inner south
COMMUNITY HEALTH

Chair Person Patricia Fawkner AO
Ministerial Advisory Council
Victorian Government
Attention: Jane Blurton: jane.blurton@dhhs.vic.gov.au

31 August 2016

Dear Ms Fawkner,

RE: Statewide System Design, Service and Infrastructure Plan for Victoria's Health System Discussion Paper

Thank you for providing opportunity to comment on the *August Discussion Paper: Statewide System Design, Service and Infrastructure Plan for Victoria's Health System.* This work is essential to ensure that public health services and community health are optimally designed to meet community need and provide high-quality, safe care at the right time and place.

Inner South Community Health is a major provider of health and community services across the inner southern region of Melbourne and beyond. Inner South is a not for profit organisation located at five dedicated centres within the Bayside area. We have a strong track record of engaging with some of the most marginalised people in the community. These include those who are homeless and people who have complex psychosocial needs.

Our submission outlines the role of community health in *the Plan* and the ways in which community health will complement and reduce strains on acute and tertiary healthcare services.

In preparing this submission Inner South worked closely with one of our peak bodies the Victorian Health Care Association (VHA), Inner South supports the recommendations from VHA provided to this inquiry and offer our detailed submission below.

If any aspect of this response requires clarification please contact Damian Ferrie by email dferrie@ischs.org.au or by phoning the Inner South Office on (03) 9525 1300.

Yours sincerely,

Damian Ferrie
CHIEF EXECUTIVE OFFICER

Inner South Community Health Feedback on the Statewide System Design, Service and Infrastructure Plan for Victoria's Health System Discussion Paper

About Inner South and the Community Health Sector

Community Health is a key component of the Victorian Health System. The Victorian Government funds over 100 community health services registered under the Victorian Health Act[1]. Some community health services are integrated with acute hospital services or smaller rural health services. Other community health services like Inner South Community Health are not-for-profit proprietary limited (Pty Ltd) companies. Community health provides integrated medical, social and community services in local communities.

Community health services work extensively with governments and other local partners to provide coordinated primary healthcare and social services to meet local needs. Community health plays a critical role in keeping residents well, building community and providing essential care when people become unwell. Community health services work within the social determinants of health model, recognising that real gains in health status can only be achieved when social, environmental, political, cultural and economic factors that contribute to poor health are addressed. This focus on addressing health inequity means that community health services generate significant social, economic and health benefits that flow to both the individual and the broader community[2,3,4].

Inner South Community Health is a major provider of health and community services across the inner southern region of Melbourne and beyond. We deliver more than 150,000 services each year, spanning pregnancy, childhood, adulthood and seniors. Inner South provides a range of primary health care services including, general practice, oral health, mental health, homelessness and alcohol and drug services. As well as direct service delivery, we engage in community building and health promotion activities to build the health and wellbeing of the local community. We have specialist expertise in engaging high risk and hard to reach groups. Inner South offers health services to all, regardless of a person's ability to pay.

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[1] The register of registered community health centres described in Section 57D of the Health Services Act 1988 as amended by the Health Services Legislation Amendment Act 2008.

[2] Lomas, Jonathan. "Social capital and health: implications for public health and epidemiology." *Social science & medicine* 47.9 (1998): 1181-1188.

[3] Frieden, Thomas R. "A framework for public health action: the health impact pyramid." *American journal of public health* 100.4 (2010): 590-595.

[4] Marmot, Michael, and Commission on Social Determinants of Health. "Achieving health equity: from root causes to fair outcomes." *The Lancet* 370.9593 (2007): 1153-1163.

The role of community health in delivering *The Plan*

Community Health Services are crucial to achieve the Government's intended outcomes for the health care system's new system design function articulated in *the discussion paper* (see Section: *The Plan*). To meet each outcome community health must be included into the solutions, to ensure person-centred evidence based care, sustainable integrated health services that meet the needs of our communities now and into the future.

Inner South commends the Victorian Government for its increased focus on health service infrastructure planning and that *the Plan* will *take into consideration the future needs of registered community health services.*

There is an important interface between public health and community health with the ultimate aim of providing continuity of care for the whole community and particularly those with complex chronic conditions. Planning and integration of health services is key to empowering consumers to make informed decisions and navigate the health system. This is particularly true for those most vulnerable in our communities including those sleeping rough, living with chronic mental health issues or multiple chronic conditions.

