Medicare Locals, Local Hospital Networks (LHNs), and other key service providers at the local level to improve coordination and integration in the planning and provision of health services.

Some of the mechanisms that should be explored further to establish linkages between Medicare Locals and LHNs include:

- Mandatory engagement protocols for Medicare Local Boards/Governing Councils with LHNs,
- Cross-representation on governance councils,
- Service MoUs
- Common population based planning mechanisms,
- Integrated assessment tools,
- Local referral pathways and protocols.
- Common performance measures or shared accountabilities.

Recommendation

16. That national policy guidelines and implementation levers are developed to ensure effective linkages between LHNs, Medicare Locals, and other key service providers at the local level, and to improve coordination and integration in the planning and provision of health services.

7.3. How will Medicare Locals interact with patients and providers?

7.3.1. Community and Consumer Engagement

NCOSS believes that strong consumer and community engagement should be a driving force behind the design and delivery of all health services. Actively engaging consumers of health services and the community is a key mechanism to make the health system more responsive to local health needs.

Consumer and community engagement framework

As noted above, NCOSS believes that the Medicare Locals Boards/Governing Councils should have a partnership approach with the local community. In order to achieve this we recommend that a national framework for consumer and community engagement is developed that sets out:

- The aims of engagement and participation
- Strategies for effective consumer and community engagement
- Strategies to build local capacity to engage and participate, including health literacy, training and development, mentoring, and practical support
- Strategies to support the engagement of disadvantaged groups, such as Aboriginal and Torres Strait Islander people, refugees and people from culturally and linguistically diverse backgrounds, people from rural and remote communities, and people on low incomes.
- Requirement to consult with the local community on the role and function of local consultative committees or other engagement structures prior to these being established.
- Indicators of successful engagement outcomes

To implement the national framework at the local level, individual Medicare Locals must be required to develop local engagement and participation plans. These local plans

must also be supported by an identified budget component for engagement and consultation by Medicare Locals, as well as resourcing for capacity building initiatives. The plans must also specify identified accountabilities / designated position for delivering on consumer and community engagement.

Based on a review of the NSW Area Health Advisory Councils (AHACs) in 2008/09, NCOSS recommends the following features for local community and consumer engagement plans:

- Transparent, accessible and identifiable participation structures
- Transparent processes for reporting and responding to issues raised by the community
- Development of communication guidelines
- Inclusive and accessible communication in a range of languages/formats
- Publically reported work plans and outcomes

Recommendation

17. Medicare Locals are required to develop local consumer and community engagement strategies within a nationally consistent framework

18. Medicare Locals have an identified budget component for engagement and consultation, as well as resourcing for capacity building initiatives.

19. Medicare Locals publicly report against performance measures for consumer and community engagement

Role of non-government health and community services

Non-government health and community services, in particular peak bodies and state-wide services, can play a key role in facilitating the participation of consumers and the community in health decision making and management. As noted above, often NGOs are engaged directly with local groups in the community and often have far greater contact with those that are the most marginalised.

NCOSS therefore believes that the Medicare Locals should formally recognise and support the role NGO's play in facilitating consumer and community engagement and participation. This requires Medicare Locals to actively engaging Health NGO's in policy and service development, and the provision of adequate, sustainable funding.

Recommendation

20. The role of non-government health and community services, particularly peak bodies and state-wide services, is recognised and incorporated into engagement frameworks and processes.

7.3.2. Performance Monitoring and Reporting

NCOSS recommends that Medicare Locals are given publicly reportable goals requiring them to reduce inequalities in health access and outcomes for people who live in their area. This should include analysing the correlation between non-health factors such as early childhood education and care, education, housing, transport; and the health of a population. These outcomes should be measured in the Healthy Communities Reports.

Recommendation

21. Healthy Communities Reports includes non-clinical measures on health status, service use and health outcomes.

7. Conclusion

NCOSS would like to thank the Commonwealth Government for the opportunity to provide this submission.

For inquiries or further information in relation to this submission, please contact Solange Frost, Senior Policy Officer (Health) NCOSS on 02 9211 2599 ext. 130 or solange@ncoss.org.au.

8. Attachments

1. NCOSS, [Submission to the NSW Health NGO Program Review](#), 2009
2. NSW Health, [NGO Review Recommendations Report](#) , 2010