

NCOSS Health Policy Advice Group (HPAG)

Submission to the Liberal National Coalition on *Smarter, Stronger, Healthier, Safer (SSHS)*

**Final
February 2010**

**Prepared by the Council of Social Service of NSW (NCOSS) on behalf of the
NCOSS Health Policy Advice Group (HPAG)**



**Council of Social Service of NSW (NCOSS)
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About the Council of Social Service of NSW (NCOSS)

NCOSS is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW. Our vision is a society where there is social and economic equity, based on cooperation, participation, sustainability and respect.

NCOSS provides independent and informed policy development, advice and review and plays a key coordination and leadership role for the non government social and community services sector in New South Wales.

Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals

About the NCOSS Health Policy Advice Group (HPAG)

The NCOSS HPAG is a forum of peak and state-wide consumer and community non-government organisations, academics, and individuals. It provides advice to NCOSS on health issues and provides a forum for members to discuss and respond to health issues.

HPAG members represent a diverse range of areas, including consumer advocacy, oral health, mental health, drugs and alcohol, sexual health, family planning, women's health, youth health, ageing, and disability.

Members of the HPAG as at February 2010 are:

- ACON
- Adults Surviving Child Abuse
- Alzheimer's Australia NSW
- Association for the Promotion of Oral Health
- Brain Injury Association NSW Inc
- Cancer Council NSW
- Carers NSW Inc
- CPSA
- Council On The Ageing (NSW) Inc
- Family Planning NSW
- Hepatitis NSW
- Institute of Dental Health
- Medical Consumers Association
- Mental Health Association NSW Inc
- Mental Health Co-ordinating Council Inc
- Network Of Alcohol & Other Drug Agencies
- NSW Association for Youth Health
- NSW Consumer Advisory Group - Mental Health Inc
- NSW Nurses' Association
- NSW Users & Aids Association
- Older Women's Network
- People with Disability Australia Inc
- Positive Life NSW Inc
- Public Interest Advocacy Centre
- West Street Centre
- Women's Health NSW

Preparation of this submission

This submission has been prepared by the NCOSS Senior Policy Officer (Health) on behalf of the NCOSS Health Policy Advice Group (HPAG). HPAG members provided input into the development of this submission at the HPAG meeting 12 November 2009, HPAG SSHS Workshop 4 February 2010 and in written feedback to NCOSS on two discussion papers prepared by NCOSS on *SSHS* and *Making it Work*.

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Executive Summary

The NCOSS HPAG is a forum of peak and state-wide non-government organisations, academics, and individuals. We have collective expertise in health policy with a focus on disadvantaged and low income people in NSW.

Social policy on the determinants of health

The HPAG strongly believes that the Coalition's social policy framework, *Smarter, Stronger, Healthier, Safer*, should be based on the social determinants of health. This approach recognises that the achievement of optimal health and well-being requires action beyond the formal healthcare system. It requires action to address broader social, economic, cultural, environmental and political factors that shape the circumstances in which individuals are born, grow-up, live, work and age and that cause health inequalities.¹

Addressing the social and economic inequalities that underpin the determinants of health will have multiple benefits for individuals through improved life expectancy, lower burden of disease and better quality of life; and for society, including decreased health care spending, reduced welfare payments, increased productivity and workforce participation, and fairer, more cohesive and inclusive communities.

In order to achieve effective action on the social determinants of health, we believe that policy coherence and service integration must be achieved across all levels and branches of government. It also requires effective community partnerships involving government agencies, non-government organisations, businesses, and the local community.

SSHS social policy principles

The HPAG supports the general intention of the Coalition's six social policy principles for *Smarter, Stronger, Healthier, Safer*. We recommend strengthening these principles with more robust wording in order to effectively guide social policy and services in NSW.

Policy streams: *Smarter, Stronger, Safer*

In relation to the three streams of *Smarter, Stronger, Safer*, the HPAG has made broad recommendations on the policy priorities and actions that we believe will contribute to improving the health and well-being of the people of NSW. These include:

- *Smarter*: Investing in the early years; Quality education and lifelong learning; Safe learning environments; Disadvantaged and vulnerable children and young people; and Schools, families, and communities as partners in education.
- *Stronger*: Building resilient communities; Children at risk; People with disability, people with mental illness, and their carers; Older people; Affordable housing; Healthy environments; and Strong, vibrant not-for-profit community and welfare sector.
- *Safer*: Perceptions of safety; Underlying causes of crime; and Supporting Police.

¹ Commission on the Social Determinants of Health, *Closing the gap in a generation - Health equity through action on the social determinants of health*, World Health Organisation, Geneva, 2008.

More comprehensive recommendations that support all four policy streams of *Smarter, Stronger, Healthier, Safer* are provided in the NCOSS election platform, *Voting for Fairness*².

Policy stream: *Healthier*

The HPAG strongly urges the Coalition to make health promotion, prevention, and early intervention the key focus of *Healthier*. We believe this approach is essential to reduce the growing demand and increasing cost of acute services to create a more sustainable health care system. It was also reduce health inequalities and improve the overall health and well-being of the people of NSW.

Greater investment is required in primary and community health services in order to re-orientate the health system from the prevailing medical model of illness to a social model based on wellness. Community health services, in particular those operated by NGOs, have a greater focus on health promotion and prevention and provide the community with health care that treats the needs of a person through a social determinants of health framework. This will deliver a more efficient and effective health care system.

The HPAG believes that the goals of *Healthier* should include:

1. Re-align the NSW health system towards health promotion, prevention and early intervention within community based settings
2. Create a more equitable health system by addressing discrimination and health inequalities, particularly in areas of Aboriginal health, oral health, regional and rural health, mental health, and carers
3. Equitable access to accessible health services
4. Provide a seamless, integrated continuum of care & flexible service options to meet people's diverse health needs.
5. Build a strong research and evidence base to support the provision of effective health programs and services

We believe that the Coalition's three policy proposals and areas of investigation are inadequate and will not achieve their *Healthier* policy goals or social policy priorities. The HPAG has identified additional policy proposals for each of the Coalition's *Healthier* goals and also for our recommended policy goals.

Making It Work

The HPAG does not support the Coalition's proposal to create Health Districts or to establish Health District Boards (Strategies 1 and 2). We believe it will not address the underlying issues with the current NSW health system identified in the Garling Report – namely the over-centralisation of management and the lack of local control or input in decision-making. We note that Garling explicitly recommended against any changes to AHS boundaries, and against the introduction of either area or hospital Boards, "...the

² *Voting for Fairness - NCOSS Election Platform 2010-2011*, Council of Social Service of NSW (NCOSS), Sydney, 2010

disruption of attempting yet another change to the area health services is simply unacceptable.”³

We believe a more fiscally responsible and effective solution is to make the existing system work better by:

- Making appropriate delegations to hospitals and health services to strengthen clinical decision-making and input at the local level;
- Enhancing exiting community participation mechanisms, such as the AHAC’s, hospital committees, and formal consultation processes to strengthen consumer, carer and community engagement and participation in the health system;
- Building social capital and resources to empower local communities and facilitate participation;
- Maintaining existing initiatives to improve health systems and services, such as continuity of care arrangements, and develop effective implementation plans; and
- Increasing accountability through open, transparent and accessible clinical and non-clinical information on the broader health system, not just acute services.

The HPAG supports the general intention of the proposals to delegate decision-making and enhance clinical governance (Strategies 3, 4 and 5). However, further details are needed of how these reforms would operate in practice, including the relationships, roles, authority and accountability between managers, councils, networks, and the Executive. We welcome the proposal to publish information on health service management (Strategy 6).

The HPAG has made this submission in the spirit of constructive engagement with the NSW Liberals and Nationals and we hope to work collaboratively with the Coalition to develop health and social policy for a smarter, stronger, healthier, safer, and fairer NSW.

³ *Garling P, Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, NSW Government on behalf of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Sydney, 2008, p1079.

Summary of Recommendations

General Comments

Social policy in NSW is developed in a social determinants of health framework.

SSHS social policy principles (SSP)

SSP 1 -The importance of early intervention and prevention

Amend to “An early intervention and prevention approach in all aspects of policy, program and services to build smarter, stronger, healthier, safer communities”.

SPP 2 - The value of local decision making and community partnerships

Replace social policy principle 2, with two new principles:

- “Local decision-making is valued and supported by the effective empowerment of individuals and communities.” and
- “Effective community partnerships across all levels and branches of government, the not-for-profit sector, businesses, and communities.”

SSP 3 - The rights of individuals to make informed choices and the expectation they will accept responsibility

Amend to “People are supported to make informed choices and take responsibility according to their individual capacity and circumstances in order to reach their full potential.”

SSP 4 -The belief that NSW should offer the highest quality and standard of services in Australia

Amend to “NSW services and service standards are of the highest quality in Australia”.

SSP 5 - A promise to deliver timely and equitable services for all

Amend to “Services are timely, integrated, accessible, equitable, evidence-based, and cost-effective.”

New SPP

Add a new social policy principle: “Social policy and services deliver the best quality outcomes for the people of NSW.”

Policy streams: Smarter, Stronger, Safer

The Coalition refers to the NCOSS election platform, *Voting for Fairness*, for more comprehensive recommendations that support the four policy streams of *Smarter, Stronger, Healthier, Safer*.

Policy stream: Healthier

Goal 1- Provide NSW with world-class clinical health services and infrastructure”

Amend to *“Provide NSW with world-class health services, workforce and infrastructure”*.

