# Special Commission of Inquiry into Healthcare Funding

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## Submission to the Special Commission of Inquiry into Healthcare Funding

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Denise Fry has a Bachelor of Arts (Hons) in Government (University of Sydney). She has many years of experience in community health services at national, state and regional levels, including working from 1987-1997 at Australian Community Health Association, the national advocacy body for the community health sector. Her publications include those on community health program evaluation, systems of standards, policy analysis, and advocacy. She is an Adjunct Senior Fellow, Stretton Institute, University of Adelaide.

### Introduction

Thank you for the opportunity to make a submission to the Special Commission of Inquiry into Healthcare Funding. This submission focuses on community health centres and services in NSW, their role in the broader health system, and their potential role in reforming the health system. It argues there is inadequate state-wide policy and data collection on community health services. This means it is difficult for policymakers to assess the level of investment in community health services in NSW, their sufficiency and impact, and therefore to make well-informed decisions on their future development. This situation means the role and contribution of community health services remain relatively unapparent to policymakers, and hospital demand and costs continue to dominate policymaking and funding.

State governments have funded or delivered some health services in local communities and people's homes since the early 20th century, but in 1973 the Whitlam federal government's 1973 Community Health Program (CHP) expanded the scope, range and number of services at the first or primary level of the health system.

The CHP aimed to introduce more variety and innovation into the Australian health system, by emphasising prevention, early detection and intervention, multi-disciplinary teamwork and community involvement (Milio,1983); and as a result of federal CHP and state funds many multi-disciplinary community health centres were established in every state and territory. In NSW the state government was keen to take up the new ideas and funds from the federal government. Of the 727 projects funded across Australia from 1973-76 by the federal government, 350 were in NSW.

### What are community health services?

Community health services emphasise early intervention, prevention and multidisciplinary teamwork and are delivered in readily accessible locations, with no costs to users or need for referral from another health professional. Six principles of community health services and

associated service qualities and practices have been described (Baum et al, 2017). These qualities and practices are most effective when all are present and interact in a synergistic way.

| Principles | Service Qualities and Practices |
|---|---|
| 1. Seeks to improve the health of an identified community, not just those who seek care | The demography, health issues and health needs of the defined community are described and analysed |
| | The types of services and the ways they are delivered are tailored in response to the defined community's demography, and health issues and needs |
| | Works with individuals, groups and communities |
| 2. Equity and accessibility | Services are easy to use, with no financial, geographic, cultural or other barriers |
| 3. Uses a comprehensive model of health, which includes the interaction of physical, emotional and social aspects of health, at community and individual level | A range of services are provided and co-ordinated, ranging from health promotion, primary health care, rehabilitation, and post-acute care, as required by a comprehensive model of health and the needs of the community. |
| | Organisational structures enable multidisciplinary teamwork |
| 4. Seeks to intervene in health issues at an earlier stage- at community and individual levels | Includes health promotion and early detection and intervention at individual and community levels |
| | Works with other agencies and sectors to address the social determinants of health at community level |
| 5.Individual and community empowerment contributes to health | Includes development of knowledge and skills, peer support groups and community development in community health work |
| 6. Participation of people and communities in debate and decision making about their health issues and health care | Offers opportunities to community members to take part in debate and decision making about their health issues and health care |

## Community health services in NSW

In NSW Local Health Districts are employment structures which manage public hospital staff and staff for community health services in defined geographic areas across the state. Within these combined employment structures, community health services are a minority financial and staffing component of these largely hospital-oriented organisations. This situation has implications for community health services policy and funding which will be discussed later in this submission.

As there is no required organisational structure for community health services, Local Health Districts have been largely able to take their own approach to these services. Some LHDs have continued multidisciplinary team organisation, but others have restructured their community health services along specialist or mono-disciplinary lines and/or viewed their role as primarily hospital or GP support. This has resulted in uneven development across NSW. There is a tendency for hospital-focused systems to fragment community health services into specialist teams aligned to hospital service categories and/or monodisciplinary teams – requiring more complex navigation and coordination.

### Service components

While there are variations in the range and type of community health services LHDs operate, particularly between metropolitan and rural districts, service components include:

Child and Family Health Nursing for families and children 0-5 years

Child and Family Allied Health (social work, psychology, speech pathology, occupational therapy, physiotherapy and nutrition)

Community mental health services

Sexual health (prevention and treatment of HIV and sexually transmitted diseases, care and support for people living with HIV)

Services to prevent and respond to Violence, Abuse and Neglect (VAN) – sexual assault counselling, child protection counselling, domestic violence counselling and support.

Youth health services

Health promotion

Multicultural health services

Rehabilitation

Home nursing and post-acute care

Palliative care

Drug and alcohol services

**Non-government organisations providing community health services**

NSW Health also funds some non-government organisations to deliver some community health services and other specific health projects. This funding amounted to about $150 million in 2022 (Sydney Local Health District, 2023). This NGO program currently funds 20 women's health centres in NSW.

## Little current state-wide policy and data collection on community health services

At present there is little collection, aggregation and/or analysis of state-wide information on community health services. This means there is little capacity to have a state-wide perspective on service organisation, components, funding, numbers of clients, occasions of service, waiting times for services, or gaps in services and that policymakers are ill-equipped to make informed policy and funding decisions. Some LHDs publish some data on some aspects of their community health services, but it is difficult to establish an overall picture. what proportion of LHD or state -wide funding is spent on community health services.

