NSW HEALTH AND EQUITY STATEMENT

INTEGRATING EQUITY INTO PRACTICE

A STRATEGIES DOCUMENT FOR ADDRESSING HEALTH & EQUITY

October 2001

NSW HEALTH AND EQUITY STATEMENT

INTEGRATING EQUITY INTO PRACTICE

A STRATEGIES DOCUMENT FOR ADDRESSING HEALTH & EQUITY

CONTENTS

NSW HEALTH & EQUITY STATEMENT DEFINITIONS

Throughout this document and the NSW Health and Equity Statement terms such as "vulnerable", "disadvantaged", "targeted" and "universal" are used to describe different groups within the population and as a basis for developing strategies to redress health inequalities. The following explanation is provided to assist in identifying what is meant by these terms. The explanation is not all encompassing and is not intended to cover all possible circumstances and/or groups. It is a guide only.

Health

For the purposes of this document **health** encompasses physical, mental and emotional health and wellbeing. The breadth of the definition is reflected in the definition of health in *Ensuring Progress in Aboriginal Health*:

Health does not just mean physical well-being of the individual but refers to the social, emotional, and cultural well-being of the community. This is whole-of-life view and it also includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities.[1]

Vulnerability

Vulnerability is the increased susceptibility to adverse health events that may be experienced through chronic health problems (such as mental illness or diabetes), in times of life transitions (such as adolescence and widowhood) or which may arise from exposure to adverse social, economic or physical environments (such as discrimination or poverty).

Disadvantage

Disadvantage is a pattern of limitation of life opportunities in health or in social or economic wellbeing. Socioeconomic disadvantage is known to limit life opportunities in particular due to poorer health.

Universal Services

Universal services are those that are available to all people and all communities such as:

- basic primary health services including access to GPs, health promotion and prevention services like sun protection, drug and alcohol and Quit smoking services, and early childhood home visiting services;
- public hospital services including cancer treatment services, renal dialysis and cardiovascular services.

Targeted Services

Targeted services are those programs and services that tackle health needs of individuals and communities where:

- existing basic services may not cope with the level of illness and need present in the community (such as in some Aboriginal and Torres Strait Islander communities);
- specific health needs resulting from chronic illness or disability cannot be dealt with in basic universal services (such as the developmental needs of children with disabilities or people with mental illness);
- different approaches are required because of adverse health outcomes resulting from factors like discrimination (such as proactive antenatal and postnatal care for mothers who are drug dependent);
- different approaches are required because specific cultural factors and conditions make mainstream basic services inappropriate (such as aboriginal health and refugee health services).

Health inequality

For the purposes of this report health inequality will refer to those differences in health status that are seen as avoidable and unfair.

INTRODUCTION

Integrating Equity into Practice: A Strategies document is a companion document to the NSW Health and Equity Statement. It is intended as a resource for NSW Health (ie. the 17 Area Health Services, 3 Statewide Health Services - Corrections Health, the NSW Ambulance Service & the Children's Hospital at Westmead - and the NSW Department of Health) to integrate equity into all aspects of Health's practice and day to day business. The term 'Health Services' is used throughout this document to refer to all 17 Area Health Services and the three Statewide Health Services. Unless otherwise specified the term 'Department' refers to the NSW Department of Health.

About the *NSW Health and Equity Statement*

The *NSW Health and Equity Statement* outlines action that NSW Health can do to tackle health inequalities over the next five years. It focuses on action that:

- Health Services can take through the development and delivery of health services and programs; and
- NSW Health can take within the health system and with other government and non-government organisations;

to ensure that improvements in health are shared by all people and communities.

The goal of the *NSW Health and Equity Statement* is to reduce the gap between the health of those who are most and least disadvantaged, while continuing to improve the health of all people in NSW. *A fundamental way of recognising that we have achieved this goal will be reduction in the gap between the health of Aboriginal and non-Aboriginal people in NSW.*

The Statement will assist the NSW health system to move forward by:

- Increasing the investment of NSW Health in supporting families with young children.
- Making sure that all people, no matter what their background, have the opportunity to participate in decisions about their health and the development of health services.
- Developing a strong primary health care system that provides ease of access to all parts of the health system and ensures that those with the greatest need receive the care they require.
- Ensuring that programs and policies developed by NSW Health undergo Health Impact Assessments to determine the extent to which they contribute to health improvement and reductions in health inequalities.

While the focus of the Statement is on action that can be taken by NSW Health we recognise that many of the factors that contribute to health inequalities lie outside our control. To tackle these issues we will also need to develop strong partnerships with clinicians, community and consumer groups, and other government and non-government organisations. The *NSW Health and Equity Statement* provides guidance on how this can be done.

Key Focus Areas

Six focus areas are identified for strategy development.

1. **Strong beginnings: Investing in the early years**

   A growing body of evidence suggests that antenatal care and the first eight years of life are important in securing long term good health outcomes.

2. **Increased participation: Engaging communities for better health outcomes.**

   Patient and community management and participation in health services to improve health outcomes is increasingly being recognised as an issue of major importance. A range of initiatives across Area Health Services (AHS) provide a platform for building partnerships between consumers, the community and the health system.

3. **Developing a strong Primary Health Care system.**

   The first point of contact that people have with the health system is through the Primary Health Care system. There is evidence that those individuals and communities with the poorest health often have poorest access to health services and make the least use of preventive health services. Primary Health Care is therefore the logical place to begin in addressing health inequalities and involves looking at ways in which services can best be delivered to make them more accessible and proactive in meeting the needs of local communities.

4. **Regional planning and intersectoral action**

   Given the importance of collaboration in addressing the wider social determinants of health and in developing comprehensive and responsive

health services the capacity of the health sector to work in this way needs to be strengthened.

5. **Organisational development: Building our capacity to act.**
   Increasing the capacity of the health system, including non-government organisations and communities, to address health inequalities through improved systems and infrastructure is vital to addressing health inequalities.
6. **Resource for long term change in health and equity**
   Disadvantage and inequity develop through a complex interplay of a number of factors over many years. Sustainable solutions to entrenched difficulties can only be achieved when interventions are well-resourced over realistic timeframes.

The full text and version of the *NSW Health and Equity Statement* can be downloaded from www.health.nsw.gov.au.

Using this document

This strategies document should be read and used as a "living" document to which new examples can be added regularly. It is not an 'equity action plan' but a 'tool kit' that will assist NSW Health to better target programs that address health inequalities and ensure that equity becomes a natural extension of practice. The goal is to embed equity into our practice in a similar manner as attempts to embed quality in day-to-day work.

The Health Service Performance Agreements 2001/02-2002/03 require Health Services to develop local profiles of health inequity as part of the development of the three-year Public Health Plans. The health inequity profile must provide information about areas where Health Services and the Department need to take action to address health and equity.

Reporting on progress against the NSW Health and Equity Statement will occur through Healthy People 2005, at Health Service and statewide levels. Furthermore, achievement of the goals of the Statement will be reported in the NSW Chief Health Officers report. This reporting will be for all groups in the community and demonstrate where:

1. Quality of life has improved through improved health for all people in NSW and for indigenous people in NSW; and
2. The gap has narrowed – the gap between the health of those who are most and least advantaged in NSW is reduced and the gap between the health of Indigenous and non-Indigenous people in NSW is reduced.

Other mechanisms for reporting include the Health Service Performance Agreements and the NSW Health Quality Framework. A Health and Equity Implementation Review Committee will also be established to monitor the extent to which equity is taken up by NSW Health.

The table on page xi outlines how to use the tables attached to each strategy. The examples cited in this document are based on existing practice, programs and interventions. Although there is much activity in the area of equity, there is a need to ensure system-wide implementation. The strategies in the document have been developed to enable NSW Health to incorporate them into current programs, policies and practice rather than establishing separate equity initiatives. The aim is to integrate equity into core business so that it becomes second nature to practice, in a similar manner to the quality process. The row titled *Existing Policies, Programs and Processes* has been included to provide an indication about the policies, programs and processes that Health Services might use to implement the strategy and/or address the issues raised by the strategy.

Purpose – *Integrating equity into practice*

The purpose of this strategies document *Integrating Equity into Practice* is to provide NSW Health with the tools, through use of real examples, to progress the goals of the six focus areas of the *NSW Health and Equity Statement*. The strategies are built from:

- the targeted literature review commissioned by the Health and Equity project team to assist in identifying the range of health and equity interventions available and the evidence about the outcomes from these interventions;
- ideas and examples provided by Health Service CEOs through a series of before and after interviews and a workshop with Health Service and other NSW human service CEOs;
- input of the Project Reference and the Departmental Reference Groups which included representatives from Health Services, the Department and Non-Government Organisations (NGOs);
- input and outcomes from the expert technical working groups established to develop specific input on each of the first five focus areas and provide technical advice on the issues raised;

- issues raised at the health and equity workshops held throughout NSW with participants from Area Health Services, other government agencies and; and
- use of real examples - many of which were identified through the health and equity workshops.

Criteria for Selecting the Strategies

Within each of these key focus areas a number of strategies were identified based on:

1. **Evidence of effect** – the strategy and/or intervention
   - is one for which there is rigorous evidence of success in conditions that are relevant to NSW; *or*
   - shows promise and has a high level of consensus and experience to suggest it may be effective; *or*
   - is a new idea based on sound theory and/or experiences of other sectors/ structures in managing similar issues, especially where there is no existing intervention or where interventions have failed.
2. **Balance of period and effect** – the strategy and/or intervention
   - is an 'early win' or initiative for which there is an immediate outcome; *and/or*
   - will have intermediate or medium term benefit; *and/or*
   - will have longer-term outcomes.
3. **Balance of risks and benefits** – the strategy balances interventions that are:
   - high risk and high gain; *or*
   - low risk and high gain.
4. **Appropriateness** – the strategy and/or intervention
   - is acceptable (culturally and ethically) and appropriate to the situation and/or target group;
   - has been designed in consultation with the target group; *and*
   - is about "empowering" and working with the target group.
5. **Social determinants of health** – the strategy and/or intervention tackle the social determinants of health and are broader in outcome than a purely clinical intervention.

For some of the strategies, NSW Health has clear direct responsibility. For others, NSW Health's role is more attenuated and NSW Health must act in collaboration with other partner agencies or as an advocate for healthy public policy to ensure implementation.

The examples listed under *What could it look like?* are based on current activity within NSW Health and those areas where there has already been investment and achievement.

Strong Beginnings: Investing in the early years

Proactive Antenatal and Post Natal Care for Vulnerable Families

1. Further develop systems and programs to identify and support women who may be vulnerable early in pregnancy.
2. Further develop an integrated approach to antenatal and postnatal care for pregnant teenagers and teenage mothers.

Resource Home Visiting Programs

3. Increase investment in the development and implementation of universal and targeted home visiting services in collaboration with other government departments and community organisations.

Develop Whole of Government Approach to Service Planning and Delivery for Children

4. Pilot the use of pooled funding from the human service agencies in one Area Health Service (including the relevant human service agency regions) to develop a comprehensive and innovative approach to service planning and delivery for children and their families.

Promote Life Skills for Families with Toddlers (0-3 years)

5. Research, develop and implement models and programs that assist families with toddlers (0-3 years) to develop positive relationships within the family and between the family and community.

Support Home to School Transition

6. Develop and implement programs for pre-school aged children and their parents that focus on preparation for transition to school so that children in the most disadvantaged communities have the same opportunities for learning as those in the least disadvantaged communities.

Strengthen Oral Health Services for children 0-5 years

7. Develop and resource an oral preventive health program for families from disadvantaged backgrounds and communities with children aged 0-5 years.

Improve access to nutritious, affordable and high quality food for vulnerable families

8. Resource the development of nutrition programs at individual and community level for families and children from disadvantaged backgrounds to improve the access of families who may be vulnerable, to nutritious, affordable and high quality food.

Increased Participation: Engaging communities for better health outcomes

GOAL: Invest in and strengthen community participation in recognition of the importance of patient and community involvement in the management of health problems and the development of the health system.

Increased Community Involvement by Disadvantaged Communities and Populations

1. Initiatives to increase and improve consumer and community participation should:
   - promote equity of participation in planning, service delivery and evaluation across the primary health and acute care sectors of the health system;
   - promote the capacity for marginalised groups to participate; and
   - provide adequate resources for equitable participation.

Increased Consumer Involvement

2. Increase consumer involvement in major new health service initiatives to ensure:
   - the participation of target groups and their carers, including disadvantaged groups and communities; and
   - that any initiatives aim to reduce the gap in health outcomes between the most advantaged and the least advantaged groups and communities.

Strengthen the role of Non-Government Organisations

3. Utilise the expertise of Non-Government Organisations in working with disadvantaged groups and communities to:
   - identify health issues of importance to particular communities or groups and increase their capacity to have these issues addressed in the wider health agenda; and
   - engage these groups in the development and implementation of health policies and programs.

Support Community Involvement at Health Service Level

4. Resource community participation coordinators in Health Services to develop a range of participation mechanisms for the Health Service and to provide an annual report on community participation.

Build an Evidence Base for Community Involvement

5. Document and evaluate a range of innovative local models of participation in Health Services that engage disadvantaged communities.

Developing a strong Primary Health Care system

GOAL: Improve the accessibility and effectiveness of the primary health care system.

Invest in a strong Primary Health Care System

1. Develop Primary Health Care Networks to deliver integrated primary health care services to local communities that are based on a minimum set of services available to all residents.

2. Undertake an independent statewide review of the distribution and funding of primary health care services that will:

   a. identify current levels and models of service provision;
   b. provide improved information for development of infrastructure and benchmarks;
   c. identify barriers to Areas that are currently not able to meet these core service requirements; and
   d. recommend necessary action to redress these inadequacies.

3. Work with Aboriginal Community Controlled organisations and Non-Government Organisations to deliver primary health care services to hard to reach communities and groups, either by devolving services to these organisations or delivering the services in partnership with them.

4. Establish a system for monitoring the differences in quality of care and health outcomes across the population that will inform service development and resource allocation.

5. Work with other government and non-government agencies and groups to develop a coordinated approach to service delivery for disadvantaged communities and groups.

Joint Use of Physical Assets

6. Negotiate with the Human Services Departments, the Department of Public Works and Services, Treasury and Premiers for six pilot sites for the development of integrated sites for school, primary health care, and community services in both metropolitan and rural/remote centres.

7. Negotiate with other government and community agencies in the development of any future Multi-Purpose Services (as part of the Strengthening Health in Rural Smaller Towns program) to ensure that capital and service partnerships are included in the Multi-Purpose Services.

Fund Increased Local Integrated Planning and Service Delivery

8. Require Health Services to allocate a proportion of their budgets to integrated planning and service delivery within disadvantaged communities and to report on the level of this investment from the next round of Performance Agreement negotiations commencing in 2003/2004.

Leadership

9. Each Health Service has a primary health care director at senior management level who is specifically responsible for the development of a comprehensive primary health care system.

Regional Planning and Intersectoral Action

GOAL: Increase the capacity of the health sector to work with others to address health inequalities through improved regional planning and intersectoral action.

Support Regional Planning

1. Promote establishment of integrated human services planning units in six disadvantaged regions, to enable Departments and agencies to address the range of factors affecting health outcomes.

Evaluate the Impact of Government Policy and Programs on Health

2. In collaboration with the Human Services CEOs Forum, the NSW Treasury and relevant Commonwealth Departments fund a review exploring:
   - the impact of programs from other agencies on the health of the people of NSW and
   - the impact NSW Health programs have on the core aims of other relevant Government agencies

   with an initial focus on the adequacy of current patterns of government investment in developing young adults who are able to fully participate in society.

Intersectoral Action on Aboriginal Health

3. Identify and act on key intersectoral equity targets to improve Aboriginal health outcomes in collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth through the Aboriginal Health Forum, the Aboriginal and Torres Strait Islander Commission and other agencies.

Organisational Development: Building our capacity to act

GOAL: Increase the capacity of the health system, including non-government organisations, and communities to address health inequalities through improved systems and infrastructure.

Developing organisational capacity within NSW Health to evaluate health impact

1. Develop a process for undertaking Rapid Health Impact Appraisals within NSW Health to identify the health impact of its policies and policy initiatives referred to it by Cabinet and other government departments.
2. Fund the development of pilot approaches to health impact assessments that will develop standardised tools for undertaking comprehensive health impact assessments of NSW Health initiatives.

Develop our capacity to address health inequalities through quality health services

3. Include an equity domain in the NSW Health Quality Framework that focuses on access to health services, quality of care and health outcomes between different groups in the population.

Organisational development to integrate equity into practice

4. Establish an Equity Action Team to work with Health Services to address health inequalities.
5. Establish and support a Health and Equity Implementation Review Committee that reports directly to the Director-General on the extent to which strategies outlined in the Statement are taken up by NSW Health.

Strengthening Research and Evaluation Capacity

6. Develop and expand information systems at patient and population levels that ensure differences in access and differences in outcomes to be routinely reported for equity and health inequality monitoring.
7. In collaboration with other human service departments develop a health related indicator of disadvantage to be used to identify priority areas for intervention through community based strategies to ensure that decisions about resourcing effectively account for the needs of disadvantaged groups and communities within the population.

8. Fund and support the comprehensive evaluation of the health impact of universal and targeted programs, policies and interventions designed to address equity and health inequality to improve the knowledge and evidence base of work in this area.

Developing workforce skills and capacity to address health inequalities

9. Undertake a workforce needs assessment for working with disadvantaged communities to ensure that they have the capacity on a day-to-day basis to address the complexities of integrating equity as a core focus in their work.

Developing the capacity of Non-government Organisations

10. Support the establishment of a management training unit to purchase and provide training and skills development to workers within the non-government sector and community based organisations (including resident groups) to enable these organisations to deliver high quality services and programs especially to the most disadvantaged groups in the community.

Developing workforce capacity across sectors

11. Increase opportunities for joint appointments between agencies and movement of key staff across government and non-government agencies and the private sector to improve knowledge of the constraints that each sector operates under as well as exposing staff to new approaches and different organisational environments.

Leadership in health inequalities

12. Encourage and recognise leadership and better practice in redressing health inequalities through the development of awards for services and initiatives that are better practice.

Resource for long term change in health and equity

GOAL: Reorient patterns of investment within Health Services to explicitly address health inequalities.

Refining the Resource Distribution Formula

1. Maintain and refine the Resource Distribution Formula to include a greater focus on reducing health inequalities.

Resourcing appropriate to need

2. Develop a health strategy for remote areas that recognises the unique situation of those areas and provides them with adequate resources.

3. Develop a strategy that recognises the unique and difficult circumstances in which health services are provided to prisoners and provide Corrections Health Service with funding based on the unique health needs of their population.

Promoting Equitable Resource Allocation within Health Services

4. Develop internal resource distribution strategies to guide resource allocation in each Health Service with a clear focus on reducing health inequalities.

Targeting Growth and Enhancement Funding to Reduce Inequality

5. Demonstrate that future growth and enhancement funds are targeted to improving the health of all groups in the population and to reducing health inequalities.

Putting equity into the Australian Health Care Agreement

6. Ensure that the next Australian Health Care Agreement supports a reorientation of the health system to a primary care focus by:

    i. The development of primary health care consortia based on GP and Community Health (including NGO partnerships).

    ii. Recognition that a decrease in hospital based activity may not lead to the same levels of primary health care activity and thus move toward an outcome focus for part of the ACHA.

iii. Recognition of particular needs of indigenous people including recognition of the different patterns of service provision and use that are related to the level of need plus recognition of the higher health needs of indigenous communities.

Implementing a strong Primary Health Care System with an Equity Focus

7. At least 50 per cent of the reinvestment funding provided through the Health Care in the Community Reinvestment Strategy is used to enhance a full range of primary health and community based care services and is not used exclusively for post acute services delivered in the community.

Structure of focus areas and how the strategy table works

At the beginning of the section for each focus area, there is an outline of the key stakeholders who need to be involved in the strategies outlined and example of current collaboration between the health system and other sectors. This list is indicative only and collaboration should not be limited to the agencies listed here. Under *What could it look like?* the strategy table outlines how the strategy **might** be implemented by the NSW Department of Health and/or Health Services. However, to ensure strategies are developed and implemented in collaboration with relevant stakeholders in other government agencies (Commonwealth and State), Non-Government Organisations, the tertiary, professional and private sectors, the development of locally appropriate strategies is encouraged.

Focus Area (eg. Strong Beginnings)	
Overarching Strategy	*Outlines the recommended strategy for the relevant focus area. Sometimes there will be more than one strategy for the overarching strategy.*
Rationale	*Outlines the rationale and evidence for the strategy.*
How can you tell if you are making progress?	*Provides some indicators that Health Services and/or the Department can use to track their own progress. These performance indicators are not for external use but for Health Services and/or the Department to assess their own progress and if desired, develop an evaluation or progress report.*
What are the current policies, programs and processes that can make this strategy happen?	*Identifies policies, programs and processes that are already in place and that may be used by Health Services and/or the Department as a basis for implementation of the y. This section also identifies opportunities to integrate equity into current practice. These policies, programs and processes are only those for which NSW Health is responsible. As new policies, programs and processes become available they should be incorporated into the table.*
What could it look like?	*Provides examples of how initiatives – similar or identical to -the recommended strategy are being implemented at a Departmental and/or Health Service level. The initiatives described are only examples. It is not possible to include all initiatives for NSW Health. As indicated in the introduction, the document should be viewed as a living document to which examples are added.*
Department of Health	*Describes examples that are the responsibility of the NSW Department of Health in relation to the provision of capacity, mandate, policy and high level support at a statewide level.*
Health Services	*Describes examples that are the responsibility of Health Services in relation to the provision of capacity, mandate, policy and high level support at a statewide level. Many of the examples are taken from current interventions that have been successful and/or are being trialed within Health Services and results to date indicate success.*

STRONG BEGINNINGS: INVESTING IN THE EARLY YEARS

What's the evidence?

