

NCOSS submission on the NSW Bilateral Primary Health Care Plan Consultation Paper



March 2013

Council of Social Service of NSW (NCOSS)

66 Albion Street, Surry Hills 2010

Ph: 02 9211 2599 Fax: 9281 1968 email: solange@ncoss.org.au

About NCOSS

The Council of Social Service of NSW (NCOSS) is a peak body for the not-for-profit community 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 priorities are primary and community-based health, oral health, mental health, health transport, and aids and equipment for disabled people. Our funding recommendations to the NSW Government on these issues are outlined in our [2013-14 Pre-Budget Submission](#). We also advocate on health system reform, consumer and community engagement and health equity issues.

Summary of recommendations

General recommendations:

1. The NSW Bilateral Plan includes a statement of NSW's vision and priorities for primary and community health.
2. The NSW specific objectives are developed as part of the Bilateral Plan, including to: re-orientate the NSW health system to promote health and well-being; develop a consumer-focused approach; and reduce avoidable differences in health outcomes.
3. The number of NSW specific actions is consolidated and more focused, targeted strategic actions are developed.
4. All NSW specific actions are made SMART (Specific, Measurable, Attainable, Relevant and Time-bound)
5. The NSW Plan clearly defines the role and responsibilities of NSW Health and the actors within the NSW health system in primary health care funding, policy and service provision.
6. The NSW Plan defines the broad scope of primary health services provided by the NSW health system.
7. All actions in the NSW Plan are reviewed and extended to encompass the full range of providers in primary health where appropriate, including not-for-profit health and community sector organisations.

Recommendations on Strategic Objective 1:

8. Move the proposed NSW Specific Action 1.1.4 to Strategic Outcome 4, action 4.3
9. Under Action 1.1, the following NSW actions are added:
 - At the state-wide level, the NSW Ministry of Health:
 - Develop systemic planning processes and mechanisms for strategic health policy development that includes the peak or representative primary health organisations, including NGOs, Medicare Locals, professional associations, and consumers.
 - Facilitate regular strategic primary health stakeholder forums, including Medicare Locals, LHDs, Health NGOs, consumers, and local government.
 - Require the development of formal planning and engagement protocols between LHDs and MLs and key stakeholders in LHD Service Level Agreements
 - At the local level, LHD's to:
 - Undertake collaborative population health planning with Medicare Locals and other key stakeholders, including Health NGOs and consumers.

- Establish and promote structures and processes to engage consumers, service providers and the community in planning, development and delivery of services.
- Develop and implement common assessment and referral tools for integrated primary health care

10. Actions 1.2.1 and 1.2.2 are revised to include Health NGOs and other providers

11. Under Action 1.2, the following NSW actions are added:

- At a state-wide level, the NSW Ministry of Health, pillar agencies, and other strategic forums (e.g. NGO Advisory Committee)
 - identify common health needs of population groups at a state-wide level;
 - develop, implement and evaluate models of care for identified population groups on a state-wide basis
 - develop structures and processes to promote evidence-based models of care at the state-wide and local levels, such as good practice hubs and networks

12. Action 1.3.2 is amended to: “...support the continuing development and implementation of service models targeted to improving access for vulnerable at risk groups.”

13. Action 1.3.4 is revised to include Health NGOs and other providers.

14. Action 1.3.4 - The reference to the NSW Healthy Ageing Strategy is reviewed and subject to clarification in relation to the ADHC strategy, an additional action or sub-set is included to develop a NSW Health ‘Healthy Ageing Strategy’.

15. Under Action 1.3, the following NSW actions are added:

- At a state-wide level, the NSW Ministry of Health and pillar agencies identify systemic barriers to accessing primary and community health, and to develop strategies to address these barriers.
- At a state-wide level, the NSW Ministry of Health considers the health issues identified in the NCOSS Pre-Budget Submission 2013-14, and implements measures to:
 - Increase proportional expenditure on Population Health and Primary and Community Based Services, with a focus on health promotion, prevention and early intervention targeted to vulnerable at-risk groups through the not-for-profit community sector.
 - Enhance core funding for public dental services
 - Expand community-managed mental health services, such as drop-in and integration programs in under-serviced areas of NSW
 - Expand core funding for the Aids and Equipment Program
 - Fund additional ComPacks across NSW
 - Increase non-emergency health related community transport