The NSW Bureau of Health Information conducts detailed data collection and analysis on NSW public hospital services and ambulance services, but almost no data on community health services. One exception is some data on delivery of community-based mental health services (as part of more general reports on mental health inpatient care and GP-provided care).

The Bureau's *Patient Survey Program* is limited to inpatient care. The Bureau's *2019 Patient Survey on Maternity Care* has a series of questions on experiences of antenatal care, labour and birth, and 'follow-up care in hospital', but did not ask about access to or experiences of Child and Family Health nursing care delivered by community health nurses in baby health centres, community health centres and parents' homes after discharge (Bureau of Health Information, 2020).

Similarly, NSW Health's annual *Mothers and Babies* reports focus on care delivered in public hospitals (NSW Health, 2023). The reports, useful as they are, collect no data on:

- Percentage of parents who receive care from Child and Family Health Nurses after discharge from maternity units

- Percentage of babies who receive the recommended schedule of Personal Health Checks from Child and Family Health Nurses (when babies are 1 to 4 weeks, 6 to 8 weeks, 6 months and 12 months)

- Types of Infant feeding (including extent of breastfeeding) at times of recommended visits to Child and Family Health Nurse

- Percentage of babies introduced to sold foods at the recommended time of 6 months.

The Bureau produces detailed reports on waiting times for types of hospital care, including waiting times in emergency departments, and also for ambulance services, but no data on waiting times for community health services. Some LHDs collect data on waiting times for some community health services, but this information is not publicly released. In some LHDs there are extended waiting times for some community health services. More transparency is needed on how many people are waiting for which community health services, and in what areas. Policymakers cannot remedy problems in the health system unless deficiencies are described and debated and made visible.

### Proportion of NSW healthcare funds spent on community health services

While some LHDs may calculate this information, it is rarely available publicly. It is difficult to establish what proportion of LHD and/or state-wide funding is spent on community health services. NSW Health does not publish this information.

A 2008 review of NSW community health services by the University of Wollongong commissioned by NSW Health found overall expenditure on community health services had declined as a percentage of total state health expenditure, from 18.0% in 2004-05 to 14.5% in 2006-07. This review also found considerable variation in spending on community health services across LHDs, raising questions about equity of access to community services across the state (Eagar et al, 2008, p18-19).

The lack of available data analysis since that time means it is not known if these trends have continued or accelerated. It is clear there are serious questions about the balance of health investment in NSW.

### Current situation in NSW

There are some state-wide policies and service expansion on and in parts of the community health system (such as maternal and child health, services for violence, abuse and neglect, and sexual health) but no overall community health policy in NSW for some years.

An exception is the *Guidelines for Developing HealthOne NSW Services* (produced in 2012), originally focused on *'bringing together GPs with community health and other health professionals in multidisciplinary teams'* (NSW Health, 2012). Some initial evaluation was published (McNab and Gillespie, 2015), but little since. A lack of published data makes it hard to know how many of the current 27 HealthOne centres in NSW have GPs, or the extent to which they are different to how the majority of community health centres and services currently operate. The latest centre, RPAHealthOne at Green Square, which opened in 2023, has no GPs, and some hospital outpatient services and some community health services.

## Summing up

Despite the lack of an overarching policy and strategic approach for community health services in NSW, a network of services continues, but it is patchy and uneven. Increased population and waiting lists for some services are issues in some LHDs.

Variations in service content and organisation and lack of state-wide data aggregation and analysis makes it difficult for policymakers to be well informed on current roles of community health services, or their potential in reforming the health system. This means the extent and impact of community health services remain relatively unknown, and hospital demand and costs continue to dominate policymaking and funding.

The NSW health system is too hospital-centric, missing opportunities to prevent and intervene early in the development of illness. The emphasis on managing hospital demand redirects community health services away from early intervention.

Co-ordination between components of the health system is weak. The inclusion of hospital and community health services in LHD structures has not solved this problem. The drivers of lack of coordination are complex and embedded in the culture of the hospital-dominated system, which favours specialisation and a biomedical perspective. Increased specialisation fragments services and requires more complex coordination.

The health system is opaque to its users and difficult to navigate for both users and those who work in it.

Health professionals need additional and specific education and support to work in community health multi-disciplinary teams and in services which emphasise prevention and promotion, but these functions are rarely sufficiently funded or valued in an acute care focused health system.

## Recommendations

1. The Special Commission of Inquiry into Healthcare Funding should identify the percentage of NSW healthcare funds spent on community health centres and services, changes to this percentage over the last 10 years, and the percentage of its funding that each LHD spends on community health centres and services.

2. NSW Health needs to establish a dedicated Community Health Unit to develop and maintain an ongoing NSW wide profile of community health centres and services and to advise the NSW Government and LHDs on their current and potential roles, in regard to:

- what the main service components are and differences in service capacity, delivery and organisation across NSW
- the annual overall percentage of the NSW health budget spent on community health services
- the numbers of people receiving community health services, and the occasions of service
- any waiting times for these services
- the extent to which community health services include health promotion, early intervention, assessment and management of health problems, and post-acute care.
- how services are responding to population increases and emerging health issues.

3. The size and hospital-focus of current Local Health District Boards provide little opportunity for local communities to contribute to debates and decisions about community health services in their area. Local Health Districts could be required to have Community Advisory Boards specifically for community health services.

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