

Submission on the draft National Primary Health Care Strategic Framework



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Council of Social Service of NSW (NCOSS)

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About NCOSS

The Council of Social Service of NSW (NCOSS) is the peak body for the non-government community services sector in New South Wales. NCOSS provides independent and informed policy advice, and plays a key coordination and leadership role for the sector. We work on behalf of disadvantaged people and communities towards achieving social justice in NSW.

NCOSS' health priorities

NCOSS' objective in the health portfolio is to reduce inequities for disadvantaged people and improve population health outcomes. We believe 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.

NCOSS health policy priorities are primary and community-based health, oral health, health transport, PADP, and community engagement. Our funding recommendations to the NSW Government on these issues are outlined in our [2012-13 Pre-Budget Submission](#). We also advocate on health system reform and areas of health inequity.

Summary of recommendations

Q1. How can the Framework add the most value to: a. the primary health care system; and b. the health system more broadly?

Recommendations:

1. Explicitly defines primary health care and broadly describes the scope of services that are included within its remit.
2. Identify the roles and responsibilities of the lead actors in the primary health care framework
3. Governments, through the Framework and bilateral plans, prioritise a greater proportion of total health funding in primary and community health
4. Develop funding models to incentivise the provision of primary and community health services relative to acute / hospital services
5. Lead development of nationally consistent data collection, collation and reporting on primary health care

Q2. How can the Framework maximise patient health outcomes and experiences?

Recommendations:

6. Strengthen actions in to have a greater consumer focus, including resourcing consumer engagement, developing national and state consumer and community engagement frameworks, building health literacy, and funding capacity-building initiatives within local communities to support their active engagement and participation (Strategic Priority 1).
7. Have a more explicit focus on inequity, by separating and specifically addressing access barriers and population inequities (Action 2.2).
8. Include a focus on health promotion in outcome 3 in recognition of a social model of health based on wellness (Strategic priority 3)
9. Expand preventive action beyond a narrow focus on lifestyle risk factors (Action 3.2)
10. Provide a stronger mandate on the social determinants of health and specific actions to address them, including defining the role of Health Departments in leading governance for health, and developing a Health in All Policies (HiAP) approach to promote inter-sectoral action (Strategic priority 3).
11. Include an action for Governments to implement Equity Focused Health Impact Statements (Strategic priority 3)
12. Develop performance indicators that include specific measures of population health inequity (Action 4.1)

Q3. How can governments strengthen partnerships with stakeholders to deliver the four strategic outcomes identified above?

Recommendations:

13. Develop a Health in All Policies (HiAP) approach to promote inter-sectoral action on the social determinants of health
14. Recognise and support non-government health and community services

Q4. When considering implementation of the Framework: a. What actions or activities are already being delivered by your organisation or other organisations that governments could learn from? b. Do you have any new or innovative ideas that could be incorporated?

Recommendations:

15. Flexible brokerage funds for coordination and collaborative approaches

Introduction

The Council of Social Service of NSW (NCOSS) welcomes the opportunity to comment on the draft National Primary Health Care Strategic Framework. We believe a robust national Framework and State bilateral plans are essential to improve the coordination and integration of primary health services and improve health outcomes.

Response to discussion questions

Q1. How can the Framework add the most value to: a. the primary health care system; and b. the health system more broadly?

NCOSS believes that the Framework can add value by:

- Defining primary health care and the scope of services considered within the Framework

We recommend that the Framework explicitly defines primary health care using the World Health Organisation 1978 Alma Ata Declaration¹ that is based on a holistic, social model of health. The lack of an agreed and widely understood definition contributes to confusion about agencies roles and responsibilities and the range of services that constitute the primary health care system. This inhibits comprehensive care coordination and integration.

We recommend that the Framework broadly describes the scope of services that are included within its remit. This should not be a prescriptive list, rather an inclusive description that seeks to highlight to broad range of services that constitute primary health care beyond general practice, such as oral health, and the key services that enable effective primary health care, such as transport for health and community care.

- Identifying the roles and responsibilities of the lead actors in the primary health care framework

NCOSS believes that improving the coordination and integration of primary health care services requires clear articulation of the roles and responsibilities of the key actors in the system at both strategic and operational levels. This includes the Commonwealth, States/Territories, Local Health Networks/Districts, Medicare Locals, National Preventive Health Authority, Clinician Groups, Local Government, not-for-profit health and community services, and other for profit providers.