- Review the 2006 Transport for Health Policy
 - Develop an Aboriginal Health Transport Strategy
 - At a state-wide and local level, the NSW Ministry of Health and LHDs implement the recommendations of the NCOSS Health Transport Report, Provided there's transport
16. Action 1.4.1 is amended to acknowledge the role of not-for-profit health and community services in the care of young families.
17. Action 1.6.4 is amended to: '...promote and support health consumer and carer peak organisations', and the reference to specific organisations is removed.
18. Under Action 1.6, the following NSW actions are added:
- NSW Health at the state-wide and local level supports strategies and initiatives to improve consumer health literacy
 - The NSW Ministry of Health in consultation with LHDs and local communities, establishes a funding pool for locally based, community-driven projects, modelled on the NSW Community Builders Program, to strengthen community capacity for health.

Recommendations on Strategic Objective 2:

19. Action 2.1 is reviewed in consideration of the responsibilities of NSW Health vis-a-vis the Commonwealth for general practice.
20. Action 2.1.3 is amended to include not-for-profit health and community services.
21. Under Action 2.1, the following NSW actions are added:
- The NSW Ministry of Health consider options for supporting community-led or managed primary health care enterprises that provide integrated, multi-disciplinary services in NSW.
 - The NSW Ministry of Health and LHDs establish flexible funding pools or brokerage funds to support collaboration in health promotion and prevention initiatives at the state-wide and local levels.
 - The NSW Ministry of Health explores commensurate incentivised funding systems for primary and community health as there is with hospital services funded through Activity Based Funding (ABF).
22. Under Action 2.4, the following NSW action is added:
- The NSW Ministry of Health supports the development of new or existing data management systems by Health NGOs to inform health system intelligence, particularly for vulnerable and disadvantaged groups.
23. A new action is developed to support Strategic Objective 2 to address health inequity NSW.

24. The following new NSW actions are added:

- The NSW Ministry of Health implement the recommendations from the evaluation of the NSW Health and Equity Statement, [In All Fairness](#)
- Local Health Districts' (LHDs) develop and report on health equity plans
- The new Health NGO funding program includes specific funding streams targeted to reducing health inequities for vulnerable at-risk groups.

Recommendations on Strategic Objective 3:

25. Under Action 3.1, new actions are developed:

- The NSW Ministry of Health to raise awareness of the social determinants of health, including provision of information and training, within the NSW health system, across NSW government agencies, and in the community.
- The NSW Ministry of Health explore models for inter-sectoral action on the social determinants at a state-wide / systemic level, such as the Health in All Policies (HiAP) approach implemented by South Australia.
- The NSW Ministry of Health and Local Health Districts build on work to comprehensively implement and integrate Health Impact Assessments into the NSW Health System

26. Under Action 3.2, new actions are developed:

- The NSW Ministry of Health and LHDs develop and implement state-wide and local health promotion plans. These should include a generic policy on health promotion, and specific plans in key areas such as oral health
- NSW Health works with the private sector at a state-wide and local level to mitigate against the harmful health impacts that contribute to poor population health outcomes.

Recommendations on Strategic Objective 4:

27. NSW specific actions are developed under Objective 4 that support and promote the use of data collected by NGOs.

Table of contents

About NCOSS	2
NCOSS' health priorities.....	2
Summary of recommendations.....	3
Table of contents.....	7
Introduction	8
Overall comments	8
1. Build a consumer-focused integrated primary health care system	11
2. Improve access and reduce inequity	16
3. Take action to tackle the social determinants of health and wellbeing with emphasis on health promotion, prevention, screening and early intervention	20
4. Improve quality, safety, performance and accountability	22
Further Information	22

Introduction

The Council of Social Service of NSW (NCOSS) welcomes the opportunity to provide feedback to NSW Ministry of Health on the *NSW Bilateral Plan Consultation Paper*.

This submission begins by providing over-arching comments on the NSW bilateral plan. It then comments under each of the four strategic outcomes on the proposed NSW-specific actions and makes recommendations for additional actions.

Overall comments

National Framework

NCOSS has strong concerns about the National Framework proposed for approval by the Standing Council on Health. We acknowledge the National Framework is not the subject of this consultation. However, the potential national-level actions do not support a comprehensive primary health care system in line with the World Health Organisation Declaration of Alma Ata¹ or the Ottawa Charter for Health Promotion².

