

NCOSS FORUM

National Health Reform in NSW - What does it mean for NGOs?

March 2011

Council of Social Service of NSW (NCOSS)

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AGENDA

Item	Speaker
1. Welcome	Alison Peters Director, NCOSS
2. Update from the Australian Government on National Health Reform	Graeme Head Chief Executive, National Health Reform Transition Office, DoHA
3. Update from NSW Department of Health on NSW Health Reform	Dr Richard Matthews, Deputy Director-General, NSW Health
4. Update from GP NSW	Jan Newland Chief Executive Officer, GP NSW
5. Q & A	All
6. Summary & future directions for the NGO sector	Solange Frost Senior Policy Officer, NCOSS
Close 4.30pm	



Australian Government

Department of Health and Ageing

Health Reform Transition Office

National Health Reform



Update from the Health Reform
Transition Office

Transition Office CEO

Mr Graeme Head



National Health Reform



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Context of national health reform

- The health and hospital sector is a complex mix of service systems - federal and state; public and private
- Pressures from an ageing population and high rates of chronic disease
- Sustained workforce shortages
- Service gaps and inequities in patient outcomes



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Heads of Agreement – National Health Reform

- Since April 2010 governments have been working to implement health reform
- New Heads of Agreement on National Health Reform signed by COAG on 13 February 2011
- National health reform is designed to create a unified health system
- Provides a better deal for patients – more money, more beds, more local control and more transparency



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Key elements of new agreement

- New financial arrangements – Commonwealth and states and territories will share equally in costs of growth funding in public hospitals
- States continue as public hospital system managers
- Increased transparency across the health system
- States retain GST
- Renewed focus on primary health care
- A commitment by the Australia Government to being responsible for a national aged care system



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Primary Health Care

- One of eight streams of focus for national health reform
- Strong primary health care critical for the sustainability of our health system
- Under Heads of Agreement governments will work together on policy and planning for GP and primary health care



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Primary Health Care under Heads of Agreement



Australian Government will have a lead role in primary health care reform:

- Bringing forward Medicare Locals and after-hours GP care reforms, and
- Establishing 64 GP Super Clinics.

Stronger focus on primary health care to ensure people receive care when and where they need it and take pressure off hospitals

States and territories will continue to be involved in the funding and delivery of primary health care



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Medicare Locals

- More Medicare Locals and more rapid implementation
- \$477 million over four years to establish Medicare Locals
- Medicare Locals will facilitate more integrated care and make it easier for people to move around the health system
- Locally focussed and accountable
- First group of Medicare Locals to commence from mid-2011



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Invitation to apply process

- Program guidelines and application forms available
- Initial group of Medicare Locals expected to be drawn from high performing Divisions of General Practice
- Applications for first group, to commence from July 2011, close on 5 April. For Medicare Locals commencing in 2012, applications close 19 July



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Governance of Medicare Locals

- Managed by skills based boards
- Appointment processes will be robust and transparent
- Strong linkages with the local health care sector, including Local Hospital Networks



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Locally focused and integrated health services

All governments recognise the importance of local responsiveness.

Medicare Locals, Local Hospital Networks and a new front end for aged care will work to:

- Integrate local services,
- Develop innovative local solutions,
- Improve linkages and referral pathways, and
- Give communities a greater say.

They will also work closely with Lead Clinicians Groups.



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Implementation Progress

Many building blocks of national health reform are now in place.

- Emergency departments and elective surgery improvements
- Invitation to apply for Medicare Locals issued
- Boundaries for Local Hospital Networks advanced
- MyHospitals website launched
- Major components for eHealth system in place
- National Preventive Health Agency established



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Next milestones

2011 a significant year in implementation:

- After-hours GP telephone based service
- Increased hospital and primary care information for the community
- National Health Performance Authority
- Australian Commission on Safety and Quality in Health Care
- Telehealth service being expanded
- Further work in mental health, dental health and aged care



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www.yourhealth.gov.au

- Stay informed about health reform
- Register to receive updates about progress with health reform



National Health Reform

National Health Reform in NSW

Dr Richard Matthews AM
Deputy Director-General

3 March 2011

Local Health Networks (LHNs)

Amongst other things, LHNs will be responsible for:

- i. delivering agreed services and performance standards within an agreed budget
- ii. ensuring accountable and efficient provision of services and producing annual reports
- iii. monitoring LHN performance against agreed performance monitoring measures in the LHN Service Agreement
- iv. improving local patient outcomes and responding to system-wide issues
- v. maintaining effective communication with the State and relevant local stakeholders, including clinicians and the community

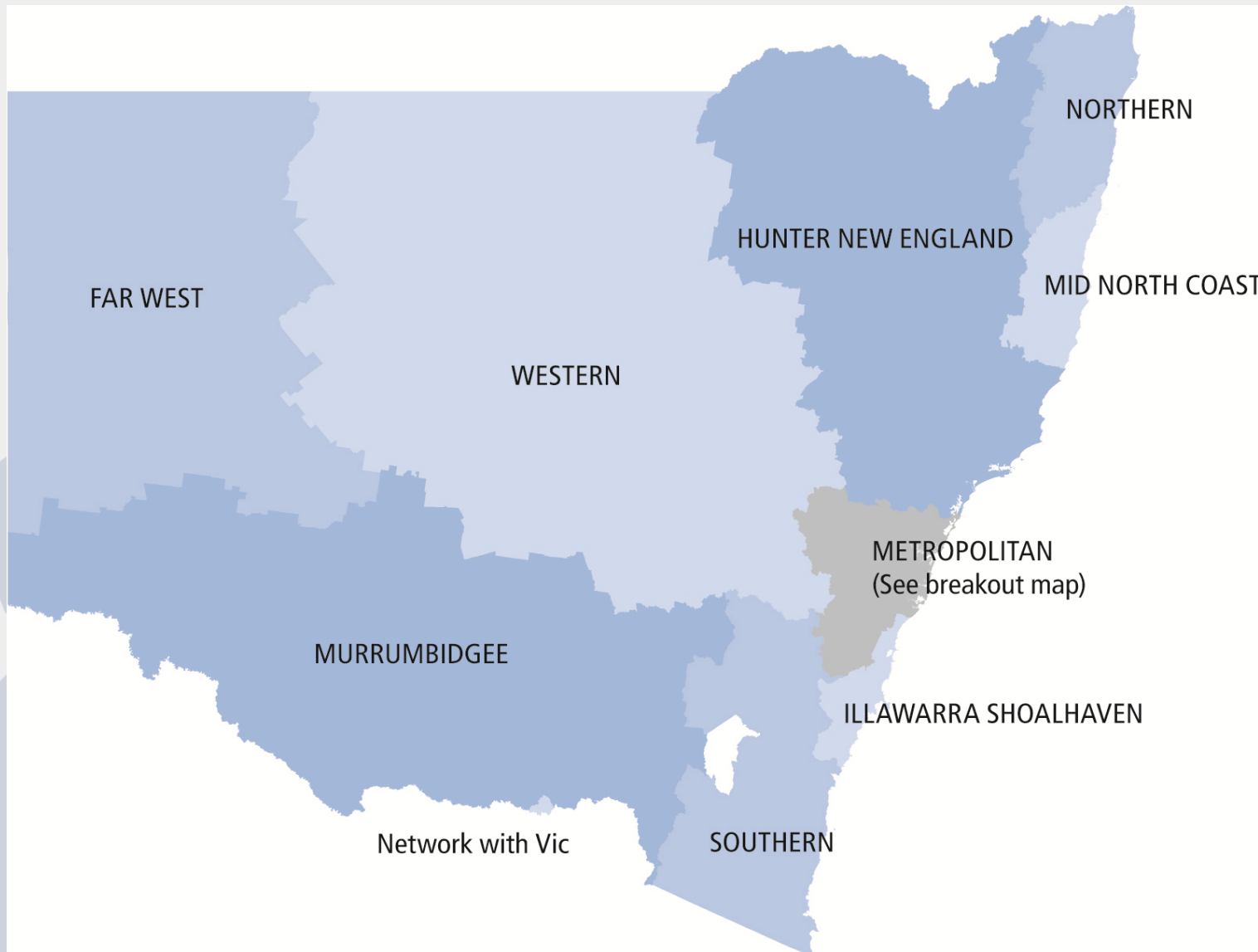
Local Health Networks (LHNs)

- Health Services Amendment (Local Health Networks) Bill 2010 introduced to Lower House on 21 October
- The Bill amends the Health Services Act 1997 to allow for the creation of local health networks to deliver public hospital services in New South Wales.
- The Bill also establishes Local Health Network Governing Councils, in the place of the current area health advisory councils.