Supporting policy proposals:

- Implement health workforce recruitment and retention strategies to increase the provision of quality health services.
- *Please refer to the relevant proposals identified below in the comments on Making it Work*

Goal 2 - Build a more active and healthier community to minimise avoidable illness

Amend to *“Promote active and healthy communities that support people to maximise their health outcomes”*.

Supporting policy proposals:

- Prioritise investment in health promotion, prevention, and early intervention services.
- Focus health promotion activities on interventions related to the social determinants of health.
- Integrate planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
- Establish a taskforce comprised of government, non-government organisations, business and the community to oversee the development of healthy community programs across all portfolios based on the social determinants of health.
- Implement health urban design principles across local government.

Goal 3 - Support people with illness and disabilities reach their potential

Amend to *“People with chronic illness, people with a disability, and their carers are supported to maintain optimal health and well-being”*.

Please refer to the relevant policy proposals identified under *Smarter* that support goal 3.

Goal 4 - Ensure all stakeholders, including patients, carers, clinicians and providers have more choice and a stronger say in the system

Amend to *“Consumers, health workforce, service providers, and the community are actively engaged and participate in the design, development, management and delivery of health policy and services”*.

Supporting policy proposals:

- Review existing stakeholder participation mechanisms in the NSW health system and ensure the adequate representation and effective participation of consumers, carers and the community in the design, organisation and delivery of health policy and services in each local area.
- Identify responsibility for ensuring consumer engagement at every level of the health system, and develop accountability measures, such as key performance indicators.

- Please refer to the supporting recommendations in the section below on *Making it Work*, strategy 2.

New Goals

Add a new policy goal 5: *“Re-align the NSW health system towards health promotion, prevention and early intervention within community based settings.”*

Supporting policy proposals for goal 5:

- Increase investment in prevention and early intervention health services, particularly non-government community health services.
- Develop a holistic health promotion, prevention and early intervention strategy across all branches of government, the non-government sector, and the community based on the social determinants of health.
- Undertake health promotion awareness programs and education within the community, clinical health services, and government agencies.
- Greater service integration and collaboration between, community health services, community care services and the non-government sector.
- Education to clinical service providers about the value of non-government community health services.

Add a new policy goal 6: *“Create a more equitable health system by addressing discrimination and health inequalities, particularly in areas of Aboriginal health, oral health, regional and rural health, mental health, and carers”*

Supporting policy proposals for goal 6:

- Require all government agencies to conduct Equity Focused Health Impact Assessments of all new legislation, policy or initiatives to consider the impacts upon the health of the community.
- Increase funding for public dental services in NSW
- Expand the dental workforce to match the current and projected oral health need
- Improve funding for health related transport.

Add a new policy goal 7: *“Equitable access to accessible health services”*

Supporting policy proposals for goal 7:

- Specialised health services, such as radiotherapy, are provided within reasonable proximity and cost for patients.
- Increased funding of health transport.
- Provision of financial assistance for the out-of-pocket expenses associated with travelling to specialist medical services that are not locally available.

Add a new policy goal 8: *“Provide a seamless, integrated continuum of care & flexible service options to meet people’s diverse health needs”*

Supporting policy proposals for goal 8:

- Identify existing initiatives developed by the sector to improve service integration and flexibility and develop an effective implementation plan. This includes discharge planning, integrated models of care between acute care, GPs, primary and community based services, consumer advocates and research.
- Develop sustainable long term resourcing and effective partnerships with the Commonwealth, other NSW human service agencies, non-government service providers and the community to meet the health needs of the people of NSW in an integrated, joined-up way.

Add a new policy goal 9: *“Build a strong research and evidence base to support the provision of effective health programs and services*

Supporting policy proposals for goal 9:

- Develop the evidence base on health inequalities for disadvantaged and marginalised groups through the use of existing surveys and surveillance reports, creation of new datasets, and commissioning specific research.

Policy proposal: *Making It Work – Management of the NSW Health System*

General

Coalition health policy and policy proposals prioritise health promotion, prevention and early intervention services in community based settings, rather than clinical or acute services.

Current initiatives aimed at improving the efficiency and effectiveness of health management and administration systems are maintained.

Strategy 1

Health Districts are **not** introduced and Area Health Services are retained on their existing geographical basis.

If Health Districts are introduced they include:

- Standardised infrastructure and corporate services across Districts with standards and quality improvement processes set, monitored, and enforced a centralised body to provide an appropriate balance between autonomy and accountability.
- A central point of administration and management for non-government organisations in relation to core funding and administration.
- Safeguards to ensure patients who require services in another District are not refused access or given a lower priority for services.
- Rigorous assessment to determine their clinical and financial viability.

Strategy 2

District Boards are **not** introduced. Existing governance arrangements by the Chief Executive are maintained.

Existing channels for community participation and consumer representation are strengthened.

Communities are empowered to participate through investment in social capital and resources.

If District Boards are introduced, they are supported by:

- Clearly defined governance roles, responsibilities and authority, and a clear delineation of centralised and delegated powers
- Central taskforce or body to oversee the strategic planning, resource allocation, and monitoring and evaluation of Boards across the State.
- Clear guidelines and robust processes for engagement with the community
- Appropriate representation on the Board, including consumers, carers, Aboriginal people, and community representatives.
- Mechanisms to support equitable representation and participation on District Boards.
- Building social capital and resources to empower local communities and facilitate participation.
- Rigorous accountability processes that include independent, third-party assessment of effectiveness, accountability for empowering communities, and meeting outcomes and service delivery objectives.
- Budget transparency, including the identification of a central funding formula for determining regional budgets and the basis for District funding of local services.

Strategy 3

The Coalition provides further information on how the proposed organisational structure for the NSW Health System, including the relationships, responsibilities, and accountabilities between managers, councils, networks, and the executive.

Hospital governance should be based on a co-production approach that involves partnerships with local people, rather than being dominated by institutions or clinicians.

Strategy 4

Clinical networks are supported by open communication channels, information sharing, and training.

Strategy 5

This strategy is supported.

Strategy 6

Information is published on NSW health system that includes health status, service use, and health outcomes along with information on the health of local communities.

Information is published in accessible formats, and is timely, accurate and transparent.

Health benchmarks are developed to specifically address the needs of marginalised and disadvantaged groups.

HPAG submission on Smarter, Stronger, Healthier, Safer (SSHS)

Introduction

The NCOSS HPAG welcomes the opportunity to comment on the NSW Liberals and Nationals social policy framework, *Smarter, Stronger, Healthier, Safer (SSHS)*, and the proposal to reform management of the NSW health system, *Making it Work*.

The focus of this submission is on the *Healthier* policy stream as the HPAG's collective area of expertise is health. However, we have also made comments on aspects of SSHS that are relevant to the social, economic, political, cultural and environmental factors that influence health and well-being, based on a social determinants approach to health.

This submission is structured on the following four aspects of *Smarter, Stronger, Healthier, Safer*:

Social policy principles of *Smarter, Stronger, Healthier, Safer*

Policy areas: *Smarter, Stronger, Safer*

Policy area: *Healthier*

Healthier policy proposal: *Making it Work*

In making this submission, the HPAG has sought to provide constructive comments and specific recommendations that we believe would strengthen the Coalition's social policy framework and achieve a smarter, stronger, healthier, and safer NSW.

General Comments

Social determinants of health

The HPAG strongly believes that the Coalition's social policy framework should be based on the social determinants theory of health. That is, an individual's health is determined by the, "...*circumstances in which they are born, grow-up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social, policies, and politics.*"⁴

This approach is premised on the view that societies are complex and interrelated and that health cannot be separated from other domains. The achievement of optimal health and well-being therefore requires action beyond the formal healthcare system to address broader social, economic, cultural, environmental and political causes of health inequalities. Specifically, this requires action to address inequalities in early childhood development, education, employment, housing, standards of living, and the freedom to participate equally in society.

⁴ Commission on the Social Determinants of Health, *Closing the gap in a generation - Health equity through action on the social determinants of health*, World Health Organisation, Geneva, 2008.

Action to address the social and economic inequalities that underpin the determinants of health has multiple benefits for society, including:

1. Budgetary: decreased health care spending on preventable chronic disease and mental illness, reduced welfare payments to those who are unable to work, and increased tax revenue as people live and work longer;
2. Economic: increased productivity and workforce participation through longer life expectancy and reduced disease;
3. Individual: improved life expectancy, lower burden of disease, improved financial well-being and quality of life.
4. Social: fairer, more cohesive and inclusive communities.

On this basis, the HPAG believes that policy across the four streams of *Smarter, Stronger, Healthier, Safer* should be developed in consideration of the social determinants of health, with the key objective being to reduce health inequalities.

Recommendation:

Social policy in NSW is developed in a social determinants of health framework.

Integrated, joined-up approaches and community partnerships

We believe that policy coherence and service integration must be achieved across all levels and branches of government in order to achieve effective action on the social determinants of health. The Marmot Review into health inequalities in England argues that this requires integration across planning, transport, housing, environmental and health systems. A joined-up approach will contribute to ensuring “...*safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.*”⁵

We also strongly support effective community partnerships involving government agencies, non-government organisations, businesses, and the local community as part of a holistic approach to providing coordinated, joined up policy, programs, and services.