The evidence internationally and within Australia has consistently demonstrated that a good start in life - beginning with effective maternal health and antenatal care initiatives - has a significant influence on physical, mental and emotional health outcomes in later life. [13 2]

NSW Health has already taken steps to maximise the health and well-being of children and ensure good beginnings for infants, young children and youth through development and progressive implementation of the following policy initiatives:

- The Start of Good Health: Improving the Health of Children in NSW *(NSW Health Child Health Policy)*
- Young People's Health: Our Future *(NSW Health Youth Health Policy)*
- Families First *(NSW Government policy framework for supporting families with young children)*
- NSW Health Centre for Mental Health initiatives such as the *Integrated Perinatal Care program, Parenting in Mental Health program, NSW Child and Adolescent Mental Health Strategy and the NSW School-Link initiative.*

The Statement will assist the NSW health system to move forward through strengthening its participation in Families First and extending similar interventions to assist families and communities. A focus on strong beginnings is not an alternative to Families First but an enhanced commitment by the NSW health system to the framework it provides.

The health sector has a major role in advocating for the needs of children and in promoting initiatives, which will contribute to more comprehensive and better coordinated prevention and early intervention programs. These initiatives are designed to complement each other and to tackle the complex interaction between children and their family, and their social, economic and cultural environments. All three initiatives have a psychosocial focus and promote a broader view of health.

A major benefit of the NSW Child Health policy is the reduction of inequities in the availability of and access to the range of health services appropriate to the needs of children who have the poorest outcomes. However, the health inequalities for certain groups of children within the NSW population highlights the need for both:

1. **universal** strategies to maintain and improve the overall health status of children; and
2. **targeted** strategies that close the gap by improving the significantly lower health status of some children within our community.

The evidence demonstrates that strategies that address the socioeconomic determinants of health are essential. Even in Health Services with world class antenatal, obstetric and neonatal care and services, for instance, Central Sydney Area Health Service, the infant mortality rate for Aboriginal babies is 15/1000 compared to 6/1000 for non-Aboriginal babies.[3] These figures indicate that the other determinants of health such as poverty, income inequity, educational status and unemployment play a significant role in health outcomes. NSW Health must take a lead role in advocating and providing the evidence about the influence(s) of socioeconomic determinants on health outcomes to non-health Departments and government agencies (such as Education and Housing) . In this way it will be possible to collaborate on the development of policies and programs in these non-health areas which promote and protect health or at a minimum do not have adverse health outcomes.

Supporting families and assisting them to develop a range of skills that will assist them as parents has been shown to have positive impacts on parents and children. However many families, often who are most vulnerable, do not find many of the programs offered by health services to be accessible or relevant. New approaches are required. This is also true in supporting children and families in dealing with the transition from home to school and in developing partnerships between parents, communities and school communities in providing supportive environments for learning and development.

Home visiting is one of the new approaches being tried internationally and within Australia and NSW. In NSW home visiting is an important part of the Families First program. Some of the short-term outcomes from home visiting by trained nurses include increased breastfeeding rates, increase immunisation rates, decreased child abuse and neglect, decreased emergency department visits and benefits for subsequent children in families who

participate in these programs with their first child. In the longer term (15 years) the evidence indicates lower rates of child abuse and neglect, lower rates of substance abuse, lower rates of crime and increased participation in the labour force. In a follow up of adolescents born to women who received nurse-visits during pregnancy and postnatally and from households of low socio-economic status, parents reported that their children had fewer problems related to the use of alcohol and other drugs.

Groups for whom targeted strategies may be required include the children of prisoners, children of intravenous drug users, children in care/foster care, children of parents with a mental illness and pregnant teenagers. The Acheson inquiry into inequalities in health in the UK recommended that local authorities identify and address the physical and psychological health needs of children in care, as they often lack a professional advocate for their health and their increased mobility often results in fragmentation of and delay in service delivery for their educational and health needs.[4] The NSW Child Health Policy also focuses on increased coordination, collaboration and partnerships within the health sector and between health and other sectors through the development of cooperative strategies to improve the health of children. A focus on enhanced family and social functioning can also work to protect children from abuse and neglect. Programs based on the home visiting, development of community networks and interagency referral approach have been found to be effective both in identifying families at risk to provide intervention before abuse or neglect occurs and as crisis management and amelioration strategies.

Another way of addressing the broader determinants of health is by working with families to provide home visiting as a component of comprehensive services and linked to family support and neighbourhood development strategies[3]. This is already occurring through initiatives such as the Moree Community Midwifery Program that provides holistic care to Aboriginal women – before, during and after pregnancy – through social and other support services. These services include making sure young women have a bank account, adequate housing, clothes for the baby and access to other health services such as a pap smear. The program works with local GPs, Aboriginal Corporations, Aboriginal Medical Services, other health services and government agencies including education and housing. However the success of such approaches to comprehensive service planning and delivery is the capacity to use funding flexibly between different human service agencies. A pilot of pooled funding from the human service agencies in one Area Health Service (including the relevant human service agency regions) to develop a comprehensive and innovative approach to service planning and delivery for children and their families is therefore recommended as a key strategy.

As well as strategies that tackle the broader factors affecting child health, there is still a need for strategies and programs that have narrower but more specific "health" outcomes such as: increased immunisation; sexual health – prevention and treatment of STDs – prior to and during pregnancy; smoking cessation (pre-conception as well as during pregnancy); other drug and alcohol use (during and after pregnancy); prolonged initiation and duration of breastfeeding; and improved nutrition. The aim of such "downstream" strategies is to improve the health outcomes for particular groups of mothers, infants, babies and/or children who have not been able to access universal programs in these areas and have not had improved health outcomes as a result of these programs. For example, the targeted literature review found that while universal immunisation programs are successful, the immunisation rate could be increased by specific strategies targeting those who do not seek immunisation.

Two areas identified for specific health and equity activity are oral health and nutrition. Both oral health and nutritional status are affected by socioeconomic disadvantage. Dental caries are more prevalent in children in lower socioeconomic groups. The SOKS program provides some data on the oral health of children: the proportion of children who were decay free in 1997 and 1998 varied from 56% in the Far West AHS (an area of significant socioeconomic disadvantage) to 76% in Northern Sydney AHS[4].
There are currently no programs for children under school age.

Improving access to nutritious, affordable and high quality food is critical to improving maternal nutrition (pre-conception, during and after birth) to increase birth weight and improve childhood growth and health. Providing food security to people in NSW is about ensuring access by all people at all times to the food needed for a healthy life, regardless of financial status. It is a significant issue for young mothers and families on low incomes and/or experiencing poverty. Families who rely solely on social security payments for income can experience long term food insecurity with the end result that it

can lead to underweight or overweight in some adults and underweight in their vulnerable children. Children of women who are underweight or overweight are at increased risk of developing chronic conditions in later life such as non-insulin dependent diabetes and coronary heart disease respectively.

The focus of Strong Beginnings is on children aged 0-8 years but many of the strategies in this area are designed to enable mothers and/or families through enhanced family and social functioning. As a future direction the needs of older children and young people must also be explored.

An example: Moree Community Midwifery program

The goal of the Moree Community Midwifery program is to provide culturally appropriate solutions to improve the health of Aboriginal women during, before and after pregnancy and to decrease Aboriginal perinatal mortality and morbidity. Some of the program's short term objectives include: increasing the number of women presenting for antenatal care before 20 weeks of gestation. Progress is being made in this area through consistent contact with the community and the ongoing support/partnership with local GPs and Pius Aboriginal Corporation (Aboriginal Health Centre); developing partnerships with health, education, housing, Aboriginal health and other agencies; providing postnatal support for mothers and infants up to the age of 6 months; and providing holistic care through social and other support including making sure young women have a bank account, adequate housing, clothes for the baby and access to other health services such as a pap smear – other family members are covered by this last objective to ensure that the principles of primary health care are actioned in full.

Who else do you need to engage in development and implementation of these strategies?

- Stakeholders in the *Families First* framework (including NSW Department of Community Services, NSW Premiers Department, the Cabinet Office, Commission for Children and Young People)
- NSW Department of Education and Training
- NSW Corrective Services
- NSW Department of Juvenile Justice
- NSW Attorney-General's Department (ie. crime prevention)
- NSW Department of Transport (ie. food access)
- Independent Schools sector (eg. Association of Independent Schools, Catholic Education Commission)
- Aboriginal Community Controlled Health Services
- Aboriginal Medical Services in NSW
- Aboriginal Health and Medical Research Council (AHMRC)
- Aboriginal and Torres Strait Islander Commission (ATSIC)
- NSW Department of Aboriginal Affairs
- Non-Government Organisations – including service providers such as the Benevolent Society, Tresillian, Burnside, Smith Family, Salvation Army, Mission Australia (eg. some of which provide Home Visiting Services)
- Other Non-Government Organisations such as FPA Health - around pregnancy, birth spacing, contraception and sexual health
- Commonwealth Department of Family & Community Services (Child Care Centres, *Strong Families & Communities* program)
- Commonwealth Department of Health and Aged Care (through the National Child Nutrition Program)
- Commonwealth Department of Education, Training and Youth Affairs
- Commonwealth Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA) – Solid Foundations: Health & Education Partnership for indigenous children aged 0-8 years (AHMAC)
- Divisions of General Practice
- Children's Services Sector (Child Care and Pre-School facilities, Playgroups)
- Local Government
- Professional associations including - Royal Australasian College of Physicians, Public Health Association, Australian Association of Gerontology NSW, Association of Geriatric Medicine NSW, Rural Doctors Association as well as professional dental associations such as the Australian Dental Association
- Training Organisations (TAFE, Universities)

- Australian Breastfeeding Association
- FoodBank
- Local shopping centres

Strong Beginnings: Investing in the early years

Strategy: Proactive Antenatal and Postnatal Care for Vulnerable Families

1. Further develop systems and programs to identify and support women who may be vulnerable early in pregnancy.

Rationale	To reach mothers who would not normally access antenatal care, to reach those mothers who access antenatal care late in their pregnancy earlier and to reach mothers who would not normally access postnatal care. This will ensure that their babies have a better chance of a strong beginning through improved care during pregnancy, improved maternal nutrition during pregnancy, improved opportunities for smoking cessation, improved opportunities for parenting programs etc. An explanation about what is meant by "vulnerable" families is outlined in the Definitions section on page i and may include those families where either parent has a mental illness, is Aboriginal, are IV drug users, are prisoners and/or are socioeconomically disadvantaged.
How can you tell if you are making progress?	• ↑% Aboriginal women presenting before 20 weeks for antenatal care. • ↑% women who are "vulnerable" presenting before 20 weeks for antenatal care. • ↑% Proportion of women at risk of postnatal depression identified and offered ongoing support.
What are the current policies, programs and processes that can make this strategy happen?	• Families First *(NSW Government policy framework for supporting families with young children)* • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of Children in NSW)* • NSW Child and Adolescent Mental Health Strategy • Child Health Survey • NSW Parenting in Mental Health program • NSW Health Child Protection Policy • Integrated Perinatal Care program • NSW Health Routine Screening for Domestic Violence initiative • *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* • NSW Aboriginal Maternal and Infant Health Strategy • *Alternative Birthing Services Program* (Public Health Outcomes Funding Agreement) • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Strengthen policy/policies that support pro-active antenatal care including: • Implementation of the Integrated Perinatal Care (IPC) program. This initiative includes specialist IPC training for midwives and early childhood nurses and universal psychosocial screening with women and families ante and postnatally, followed by appropriate intervention. This initiative is facilitated by the Centre for Mental Health in collaboration with South Western Sydney Area Health Service. This initiative is an important component of Families First and links and provides specialist mental health support for the early childhood nurses providing home visiting (see Strategy 3, Strong Beginnings).

Strong Beginnings: Investing in the early years	
Strategy: Proactive Antenatal and Postnatal Care for Vulnerable Families 1. Further develop systems and programs to identify and support women who may be vulnerable early in pregnancy.	

Department of Health	• Strengthen policy/policies that support pro-active antenatal care including:
	  • Development and funding of appropriate support services to enable follow up and support for women who are identified as vulnerable early in pregnancy.
	  • A focus on children from groups who are in less advantaged - including children of prisoners, children of drug users and/or people with a mental illness.
	  • Health Home Visiting Program.
	• The NSW Aboriginal Maternal and Infant Health Strategy - continued funding of outreach teams in rural and metropolitan Areas in NSW to provide holistic primary health care including a link to tertiary obstetric services for Aboriginal women and postnatal care, using a team approach consisting of a midwife and Aboriginal health worker in consultation with GP and specialist services.
	• Ongoing support and additional funds for Aboriginal maternal health are provided through Public Health Outcomes Funding Agreement (PHOFA) (*Alternative Birthing Services Program*).
	• Strengthen policies and programs for women who are pregnant and may be at risk of domestic violence by:
	  • Continued rollout of the resources and training package developed as part of the NSW Health Routine Screening for Domestic Violence, which involves a universal screening of women entering antenatal care using a four question tool; and
	  • Exploring the issue of mandatory screening for domestic violence in antenatal, Drug and Alcohol, Mental Health and early childhood services in collaboration with Area Health Services (AHS) and as part of the development of the NSW Domestic Violence policy.
	• Strengthen the focus on specialist child protection services through increased resourcing of services and in collaboration with the NSW Department of Community Services. The Physical Abuse and Neglect of Children Services provide specialised intervention to those children positively identified as having experienced abuse and neglect - this includes emotional abuse as a result of exposure to domestic violence.
	• Use the Child Health Survey to monitor progress in the areas of nutrition in pregnancy, breastfeeding and other related issues.
	• In collaboration with the Health Services, review and extend the Child Health Survey to include questions on antenatal care and people accessing support for postnatal depression
	• In collaboration with Corrections Health review the Child Health Survey so that prisoners can be included and monitoring of trends in health status for the children of prisoners.

Strong Beginnings: Investing in the early years

Strategy: Proactive Antenatal and Postnatal Care for Vulnerable Families

1. Further develop systems and programs to identify and support women who may be vulnerable early in pregnancy.

Health Services	• Support implementation of Integrated Perinatal Care program: Several Area Health Services (AHS) are establishing Integrated Perinatal Care programs including South Western Sydney AHS, Wentworth AHS, South Eastern Sydney AHS, Southern AHS and Illawarra AHS. Other Areas are also participating including Central Sydney AHS, Central Coast AHS, New England AHS and Mid Western AHS.
	• Health Services should explore the development of programs to assist children of mothers who are drug users. Examples include the **At Risk Antenatal Clinic** in Mid Western AHS and the **Healthy Children Program - in Western Sydney AHS and Children's Hospital at Westmead**. The MWAHS initiative is a service for all pregnant women who are physically dependent on opioids and receiving methadone treatment. It provides antenatal monitoring, maternal nutrition advice, educational components relating to maternal and infant health, support during the pregnancy with parenting issues and a referral source to appropriate agencies for the optimum health outcome for both mother and baby. The Healthy Children Program is an outreach service of the Children's Hospital at Westmead to the Western Sydney Drug and Alcohol Service and is located on site at the Fleet Street Methadone Clinic. It enables easy access to paediatric services and coordination with existing drug rehabilitation service. It is targeted to families with children aged 0-5years with the aims of providing early intervention, improving the children's health care and promotion healthy development.
	• The NSW Aboriginal and Maternal Infant Health Strategy has been implemented across 6 AHSs and has an evaluation strategy attached.
	• Programs to support initiation and duration of breastfeeding including home visits to support duration of breastfeeding.
	• Families First – Health Home Visiting
	• Work collaboratively with the Department in the development of policies and programs to identify women who are pregnant and may be at risk of domestic violence by:
	  • Implementing the resources and training package developed as part of the NSW Health Routine Screening for Domestic Violence, which involves a universal screening of women entering antenatal care using a four question tool; and
	  • Exploring the issue of mandatory screening for domestic violence in antenatal, Drug and Alcohol, Mental Health and early childhood services as part of the development of the NSW Domestic Violence policy.
	• Strengthen the focus on specialist child protection services by working collaboratively with the NSW Department of Community Services and using increased resources to provide specialised intervention to those children positively identified as having experienced abuse and neglect - this includes emotional abuse as a result of exposure to domestic violence.
	• Improve the information available on systems and programs to support women who may be vulnerable early in pregnancy by:
	• collaborating with the Department to review and extend the Child Health Survey to include questions on antenatal care and people accessing support for postnatal depression; and
	• Corrections Health in collaboration with the Department to review the Child Health Survey so that prisoners can be included and monitoring of trends in health status for the children of prisoners.
	• Corrections Health to develop antenatal and postnatal care initiatives for women who are prisoners and/or whose partner is a prisoner.

Strong Beginnings: Investing in the early years

Strategy: Pro-active Antenatal and Postnatal Care for Vulnerable Families

2. Further develop an integrated approach to antenatal and postnatal care for pregnant teenagers and teenage mothers.

Rationale	There is evidence that teenage mothers who receive assistance early in pregnancy to continue their education during pregnancy and after the birth, have children with improved health outcomes through stronger beginnings. The NSW Chief Health Officer's report indicates that the likelihood of giving birth as a teenager is strongly associated with socioeconomic disadvantage and in 1998 the proportion of adolescent mothers was substantially higher than NSW in many rural Health Areas including Mid North Coast, New England, Macquarie, Mid Western, Far West, Greater Murray and Southern Health Areas. In addition, in 1998 Aboriginal and Torres Strait Islanders were over-represented in adolescent births with 6.9% of mothers being in this age group (NSW Health, 2000).
How can you tell if you are making progress?	• ↑% of teen mothers accessing formal education through school or other educational providers. • ↑% of young Aboriginal mothers with formal education qualifications. • ↑% of children with teen mothers who are immunised.
What are the current policies, programs and processes that can make this strategy happen?	• Families First *(NSW Government policy framework for supporting families with young children)* • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of Children in NSW)* • NSW Child and Adolescent Mental Health Strategy • NSW Parenting in Mental Health Program • Integrated Perinatal Care Program • *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* • NSW Aboriginal Maternal and Infant Health Strategy • *Alternative Birthing Services Program* (Public Health Outcomes Funding Agreement) • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Fund and resource Health Services to develop Aboriginal community peer education model(s) to address the risk factors that are associated with perinatal morbidity and mortality rates for babies born to Aboriginal teenagers and women. • NSW Aboriginal Maternal and Infant Health Strategy and the PHOFA Alternative Birthing Services Program to improve health services for Aboriginal teenagers who are pregnant and/or teenage mothers. • Work with the Department of Education & Training and the Independent Education Sector to develop opportunities for pregnant teenagers to continue their education before and after the birth of their child.

Strong Beginnings: Investing in the early years	
Strategy: Pro-active Antenatal and Postnatal Care for Vulnerable Families 2. Further develop an integrated approach to antenatal and postnatal care for pregnant teenagers and teenage mothers.	

Department of Health	• Strengthen policies and programs for women who are pregnant and may be at risk of domestic violence by:
	  • Continued rollout of the resources and training package developed as part of the NSW Health Routine Screening for Domestic Violence, which involves a universal screening of women entering antenatal care using a four question tool; and
	  • Exploring the issue of mandatory screening for domestic violence in antenatal, Drug and Alcohol, Mental Health and early childhood services in collaboration with Area Health Services and as part of the development of the NSW Domestic Violence policy.
	• Strengthen the focus on specialist child protection services through increased resourcing of services and in collaboration with the NSW Department of Community Services. The Physical Abuse and Neglect of Children Services provide specialised intervention to those children positively identified as having experienced abuse and neglect - this includes emotional abuse as a result of exposure to domestic violence.

Health Services	• Support and resource holistic primary health care services (including postnatal care) under the NSW Aboriginal Maternal and Infant Health Strategy and the linked PHOFA Alternative Birthing Services Program to Aboriginal teenagers who are pregnant. One example includes the **Moree Community Midwifery program**, which provides culturally appropriate solutions to improve the health of Aboriginal women during, before and after pregnancy and to decrease Aboriginal perinatal mortality.
	• Provide community based outreach ante and postnatal care by teams of Aboriginal health workers and midwives and youth specific services.
	• Establish more appropriate antenatal classes for teenage women who are pregnant. One example includes the model developed by Central Sydney AHS at King George V Hospital.
	• Develop Aboriginal community peer education programs to address the risk factors associated with perinatal morbidity and mortality rates for babies born to Aboriginal teenagers and women. One example includes the model being developed by Mid Western AHS.
	• Work collaboratively with the Department in the development of policies and programs to identify women who are pregnant and may be at risk of domestic violence by:
	  • Implementing the resources and training package developed as part of the NSW Health Routine Screening for Domestic Violence, which involves a universal screening of women entering antenatal care using a four question tool; and
	  • Exploring the issue of mandatory screening for domestic violence in antenatal, Drug and Alcohol, Mental Health and early childhood services as part of the development of the NSW Domestic Violence policy.
	• Strengthen the focus on specialist child protection services by working collaboratively with the NSW Department of Community Services and using increased resources to provide specialised intervention to those children positively identified as having experienced abuse and neglect - this includes emotional abuse as a result of exposure to domestic violence.

Strong Beginnings: Investing in the early years

Strategy: Resource Home Visiting Programs

3. Increase investment in the development and implementation of universal and targeted home visiting services in collaboration with other government departments and community organisations.

Rationale	There is a need for effective social and emotional support for parents and families to ensure that children get the best start in life. Home visiting programs that take a collaborative approach to working with parents and families have been shown to be an effective intervention by providing a universal service that can identify the health needs of all children, especially those at risk and respond or refer appropriately.
How can you tell if you are making progress?	• All new born children visited by an early childhood nurse within 2 weeks of birth • Children and families with special health needs or disabilities identified and provided with appropriate services
What are the current policies, programs and processes that can make this strategy happen?	• Families First (*NSW Government policy framework for supporting families with young children*) • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of the Children in NSW*) • NSW Parenting in Mental Health Program • Integrated Perinatal Care program • NSW Aboriginal Maternal and Infant Health Strategy • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Maintain and enhance the Families First Home Visiting program with professional child and family nurses as part of a network of support services in the community, which include volunteer home visiting and family support services). • Review the workforce capacity for appropriately trained nurses and other health care professionals to implement Health Home Visiting. • Work collaboratively with intersectoral partners to ensure ongoing support and resourcing of Families First home visiting programs. • Develop and implement statewide data systems and evaluation mechanisms to assist in the evaluation of health visiting by Health Services – this will include revising and improving existing systems such as the Child Health Survey. • Use and disseminate information collected in the Child Health Survey and completed in 2001 to ensure appropriate development, investment and implementation in home visiting services. The Child Health Survey collected data on: a range of physical, emotional and behavioural problems and whether or not parents accessed services for assistance; the use of home visiting services; and the use of Early Childhood Health Services. • Work collaboratively with Health Services, continue to monitor trends (as identified in the Child Health Survey) in the use of these services, through the use of the survey. • Work collaboratively with the Commonwealth Department of Family and Community Services to identify opportunities for providing effective social and emotional support for parents and families through publicly funded Child Care Centres. This may include, for example, funding outreach health services to Child Care Centres.

