



AM-7

Service Purchasing Request

The NSW Health Purchasing Framework informs the funding model by determining the annual mix and volume of services that should be purchased from Districts and Networks in order to deliver the objectives, goals and outcomes articulated through Future Health and the emerging priorities of both NSW Government and NSW Health.

Activity purchasing decisions are made to deliver health services that improve health outcomes, the experiences of receiving and providing care, and the efficiency and effectiveness of care.

Completing this request form will provide the required evidence for a purchasing request to be considered by the NSW Ministry of Health.

Please complete the form and return to System Purchasing Branch at MOH-ServiceAgreementSPB@health.nsw.gov.au or email if you have any questions about the form.

GENERAL INFORMATION

Completed By:	
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Date	19/04/2024

PURCHASING REQUEST OVERVIEW

Overview			
Brief description of request	Homeless Health Services funding to ensure equity of access and reduce need for acute interventions		
Request reason	Highly Specialised Service		
Request type	<input type="checkbox"/> Activity <input checked="" type="checkbox"/> Block <input type="checkbox"/> Both		
Total request	NWAU22		\$ 5m
Funding type <i>Select one</i>	<input type="checkbox"/> One-off <input checked="" type="checkbox"/> Recurrent		
Funding year	2024/25		
Net Present Value (\$) (if known)	\$		Benefit Cost Ratio (if known)
Request impact	<input type="checkbox"/> Local Initiative <input checked="" type="checkbox"/> Statewide Program		
Divestment/Offsets considered?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Value (\$)	\$

NSW HEALTH SERVICE PURCHASING REQUEST

PURCHASING REQUEST

Service description

Despite the prevalence of homelessness, St Vincent's Public Hospital Sydney (SVHS) is the only public hospital in NSW with a dedicated Homeless Health unit, delivering a multispecialty service to support people in engaging in healthcare and accessing mainstream or specialist health services of their choice. SVHS works closely with the local community, partnering with local services and non-for-profit organisations such as Wesley Mission to provide support to the significantly vulnerable priority population cohort.

The SVHS Homeless Health Service (HHS) provides assessment, treatment, education, referral, care coordination, peer support and Aboriginal cultural support on an assertive outreach basis. Services for the local community are provided by highly skilled teams:

- **Homeless Outreach Team:** In collaboration with local specialist homelessness services and drop-in centres, the service provides outreach clinics and patrols, which are conducted daily in various city locations
- **After Hours Team** Extends healthcare accessibility beyond regular business hours to ensure support is available during times when fewer services are typically available.
- **Assertive Outreach Team:** Delivers care coordination services to individuals who are experiencing primary homelessness (sleeping rough) with the goal of facilitating access to mainstream and specialist health care
- **Community Access and Assessment Team:** Provides aid and support to individuals experiencing high and/or complex needs.

Separately funded services include:

- **Tierney House:** Offers residential accommodation in a 12-bed unit for individuals experiencing homelessness.
- **Stanford House:** Stanford House is a 4 bedded short-term supported accommodation service for individuals living with HIV who are homeless or in need for respite.
- **Wesley Mission Partnership:** Funded by Department of Communities and Justice (DCJ), SVHS have two senior Mental Health Clinicians embedded within the Wesley Mission Therapeutic Support Team.

Need for service

Describe the need for the service, including:

- *Provide local population health needs - epidemiological, qualitative or quantitative data*
- *The problem this service is trying to solve*
- *Identify inequalities or gaps in service*

SVHS's local area has the highest population of homeless persons in NSW, accounting for approximately 14% of NSW's total homeless population. Sydney LGA alone has the highest rates of people experiencing homelessness in NSW, accounting for 10% of the total population in 2021.

The vulnerable homeless population cohort in this metropolitan area has been consistently supported by SVHS, with significant financial impact. During 2022/23 admitted episodes (Acute and SNAP), which involved patients with no fixed address totalled 403. Analysis indicates that:

- Patients experiencing homelessness have an increased length of stay for acute patients with no fixed address (3.92 days compared to ALOS of 3.13 days) for episodes with the same types of DRGs
- These patients have an increased readmission rate of 6.4% compared to 1.8% for patients with

NSW HEALTH SERVICE PURCHASING REQUEST

fixed address.

- the provision of care for patients experiencing homelessness is, on average, 17% more expensive for the same types of DRGs.

The demand for non-admitted care in this priority population exceeds capacity to provide this highly specialised service to this priority population within the existing funding framework. Currently our Homeless Health Outreach clinic is working at capacity (45-55 clients/month), and the Assertive Outreach team work to the capacity of a maximum caseload of 70 extremely complex rough sleepers. New referrals cannot be accepted until clients are safely discharged from the service. This has a substantial impact on this vulnerable population receiving comprehensive and coordinated care to support access to mainstream healthcare.

Referrals to the residential service at Tierney House continue to grow significantly. Over the last five years, the number of referrals received for Tierney House has been on average 567 each year. In 2023, 34% of these referrals (191) were not accepted, attributed to the lack available beds. Infrastructure constraints notwithstanding, activity would need to almost double to address current unmet demand in the community.

Activity in this service is constrained not only by limited infrastructure and bed base, but also by the co-occurrence of mental health and social determinants of health of these clients. This is evident through the increase in length of stay between FY15/16 and FY23/23 from 10.5 to 13.1 days. This can be attributed to the higher complexity of patient needs.