We believe the key issues are:

- Actions are framed around a medical model of health. It does not promote health as a positive concept that includes well-being and not just the absence of disease. It does not shift the health system towards a health promotion focus.
- Actions are focused on GP's and clinical services. The Framework does not adequately encompass the full range of providers and actors in the primary health system, including not-for-profit community sector organisations, Aboriginal Community Controlled Organisations, allied health, and local government.
- Preventive health actions are narrowly construed in terms of lifestyle disease risk factors. The Framework lacks concrete actions to build healthy public policy, create supportive environments and strengthen community capacity to achieve better health.
- Actions do not adequately address health inequities. Measures are currently directed to population-wide access. They lack targeted measures for vulnerable, at-risk groups.

The Framework does not clearly define the division of roles and responsibilities for primary health care policy, funding and services across the different jurisdictions or different parts of the system. This potentially undermines the effective implementation of the Framework and its ability to support a comprehensive, integrated primary health system.

¹ World Health Organisation (1978), *Declaration of Alma-Ata*, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

² World Health Organisation (1986), *The Ottawa Charter for Health Promotion*, First International Conference on Health Promotion, Ottawa, 21 November 1986

NSW objectives and priorities

NCOSS believes the bilateral plan should contain an upfront statement of NSW's vision and priorities for primary and community health. We recognise the strategic objectives are determined by the National Framework. Nevertheless, the bilateral plans are NSW's opportunity to articulate the state-specific vision and objectives appropriate to the NSW context.

We believe this should include specific objectives to re-orientate the NSW health system to promote health and well-being, develop a consumer-focused approach, and reduce the avoidable differences in health outcomes for the people of NSW.

Recommendation:

- *NSW Bilateral Plan includes a statement of NSW's vision and priorities for primary and community health.*
- *NSW specific objectives are developed as part of the Bilateral Plan, including to: re-orientate the NSW health system to promote health and well-being; develop a consumer-focused approach; and reduce avoidable differences in health outcomes.*

Strategic, coherent approach

A more strategic approach is required to identify and prioritise a coherent set of specific actions that support NSW's objectives and those in the National Framework. NCOSS acknowledges the proposed actions have been collated from previous consultations. As a result, they are piecemeal and disparate. They lack the coherence and systems-perspective required to facilitate the Framework's stated aim of an integrated and coordinated primary health system.

Recommendation:

- *The number of NSW specific actions is consolidated and more focused, targeted strategic actions are developed.*

Specific, measurable actions

Some of the actions lack specificity. Actions to support' or 'promote', e.g. 1.1.3 or 1.3.1, are quite general and exactly what is to be undertaken is unclear. Similarly, it is unclear what actors within the NSW health system will be responsible for undertaking these actions. They are only broadly attributed to the 'state or local level' or 'collaborating nationally'. Without clearly defined actions or accountabilities, the plan is less likely to be implemented effectively.

Recommendation:

- *All the NSW specific actions are made SMART (Specific, Measurable, Attainable, Relevant and Time-bound)*

Roles and responsibilities

The NSW Plan should clearly define upfront the primary health roles and responsibilities of actors in the NSW health system. This description should be framed in relation to the other jurisdictions (national and local), across NSW Health (NSW Ministry of Health, pillar agencies, LHD's and specialty networks), and other actors including NGOs, allied health, and nurses.

Without this clear division and articulation of responsibilities there is a risk shared services, such as population health, health promotion and prevention, will fall through the gaps between Medicare Locals and state-based providers and/or be subsumed by LHDs focus on hospitals and acute care.

Recommendation:

- *The NSW Plan clearly defines the role and responsibilities of NSW Health and the actors within the NSW health system in primary health care funding, policy and service provision.*

Scope of services

The Plan would benefit from identifying the scope of primary health services provided by the NSW health system. Under the 2011 National Health Reform Agreement, the Commonwealth became the overall systems manager for GP and primary health care. The States retained responsibility for their existing provision of community-based primary health, such as oral health, child and maternal health, multicultural health, sexual health and transport for health, previously flagged for transfer under the 2010 National Health and Hospital Network Agreement. Since then, the scope of primary health services provided by the States has not been articulated in government policy and is not publically well understood.

Recommendation:

- *The NSW Plan defines the broad scope of primary health services provided by the NSW health system.*

Full range of primary health care providers

The plan must encompass the full range of actors in the primary health system. While the Framework preamble recognises other primary health care providers, the specific NSW actions are largely focused on LHDs, Medicare Locals, and general practice (e.g. 1.2.1, 1.3.2, 2.1.3, 2.3.2, 3.1.2, and 3.2.1).