⁵ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

SSHS social policy principles

1. The importance of early intervention and prevention

The HPAG support this principle in accordance with the Ottawa Charter on Health Promotion.⁶ Prevention is a key way in which we can reduce the pressure on health care services and contain rising health care costs.⁷ The prevention of problems, and intervening early when problems do arise, will also improve the overall health and well-being of the NSW population.

We recommend strengthening this principle so that it is applied in all areas of policy and practice, and the benefit to the community.

Recommendation:

Amend the current principle “*The importance of early intervention and prevention*” to “*An early intervention and prevention approach in all aspects of policy, program and services to build smarter, stronger, healthier, safer communities*”.

2. The value of local decision making and community partnerships.

Local decision-making

The HPAG supports local decision-making in order for communities to develop responsive, flexible, and appropriate solutions that meet their identified needs. However, we believe that this must be supported within a state-wide policy framework to ensure consistency, coordination and accountability.

Some decisions are also best made centrally rather than a local level, such as strategic planning and resource allocation. State-wide resource allocation enables the equitable distribution of resources based on the evidence of greatest need of the whole population, not just within local areas. The value of local decision-making must therefore be balanced with the value of retaining some decision-making at a central level.

For the value of local decision-making to be fully realised, we strongly believe it must be supported by effective community engagement and participation. A commitment to local decision making alone does not necessarily mean that the local community will be involved in making decisions about its needs and how best to meet them. Decisions can be made locally by an elite few in positions of local power or influence. Genuinely participatory local decision-making requires systematic engagement that goes beyond routine, one-off consultations. It requires governments to actively empower individuals

⁶ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

⁷ National Health and Hospitals Reform Commission, *A Health Future for All Australians: Final Report*, Canberra, 2009

and communities to be involved and engaged in the decisions that affect them.⁸ This is supported by both the Marmot review and the Ottawa Charter on Health Promotion.^{9,10}

Community Partnerships

We strongly support community partnerships as a key approach to developing locally responsive, appropriate social policy. To be effective, these partnerships must involve all key stakeholders in the design, organisation and delivery of services. This includes government agencies, non-government organisations, businesses, and the local community.

For community partnerships to be effective, we believe that the value of not for profit community organisations in supporting local communities, through both direct service delivery and community building , must be recognised and appropriately supported.

Recommendation:

Replace the current principle “*The value of local decision making and community partnerships*” with two new principles:

- “*Local decision-making is valued and supported by the effective empowerment of individuals and communities.*” and
- “*Effective community partnerships across all levels and branches of government, the not-for-profit sector, businesses, and communities.*”

3. The rights of individuals to make informed choices and the expectation they will accept responsibility.

Informed choice

The HPAG supports the rights of individuals to make informed choices. However, we note that informed choice requires full access to information and the freedom to exercise choice. The Coalition’s proposal in *Making It Work* to publish information about health service management is essential for consumers to be able to make decisions regarding their individual services, and also for the community to hold services to account and determine how best to meet their collective needs. We believe that the full disclosure of public services information should be made in all social policy areas, not just health.

Responsibility

We believe the expectation of responsibility must take into consideration that the level of responsibility a person can accept will vary according to their individual capacity and circumstances at any point in time. For instance, some people with mental illness or intellectual disability may have limited capacity at certain times to take responsibility for their actions or personal circumstances. We believe that this principle should adopt a

⁸ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

⁹ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

¹⁰ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986.

strengths based approach that recognises that people can make the best possible decisions according to their abilities with the appropriate support.

The HPAG also believes that the use of the word '*expectation*' is problematic in the context of a statement of principle. An expectation implies subjective value judgements rather than an objective statement of fact. We therefore recommend that the word '*expectation*' be removed.

The concept of responsibility also implies control. Individuals must have control over their lives in order to be able to make decisions and be accountable for the outcomes. This includes having control or influence over the planning, development and delivery of policies and services. Government programs must build resilience and self reliance so that people can take greater responsibility for their own futures.

The Marmot Review argues that local control is achieved through individual and community empowerment. This involves removing structural barriers to participation, and facilitating and developing capacity and capability through personal and community development. In addition to empowering the individual, the Ottawa Charter emphasises the importance of creating environments that support individuals to make positive lifestyle choices. On this basis, we believe that empowering individuals and communities to take control, and creating supportive environments is essential to promoting responsibility.

Recommendation:

Amend the existing principle: "*The rights of individuals to make informed choices and the expectation they will accept responsibility*" to "*People are supported to make informed choices and take responsibility according to their individual capacity and circumstances in order to reach their full potential.*"

4. *The belief that NSW should offer the highest quality and standard of services in Australia.*

The HPAG supports the intention of this principle. However, as it is currently worded, this statement is more consistent with an aspiration or goal rather than a principle. The use of the word '*should*', and the expression of a '*belief*' infer opinion about a desired future state, where as a principle generally describes a standard or rule that guides conduct or provides a basis for action. We therefore suggest this statement is re-framed.

While we agree that services should be of the highest quality, the main function of social services is to provide best quality outcomes for the people of NSW. We recommend adding a principle focused on the outcomes of quality social services and policy for the individual, consistent with a person-centred approach.

Recommendation:

Amend the existing principle: "*The belief that NSW should offer the highest quality and standard of services in Australia*", to "*NSW services and service standards are of the highest quality in Australia*".

Add a new principle: “*Social policy and services deliver the best quality outcomes for the people of NSW.*”

5. A promise to deliver timely and equitable services for all.

The HPAG supports the delivery of timely and equitable services. We recommend that this principle be expanded to include other key characteristics of quality services that deliver quality outcomes. We believe these characteristics are services that are timely, integrated, accessible, equitable, evidence-based, and cost-effective.

We also recommend that the word “*promise*” be removed from the statement in order to make the language more consistent with a statement of principle as discussed above.

Recommendation:

Amend the existing principle: “*A promise to deliver timely and equitable services for all*”, to: “*Services are timely, integrated, accessible, equitable, evidence-based, and cost-effective.*”

6. A commitment to openness, transparency and accountability

The HPAG strongly support open, transparent, accountable social policy and services. We note that effective consumer participation and genuine community engagement is essential to achieving this principle.

1. General comments

As the collective expertise of the HPAG is in health policy, this submission focuses on the *Healthier* policy stream. However, in recognition of the social determinants of health, the HPAG has made some limited comments in relation to the other three policy streams that we believe support improved health and well-being for the people of NSW.

For more comprehensive recommendations that support the four policy streams of *Smarter, Stronger, Healthier, Safer*, we refer the Coalition to the NCOSS election platform, *Voting for Fairness*¹¹.

2. Policy Area: *Smarter*

Investing in the early years

The Council of Australian Governments (COAG) have recognised that early childhood development is a vital foundation for long term life chances and resilience. The early years of a child's life have a profound impact on their future health, development, learning and wellbeing¹². Addressing inequalities in early childhood development is crucial to reducing health inequalities and the risk of social exclusion across the life course¹³. The Marmot Review notes that, "*Investing in the early years, thereby improving early cognitive and non-cognitive development and children's readiness for school, is vital for later educational outcomes.*"¹⁴ To provide children with the best start to life we recommend increased investment in quality early education and childcare, including free access to preschool programs for low income and disadvantaged families.

Quality education and lifelong learning

We believe that education is vitally important to the health and well-being of our society. Education affects health directly by providing knowledge and skills that allow a person to achieve a healthy lifestyle and gain better access to health services. Higher levels of education are related to higher income and better employment prospects. Inequalities in educational outcomes result in inequalities in physical and mental health, as well income, employment, and quality of life.¹⁵ The Australian Social Inclusion Board found that people who do not have year 12 education (or an equivalent non-school qualification) are 18% less likely to be in the workforce, and if they are in the workforce,

¹¹ *Voting for Fairness - NCOSS Election Platform 2010-2011*, Council of Social Service of NSW (NCOSS), Sydney, 2010

¹² Council of Australian Governments (COAG), *National Early Childhood Development Strategy - Investing in the Early Years*, Commonwealth of Australia, Canberra, 2009

¹³ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010, p16; *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009.

¹⁴ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010, p18

¹⁵ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010, p18

are 1.6 times more likely to be unemployed¹⁶. The HPAG therefore strongly advocates for increasing the provision and use of quality education and lifelong learning opportunities.

Safe learning environments

In order to improve educational outcomes it is important that all schools in NSW provide students with a safe and accepting environment for all students to learn. Recent incidences of bullying, racial, and homophobic violence in schools is not conducive to good learning environments, or to student's health and well-being. We believe that broad-based education campaigns should be implemented within schools to address anti-social attitudes.

Disadvantaged and vulnerable children and young people

Education is a key setting that can directly influence the life long outcomes of disadvantaged and vulnerable children and young people. Children at risk of long term disadvantage have been identified as a key priority under the Australian Government's social inclusion strategy, *A Stronger, Fairer Australia*. Children who are likely to be at particular risk of long term disadvantage include: young carers, Aboriginal and Torres Strait Islander children in remote communities, young people exiting out-of-home care, and young humanitarian migrants. For example, ABS data indicates that only 4% of primary young carers (aged 15-25) are still in education compared to 23% of the general population in this age cohort¹⁷.