Strong Beginnings: Investing in the early years	
Strategy: Resource Home Visiting Programs 3. Increase investment in the development and implementation of universal and targeted home visiting services in collaboration with other government departments and community organisations.	
Health Services	• Explore models such as the Aboriginal Home Visiting Program in SWSAHS to address the cultural and health needs of Aboriginal families and children. • Work collaboratively with the NSW Health Department to review workforce capacity in relation to appropriately trained nurses and other health care professionals to implement Health Home Visiting. • In collaboration with the NSW Health Department, continue to monitor trends in the use of home visiting services and Early Childhood Services together with other parental assistance services, through the use of the Continuous Health Survey Program; and develop and implement statewide data systems and evaluation mechanisms to evaluate health home visiting. • Plan, resource, implement and evaluate Health Home Visiting (provided as part of Families First) and ensure access and quality of care to children who may be vulnerable and/or the children of families who may be vulnerable. These programs should be developed in collaboration with the families and children identified.

Strong Beginnings: Investing in the early years

Strategy: Develop Whole of Government Approach to Service Planning and Delivery for Children

4. Pilot the use of pooled funding from the human service agencies in one Area Health Service (including the relevant human service agency regions) to develop a comprehensive and innovative approach to service planning and delivery for children and their families.

Rationale	Provision of comprehensive services and a whole of government approach to service planning and delivery for children is dependent on the capacity of participating human service agencies to use funding flexibly. An example of where this approach has been effective is the Families First initiative where use of pooled funding has enabled the development of innovative approaches to supporting families with young children
How can you tell if you are making progress?	• Pilot site identified within 12 months. • All human service agencies within the pilot site participate and are engaged in the process. • Whole of government approach to service planning and delivery for children developed, implemented and evaluated within five years.
What are the current policies, programs and processes that can make this strategy happen?	• Families First *(NSW Government policy framework for supporting families with young children)* • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of Children in NSW)* • NSW Parenting in Mental Health program • Child Health Survey & Continuous Health Survey Program • Integrated Perinatal Care program • NSW Aboriginal Maternal and Infant Health Strategy • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Work collaboratively with Health Services and other NSW Government human service organisations to identify a pilot site and develop an agreed approach to undertaking the pilot. • Pilot pooled funding from the human service agencies within the Area Health Service.
Health Services	•

Strong Beginnings: Investing in the early years

Strategy: Promote Life Skills for Families with Toddlers (0-3 years)

5. Research, develop and implement models and programs that assist families with toddlers (0-3 years) to develop positive relationships within the family and between the family and community.

Rationale	Children from disadvantaged communities must be given equitable opportunities for learning and development of life skills to ensure that they reach appropriate developmental levels to access and are able to participate in formal education opportunities. This involves working collaboratively with families on issues such as positive parenting.
How can you tell if you are making progress?	• Development of a range of models that are implemented across sectors (health, community services and NGO) and are seen as relevant by those families in the greatest need. • ↑% of new parents accessing parenting skills services provided by Health, DOCS or funded Non-Government Organisations under the Families First framework.
What are the current policies, programs and processes that can make this strategy happen?	• Families First *(NSW Government policy framework for supporting families with young children)* • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of Children in NSW)* • NSW Parenting in Mental Health program • Integrated Perinatal Care program • *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Fund pilot programs (with a duration of 5 years) to research, develop and implement models and programs to assist vulnerable and hard to reach families and groups with toddlers (0-3 years) to improve the evidence base for interventions in this area. • Provide resources through the Research and Infrastructure Grants Program for action research that focuses on the social determinants of health and interventions that address health inequalities and ensure that the guidelines include child health. • Develop guidelines for better practice on models and programs for promoting life skills for families with toddlers. • Ongoing support for the NSW Parenting in Mental Health Program (which supports and facilitates the implementation of evidence based parenting programs across NSW, with an initial focus on initiatives for preschool aged children and their parents) by provision of training to Area Health Services in implementation of the Triple P (Positive Parenting Program).

Strong Beginnings: Investing in the early years	
Strategy: Promote Life Skills for Families with Toddlers (0-3 years) 5. Research, develop and implement models and programs that assist families with toddlers (0-3 years) to develop positive relationships within the family and between the family and community.	
Health Services	• Continue staff participation in training and implementation of the Triple P (Positive Parenting) program, which is being facilitated by the Centre for Mental Health, with programs established in AHSs across NSW. • Establish collaborative service partnerships between antenatal, early childhood health and drug and alcohol services for pregnant women and mothers who are drug dependent (examples of existing models include the **MWAHS At Risk Antenatal Clinic** and the **Healthy Children Program** delivered through the Fleet Street Methadone Clinic) to enable them to access information and services for their children • Develop services that address the needs of the children of prisoners and the children of drug users, and include mechanisms for universal child health services to identify and meet the needs of particular groups. • Work through the local Aboriginal Health Partnership to develop services for Aboriginal children that address the high levels of Aboriginal incarceration and the impact of this on childhood development.

Strong Beginnings: Investing in the early years

Strategy: Support Home to School Transition

6. Develop and implement programs for pre-school aged children and their parents that focus on preparation for transition to school so that children in the most disadvantaged communities have the same opportunities for learning as those in the least disadvantaged communities.

Rationale	Children from disadvantaged communities must be given equitable opportunities for learning to ensure appropriate developmental levels are reached to enable participation and access formal education.
How can you tell if you are making progress?	• ↑% of pre-school children from identified disadvantaged communities accessing play groups or other pre-school services. • ↑ number of joint programs and services between Health and Education.
What are the current policies, programs and processes that can make this strategy happen?	• Families First *(NSW Government policy framework for supporting families with young children)* • NSW Health Child Health Policy (*The Start of Good Health: Improving the Health of Children in NSW)* • *Health Promotion with Schools: a policy for the health system* • Child Health Survey • NSW School-Link Initiative • *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* • NSW Health *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System* • NSW Aboriginal Health Strategic Plan (including NSW Aboriginal Family Health Strategy) • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Enhance funding to reach preschool aged children (3-5 years) who are disadvantaged through early childhood services and work in conjunction with programs such as the Schools as Communities Program and other community strengthening initiatives so that children in the most disadvantaged communities have good preparation to entering school. • Implement and provide ongoing support for the *Health Promotion with Schools* approach. • In collaboration with Health Services, review the questions included in the Child Health Survey completed in 2001, that examined utilisation of various forms of child care, play groups and pre-school services and develop new questions to identify access to other services and facilities of interest. A system for continued collection of this information will also be developed. • Work collaboratively with the Department of Education and Training and the Commonwealth Department of Family and Community Services to develop a range of approaches to preparation for school and supporting the transition to school. For example, examine providing outreach health and/or transition services to families who use publicly funded ChildCare Centres. • Provide ongoing support for NSW School-Link initiative - which aims to enhance the better identification, management and prevention of depression and related disorders in school aged students.

Strong Beginnings: Investing in the early years	
Strategy: Support Home to School Transition 6. Develop and implement programs for pre-school aged children and their parents that focus on preparation for transition to school so that children in the most disadvantaged communities have the same opportunities for learning as those in the least disadvantaged communities.	
Health Services	• Through local Aboriginal Health Partnerships, develop services for Aboriginal children that address their specific learning needs. • Implement projects and services for Aboriginal children and other children from vulnerable families to prevent the development of Otitis Media. • Resource implementation of initiatives for pre-school aged children that focus on preparation for school and support the transition to school consistent with the objectives of the *Health Promotion with Schools* approach. For example, provision of funding under initiatives such as the **Seeding Grants Program in WAHS**, to ensure that children in the most disadvantaged communities have the same capacities for learning as those in the least disadvantaged communities. • Work collaboratively with the Department of Education and Training to better identify, manage and prevent depression and related disorders in school aged students. One example of work in this area includes the **NSW School-Link initiative**. • In collaboration with the NSW Department of Health continue to collect data on utilisation of various forms of child care, play groups and pre-school services through the Child Health Survey and develop new questions to identify access to other services and facilities of interest. A system for continued collection of this information will also be developed.

Strong Beginnings: Investing in the early years

Strategy: Strengthen Oral Health Services for children 0-5 years

7. Develop and resource an oral preventive health program for families from disadvantaged backgrounds and communities with children aged 0-5 years.

Rationale	As oral health is a significant indicator of equity in health, it is essential that all children are offered equitable opportunities to access high quality dental services. Similarly families must be able to access quality information about dental hygiene and nutrition. It is important to continue programs such as the School Assessment Program provided through the Priority Oral Health Program. Preventive and early intervention programs which reach for children aged 0-5 years before they attend school are also required so that fewer children require intervention for dental caries.
How can you tell if you are making progress?	• ↑% of children from identified disadvantaged communities with less dental caries. • ↑% of children from identified disadvantaged communities receive preventive dental work. • Oral health is identified as a priority area in NSW Health policies, frameworks and programs for children and young people.
What are the current policies, programs and processes that can make this strategy happen?	• Priority Oral Health Program (POHP) - including the School Assessment Program • Families First *(NSW Government policy framework for supporting families with young children)* • Information System for Oral Health • Oral Health Module in Health Survey Program • *Health Promotion with Schools: a policy for the health system*

What could it look like?

Department of Health	• Enhanced and ongoing support for the Priority Oral Health Program including:
	  • Continued provision of clinical services to children in the greatest clinical oral health need so that they receive the earliest attention (through the use of standardised criteria which take into account medical, social and economic risk factors);
	  • Ongoing provision of clinical services to children in schools under the School Assessment Program (SAP) that are identified as "disadvantaged" under the Department of Education's Priority Schools Funding Program (PSFP); and
	  • Collaboration with the Department of Education and Training to improve opportunities and initiatives for oral health promotion to children in schools, particularly schools identified as "disadvantaged" under PSFP. This will be consistent with the approach outlined in *Health Promotion with Schools*.
	• Monitor trends in relation to access through the Information System for Oral Health.
	• Work in collaboration with Health Services to further modify the Oral Health question module in the Child Health Survey Program to monitor strategies for oral health services for children aged 0-5 years.
	• Improve policy and program development by:
	  • ensuring that oral health is incorporated into future NSW Health policies, frameworks and programs for children and young people; and
	  • including children aged 0-5 years as a priority group in the *Statewide Framework for Oral Health Promotion*, currently in development.

Strong Beginnings: Investing in the early years	
Strategy: Strengthen Oral Health Services for children 0-5 years 7. Develop and resource an oral preventive health program for families from disadvantaged backgrounds and communities with children aged 0-5 years.	
What could it look like?	
Department of Health	• Advocate with the Department of Local Government and the Local Government Association on the issue of the health impact on oral health in Areas where the water supply is non-fluoridated and develop a process to support Area Health Services in addressing this issue.
Health Services	• Through Families First, develop basic dental health services with a prevention focus that address factors such as maternal nutrition, breast feeding and hygiene as these factors contribute to the development of dental caries in children aged 0-5 years. • Work collaboratively with the Department to further modify the Oral Health question module in the Child Health Survey Program to monitor strategies for oral health services for children aged 0-5 years. • Where the water supply is not fluoridated, work collaboratively with Local Government and other local stakeholders to clearly identify the health impact and develop options for addressing this issue.

Strong Beginnings: Investing in the early years

Strategy: Improve access to nutritious, affordable and high quality food for vulnerable families

8. Resource the development of nutrition programs at individual and community level for families and children from disadvantaged backgrounds to improve the access of families who may be vulnerable to nutritious, affordable and high quality food.

Rationale	*Food security* means having enough food of good nutritional quality and this comes through having such foods widely available and with adequate household resources to acquire such food at all times. While nutrition education is important in making "healthy" food choices, its role is limited when other barriers such as high prices and poor quality products exist. Other influences include price, income and education. It is about enough food all of the time and food of good nutritional quality. Two determinants that influence this are the supply of food available to individuals, households and communities and individual/household/community resources to acquire the food. Health policies, programs and interventions must recognise that access to a nutritious, affordable and high quality food supply is necessary to ensure that all families and children have appropriate levels of nutrition and address factors that affect food access. Strategies are also needed to improve the initiation and particularly to increase the duration of breastfeeding.
How can you tell if you are making progress?	• Increased capacity of Health Services to improve food access in areas of identified disadvantage. • ↑% of Health Services addressing food access in areas of identified disadvantage. • ↓% of infants and children with nutritional health problems. • ↓ in prevalence of iron deficiency in women prior to and during pregnancy • ↑ in breastfeeding rates in areas of disadvantage.
What are the current policies, programs and processes that can make this strategy happen?	• *Strategic Directions for Public Health Nutrition in NSW 2002-2007 (SDPHN)* - in development • *EAT WELL Australia: an agenda for action for public health nutrition 2000-2010* • *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010* - which is part of *EAT WELL Australia* • *National Health and Medical Research Council (NHMRC) infant feeding guidelines* • *Strategic Directions for Health 2000-2005* • Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL) • *Healthy People 2005: New Directions for Public Health in NSW* • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships • Projects funded under the Commonwealth National Child Nutrition Program • *National Health and Medical Research Council (NHMRC) dietary guidelines*

What could it look like?

Department of Health	• Develop models of nutrition and food security through Health Promotion and Primary Health and Community Care Branch that provide support for Health Services in improving food access and implementing food security programs.

Strong Beginnings: Investing in the early years	
Strategy: Improve access to nutritious, affordable and high quality food for vulnerable families 8. Resource the development of nutrition programs at individual and community level for families and children from disadvantaged backgrounds to improve the access of families who may be vulnerable to nutritious, affordable and high quality food.	

Department of Health	• Implement *Strategic Directions for Public Health Nutrition in NSW 2002-2007* by:
	  • resourcing Health Services to develop long term and sustainable initiatives to improve food access; and
	  • resourcing and providing support to Health Services for the evaluation of these initiatives to develop a stronger evidence base about what works and what does not work.
	• In collaboration with the Health Services provide leadership and raise awareness amongst key decision makers about food access and food security issues in NSW, including forums and opportunities for intersectoral collaboration to share knowledge.

Health Services	• Develop an Area nutrition policy that is adequately resourced, consistent with *Strategic Directions for Public Health Nutrition in NSW 2002-2007* and includes funding for evaluation of nutrition initiatives, particularly initiatives that address food access and equity priorities in the document.
	• Ensure ongoing support and resourcing of nutrition projects with a focus on:
	  • improving food access, including models such as the **Mt Druitt Food Project (Western Sydney AHS)** and the **RELISH Youth Nutrition Project (Northern Sydney AHS). The Mt Druitt Food Project** is a community health supported secure food initiative that improves access to affordable healthy food though school breakfast programs, community food gardens, food and nutrition policy development with local government and bush tucker programs for Aboriginal families. **RELISH** is a multi-strategic, innovative model with the main goal of improving the nutrition for disadvantaged young people aged 12 to 24 years, who are living in Supported Accommodation and Assistance Program (SAAP) Services. SAAP funds non-government, community and local government organisations to provide transitional accommodation and related support services to people who are homeless. Poor social and economic circumstances affect people's health throughout their life and Marmot & Wilkinson (1998) list food as one of the ten social determinants of health, emphasising that access to food is more important than being told to eat well: this principle underscores the RELISH project;
	  • developing sustainable approaches to improving food access such as ensuring a good range of food at affordable prices within walking distance; and
	  • projects that **increase the** initiation and duration of breastfeeding, including projects such as the **Penrith Council initiative**.
	• Develop and apply for funding for initiatives to improve food access and address food security through initiatives such as the **Commonwealth National Child Nutrition Program**.

INCREASED PARTICIPATION: ENGAGING COMMUNITIES FOR BETTER HEALTH OUTCOMES

What's the evidence?

Participation is critical to any strategy that seeks to address health inequalities because the evidence consistently demonstrates that engaging people in decisions about their health leads to better health outcomes. It is about **all** stakeholders having an opportunity to contribute to the planning, development, implementation and evaluation of health processes and services. This should include – consumers, carers, volunteers, non-government organisations, industry and professional organisations, health professionals, Health Services and NSW Health. [5] [6]

Increased participation is a key focus area of the Health and Equity Statement because despite significant effort to increase the responsiveness of health systems to the diversity of consumers, many groups still do not receive appropriate services. Furthermore many groups are reported to still be excluded from consumer participation strategies or processes. A few examples of such groups include:

- Aboriginal Australians
- People living with a chronic illness, including mental illness
- People from culturally diverse backgrounds who may also have language and literacy problems
- Communities that are socially or geographically isolated
- People with lower levels of literacy

It is important to develop mechanisms that involve patients and carers in direct service delivery to ensure that services are adequate and responsive to their needs. It is also important to engage those groups of people whose health is most vulnerable, for example people with chronic illness or aboriginal people, so that their experiences as a group can be better understood and acted upon.

The wider community has a strong interest in the quality and range of health services that are available. The increased involvement of the community in health services will increase their understanding of the way in which the health system operates and the range of actions that need to be taken to improve the health of the population. Participation has benefits for patients, the community and the health care system.

The importance of participation has been recognised by the Health Council as a necessary element for the health care system. The Government Action Plan working group released a Draft Report on Community Participation that informed the discussion in the development of the Statement.[7] Community participation was also identified in consultations by CEOs, workshop participants, technical working groups and the literature review as a key component of any equity base strategies.

Participation is seen as contributing to better health outcomes by increasing the capacity of individuals and communities to take action to improve their health and by ensuring that health services and actions are meeting their needs. Table 1 outlines the range of ways through which participation can contribute to health outcomes.

Table 1: Contribution of participation to health outcomes

Individual	Community	System
▪ Increases patient and carer involvement in decisions about their health ▪ Improves quality of care ▪ Improves patient satisfaction ▪ Improves accountability (and rights/ responsibilities focus)	▪ Leads to more appropriate and responsive services ▪ Improves accountability (and rights/ responsibilities focus) ▪ Increases capacity and social capital ▪ Leads to better health outcomes (population health focus)	▪ Legitimates programs and services in building a political constituency ▪ Improves accountability (and rights/ responsibilities focus) ▪ Leads to more responsive and flexible services ▪ Improves skill development and capacity

An additional benefit of participation can be increased and improved opportunities for communication between all those involved. Isolation, poor communication systems and opportunities for the exchange of ideas between

Health Services and non-government organisations was a key issue raised in the health and equity workshops. Improved and increased opportunities to participate and communicate can lead to new partnerships in health.

Increasing patient and community involvement in the delivery and development of health services or in taking actions that will improve health requires a complex response. Different models of participation will be required at different stages of service development and planning and for different groups or populations. These models may vary from consulting with stakeholders on proposed developments through to active involvement of communities in the control and direction of health services. At times this may best be done in collaboration with patients and carers, representation of community groups on committees or through the work of consumer groups or consumer advocates.

Advocates play an important role in assisting health services take up equity issues. They provide feedback to the health system on the key concerns of consumers and marginalised communities and they also provide structures and support to enable consumers to more effectively participate in consultation and decision making processes. Health advocates may be people with a personal interest in a health issue, carers of people with health problems, community groups, professional organisations and non-government organisations.

For participation to effectively address equity three major issues have been identified:

- Those whose health is most vulnerable need to be involved in decisions at all levels in the health system (as patients and as members of their community);
- The health system needs to ensure that the participation mechanisms they put in place facilitate participation and not act as a barrier; and
- There are tangible outcomes related to the input of these groups.

Effectively addressing these issues relies on both the patient and community's ability to become involved and the willingness of the health system to listen and change. This requires leadership at all levels of health services and systems. Investing in participation will involve changes in the ways clinicians relate to their patients and their carers, increased awareness of attitudinal and cultural issues that may result in poor service delivery, and a willingness to see participation as a legitimate function of the way in which health services are developed and managed.

Successful community participation will need to be resourced as an integral component and function of the health system. This will include allocation of resources within the health system, to consumer advocate groups and to local communities. The Government Action Plan Working Group Draft Report identified a number of models to address community participation. It will be important to adapt and refine these models to ensure that the most vulnerable and disadvantaged groups are able to participate. This may involve addressing issues that act as barriers to participation such as transport, childcare, language and the times and places where meetings are held.

An example: Northern Rivers AHS Non-Government Organisation Development Program

The NGO Development Program is a three year initiative of the Northern Rivers AHS and was established in 1999. It is the first program of its kind in NSW and aims to strengthen the NGO sector's health related governance and service delivery capacity. The program is implemented by the Health Service and NGO sector working together. A program plan was developed after a six months needs assessment and consultation process. Funding is allocated directly to the NGO through a transparent submission process and managed by the NGO Development Program Advisory Committee comprising representatives from the NGO sector and NRAHS.

Establishing a common understanding and shared vision of why consumer and community participation is important is a fundamental principle in making equity a core value of NSW Health. It provides the foundation for the development of a range through which people can become involved in their own health care and in the development of health systems. The important

role of Aboriginal Community Controlled Health Services in reducing health inequalities in their community demonstrates the importance of community ownership and control.

The focus of Increased Participation is on increasing the level and range of opportunities for individuals and communities to participate in the full range of activities within the health system, especially people from disadvantaged backgrounds.

Who else do you need to engage in development and implementation of these strategies?

