



An Australian Government Initiative

Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model discussion paper

Primary Health Network Submission

The Primary Health Networks welcome the opportunity to provide comment on the Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model discussion paper.

Background

The Australian healthcare system is experiencing increasing demand due to numerous factors such as the changing profile of the population (ageing, longevity) and the shifting burden of disease from acute to chronic and complex conditions. It is estimated over half of the Australian population has at least one chronic condition with 29 per cent of people over the age of 65 having three or more chronic conditions. Patients with complex and chronic conditions require care across the entire health system and often are in need of care coordination and health assistance from a trusted carer. Often, the largest impact from a carer's role is upon their individual health. Given these two factors, there are likely to be substantial benefits in aligning RDP regions to organisations responsible for providing regional health services.

Integrated care requires system-wide change. It involves many elements of the healthcare and welfare systems including; general practice, pharmacy, specialist medical practitioners, pathology, carers, social worker, housing; all centred on providing the best care for people. An integrated system requires a collective focus on delivering care and support in the most appropriate setting through formalised, cohesive relationships between all elements of the health and welfare systems.

Primary Health Networks (PHNs) were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to integrate systems to improve coordination of care to ensure patients receive the right care in the right place at the right time.

PHNs work in collaboration with key government and non-government partners and other stakeholders within their geographical regions to collectively address regional health and social needs. PHNs commission integrated approaches to best practice models of care and evidence-based solutions to improve future health outcomes.

A key part of the commissioning process for PHNs is undertaking systematic needs assessment processes that identify and analyse the health and service needs within their regions and prioritise activity to address those needs. These needs assessments are conducted in conjunction with regional partners to coordinate service planning and include a mix of statistical data and qualitative information. The needs assessments include demographic and health information about specific vulnerable groups within the community, and carers can be incorporated. For example, the ACT PHN worked with Carers ACT to incorporate carers as a group within their needs assessment.

PHNs note that the regional boundaries proposed under the two models do not align with any defined Commonwealth government health service. Aligning Regional Development Partner region (RDPs) to the PHNs provides an opportunity to integrate current models of assessment and response.

A National Approach – aligned for the needs of the community

The arguments for aligning the RDP areas with PHN services areas are six-fold.

1. The health of an individual is multidimensional, and complex; it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1946)¹.
2. Data sources could be leveraged for research to inform policy deliberations including the social determinants of health such as equity of access, Indigenous, community development, childhood development, poverty, unemployment, housing, and food security.
3. Information on service provision could be better accessed providing a more holistic view, highlighting local inequities and gaps. This may also identify over servicing and could be used to distribute scarce resources more effectively.
4. Commissioning services to meet the needs of consumers and carers across a region provides a more integrated approach and is likely to support social cohesion.
5. The needs of individuals who are not currently eligible for specific programs may be better met (e.g. people under the age of 65 who are not eligible for aged care services; those not qualifying for the NDIS). Co-commissioning using state/federal funding would be valuable.
6. There may be cost savings in establishing and running the RDPs by using the same regional basis as the PHNs.

PHNs caution against a broad approach to RDPs that purposefully blend metro and country (i.e. Statistical Areas (level 4) managed by the Australian Bureau of Statistics) as this model does not accurately recognise the significantly different community needs and service model requirements, for example in the region of South East Queensland or in Western Australia.

In the Department's proposed RDPs there will be varying readiness among service providers to work across the proposed geographic areas, and their capacity to work collaboratively with other services providers. PHNs have developed a commissioning and monitoring skill

¹ World Health Organization. Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

set as well as detailed knowledge of service providers in their region. This experience in negotiating/co-designing with potential service providers is invaluable to the effective delivery of services and government programs and could be applied if regional boundaries align.

The elderly within regional and rural Australia face particular challenges in accessing services with often poorer health outcomes and higher mortality rates in comparison to people living within major cities. The Pillars of Communities report (2017)² laments the lack of services available within small rural towns throughout Australia. The true cost of delivery should be funded, with weighted funding for regional and rural areas. Necessary funding for regional/rural activity should not rely on offsetting costs from metro areas.

PHNs have successfully explored other funding models. Brisbane North PHN has implemented consortia models for Commonwealth Home Support Program, Aged Care Regional Assessment Service and Partners In Recovery, which is different from a straight purchaser provider model. A similar approach could work for the Integrated Carer Support Service: Regional Delivery Partners. The PHN acts as the backbone organisation, providing logistics, support and infrastructure for consortium partners. The strength of the model is that consortium members consist of a variety of organisations that are already delivering on-the-ground services throughout the region. They are therefore already known and trusted by communities. Within the consortium there is a spread of organisations geographically across the region as well as organisations working with specific communities of interest or 'hard to reach' communities (e.g. Indigenous, CALD and LGBTI). The consortium model also brings added benefits, through facilitating joint working between multiple organisations, including shared data, training and professional development, shared learnings and the ability to rapidly scale up across the consortium.

In summary, based on the potential positive benefits outlined above, PHNs propose that consideration be given to aligning the RDPs with the PHN boundaries. It may not be feasible for this to be a one to one correlation, but we would be happy to work with the Department further to develop the best possible approach to RDP and PHN alignment to achieve the most integrated outcome for individuals and their carers.

If you have any questions about this submission, please contact Jodette Kotz, Executive Officer, PHN Cooperative, on 02 6287 8041.

Submission contributors:

Australian Capital Territory PHN
Adelaide PHN
Brisbane North PHN
Brisbane South PHN
Country SA PHN
Country WA PHN
North Coast PHN
Northern Territory PHN
Perth North PHN
Perth South PHN
South Eastern NSW PHN
Western NSW PHN
Western Victoria PHN

² http://www.regionalaustralia.org.au/home/wp-content/uploads/2017/12/RAI_Pillars-of-Communities_Small-Towns-Report-1.pdf