The quality of mainstream schooling must be improved so that it works better for all students, not just those who are already managing well. This can be achieved by promoting awareness of the specific needs of these children and young people, and building the capacity of schools to provide them with appropriate support. This includes providing awareness training to school teachers to identify children at high risk of disadvantage and be able to support them to remain at school. It also requires innovative, flexible learning options, such as the option for young carers to complete schoolwork at home rather than class attendance, and having someone to talk to about their caring situation.¹⁸

Schools, families, and communities as partners in education

The HPAG notes recent research in both Australia and overseas that indicates that families are the most important factor influencing educational attainment¹⁹. On this basis we support greater investment in approaches that engage schools, families and local communities to work together to improve educational outcomes.

¹⁶ Australian Social Inclusion Board, *Social inclusion in Australia: How is Australia Fairing?*, Department of Prime Minister and Cabinet, Canberra, 2009

¹⁷ ABS *Survey of Disability, Ageing and Carers (SDAC) Summary of Findings*, Australian Bureau of Statistics, Canberra, 2004

¹⁸ Moore T, Morrow R, McArthur M, Noble-Carr D and Gray J, *Reading, writing and responsibility: Young Carers and Education*, Institute of Child Protection Studies ACU National, Canberra, 2006

¹⁹ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010, p16; *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009.

3. Policy Area: Stronger

Strong, inclusive and equitable communities as strong, healthy communities are important for the physical and mental health and well-being of individuals and the general population as a whole.

Building resilient communities

The key to building stronger communities is building resilience through social capital and resources.²⁰ This involves understanding the community, embracing diversity, promoting community leadership, building a strong and diverse local economy, building strong networks and support, promoting learning and innovation, and recognising the role of the physical environment and infrastructure.²¹

The Marmot Review notes that resilience created by social capital buffers against the risk of poor health through the creation of social supports and networks, and contributes to psycho-social well-being by increasing participation in the community and individual control.²² We therefore recommend that *Stronger* policies include building resilient communities through removing barriers to community participation and action, strengthening social cohesion, and funding for infrastructure and projects that support local initiatives to address local needs.

In keeping with this approach, we believe that the language of *Stronger* should be framed around enabling and empowering vulnerable individuals and communities to reach their potential, rather than the more paternalistic terminology of ‘protection’, which implies helplessness. This is consistent with the Coalition’s principle of responsibility and with contemporary strengths based approaches that deliver more effective, sustainable long term outcomes.

Children at risk

The HPAG supports the need to protect children at risk of harm. Evidence suggests that life-long impacts of childhood abuse and neglect on some adults include: higher risk of mental illness, self harm and substance abuse, difficulty forming and maintaining relationships and parenting effectively, and poor health, housing, education and employment outcomes.²³ We recommend child wellbeing and child protection services in NSW are improved and early intervention services are increased to better support children at risk.

People with disability, people with mental illness, and their carers

The HPAG commends the Coalition for the introduction to the NSW Parliament of the *Carers Recognition Bill 2010* in recognition of the valued role of carers in our society.

²⁰ Australian Social Inclusion Board, *Building inclusive and resilient communities*, Commonwealth of Australia, Canberra, 2009

²¹ Australian Social Inclusion Board, *Building inclusive and resilient communities*, Commonwealth of Australia, Canberra, 2009

²² Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010, p24

²³ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

People with disability, people with mental illness, their families and carers face multiple barriers to equal participation and inclusion in society. This may include: practical challenges presented by their impairment, attitudinal barriers such as stigma and discrimination, and environmental impediments such as inaccessible public infrastructure. Consequently, people with disability, people with mental illness, and their carers are more likely to live in poverty, to have fewer educational qualifications, to be out of work and experience inequality²⁴.

This multiple disadvantage is evidenced by:

- People with mental illness have a mortality rate an estimated 2.5 times higher than the general population.²⁵
- In 2003, people with disability of working age had a labour force participation rate of 53% compared to 81% for those without disability.²⁶
- Carers and families of people with disability experience high rates of mental health problems, poorer physical health, employment restrictions, financial hardship and relationship breakdown²⁷.

We recommend that *Stronger* social policy fosters the social inclusion of people with a disability, people with mental illness, and their carers to address existing social and economic inequalities in the determinants of health. This is consistent with the Australian Government's priorities for social inclusion in *A Stronger, Fairer Australia*.²⁸

Our recommended approaches include: public education campaigns to address stigma and discrimination, increasing funding of self-directed support, providing adequate supported community living options, and creating accessible environments and communities.

To support carers in maintaining their own health and well-being, and to continue in their caring role we recommend: carer recognition, training and development for carers, carer awareness training for service providers to identify carers and include them in care planning, and good carer support structures.

We note that specific policy responses must be designed in consideration of the distinct needs of people with disability, people with mental illness, and their carers, as they are not the same, and must be recognised and responded to accordingly.

Older people

The ageing population presents challenges for the NSW government in meeting the demands of aged care and other services. Older people have equal rights to optimal health and well-being as the general population. In this context, it is important to

²⁴ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

²⁵ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

²⁶ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

²⁷ Australian Institute of Family Studies, *The nature and impact of caring for family members with a disability in Australia*, Research Report No 16, 2008

²⁸ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

recognise the different communities that are ageing and the need for specialised services that will ensure accessible and equitable service delivery. For instance, the Gay, Lesbian, Bisexual, Transgender and Intersex community currently experiences discrimination in mainstream aged care services without alternative specialised providers to meet their specific needs.²⁹ The HPAG recommends that greater investment is made in enabling older people to be active and connected, and that program planning and delivery recognises and responds to the diversity of the ageing population.

Affordable housing

The HPAG notes that adequate, affordable housing is essential to good health and well-being. Stable housing supports participation in social and economic life. The lack of housing exposes people to many risks, including poor health and physical violence.³⁰ We believe that greater investment in prevention and early intervention is required to stop people becoming homeless. The HPAG recommends developing affordable housing within reasonable proximity of services and transport links, expanding the supply of community, public and Aboriginal Housing, and creating new programs linking housing and support for vulnerable and disadvantaged client groups.

Healthy environments

The social model of health recognises the need for social and physical environments that are supportive of health. Safe man-made and natural environments, clean air, fresh water, and nutritious food are integral to good physical and mental health and well-being. We therefore believe that social policy in NSW is underpinned by environmental sustainability and healthy urban design.

Planning, transport, housing, environmental and health systems must be fully integrated to address the social determinants of health in each locality. We recommend establishing a taskforce comprised of government, non-government organisations, business and the community to oversee the development of healthy community programs across all portfolios based on the social determinants of health.

We also recommend increasing the availability of public green spaces, improving active travel, encouraging energy-efficient commercial and residential development, and implementing health urban design principles across local government.

Strong, vibrant not-for-profit community and welfare sector

Non-government community organisations play a key role in building strong communities. The value of NGO's is attributable to both their direct role in service provision, research, policy development, community education and advocacy work, and the additional benefits arising from the inherent values and features of the sector.

The benefits of NGO's include: an enhanced range, quantity, or quality of services, more holistic, flexible, responsive services, addressing unrecognised or unmet needs, more effective engagement of marginalised individuals, individual and community

²⁹ C Barrett, *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services*, Matrix Guild Victoria, 2008, pp. 13-14.

³⁰ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009

empowerment through participation and representation in service management and delivery, and creation of community cohesion and social capital.³¹ We recommend that NGOs are adequately resourced and engaged in equal, respectful partnerships that recognise and support their role in building stronger communities.

4. Policy Area: Safer

The HPAG acknowledges that safety is important to ensuring the health and well-being of individuals and local communities.

We recommend that key priorities under *Safer* include reducing and preventing violence against Women, reducing hate crimes such as those against GLBT people, and reducing the numbers of young people in contact with Juvenile Justice.

Perceptions of safety

Crimes, such as violence, have a direct impact on both physical health and mental health. However, we note that health and well-being is also directly impacted by community *perceptions* of safety. Governments have a responsibility to present balanced and accurate representations of crime levels and community safety, rather than create climates of fear for political purposes. We recommend implementing community safety programs complemented by community education programs to promote greater understanding of the causes and incidence of crime, and how to prevent or minimise the risk of crime.

Underlying causes of crime

We believe that action to reduce the level of crime and recidivism must take into account the underlying causes of and contributors to crime, such as poverty, poor education, and lack of social supports. We recommend increased diversionary programs, improved rehabilitation programs and coordinated post-release support. We also recommend greater access to appropriate legal assistance, representation and information.

Supporting Police

As part of building stronger partnerships between police and local communities, we believe that it is important for all police to have education and training about working with disadvantaged and vulnerable populations to support more appropriate responses. This contact must also be supported through the establishment of links and referral pathways to appropriate services, such as refuges or community mental health services.

³¹ Wren T, *Submission to the Productivity Commission - Response to the Draft Research Report: Contribution of the Not for Profit Sector*, Australian Council of Social Service (ACOSS), Sydney, 2009

General comments

The HPAG commends the Coalition's commitment to a holistic approach to health. However, we are concerned that this concept has not been fully understood or is not used in accordance with contemporary definitions. We do not believe that a holistic approach to health is premised on improving general community health in order to improve service quality, as identified by the Coalition.

A holistic approach to health recognises that good health extends beyond the absence of disease or infirmity to include a state of complete physical, mental and social well-being.³² It recognises that the health status of individuals and communities is shaped not only by biomedical factors but by the social determinants of health. This approach seeks to promote wellness by reducing inequalities in the underlying social, economic, political, cultural and environmental factors. The emphasis of a holistic approach is on multiple dimensions of health and the interrelated socio-economic factors that influence it, rather than service quality.