- Other NSW Government human service agencies including:
  - Department of Aboriginal Affairs
  - Department of Ageing Disability and Home Care
  - Commission for Children and Young People
  - Community Relations Commission
  - Department of Community Services
  - Department of Education & Training
  - Department of Housing
  - Department of Information Technology and Management
  - Department of Juvenile Justice
  - Premier's Department
  - The Cabinet Office
  - Department of Urban Affairs and Planning
  - Department for Women
- Other NSW Government agencies such as Department of Transport
- NSW regulatory agencies including the Health Care Complaints Commission, Anti-Discrimination Board (ie. new legislation for carers) and the NSW Ombudsman's Office
- Health Councils and other Area Health Service consultative bodies
- Aboriginal Community Controlled Health Services
- Aboriginal Medical Services
- Aboriginal Health and Medical Research Council
- Non-Government Organisations – consumer and service provider bodies (eg. NSW Council of Social Service, Carers NSW, Alzheimer's Association, Mental Health Consumer Groups, Disability Groups, Disability Council etc)
- Health Consumers Network
- NSW Consumer Advisory Group
- Private service providers
- Professional and academic associations such as Public Health Association, Royal Australasian College of Physicians, Rural Doctor's Association
- Divisions of General Practice
- Commonwealth Department of Family & Community Services (*Strong Families & Communities* program)
- Commonwealth Department of Health and Aged Care (including the branches for aged care, rural and remote health, and mental health)
- Quality Management Service

Increased Participation: Engaging communities for better health outcomes

Strategy: Increased Community Involvement by Disadvantaged Communities and Populations

1. Initiatives to increase and improve consumer and community participation should:
   - promote equity of participation in the planning, service delivery and evaluation across the primary health and acute care sectors of the health system;
   - promote the capacity for marginalised groups to participate; and
   - provide adequate resources for equitable participation.

Rationale	Community involvement is a key factor in achieving better health outcomes and more equity in health. Many groups are still reported to be excluded from consumer participation strategies or processes including indigenous Australians, people living with a chronic illness (this includes chronic physical and/or mental illness) and people living in poverty. The broadest possible range of participation in the design, planning and implementation of health services in NSW is necessary to ensure they are relevant and culturally sensitive.
How can you tell if you are making progress?	• ↑ in ethnic and locational representation on Area Health Service Health Councils or other participation forums. • ↑ in community nominations for membership of AHS policy, planning and evaluation committees. • ↑ numbers of Aboriginal people involved in specific and mainstream participation bodies. • ↑ number of ways that people can participate in health service planning and delivery. • Use of clear criteria and processes for selection of consumer and community representatives. • Use of a range of strategies to obtain consumer and community views on issues.
What are the current policies, programs and processes that can make this strategy happen?	• Consumer and Community Participation Implementation Group (Partners in Health report) • *NSW Consumer and Carer Mental Health Framework for Participation and Prevention* • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships • Health Care in the Community Reinvestment Strategy • *NSW Aboriginal Health Strategic Plan* • Area Health Councils and other AHS consultative forums • Area Boards and Consumer Councils • Health Service Advisory Committees • Child Health Survey Program • Review of the NGO Grant Program • Aboriginal Health and Medical Research Council

What could it look like?

Department of Health	• Increase resourcing for community groups to participate. Mechanisms such as sitting fees, appropriate meeting times (outside working hours), timely information sharing, child care provision, community language information, limited term membership of committees or boards, can maximise participation.

Increased Participation: Engaging communities for better health outcomes

Strategy: Increased Community Involvement by Disadvantaged Communities and Populations

1. Initiatives to increase and improve consumer and community participation should:
   - promote equity of participation in the planning, service delivery and evaluation across the primary health and acute care sectors of the health system;
   - promote the capacity for marginalised groups to participate; and
   - provide adequate resources for equitable participation.

Department of Health	• Strengthen existing participation work and work collaboratively with Health Services by:
	  • developing indicators for measuring participation (Quality Branch and Health Public Affairs within the NSW Department of Health) including the participation of marginalised groups;
	  • amending the Health Public Affairs 6 monthly update for structures regarding participation to incorporate an item on the involvement of marginalised groups;
	  • developing a Departmental policy and guidelines for participation and ensuring that they address the issue of participation of people and organisations representing marginalised groups; and
	  • establishing and resourcing a participation coordinator position to work collaboratively with Health Services in improving participation mechanisms, including a focus on the participation of people from marginalised groups.
	• Review staff training and development modules to ensure that they address participation and mechanisms for engaging marginalised groups.
	• Improve monitoring of access to, and satisfaction with, health programs and services by working collaboratively with Health Services to include questions in the Health Survey Program on these issues.
	• Work collaboratively with all AHSs and relevant stakeholders continue development of participation mechanisms for improving specific services or programs, that address equity, for example the Program of Appliances for Disabled People (PADP).

Health Services	• Increase diversity of membership of participation bodies such as Health Councils and advisory groups. Mechanisms for achieving this are documented.
	• Increase the opportunity for community participation on AHS Boards. This includes the development of alternative models in addition to the current formal mechanism for participation. For example, develop community participation models that engage community members in their communities rather than expecting them to participate in existing health structures.
	• Work collaboratively with the Department to improve monitoring of community involvement by disadvantaged communities by:
	  • including questions in the Health Survey Program about access and satisfaction with health programs and services;
	  • providing information about health issues by Area Health Service; and
	  • using demographic indexes which reflect disadvantage such as ARIA and SEIFA.
	• Work collaboratively with the Department to improve participation mechanisms under the PADP.

Increased Participation: Engaging communities for better health outcomes

Strategy: Increased Consumer Involvement

2. Increase consumer involvement in major new health service initiatives to ensure:
   - the participation of target groups and their carers, including disadvantaged groups and communities; and
   - that any initiatives aim to reduce the gap in health outcomes between the most advantaged and the least advantaged groups and communities.

Rationale	It is essential that all health initiatives have widespread support in the community. The evidence is that health initiatives work better if consumers are involved. Many groups are still reported to be excluded from consumer participation strategies or processes including people living with a chronic illness (this includes chronic physical and/or mental illness) and therefore still may not receive appropriate services.
How can you tell if you are making progress?	• ↑ in participation of people with a chronic illness and their carers as reported by Health Services through community membership of Health Councils and advisory groups and/or involvement of local non-government organisations and community agencies in program and service design. • ↑ in range of health initiatives which are designed, delivered and evaluated with involvement from disadvantaged groups and communities. • Develop health information systems to monitor differences between the most advantaged and the least advantaged groups and communities in access to, quality of care and health outcomes from major new health initiatives.
What are the current policies, programs and processes that can make this strategy happen?	• Chronic and Complex Care Implementation and Coordination Group • *Improving health care for people with chronic illness: A blueprint for change 2001-2003* • Priority Health Care Programs • Consumer and Community Participation Implementation Group (Partners in Health report) • NSW Health Policy Development Guidelines • Health Survey Program • NSW Care for Carers Program (including *NSW Care for Carers Cross Agency Action Plan*) • Health Care in the Community Reinvestment Strategy (proposed Primary Health Care Networks) • *NSW Consumer and Carer Mental Health Framework for Participation and Prevention*

What could it look like?

Department of Health	• The Chronic and Complex Care Implementation and Coordination Group includes consumer and carer participants who are resourced and supported to contribute effectively so that chronic and complex care policies and programs are community centred and focused.

Increased Participation: Engaging communities for better health outcomes

Strategy: Increased Consumer Involvement

2. Increase consumer involvement in major new health service initiatives to ensure:
   - the participation of target groups and their carers, including disadvantaged groups and communities; and
   - that any initiatives aim to reduce the gap in health outcomes between the most advantaged and the least advantaged groups and communities.

Department of Health	• Include ways to select and support consumer and community representatives with a chronic illness and their carers and/or consumers who are affected by, or have experience of the issues under consideration, to participate in consultation on issues under consideration by NSW Health and/or the Department in Departmental policy and guidelines on participation.
	• Showcase and recognise projects that have included participation from disadvantaged groups and their carers and communities and sought to reduce the gap in health outcomes between the most advantaged and the least advantaged groups and communities as part of any major new health initiatives. For example, the recognition might include $10,000 per annum in prize money for a scholarship to enable individuals to learn about different models of participation.
	• Work collaboratively with Health Services to:
	  • develop and include relevant AHS specific questions in the Health Survey Program to improve monitoring of health needs, utilisation of and satisfaction with health programs and services; and
	  • ensure this input is included in planning development and evaluation of projects at both a state and Area Health Service level.
	• Provide ongoing support for NSW Care for Carers program through:
	  • Implementation and resourcing of initiatives within the Cross Agency Action Plan and in collaboration and consultation with carers;
	  • Working with implementation groups such as the Chronic and Complex Care Implementation and Coordination Group to ensure the needs of carers are addressed; and
	  • Continuing to build collaborative relationships with other relevant agencies and Non-Government Organisations to address the needs of carers.

Health Services	• Engage people living with chronic and complex conditions by supporting self help groups and including them in decision making in the design, development and implementation of relevant and appropriate services.
	• Work collaboratively with the NSW Department of Health to:
	  • develop and include relevant AHS specific questions in the Health Survey Program to improve monitoring of health needs, utilisation of and satisfaction with health programs and services; and
	  • ensure this input is included in planning development and evaluation of projects at both a state and Area Health Service level.
	• Examine mechanisms for incorporating the participation of people with chronic and complex care needs and their carers into the development of major health initiatives. The AIDS Council of NSW provides is one example of a successful approach to community involvement in the care of people with HIV/AIDS (a major chronic condition). This approach empowers the community and individuals and offers important issues to the care of other groups of people with chronic and complex care needs.
	• Health Services which have Aboriginal Vascular Health demonstration projects should include community members and organisations in project planning and implementation
	• Aboriginal Vascular Health demonstration projects focussing on self-care models should include participation of Aboriginal people with chronic disease in their development and trialing.

Increased Participation: Engaging communities for better health outcomes

Strategy: Strengthen the Role of Non-Government Organisations

3. Utilise the expertise of Non-Government Organisations in working with disadvantaged groups and communities to:
   - identify health issues of importance to particular communities or groups and increase their capacity to have these issues addressed in the wider health agenda; and
   - engage these groups in the development and implementation of health policies and programs.

Rationale	Non-Government Organisations have an important role in developing the capacity of disadvantaged groups and communities to influence health policies and programs. They can assist NSW Health to ensure that the needs and priorities of disadvantaged communities and groups are met. There is evidence that without a specific focus these groups will not be adequately represented in health service planning and development.	
How can you tell if you are making progress?	• ↑ in number of marginalised communities and groups being supported by non-government organisations. • ↑ in the number of issues raised by these groups and taken up by Health Services.	
What are the current policies, programs and processes that can make this strategy happen?	• *Review of the NGO Grant Program* • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships	• Consumer and Community Participation Implementation Group (Partners in Health report) • NSW Aboriginal Health Strategic Plan • Area Health Service Aboriginal Health Plans

What could it look like?

Department of Health	• Increase funding substantially, over the next five years to those Non-Government Organisations (NGOs) who have demonstrated their capacity to engage disadvantaged communities. • Develop transparent structures and processes between the Department and NGOs. • Resource workshops to showcase experience in this area.

Health Services	• Consistent with the Local/Area Aboriginal Health Partnership work collaboratively with Aboriginal Community Controlled Health Services to ensure that health issues of importance to Aboriginal communities within the Area are taken up by the Health Service.
	• Collaborate with Aboriginal Community Controlled Health Services and Non-Government Organisations to:
	  • develop a range of models and approaches to enable disadvantaged communities and groups to participate in health service planning and development processes; and
	  • ensure that these models and approaches build the capacity of disadvantaged communities and groups to participate in health service planning and development processes.
	This process would be undertaken by the Health Service participation coordinator in collaboration with the NGO Coordinator (for those Area Health Services that have an NGO coordinator) and the Aboriginal Health area within the Health Service.

Increased Participation: Engaging communities for better health outcomes

Strategy: Support Community Involvement at Health Service Level

4. Resource community participation coordinators in Health Services to develop a range of participation mechanisms for the Health Service and to provide an annual report on community participation.

Rationale	If health practices are to change to reflect community participation as core business, specific positions are required to assist the development of a range of participation mechanisms for the Health Service. These roles require substantial specific commitment to give community participation the profile it requires. The participation coordinators will work with Health Services to ensure that community participation becomes integral to their practice.
How can you tell if you are making progress?	• Each Health Service reports on their progress in engaging the different communities and groups within the Health Service population. • Identified Community Participation Coordinator positions established and fully funded in all Health Services. • Development of a range of participation mechanisms in collaboration with Aboriginal people, the Aboriginal Community Controlled Health Services and consistent with the Local Area Aboriginal Health Partnership.
What are the current policies, programs and processes that can make this strategy happen?	• Consumer and Community Participation Implementation Group (Partners in Health report) • Health Promotion Research Program • *NSW Aboriginal Health Strategic Plan* • Area Health Service Councils and other participation forums • Area Boards and Consumer Councils • Specific Health Service Advisory Committees (eg. Child Protection Committee, Palliative Care Committee)

What could it look like?

Department of Health	• Resource Health Services (including Corrections Health Service and the Children's Hospital at Westmead) to appoint Community Participation Coordinators with a recurrent budget to support participation initiatives at a local service and community level. • Establish and/or enhance resourcing for a unit within the Department to support participation including support and collaboration with Health Services. Roles of this Unit will include keeping Health Service staff informed of developments in participation at a state and national level, maintaining resources on participation and organising twice yearly meetings of staff supporting participation. • Collaborate with Health Services to develop and/or enhance existing training and development modules for staff (including clinical staff) so as to improve their knowledge and understanding of the value of participation and resulting improvement in health outcomes.
Health Services	• Appoint a Participation Coordinator whose major role is to oversee the implementation of community and consumer participation mechanisms at Area and local level, so that as a minimum, Health Services have a dedicated full-time senior person to foster and develop participation at all levels in the health service. • Collaborate with the Department to develop and/or enhance existing training and development modules for staff (including clinical staff) so as to improve their knowledge and understanding of the value of participation and resulting improvement in health outcomes.

<table>
<tr><td colspan="3">Increased Participation: Engaging communities for better health outcomes</td></tr>
<tr><td colspan="3">Strategy: Build an Evidence Base for Community Involvement
5. Document and evaluate a range of innovative local models of participation in Health Services that engage disadvantaged communities.</td></tr>
<tr><td>Rationale</td><td colspan="2">Community participation is a complex concept and different models of participation are appropriate at different stages of service development and planning and for different groups. Community participation models must be well researched and documented and made available to other organisations and the community.</td></tr>
<tr><td>How can you tell if you are making progress?</td><td colspan="2">• A range of models researched, implemented, evaluated and documented.
• Results and information on the models disseminated (eg. NSW Health and AHS annual reports)
• Models developed in consultation with Health Service population.
• Models match Health Service inequity profile.</td></tr>
<tr><td>What are the current policies, programs and processes that can make this strategy happen?</td><td>• Consumer and Community Participation Implementation Group (Partners in Health report)
• Health Survey Program
• NSW Aboriginal Health Partnership</td><td>• Area Boards and Consumer Councils
• Health Service Advisory Committees
• NSW Care for Carers Program
• Local/Area Aboriginal Health Partnerships
• Aboriginal Community Controlled Health Services</td></tr>
<tr><td colspan="3">What could it look like?</td></tr>
<tr><td>Department of Health</td><td colspan="2">• Act as a clearinghouse for community participation models developed in Health and other human service departments.
• Document and disseminate successful local models of participatory health service models developed by demonstration site projects as part of the Aboriginal Vascular Health Program.
• Support the establishment of an evidence base for community involvement and foster better practice by funding two statewide workshops per annum for five years to enable Health Services to showcase projects, learn and collaborate on this issue. The program would be reviewed after three years and ongoing funding for the remaining two years would be based on the response to findings of the review. This initiative will be managed through the proposed participation unit, as recommended in the Partners in Health report.
• Work with Health Service Community Participation Coordinators to ensure their input in relation to information collected on health needs, access to and satisfaction with health programs and services through the Health Survey Program.
• Support and resource independent evaluation of the community involvement in the 26 demonstration projects under the NSW Care for Carers Program in 2001/2002 and distribute the results of those projects to Health Services and relevant stakeholders.</td></tr>
</table>

Increased Participation: Engaging communities for better health outcomes	
Strategy: Build an Evidence Base for Community Involvement 5. Document and evaluate a range of innovative local models of participation in Health Services that engage disadvantaged communities.	

Health Services	• Build on and work collaboratively with organisations that have experience in this area already, for example Aboriginal Community Controlled Health Services and approaches they use to participation.
	• Document the participation processes in collaborative community projects. Specific focus will be on lessons from each to assist in the development of principles for local participation mechanisms and processes. Examples of current projects include:
	  • **Miller "Well Being in the Valley"** (South Western Sydney AHS)
	  • **Claymore** (South Western Sydney AHS)
	  • **Boorowa Community Strengthening Project** (Southern AHS)
	  • **Far West Community Participation Project**
	  • Schools as Community Centres
	  • **Consumer Consultant Program at Central Sydney AHS** for people with a mental illness
	  • **Windale community renewal** project (Hunter AHS and other sectors)
	  • **RELISH Youth Nutrition Project** (Northern Sydney AHS)
	• Health Service Community Participation Coordinators will work collaboratively with other relevant areas within the Health Service and the Department in the design of specific Area questions for the Health Survey Program to enable collection if information on health needs, access to and satisfaction with health programs and services.
	• Work collaboratively with other sectors and identify innovative models of participation in other sectors (for example, the Department of Housing Tenancy Management Scheme) which may have application within a health setting.

DEVELOPING A STRONG PRIMARY HEALTH CARE SYSTEM

What's the evidence?

Good health is not equally shared in our community – where you live, how much you earn, whether you have a job and your level of education all have significant impacts on how long you live and how healthy you are. The Vinson study, *Unequal in Life*, graphically illustrates patterns of social disadvantage across the state and the concentration of disadvantage in some areas.[8] The areas of lowest socioeconomic status are also the areas of poorest health. This is related to:

- The high level of social and economic disadvantage that they experience as individuals and families;
- High levels of health risk factors such as smoking ; and
- Low levels of physical and social infrastructure that in themselves act as barriers to opportunities for good health.

There is evidence that those individuals and communities with the poorest health often have poorest access to health services and make the least use of preventive health services. This is known as the "inverse care law". For example, disadvantaged communities in rural and urban areas that have poor health also have fewer GPs than more advantaged areas.[2] The range of services in these disadvantaged communities may also be less. Addressing these issues requires a re-orientation of health services to make them more accessible and proactive in meeting the needs of the local community.

NSW Health has recognised the importance of building a strong primary health care system through the Health Care in the Community Reinvestment Strategy. The definition they are using reflects a broad view of Primary Health Care that includes provision of primary health care and a focus on addressing the health problems of local groups and communities.

"Primary health care is often the first level of contact people have in relation to their health. It is those parts of the health system that focus on protecting and promoting the health of people in communities, and is often engaged in working with issues regarding health in a preventative manner. It is also the place where health problems are commonly identified, managed or referred in the context of early intervention."

General practitioners are the main providers of primary health care in NSW. Together with community health services, community pharmacists, Emergency Departments and some community and non-government organisations they provide the bulk of out of home health care to people in the community. International evidence suggests that those countries that invest in a strong and integrated primary health care system have lower levels of health inequalities than those that do not. Developing structures and processes that facilitate the development of an accessible, high quality, integrated primary health care system are key strategies for reducing health inequalities. This will require the development of leadership and organisational infrastructure for primary health care within NSW Health, Health Services and local communities. Primary Health care Networks are one mechanism for developing the organisational infrastructure required.

Currently the primary health care system in NSW is highly fragmented. This has resulted in a lack of integration between the various primary health care providers (such as general practitioners and community health staff) but also a lack of integration with other community based health services and hospitals. There is growing evidence that those countries with a strong primary health care system have lower levels of health inequality and that programs with a strong primary health care focus disproportionally benefit those people who are most disadvantaged. [9] [10]

It is not only about access to primary health care services but also access to **quality** services. At present there is no clear minimum standard to which Government is committed and which could guide resource allocation and strategies by both State and Commonwealth Government. As a first step in investing in a strong primary health care system NSW Health should undertake an independent statewide review of the distribution and funding of primary health care services with a view to developing a minimum core set of services and a system for monitoring the quality of these services.

As well as ensuring that services are delivered in a comprehensive and responsive way the health care system has an important role in working with

other agencies and communities in addressing health and health related issues including:

- Working with other government and non-government organisations in delivering more integrated and comprehensive services. For example, health services may be interested in working with local police, the housing office, the neighborhood centre and the Women's Centre in making sure that women who experience domestic violence need to be seen and assessed by one service provider for access to housing support.
- Working with communities on issues that have been identified as important by the community. For example, improving access to fresh food or transport or setting up a playgroup.
- Working with other groups and departments outside the area to improve planning, resource allocation and development of infrastructure.

NSW Health has already taken steps to improve and maximise the health and well-being of communities disadvantaged by place through development and progressive implementation of the initiatives such as:

- The Boorowa Building Capacity Project - to establish collaborative partnerships and structures in order to rebuild social cohesiveness within the area. Negotiations have been undertaken with a range of intersectoral partners to facilitate a whole of government commitment to community based planning which will assist in identifying issues currently impacting on health. Key stakeholders include the local Shire Council, Departments of Housing and Community Services, and local communities.
- Yass Family Ties Project - to assist families who are particularly isolated to be able to access appropriate supports in times of need and prevent further crises or stress.
- Schools as Community Centres program - where Health, Community Services, Education and Training, and Housing have contributed to a pooled budget to establish projects in specific communities where the Centres work with families with children under five years to encourage and support them in their parenting role, actively promote community involvement in the provision of services for children and encourage and assist parents to access existing mainstream services in the community.
- Providing integrated health services to boarding house residents in Central Sydney - the Central Sydney AHS Boarding House Team was established in 1995 to assist people with a disability who are residents of licensed boarding houses, to increase their access to health and other services, to promote increased awareness of individual rights and to enhance the individual's quality of life. Residents of boarding houses have a range of disabilities and complex problems. These may include psychiatric and intellectual disability, alcohol related brain damage, physical disability and age related problems. The Boarding House Team has established strong links with multiple government and non-government services and agencies. The model of service delivery is based upon service co-ordination and brokerage, with comprehensive individual service plans addressing the physical, mental, social and recreational needs of all residents.