1. Are the design, service and infrastructure challenges outlined in the *discussion paper* correct? What do you feel are the challenges – now and over the next 20 years?

The *discussion paper* identifies several key design and service challenges that Inner South is working towards mitigating:

- Changing population and settlement patterns;
- The misdistribution of health services – in particular lack of transport connections to appropriate health services, and;
- The lack of clarity of roles and responsibilities across the health system.

Additional challenges Inner South has identified include:

- Increased marketisation and competitive tendering,
- Services are not being provided in place and little scope or funding to support disadvantaged consumers through assertive outreach.

These challenges must be addressed to create an inclusive health service system.

Changing population and settlement patterns

Planning health services to meet changing population growth and settlement patterns is vital. Page ten of *the discussion paper* highlights that there is a rapid growth of population in south-east metropolitan Melbourne, and increasing populations in inner Melbourne due to availability of new residential land. If community health services are not provided with adequate infrastructure and resorucing, this growth could put increasing pressure on existing acute services in these areas. It is critically important to the wellbeing of our communities and the future communities to provide access to high quality, primary and community health services. In order for essential health services to be provided to the new communities it is essential that there is an early allocation and zoning of land for primary and community health services and that

funding is allocated within the state government budget for both the capital infrastructure and recurrent funding for community health services. This is particularly important given the high population density foreshadowed.

An example of new residential areas and health planning is Fishermans Bend. Inner South has provided services to the communities of Port Melbourne, South Melbourne and other areas close to the Fishermans Bend Urban Renewal Area for over two decades. The 2050 vision for Fishermans Bend predicts 80,000 residents and 60,000 workers in the high density area. According to benchmarking of GP services alone in Victoria it is suggested that there is one EFT GP per 1,200. This means that over the next 40 years, the Fishermans Bend residents alone could require up to 70 GPs. This is excluding the predicted working population of 60,000. In order to have a healthy and resilient communities, intergraded primary care and community care such as allied health, mental health and outreach programs will be required.

Inner South is aware that increased growth in inner Melbourne is likely to increase the already in demand specialist and acute services in this area. This is in part due to people using acute services for health concerns that can be addressed in community and primary care[5]. This is reflected as a key concern on page 12 of the *discussion paper.*

Community Health works hand in hand with acute services to try and ensure that that people can access the right care, at the right time, and the right place. Community Health services will continue to play a more increased role in improving health literacy, working with consumers to further improve understanding of health service roles and providing more accessible services to meet need. The link between health literacy and better health outcomes is well established[6]. Developing strategies to reduce the effects of low health literacy on health outcomes warrants the attention of policymakers, clinicians, and the community.

Inner South recently received a grant from the South Eastern Melbourne Primary Health Care Network to increase access to after-hours community health services such as GP, allied health, case management, and dental, further funding of community health to provide these services at times that best suit our communities may help relieve pressure on acute specialist services.

Mal-distribution of health services and the important role of transport

Our experience working with communities in the Inner South of Melbourne shows that geography can be a significant barrier to accessing health services, even within inner urban areas. Therefore it is essential that primary and community health services are located within these urban areas, close to shopping areas and other amenities, to ensure so that they are accessible to all within the community. It is also essential that the community has access to secondary and tertiary health care through good public transport links to the services provided by acute and specialist services. It is worth highlighting the fact that our community research in Port Melbourne has

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[5] Medew J and Spooner R, *Worried parents swamp emergency departments with coughs and colds August 2016*(The Age) Accessed August 14 : http://www.theage.com.au/victoria/worried-parents-swamp-emergency-departments-with-coughs-and-colds-20160707-gq0y56.html

[6] Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low Health Literacy and Health Outcomes: An Updated Systematic Review. Ann Intern Med. 2011;155:97-107.

demonstrated that residents of this area do not currently enjoy good public transport links to the Alfred Hospital and other acute services. This will only increase as population grows in these areas so planning transportation links to health services will be critical.

Point four of *Mal-distribution of health services* highlights lack of access to local health services for many Victorians. Community Health services, like Inner South work to ensure that people can access to health services locally. Our services are universal and aim to provide more services after-hours to continue to meet need. Inner South recognises the issue of providing health services to growth corridors and the unnecessary cost and inconvenience for consumers in these areas who have to travel to access health care. Inner South currently provides some services to the Bayside area and Cheltenham. We are working to increase our services and access to the local community. Funding for community and primary health care in growth areas to respond to need is critical to prevent additional pressure on health services which consumers are currently required to travel to.