We believe that the three proposals and areas of investigation identified in *Healthier* are inadequate and will not achieve the Coalition's key *Healthier* policy goals and priorities. The HPAG has therefore identified additional policy proposals for each of the Coalition's goals in *Healthier*. We have also identified additional policy goals and supporting policy priorities that we believe will create a healthier NSW.

Healthier Policy Goals

1. Provide NSW with world-class clinical health services and infrastructure.

The HPAG supports creating world class clinical health services and infrastructure. However, we believe that this goal should be applied more broadly to the NSW health system as a whole, not only clinical services.

The HPAG strongly supports a social model of health care that focuses on wellness, rather than illness and injury. The traditional biomedical model of health has shaped the design of our current health care system. The NSW health care system is highly medicalised and is orientated around identifying and treating the symptoms of disease. The rising costs of providing healthcare and the growing demand for acute services highlights the inadequacy of this prevailing approach, "*The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.*"³³

Primary and community health services are an integral part of our health system and are the key to shifting the balance from clinical and acute care services to a more sustainable system built around health promotion, prevention and early intervention. We

³² Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

³³ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

believe that this goal should be expanded to take a more inclusive definition of the health system that recognises the value of non-clinical services as well as clinical services.

The Coalition has also acknowledged in *Healthier* the need to address shortages in the health workforce. We suggest that workforce should also be included in this goal as an integral part of the health system.

Recommendation:

Amend the existing goal, "Provide NSW with world-class clinical health services and infrastructure" to "Provide NSW with world-class health services, workforce and infrastructure".

Supporting policy proposals:

- Implement health workforce recruitment and retention strategies to increase the provision of quality health services.
- *(Please refer to the relevant proposals identified below in the comments on Making it Work)*

2. Build a more active and healthier community to minimise avoidable illness

The HPAG believes that building more active and healthier communities requires a broad approach based on the social determinants of health in order to maximise the prevention of avoidable illness and improve outcomes for the general community. As we noted above in goal area one, non-government and community based health care services play a key role in health promotion and early intervention and prevention in local communities. Consistent with strengths based language and the social model of health that focuses on wellness rather than illness, we believe this goal should be reframed around maximising peoples' health outcomes.

Recommendation:

Amend the existing goal, "Build a more active and healthier community to minimise avoidable illness" to "Promote active and healthy communities that support people to maximise their health outcomes".

Supporting policy proposals:

- Prioritise investment in health promotion, prevention, and early intervention services.
- Focus health promotion activities on interventions related to the social determinants of health.
- Integrate planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
- Establish a taskforce comprised of government, non-government organisations, business and the community to oversee the development of healthy community programs across all portfolios based on the social determinants of health.
- Implement health urban design principles across local government.

3. Support people with illness and disabilities reach their potential.

Consistent with the Coalition's recognition of Carers and the valuable contribution they make to society with the introduction to the NSW Parliament of the *Carers Recognition Bill 2010*, we recommend that this goal is expanded to include the carers of people with chronic illness and disability who also experience poor health outcomes.

Recommendation:

Amend the existing goal, "*Support people with illness and disabilities reach their potential*" to "*People with chronic illness, people with a disability, and their carers are supported to maintain optimal health and well-being*".

Supporting policy proposals:

(Please refer to the relevant proposals identified under the Smarter policy area).

4. Ensure all stakeholders, including patients, carers, clinicians and providers have more choice and a stronger say in the system.

The HPAG welcomes stakeholders being given more choice and a stronger say in the system. However, we strongly believe that, "...*effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.*"³⁴, extends beyond just 'having a say'. As we outlined above in social policy principle 2, effective engagement and active participation by stakeholders is critical to developing locally responsive and appropriate services. This requires community empowerment through investment in resources and social capital, as well quality engagement mechanisms. We therefore recommend that this goal is strengthened to have a more robust commitment to engagement and participation.

We also recommend the use of the term "health consumers" instead of "patients", which re-enforces a medical approach to health and does not reflect people who may be receiving healthcare outside of clinical settings. Similarly, "clinicians" does not represent the full range of people who provide health services, such as counsellors. We also note that the term "provider" is closely associated with Medicare. We therefore suggest the terms "health consumer" and "health workforce and service providers" are more appropriate.

Recommendation:

Amend the existing goal, "*Ensure all stakeholders, including patients, carers, clinicians and providers have more choice and a stronger say in the system*" to "*Consumers, health workforce, service providers, and the community are actively engaged and participate in the design, development, management and delivery of health policy and services*".

Supporting policy proposals:

³⁴ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

- Review existing stakeholder participation mechanisms in the NSW health system and ensure the adequate representation and effective participation of consumers, carers and the community in the design, organisation and delivery of health policy and services in each local area.
- Identify responsibility for ensuring consumer engagement at every level of the health system, and develop accountability measures, such as key performance indicators.

(Please refer to the supporting recommendations in the section below on *Making it work* under Strategy 2)

HPAG additional healthier policy goals and proposals

In addition to the policy goals identified in *Healthier*, we recommend the inclusion of the following policy goals and supporting policy proposals.

1. *Re-align the NSW health system towards health promotion, prevention and early intervention within community based settings*

As discussed under *Healthier* Policy Goal 1, the HPAG strongly believes that greater investment is required in primary and community health services in order to re-orientate the health system from the prevailing medical model to a social model based on health promotion, prevention and early intervention. Community health services, in particular those operated by NGOs, have a greater focus on health promotion and prevention and provide the community with health care that treats the needs of a person through a social determinants of health framework. We argue that this will deliver a more efficient and effective health care system.

The Coalition is to be commended for their recognition of the need to increase investment in preventative health measures and promote community health in order to reduce the pressures on the current health system. The HPAG believes that this acknowledgement should be implemented in *Healthier* as a specific policy goal. This would also support the achievement of the Coalition's broader social policy principle of early intervention and prevention.

Recommendation:

Add the new policy goal: "*Re-align the NSW health system towards health promotion, prevention and early intervention within community based settings.*"

Supporting policy proposals:

- Increase investment in prevention and early intervention health services, particularly non-government community health services.
- Develop a holistic health promotion, prevention and early intervention strategy across all branches of government, the non-government sector, and the community based on the social determinants of health.
- Undertake health promotion awareness programs and education within the community, clinical health services, and government agencies.

- Greater service integration and collaboration between, community health services, community care services and the non-government sector.
- Education to clinical service providers about the value of non-government community health services.

2. Create a more equitable health system by addressing discrimination and health inequalities, particularly in areas of Aboriginal health, oral health, regional and rural health, mental health, and carers

Addressing health inequalities is a basic human right. This is outlined in the World Health Organisation constitution that states, '*The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition*'³⁵

Australia has committed to work towards the granting of economic, social, and cultural rights to individuals, including rights to, "*the highest attainable standard of physical and mental health*"³⁶, as a signatory to the International Covenant on Economic, Social and Cultural Rights. The Ottawa Charter on Health Promotion also commits countries to, "*respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies.*"³⁷

There are major economic impacts of social and health inequities. Excess morbidity and mortality is a major economic burden, both in terms of increased health and social costs and reduced economic productivity. The excessive burden of health problems such as infectious disease, alcohol and drug misuse, mental illness and violence in disadvantaged groups also have adverse health and social impacts on all sectors of society.³⁸

Rather than being the concern of a small minority, we believe that health inequities are the concern of everyone as they affect the health and wellbeing of society as a whole. On this basis, the HPAG believes a key *Healthier* goal should be to address inequities in health that are caused by inequalities in the social determinants of health.

Recommendation:

Add the new policy goal: "*Create a more equitable health system by addressing discrimination and health inequalities, particularly in areas of Aboriginal health, oral health, regional and rural health, mental health, and carers*"

Supporting policy proposals:

³⁵ *World Health Organisation Constitution*, adopted by the International Health Conference New York 19 June - 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld Hlth Org.*, 2, 100), and entered into force on 7 April 1994.

³⁶ Article 12, *International Covenant on Economic, Social and Cultural Rights*, United Nations, New York, 16 December 1966

³⁷ First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

³⁸ *A Stronger, Fairer Australia – a new social inclusion strategy*, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009.

- Require all government agencies to conduct Equity Focused Health Impact Assessments of all new legislation, policy or initiatives to consider the impacts upon the health of the community.
- Increase funding for public dental services in NSW
- Expand the dental workforce to match the current and projected oral health need
- Improve funding for health related transport.

3. *Equitable access to accessible health services*

Under Area Health Services, diagnostic and specialist treatment services in NSW are becoming increasingly centralised. Even under the district health model proposed by the Coalition, not all services may be available within all districts due to economies of scale. Patients may still therefore have to travel to access services such as radiotherapy. In addition to emotional stress, this also causes financial hardship for many people at already difficult times. It also means that some people may miss out on life saving services because there is no public transport, they lack private transport, or the costs of private sources transport and associated expenses are prohibitive. We therefore recommend that health services are located within reasonable proximity and at reasonable cost to patients and their carers.

We acknowledge that some high cost or highly specialised technological services must be centralised to make them financially viable. In these instances, it is therefore critical that there is adequate funding of transport for health and associated expenses, such as accommodation or car parking costs.

The HPAG also believes that associated with accessible services is the rights of equal access to services. We are concerned that the proposal to create regional health districts may result in unequal access to health services. The Coalition acknowledges in *Making It Work* that not all Health Districts will be able to provide a full range of health services within their region. This raises equity issues regarding patient choice about where to receive treatment and which health services they will be given access.

