



**NSROC SUBMISSION TO THE
NSCCAHS DRAFT PRIMARY AND COMMUNITY
HEALTH SERVICES STRATEGIC PLAN (PaCH Plan) AND
RECOMMENDATIONS**

OCTOBER 2010

BACKGROUND

The Northern Sydney Regional Organisation of Councils is comprised of seven councils (Hunter's Hill, North Sydney, Willoughby, Ku-ring-gai, Ryde, Hornsby and Lane Cove) in the northern part of Sydney which have voluntarily come together to address regional issues, work co-operatively for the benefit of the region, and advocate on agreed regional positions and priorities. All of these councils work closely with their communities to ensure that planning for growth within the region is sustainable and recognises the social, economic and environmental needs of the community.

This submissions has been prepared in response to the request of the NSCCAHS on the August draft PACH Plan. A supplementary submission may be developed following consultation meetings with NSCCAHS scheduled in late October 2010.

EXECUTIVE SUMMARY

Councils have a complementary but critical role in health promotion and amenity maintenance for the people within their communities. Whilst not direct or primary care providers, Councils are often a contact point for people with secondary care issues and general health related issues. Residents also call on Councils, as representatives and advocates, to communicate and lobby on their behalf for health related services that are provided by other levels of government.

NSROC councils have community services units that target community health issues often employing officers to develop specific programs such as Fall Prevention Education. They also provide direct health support services such as Meals on Wheels and community transport services. Councils also fund many other services indirectly through grant programs. It is estimated that NSROC member councils spend over \$10 million each year on community related services some of which is directed to health and aged related community services.

The NSROC region faces the challenge of an ageing population with increased health needs within the community. This has immediate consequences on core council activities such as public infrastructure upgrades and local area planning for aged care and supporting community facilities and services. Ideally councils would like to be in the position of forward planning for those services in the most cost effective and beneficial way that complements the activities of the NSCCAHS.

NSROC welcomes the development of the draft PaCH Plan. Councils however would have welcomed greater consultation as the PaCH Plan was being developed. While it is

noted that the PaCH background papers describe the relevant services provided by councils, there has not been a substantial opportunity for councils at senior management and representative level to put forward the views of the community and suggests options for reform and coordination. These background papers were provided to Councils for comment with less than 4 weeks for comment. This draft PaCH report, with its 157 recommendations, imposed a similar truncated timeframe. These response timeframes for such a significant body of information are unfeasible within formal processes required for Council consideration.

Many NSROC councils have recently been undertaking broad ranging community consultation and have gather valuable community information about the satisfaction and concerns about health care in their respective LGAs. We believe these views can add value to the analysis.

The most critical issue for NSROC and the primary focus of this submission is the need to establish a high level consultation mechanism between NSCCAHS and the councils in the NSROC area.

NSROC recognises that the capacity for the AHS to discuss issues with each individual council is limited. NSROC therefore proposes the development of a Local Government Consultation Partnership between the NSCCAHS and NSROC that creates an ongoing formal mechanism to host discussion on strategic issues and disseminate information.

STRUCTURE OF THIS SUBMISSION

This submission is divided into 3 sections:

Part A outlines some general issues about health care and agency coordination in the region.

It also includes some strategic suggestions to implementation of the PaCH Plan and key liaison mechanisms with NSCCAHS, and the State and Federal Health and affiliated aging and support agencies.

Part B provides specific comments on PaCH Plan recommendations which are relevant to the NSROC councils generally.

Part C attached responses from individual NSROC councils.

PART A Local government and public health

As noted in the draft PaCH Plan, local government has a significant role in public health protection and promotion within its communities. The diversity and variation of these services is catalogued in the PaCH PLAN supporting papers (*Service Summary of Community Facilities*).

The delivery and content of these services differs between councils for several reasons:

- some services are based on policy decisions of a specific council or historical relationships between councils and related providers;
- some services have evolved to serve a distinct need in a particular council area; and,
- some services are determined by the resources constraints of the particular council and its population size.

