

Issue No 7

Community Health Review Bulletin

This is the seventh issue in a series of bi-monthly bulletins providing information on the Review of Community Health Services in NSW

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General update



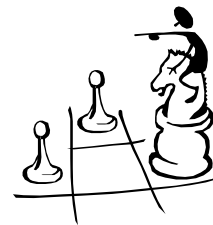
The final report for the Community Health Review has been received from the Centre for Health Service Development at the University of Wollongong.

The report – *Community health at the crossroads: which way now?* – identifies options for potential reform in community health in NSW.

The report is being considered by the Community Health Review Steering Group. Feedback is being sought from a range of stakeholders.

Taking into account other health reforms in NSW and nationally, the aim of the review is to develop a reform proposal for NSW community health services in May 2009.

“Community health at the crossroads: which way now?”



The final report to the Community Health Review identifies:

- four broad reform options for community health (see below)
- key issues to be addressed when implementing one or more of these reforms, and
- several pathways that could support implementation of several of the reforms in a staged manner over time (see one page insert).

“Effective health systems depend on a strong integrated primary health care system and community health plays a central role in that system”

Option 1: Maintain the fundamental role and structure of community health with incremental enhancements

Achieved through either:

- no change (i.e. maintain the status quo, with Area Health Services continuing to run community health as they do today), or
- maintaining current structures, while mandating that investment (e.g. staffing

levels and funding) will be retained at current levels.

Option 2: Delineate and redevelop community health as a specialist service

Achieved through redefining community health as either:

- a short-term hospital demand management program, or
- a prevention & early-intervention program (with demand management becoming the responsibility of hospitals).

Option 3: Reorganise community health into five community service streams

Achieved through organising community health into five service streams either:

- horizontally integrated with other primary & community care services, particularly general practice & NGOs (with mechanisms for vertical coordination & communication with hospitals), or
- vertically integrated community health streams managed by hospitals or clinical networks (with mechanisms for horizontal coordination and communication between the streams and community partners).

The five service streams suggested are:

- *child, family & youth health*
- *oral health*
- *mental health and drug & alcohol*
- *community & priority populations*
- *rehabilitation, aged care & chronic disease.*

Option 4: Fundamental transformation of the NSW health system

This would be achieved by investing in a revitalised primary health care network (including reformed community health services). Primary health care would become pivotal to the NSW health system. Delivery would occur through a network of integrated primary & community health services, which would bring together GPs, community health and other health services (e.g. diagnostic, specialist medical and

outpatients, and some basic procedural services at some sites) and NGOs in effective local partnerships.

There would be a focus on localised population health planning, prioritisation and task allocation. There would be an emphasis on strong and collaborative links with the activities of local government, other human services (State and Commonwealth) and potentially local business.

Feedback on options for reform

A copy of the report, including the options for reform, has been distributed for comment to Area Health Service Chief Executives, Directors-General of NSW Government agencies and a range of stakeholder groups across the NSW health system.

The report has also been posted on the Community Health Review website: <http://www.nswchr.net/>.

NSW Health is seeking feedback by April 2009 to inform the development of a response to the reforms proposed for community health.



National & NSW health reforms: update

National Primary Health Care Strategy

The Commonwealth Government, in collaboration with an Expert Reference Group, released a discussion paper on the future of primary health care in Australia (*Towards a National Primary Health Care Strategy*) in October 2008.

The discussion paper recognises the need for a health care system that focuses on wellness.

Feedback was sought from across the Australian health system and the broader community by end-February 2009. The discussion paper can be found at: <http://www.health.gov.au/internet/main/publicshing.nsf/Content/PHS-DiscussionPaper>

A draft strategy is due to be provided to the federal Minister for Health & Ageing in mid-2009.

National Health & Hospitals Reform Commission

The Commission released an interim report, *A Healthier Future for all Australians*, in February 2009. The report is at: <http://www.nhhrc.org.au/internet/nhhrc/publicshing.nsf/Content/interim-report-december-2008>

“Australia’s health system is in need of reform to meet a range of long-term challenges, including access to services, the growing burden of chronic disease, population ageing, costs and inefficiencies generated by blame and cost shifting, and the escalating costs of new health technologies.”

The report identifies recommendations for health reform covering areas such as:

- the health of individuals and communities
- primary health care
- child, adolescent and family health
- hospitals & acute care
- rehabilitation and sub-acute care
- aged care
- palliative care
- Aboriginal health
- health care for rural and remote communities
- mental health
- oral health, and
- quality and structural issues such as governance, funding, workforce and research, learning & development.

Feedback can be provided to the Commission until 16 March 2009 at: <http://www.nhhrc.org.au/internet/nhhrc/publicshing.nsf/Content/feedback-1lp>

Garling Inquiry

The NSW Government will respond to the ‘Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals’ (the Garling Inquiry) in March 2009.

While focused predominantly on acute care services, the Garling Inquiry report recognises the broad range of activities in community health (e.g. prevention, early intervention and assessment) and their value, including cost-effectiveness, patient preference for treatment in the community and assistance with hospital demand management.

The Inquiry report makes three recommendations relating to community health:

- *NSW Health should articulate the goals of its out of hospital programs and make this information as well as information about how each program operates or what they are intended to achieve publicly available (104)*
- *NSW Health should ensure that community health services are available as far as practicable on weekends and after-hours to facilitate discharge, improve the efficiency of the acute care system and patient care in both the hospital and community settings (105)*
- *NSW Health within 18 months is to review and determine the most effective and appropriate structure for the governance in each area (106).*

A number of other findings and recommendations are relevant to community health services including:

- information management & information technology
- performance measurement & key performance indicators
- development of NSW Kids
- balance between delivering care in the community or in hospital, particularly for primary health care services.

Prevention is the key: youth health

Investment in the health of young people is an important, cost-effective way to prevent health problems later in life.

In NSW, young people's access to health care is promoted in many areas by one-stop-shop style services, recognising young people's needs for confidentiality and a youth friendly approach. Youth health services have multidisciplinary teams and collocate with other services where possible. They use a range of approaches when working with young people, including group work, peer education and outreach. They often have multiple entry points.

Some of the challenges to young people's health care include:

- multiple service systems – currently holistic youth health services are run by community health, the youth mental health service model and headspace
- inequity of resource allocation
- difficulties in measuring health outcomes.

Approaches that work well in youth health include:

- one-stop-shops, which are particularly good at engaging 'at risk' young people
- Youth Health Coordinators to build capacity in the generalist health system, (incl. community health & GPs) to work more effectively with young people
- youth participation to help make services more engaging for young people
- use of new technologies to promote access to information and services
- outreach models of care in rural areas
- transition care positions, in hospitals, that help young people move from paediatric to adult systems of care, and
- family and community conferencing, particularly for young people with challenging behaviours

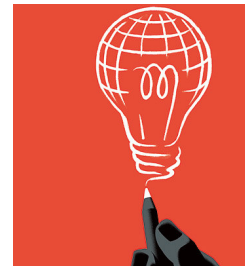
During 2009, NSW Health is developing a

new youth health policy. This will allow research conducted within the youth health sector, the *Access Study: Youth Health Better Practice Framework Factsheets* (NSW CAAH, 2006) to inform practice and promote a more united approach to youth health across NSW.



Next steps...

Following consultation on reform options for community health, feedback will be considered by the Steering Group in May. Stakeholder feedback will inform the development of a response to the review.



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