In particular, the Framework and the bilateral plans need to clarify those primary health areas where there are shared responsibilities, such as population health, health promotion, prevention and early intervention. There is a risk that these critical functions will be subsumed by the focus on hospitals and acute care at the District/Network level

¹ http://www.who.int/publications/almaata_declaration_en.pdf

or fall through the gaps or risk duplication where there is not a clear division of responsibility with the Medicare Locals or other bodies.

- Re-orientate the health system to a focus on primary and community health

Greater proportional investment in primary and community health

NCOSS believes that the Framework can add value to the system by prioritising systematic investment by the Commonwealth and State and Territory Governments to build primary health care quality, scope and capacity.

A greater proportion of total health funding must be invested in primary health, particularly health promotion, prevention and early intervention to move the system from an acute care focus to a preventive and promotion focus based on well-being. Local and international evidence indicates that health care systems orientated around wellness are more efficient and effective than crisis-driven systems orientated to treating illness. Yet primary and community health in Australia continue to be poorly funded in comparison to the acute sector.

Incentivised funding models

As part of this strategic framework, NCOSS recommends that the Government prioritises the development of a primary and community health funding model that supports the reorientation of the health system to keep people healthy and out of hospital.

There needs to be a commensurate funding system as there is with hospital services funded through Activity Based Funding (ABF) to incentivise the provision of primary and community health services, particularly health promotion, prevention and early intervention. However, we note the importance of any funding mechanism supporting the delivery of consumer-focused outcomes, not merely activity.

- Establishing a performance and accountability framework

To be effective, the Framework must have clear performance and accountability requirements for the priority actions and outcomes. Evaluation must be built-in to the Framework to promote further improvement and learning as the new system develops.

- Data collection and reporting

The Framework can play a critical role in leading the development of nationally consistent data collection, collation and reporting on primary health care as other areas of the health system, such as hospitals. NCOSS notes that there are important gaps and data quality issues in the primary care sector.²

While there are rich data sources on primary and community health services and population outcomes, the government has historically not accessed or made best use of

² Australian Institute of Health and Welfare (2012), Australia Health 2012, AIHW, p16

data and information collected by private providers and non-government community services. A national primary health care data collection and information management strategy would support a more evidenced based approach to service development and provision.

Q2. How can the Framework maximise patient health outcomes and experiences?

NCOSS broadly supports the proposed vision, strategic priorities and objectives for the Framework.

- Strategic priority 1 - Build a consumer-focused integrated primary health care system;

NCOSS welcomes the Framework's consumer focus. We believe this focus could be strengthened by actions to:

- Resource consumer engagement through travel re-imburement, mentoring, information and skills development (we note that the Commonwealth funds Health Consumers Forum of Australia to undertake the *Our Health, Our Community* project; however we believe that the Framework should formally identify this commitment with an action to support consumer engagement).
- Develop national and state strategic consumer and community engagement frameworks
- Build the health literacy of the community.
- Fund capacity-building initiatives within local communities to support their active engagement and participation.

- Strategic priority 2 - Improve access and reduce inequity;

We recommend that the actions in strategic priority 2 have a more explicit focus on inequity.

The Framework can more effectively address inequity by separating access issues and population inequities in Action 2.2 and developing specific actions to address them. Key access barriers include cost, geography, availability, and appropriateness of services. The NHHRC identified key population inequities in Aboriginal health, rural and remote health, mental health and oral health.

We note that many non-government health and community sector organisations provide services to marginalised and 'hard to reach' groups that reduce health inequity. NCOSS recommends that the Framework and bilateral plans recognise this role and builds the capacity of the sector to provide targeted services to these high risk priority groups.

- Strategic priority 3 - Increase the focus on prevention, screening and early intervention

Expand strategic priority 3 to include health promotion.

NCOSS recommends that this strategic priority is broadened to include 'health promotion' in recognition of a social model of health based on wellness, not just a medical model of treating illness and preventing disease.

Social determinants of health and the role of Health Departments

NCOSS applauds the recognition of the social determinants of health (Action 3.1); however, we believe that there needs to be a stronger mandate and specific actions to address them in the Framework.

We recommend the inclusion of an action for the Commonwealth and State Health Departments' to raise awareness of the social determinants of health and lead inter-sectoral action. While many of the determinants lie beyond the remit of the health system, it can work with other government agencies and sector to support coordinated action. Without this central leadership, there is a risk that no agency will take responsibility for addressing the key factors that influence health.