These initiatives are not undertaken in isolation but in collaboration with other NSW government agencies such as the Premier's Department, the Department of Housing, the Department of Urban Affairs and Planning, local government, and other stakeholders including non-government organisations. Such initiatives highlight the important role that the health sector has to play in advocating with other government agencies about the impact of their policies and plans on the health of local populations and the ability of these local populations to lead healthy lives. NSW needs to build on this work by undertaking further pilots that focus on a coordinated approach to service delivery for disadvantaged communities and groups and making better or joint use of existing resources and human service delivery sites.

NSW Health and Equity Statement: Strategies Document

Primary Health Care

In taking action to address the needs of disadvantaged communities a number of key principles have been identified:

- Policies should not focus exclusively on either places or people, but should be directed towards both the physical and social environment.
- Polices and plans should not only focus on "problem areas" as this may only serve to further marginalise them. Most people who experience social and economic disadvantage will not be reached if the focus is only on the "most" disadvantaged areas.
- Central and local government, private and voluntary services, should be encouraged to undertake health and health equity impact assessments on all policies and plans that might have an impact on the health of local populations and their ability to lead healthy lives. [11]

A number of important issues were raised in the development of the Statement. The short timeframes allocated for investments in community based projects was identified as a barrier and the consultative process revealed strong support for the commitment of resources from a variety of sources for longer than one to two years by targeting:

- changes in funding programs;
- growth in committed resources; and
- numbers of funding agencies contributing.

These concerns are also highlighted in the Targeted Literature Review where evidence suggests much longer time frames for investment to tackle health inequalities are required. A strong primary health care system needs to be viewed as an investment in community health and well-being with Health Services allocating a proportion of their budgets to integrated planning and service delivery within disadvantaged communities.

In particular, a focus on developing a strong primary health care system was by itself not seen as sufficient to achieve improved health outcomes. Increased participation, improved intersectoral action and regional planning each make significant contributions to developing improved service delivery and to strengthening local communities.

Coordinated Care in the Mid North Coast

One initiative of the Mid North Coast Aboriginal Health Partnership is the development of a detailed proposal for an Coordinated Care Trial currently being considered by the Commonwealth for funding in the second national round of coordinated care trials. If successful, this proposal will provide a two-pronged approach to improving the health of Aboriginal communities – firstly by providing improved care for individuals with complex health needs and secondly by providing a range of population health improvement strategies aimed at improving the health of communities. As an example, care coordination would be provided to individuals with diabetes while broader programs will be aimed at reducing risk factors for diabetes such as improved nutrition, reduction of smoking and increased physical activity.

The focus of developing a Strong Primary Health Care System is on:

- Developing accessible, high quality primary health care services that are integrated into the health system;
- Ensuring these services are available to all people of NSW on the basis of need; and
- Working with local communities, other government departments and non-government organisations to improve integrated planning and service delivery, especially in disadvantaged communities.

Who else do you need to engage in development and implementation of these strategies?

- Other NSW Government human service agencies including:
  - Department of Aboriginal Affairs
  - Department of Ageing Disability and Home Care
  - Commission for Children and Young People
  - Community Relations Commission
  - Department of Community Services
  - Department of Education & Training
  - Department of Housing
  - Department of Information Technology and Management
  - Department of Juvenile Justice
  - Premier's Department
  - The Cabinet Office
  - Department of Urban Affairs and Planning
  - Department for Women
- Other NSW Government agencies such as the Department of Transport, Department of Public Works and Services, and the Department of Local Government
- NSW Central agencies including Premiers Department (including the Premier's Regional Coordinators Management Group), the Cabinet Office and Treasury (pooled funding)
- Local Government Association
- Partnerships against Homelessness (see NSW Government human service agencies listed above)
- Aboriginal Community Controlled Health Services
- Aboriginal Medical Services
- Aboriginal Health and Medical Research Council
- Commonwealth Department of Family and Community Services (Locational Disadvantage project, Strengthening Families and Communities Program)
- Centrelink
- Commonwealth Department of Health and Aged Care (eg. Multipurpose Services in rural areas and aged care services)
- Office of the Public Guardian, NSW
- Divisions of General Practice
- Non-Government Organisations – consumer and service provider (including NCOSS, Alzheimer's Association NSW, Carers NSW)
- Community groups – including resident and neighbourhood centres
- Service providers - including aged care service providers, service providers for people with a disability and for those with a chronic illness
- Professional associations including - Royal Australasian College of Physicians, Public Health Association, Australian Association of Gerontology NSW, Association of Geriatric Medicine NSW, Rural Doctors Association
- Academic sector including - Universities of NSW, Sydney and Western Sydney (Centre for GP Integration Studies, Centre for Public Health, Australian Centre for Health Promotion, Centre for Health Equity Training Research and Evaluation)

Developing a Strong Primary Health Care System

Strategy: Invest in a strong Primary Health Care System

1. Develop Primary Health Care Networks to deliver integrated primary health care services to local communities that are based on a minimum set of services available to all residents.

Rationale	All individuals and communities should have the opportunity to access appropriate services. To change many adverse health outcomes, the physical and social environments must also be changed. More often than not those in the greatest need of health and support services are the least likely to receive it - the "inverse care law". Health care professionals should understand the relationship between health and equity in their clinical practice and in the planning of services. Access to primary health care services that are **quality** services is a key issue to address. One mechanism to address this issue is by ensuring a minimum set of services is available to all residents.
How can you tell if you are making progress?	• ↑% of people from disadvantaged communities accessing long consultation and/or more complex services. • ↑ services available in nominated locations that have high levels of disadvantage.
What are the current policies, programs and processes that can make this strategy happen?	• Health Care in the Community Reinvestment Strategy – in development • NSW Dementia Action Plan (*Future Directions for Dementia in NSW , 2001-2006* and *Dementia Action Plan 2001-2006 Strategies*) • Metropolitan Services ICG • Centre for Mental Health – cross Area networks • Priority Health Care Programs (PHCP) • *Locational Disadvantage: A focus on place to improve health* (Public Health Education & Research Program PHERP Innovation funds project) • NSW Health Quality Framework (*A Framework for Managing the Quality of Health Services in NSW*) • Paediatric Services Networking Steering Committee (PSNSC) • NSW Care for Carers Program

What could it look like?

Department of Health	• Identify sites of locational disadvantage and seek expressions of interest from AHS and other agencies on addressing the "inverse care law".
	• Ensure ongoing support and if required funding, for the *Locational Disadvantage: A focus on place to improve health project*, which is currently funded under the Public Health Education and Research Program (PHERP) Innovation funds. The duration of the project is 5 years and the first three phases are to be implemented over 2 years. Issues of funding support for this project may arise if Commonwealth PHERP Innovations funding is not continued.
	• Establish cross Area networks through the Metropolitan Services ICG, Paediatric Services Networking Steering Committee and Centre for Mental Health, to ensure that the same quality of service and level of care is available to all people regardless of where they live.
	• Implement the strategies from the NSW Dementia Action Plan by:
	  • Providing leadership on the action plan; and
	  • Providing ongoing support and resourcing for overcoming the barriers to service access including the provision of culturally appropriate and undertaking consultation with the Aboriginal communities on addressing the barriers to service access.

Developing a Strong Primary Health Care System	
Strategy: Invest in a strong Primary Health Care System 1. Develop Primary Health Care Networks to deliver integrated primary health care services to local communities that are based on a minimum set of services available to all residents.	

Health Services	• Develop/build on projects such as the **Darlinghurst ageing in the community projects**.
	• Extend the range and type of chronic disease prevention and management services for Aboriginal communities
	• Build on and use the findings of the primary health care outreach service such as those being established in the **Gordon community, West Dubbo** as a demonstration site Aboriginal Vascular Health Project, to develop better primary health care outreach services for Aboriginal people.
	• Support and participate in:
	  • the establishment of interagency dementia taskforce in each Department of Ageing Disability and Home Care (DADHC) local planning area to strengthen networks, identify gaps, promote dementia strategies and needs in local planning processes; and
	  • develop a dementia implementation plan.
	This will support the efficient use of resources and improve linkages between services to provide a more coordinated service for people with dementia and their carers.

Developing a Strong Primary Health Care System

Strategy: Invest in a strong Primary Health Care System

2. Undertake an independent statewide review of the distribution and funding of primary health care services that will:
   a. identify current levels and models of service provision;
   b. provide improved information for development of infrastructure and benchmarks;
   c. identify barriers to Areas that are currently not able to meet these core service requirements; and
   d. recommend necessary action to redress these inadequacies.

Rationale	There is evidence that where people live and their socioeconomic status affects their access to primary health care services and the quality of these services in NSW. There is no clear minimum standard of services to which Government is committed. This could guide resource allocation and strategies by both the State and Commonwealth Governments. Unless this is addressed, the most fundamental mechanism by which NSW Health can improve health through the provision of primary health care services is remains un-addressed.
How can you tell if you are making progress?	• Consultancy report is completed by the end of 2002. • Agreed minimum level of services and a strategy to support this, is in place by 2003. • Monitoring system in place to identify how strategy is working
What are the current policies, programs and processes that can make this strategy happen?	• Health Care in the Community Reinvestment Strategy – in development. • Priority Health Care Programs (PHCP) • Acute, post acute and ambulatory care programs • NSW Joint Guarantee of Service for People with a Mental Illness

What could it look like?

Department of Health (in collaboration with Health Services)	• Auspice the development of the report on primary health care services to: identify core service requirements; provide improved information for development of infrastructure and benchmarks; identify barriers to Areas that are not currently able to meet these core service requirements; and recommend necessary action to redress these inadequacies. • Develop and implement a strategy for addressing identified inadequacies in the distribution and funding of primary health care services. • Develop an information system and/or enhance existing information systems to enable monitoring and reporting on distribution and funding of primary health care services against the minimum level of services.
Health Services (in collaboration with the Department)	• Contribute to the statewide review of the distribution and funding of primary health care services in NSW. • Develop and implement a strategy for redressing inadequacies in the distribution and funding of primary health care services. • Develop an information system and/or enhance existing information systems to enable monitoring and reporting on distribution and funding of primary health care services against the minimum level of services.

Developing a Strong Primary Health Care System

Strategy: Invest in a strong Primary Health Care System

3. Work with Aboriginal Community Controlled organisations and Non-Government Organisations to deliver primary health care services to hard to reach communities and groups, either by devolving services to these organisations or delivering the services in partnership with them.

Rationale	
How can you tell if you are making progress?	• ↑ in the number of Non-Government Organisations funded to undertake primary health services. • ↑ in the number of Aboriginal Community Controlled Health services funded to undertake primary health services. • Number of local partnership agreements between AHS and NGO.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships • NSW Aboriginal Health Strategic Plan • Local/Area Aboriginal Health Plans • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*)

What could it look like?

Department of Health	• Develop accommodation support for people with mental health problems and disorders in partnership with non-government agencies and through the NSW Health Government Action Plan Framework for the Provision of Housing and Accommodation Support currently being finalised through the Mental Health Implementation Group. This might include funding Area Health Services to develop a high level of housing and accommodation support with model with outreach accommodation support in partnership with non-government organisations and the Office of Community Housing.
Health Services	• Strengthen existing work with Aboriginal Community Controlled organisations to address Aboriginal health issues within the Area Health Service. One example of this includes the Mid North Coast Aboriginal Health Partnership Agreement with the Durri and Biripi Aboriginal Community Controlled Health Services, which commits these organisations to working together over five years to address Aboriginal Health issues within the Mid North Coast area. One example of the success of this approach is the **Galambila Aboriginal Health Clinic** at Coffs Harbour**.** The Commonwealth Government, the Aboriginal Health Partnership, the Aboriginal communities of Coffs Harbour and the Mid North Coast Division of General Practice are finalising negotiations for provision of accommodation and ongoing funding for the Health Clinic. The Clinic commenced operations about eighteen months ago and is now set to continue its evolution into an independent community-controlled Aboriginal health service over the coming years.

Developing a Strong Primary Health Care System

Strategy: Invest in a strong Primary Health Care System

3. Work with Aboriginal Community Controlled organisations and Non-Government Organisations to deliver primary health care services to hard to reach communities and groups, either by devolving services to these organisations or delivering the services in partnership with them.

Health Services	• Develop and/or provide continued support for comprehensive primary health care services for Aboriginal people. One example includes the **Dharah Gibinj Aboriginal Medical Service**, which is the first State funded Aboriginal Medical Service, established in Casino in 1999. The service is funded recurrently as a non-government organisation and has a contractual agreement with NRAHS. It aims to provide a comprehensive primary health care service to Aboriginal people. Dharah Gibinj uses a model of care that emphasises accessibility, self-determination and cultural appropriateness. In addition to on-site services, the AMS conducts outreach clinics to isolated communities including ENT specialist services, paediatric services, physiotherapy, eye specialist and antenatal services. • Further develop accommodation support to people with mental health problems and disorders with attached outreach providing accommodation support to people in a variety of locations and working in partnership with non-government organisations and the Office of Community Housing. • Further develop outreach services, such as those provided by **Primary Health Care Nurse Practitioners**. Northern Rivers AHS has introduced two Primary Health Care Nurse Practitioners to work closely with the Aboriginal Medical Service and local GPs at Grafton and Casino. These positions will provide outreach services to the Aboriginal communities in and around these locations and further strengthen the delivery of services to isolated and disadvantaged communities in the Northern Rivers area. • Build on the **Partnership Aboriginal Vascular Health demonstration projects** with Aboriginal Community Controlled Health Services in Western Sydney AHS, Illawarra AHS, New England AHS, Mid Western AHS, Hunter AHS, and Central Coast AHS. • Distribute the findings from the **Greater Murray AHS project for GAP CCDP in Cardiovascular disease** focussed on Aboriginal diabetes through local partnerships with NGO's.

Developing a Strong Primary Health Care System

Strategy: Invest in a strong Primary Health Care System

4. Establish a system for monitoring the differences in quality of care and health outcomes across the population that will inform service development and resource allocation.

Rationale	To change the adverse health outcomes often experienced by disadvantaged groups and communities, it is important to address the provision of primary health care services and the **quality** of services provided and the resultant health outcomes. This requires the development of a system which can monitor **differences** in the quality of care and health outcomes. Areas for quality improvement include cultural and geographical appropriateness, equitable resource distribution within health services and improving the awareness of health care professionals of the relationship between health and equity in their clinical practice and in the planning of services.
How can you tell if you are making progress?	• ↑% of people from disadvantaged communities accessing long consultation and/or more complex services. • ↑ services available in nominated locations that have high levels of disadvantage.
What are the current policies, programs and processes that can make this strategy happen?	• Health Care in the Community Reinvestment Strategy – in development • NSW Health Quality Framework (*A Framework for Managing the Quality of Health Services in NSW*)

What could it look like?

Department of Health	• Work collaboratively with Health Services to improve the health data available for identifying disadvantaged communities and monitoring of health outcomes in these communities by:
	  • geo-coding health data;
	  • implementing statistical methods to smooth the small area data to improve the reliability of information derived from it;
	  • the production of small area health maps in electronic form; and
	  • developing mechanisms to provide widespread access to this geographical information at the small area level through the health intranet.
	• Expand the access dimension of the NSW Health Quality Framework to include a focus on equity that will be reflected in the inclusion of equity as a new dimension in the Framework and development of associated performance indicators (see Strategy 3 in Organisational Development).

Health Services	• Work collaboratively with the Department to improve the health data available for identifying disadvantaged communities and monitoring of health outcomes in these communities by:
	  • geo-coding health data;
	  • implementing statistical methods to smooth the small area data to improve the reliability of information derived from it;
	  • the production of small area health maps in electronic form; and
	  • developing mechanisms to provide widespread access to this geographical information at the small area level through the health intranet.

<table>
<tr><td colspan="3">Developing a Strong Primary Health Care System</td></tr>
<tr><td colspan="3">Strategy: Invest in a strong Primary Health Care System
5. Strengthen work with other government and non-government agencies and groups to develop a coordinated approach to service delivery for disadvantaged communities and groups.</td></tr>
<tr><td>Rationale</td><td colspan="2">All individuals and communities should have the opportunity to access appropriate services. Without changing the physical and social environments we cannot change many adverse health outcomes. More often than not those in the greatest need of health and support services are the least likely to receive it - the "inverse care law". Health care professionals should understand the relationship between health and equity in their clinical practice and in the planning of services.</td></tr>
<tr><td>How can you tell if you are making progress?</td><td colspan="2">• ↑% of people from disadvantaged communities accessing long consultation and/or more complex services.
• ↑ services available in nominated locations that have high levels of disadvantage.</td></tr>
<tr><td>What are the current policies, programs and processes that can make this strategy happen?</td><td>• Health Care in the Community Reinvestment Strategy – in development
• NSW Dementia Action Plan (Future Directions for Dementia in NSW , 2001-2006 and Dementia Action Plan 2001-2006 Strategies)
• NSW Joint Guarantee of Service for People with a Mental Illness</td><td>• Locational Disadvantage: A focus on place to improve health (PHERP Innovation funds project)
• Premier's Regional Coordinators Management Group
• NSW State Plan for Home and Community Care (HACC) Program
• NSW Suicide Prevention Strategy: We can all make a difference</td></tr>
<tr><td colspan="3">What could it look like?</td></tr>
<tr><td>Department of Health</td><td colspan="2">• Identify sites of locational disadvantage and seek expressions of interest from AHS and other agencies on addressing the “inverse care law”.
• Continue to work collaboratively with other government agencies and build on existing initiatives in this area, including:
  • NSW State Plan for the HACC program - working with the Department of Ageing Disability and Home Care on implementation and monitoring of the State Plan and to direct allocation of resources so that any inequalities in inequalities of community based services for older people and people with disabilities is redressed; and
  • NSW Suicide Prevention Strategy - assess inter-agency progress on the Strategy by meeting with other NSW government departments to evaluate progress. The Strategy was developed with the 16 other NSW government departments to ensure a coordinated approach to suicide prevention and enhancing the health and resilience across the NSW population, including working with vulnerable groups to prevent suicide.</td></tr>
</table>

Developing a Strong Primary Health Care System	
Strategy: Invest in a strong Primary Health Care System 5. Strengthen work with other government and non-government agencies and groups to develop a coordinated approach to service delivery for disadvantaged communities and groups.	

Department of Health	• Build on processes such as the **Joint Guarantee of Service for People with a Mental Illness**, which was developed in response to significant concerns about the lack of coordination between health and housing services for people with a mental illness and was signed by the Directors-General of both the NSW Department of Health and the NSW Department of Housing in 1997. It clearly defines the roles and responsibilities of both departments and outlines the processes and procedures for the departments to follow to enable them to work together cooperatively. Protocols have been developed to permit the exchange of necessary information and to support cooperative planning around joint programs and practice models. The Joint Guarantee of Service includes principles, guidelines which have been signed off at Area and regional level to facilitate local implementation and templates to assist local implementation and action.
	• Create a sustainable foundation for Housing and Mental Health Partnerships in NSW by:
	  • establishing Statewide Coordination of Housing and Mental Health Partnerships; and
	  • working with Area Health Services to establish Area Housing and Mental Health Partnerships at the local level.
	This might include funding positions at a Statewide level and at Health Service level to progress these partnerships and provide a coordinated approach to service delivery for people with mental health problems who require a range of services.
	• Strengthen the counselling and support services available to adults who are seeking support for domestic violence and/or for ongoing problems associated with ongoing childhood trauma. For example, this might include increasing funding so that more counsellors are available in Area Health Services to provide counselling for adults who have experienced child sexual assault in addition to the counselling services currently provided to adults who have experienced recent sexual assault through Sexual Assault Services.

Health Services	• Ensure a coordinated approach to service delivery for people with a disability by working in partnership with other government and non-government agencies. One example of such an approach is that taken by the **Central Sydney AHS Boarding House Team** which assists people with a disability (including psychiatric and intellectual disability, alcohol related brain damage, physical disability and age related problems) who are residents of licensed boarding houses, to increase their access to health and other services, to promote increased awareness of individual rights and to enhance the individual's quality of life. The Team has established strong links with multiple government and non-government services and agencies. The model of service delivery is based upon service coordination and brokerage, with comprehensive individual service plans addressing the physical, mental, social and recreational needs of all residents. • Extend the range and type of chronic disease prevention and management services for Aboriginal communities • Continue work within the **Joint Guarantee of Service** to develop a coordinated approach to service delivery for people with a mental illness. • Build on and use the findings of the primary health care outreach service such as those being established in the **Gordon community, West Dubbo** as a demonstration site Aboriginal Vascular Health Project, to develop better primary health care outreach services for Aboriginal people. • Create a sustainable foundation for Housing and Mental Health Partnerships in NSW by establishing Area Housing and Mental Health Partnerships at the local level.

Developing a Strong Primary Health Care System	
Strategy: Invest in a strong Primary Health Care System 5. Strengthen work with other government and non-government agencies and groups to develop a coordinated approach to service delivery for disadvantaged communities and groups.	

Health Services	• Work collaboratively with the Department of Health to strengthen the counselling and support services available to adults who are seeking support for domestic violence and/or for ongoing problems associated with ongoing childhood trauma.
	• Under the HACC program Area Health Services to:
	  • work collaboratively with DADHC through the HACC planning process to identify health inequalities; and
	  • allocate resources to redress any inequalities in services for older people and people with disabilities
	linking in where possible with the Health Service inequity profile.

Developing a Strong Primary Health Care System

Strategy: Joint Use of Physical Assets

6. Negotiate with the Human Services Departments, the Department of Public Works and Services, Treasury and Premiers for six pilot sites for the development of integrated sites for school, primary health care, and community services in both metropolitan and rural/remote centres.