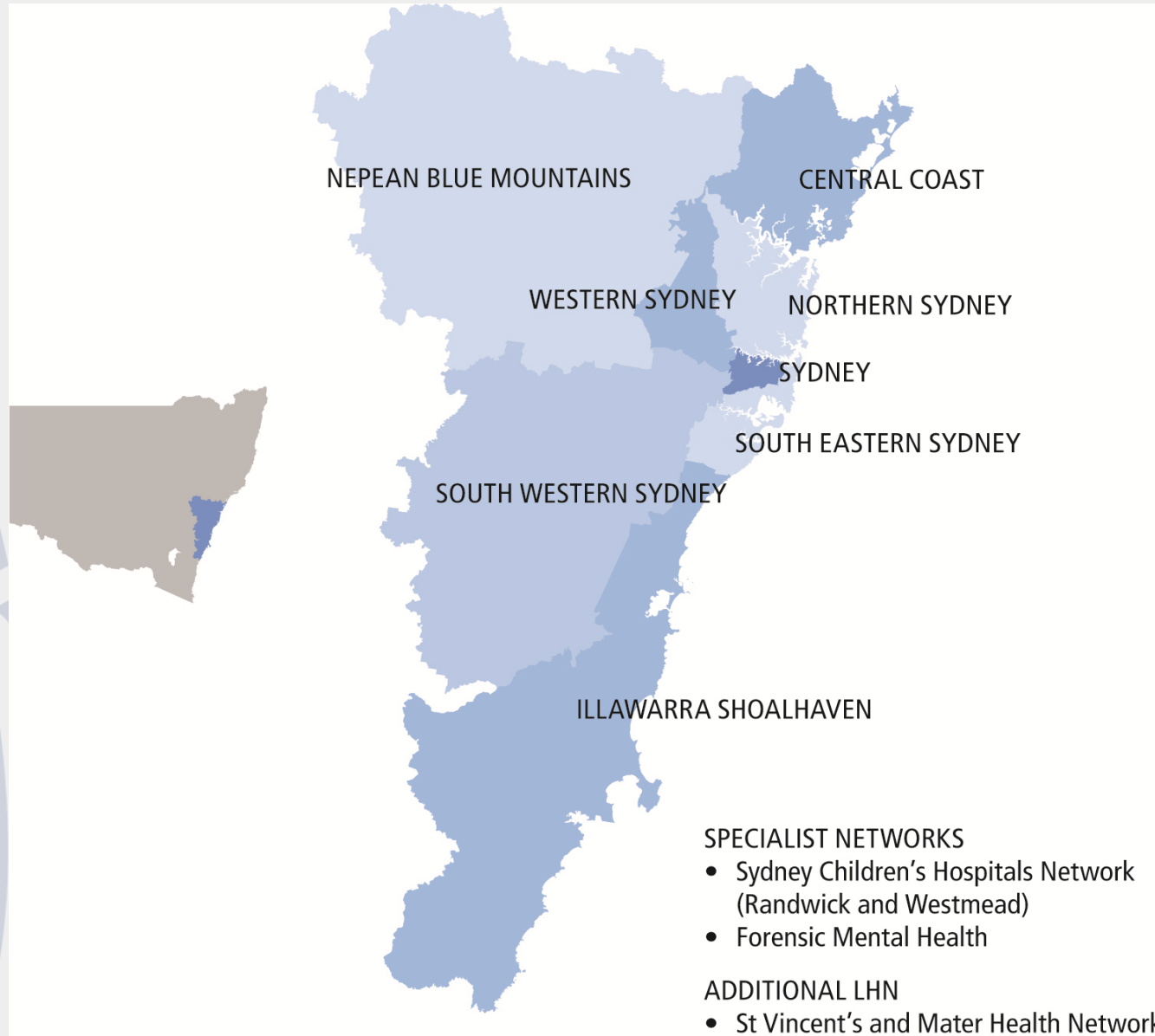
Local Health Networks (LHNs)

- Eight geographically based LHNs covering the Sydney metropolitan region,
- Seven geographically based LHNs covering rural and regional regions, and
- Three specialty networks covering Sydney Children's Health, Forensic Mental Health and services delivered by St Vincent's Health.