Councils are mindful of the changes anticipated in the NSROC region, in particular, the rapid growth of aging and chronic need populations. Councils therefore need to review funding and structural arrangements of council's existing health related services and programs to accommodate these new demands.

NSROC recommends that NSCCAHS have three tiered approach to implementation of PaCH:

- 1) the **establishment of a NSCCAHS/ Local Government Consultation Partnership** based on the model of the Sydney South West Area Health Service (*PaCH Background Paper on Partnerships and Integrated Service Delivery p.21*). Such a partnership would create a formal link between the AHS and local councils through NSROC. The Partnership would identify key roles and expectations, communication protocols, funding and reporting arrangements and would provide a mechanism for regular meetings for :
 - consultation on primary services changes such as the relocation of health facilities in the relevant LGA to effectively coordinate supporting infrastructure and service issues;
 - consultation on Councils community and social planning - accessing the expertise of the AHS on current models of community based care and management;
 - collaborative project management for joint AHS, council and other agency projects such as carer support programs;
 - sharing data and analysis information; and
 - providing expertise support and coordination of collaborative advocacy to other levels of government.

This mechanism would complement input from customer advisory groups and provide input the AHS Board on strategic matters.

2) NSROC Councils are interested in discussions on **specific issues emerging** from the PaCH including:

- a) an analysis of NSROC local government health related services and programs to identify where services can be streamlined to prevent duplication of effort or enhanced to fill gaps;
- b) consideration of health transport requirements and utilisation and funding of community transport for this purpose;
- c) standardisation of preventative health education programs;
- d) review of land planning processes for future health facilities;
- e) exploring collaborative projects for support of carers and volunteers;
- f) the development of NSCCAHS Disability Action Plan, which incorporates integrating existing Council disability access plans and committees; and
- g) monitoring of the effectiveness of the hub and spoke model in providing accessible services.

3) Further issues that NSROC member councils are concerned with include the **State and Federal Governments actions to address the identified shortages of services against anticipated demand**. For example, the NSCCAHS background papers identify shortages in places and packages for various levels of residential aged care across the region as shown below:

Figure 1 2016 Commonwealth Recommended Targets compared to 2009 Actual places

Target Places and Packages for 2016 populations	Hornsby/ KMC	North Shore/ Ryde*
High care	1,522	1,576
Low care	1,522	1,576
Total Residential	3,045	3,151
CACP packages	727	752
EACH & EACHD	138	143
Total Community	865	895
2009 actual to 2016 target	HK	NSR
High care	96	88
Low care	102	-302
Total Residential	197	-213
CACP packages	-311	-410
EACH & EACHD	-24	-74
Total Community	-335	-484

*Note this figure includes Mosman LGA as AHS regions do not strictly overlay the NSROC region.

While councils are not providers of these services, there is general concern within our communities about these shortages. Moreover the ramifications of ongoing shortages in these aged places is potential pressures on supporting services that Council's fund and support. Councils are interested in developing joint AHS planning frameworks and lobbying strategies to take to the relevant Federal Government agencies on these matters.

PART B – Comments on Specific Recommendations

Consumer, community and clinician engagement

Councils are a key mechanism for gathering to broad community viewpoints on a variety of issues including local health services. It is noted that in many of the consumer and community consultative structures, local government is not an identified as a specific stakeholder group. Some councillors or council officers sit on certain Community Participation Committees under the guise of community representatives.

NSROC would recommend that a local government position be included as part of the Community Participation Committee structure. This position would recognise the Council's role as a supplementary service provider.

As discussed in Part A, NSROC recommends linkages between NSCCCAHS and councils through NSROC be reaffirmed and formalised. (See discussion of Local Government Consultation Partnerships in Part A).

Infrastructure

NSROC supports the development of an asset register for community health facilities across the region and can provide direct information on council owned assets (Rec 21).

NSROC would like to work collaboratively with the AHS on development of arrangements relating to access and parking for home based service providers. (Rec 23).

NSROC supports more collaborative planning by the AHS with local government on the location of and changes to early childhood services and community mental health housing (Rec 24).