A report by the University of Birmingham into the governance of health services found that decentralisation results in variations in care between regions.³⁹ This includes variations in both the range and quality of services, which is likely to be exacerbated in rural and remote areas. We therefore believe that the Coalition must commit to equitable access to health services and that safeguards are put in place to ensure patients who require services in another District are not refused access or given a lower priority for services under a health district model.

Recommendation:

Add the new policy goal: “*Equitable access to accessible health services*”

Supporting policy proposals:

³⁹ Dickinson H & Ham C, *The Governance of Health Services in Small Countries: what are the lessons for Wales*, University of Birmingham, 2008, p8.

- Specialised health services, such as radiotherapy, are provided within reasonable proximity and cost for patients.
- Increased funding of health transport.
- Provision of financial assistance for the out-of-pocket expenses associated with travelling to specialist medical services that are not locally available.

4. Provide a seamless, integrated continuum of care & flexible service options to meet people's diverse health needs.

We note that there are many examples within NSW of sound, evidence based initiatives that have been developed with the intent of improving the integration and flexibility of the service system but that have failed to deliver due to poor implementation. The HPAG believes that the Coalition should build on the ideas, knowledge and expertise of the people within the system and develop effective implementation plans for these existing proposals. Some examples of areas where work has been undertaken but failed to realise the intended outcomes includes: the community health review, discharge planning, integrated models of care, and consumer advocates. We believe it is fiscally responsible to give effect to existing proposals with evidence of good effect, rather than waste limited resources on 're-inventing the wheel'.

Recommendation:

Add the new policy goal: *"Provide a seamless, integrated continuum of care & flexible service options to meet people's diverse health needs"*

Supporting policy proposals:

- Identify existing initiatives developed by the sector to improve service integration and flexibility and develop an effective implementation plan. This includes discharge planning, integrated models of care between acute care, GPs, primary and community based services, consumer advocates and research.
- Develop sustainable long term resourcing and effective partnerships with the Commonwealth, other NSW human service agencies, non-government service providers and the community to meet the health needs of the people of NSW in an integrated, joined-up way.

5. Build a strong research and evidence base to support the provision of effective health programs and services

The HPAG welcomes the Coalition's commitment to properly resource and encourage medical research. We believe that this approach should be extended to improving the evidence base for non-clinical health programs and services, such as drug and alcohol programs, HIV prevention, and contraception.

In the area of health policy, epidemiological, social, and surveillance evidence form the key evidence base for many policy decisions. However, there is a lack of disaggregation of data and a lack of specific research into health issues of some disadvantaged and

marginalised groups, who may also be excluded from mainstream reports. Consequently, the health issues that specifically or disproportionately affect disadvantaged and marginalised groups, such as the GLBT community, are often overlooked or inadequately addressed. This must be addressed by improving the overall evidence base for health policy and services.

Recommendation:

Add the new policy goal: *“Build a strong research and evidence base to support the provision of effective health programs and services”*

Supporting policy proposals:

Develop the evidence base on health inequalities for disadvantaged and marginalised groups through the use of existing surveys and surveillance reports, creation of new datasets, and commissioning specific research.

General Comments

The HPAG is disappointed that the Coalition's centrepiece policy proposal for health, *Making it Work*, focuses on clinicians and hospitals, rather than primary and community services. We believe that *Making it Work*, in the absence of significant alternative proposals, re-enforces a medical model of health care and entrenches public perceptions and reliance on acute services. It is also not consistent with the Coalition's social policy principle of early intervention and prevention. We believe that embedding early intervention and prevention in the health system requires a re-orientation of strategic priorities, policy and funding towards greater investment in primary and community health services, rather than clinical or hospital services.

The NSW Health System is more than just public hospitals. We believe that the focus of efforts to improve health services must include non-government service providers, private providers, and carers as well as public health services. This is consistent with the Coalition's goal of effective community partnerships with not-for-profit organisations to improve local services.

We do acknowledge the need to improve the management of the NSW Public Health System. However, we do not agree with the Coalitions proposal to create smaller Health Districts or establish Health District Boards (Strategies 1 and 2). We believe that these proposals are not the appropriate solution to the address issues identified by the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling Report). We believe the most cost-effective, efficient and appropriate solution is making the existing system work through the timely and effective implementation of the key recommendations made by Garling.

We support the general intention of the proposals to delegate decision-making and enhance clinical governance (Strategies 3, 4 and 5). However, we require further detail of how these reforms would operate in practice, including the relationships, roles, authority and accountability between the different bodies in order to make an informed determination of their potential impact. We welcome the proposal to publish information on health service management (Strategy 6).

While the HPAG has concerns about *Making It Work*, we accept that there may be support for the proposal in other sectors of NSW. We have therefore provided some constructive suggestions for the Coalition's consideration in the event that *Making It Work* is implemented. However, we strongly recommend that *Making It Work* is not implemented without a corresponding, or preferably greater, investment in health promotion, prevention and early intervention services in community settings,

Irrespective of the chosen governance system and service structure, the HPAG urges the Coalition to maintain current initiatives aimed at improving the efficiency and effectiveness of health management and administration systems. This includes simplified funding and administrative processes for health NGOs, workforce capacity projects, and continuity of care arrangements.

Recommendation:

Coalition health policy and policy proposals prioritise health promotion, prevention and early intervention services in community based settings, rather than clinical or acute services.

Current initiatives aimed at improving the efficiency and effectiveness of health management and administration systems are maintained.

1. Remove Area Health Services and create smaller Health Districts.

The HPAG acknowledges that the current Area Health Service (AHS) structure has a number of inherent difficulties stemming from its large geographical basis. However, we do not believe that smaller Health Districts are the most efficient or effective structure to deliver the best health services for NSW at this current time. We recommend instead enhancing the existing AHS system to make it work more effectively.

Health Districts will not address the key issues with the NSW health system

The HPAG accepts that the size of the AHSs has contributed to an excessive degree of bureaucracy and the over-centralisation of decision-making and management. However, Garling identified that the primary cause of stakeholder complaints about the NSW public hospitals stemmed from the lack of local decision-making power and community and clinician input, rather than geographical scope. He notes a specific cause of the lack of local decision-making power is an over-centralised management structure and the process of continuous restructure that has not allowed time for reforms to develop.⁴⁰ Further reform by creating a system of smaller health districts may therefore only exacerbate these existing issues rather than resolve them.

Rather than reducing the size of AHS boundaries or increasing their numbers, Garling argues that these issues can be addressed by devolving decision-making capacity to hospitals and health services by making appropriate and clear delegations.⁴¹ We endorse this approach and believe that it is more consistent with the Coalitions commitment to use health resources more efficiently.

Creating Health Districts will have a negative impact on staff and services

Garling specifically recommends against making any changes to the size or numbers of AHS due to the damaging effects of continuous reform. He argues that another re-structure would be too disruptive and only further entrench the re-structure fatigue that has affected staff moral⁴². He notes, “...as I saw the impact that the restructure has had on those working at the ‘front line’...I do not recommend any change to the existing AHS boundaries.”⁴³ Given the evidence presented by Garling about the impact on staff and services, the Coalition’s proposal to again restructure the health service boundaries appears at odds with the intention to empower and support clinicians, and improve services.

⁴⁰ Garling P, *Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, NSW Government on behalf of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Sydney, 2008, p1059 & p1079

⁴¹ Ibid, paragraph 31.36 and paragraph 31.210

⁴² Ibid, paragraph 31.36

⁴³ Ibid, p1059

Health Districts may increase inefficiencies

We note that inefficiencies from inconsistent or duplicate funding administration and management practices have at times occurred between different Area Health Services. This has the potential to be exacerbated with the expansion from eight AHS to 20 Health Districts. The HPAG recommends that under a District structure a central point of administration and management for non-government organisations in relation to core funding and administration be maintained.

The creation of 20 Districts also has the potential to cause greater duplication of corporate services, such as finance, human resources, IT, and procurement. To avoid or reduce potential duplication, the HPAG suggests having standardised infrastructure across Districts with minimum standards set by a centralised body that provides an appropriate balance between autonomy and accountability.

Health Districts may exacerbate or entrench service inequities

The HPAG is also concerned that about potential unequal access to services and equity issues resulting from the creation of Health Districts. *Making it Work* acknowledges that not all Health Districts will be able to provide a full range of health services within their region. A report by the University of Birmingham on health governance found that decentralisation can result in variations in both the range and quality of services between regions, which is likely to be exacerbated in rural and remote areas.⁴⁴ The report also noted the potential impact on access to other services beyond health services due to the difficulties associated with ensuring effective co-ordination of hospital services, other health services and other public services.

We believe these factors could result in inequality of access to services for consumers in different Districts. It also raises equity issues regarding patient choice about where they receive treatment and which health services they will have access to in what Districts. To mitigate these risks, we recommend that safeguards are put in place to ensure patients who require services in another District are not refused access or given a lower priority for services.

Rural or Remote Health Districts may be not be clinical or financial viable

The HPAG also notes the potential risk to the clinical and financial viability of services in some smaller health Districts due to smaller populations which do not permit sufficient economies of scale in service provision.⁴⁵

Benefits of the existing AHS structure

We note that despite the problems with AHS, there are also a number of benefits associated larger geographic service areas, including⁴⁶:

- Improved hospitals standards and greater benchmarking.