The plan does not reflect the role or leverage the contribution of local government, not-for-profit community sector organisations (including health, community services, disability services, and aged care services), and other professional providers such as allied health and community nurses. These services either directly provide primary

health services or contribute to integration and better access through co-ordination, supporting clinical pathways in the community, or delivering health plans.

NCOSS strongly argues these providers must be included as partners in contributing to primary health care, and particularly wellness, in all the relevant actions in the NSW Plan.

Recommendation:

- *All actions in the NSW Plan are reviewed and extended to encompass the full range of providers in primary health where appropriate, including not-for-profit health and community sector organisations.*

Social model of health

The NSW plan is predominantly based on a medicalised approach to care. Many of the actions are oriented to treating illness through general practice. It has limited actions for health promotion that addresses the social determinants in line with international health policy.³

1. Build a consumer-focused integrated primary health care system

Action 1.1

NCOSS believes the proposed NSW Specific Action 1.1.4 to implement and monitor shared performance indicators is more relevant to Strategic Outcome 4: Improve quality, safety, performance and accountability.

Recommendation:

- *Move the proposed NSW Specific Action 1.1.4 to Strategic Outcome 4, action 4.3*

NCOSS believes NSW Health can support collaborative working between MLs and LHDs and other providers by providing formal structures and processes that facilitate state-wide and local level engagement.

Current mechanisms, such as the Health NGO Advisory Committee, are not integrated with other NSW health strategic planning processes. Establishing platforms for regular interaction between key stakeholders would improve strategic and local engagement.

Recommendation:

³ World Health Organisation, *Rio Political Declaration on Social Determinants of Health*, 2011; World Health Assembly Resolution WHA62.14 *Reducing health inequities through action on the social determinants of health*, 22 May 2009; World Health Organisation, *Declaration of Alma-Ata*, 1978; and World Health Organisation, *Ottawa Charter on Health Promotion*, 1986

Under Action 1.1, the following NSW actions are added:

- *At the state-wide level, the NSW Ministry of Health:*
 - *Develop systemic planning processes and mechanisms for strategic health policy development that includes the peak or representative primary health organisations, including NGOs, Medicare Locals, professional associations, and consumers.*
 - *Facilitate regular strategic primary health stakeholder forums, including Medicare Locals, LHDs, Health NGOs, consumers, and local government.*
 - *Require the development of formal planning and engagement protocols between LHDs and MLs and key stakeholders in LHD Service Level Agreements*
- *At the local level, LHD's to:*
 - *Undertake collaborative population health planning with Medicare Locals and other key stakeholders, including Health NGOs and consumers.*
 - *Establish and promote structures and processes to engage consumers, service providers and the community in planning, development and delivery of services.*
 - *Develop and implement common assessment and referral tools for integrated primary health care*

Action 1.2

NCOSS argues the proposed Actions 1.2.1 and 1.2.2 must include Health NGOs and other providers who also have rich data sources about local population health needs, in particular at-risk vulnerable groups, and who provide innovative, tailored models of care and support.

Recommendation:

- *Actions 1.2.1 and 1.2.2 are revised to include Health NGOs and other providers*

NCOSS believes NSW Health can also support Action 1.2 by identifying common health needs at a state-wide level, developing state-wide models of evidence based care and providing mechanisms for collating and sharing best-practice at the state and local levels.

Recommendation:

Under Action 1.2, the following NSW actions are added:

- *At a state-wide level, the NSW Ministry of Health, pillar agencies, and other strategic forums (e.g. NGO Advisory Committee)*
 - *identify common health needs of population groups at a state-wide level;*
 - *develop, implement and evaluate models of care for identified population groups on a state-wide basis*

- *develop structures and processes to promote evidence-based models of care at the state-wide and local levels, such as good practice hubs and networks*

Action 1.3

NCOSS suggests the proposed Action 1.3.2 is amended to develop service models specifically targeted to vulnerable at risk groups in line with the broad direction of the Action.

We argue Action 1.3.4 should be revised and extended to include other key primary health providers involved in care for older people, not just LHDs and MLs. This includes Health NGOs and other providers of community care, aged care, and disability services.

