Interim report on not-for-profit community sector organisations' engagement with Medicare Locals

SUMMARY OF ROUNDTABLE DISCUSSIONS

March 2013

Council of Social Service of NSW (NCOSS)

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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 people with disabilities. 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.

1. Introduction

The following report presents a summary of two roundtable discussions convened by NCOSS with not-for-profit community sector organisations (CSOs)[1] about their engagement with NSW Medicare Locals. The roundtables were the first stage in a project aimed at supporting the sector's engagement with Medicare Locals.

The roundtables two main purposes were to inform NCOSS about the sector's perspectives on Medicare Locals and to identify opportunities and strategies to improve collaboration. It also provided organisations with the chance to share and learn from each other's experiences.

The first discussion was held with NCOSS Regional Forum members on 31 January. The second meeting was held with 15 health peaks and state-wide health and community care services on 1 February. A participant list is at Appendix 1.

This report aggregates the roundtable discussions into the following key themes: positive aspects of engagement, challenges to engagement, other emerging issues, and sector learnings. It then outlines current opportunities and proposed advocacy strategies for NCOSS.

2. Engagement

2.1. Positives

- Some (predominantly health-specific) CSOs report positive experiences engaging with Medicare Locals. This includes general relationships and specific purpose relationships, such as contracting for service delivery.
- In some areas, Medicare Locals have engaged with the broader range of health and community services through general community forums or one-on-one meetings solicited by CSOs.
- Medicare Locals role as fund-holders presents potential new funding and service opportunities for CSOs, particularly in identified priority areas (e.g. after-hours services, aged care, e-health, chronic disease).
- Shared board representation between Medicare Locals and Local Health Districts is improving local collaboration, particularly around population health needs planning.

2.2. Challenges

- **Timing -** Initial CSO contact with Medicare Locals may have been too early in their establishment phase when Medicare Locals were focused on transition arrangements.

[1] The NSW not-for-profit community sector comprises non-commercial, non-government organisations that are generally established for a community-purpose or public benefit. See: Productivity Commission (2010) Report **Contribution of the *Not*-for-*Profit Sector***

- **Regional variation -** Medicare Locals are all at different stages of maturity, and all have different organisational structures and engagement processes. This requires an individually tailored approach that is more resource intensive.
- **Co-ordination** – State-wide CSO's or those who operate in multiple regions reported it is difficult to undertake coordinated engagement across Medicare Locals. The role of GPNSW and AMLA in providing state-based representation and/or coordination is unclear. There is no publically available information about how to facilitate coordinated engagement with Medicare Locals on strategic issues or state-wide basis.
- **Resourcing –** Many CSOs felt they lack the capacity to proactively seek and sustain engagement with 17 individual Medicare Locals without any additional resource support. At the local level, collaborating with the Medicare Local can be resource intensive, such as undertaking population health needs planning.
- **Relevance –** Some CSOs have encountered difficulties gaining traction with Medicare Locals. CSOs believe Medicare Locals are generally less interested in engaging with community support services or peak bodies as they are focused on local health-specific services that will enable them to deliver on their funding priorities.
- **Engagement** – CSOs experience of engagement by Medicare Locals is mixed. It is often ad-hoc and personality-dependent. Some Medicare Locals appear to lack knowledge and skills in community engagement. Medicare Locals appear to have a different understanding of 'engagement' to the sector. They approach engagement as one-off / episodic consultation rather than sustained participation and community development approaches. Consultation processes are often poor, with lack of communication and short-time frames.
- **Medical approach to 'health'** – CSOs report many Medicare Locals continue to operate from a medical model of health rather than broader social determinants perspective that is focused on promoting health and wellbeing. This means they are more likely to engage with clinical health services than with the broader range of community support services. Many CSOs said Medicare Local boards and organisational members are predominantly GP focused.
- **Understanding of the sector** – CSOs felt many Medicare Locals have a low level of understanding about the sector, lack knowledge about the services provided by CSOs, or have negative perceptions about CSOs.