To promote action on the social determinants, Health Departments can:

- Build the knowledge and evidence base of policy options and strategies
- Assess the comparative health consequences of options within the policy development process
- Create regular platforms for dialogue and problem solving with others
- Evaluate the effectiveness of inter-sectoral work
- Build capacity through better mechanisms, resources, staff
- Work with other agencies to achieve their goals

Health in All Policies (HiAP)

NCOSS recommends the inclusion of an action for the Commonwealth and States to develop a Health in All Policies (HiAP) approach to promote action on the social determinants. HiAP is a coordinated approach to achieve joined-up working across government and other sectors to improve population health and well-being. It was endorsed by the World Health Organisation in the *2010 Adelaide Declaration on Health in All Policies (HiAP)*. HiAP has been developed and tested in over 16 countries and is being led by South Australia.

Health promotion, prevention and early intervention

NCOSS strongly believes that the objective and actions (specifically Action 3.2) must take a broader approach to prevention than a narrow focus on lifestyle risk factors. A comprehensive, holistic approach based on the social model of health includes the promotion of good health and well-being, not just the prevention of chronic disease.

We recommend that the Framework includes actions to undertake comprehensive health promotion and prevention activities, particularly targeting those areas of greatest inequity, such as mental health and oral health.

Equity-focused Health Impact Assessment

NCOSS recommends the inclusion of an additional action for Governments to implement Equity Focused Health Impact Statements to introduce a systematic process to consider the impact of Government policies, legislation, projects or services upon community health and wellbeing, and to inform and influence decision-making to mitigate the risks of adverse health outcomes.³

➤ Strategic priority 4 - Improve quality, safety, performance and accountability

NCOSS welcomes the commitment to continuous improvement and learning. We recommend that performance indicators include specific measures of population health inequity (Action 4.1). We note that the National Health Performance Authority (ANHPA) will continue to develop indicators over time for the new Healthy Communities Reports and recommend that this work includes the development of nationally consistent data collection and reporting on health inequities.

Q3. How can governments strengthen partnerships with stakeholders to deliver the four strategic outcomes identified above?

➤ Health in All Policies (HiAP) approach

As noted above, NCOSS recommends the development of a HIAP approach to formally coordinate cross-sectoral process to develop multi-faceted policy responses on the social determinants.

Central to this approach is a new role for Health Departments at the national and state levels in governance for health. This governance role involves Health Departments' providing leadership and outreach in relation to the social determinants.

➤ Recognise and support non-government health and community services

The Framework and bilateral plans need to leverage the existing providers and networks within the health system and the broader community to deliver more integrated consumer-focused care.

We believe that the role of the not for profit community service sector in improving health outcomes needs to be more clearly articulated and promoted in the Framework (e.g. Actions 1.3, 1.5, 2.3, 2.4). The community sector provides both health services and a range of other essential community services that support the maintenance of good health and well-being, such as community care and transport.

³ http://www.hiaconnect.edu.au/acheia_efhia.htm

The Framework can support the sector's role in the primary health care system by:

- Recognising the importance of partnerships with the sector at the strategic and local levels.
- Formalising the community sector's shared role in population level planning and service delivery;
- Recognising and supporting the sector's capacity to reduce health inequities by funding flexible services targeted to hard to reach and marginalised groups, and building sector capacity, including workforce, infrastructure, and training.
- Identifying existing and emerging networks of interest in health policy and health reform.

Q4. When considering implementation of the Framework: a. What actions or activities are already being delivered by your organisation or other organisations that governments could learn from? b. Do you have any new or innovative ideas that could be incorporated?

- Flexible brokerage funds for coordination and collaborative approaches

NCOSS recommends that primary health care funding streams are used as a way to improve dynamic efficiency by pooling funds and allocating them to support multidisciplinary teams, linking clinical services with allied health and associated community services. Funding should be needs-based, distributing funds according to population health needs with enhanced investment in outer years.

Consideration must be given to the provision for longer-term funding for primary health care to avoid the costs and discontinuities associated with dependence on short term project funding.

Q5. When considering implementation of the Framework's actions in NSW, are there opportunities that you consider NSW is well placed to take advantage of? Are there any issues you consider particular to NSW?

NCOSS looks forward to the opportunity to provide more detailed input in the development of the NSW bilateral plan in the next phase of consultation.

At this stage we flag some of the factors that may inhibit the effective implementation of the national strategic framework, including:

- Lack of state-level primary health care organisation, like GPNSW, to interface with and coordinate Medicare Locals on a state-wide basis (Action 1.1.)
- Lack of state-wide framework and designated responsibilities for population health and health promotion and planning within LHDs
- Lack of state-wide Consumer and Community Engagement Framework.

Further Information

Thank you for the opportunity to provide this feedback on the national primary health care strategic framework.

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