NCOSS is not aware of the existence of the NSW Healthy Ageing Strategy referred to in this action. We suggest it may be the ADHC *NSW Ageing Strategy*. In this case, we recommend an additional action to develop a NSW Health *Healthy Ageing Strategy*.

Recommendation:

- *Action 1.3.2 is amended to: "...support the continuing development and implementation of service models targeted to improving access for vulnerable at risk groups."*
- *Action 1.3.4 is revised to include Health NGOs and other providers.*
- *Action 1.3.4 - The reference to the NSW Healthy Ageing Strategy is reviewed and subject to clarification in relation to the ADHC strategy, an additional action or sub-set is included to develop a NSW Health 'Healthy Ageing Strategy'.*

NCOSS believes the Action 1.3 could be strengthened by the inclusion of NSW actions to identify state-specific barriers to access to primary and community health, and to develop strategies to address these barriers.

The [NCOSS Pre-Budget Submission 2013-14](#) outlines some of the key issues on a state-wide basis for disadvantaged people accessing health services in NSW. A lack of oral health services, community-based mental health services, aids and equipment for disabled people, and support services for people to remain at home post discharge are major access and equity issues.

A greater proportion of total health funding must be invested in primary health to support improved access. In 2012-13, NSW spent just 7% of the health services budget on primary and community health services, compared 58% on in-patient hospital and emergency services.

Transport is also significant barrier to many people accessing health services. Transport difficulties can reduce the likelihood that people will access preventative treatment, receive effective care, or be diagnosed early. Those people most likely to experience transport difficulties include those who are also experiencing socio-economic and health disadvantage, and those who live in isolated or rural communities.

The NCOSS Health Transport Report, [Provided there's transport](#), argues the need for non-emergency health transport services is significant and growing. In the ten years from 1996 to 2006 the number of health transport trips delivered by community transport providers more than doubled⁴. Requests for assistance now outstrip available funding, with approximately 90,000 requests for transport to health services refused each year.

The NCOSS Pre-Budget Submission and the Health Transport Report describes priority measures to improve access and health outcomes identified by not-for-profit health and community sector organisations.

Recommendation:

Under Action 1.3, the following NSW actions are added:

- *At a state-wide level, the NSW Ministry of Health and pillar agencies identify systemic barriers to accessing primary and community health, and to develop strategies to address these barriers.*
- *At a state-wide level, the NSW Ministry of Health considers the health issues identified in the NCOSS Pre-Budget Submission 2013-14, and implements measures to:*
 - *Increase proportional expenditure on Population Health and Primary and Community Based Services, with a focus on health promotion, prevention and early intervention targeted to vulnerable at-risk groups through the not-for-profit community sector.*
 - *Enhance core funding for public dental services*
 - *Expand community-managed mental health services, such as drop-in and integration programs in under-serviced areas of NSW*
 - *Expand core funding for the Aids and Equipment Program*
 - *Fund additional ComPacks across NSW*
 - *Increase non-emergency health related community transport*
 - *Review the 2006 Transport for Health Policy*
 - *Develop an Aboriginal Health Transport Strategy*
- *At a state-wide and local level, the NSW Ministry of Health and LHDs implement the recommendations of the NCOSS Health Transport Report, [Provided there's transport](#).*

Action 1.4

NCOSS acknowledges the important role of general practice in the care of young families in Actions 1.4.1. However, we are also aware that many children, particularly those at high risk, are less likely to be in regular contact with a GP. Not-for-profit

⁴ The Cancer Council, NCOSS and the Community Transport Organisation (2007) *No Transport, No Treatment: Community transport to health services in NSW*.

community health and other community services play a significant role in the provision of support to families and children, particularly children at risk. NCOSS believes child and family policies should also recognise this role.

Recommendation:

- *Action 1.4.1 is amended to acknowledge the role of not-for-profit health and community services in the care of young families.*

NCOSS welcomes Actions 1.4.3 to promote integration across portfolios to support healthier children. We believe this could be strengthened by making the action more specific and measurable.

Action 1.5

NCOSS broadly supports the actions under 1.5.

Action 1.6

NCOSS strongly welcomes the actions 1.6.1 to 1.6.5 to promote and empower consumers.

We argue the references to specific organisations in Action 1.6.4 should be removed as they exclude other key consumer bodies. Health Consumers NSW and Carers NSW are important organisations but they are not the only peak bodies representing health consumers and carers. There are other peak bodies, such as NSW Consumer Advisory Group Mental Health Inc. (NSW CAG) or NSW Users & AIDS Association Inc (NUAA), represent disadvantaged and marginalised health consumers who may not otherwise have a voice in mainstream services or organisations.