Rural & Regional Local Health Networks



Metropolitan LHNs



Participation of NGOs and consumers on Local Health Networks and Medicare Locals

Participants include:

- Ms Stevie Clayton, Chief Executive Public Education Foundation (NSW) and previous Chief Executive, AIDS Council of NSW (Sydney LHN)
- Ms Ann Brassil, Chief Executive Family Planning NSW (Northern Sydney LHN)
- Dr Naomi Mayers OAM, Chief Executive Aboriginal Medical Service, Redfern (South Eastern Sydney LHN)
- Ms Jill Boehm, Deputy Chair Cancer Council of NSW and former Chief Executive Officer CanAssist (Illawarra Shoalhaven LHN)
- Ms Debbie Roberts, Chief Executive Youth Solutions (South Western Sydney LHN)
- Ms Leone Crayden, CEO On Track Community Programs Inc (Northern NSW LHN)



Health

Clinical Support Division

- The clinical support division is divided into three geographical zones – Northern, Southern and Western
- The Clinical Support Division uses a ‘clustered’ approach – each working along side 5 Local Health Networks
- Their role is to provide technical expertise and corporate support to the LHNs.
- Assist with the transition process and;
- Ensure effective clinical service networks are maintained and further developed to improve efficient resource utilisation & equity of access to the appropriate range of services

NSW Health NGO Program

- The NGO sector has an important role in delivering services to improve health outcomes for target populations that have particular needs.
- In 2010/11, NSW Health is providing \$146 million for 511 grants to more than 300 organisations across NSW.
- A NSW Health Review of the NGO Grants Program was conducted in 2009/10.
- Ten NGOs were represented on the NGO Review Reference Committee and more than 160 NGOs participated in the consultations

NSW Health NGO Program Principles

- Maintain and strengthen collaborative relationships between NGO Sector and NSW Health
- Maintain the integrity and sustainability of successful collaborative service models in NSW
- Promote better planning and coordination between the Commonwealth funded services and NSW Health in service delivery – including in NGO-funded services across service types

The broad recommendations from the NSW Health NGO Review are:

- Reduce red tape and improve governance, transparency, efficiency and effectiveness of the NSW Health NGO Program
- NSW Health and the NGO Sector work together to ensure that health funded NGO services provide value for money services and are broadly complementary with NSW Health priorities
- To strengthen partnerships between NSW Health and the NGO Sector

Ongoing Consultation with the NGO Sector

- Feedback through the NGO Review Reference Committee, chaired by the Deputy Director-General
- Revised and expanded NGO Advisory Committee (NGOAC) from May 2011
- NGO Policies and Procedures and a NGO Quality Working Groups established with NGO Sector representation
- Communication Strategy to be developed

Further Information is available at the following websites

- NSW Health National Health Reform website:

<http://www.health.nsw.gov.au/initiatives/healthreform/index.asp>

- NSW Health NGO Program website:

http://www.health.nsw.gov.au/aboutus/business/ngo_program.asp

- Updates can also be found in the *Healthy Communities* Newsletter at

http://www.health.nsw.gov.au/resources/primaryhealth/hc_newsletter_pdf.asp



Medicare Locals and the role of NGOs

Jan Newland
February 2011



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Purpose and structure of briefing



Aim

- To update stakeholders on health reforms and the NSW Divisions Network response
- Provide an overview of GP NSW – who we are and what we do
- Opportunities for discussions and ongoing engagement

What does the evidence say?



- Primary health care is a clear indicator for success in population health outcomes:

“Many studies....show that areas with better primary care have better health outcomes, including total mortality rates, heart disease mortality rates and infant mortality and earlier detection of cancers...The opposite is the case for higher specialist supply, which is associated with worse outcomes.” **Barbara Starfield**

“Hospital-centrism carries a considerable cost in terms of unnecessary medicalisation and iatrogenesis, and compromises the human and social determinants of health”. **WHO**

- But..... PHC system in Australia is fragmented, complex and often uncoordinated.



So what are Medicare Locals?



- Independent, non-government entities
- Responsible for planning, coordinating and linking PHC services at a regional level
- Strong links to community, health professionals, service providers and NGOs
- Expect the role will start small and build over time
- Initial focus will be on partnering and linking
- Followed by new programs: after hours GP services, aged care, diabetes and mental health

What we do know Medicare Locals will do...