3. Other emerging issues

- **Role clarity** – CSOs felt unclear about Medicare Locals' role. Some Medicare Locals have extended beyond service coordination and integration into direct service provision. CSOs believe there is a potential conflict of interest between Medicare Locals' roles as both fund-holders and service providers. Some CSO's feel there is a lack of clear delineation between Medicare Locals' and the sector in service delivery.

- **Transparency** – CSOs said there is a lack of public information about Medicare Locals, particularly at the local level. CSOs report an inability to access information about organisational membership, governance structures, strategic priorities, or consultative processes.
- **Accountability and performance** – CSOs said it is unclear what Medicare Locals are accountable for and to whom. There appear to be multiple and potentially competing responsibilities to the Commonwealth, AMLA, National Health Performance Authority, local communities, and organisational members. CSOs felt there is no formal mechanism to raise concerns about Medicare Locals operation and performance at the local and it was unclear how to raise concerns at a systemic level.
- **Representativeness** - CSOs observed that many Medicare Locals organisational membership and boards are predominately GP-based and do not reflect their local communities.
- **Sector funding** – Some CSOs were concerned Medicare Locals' role as fund-holders will add another layer of funding complexity and administrative burden for the sector. Some CSO's were concerned about potential funding competition from Medicare Locals and the sector's long-term viability.
- **Reduced collaboration** – CSOs agreed competitive procurement processes undermine collaboration between local services and are contrary to the aims of health reform. Some CSOs report the introduction of Medicare Locals in their regions has exacerbated existing tensions within the sector, with organisations 'played-off' against each other to form consortia, such as the PIR tender.
- **Aboriginal self-determination** – Some CSOs reported Medicare Locals in some areas are directly competing with AMS's to provide Aboriginal specific services. They expressed concern in situations where the Medicare Local does not have any direct Aboriginal representation or legitimacy in the local community.
- **Clinical / medical focus** – CSOs identify that some Medicare Locals are focused on clinical health services and are less engaged with broader community supports that are essential to improve population health long-term.

4. Sector learnings

- **Timing** - CSOs approaches to Medicare Locals during their establishment phase in 2011-12 may have been too early. Organisations may need to re-initiate or follow-up contact with Medicare Locals now they are more established.
- **Expectation management** - CSOs need to have realistic expectations about Medicare Locals capacity to engage in the start-up phase. CSOs must recognise Medicare Locals initial priorities are to become established and meet Commonwealth mandated priorities.

- **Targeted approaches** - CSOs need to tailor their approaches according to each individual Medicare Local. Standardised approaches are less likely to be effective given the high levels of regional variation in their structure and operation.
- **Legitimacy** - CSOs need to establish their legitimacy and credibility with Medicare Locals, such as their local presence/networks. Medicare Locals may not be familiar with the CSOs in the local community and their role/services.
- **Relevance** - CSOs need to demonstrate their relevance to the Medicare Local, such as their ability to provide services linked to Medicare Local funding priorities and deliverables. Medicare Locals have numerous competing priorities and are often struggling with multiple stakeholders. CSOs need to define their 'space' and show why they are important.
- **Resourcing** – Engaging with Medicare Locals across all 17 regions or in-depth at the local level can be highly resource intensive. CSOs need to consider their capacity and engage strategically and/or seek support from their Medicare Local to facilitate engagement.
- **Consumer participation** – Consumers' capacity to engage and participate in Medicare Locals needs to be resourced and supported so Medicare Locals are responsive to their local communities.
- **Procurement processes** - Competitive tender processes are not conducive to collaboration and cooperation between service providers. It undermines the Government's objectives of improving local service coordination and integration.
- **Sector cohesion** – The sector must get its 'own house' in order. The sector must acknowledge its own internal differences and tensions are a contributing factor to collaboration problems. Positive relationships between CSOs are crucial for collaborative working in competitive funding environments.