Recommendation:

Action 1.6.4 is amended to: ‘...promote and support health consumer and carer peak organisations’, and the reference to specific organisations is removed.

NCOSS believes consumer empowerment would be supported by the inclusion of an action to improve health literacy and an action to build local community capacity, in line with the previous NCOSS Pre-Budget Submission recommendation in 2012-13.

The Ottawa Charter for Health Promotion recognises building social capital and resources empowers individuals and communities to be involved in, and influence, decisions that affect them. The Marmot Review of Health Inequalities⁵ also found that in addition to driving more effective local engagement, this approach buffers against the risk of poor health by creating social supports, and contributes to wellbeing by increasing community participation.

Recommendation:

⁵ UCL Institute of Health Equity (2010), *Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010*, England.

Under Action 1.6, the following NSW actions are added:

- *NSW Health at the state-wide and local level supports strategies and initiatives to improve consumer health literacy*
- *The NSW Ministry of Health in consultation with LHDs and local communities, establishes a funding pool for locally based, community-driven projects, modelled on the NSW Community Builders Program, to strengthen community capacity for health.*

Action 1.7

NCOSS broadly supports Actions 1.7, but recommends community care is included in the pathways through care.

Action 1.8

NCOSS suggests further work is required to identify NSW specific actions that support Framework Action 1.8.

2. Improve access and reduce inequity

Action 2.1

NCOSS recognises the value of long-term relationships between consumers and general practice teams, but questions whether it is the role of NSW Health to promote the role of General Practice and facilitate these relationships. General Practice has traditionally been the policy and funding domain of the Commonwealth Government. More recently, Medicare Locals have been funded to improve access to general practice services.

Recommendation:

- *Action 2.1 is reviewed in consideration of the responsibilities of NSW Health vis-a-vis the Commonwealth for general practice.*

As previously stated, NCOSS believes actions to improve the health and well-being of individuals should be extended to include the full spectrum of providers, not just LHD-MLs partnerships as identified in Action 2.1.3. Not-for-profit health and community services are critical providers of services to at-risk groups that must be engaged as part of a comprehensive approach to primary health care.

Recommendation:

- *Action 2.1.3 is amended to include not-for-profit health and community services.*

NCOSS believes there is potential for local communities or community-focussed NGOs to establish their own primary health services or expand existing community health services to provide integrated, multi-disciplinary services employing GPs and a range of other relevant allied health and other professionals to meet local or specific population needs. Similar models exist in Victoria and could be explored in the NSW context.

Recommendation:

Under Action 2.1, the following NSW action is added:

- *The NSW Ministry of Health consider options for supporting community-led or managed primary health care enterprises that provide integrated, multi-disciplinary services in NSW.*

Action 2.2

No comments

Action 2.3

NCOSS argues flexible brokerage funding pools are required to support coordination and collaborative approaches across different providers and sectors, not just payment models for private practitioners. Primary health care funding streams should be 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.

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.

Recommendation:

Under Action 2.3, the following NSW action is added:

- *The NSW Ministry of Health and LHDs establish flexible funding pools or brokerage funds to support collaboration in health promotion and prevention initiatives at the state-wide and local levels.*

NCOSS believes an incentivised funding model for primary and community health is required to support 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 service funding, 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.

Recommendation:

Under Action 2.3, the following NSW action is added:

- *The NSW Ministry of Health explores commensurate incentivised funding systems for primary and community health as there is with hospital services funded through Activity Based Funding (ABF).*

Action 2.4

NCOSS notes the enormous quantity of data and health intelligence collected by Health NGOs and other services. This information is a valuable resource for health needs analysis and service planning. We believe it should be properly supported through state-wide ICT and data management platforms.

Recommendation:

Under Action 2.4, the following NSW action is added:

- *The NSW Ministry of Health supports the development of new or existing data management systems by Health NGOs to inform health system intelligence, particularly for vulnerable and disadvantaged groups.*

Additional actions for Strategic Objective 2 (not identified in the National Framework)

NCOSS argues the action areas in the National Framework do not adequately address the strategic objective to address inequity. The current actions are predominately focused on improving access to general practice. NCOSS recommends the NSW Bilateral Plan includes a new action (Action 2.6) to specifically address health inequities.