In the next 10 years, the Homeless Health Service will continue to respond to the significant and growing need for these services in our local community. In the absence of significant reductions in homelessness, this demand is likely to continue. Not meeting the demand for this unique service impacts on the health outcomes of the clients who may not complete their treatment and has a major impact on flow in the acute hospital.

In order to address this it is proposed to expand beds to cater for increasing/projected demand.

- Develop MoC to better accommodate women and Aboriginal and Torres Strait Islander residents.
- Establish medical respite beds longer length of stay and model to support people with higher complexity & psychosocial needs.

Outcomes / benefits

Describe:

- *Expected outcomes – this should include a discussion on the safety, equity, patient experience, timeliness and accessibility, efficacy and cost-effectiveness of the proposed service*

Financial Sustainability:

- In order to deliver a sustainable Homeless Health service for NSW Health, adequate and sustainable funding is required to cover the costs of the service delivery.
- Funding of these community-based services minimises the burden on the public hospital system and delivers better outcomes for patients. Without sustainable and targeted investment in such models, more patients will be driven to the acute setting, a higher cost environment which does not reflect the needs of the patient cohort.
- Recurrent funding also supports the ability to attract and retain a sustainable workforce to enhance the capacity and skill mix to manage the service users complexity, alongside the expansion of the service, lead and translate research, and advocacy work.

Patient Experience:

- HHS provide clients with the stability required to address their health concerns. This stability is achieved by delivering healthcare in safe spaces frequented by homeless individuals seeking refuge. As a result, HHS can enhance the health literacy of clients, empowering them with knowledge about their health conditions and facilitating access to accommodation.
- This approach facilitates the monitoring of an individual's health status and serves as a central

NSW HEALTH SERVICE PURCHASING REQUEST

hub for coordinating healthcare for each service user.

Timeliness and accessibility:

- HHS supports equitable access to healthcare for this priority population by providing a departure from the stigma and discrimination that can occur in mainstream healthcare environments. These services were described as cultivating a “human relationship” with service users and in doing so provided them with a sense of dignity and respect.
- HHS enables patients to access the mainstream health system through care coordination, relationship building and support such as by accompanying service users to specialist medical appointments.

Cost-effectiveness:

- Support of this patient cohort comes with significant expenses, highlighting the necessity and importance for dedicated State Service funding to continue to care for this priority population. By providing community support for these patients, we enhance their safety and quality of life, whilst also mitigating the need for more resource intensive environment of an inpatient setting.

Strategic alignment

Select priorities or outcomes that this service will contribute to achieving:

Future Health priority

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery
- Managing for a sustainable health system

Regional Health priority

- Strengthen the regional health workforce
- Enable better access to safe, high quality and timely health services
- Keep people healthy and well through prevention, early intervention and education
- Keep communities informed, build engagement and seek feedback
- Expand integration of primary, community and hospital care
- Harness and evaluate innovation to support a sustainable health system

Oral Health Strategic Plan

- Improving oral health wellness across the population
- Providing safe, high quality patient-centred care
- Delivering truly integrated care
- Enabling research, innovation, and health technologies
- Supporting and developing our workforce

NSW Aboriginal Mental Health and Wellbeing Strategy

- Holistic, person and family-centred care and healing
- Culturally safe, trauma-informed, quality care
- People receive timely emergency care
- Connected care

This service aligns with multiple Future Health priorities, as it provides holistic care through in-house

NSW HEALTH SERVICE PURCHASING REQUEST

and outreach services ensuring equitable access to healthcare is provided to vulnerable population, in settings that enable positive experience and promote outcomes that matter to these patients. The Homeless Health services also support access and provision of preventative care, oral health services, mental health and substance abuse interventions, chronic disease management, coordination of care and support to address the social determinants of health. Homeless health services also assist in building a sustainable health system through cost avoidance in the acute setting reducing the need for costly emergency and interventional services.

ACTIVITY AND FUNDING BREAKDOWN

Describe:

- *Activity estimates – counts, categories, NWAU*
- *Estimated costs, including workings*

Encounter volumes for Homeless for 22-23 was: Acute admissions -389; Admitted MH – 125; ED – 2427; SNAP – 23; NAP – 49,251. Approximately 4.7% of ED presentations, 14% of Mental Health Acute and 28% of NAP are identified as part of homeless cohort for SVHNS. The ALOS for Acute patients with no fixed address is 3.92 days compared to ALOS of 3.13 days for episodes with the same types of DRGs. The readmission rate for patients with no fixed address is 6.4% compared to 1.8% for patients with fixed address. These metrics lead to costlier provision of services in the inpatient settings – impact estimated at approximately \$1m. Direct community Homeless support services cost (outreach and in-reach) is \$4.3m per annum.

DISINVESTMENT AND/OR OFFSET OPPORTUNITIES

Describe options considered:

- *N/A*

OTHER

Opex Investment of \$5m is sought as specific State funded service. SVHS is currently funding these additional costs without appropriate funding recognition. Capital investment of \$3-\$5m is also sought to expand residential services and develop better Models of Care to better accommodate women and Aboriginal and Torres Strait Islander residents. Establish medical respite beds longer length of stay and model to support people with higher complexity & psychosocial needs.