Rationale	A coordinated approach to the delivery of services must be developed through more rational development of physical assets and the joint use of facilities. Joint use of physical assets enables better use of limited resources and improves access to and use of services.
How can you tell if you are making progress?	• Agreement with Premier's Dept and Treasury on concept and funding. • Six pilot sites identified by participating agencies and planning commenced within two years. • Community participation processes developed regarding inclusion of local initiatives in each site.
What are the current policies, programs and processes that can make this strategy happen?	• Multi Purpose Services (as part of the Strengthening Health in Rural Smaller Towns program) • NSW Dementia Action Plan (*Future Directions for Dementia in NSW , 2001-2006* and *Dementia Action Plan 2001-2006 Strategies*) • Human Services CEO Forum • *Locational Disadvantage: A focus on place to improve health* (PHERP Innovation funds project) • NSW Aboriginal Health Strategic Plan • Local/Area Aboriginal Health Plans • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Support and encourage Health Services to work collaboratively to utilise the capacity of community groups in developing the facilities. • Extend a Schools as Community Centres site, a Multi-Purpose Services site or similar existing intersectoral site to include additional partners. Ensure an independent resource pool is agreed prior to commencement of the project to allow development of well integrated services and interventions. • Progress this strategy through initiatives such as the **new grants scheme proposed as part of *Healthy People 2005*** to address persistent localised inequalities. Ensure grants are: offered on the basis of matched funding arrangements over 3 years; based on State and Local profiles of need; implemented through healthy alliances approach (typically including Local Government, schools, Health, Community Services, Divisions of General Practice) and proposals can build on or extend existing initiatives; built on community engagement as a fundamental principle; are required to specify what will be achieved at mid-term and end-points; and have inbuilt long term and intermediate indicators to achieve reduction in inequities.

Developing a Strong Primary Health Care System	
Strategy: Joint Use of Physical Assets 6. Negotiate with the Human Services Departments, the Department of Public Works and Services, Treasury and Premiers for six pilot sites for the development of integrated sites for school, primary health care, and community services in both metropolitan and rural/remote centres.	

Health Services	• Those Health Services in which pilot sites are chosen work with local partner agencies to identify local initiatives and develop joint use protocols.
	• Work collaboratively with other agencies to evaluate and progress intersectoral initiatives within disadvantaged communities. Existing examples include:
	  • **Windale project** (Hunter AHS and region) uses a collaborative approach to community renewal and includes strategies that focus on issues such as employment, programs for young people, personal, community and property safety and parenting. The strategies ensure the development of a sound evidence base about collaborative initiatives within disadvantaged communities to be used in the development of collaborative initiatives for other disadvantaged communities.
	  • **Goulburn Co-located Youth Centre Project** which aims to develop a flexible, effective and integrated health and support service delivery point for young people in Goulburn. Southern AHS has been funded by the NSW Premier's Department through the Regional Service Delivery Plan to undertake the project. The Youth Reference Group and Steering Committee include representatives from the Health Service and a range of other government and non-government service providers, who provide strategic guidance and direction for the Project. It is envisaged that a wide range of activities will be offered from the Centre including case coordinated case management, drop in informal information sessions, groups, health promotion, clinics, recreational activities and social events and links with employment and enterprise development initiatives.

Developing a Strong Primary Health Care System

Strategy: Joint Use of Physical Assets

7. Negotiate with other government and community agencies in the development of any future Multi-Purpose Services (as part of the Strengthening Health in Rural Smaller Towns program) to ensure that capital and service partnerships are included in the MPS.

Rationale	The capacity of MPSs is not fully realised and therefore strategies which expand the options for improved and more effective use of facilities are required.	
How can you tell if you are making progress?	• Agreement with Premier's Dept and Treasury on concept and funding. • Identify participating sites and commence planning with participating agencies and communities. • Community participation processes developed on inclusion of local initiatives in each site.	
What are the current policies, programs and processes that can make this strategy happen?	• Multi Purpose Services (as part of the Strengthening Health in Rural Smaller Towns program) • NSW Dementia Action Plan (*Future Directions for Dementia in NSW , 2001-2006* and *Dementia Action Plan 2001-2006 Strategies*) • Human Services CEO Forum	• *Locational Disadvantage: A focus on place to improve health* (PHERP Innovation funds project) • NSW Aboriginal Health Strategic Plan • Local/Area Aboriginal Health Plans • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Identify MPS in those Areas where there are formal agreements through the Regional Coordination Management Groups or between Departments and begin negotiations to reach agreement extending capital development and on collaborative use of facilities for the benefit of local communities.
Health Services	• Work collaboratively with local relevant government and community agencies to identify local initiatives that would be suitable for joint use in the delivery of human services. • Develop joint use protocols for the use of MPS sites by relevant government and community agencies.

Developing a Strong Primary Health Care System	
Strategy: Fund Increased Local Integrated Planning and Service Delivery 8. Require Health Services to allocate a proportion of their budgets to integrated planning and service delivery within disadvantaged communities and to report on the level of this investment from the next round of Performance Agreement negotiations commencing in 2003/2004.	
Rationale	The health system must be able to quantify and document its investment in redressing health inequalities and promoting equity in health. Currently it is unclear how much is invested in this area of health and it is therefore difficult to set benchmarks for appropriate levels of investment.
How can you tell if you are making progress?	• ↑% of AHS budgets dedicated to interventions that address health inequalities. • reported number of local innovative interventions that aim to tackle health inequalities. • ↑ number of collaborative local innovations. • Issues addressed reflect the needs of population groups identified in the Health Service inequity profile.
What are the current policies, programs and processes that can make this strategy happen?	• Health Service Performance Agreements • Human Services CEO Forum
What could it look like?	
Department of Health	• Identify an appropriate percentage of budget to enable the Director-General through the Human Services CEO Forum (or comparable mechanism) to have the ability to invest in local innovative place management or other collaborative interventions.
Health Services	• Identify an appropriate percentage of budget to enable Area Health Service CEOs through local collaborative to have the ability to invest in local innovative place management or other collaborative interventions.

Developing a Strong Primary Health Care System

Strategy: Leadership

9. Each Health Service has a primary health care director at senior management level who is specifically responsible for the development of a comprehensive primary health care system.

Rationale	Health systems that are primary health care focused have better outcomes according to international research. To achieve a reorientation towards strong primary health care within NSW Health, leadership at senior levels must be enhanced and supported.
How can you tell if you are making progress?	• Each AHS has appointment in place commencing in 2002/2003.
What are the current policies, programs and processes that can make this strategy happen?	• Health Care in the Community Reinvestment Strategy - in development • Health Service Performance Agreements • *Locational Disadvantage: A focus on place to improve health* (PHERP Innovation funds project)

What could it look like?

Department of Health	• Contribute to the statewide review on the distribution and funding of primary health care services as proposed in Strategy 2, Primary Health Care. • Identify skills, expertise and other requirements for positions based on the statewide review and ensure adequate resources are available in each Health Service (either through additional resources or through reinvestment) to enable the position to act effectively.
Health Services	• Contribute to the statewide review on the distribution and funding of primary health care services as proposed in Strategy 2, Primary Health Care. • Evaluate current staffing arrangements within the Health Service based on the findings of the statewide review, to ensure that staffing and resource allocation is appropriate to deliver the agreed minimum set of primary health care services to all residents within the Health Service. This may include appointing (and where relevant creating a position) a primary health care director at a senior management level to ensure that Primary Health Care has an appropriate voice and strength in any new arrangements and so that there is a core focus on equity in service and infrastructure developments.

REGIONAL PLANNING AND INTERSECTORAL ACTION

What's the evidence?

The major diseases contributing to ill health in NSW are well known and in turn many of the major behavioural and environmental risk factors for these diseases are well described. These have typically provided a rationale for setting National and State level priorities in many countries. In Australia, six national health priority areas have been identified: cardiovascular health; cancer control; injury prevention and control; mental health, diabetes mellitus and asthma.[12]

NSW Health has developed a range of responses and strategic plans to address these priorities in keeping with available evidence for best practice in public health protection, promotion and health care services.

However, like other health systems, NSW Health has not been able to achieve a significant reduction in health inequalities. The deficit in health outcomes is most pronounced in Aboriginal Health but is also evident in the gap in health status linked to employment and income, and remoteness. One reason for this is that many of the social determinants of health lie outside the control of the health system.

Addressing the social determinants of health has not been a strong feature in our health systems. The importance of social determinants as an area for priority setting and corresponding health action has been recognised internationally, notably in the United Kingdom, New Zealand and Australia. There is now compelling evidence that efforts to address ill health and health inequalities will founder unless the social determinants of health are also addressed as a priority.

This is consistent with the evidence from the Targeted Literature Review which found that projects designed to reduce inequalities should also seek to tackle unemployment, poor education, poor housing and inadequate income. Projects that have contributed to improved health status involve an intersectoral approach with established and effective communication networks and a team approach. Examples of partnerships that have been shown to improve health status are the *Schools as Community Centres* projects and the Far North Coast/Northern Rivers Area *Working Together in Partnership* project.

Interventions related to the social determinants of health should not only address structural factors such as employment and income but also focus on building capacity, working collaboratively and taking intersectoral action. The international evidence indicates that new forms of intersectoral action, such as collaboration between partners that focuses on their capacity to deliver on identifiable goals and achievable outcomes, and promotes networking will lead to improved health and social outcomes. *Healthy People 2005* identifies developing effective partnerships with other government agencies in order to identify ways to influence the social determinants of health (including income, literacy and housing) as a priority area for action. Such an approach leads to true collaboration becoming a core function of health services and enables sectors to work together to find new solutions to old problems. The skills that enable collaboration need to be developed within organisations and communities.

This evidence suggests that there are ways of organising health service delivery to gain better health outcomes and reduce health inequalities. This is supported by direct evidence from the Netherlands where two five-year research programs (1989-1993 and 1994-1998) addressed:

- The program addressed four areas for intervention where collaboration across government sectors has been an important feature:
  - Improving the educational, occupational, or income level of those at the bottom of the social hierarchy;
  - Reducing exposure to determinants of health problems in the lower socio-economic groups;
  - Minimising the effects of ill health on social mobility; and
  - Offering extra health care to lower socio-economic groups.
- The development and evaluation of community interventions aimed at reducing health problems among lower socio-economic groups. [13]

Similarly, in the United Kingdom, the Social Exclusion Policy Action Team in their report, *Compact: getting it right together - Compact on relations between government and the Voluntary and Community Sector in England*, outline the importance of, and mechanisms for, involving communities and community organisations in neighbourhood renewal aimed at closing the gap between Britain's poorest neighbourhoods and that of the national average.[14]

Regional Planning & Intersectoral Action

NSW has addressed these issues in a number of ways. For example, the Premier's Department sponsors significant interagency collaboration through the Premiers Regional Coordination Management Groups, the Cabinet Office has led the development of Families First for comprehensive child health outcomes, and various government departments have extended and enhanced their capacity for collaboration through forums of Directors-General.

Through these mechanisms Departments and service providers have been encouraged to work together in whole-of-government (or joined-up government) with each other and with communities through non-government organisations and other less formal community organisations. Many of these have been supported by formal Memoranda of Understanding linking Government, non-government and community service provision.

However, the effectiveness of these new solutions is often affected by:

- A lack of ongoing support and leadership by a central agency;
- A lack of education and skills training for local and regional managers in collaboration, capacity building and devolution;
- A propensity to ignore or defund interventions that don't work rather than evaluating them to learn why they didn't work and how we can improve our practice;
- Short term nature of interventions due to the short term political cycle;
- Short term funding and inflexibility in the way that funding can be allocated between agencies when working collaboratively; and
- Reporting and accountability mechanisms which detract and discourage a focus on longer term change and outcomes.

Therefore new solutions require bi-partisan and central agency support together with a commitment to innovation, long term change and learning from interventions that don't work.

NSW also needs the capacity to measure and evaluate the impact of such multi-sectoral initiatives. Government departments make significant investment in policies and programs aimed at improving the health and well-being of the community and particular population groups, for example young people. Often these investments occur in isolation from each other and may duplicate the work of other agencies. We need to develop the skills to look at across sectors at the impact of such policies. Cross-sector reviews have been found to be effective in the United Kingdom in dealing with a broad range of issues and in changing patterns of government investment. It is important that NSW Health in association with other government departments explores the potential benefits of this approach.

An example: Working intersectorally to provide a joint guarantee of service for people with a mental illness

The Joint Guarantee of Service for People with a Mental Illness (JGOS) was developed in response to significant concerns about lack of coordination between health and housing services and was signed in September 1997 by the Directors-General of the NSW Department of Housing and NSW Health. The JGOS clearly defines the roles and responsibilities of both Departments and outlines the processes and procedures for the Departments to follow to enable them to work together cooperatively. In particular confidentiality protocols were developed to permit the exchange of necessary information and to support cooperative planning around joint programs and practice models. The JGOS has three parts: principles; guidelines which have been signed off at the Area and regional level to facilitate local implementation; and attachments which include templates to assist local implementation and action. A Steering Committee including representatives from the Departments of Housing and Health and members from consumer and community groups ensured the full implementation of the agreement in NSW.

The focus of strategies in Regional Planning and Intersectoral Action are on developing planning and evaluation mechanisms that will encourage collaboration. Special attention is given to the need for intersectoral action to improve the health and well-being of Aboriginal people in NSW. This offers the opportunity to build on current experience in this area, as Aboriginal health is one of the areas where intersectoral action was first undertaken.

Who else do you need to engage in the development and implementation of these strategies?

- Other NSW Government human service agencies including:
  - Department of Aboriginal Affairs
  - Department of Ageing Disability and Home Care

Regional Planning & Intersectoral Action

- Commission for Children and Young People
- Community Relations Commission
- Department of Community Services
- Department of Education & Training
- Department of Housing
- Department of Information Technology and Management
- Department of Juvenile Justice
- Premier's Department
- The Cabinet Office
- Department of Urban Affairs and Planning
- Department for Women

- Human Services Information Management Group
- Other NSW Government agencies including NSW Department of Transport, Department of Public Works and Services, and the Department of Local Government
- NSW Central agencies including Premiers Department (Premier's Regional Coordination Management Group), the Cabinet Office and Treasury (pooled funding)
- Office of Information Technology
- Local Government Association
- Partnerships against Homelessness (see NSW Government human service agencies listed above)
- Commonwealth Department of Family and Community Services (Strengthening Families and Communities Program)
- Centrelink
- Commonwealth Department of Health and Aged Care (eg. Multipurpose Services in rural areas and aged care services, rural health branch, mental health branch)
- Aboriginal Community Controlled Health Services
- Aboriginal Medical Services
- Aboriginal Health and Medical Research Council
- Divisions of General Practice
- Non-Government Organisations - consumer and service provider
- Consumer organisations and community groups (Health Consumers Network)
- Professional associations including - Royal Australasian College of Physicians, Public Health Association, Rural Doctors Association
- Academic sector including - Universities of NSW, Sydney and Western Sydney (Centre for Health Economics Research Evaluation, Centre for Health Equity Training Research & Evaluation)

Regional Planning and Intersectoral Action

Strategy: Support Regional Planning

1. Promote establishment of integrated human services planning units in six disadvantaged regions, to enable Departments and agencies to address the range of factors affecting health outcomes.

Rationale	It is necessary to ensure collaborative planning between the human services agencies and infrastructure agencies to achieve the most effective investment of local resources.
How can you tell if you are making progress?	• Identify the sites in which integrated planning will occur and negotiate terms of collaboration with other agencies within twelve months.
What are the current policies, programs and processes that can make this strategy happen?	• Human Services CEO Forum • Human Services Information Management Group • *Healthy People 2005: New Directions for Public Health in NSW* • NSW State Plan for HACC Program • Premier's Regional Coordination Management Group • NSW Joint Guarantee of Service for People with a Mental Illness

What could it look like?

Department of Health	• Work collaboratively with Health Services to improve the health data available for identifying disadvantaged communities and monitoring of health outcomes in these communities by:
	  • geo-coding health data;
	  • implementing statistical methods to smooth the small area data to improve the reliability of information derived from it;
	  • the production of small area health maps in electronic form; and
	  • developing mechanisms to provide widespread access to this geographical information at the small area level through the health intranet.
	• Strengthen Planning Guidelines for services and AHS Plans to better assist Health Services in the identification of sites of disadvantage and in undertaking this aspect of needs assessment.
	• Begin negotiations with other Human Services Departments and Local Government to identify the six most disadvantaged localities (about the size of District Health Services).
	• Work collaboratively with Health Services in the development of Regional Public Health Plans as part of *Healthy People 2005,* to ensure that the plans are consistent with the Area inequity profile and address issues of disadvantage. As part of Healthy People 2005, each Area Health Service, in partnership with its community, other government and non-government organisations, local councils and general practitioners, is to develop a three-year plan for public health that identifies regional public health issues and prioritises responses to these issues.

Regional Planning and Intersectoral Action

Strategy: Support Regional Planning

1. Promote establishment of integrated human services planning units in six disadvantaged regions, to enable Departments and agencies to address the range of factors affecting health outcomes.

Health Services	• Work collaboratively with the Department to improve the health data available for identifying disadvantaged communities and monitoring of health outcomes in these communities by:
	  • geo-coding health data;
	  • implementing statistical methods to smooth the small area data to improve the reliability of information derived from it;
	  • the production of small area health maps in electronic form; and
	  • developing mechanisms to provide widespread access to this geographical information at the small area level through the health intranet.
	• Establish integrated planning units in those localities so that the development of services can occur collaboratively taking into account the social determinants of health
	• Build on existing initiatives and Health Service work in the area of integrated human services planning including:
	  • Southern AHS established a community based planning and community development project in Booroowa that links the Social Plans of Local Government with Health Plans.
	  • Northern Rivers AHS in partnership with the Department of Community Services has established the **Clarence Valley Project - Working Together** - that builds on opportunities for collaboration and joint delivery of services.
	  • The **Community Support and Human Services Plan for Warnervale/Wadalba** on the Central Coast of NSW, which is one of the four main urban release areas for the Greater Metropolitan Region and the major Greenfield site on the Central Coast. The Plan is a strategic approach to planning for human services, addressing the needs of residents across urban release areas of Warnervale and Wadalba. It identifies the social outcomes for the new community, the key issues likely to affect the quality of life of residents in the development area and sets the framework and processes for the delivery of human services and facilities to achieve the outcomes. The Central Coast Regional Management Coordination Group, established by the NSW Premier's Department has auspiced the project.
	• Work collaboratively with Department of Ageing Disability and Home Care (DADHC) as a member of the HACC planning process in the development and distribution of services to older people and people with disabilities.
	• Ensure Regional Public Health Plans developed as part of *Healthy People 2005* are consistent with the Area inequity profile and address issues of disadvantage. As part of Healthy People 2005, each Area Health Service, in partnership with its community, other government and non-government organisations, local councils and general practitioners, is to develop a three-year plan for public health that identifies regional public health issues and prioritises responses to these issues.

Regional Planning and Intersectoral Action

Strategy: Evaluate the Impact of Government Policy and Programs on Health

2. In collaboration with the Human Services CEOs Forum, the NSW Treasury and relevant Commonwealth Departments fund a review exploring:
   - the impact of programs from other agencies on the health of the people of NSW; and
   - the impact NSW Health programs have on the core aims of other relevant Government agencies

   with an initial focus on the adequacy of current patterns of government investment in developing young adults who are able to fully participate in society.

Rationale	Government departments make significant expenditure in policy and programs aimed at developing healthy and well adjusted young people. Often these investments occur in isolation from each other and may duplicate the work of other agencies. We need to develop the skills to look across sectors at the impact of such policies. This particular strategy provides an example and focus from which to begin developing these skills and provides a basis for developing tools for resource allocation?
How can you tell if you are making progress?	• Consultancy for development of report tendered and decided within 6 months. • Recommendations or processes for better management of government investment and effort are integrated into NSW Government policy processes. • Development of guidelines for undertaking similar reviews.
What are the current policies, programs and processes that can make this strategy happen?	• Human Services CEO Forum • NSW Policy Development Committee • *Healthy People 2005: New Directions for Public Health in NSW* • Health Service Performance Agreements

What could it look like?

Department of Health	• Support the review by:
	  • Developing tender for consultancy to prepare the report;
	  • Providing leadership on this issue through the Human Services CEO Forum, within NSW Health and with other relevant Commonwealth Departments (DETYA, CDHAC, CFACS);
	  • Engaging Health Services and working collaboratively with them on this issue; and
	  • Ensuring relevant areas within the Department, including Aboriginal Health Branch, Primary Health and Community Care Branch, Centre for Mental Health etc are engaged in this process.

Health Services	• Support the review by participating in relevant workshops and consultation processes for the development of the report and enabling Health Service staff to participate in these and any other relevant forums. • Integrate the outcomes of the review into the development of area health improvement plans.

Regional Planning and Intersectoral Action

Strategy: Intersectoral Action on Aboriginal Health

3. Identify and act on key intersectoral equity targets to improve Aboriginal health outcomes in collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth through the Aboriginal Health Forum, the Aboriginal and Torres Strait Islander Commission and other agencies.

Rationale	The gap in health outcomes between indigenous Australians and the rest of the population is unacceptable. It requires a concerted effort to tackle the causes of ill health among Aboriginal people in new and innovative ways that reflect the holistic view Aboriginal people have of health and solutions that are acceptable to local communities. Targeting of strategies for Aboriginal people is about closing the gap.
How can you tell if you are making progress?	• Agreement reached on a series of rolling indicators that measure capacity and leadership. • Develop a set of clinical indicators that measure clinical results with poverty and disadvantage. • Strategies are implemented in collaboration with the Aboriginal Health and Medical Research Council and Aboriginal Community Controlled Health Organisations - consistent with the NSW Aboriginal Health Partnership and Local/Area Partnership arrangements.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Aboriginal Health Strategic Plan (including the NSW Aboriginal Family Health Strategy) • Local/Area Aboriginal Health Plans • Aboriginal Health and Medical Research Council • NSW Anti-Discrimination Act • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Develop a partnership with the Department of Recreation and Sport and the Ministry for the Arts to enable local Aboriginal communities access to appropriate cultural activities that maintain and develop cultural strengths and support nutrition, activity, hygiene, and primary health care. • Develop and implement the Vascular Health Outcomes Indicator Framework to incorporate process and capacity indicators. • Development of partnership projects and shared funding with the Department of Housing, the Office of Aboriginal and Torres Strait Islander Health for designated Aboriginal health projects in priority health areas. • Work collaboratively with all Health Services to develop a sustainable and well-resourced Aboriginal workforce in the area of Social and Emotional Wellbeing and Mental Health. For example, build on the work of the New England AHS which has an **Aboriginal Mental Health and Social and Emotional Wellbeing Coordinator/Liaison Officer**, to provide a liaison, facilitation and community education role between the Health Service and the Aboriginal Community Controlled Health Services mental health/social and emotional wellbeing service sectors. • Continue implementation and support of the strategies from the NSW Aboriginal Health Strategic Plan, including for example, the NSW Aboriginal Family Health Strategy.