5. Advocacy strategies and opportunities

5.1. Existing opportunities

A number of current policy initiatives and opportunities were identified that may support engagement between Medicare Locals and CSOs:

- Medicare Local Collaboration Framework – The Commonwealth Government is funding a project by McKinsey and Co to develop a framework to assist Medical Locals collaborate with other organisations to deliver better integrated services.
- National Health Consumer and Community Leaders' Workshops – Consumers Health Forum is holding two workshops in March and September to support the consumer and community members of Local Hospital District and Medicare Local Boards.
- ACOSS engagement with AMLA - ACOSS and Australian Medicare Local Alliance (AMLA) have commenced discussions to build their relationship and the relationship

between the two sectors. *(N.B. A proposed national COSS meeting with AMLA in March was deferred due to resource constraints*).

- NSW primary health forum (tentative) – NCOSS and GPNSW have had preliminary discussions about a possible forum later in 2013 to explore relationships between Medicare Locals, CSOs and primary health professional organisations. Further work is required to develop this option.
- Medicare Local funding priorities and reporting requirements – At the local level, CSOs may have an opportunity to partner with their Medicare Local to support the delivery of priority services. Medicare Locals can access flexible funding to meet local needs within national priority areas. These include: access to primary health care services for people in residential aged care; childhood immunisation; stakeholder engagement; health promotion and prevention for local risk factors; and understanding patient experiences of the local health system.

5.2. Proposed strategies

Participants discussed potential actions and advocacy strategies to address some of the issues identified during the roundtable.

- Formal report on the sector's engagement with Medicare Locals

Undertake a more detailed, comprehensive review of CSO's experiences with Medicare Locals. NCOSS to issue a survey through NCOSS Regional Forum members, peaks, and state-wide services about their experiences engaging with Medicare Locals. The report can inform NCOSS advocacy to DoHA, AMLA, GPNSW, and other relevant stakeholders.

- NCOSS engagement with AMLA

NCOSS to seek a meeting with AMLA (NSW contact) to clarify their role, state-wide coordination, and how to support engagement between the sectors.

- NCOSS engagement with Medicare Locals

NCOSS to follow-up with remaining Medicare Locals where have not yet established a relationship. Consider inviting Medicare Locals to become NCOSS members.

NCOSS to continue to participate in NSW Health LHD and Medicare Local Strategic Workshops and seek opportunities for sector representation and participation through NSW health system.

- Build the sectors' capacity to engage

Develop and promote fact sheet for CSO's about Medicare Locals, including why they should engage and how. Include list of Medicare Local contacts and one-page insert about non-government community sector based on MHCC *Working Together* flyer.

- Formal partnership agreements between Medicare Locals and the sector:

FONGA to seek statement of partnership with individual Medicare Locals. One page, high level statement of intent outlining common values, key principles of good engagement and examples. *(Post-script: This option is unlikely to be pursued due to resource implications and time constraints)*

6. Conclusion

NCOSS thanks the organisations that participated in the roundtables. We are considering the proposed strategies within the context of NCOSS current priorities and resources.

NCOSS has initiated contact with the Department of Health and Ageing and the Australian Medicare Local Alliance to raise the sector's broad concerns and scope ways forward.

We have forwarded this report to ACOSS and are exploring ways to progress this work at a national level where possible.

NCOSS welcomes feedback from your organisation about Medicare Locals and ways to support better relationships between the two sectors for better community outcomes.

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Appendix 1: Participants list

Session one: 31 January 2013
Albury Wodonga Community Network Inc
Broken Hill City Council
Central Coast Community Council
Inner South West Community Development Organisation
Inner Sydney Regional Council
Northside Community Forum Inc
Sector Connect
Western Sydney Community Forum

Session two: 1 February 2013
Aids Council of NSW (ACON)
Aboriginal Health and Medical Research Council (AHMRC)
Australian Diabetes Council
Family Planning NSW
Health Consumers NSW
Heart Foundation NSW
Inner South West Community Development Organisation
Mental Health Coordinating Council (MHCC)
Network of Alcohol and Drug Agencies (NADA)
Northern Rivers Social Development Council
Physical Disability Council
Sector Connect
UnitingCare (Unifam Counselling and Mediation)
UnitingCare Burnside