

Forum Report

Introduction

NCOSS held a forum on national health reforms in NSW and the implications for the NGO sector in Sydney on 3 March 2011.

The [Program](#) included speakers from the National Health Reform Transition Office, Department of Health and Ageing, NSW Department of Health, General Practice NSW and NCOSS.

Around 100 representatives from non-government health and community services attended the Forum.

Speakers Presentations:

All the presentations are available for download as a single PDF:

- [Forum presentations](#)

Individual presentations are also available for download:

- [Graeme Head, Chief Executive, National Health Reform Transition Office, Department of Health and Ageing](#)
- [Richard Matthews, Deputy Director-General Strategic Development Division, NSW Health](#)
- [Jan Newland, Chief Executive, General Practice NSW](#)

Q&A session

Following the presentations, there was an audience Q&A session with the speakers. The following is the NCOSS summary of the panel discussion with Forum participants grouped under broad themes.

Access and equity

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| Q How will the reforms deliver on access and affordability long term? | A Increased funding for hospital services, to improve access to emergency departments, elective surgery and sub-acute beds. Focus of MLs is improving access to primary health care services in response to local needs. |
| Q How will equitable resource allocation occur within smaller regions? | A MLs will need to identify population health needs, service gaps, and then prioritise a systems approach.
NSW Health has population health data by LGA in Chief Health Officers Report.
Framework for population health planning across MLs, LHNs and others is still being developed. Proposal for state-based joint planning and innovation units. |
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Primary Health Care

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| Q Does the Commonwealth have a framework for primary health care, and what services does this include? | A The Commonwealth has a National Primary Health Policy. Transition Office does not have lead responsibility for PHC, but can follow-up with the appropriate division. |
| Q What is happening to those services identified for possible transfer to Commonwealth? | A The transfer was not a feature of the COAG Heads of Agreement. Commonwealth has a lead role in meaningful primary health care reform. This is an on-going process. |
| Q Will there be a national approach to mental health? | A Mental health will be discussed at the next COAG meeting in mid-2011. There is increasing momentum for reform on mental health. |
| Q What is the relationship of MLs with the National Preventative Health Strategy? | A MLs will have a role in the delivery of the strategy. Full extent of this role is still to be worked out. |
| Q What are the implications for NGOs who deliver early intervention and prevention services? | A MLs will need to have a strong focus on NGOs to help deliver on their objectives. NGOs need to talk to the Divisions about their role and the services they provide. |

Service coordination and integration

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| Q How will service coordination and integration be achieved across MLs and LHN? | A Reform Agreement requires MLs and LHNs to work together on service planning. MLs will need to undertake population planning, collaborate with LHNs, and have broad stakeholder engagement. |
| Q How will MLs 'join the dots' with all the relevant local services? | A MLs need to build relationships with all the local services. |
| Q How can NGOs build relationships and engage with MLs, especially small NGOs with ltd capacity? | A NGOs can contact GPNSW who will put them in contact with their local Division. |
| Q Potential for ad hoc engagement of NGOs or political relationships across different MLs. May lead to patchwork service coordination/integration. | A NGO sector may need to develop a structured way to engage with MLs at the local level |

Role of Medicare Locals (MLs)

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| Q Potential conflict with MLs as both funders and providers? | A The role and governance parameters are still to be determined. Will take time to bed down their structure and operation. |
| Q Will MLs compete with NGOs for funding to deliver health services? | A Focus is on partnering with existing services, rather than competing. However, it may depend on services available in the local area. |
| Q Who will monitor the performance and activities of MLs? | A Reform Agreement included strong new National Performance Framework, including |

Healthy Communities Reports by National Performance Authority.

Commonwealth will also set KPIs as part of the service contract with MLs.

NSW Health governance structures

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| <p>Q Where does governance of state-wide services sit, e.g. transport for health, population health etc...</p> | <p>A Administration of state-wide services will sit at the Clinical Support Division level. LHNs will deliver services at the local level.</p> |
| <p>Q How can NGOs engage in state-wide health service policy and planning?</p> | <p>A There is no one spot for NGOs to engage in strategic policy. NGO policy areas will continue to sit across multiple branches, including MHDAO, NSW Kids, AIDB, PH&CPB.</p> <p>NGO Advisory Committee will provide the main vehicle for NGOs to have influence on policy.</p> |

NGO grants administration and red-tape

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| <p>Q Will NGO funding and reporting requirements be streamlined across NSW agencies and across State / Commonwealth jurisdictions?</p> | <p>A The aim of NSW Health NGO Review is to simplify funding and reporting requirements, including mutual recognition of quality accreditation across other government agencies.</p> |
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Implications for the NGO Sector

Some of the implications of the health reforms for the NGO sector identified include:

- Multiple funding bodies for some primary health service providers
- Fragmented planning and policy across MLs, LHNs, and State/Commonwealth
- Future relationships and partnerships with Medicare Locals
- NGO grants to be administered by a central NGO Unit in NSW Health.

Ways that NCOSS is currently supporting the NGO sector around health reforms include:

Information & Advice

- Briefing Papers and fact sheets on health reform
- Updates through NCOSS News, Health e-bulletin, and NCOSS website
- Presentations to NGO sector, networks, and forums

Policy & Advocacy

- Submissions to Government on NHHN, LHNs, MLs
- Policy Position Paper and Advocacy Strategy (in development)
- Participation in NSW Health NGO Review Reference Committee

Partnerships & collaboration

- Developing alliances with potential allies e.g. PHAA
- COSS Health Network

Ways forward

The Q&A session highlighted that many details of the health reform package are still to be worked out. Resolving these issues will take some time given the complexity of the health system. However, this offers the NGO sector a number of opportunities to influence the reforms during implementation, including:

- Role of MLs - promote early intervention and prevention, social determinants of health approach, and the role of NGOs
- Structure of MLs - influencing governance and membership composition
- Partnerships with MLs - developing regional framework for NGO engagement
- Influencing NSW Health NGO policy and administration

Feedback from attendees about specific actions that NCOSS can undertake to support the sector includes:

- On-going information to the sector about health reforms
- Lead a coordinated approach from the sector for engagement with Medicare Locals
- Develop a formal NGO engagement framework with Medicare Locals using regional/State peak structure
- Develop models of engagement with MLs, specifically for smaller NGOs
- Inform/educate Divisions of General Practice about NGO sector
- Influence NSW Health NGO policy through NSW Health NGO Advisory Committee

NCOSS will review the outcomes of the Forum to inform its on-going advocacy work and support for the sector around the national health reforms.

For further information please contact:

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