Roles and responsibilities across the system are not always clear

The discussion paper states that because *the Victorian health system does not have a formal role delineation framework, health services are semi-autonomous and make decisions independent of the system need and benefit with little guidance from the Victorian Government Departments.*

The paper goes on to explore possible outcomes from this system structure, including the negative *impacts of duplication of services resulting in increased cost and decreased efficiency and ; individual health services unnecessarily competing with each other for highly specialised services*.

The King's Fund Report states the current balance of devolved decision making needs to be adjusted to limit these negative impacts[7]. It is important to consider the current driver of marketisation in community and public health care. Particularly given that marketisation may compromise sector collaboration, highlighted as goal two of *the discussion paper*.

To provide high quality human services, there needs to be a wide diversity of services delivered to the client in a joined-up, integrated manner. This may include access to acute, primary, aged care, community services, the justice system and disability services. Collaboration is inherent to these services being delivered in an integrated way to meet consumer needs (the risk of a highly competitive environment is that services do not invest in collaborative practice as there is no incentive to do so).

Indeed, this environment may actively provide disincentive for services to work together, particularly in the not-for-profit sector as organisations look to increase growth and their market share. There may be a fundamental contradiction in overlaying notions of competition and contestability with human service sector which requires high levels of collaboration and partnership. Careful consideration of how integration and collaboration will be supported in a market driven model is required to ensure high quality human services.

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[7] Ham C, Timmins N, The Kings Fund *Managing health services through devolved governance: A Perspective from Victoria, Australia* (2015) United Kingdom.

Continuity of care for those most marginalised in our community

Our experience is that disadvantaged clients find it difficult to independently seek services without the support of trained outreach clinicians and staff. Building relationships is at the core of working with these clients and is essential in the delivery of high quality, integrated services. Many community services are based on an outreach model. Funding for assertive outreach is essential to ensure that those most vulnerable in the community are actively sought out so that they can have access to health and human services. Joined-up and integrated primary and community health services are needed for continuity of care for vulnerable consumers.

There is often a higher acuity need in those experiencing homelessness and other forms of disadvantage, this means these people are frequently accessing emergency departments and tertiary care[8]. Community Health and outreach services are key to addressing the needs of homeless and people living with disadvantage. Community Health and outreach works with people to recognise issues early, and refer people to the appropriate services, reducing the need for acute services.

Can competitive tendering and contestability create efficiency and productivity without a reduced quality of care?

Inner South supports efficiency and productivity and sees this as an important aspect of service delivery and planning future services. As indicated on Page 14 of *the discussion paper* fragmentation of services can lead to *duplication of services resulting in increased cost and decreased efficiency*. This can be a result of increased competitive tendering and contracting (CTC) which may also reduce the quality of care provided and further fragment health service delivery.

It is clear is that when individual organisations use profit as their only motive, in a system that promotes competition above all else, there can be perverse market outcomes that impacts most markedly on those most marginalised in our community.

Demonstrated evidence of these perverse outcomes can be seen in the gross abuses of the Vocational Education and Training (VET) sector[9]. This includes a reduction in quality of services and disproportionate impacts on vulnerable and marginalised people[10].

When looking to address *duplication of services resulting in increased cost and decreased efficiency* one needs to consider the impacts of competitive tendering throughout the sector. Looking at the impact internally on community sector organisations, and on relationships in the sector, with government and with the communities served.

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[8] Moore, G., Gerdtz, M., & Manias, E. (2007). Homelessness, health status and emergency department use: An integrated review of the literature. Australasian Emergency Nursing Journal, 10(4), 178-185.
[9] Victorian Government, Mackenzie, B & Coulson, N, (July 2015) *Vocational Education and Training Funding Review: Issues Paper* Accessed 19/07/2016 :
www.**education.vic**.gov.au/Documents/about/department/VET_**Funding_Review**.pdf
[10] Victorian Government, Department of Education and Training (May 2015) *review of quality Assurance in Victoria's VET System* Accessed 19/07/2016:
http://www.education.vic.gov.au/Documents/training/learners/vet/reviewQAreport.pdf

2. Are the system design principles the right ones? If not, what are the alternatives?

Inner South Community Health broadly supports the system design principles described in *the discussion paper*. Inner South notes that whilst reference is made to *the Health 2040 guiding principles*, the principles laid out in *the paper* seemingly have no link to these rather focusing on mainly acute service provision, and system technical specifications. These principles should reflect the whole health system, ensuring they reflect a person-centred approach in line with *the Health 2040 guiding principles.*

The second principle refers to delivering services outside the hospital setting where possible. Community health will have a significant role here, working with people to ensure they receive the right care, in the right place and the right time.