Regional Planning and Intersectoral Action

Strategy: Intersectoral Action on Aboriginal Health

3. Identify and act on key intersectoral equity targets to improve Aboriginal health outcomes in collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth through the Aboriginal Health Forum, the Aboriginal and Torres Strait Islander Commission and other agencies.

Health Services	• Support Aboriginal ENT clinics.
	• Examples of existing initiatives to address this strategy include:
	  • **Aboriginal injury prevention initiative** in the Illawarra and the **Aboriginal Injury Surveillance Project** as part of the Mid North Coast Aboriginal Health Partnership.
	  • Mid North Coast Aboriginal Health Partnership proposal for **Coordinated Care Trial for Aboriginal people with complex needs**. If successful this proposal will provide a two-pronged approach to improving the health of Aboriginal communities – firstly by providing improved care for individuals with complex health needs and secondly by providing a range of population health improvement strategies aimed at improving the health of communities. As an example, care coordination would be provided to individuals with diabetes while broader programs will be aimed at reducing risk factors for diabetes such as improved nutrition, reduction of smoking and increased physical activity.
	  • **Mungandai** multi-skilling project.
	  • Establishment and implementation of demonstration site **Aboriginal vascular health projects** through local Aboriginal Health Partnerships and in collaboration with ACCHS and other service providers and agencies.
	  • **Housing for Health projects** - in conjunction with the NSW Department of Health and Health Habitat (the designer of the housing safety survey). Two projects have been overseen by the Mid North Coast Aboriginal Health Partnership and funded by the Department of Aboriginal Affairs' Aboriginal Community Development Program.
	• Development of a sustainable and well-resourced Aboriginal workforce in the area of Social and Emotional Wellbeing and Mental Health. For example, this might include the creation of an **Aboriginal Mental Health and Social and Emotional Wellbeing Coordinator/Liaison Officer** position, similar to the position established in New England AHS, to provide a liaison, facilitation and community education role between the Health Service and the Aboriginal Community Controlled Health Services mental health/social and emotional wellbeing service sectors.
	• Ensure that Local/Area Aboriginal Health Plans address key intersectoral equity targets and where necessary work collaboratively with Aboriginal Community Controlled Health Services and stakeholders to revise and/or develop local/Area plans to address these targets. An example includes the **Aboriginal Health Plan for South Western Sydney AHS 2001-2006** which the first plan in Australia to be developed in partnership between an Area Health Service, an Aboriginal Community Controlled Health Service and a State Health Department. The plan was reviewed and updated in 1998-1999 resulting in the 2001-2006 plan.

ORGANISATIONAL DEVELOPMENT: BUILDING OUR CAPACITY TO ACT

What's the evidence?

Embedding equity into NSW Health will require a strong organisational approach. We need to ensure that we have:

- An understanding of the impact of what we are doing on improving health status and on reducing health inequalities.
- Good information on the quality of care that we are providing for all users of health services and whether there are differences in the quality of care provided between groups.
- A sound understanding of effective policies and actions to reduce health inequalities and the ways in which these can be disseminated across the health system.
- Information on patterns of health inequality across the state and within Area Health Services.
- A skilled workforce that can work effectively with disadvantaged groups and other government departments and non-government organisations.
- Sufficient resources to invest in long term planning and interventions.

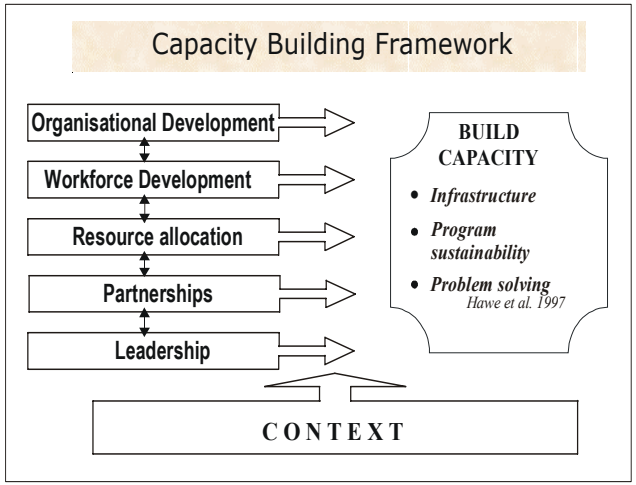
NSW Health has developed a model that recognises the importance of organisational development in *A Framework for Building Capacity to Improve Health* that identifies five domains in which a system, organisation or community needs to build capacity:

- Organisational Development
- Workforce Development
- Resource Allocation
- Leadership
- Partnerships[15]

Taking this organisational approach has the potential to increase the range of people, organisations and communities who are able to address health problems, especially those that arise out of inequity and social exclusion.

The health system is made up of many organisations and subsets of organisations. They may be seen at the level of Health Services or be viewed in its component parts – hospitals, secondary services, and community health. It can be devolved further into clinical departments, specialist services in hospitals and targeted services in community health.

FIGURE 2. The capacity building framework, NSW Health 2000.[15]



Outside the formal health system of Government are two other sets of organisations that make up the health system:

- the private health sector, ranging from large co-located private hospitals through to general practice; and
- the non-government sector, ranging from Aboriginal Community Controlled Organisations to large not-for-profit agencies to small self help groups.

We need to build organisational capacity at all levels of the health system including among clinicians, project or program officers, managers and AHS Board members. In particular we need to build our capacity to assess if the actions and investments we are making are improving health and reducing health inequalities. There is growing interest in developing methods for assessing the impact of health related decisions on health outcomes and on the extent to which they may contribute to reducing or widening health inequalities.

Organisational Development

There is already good evidence for many of the policies and practices that NSW Health proposes, however, this needs to be clearly articulated in respect of its impact on decreasing health inequalities. The health system needs the ability to quickly appraise the health impact of policy initiatives referred to it by Cabinet and other government agencies. A Rapid Health Impact Appraisal (RHIA) offers a process for doing this. RHIA is a process whereby a panel of experts meet on an as needs basis to undertake a rapid appraisal of the impact (positive or negative) of a proposed policy or program where the health impact is generally known. However, it is also recognised that for some initiatives a more comprehensive approach is needed and NSW Health needs to develop a range of standardised approaches for undertaking these assessments so that their results can be compared.

Health Services in NSW are organisationally strong with capacity to manage a highly complex set of services in a dynamic environment. They have very strong clinical and research expertise, high levels of management capability, offer a comprehensive range of choice in services, good documentation of practice and a renewed focus on quality.

There are, however, areas where better capacity can be developed. Some of these were highlighted in the development of the Health and Equity Statement in the Technical Working Groups and the regional workshops, including:

- Building an equity component into the quality framework as there are currently no indicators that adequately reflect access and equity. It is important to know if access and quality of care is related to the cultural and/or socioeconomic background of people using health services rather than the level of need.
- Providing opportunities for people to share experiences and have access to evidence of policies and practices that have been effective or show promise.
- Access to long term funding for policies and programs within the health sector or intersectorally.
- Opportunities to work in other government departments or in non-government organisations.

Improving the statewide information base on health inequalities in NSW and the impact of social factors on health was identified as a priority area for addressing the social determinants of health in *Healthy People 2005*. The Chief Health Officer's report provides important data on the social determinants of health, however there is still scope for strengthening our research and evaluation capacity by:

- developing and expanding information systems at the patient and population level to allow differences in access and differences in outcomes to be routinely reported for equity and health inequality monitoring;
- developing a health related indicator of disadvantage; and
- funding the comprehensive evaluation of interventions designed to address equity and health inequality.

This is consistent with the findings of the Targeted Literature Review. The report *Canada Health Action: Building on the Legacy* included a recommendation to establish a multi-year transition fund for the purpose of: funding pilot projects that have a sound evaluation and research component and financing the evaluation components of existing projects; disseminating the results; and promoting the implementation of the best models, as determined by evaluations.

The non-government sector in health has a range of capabilities as well. They generally have a strong local equity focus and some are more focused on system wide equity. They often have a strong community base and extensive community participation in them. Non-government organisations are usually able to be more holistic and flexible in their approach to service delivery. In addition they appear to be able to reach target communities that Health Services find it difficult to reach, especially among Aboriginal people, youth and people from marginalised or disadvantaged communities. However, the capacity of the non-government sector could be strengthened through better resourcing of management and training in funding for the sector.

Areas that afford opportunities for enhancement in organisational development from an equity perspective are:

Organisational Development

- the relationship between Health Services and non-government organisations;
- collaboration within the Human Services agencies;
- improved communication between the Department of Health and Health Services;
- development of the workforce to work across sectors;
- promoting equity as core business; and
- strengthening research and evaluation capacity.

The World Health Organisation suggests that community development and building the capacity of communities is closely linked to organisational development.

An example: Building capacity for effective health promotion action

NSW Health has funded a project to identify health promotion strategies that are effective in redressing health inequalities. The impetus for the project was growing awareness among the directors of health promotion in NSW of the extent of health inequalities in NSW and the lack of evidence based interventions. In particular, there was concern that many health promotion programs could have the potential to widen the gap between the most and least advantaged in the community. The project will produce guidance to health promotion practitioners in NSW on strategies for effective health promotion action.

If the health system is genuinely wanting to listen to communities and enable their active involvement in planning and delivering services then the authorities and agencies must be prepared to change their own organisational structures, processes and cultures to enable this to happen.

NSW Health has shown leadership through the development of this Health and Equity Statement. However, we need to build on our capacity to act in this area by integrating equity into practice and ensuring that there is a process for measuring the extent to which strategies are taken up by NSW Health. Equity will not be achieved solely through the release of the Statement or policies that are designed to tackle health inequalities. The strategies that the system adopts must be monitored and skills must be developed and shared across Health Services, partner agencies and the community if equity is to become entrenched as a core function of Health. An Equity Action Team and a Health and equity Implementation Review Committee are strategies for doing this. The Equity Action Team will work with health services to develop mechanisms for monitoring, develop an equity network to provide health services with access to relevant resources, and evaluate and report on the Statement to ensure that the system has an equity focus and achieves greater equity outcomes.

Organisational Development

Who else do you need to engage in development and implementation of these strategies?

- Other NSW Government human service agencies including:
  - Department of Aboriginal Affairs
  - Department of Ageing Disability and Home Care
  - Commission for Children and Young People
  - Community Relations Commission
  - Department of Community Services
  - Department of Education & Training
  - Department of Housing
  - Department of Information Technology and Management
  - Department of Juvenile Justice
  - Premier's Department
  - The Cabinet Office
  - Department of Urban Affairs and Planning
  - Department for Women
- Human Services Information Management Group
- Other NSW Government agencies including Department of Transport and Department of Local Government
- NSW Central agencies including Premiers Department, the Cabinet Office and Treasury
- Local Government Association
- Aboriginal Community Controlled Health Services
- Aboriginal Medical Services
- Aboriginal Health and Medical Research Council
- Commonwealth Department of Family and Community Services (Strengthening Families and Communities Program)
- Commonwealth Department of Health and Aged Care (aged care, mental health, rural health)
- Multicultural Health Services
- Non-Government Organisations (including NCOSS, FPA Health)
- Consumer organisations and community groups (Health Consumers Network)
- Professional associations including - Royal Australasian College of Physicians, Public Health Association, Rural Doctors Network
- Academic sector including - Universities of NSW, Sydney and Western Sydney (CHETRE, CHERE etc)
- Quality Management Services
- National Public Health Partnership

Organisational Development: Building our capacity to act

Strategy: Developing organisational capacity within NSW Health to evaluate health impact

1. Develop a process for undertaking Rapid Health Impact Appraisals within NSW Health to identify the health impact of its policies and policy initiatives referred to it by Cabinet and other government departments.

Rationale	It is important that NSW Health has both the organisational capacity and tools to measure the health impact (positive or negative) of its own policies, programs and services, this includes measuring health outcomes. There is already good evidence for many of the policies and practices that NSW Health proposes but this needs to be clearly articulated in respect of its impact on decreasing health inequalities. It is also recognised that for some initiatives there will be no readily available evidence and is addressed by Strategy 2 in Organisational Development. NSW Health needs the ability however to quickly appraise the health impact of policy initiatives referred to it by Cabinet and other government agencies, at the last minute – Rapid Health Impact Appraisal offers a process for doing this.
How can you tell if you are making progress?	• Establishment of a Rapid Health Impact Appraisal process within 6 months. • Within 6 months establishment of a coordination point within the Department to provide secretariat support to the panel as well as advice and information on HIA generally. • Inclusion of RHIA within all policy development and training courses provided by NSW Health. • RHIA includes a focus on Aboriginal health and equity issues. • Improved identification of positive and negative health impacts from any new policies, programs and projects by NSW before implementation.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Policy Development Committee • Health Service Performance Agreements • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Support and resource the establishment of a process for undertaking rapid Health Impact Appraisal including:
	  • Engage Health Services and relevant areas within the Department (Aboriginal Health, Health Promotion Priorities & Settings) in the development of the RHIA;
	  • Establishment of a HIA coordination point to provide secretariat support to the expert panel and as described in Strategy 2, Organisational Development; and
	  • Funding of skill development workshops on using rapid Health Impact Appraisal for staff in NSW Health.
	• Develop a monitoring process (possibly through the NSW Health Policy Development Committee) to: measure the use of Rapid Health Impact Appraisal; identify gaps and/or challenges in the process - including whether it is overly difficult or bureaucratic; and any improvement through use of RHIA.

Organisational Development: Building our capacity to act	
Strategy: Developing organisational capacity within NSW Health to evaluate health impact 1. Develop a process for undertaking Rapid Health Impact Appraisals within NSW Health to identify the health impact of its policies and policy initiatives referred to it by Cabinet and other government departments.	

Health Services	• Support the development and implementation of a RHIA process within NSW Health by working collaboratively with the Department on this issue to;
	  • Ensure staff participation in RHIA workshops;
	  • Integrate RHIA into Health Service policy, program, health service and project development training courses and workshops;
	  • Use RHIA to assess the health impact of new policies, programs, projects and services within the Health Service before implementation; and
	  • Develop a monitoring system for RHIA.

Organisational Development: Building our capacity to act

Strategy: Developing organisational capacity within NSW Health to evaluate health impact

2. Fund the development of pilot approaches to health impact assessments that will develop standardised tools for undertaking comprehensive health impact assessments of NSW Health initiatives.

Rationale	It is important that NSW Health has the organisational capacity and tools to measure the health impact (positive or negative) of its own policies, programs and services, this includes measuring health outcomes. There is already good evidence for many of the policies and practices that NSW Health proposes. Strategy 1, Organisational Development identifies Rapid Health Impact Appraisal as a way of quickly articulating the evidence for known health impact. However, it is also recognised that for some initiatives there will be no readily available evidence and NSW Health needs to build a range of tools for identifying the health impact where it is not known.
How can you tell if you are making progress?	• Fund a range of pilots throughout NSW Health. • Tools for comprehensive health impact assessments developed. • Inclusion of approaches to comprehensive health impact assessments included in policy training and development courses. • Comprehensive health impact assessment undertaken on all new major NSW Health initiatives. • Tools are consistent with the Indigenous Impact Statement.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Policy Development Committee • Health Service Performance Agreements • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Support and resource the establishment of a process for comprehensive health impact assessments of NSW Health initiatives by:
	  • Funding the development of a number of pilots;
	  • Engage Health Services and relevant areas within the NSW Department of Health (Aboriginal Health, Health Promotion Priorities & Settings, Centre for Mental Health) in the development of guidelines for selecting pilots;
	  • Establishment of a HIA coordination point to provide support in the development of guidelines and assessment of applications for funding;
	  • Working with existing programs and initiatives (eg. Chronic and Complex Care Implementation and Coordination Group) to undertake health impact assessments within the program;
	  • Funding of workshops to showcase findings from the pilots; and
	  • Development of a range of health impact assessment models for use by the Department and NSW Health.
	• Ensure consistency with the Indigenous Impact Statement in the development of standardised tools for health impact assessments and to minimise the creation of duplicate monitoring and reporting processes in the area of health impact.

Health Services	• Work collaboratively with the NSW Department of Health to identify pilots and develop guidelines for selection of pilots. • Develop and submit proposals for pilot evaluations.

Organisational Development: Building our capacity to act

Strategy: Develop our capacity to address health inequalities through quality health services

3. Include an equity domain in the NSW Health Quality Framework that focuses on access to health services, quality of care and health outcomes between different groups in the population.

Rationale	The NSW Health Quality Framework is a key strategy in the development of quality of health services in NSW. There are currently no indicators that adequately reflect key issues of access and equity. It is important to know if access and quality of care is related to the cultural and socioeconomic background of people using health services rather than level of need.
How can you tell if you are making progress?	• Access and equity is included in the NSW Health Quality Framework • Development of indicators to identify the extent to which access and quality of care is related to cultural and socioeconomic characteristics of people and where they live. • Monitoring information is used to improve the quality of health services.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Quality Framework (*A Framework for Managing the Quality of Health Services in NSW)* • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Increase organisational capacity to address access and equity as part of the delivery of quality health care services through:
	  • Including equity as part of the access dimension in the NSW Health Quality Framework;
	  • In collaboration with Health Services, develop four performance indicators to measure issues of access and equity, particularly whether access and quality of care is related to the cultural and socioeconomic background of people using health services rather than level of need; and
	  • Work collaboratively with Health Services to establish and/or update the system for monitoring of quality performance indicators.

Health Services	• Work collaboratively with the Department in the development of performance indicators to address equity through the NSW Health Quality Framework. • Use information generated from monitoring under the quality framework to improve and address identified equity issues in the provision of quality health services.

Organisational Development: Building our capacity to act

Strategy: Organisational development to integrate equity into practice

4. Establish an Equity Action Team to work with Health Services to address health inequalities.

Rationale	Equity will not be achieved solely through the release of the Health and Equity Statement or policies that are designed to tackle health inequalities. The strategies that the system adopts must be monitored and skills must be developed and shared across Health Services, partner agencies and the community if equity is to become entrenched as a core function of Health. The Equity Action Team (EAT) will work with health services to develop mechanisms for monitoring, development of an equity network to provide health services with access to the relevant resources, evaluating and reporting on the Health and Equity Statement to ensure that the NSW health system has an equity focus and achieves greater equity outcomes. EAT would be established through a tender process and may be located within a Health Service. It will report to and provide secretariat support to the Equity and Health Implementation Review Committee.
How can you tell if you are making progress?	• Equity Action Team established and resourced within 12 months. • Equity network and clearing house established by EAT and operational within 12 months. • Development of an equity focussed professional development and skills training program. • Number of Health Services that access resources. • Annual report on implementation to be included in the NSW Health Annual Report. • Monitor trends in health inequalities through the NSW Chief Health Officers report
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW*

What could it look like?

Department of Health	• Supports and resources the establishment of an Equity Action Team by:
	  • Developing a tender for establishment of EAT - requiring a consortium that includes health service, academic expertise and experience in the area of Aboriginal health;
	  • Selecting successful tender and establishing EAT;
	  • Working collaboratively with EAT to establish the equity network and training & skills development programs; and
	  • Establishing a process for EAT to work with the Equity and Health Implementation Review Committee of Senior Managers.
	so that the health system develops capacity for addressing health inequalities.

Health Services	• Form a consortium with relevant academic bodies to tender for EAT. • Use EAT to progress implementation of strategic directions in the Statement within Health Services. • Support and promote staff participation in EAT workshops for professional training and development by ensuring resources to participate - this includes backfilling of positions and/or making resources available for staff travel to attend workshops.

Organisational Development: Building our capacity to act

Strategy: Organisational development to integrate equity into practice

5. Establish and support a Health and Equity Implementation Review Committee that reports directly to the Director-General on the extent to which strategies outlined in the Statement are taken up by NSW Health.

Rationale	The Health and Equity Statement makes recommendations that need to be taken up by Health Services and the Department at many levels. It is important to monitor and guide implementation of the Statement. The establishment of a Health and Equity Implementation Review Committee provides a mechanism to do this.
How can you tell if you are making progress?	• Number of strategies implemented. • Audit conducted. • Plans developed to address gaps, areas for improvement and/or difficulties identified through the audit.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Policy Development Committee • NSW Health Policy Development Guidelines

What could it look like?

Department of Health	• Establish the Health and Equity Implementation Review Committee. • Support Health and Equity Implementation Review Committee to undertake an audit of NSW Health policies by ensuring all relevant areas of the Department are aware of the audit and participate in the process. • Distribute the results of the audit within the Department, through the Policy Development Committee, so that the results can be used to address identified gaps and/or areas for improvement and in development of future policies.
Health Services	• Support Health and Equity Implementation Review Committee to undertake an audit of NSW Health policies by ensuring all relevant areas of the Health Service are aware of the audit and participate in the process. • Distribute the results of the audit within the Health Service so that the results can be used to address identified gaps and/or areas for improvement and in development of future policies.

Organisational Development: Building our capacity to act

Strategy: Strengthening Research and Evaluation Capacity

6. Develop and expand information systems at patient and population level that will allow differences in access and differences in outcomes to be routinely reported for equity and health inequality monitoring.