⁴⁴ Dickinson H & Ham C, *The Governance of Health Services in Small Countries: what are the lessons for Wales*, University of Birmingham, 2008, p8.

⁴⁵ *ibid*, p5.

⁴⁶ *Garling P, Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, NSW Government on behalf of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Sydney, 2008, p1052

- Greater standardisation and collaboration around resource allocation and service planning.
- Increased sharing of clinical expertise and clinical staff across areas.
- Better combination of speciality units due to flexible role definition of each hospital.
- Wider scale research.
- Maintaining fair access to services for regional and remote communities with smaller populations due to an adequate capital base and patient numbers.

Recommendation:

Health Districts (strategy 1) are **not** introduced and Area Health Services are retained on their existing geographical basis.

If Health Districts are introduced they include:

- Standardised infrastructure and corporate services across Districts with standards and quality improvement processes set, monitored, and enforced a centralised body to provide an appropriate balance between autonomy and accountability.
- A central point of administration and management for non-government organisations in relation to core funding and administration.
- Safeguards to ensure patients who require services in another District are not refused access or given a lower priority for services.
- Rigorous assessment to determine their clinical and financial viability.

2. Appoint Boards to the Health Districts and make them accountable to local communities.

The HPAG supports the broad intention of *Making it Work* to facilitate greater community and clinician engagement in health governance. However, we do not support the re-introduction of Boards to govern Health Districts as we believe they are not the most efficient and effective way to promote localised decision-making and local accountability within the health system.

Governance by Boards has previously failed in NSW

Governance by both hospital boards and area health service boards has previously been tried and rejected in NSW at various times over the past two decades. Issues with the Board governance system included the politicisation of Board appointments, lack of accountability, and ineffectiveness⁴⁷. Garling also specifically recommends against re-instituting boards of directors or against other alterations to the current area health service governance structure.⁴⁸ He argues that the key issue is the absence of a process within the existing system for influencing management decisions, rather than a problem with the actual governance structure itself. Garling states that the current

⁴⁷ Ibid, paragraph 31.35

⁴⁸ Recommendation 134 and 135, *Garling P, Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, NSW Government on behalf of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Sydney, 2008

system of governance by the Chief Executive is workable and should be allowed to work.

Boards alone will not result in greater community and clinician input

The HPAG believes that the key to ensuring effective local engagement in health service planning, management and delivery is genuine community empowerment and quality participation mechanisms. The creation of Boards alone will not result in facilitating effective stakeholder representation and participation. They must be accompanied by enabling mechanism and processes, such as identified positions, consultation guidelines, and community information and education.

These 'quality assurance' mechanisms for effective stakeholder participation are not addressed in *Making it Work*. For example, there is no requirement for consumer representation as part of the proposed composition of the Boards. Establishing Boards will also not result in effective stakeholder representation and participation without boarder initiatives to empower local communities as identified in *Social Policy Principle 2* above.

Participation mechanisms already exist

Garling notes that there are already existing mechanisms in the NSW Health System to engage local communities. These include local participation forums, Area Health Advisory Councils, consumer representation on hospital committees, and public reporting of health services information.

Strengthening the existing channels for representation to make them work effectively is a more efficient use of over-stretched health resources than completely changing the governance structure. We recommend enhancing the role of Area Health Advisory Councils in the administration of the health system in the community and amongst clinicians. We also support increasing consumer and community representation on existing health services committees.⁴⁹ These actions need to be undertaken in conjunction with the broader initiatives to empower local communities.

Considerations for the implementation of District Boards

Should the Coalition implement District Boards, we recommend the following:

- Central taskforce or body to oversee the strategic planning, resource allocation, and monitoring and evaluation of Boards across the State to promote consistency and coordination.
- Clear definition of governance roles, responsibilities and authority, and a clear delineation of centralised and delegated powers.⁵⁰
- Identification of the desired qualifications, skill set, and experience required by Board members, in consideration of the need for appropriate stakeholder

⁴⁹ Recommendation 131, *Garling P, Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, NSW Government on behalf of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Sydney, 2008

⁵⁰ Alexander J, Lee S & Bazzoli G, "Governance Forms in Health Systems and Health Networks", in *Health Care Management Review*, Vol 28, Issue 3, p228-242

presentation, which may include people with a disability, chronic illness or mental health issues.

- Consideration of the application and merit selection process for Board members.
- Clear guidelines and robust processes for engagement with the community about decision making in relation to the availability and priorities in the delivery of health services in particular areas.
- Appropriate representation on District Boards. This should include Aboriginal, carer, consumer, and community representatives with equal gender representation.
- Mechanisms to support equitable stakeholder representation and participation on District Boards, such as identified positions, funding support for consumer representatives, or health literacy training.
- Empowerment of local communities by building social capital and resources.
- Clear accountability for empowering communities, and meeting outcomes and service delivery objectives.
- Accountability processes that include independent, third-party assessment of effectiveness and effective complaints processes.
- Budget transparency, including the identification of a central funding formula for determining regional budgets and the basis for District funding of local services. (We note that needs based funding was rejected by the National Health and Hospital Reforms Commission on the grounds that it would be too complex to determine.)

Recommendation:

District Boards are not introduced (Strategy 2). Existing governance arrangements by the Chief Executive are maintained.

Existing channels for community participation and consumer representation are strengthened.

Communities are empowered to participate through investment in social capital and resources.

If District Boards are introduced, they are supported by:

- Clearly defined governance roles, responsibilities and authority, and a clear delineation of centralised and delegated powers
- Central taskforce or body to oversee the strategic planning, resource allocation, and monitoring and evaluation of Boards across the State.
- Clear guidelines and robust processes for engagement with the community
- Appropriate representation on the Board, including consumers, carers, Aboriginal people, and community representatives.
- Mechanisms to support equitable representation and participation on District Boards.
- Building social capital and resources to empower local communities and facilitate participation.

- Rigorous accountability processes that include independent, third-party assessment of effectiveness, accountability for empowering communities, and meeting outcomes and service delivery objectives.
- Budget transparency, including the identification of a central funding formula for determining regional budgets and the basis for District funding of local services.

3. Restore the decision-making power of Hospital General Managers and give authority back to expert clinicians

We broadly welcome the Coalitions proposal to address the lack of control of hospital management and support clinicians. We believe this requires strong and effective partnerships between clinicians and managers, and clear lines of responsibility and accountability for clinical care. *Making it Work* lacks detail about how these two aspects will be implemented in practice. The HPAG requests further information on how the proposed organisational structure and the lines of accountability in order to make a full assessment on the merits of this proposal.

While we believe the overly centralised decision-making structures and managerialism within the NSW Health System needs to be addressed, the HPAG does not support a complete delegation of powers to clinicians. We argue that there needs to be a balanced, partnership approach between not just managers and clinicians, but also with the local community. Rather than enhancing professional and institutional power, we believe the emphasis should be on fostering, “...*new kinds of partnerships in a delivery model based on co-production that encourages genuine public engagement in decision-making, shifting the balance of power towards local people and away from professionals and formal institutions*”.⁵¹

The HPAG notes a number of Garling’s recommendations to improve clinical governance and strengthen communication between clinicians and managers have been, or are being implemented by NSW Health. This includes the establishment of the Bureau of Health Information, Executive Clinical Director positions, Agency for Clinical Innovation, and Clinical Excellence Commission. We seek further clarification from the Coalition about what will happen to these structures under the proposed District model.

Recommendation:

The Coalition provides further information on how the proposed organisational structure for the NSW Health System, including the relationships, responsibilities, and accountabilities between managers, councils, networks, and the executive.

Hospital governance should be based on a co-production approach that involves partnerships with local people, rather than being dominated by institutions or clinicians.

4. Further develop clinical networks that link medical experts across the system

Garling notes that developing clinical streams raises governance issues as it creates multiple bodies of influence. To minimise the risk of creating confused lines of

⁵¹ Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

responsibility and accountability, we believe the relationships, roles and authority need to be clearly identified between managers, councils, networks, and the executive. We also recommend that the networks are supported by open communication channels, information sharing, and the provision of training.

Recommendation:

Clinical networks are supported by open communication channels, information sharing, and training.

5. Appoint a qualified medical practitioner as Executive Clinical Director in each Health District

We support this proposal in accordance with recommendation 137 of the Garling Report.

6. Publish information about health service management

The HPAG commends the Coalition for their commitment to publish information about health service management and establish a Bureau of Health Information. We believe timely, transparent and accessible data and information about the performance of health services is critical to empowering consumers and communities to determine the most appropriate services to meet their individual and collective needs.

We believe this proposal could be strengthened by extending the type of data collected beyond the acute system. This should include clinical and non-clinical information on health status, service use and health outcomes along with information on the health of local communities, as recommended by the National Health and Hospital Reforms Commission.⁵² We believe this would enable a more comprehensive, balanced, and holistic assessment of health services across the broader health system. We also recommend that health benchmarks are developed to specifically address the needs of marginalised and disadvantaged groups.⁵³

Recommendation:

Information is published on NSW health system that includes health status, service use, and health outcomes along with information on the health of local communities.

Information is published in accessible formats, and is timely, accurate and transparent.

Health benchmarks are developed to specifically address the needs of marginalised and disadvantaged groups.

⁵² National Health and Hospitals Reform Commission, *A Health Future for All Australians: Final Report*, Canberra, 2009

⁵³ Woodruff T, Armstrong F, Legge D, & Wilson R, *Putting Health in Local Hands: Shifting Governance and Funding to regional Health Organisations*, Centre for Policy Development, Sydney, 2009, p9.