There is strong correlation between inadequate health care in community and primary care settings and increased hospitalisations and mortality rates, particularly in older patients[11]. A coordinated approach across a wide range of community services is required to better meet the needs of these people, both in terms of preventing hospitalisation and better supporting consumers following hospitalisation for an acute illness[12].

An enhanced focus on primary health care within the community could prevent inefficient costs and spending in tertiary care and create a healthier Australian community. Recognising the role community health plays in providing high quality health care will be essential in delivering principle two of *the Plan.*

3. Are there any design, service and infrastructure planning features in other health systems (in Australia or Overseas) that you think should be considered in Victoria?

Inner South supports the use of the *World Health Organisation: Health in all Policies Framework[13]*. Health in All Policies is about promoting healthy public policy and planning acknowledging that health is not merely the product of health care provision, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health. Actions to address complex, multi-faceted issues like preventable chronic disease and health care provision require joined-up policy and planning responses. This has been well implemented by the Government of South Australia for a local example. A strategic direction on health and healthy communities would work to drive planning for Victoria to achieve better health outcomes for the community.

Co-design and strong governance

Inner South sees this as a central strategic direction for service and infrastructure planning not acknowledging the critical role community must play in decision making

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[11] Bradshaw, et al., (2013). Six-month outcomes following an emergency hospital admission for older adults with co-morbid mental health problems indicate complexity of care needs. *Age and Ageing, 42*, 582-588.

[12] Imison, et al., (2012). *Older people and emergency bed use: exploring variation*. The Kinds Fund.

[13] World Health Organisation (WHO) *Health in All Policies. Helsinki Statement: A Framework for Country Action* (2014) Accessed 23/06/2017:
http://www.who.int/healthpromotion/frameworkforcountryaction/en/

and governance. Inner South strongly recommends more detailed discussion of governance structures that enable people to engage in decision-making and have influence over the development of the area. The benefits of co-design and community involvement in planning is well documented with evidence suggesting more innovative and appropriate solutions are often developed when all stakeholders are involved[14].

The Victorian Government and the Victorian Community Sector often work together to co-design and implement evidence-based public policy. Evidence is freely shared between Government and the community sector to learn and create good public policy. This results in systemic change to continue to meet community needs and provide better outcomes. There is an important link between service provision and advocacy where organisations learn from their service experience allowing them to advocate on policy issues that directly impact the communities they serve.

There is immense strength that can be drawn from working with community led organisations. Community led organisations are an asset when looking at system planning adaptability as discussed on page 14 of *the discussion paper.* Working with the community means Inner South can address present challenges as identified by our clients, and provide agile, purpose built solutions, within the social determinants of health framework. Inner South maintains a long-term sector vision and ensures our services are relevant and accessible.

Social impact bonds

One method of providing innovative solutions and efficiencies in the human service sector may be social impact bonds (SIB). Social impact bonds are contracts with the public sector providers in which a commitment is made to pay for improved social outcomes that result in public sector savings. The Victorian Government is currently trailing SIB in drug and alcohol treatment programs and young people transitioning from Out of Home Care[15]. It is worth watching for the evaluation and outcomes of this trial when looking at human service sector reform.

Closing remarks

Supporting the community sector to provide integrated human services and planning for these services is critical to ensure better outcomes for the Australian community. Inner South Community Health looks forward to seeing the draft Plan and providing further comments and would be more than happy to discuss our submission further.

Inner South Community Health Service

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[14] Mitchell, V., Ross, T., May, A., Sims, R., & Parker, C. (2015). *Empirical investigation of the impact of using co-design methods when generating proposals for sustainable travel solutions*. International Journal of CoCreation in Design and the Arts CoDesign
[15] Victorian Government (July 2016) Media Release: *Social Impact Bonds to Address Disadvantage* http://www.premier.vic.gov.au/social-impact-bonds-to-address-disadvantage/

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