- Medicare Locals will be funded to deliver better access, address inequities and coordinate and integrate services by:
 - Developing a regional health plan and models of care for their communities
 - Allocating funding and ensuring delivery of comprehensive primary health services for their populations (addressing service gaps)
 - Community and provider engagement
 - Supporting the broader health workforce
 - Delivering programs that promote health and prevent illness
 - Working with LHNs on transition out of hospital and/or into aged care
 - In some cases, direct health service provision to communities (particularly in rural/remote)

Why the Divisions Network?



- The only national, state and regional infrastructure of its type
- Strong engagement with general practice and increasingly with broader primary care (but needs more focus)
- Proven capacity to plan and deliver flexible funds to meet local needs e.g. MAHS, ATAPS and ACAI
- National, established, connected network
- Medicare Locals will be **the best of what already exists through Divisions, but NOT a Division**

Towards Medicare Locals: Transition of the Network

- PHCOs are not just bigger Divisions – major change is needed
- Main areas of change:
 - Scope and scale of operations
 - Increased levels of accountability
 - Boundaries and configuration
 - Governance and membership
 - Level of authority
 - Partnerships – who and how

So what are Divisions currently grappling with?



- Boundaries
- Membership
- Governance – both skills based Boards and clinical governance
- Stakeholder engagement
- Transition period

.....and



Strategic Issue 1: Membership



- Organisational vs individual membership
 - General practice networks
 - Consumer / community
 - Training consortia
 - Community health services
 - Mental health services
 - ACCHS
 - LHNs
 - Local government
 - Allied health provider groups

Strategic Issue 2: Governance?



- Skills-based boards Commonwealth - some elected and some appointed – who do we need?
- Strong highly visible clinical leadership
- Effective clinical governance
- Consumer and community engagement mechanisms and structures

Strategic Issue 3: Stakeholder engagement



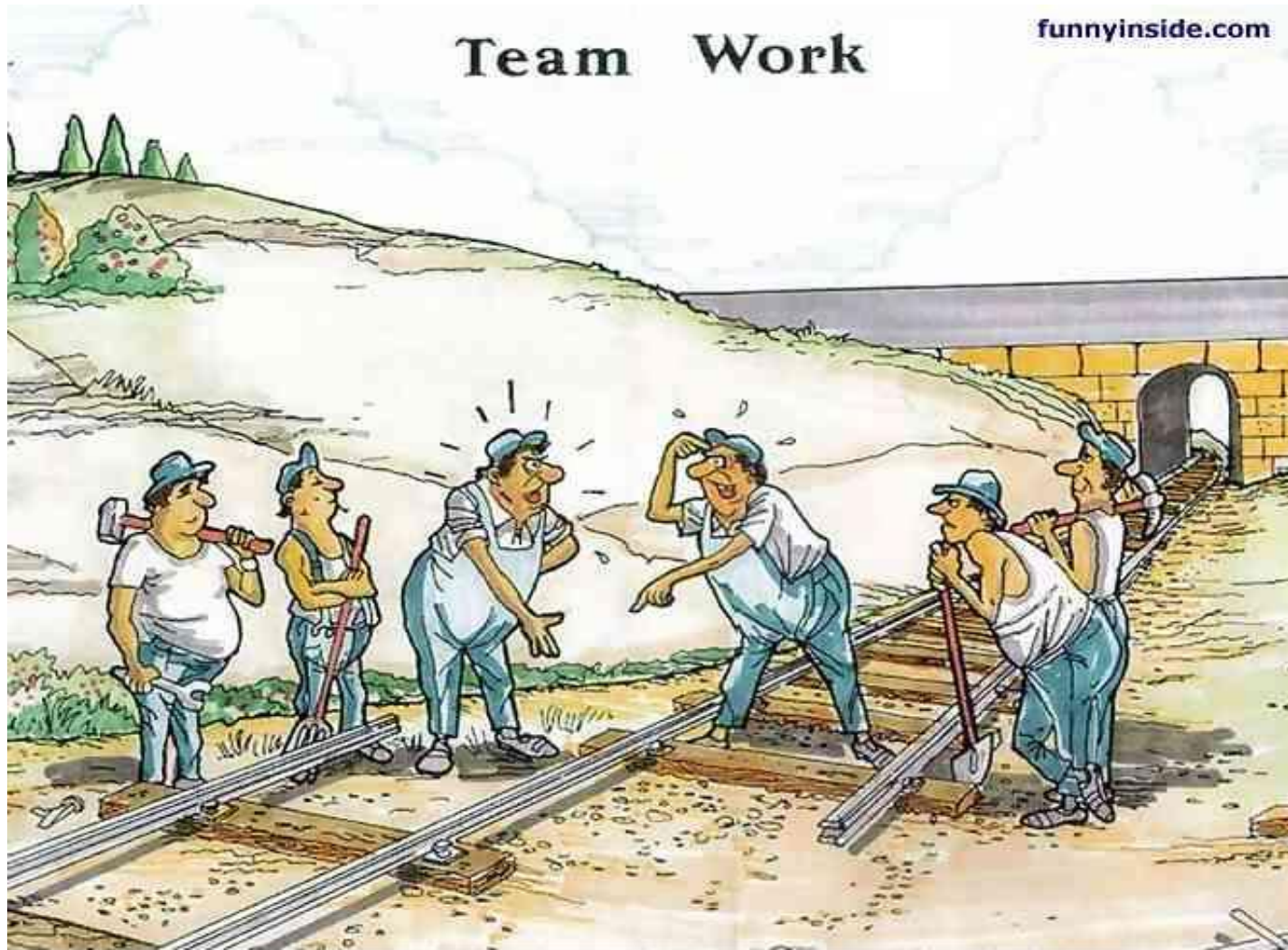
- Key partners and stakeholders
 - PHC professionals and service providers
 - NGOs
 - Consumers and community
 - Acute care, aged care, community care, social care and others
- Engagement around strategic decision-making through membership and governance frameworks
- Network keen to engage – still many questions about how best to do that
- Evidence of robust stakeholder engagement will be an important part of the Invitation to Apply