Additional comments

The HPAG would also welcome comments from the Coalitions in regards to their position on the:

- Recommendations of the Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals;
- Proposed federal takeover of the hospital system;
- Commonwealth Government's e-health agenda; and
- Next steps in the consultation process around *Stronger, Smarter, Healthier, Safer*.

Evidence base

The HPAG refers the NSW Liberals and Nationals to the following documents to inform further development of *Smarter, Stronger, Healthier, Safer*.

A Community Services Stimulus Package - NCOSS Pre-Budget Submission 2010-2011, Council of Social Service of NSW, Sydney, 2009

<http://www.ncoss.org.au/resources/final-NCOSS-pbs2010-11.pdf>

A Stronger, Fairer Australia – a new social inclusion strategy, Social Inclusion Unit, Australian Department of Prime Minister and Cabinet, Canberra, 2009.

<http://www.socialinclusion.gov.au/Resources/Documents/ReportAStrongerFairerAustralia.pdf>

Australian Social Inclusion Board, *Building inclusive and resilient communities*, Commonwealth of Australia, Canberra, 2009

<http://www.socialinclusion.gov.au/LatestNews/Documents/Buildingcommunityresiliencebrochure.pdf>

Australia: The Healthiest Country by 2020 - National Preventative Health Strategy - the roadmap for action, Commonwealth of Australia, Canberra, 2009

[http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/\\$File/nphs-roadmap.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/$File/nphs-roadmap.pdf)

Building a 21st Century Primary Health Care System: A Draft of Australia's First National Primary Health Care Strategy, Commonwealth of Australia, Canberra, 2009

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First International Conference on Health Promotion, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa, 1986

http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

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<http://www.ncoss.org.au/resources/090428-Community-Health-Review-Feedback.pdf>

NCOSS Submission to the NSW Health NGO Program Review, Council of Social Service of NSW, Sydney, 2009

<http://www.ncoss.org.au/resources/091105-NCOSS-Submission-to-the-NSW-Health-NGO-Program-Review.pdf>

NSW Oral Health Alliance, *Access to dental services amongst clients of non-government human service organizations*, Council of Social Service of NSW (NCOSS), Sydney, 2009 (Copy available on request).

Productivity Commission, *Contribution of the Not-for-Profit Sector: Research report*, Commonwealth of Australia, Canberra, 2010

http://www.pc.gov.au/data/assets/pdf_file/0003/94548/not-for-profit-report.pdf

Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

<http://www.ucl.ac.uk/gheg/marmotreview/Documents/finalreport>

Voting for Fairness - NCROSS Election Platform 2010-2011, Council of Social Service of NSW (NCOSS), Sydney, 2010 (Hardcopy forwarded to the Coalition in February 2010)

Williams A, *A healthy NSW - the valuable role of NGOs (Draft)*, Council of Social Service of NSW, Sydney, 2009 (Copy available on request).

Conclusion

The NCROSS HPAG would like to thank the NSW Liberals and Nationals for the opportunity to make this submission on *Smarter, Stronger, Healthier, Safer*.

This submission has been made in the spirit of constructive engagement with the NSW Liberals and Nationals. We offer the Coalition our advice and collective health expertise for the on-going development of their Social Policy Framework.

We look further to forward consultation around *Smarter, Stronger, Healthier, Safer* and the opportunity to work collaboratively with the Coalition to develop health and social policy for a better, fairer NSW.

For inquiries or further information in relation to this submission, please contact Solange Frost, Senior Policy Officer (Health) NCROSS on 02 9211 2599 ext. 130 or solange@ncoss.org.au.

APPENDIX 1 Reference List

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- Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010

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World Health Organisation Constitution, adopted by the International Health Conference New York 19 June - 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld Hlth Org.*, **2**, 100), and entered into force on 7 April 1994.

Wren T, *Submission to the Productivity Commission - Response to the Draft Research Report: Contribution of the Not for Profit Sector*, Australian Council of Social Service (ACOSS), Sydney, 2009

APPENDIX 2 Profile of NCOSS HPAG Members

ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation.

ACON promotes the health and wellbeing of the GLBT community and people with HIV. ACON also provide information and support for people at risk of or affected by HIV, including sex workers, people who use drugs and the family and/or carers of people with HIV. ACON runs HIV prevention programs for the groups most at risk of HIV transmission – gay men, sex workers and people who inject drugs.

For people with HIV, their families and carers, ACON provides a broad range of health promotion and support services. In the area of policy and advocacy, ACON provides advice on issues related to HIV and human rights. ACON's work also covers other health issues for our communities such as sexual health, mental health, alcohol and other drug use, ageing, homophobic violence, domestic violence, counseling, community care and housing. ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

Adults Surviving Child Abuse

ASCA (Adults Surviving Child abuse) is the key national organisation working to advance the wellbeing of the more than 2 million Australian adults surviving child abuse and their communities.

Alzheimer's Australia NSW

Association for the Promotion of Oral Health

Brain Injury Association NSW Inc

Cancer Council NSW

The Cancer Council NSW is the leading cancer charity in New South Wales. Our mission is to defeat cancer. The Cancer Council NSW envisages a future where no life is cut short or its quality diminished by cancer.

Carers NSW Inc

Combined Pensioners and Superannuants Association of NSW Inc. (CPSA)

CPSA is a non-profit, non-party-political membership association aiming to improve the living standards, community services and lifestyle choices of pensioners of all ages, superannuants and low-income retirees as well as promoting their rights and dignity

Council of Social Service of NSW (NCOSS)

NCOSS is an independent non-government organisation (NGO) and is the peak body for the non-government human services sector in NSW. Our vision is a society where

there is social and economic equity, based on cooperation, participation, sustainability and respect.

NCOSS provides independent and informed policy development, advice and review and plays a key coordination and leadership role for the non government social and community services sector in New South Wales.

Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals

Council on the Ageing (NSW) Inc

COTA NSW is a peak body providing leadership in advocacy, social policy and community information and education to older people, their families and carers in NSW. COTA NSW is part of COTA National, an independent consumer organisation run by and for seniors.

Family Planning NSW

FPNSW is the leader in reproductive and sexual health provision for the people of NSW, including women and men and their families through prevention, screening, diagnosis, treatment, education, information and research.

FPNSW is the peak training body for clinical procedures in reproductive and sexual health and is sourced as the authority in the development and implementation of reproductive and sexual health practice in NSW.

Hepatitis NSW

Hepatitis NSW is the community based, not-for-profit, non-government membership organisation funded by the NSW Health Department to provide information, support, referral, education, prevention and advocacy services for all people in NSW affected by viral hepatitis, particularly hepatitis C.

Institute of Dental Health

Medical Consumers Association

Mental Health Association NSW Inc

Mental Health Coordinating Council

MHCC is the state peak body for community managed organisations (CMOs) working for mental health throughout NSW representing the views and interests of over 200 organisations. Our member organisations specialise in the provision of services and support for people recovering from mental health problems. MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services to the community. MHCC is extensively involved in sector development activities for the mental health community managed sector and provides nationally accredited mental health training. Facilitating effective linkages between government, non-government and private sectors, MHCC participate extensively in public policy development.

Network of Alcohol and other Drugs Agencies (NADA)

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW. NADA's goal is to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community.

NSW Association for Youth Health (NAYH)

The NSW Association for Youth Health (NAYH), previously known as NSW Association for Adolescent Health, is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health and well being needs of marginalised young people aged 12 to 25 years.

NAYH aims to assist the youth health sector to strengthen and maintain its ability to provide relevant and evidence based health services to young people aged 12 to 25 years in NSW. NAYH's core business is to provide the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

NAYH is a membership organisation, representing individuals and organisations who work directly with marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education.

NSW Consumer Advisory Group - Mental Health Inc

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services which reflect their needs.

NSW Rape Crisis Centre

NSW Rape Crisis Centre provides the 24/7 state-wide, telephone and online, crisis intervention, counselling and referral service for anyone whose life have been impacted by sexual violence. Clients include those who have experienced sexual violence and their supporters, including family, friends and professionals. The Centre also offers counselling for women who experienced childhood sexual assault in seven locations throughout NSW.

NSW Nurses' Association

NSW Users & Aids Association

NSW Users & AIDS Association is a member based organisation that supports and advocates for the health and well-being of people who inject and use illicit drugs across NSW and for community control of health education and involvement in health services for drug users.

Older Women's Network

People with Disability Australia Inc

Physical Disability Council of New South Wales (PDCN)

PDCN is a not-for-profit, non-government organisation and is the peak body representing approximately 700,000 people with physical disability across metropolitan, regional and rural New South Wales. PDCN aims to effect change through collaborative leadership

One of PDCN's objectives is to educate and inform all stakeholders about the needs of people with physical disabilities so they are able to achieve and maintain full participation, equality of opportunity and equality of citizenship. To do this PDCN provides input into policy and legislative development at local, state and commonwealth government levels, and to service providers in NSW. The input that PDCN provides is informed by the organisation's membership.

Positive Life NSW Inc

Public Interest Advocacy Centre

West Street Centre

Women's Health NSW

Women's Health NSW is a peak body and association of NSW Women's Health Centres and specialist women's centres that promotes a coordinated approach to policy and sector development incorporating a social view of health and gender analysis as well as providing advocacy on women's health issues.