The Plan must include provision for targeted services and initiatives to address health inequities and improve the health outcomes of those disadvantaged populations who are most at-risk in NSW. NCOSS recommends this is supported by the development of a revised health equity policy for NSW.

We note that many not-for-profit community sector organisations provide services to marginalised and 'hard to reach' groups that reduce health inequity. NCOSS recommends that the Plans recognise this role and builds the capacity of the sector to provide targeted services to high risk priority groups.

It is critical that the proposed new Health NGO Grants Management Improvement Program does not substitute new market-based opportunities for the provision of mainstream service for the existing services provided to disadvantaged groups most at risk of poor health outcomes.

Recommendation:

A new action is developed to support Strategic Objective 2 in addition to the Framework actions to address health inequity NSW.

The following new NSW actions are added:

- *The NSW Ministry of Health implement the recommendations from the evaluation of the NSW Health and Equity Statement, [In All Fairness](#)*
- *Local Health Districts' (LHDs) develop and report on health equity plans*
- *The new Health NGO funding program includes specific funding streams targeted to reducing health inequities for vulnerable at-risk groups.*

3. Take action to tackle the social determinants of health and wellbeing with emphasis on health promotion, prevention, screening and early intervention

Action 3.1

NCOSS welcomes Action 3.1.1 to develop an Integrated Care Framework.

NCOSS believes there needs to be stronger actions to address the social determinants of health.

We argue the NSW Ministry of Health should take responsibility for raising awareness of the social determinants of health and leading inter-sectoral action for health and wellbeing. Without central leadership, agencies are unlikely to take responsibility for addressing the factors that influence health within their portfolio areas or for undertaking joint work across government.

The *Adelaide Statement on Health in All Policies 2010* identifies the roles of Health Departments in leading governance for health, including to:

- 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

NCOSS believes previous work in NSW on Health Impact Assessments could be enhanced and further developed across the NSW Health System to address the social determinants of health. Health Impact Statements provide 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.

Recommendation:

Under Action 3.1, new actions are developed:

- *The NSW Ministry of Health to raise awareness of the social determinants of health, including provision of information and training, within the NSW health system, across NSW government agencies, and in the community.*

- *The NSW Ministry of Health explore models for inter-sectoral action on the social determinants at a state-wide / systemic level, such as the Health in All Policies (HiAP) approach implemented by South Australia.*
- *The NSW Ministry of Health and Local Health Districts build on work to comprehensively implement and integrate Health Impact Assessments into the NSW Health System*

Action 3.2

NCOSS strongly believes that the NSW specific actions in Action 3.2 must take a broader approach to prevention than a narrow focus on lifestyle risk factors. There is growing evidence that interventions aimed at modifying individual lifestyle and behavioural risk factors associated with chronic disease have limited success⁶. Systems-level and community approaches that address the broader social determinants of health are more effective at preventing chronic disease and keeping people well in the community.

Recommendation:

Under Action 3.2, new actions are developed:

- *The NSW Ministry of Health and LHDs develop and implement state-wide and local health promotion plans. These should include a generic policy on health promotion, and specific plans in key areas such as oral health*
- *NSW Health works with the private sector at a state-wide and local level to mitigate against the harmful health impacts that contribute to poor population health outcomes.*

⁶ *Towards reducing health inequities: A health system approach to chronic disease prevention*, Provincial Health Services Authority, Canada, 2011

4. Improve quality, safety, performance and accountability

NCOSS notes that there are important gaps and data quality issues in the primary care sector.⁷ We support the collection and reporting of disaggregated performance indicators that include specific measures of population health inequity.

We note a number of non-government health and community sector peak organisations have rich data sources on primary and community health services and population outcomes. This data has generally not been utilised to its full potential or supported.

The data collected by NGOs could be better leveraged by the development of a standardised framework for data collection, outlining the type of data to be collected, the period of data collection, the mechanism to be used and how the data is to be reported; and by supporting NGOs to collect and report this data to NSW Health through appropriate data management systems.

Recommendation:

- *NSW specific actions are developed under Objective 4 that support and promote the use of data collected by NGOs.*

Further Information

Thank you for the opportunity to provide this feedback to inform the development of the NSW bilateral primary health care plan.

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

⁷ Australian Institute of Health and Welfare (2012), Australia Health 2012, AIHW, p16