...and finally the release of Invitation to Apply



- First tranche (15) by June 2011
- Second tranche (15) by December 2012
- Final tranche (remainder) by June 2012

**We have a chance to get this right for
NSW...**





MASON DAVID GREG SIPPLE – 5 months old

National health reforms - Some positives

1. Immediate financial injection into hospital system
2. Efficiency drivers:
 - Increased consistency and transparency in hospital funding
 - Stronger national performance standards, monitoring and reporting
3. Devolution of hospital governance to local level (?)
4. Medicare Locals – potential beyond GP services
5. Future reform: dental health, mental health & aged care

National health reforms - Some issues

1. Vision and roadmap – beyond hospitals and GPs
2. Access and equity
3. Primary health care transfer and fragmentation
4. Medicare Locals governance structures
5. Mechanisms for coordinated and integrated care
6. Consumer & community engagement

National Health Reform and a NSW Coalition Government?



"The NSW Liberals and Nationals will not sign a final deal that compromises patient care or leaves NSW in a worse financial position".
(Barry O'Farrell, The Australian 15/2/11)

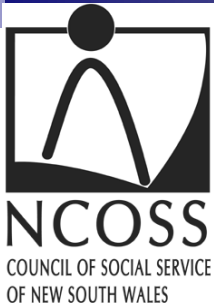
"NSW Liberals & Nationals are committed to delivering health reform in NSW through our 'Making it Work' policy" *(Jillian Skinner, 13/2/11)*

Possible changes:

- Health Districts (review LHN boundaries)
- Local Health Boards (review structures and composition of Governing Councils)
- Remove Clinical Support Divisions?

National health reforms - Implications for NGOs

1. NGO grants to be administered by a central NGO Unit in NSW Health.
2. *Some* primary health care services transferred to Commonwealth
3. Partnerships with Medicare Locals
4. Engagement in health planning, policy and service delivery
5. Other?



National health reforms – supporting the NGO Sector

Information & Advice

- Briefing Papers and fact sheets
- NCOSS Forum, and presentations to NGO sector
- NCOSS News, Health e-bulletin, and NCOSS website
- Training with Divisions of GP (TBC)

Policy & Advocacy

- Submissions to Government on NHHN, LHNs, MLs
- Policy Position Paper and Advocacy Strategy (in development)
- NSWH NGO Advisory Committee

Partnerships & collaboration

- COSS Health Network
- Developing alliances with other organisations

What can you do?

- Keep informed about reform progress
 - [yourHealth website](#)
 - [NSW Health – What’s New?](#)
 - [NCOSS website](#)
- Build relationships
 - Attend GPNSW information sessions (mid-2011?)
 - Contact your local Divisions of GP
- Advocate
 - Raise issues with your Peak or NCOSS
 - Submissions, letters to MPs, and spread the word!



Contact us

- NCOSS website:

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

- Contact details:

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