Transport

NSROC recognizes that there are currently 25 community transport services across the Northern Sydney area. These services are primarily designed for non-health related transport. NSROC recognises the likely increased need for health related transport but questions the appropriateness of utilising existing community transport services to respond to this issue.

NSROC supports a review of health transport services that looks at appropriate funding and coordinates with the Department of Transport's Community Transport Unit (Rec 31, 32).

Priority populations (Aboriginal, CALD, Youth)

NSROC recommends that NSCCAHS consider the existing council outreach services for priority populations (eg aged, CALD, and youth) as a mechanism for communication and as access point to priority populations (Rec 44).

Carers

NSROC supports the development of specific strategies to promote and support carers activities and sustain carer volunteerism (Rec 53).

Disability

Through management of the built environment, councils have a direct role in disability support. NSROC supports the development of a NSCCAHS Disability Action Plan and recommends the AHS refer to each councils existing Access Plans and consult with Council's Access Committees (Rec 56).

Homeless Populations

Some NSROC councils (North Sydney Council) have been providing some support services for homeless populations.

NSROC would seek support from AHS to review these services to clarify responsibilities of levels of government, associated funding, and to determine the best system for early intervention (Rec 57).

Health Promotion

Councils have supporting programs and activities which directly link to the state government's health priorities:

- Obesity and overweight – Councils use built environment initiatives such as bike paths and community gardens to assist in promoting active living.
- Falls prevention – Councils have specifically targeted this issue in their public education campaigns and in their infrastructure improvement programs.

NSROC recommends that NSCCAHS consider utilizing existing council outreach services and programs as a mechanism for communication of public health education initiatives (Rec 58).

Child, Youth and Family Services

NSROC seeks further consultation with the AHS on service delivery models for youth and adolescent services in general, and on the specific proposals for mental health services in Cremorne, for Chatswood for adolescent health and for the amalgamation of the 7 single ECHC in the Ryde area (Rec 63, 76 and 78).

NSROC agrees with the need for child welfare mechanisms to be in place for those families that do not meet the Mandatory Reporting threshold but are in need of support. This is particularly important for Councils' childcare services and their workers (Rec 71).

Aged Care and Rehabilitation

Aged care and services are of particular concern in the NSROC region given the anticipated demand generated by an aging population. Councils are often seen as a front desk for information on community care or issues within the community for aged care services. This is in part due to the direct services councils support through

collaborative HACC programs but also given the aged communities use of the Council as a first point of contact when seeking assistance.

NSROC supports the recommendations for better coordination of preventative measures such as home modifications, carer support, and participation programs including its own programs (Rec 86).

NSROC welcomes the recommendation to develop a rapid response service and to promote a single point of access for older persons into the AHS system (Rec 88 and 91).

NSROC would also recommend specific land planning discussions with the AHS in relation to “best practice models” of residential aged care facilities and their co- location to support services (respite, podiatry etc) within each LGA.

Chronic Disease Management

NSROC Councils support the development of area wide chronic disease education models whereby councils can roll out standard education programs across their LGAs as part of their health promotion and illness prevention activities (Rec 94).

Councils are also mindful of the lack of information concerning chronic and degenerative illness within the population such as people affected by Parkinson’s Disease and would like to explore targeted education and support services for such groups.

NSROC councils support the proposal for a Health Contact Centre was a single point of access to streamline referrals (Rec 98).

Mental Health

NSROC notes the two areas of anticipated mental health demands in the region

- 1) that of older persons with dementia and other forms of cognitive decline, and,
- 2) that of specialist services for young people.

NSROC notes the proposed shift by the AHS away from owning and managing accommodation for group homes for mental health clients. NSROC councils would seek AHS ongoing advice on the licensing and supervision of such services and integration of these facilities within the broader community and compliance management, particularly when new facilities are proposed (Rec 125).

PART C - Identified issues for specific Councils

See Attachment 1 for individual NSROC member council submissions on specific matters :

- North Sydney Council
- City of Ryde Council
- Willoughby City Council