Rationale	The capacity of the system to act depends on the strength of the information and knowledge base it has. This must be expanded and enhanced to include qualitative and quantitative data.
How can you tell if you are making progress?	• Establish working groups comprising field workers and epidemiologists to identify indicators for equity and health inequalities. • Monitor trends in health inequalities in the Chief Health Officers report.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Chief Health Officers report • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Restructure the 2002 CHO Report to highlight health inequalities based on gender, Aboriginality, migrant and socioeconomic status. • 2002 CHO Report to include indicators measuring the trend over the last 10 or 20 years in the relative mortality and morbidity rates of those in the most and least socioeconomically disadvantaged groups in NSW to show the progress in achieving both absolute change over time and relative change or the "gap" over time. • Work collaboratively with Health Services and other stakeholders to identify ways to improve equity and health inequality monitoring and reporting, including exploration of new state level indicators of health inequality and reporting mechanisms. • Develop/incorporate mechanisms in routine reporting systems to monitor levels of referral for secondary follow-up and procedures and outcomes for Aboriginal people in relation to vascular disease eg referral for bypass, cardiac rehabilitation. • Progress implementation of Aboriginal Vascular Health Indicators Framework to include reporting on local data collection of new process and capacity indicators.
Health Services	• Work collaboratively with the Department and other stakeholders to identify ways to improve equity and health inequality monitoring and reporting, including exploration of new state level indicators of health inequality and reporting mechanisms. For example, restructuring the CHO report to highlight health inequalities. • Implement geo-mapping of admissions to hospitals that will allow differences in access to procedures to be documented and monitored to enable planning in acute care and community health services to be equity focused.

Organisational Development: Building our capacity to act

Strategy: Strengthening Research and Evaluation Capacity

7. In collaboration with other human service departments develop a health related indicator of disadvantage to be used to identify priority areas for intervention through community based strategies to ensure that decisions about resourcing effectively account for the needs of disadvantaged groups and communities within the population.

Rationale	An indicator of disadvantage that is built through data collection, interpretation and dissemination will assist in developing an evidence base for interventions intended to tackle and redress health inequalities and promote equity.
How can you tell if you are making progress?	• Establish a working group of health and other human service providers to identify the factors and components of health inequalities. • Indicator developed and piloted.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Chief Health Officers report • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Support and resource the work currently being undertaken by Human Services Information Management Group to develop an index of disadvantage.
	• Work collaboratively with Health Services to improve the health data available for identifying disadvantaged communities and monitoring of health outcomes in these communities by:
	  • geo-coding health data;
	  • implementing statistical methods to smooth the small area data to improve the reliability of information derived from it;
	  • the production of small area health maps in electronic form; and
	  • developing mechanisms to provide widespread access to this geographical information at the small area level through the health intranet.

Health Services	• Collaborate and participate in the development of a health-related indicator of disadvantage.

Organisational Development: Building our capacity to act

Strategy: Strengthening Research and Evaluation Capacity

8. Fund and support the comprehensive evaluation of the health impact of universal and targeted programs, policies and interventions designed to address equity and health inequality to improve the knowledge and evidence base of work in this area.

Rationale	Evaluation of interventions, projects and programs designed to tackle health inequalities and promote equity is necessary if good practice based in evidence is to be developed and enhanced. The literature review found that the evidence for "upstream" interventions was not as strong as for "downstream" interventions. Evaluations should be an integral part of programs, well resourced and with a mandate to change. The results from all evaluations should be available - whether the intervention was successful or not - to enable learning.
How can you tell if you are making progress?	• % of all program funds earmarked for evaluation and quality improvement. • Number of services that have undertaken evaluation for equity outcomes. • Intervention research identified as a priority through NSW Health Research & Development Infrastructure Program.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Research & Development Infrastructure Program • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Fund a comprehensive evaluation of six interventions per annum that address health inequalities/inequities to ensure that a body of evidence is developed and made available to health services. • Establish a database/website of evaluated interventions that have targeted equity and health inequality issues with clearly identified elements of success and case studies.
Health Services	• Ensure all submissions for interventions, projects and programs designed to tackle health inequalities include a comprehensive evaluation of the health impact. • Contribute to the database/website of evaluated interventions.

Organisational Development: Building our capacity to act

Strategy: Developing workforce skills and capacity to address health inequalities

9. Undertake a workforce needs assessment for working with disadvantaged communities to ensure that they have the capacity on a day-to-day basis to address the complexities of integrating equity as a core focus in their work.

Rationale	Working with disadvantaged communities and recognising the indicators of health inequalities are necessary skills for the workforce in the Department and Health Services. This includes skill development and training in working with people of diverse backgrounds (eg. Culturally and Linguistically Diverse CALD, socioeconomic disadvantage, Aboriginal). Opportunities for workforce development and a more skilled, flexible and mobile workforce will enhance the knowledge base for equity and promote better services and health outcomes. In addition, development of corporate development awards and scholarships are enabling strategies for workforce development in this area.
How can you tell if you are making progress?	• Workforce skills audit designed within 6 months. • Tender prepared for training providers to develop relevant skills training. • % of workforce trained by Health Service. • Identify relevant skilled cultural mentors in NSW Health within six months. • Cultural awareness resources developed for inclusion in recruitment information, orientation and staff development. • Number of staff accessing resources. • Establishment of a corporate development award and/or scholarship scheme that focuses on training and development in the health inequalities within 12 months.
What are the current policies, programs and processes that can make this strategy happen?	• Public Health Officer Training Program • NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Locational Disadvantage: A focus on place to improve health* (PHERP Innovation funds project) • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005* • Member of National Public Health Partnership

What could it look like?

Department of Health	• Identify or develop and resource opportunities for staff to increase their capacity to work with people of diverse backgrounds, through improved opportunities for secondment within the Department and to Health Services (wherever possible).
	• Develop a workforce audit tool for use by Areas and other Health Services that identifies the key competencies and skills required to work with diverse groups and communities.
	• Develop a clearinghouse of professional development opportunities using the staff audit and based on key skills and competencies.
	• Support staff to participate in:
	  • the **summer school on the social determinants of health** that will be run by the Departments of Public Health in UNSW, University of Sydney and UWS commencing in the summer of 2001; and
	  • other similar summer schools eg. Australian Centre for Health Promotion
	by providing information, leave and backfilling of positions where required.

Organisational Development: Building our capacity to act

Strategy: Developing workforce skills and capacity to address health inequalities

9. Undertake a workforce needs assessment for working with disadvantaged communities to ensure that they have the capacity on a day-to-day basis to address the complexities of integrating equity as a core focus in their work.

Department of Health	• Ensure ongoing support and if required funding, for the *Locational Disadvantage: A focus on place to improve health project*, which is currently funded under the Public Health Education and Research Program (PHERP) Innovation funds. The duration of the project is 5 years and the first three phases are to be implemented over 2 years. Issues of funding support for this project may arise if Commonwealth PHERP Innovations funding is not continued. The project will concentrate on ways of developing the capacity of the public health workforce (initially the workforce of health services) to meet the needs of disadvantaged communities and will:
	  • Develop a generic workforce assessment tool to be applied to measure capacity and the need for education and training; and
	  • Pilot the framework in metropolitan and rural sites.
	• Develop a corporate development award scheme (possibly with a scholarship focus) to enable staff to take up training and skill development opportunities in the area of health inequalities. For example, providing leave to staff to attend short courses in health inequalities training and/or undertake a community development project by providing resources for backfilling their position while attending the course or undertaking the project.

Health Services	• Continue to implement cultural awareness in relation to Aboriginal people and retain as a performance accountability in Health Service Performance Agreements. • Undertake an audit of staff and develop a program of professional development implemented to bring equity into the core business of Health Services. Wherever possible this should include incorporating equity and health issues into existing training and development courses. • Identify or develop **and** resource opportunities for staff to increase their capacity to work with people of diverse backgrounds, through approaches such as that taken by Far West AHS. Far West has worked with the University Department of Rural Health to offer a **Diploma in Primary and Community Health course for Aboriginal Health Workers** and has enabled Far West to maintain and increase a significant Aboriginal Health Worker workforce. This includes strategies to address isolation such as bringing workshop to the Far West AHS, as well as use of technology such as videoconferencing and satellite programming. • Fund formal learning opportunities for health staff through initiatives such as the **Aboriginal Medical Scholarship** offered by the Wentworth AHS.

Organisational Development: Building our capacity to act

Strategy: Developing the capacity of Non-Government Organisations

10. Support the establishment of a management training unit to purchase and provide training and skills development to workers within the non-government sector and community based organisations (including resident groups) to enable these organisations to deliver high quality services and programs especially to the most disadvantaged groups in the community.

Rationale	Only limited resources available to Non-Government Organisations and community based organisations for development and training. This often means that workers within these organisations have limited or no access to management, organisational, capacity building and skills development and so the current capacity of these groups could be enhanced by supporting them in this way, for example resident and consumer groups.
How can you tell if you are making progress?	• Development of a comprehensive and up-to-date community management handbook or resource. • Numbers of skills development courses offered or sponsored at Board, senior management and worker levels.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Extend and resource the **governance and management model** developed by the NSW Council of Social Services as part of the Non-Government Organisations evaluation strategy. The model could be extended and funded on a recurrent basis to increase the capacity of NGOs to deliver health services by developing a tender process for provision of these services. Other NGOs, Aboriginal Community Controlled Health services and Health Services could tender for this initiative. • Take a lead role in establishing partnerships with related Non-Government Organisations to progress initiatives to address chronic illness management for Aboriginal people with or at risk of vascular disease Form a collaboration with other NGOs related to vascular health.
Health Services	• Collaborate with local NGOs to identify areas for training and development and develop approaches to providing this training, for example providing places at Health Service training courses. Another example includes, the **Northern Rivers Non-Government Organisation Development Program** which is a three year initiative of the Northern Rivers AHS (established in 1999) and is the first program of its kind in NSW. The program aims to strengthen the NGO sector's health related governance and service delivery capacity. The program is implemented by the Health Service and NGO sector working together. A program plan was developed after a six months needs assessment and consultation process. Funding is allocated directly to the NGO through a transparent submission process and managed by the NGO Development Program Advisory Committee comprising representatives from the NGO sector and NRAHS.

Organisational Development: Building our capacity to act

Strategy: Developing workforce capacity across sectors

11. Increase opportunities for joint appointments between agencies and movement of key staff across government and non-government agencies and the private sector to improve knowledge of the constraints that each sector operates under as well as exposing staff to new approaches and different organisational environments.

Rationale	Working with disadvantaged communities and recognising the indicators of health inequalities are necessary skills for the workforce in the Department and Health Services. Opportunities for workforce development and a more skilled, flexible and mobile workforce will enhance the knowledge base for equity and promote better services and health outcomes. At present different conditions of employment, superannuation schemes and salary levels between the different sectors operate as barriers to joint appointments.
How can you tell if you are making progress?	• Working party established within 6 months to review the resource and industrial issues raised. • Procedures developed to enhance staff secondments while maintaining salary, leave and other entitlements within 12 months. • (Such a solution will require flexibility in workforce arrangements so that there are real opportunities for staff to take up these appointments without losing their existing working conditions.)
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*) • *Strategic Directions for Health, 2000-2005* • Public Health Officer Training Program

What could it look like?

Department of Health	• Facilitate flexibility within the NSW Health workforce by advocating for a whole-of-government approach to secondments, transfers and entitlements. (**Victoria has a schedule of Non-Government Organisations** for which transfer of staff entitlements is automatic). • Review the contents of NSW Health competency based training programs (other than the Public Health Officer Training Program) to ensure that they include a competency area for developing the capacity of individuals to work intersectorally and where necessary develop competency statements to address this.
Health Services	• Identify positions that will benefit from staff exchange.

Organisational Development: Building our capacity to act

Strategy: Leadership in health inequalities

12. Encourage and recognise leadership and better practice in redressing health inequalities through the development of awards for services and initiatives that are better practice.

Rationale	Leadership is an important component of building capacity to address health inequalities. An important way of enabling leadership is through recognition of leaders in the field of health inequalities and in best practice in this area. Award systems have the advantage of recognising individual achievement and also achieving media coverage and community education on important issues for NSW Health, including health inequalities.
How can you tell if you are making progress?	• Additional award in the field of health inequalities is established as part of the Baxter Awards. • Reporting within NSW Health – (eg. NSW Health Annual report) – includes information on health inequalities and identifies leaders in this area.
What are the current policies, programs and processes that can make this strategy happen?	• NSW Health Capacity Building Framework (*A Framework for Building Capacity to Improve Health*)

What could it look like?

Department of Health	• Negotiate with the Baxter awards to provide an additional award for leadership in the field of health inequalities. • Work collaboratively with Health Services to review the content of the NSW Health Annual Report and reorient to give greater recognition of the work undertaken in the area of health inequalities.
Health Services	• Encourage Health Services Boards to recognise leaders in health inequalities at their Annual General Meeting and in their Annual Report on Health Service progress and achievements.

RESOURCE FOR LONG TERM CHANGE IN HEALTH AND EQUITY

What's the evidence?

The equitable distribution of resources and the sustainability of this distribution is the basis of achieving equity in health. NSW Health gives priority to an equitable allocation of resources through the Resource Distribution Formula (RDF) that recognises the need for resources to allocated on the basis of population numbers and adjusted for lower socioeconomic status, Aboriginality, age and rurality.

While in the original brief for the development of the Statement, Resources was not included as a key focus area, it became apparent from the first round of discussions with Chief Executives of Health Services that it was seen as an important component in any response to health inequalities. This was confirmed in subsequent consultations and in the workshops.

There are many ways in which equity can be enhanced through addressing resource allocation and distribution. These include strategies that directly affect the RDF as well as others that are complementary to it.

One of the key issues to emerge from the consultation process was the need for the health system to make long term investment in infrastructure and programs to improve equity across the health system and for more targeted approaches.

The distribution and allocation of resources is a national, state, regional and local issue. The separation of funding of health services between the Commonwealth and state governments, the complexity of mix between the public and private health care systems and the mix of small and large scale organisational structures have at times led to inefficiency and duplication of effort. There is greater awareness of these issues by all levels of government and programs, such as the co-ordinated care trials reflect attempts to find new ways of working and financing health services. The development of a more rational health financing system has the potential to enable a greater focus on equity.

While there is substantial agreement that the RDF has made significant advances in bringing a more equitable funding system between Area Health Services, there is also recognition that it is not able to address past levels of under investment and may not recognise pockets of disadvantage within Area Health Services. There is willingness within NSW Health to further refine the RDF so that resources are shared in an equitable way across the state. The needs of remote and prison populations require special consideration because of the high levels of health need and special difficulties in provision of services to these populations.

As the equity of resource allocation between Health Services improves there is increased interest in examining the ways in which resources are invested within Area Health Services. Patterns of historical investment in health services may mean that there is a maldistribution of resources across the area (similar to that which occurred between Area Health Services in the past) and that as population demographics change the patterns of services will also need to change.

A major challenge in resource allocation is achieving a balance between investment in providing high quality acute care services to individuals and taking action to improve the health of the population. The evidence suggests that “upstream” interventions that attempt to prevent illness, encourage early identification of health problems or address wider social determinants of health will have positive impacts of the health of those who are most vulnerable.[13]

The changing role of the hospital and treatment of more acute and chronic medical conditions in the community means that there is increasing pressure on the primary health care system. Despite this there is a perception that the funding has not followed the patients into the community. This has come at a time when there is also pressure to invest in early intervention or intersectoral projects and programs to prevent long term health problems, for example Schools as Community Centres, Families First. If a strong Primary Health Care system is to be developed resources need to be allocated to developing both post-acute services and prevention/ early interventions services.

The international evidence that primary health care focused systems have better outcomes must be facilitated by the major structural funding arrangements in Australia. The Australian Health Care Agreement offers the mechanism to allow innovative reorientation by enhancing resource flexibility. Equity can be incorporated into the Agreement by ensuring that the next

Organisational Development

Agreement supports a reorientation of the health system to a primary care focus. The importance of achieving a balance in resources cannot be underestimated. Sustaining interventions that reduce health inequalities and promote equity has always been a difficult option because they are long-term strategies that may not give the immediate output gains that may be demanded by the political cycle.

Nevertheless, the evidence shows that without a long-term focus on health investment and sustainability, health inequalities will become more entrenched and equity will continue to elude us.

Resourcing appropriate to need

Prisoners represent marginalised sub-groups of already marginalised groups in the community. They are often admitted with a backlog of health problems due to a failure to access health services in the community. To better understand the demand for health services for prisoners and improve continuity of care in the community upon release, Corrections Health Service commissioned two studies to strengthen the information about this group: the first study measured the demand for inmate health services; and the second, the comparative mortality in NSW Prisons. The first study identified that ageing, higher Aboriginality and poorer health status all indicate a need for enhanced services.

Who else do you need to engage in development and implementation of these strategies?

- NSW Central agencies including Premiers Department, the Cabinet Office and the Treasury
- Other NSW Government human service agencies including:
  - Department of Aboriginal Affairs
  - Department of Ageing Disability and Home Care
  - Commission for Children and Young People
  - Community Relations Commission
  - Department of Community Services
  - Department of Education & Training
  - Department of Housing
  - Department of Information Technology and Management
  - Department of Juvenile Justice
  - Premier's Department
  - The Cabinet Office
  - Department of Urban Affairs and Planning
  - Department for Women
- Other NSW Government agencies including the Department of Transport, Department of Public Works and Services, and the Department of Local Government
- Aboriginal Health and Medical Research Council
- Commonwealth Department of Health & Aged Care
- Commonwealth Department of Veteran's Affairs
- Commonwealth Department of Family and Community Services
- Private health care service providers and associations

Resource for long- term change in health and equity	
Strategy: Refining the Resource Distribution Formula 1. Maintain and refine the Resource Distribution Formula to include a greater focus on reducing health inequalities.	
Rationale	The RDF is a significant example of an equity strategy that enables distribution of resources on a population basis, however it can be strengthened by making it more focused and targeted so that the weighting of particular groups within the population (eg. Aboriginal people) translates into appropriate funding for improved health outcomes.
How can you tell if you are making progress?	• RDF Working Group identifies key indicators of equity access and outcomes across groups within the population, for inclusion in RDF. • RDF translates into appropriate funding to address identified health inequalities at the Health Service level.
What are the current policies, programs and processes that can make this strategy happen?	• RDF Advisory Committee
What could it look like?	
Department of Health	• Improve the data available to refine the RDF (eg. Use of ABS Census data and geo-mapping data – see earlier strategies under Organisational Development) • Measure the relative differences in health outcomes by Area to highlight issues of vertical equity and poorer health outcomes within an Area due to socioeconomic determinants to refine the RDF to ensure that Health Services have the capacity to address equity as a core function.
Health Services	• Contribute to the refinement of the RDF through provision of relevant information, particularly the Area inequity profile.

Resource for long- term change in health and equity

Strategy: Resourcing appropriate to need

2. Develop a health strategy for remote areas that recognises the unique situation of these areas and provides them with adequate resources.

Rationale	Remote communities require additional resources (not only funding) to enable them to provide basic services or to collaborate in the deliver of an eclectic mix of health and other services to remain viable. These may be delivered autonomously, in partnership with other health agencies or part of a larger consortium of human services. It is important that remote health services gain critical mass to develop and maintain quality and good practice.
How can you tell if you are making progress?	• ↑ number of new service delivery models in place with sufficient recurrent funding in remote localities. • At least one planning pilot to be located in a remote Area. • Remote issues are also addressed through comprehensive planning and innovative service model development.
What are the current policies, programs and processes that can make this strategy happen?	• RDF Advisory Committee • *Healthy People 2005: New Directions for Public Health in NSW* • GAP Working Group on Rural and Remote Health • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Work collaboratively with remote Area Health Services to resource and select a consultant to better identify and address remote Area issues. • Revise and develop the Resource Distribution Formula so that Health Services with unique factors which adversely affect the health outcomes of people in remote communities (such as distance, small population, poverty, a high Aboriginal population, lack of other government and collaborative services) (eg Far West AHS), have dedicated funding to invest in targeting and improving the health outcomes of their population. • Advocate and negotiate with Premier's, Treasury and the other Human Services agencies to ensure adequate resourcing of remote Areas within NSW.
Health Services	• Work collaboratively with the Department in selecting a consultant and developing an approach to better identify and address remote Area issues. • Resource rich Health Services to partner with remote disadvantaged localities to provide assistance with service delivery.

Resource for long- term change in health and equity

Strategy: Resourcing appropriate to need

3. Develop a strategy that recognises the unique and difficult circumstances in which health services are provided to prisoners and provide Corrections Health Service with funding based on the unique health needs of their population.

Rationale	People in prison have much higher rates of illness than the population as a whole (for example, hepatitis B and C, mental illness and drug and alcohol problems). Adequately resourcing prisons to address these needs may break a vicious cycle of health disadvantage.
How can you tell if you are making progress?	• Corrections Health Service develop an inequity profile. • Designated Resource Distribution Strategy developed for Corrections Health.
What are the current policies, programs and processes that can make this strategy happen?	• RDF Advisory Committee • *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005*

What could it look like?

Department of Health	• Resource and support (through the RDF Advisory Committee and other relevant areas within the Department) Corrections Health to develop an inequity profile. • Work collaboratively with Corrections Health to develop a Resource Distribution Strategy to address the health needs of their population.
Health Services	• Corrections Health to develop an inequity profile. • Corrections Health to design Resource Distribution Strategy in collaboration with the Department.

Resource for long- term change in health and equity

Strategy: Promoting Equitable Resource Allocation within Health Services

4. Develop internal resource distribution strategies to guide resource allocation in each Health Service with a clear focus on reducing health inequalities.

Rationale	While the RDF provides for a population focus in resource allocation, Areas must reconsider their strategies to apply similar principles based on equity in the micro application of resources if equity is to be achieved.
How can you tell if you are making progress?	• Health Services develop a profile of inequity and identify health inequalities to be addressed. • Internal Resource Distribution Strategy allocates resources to health inequalities as identified in the Health Service inequity profile. • ↓% gaps in service provision resulting from "mismatch" between funding and identified need. • Use of trend and health inequalities information in the CHO Report 2002 to guide resource allocation and priorities.
What are the current policies, programs and processes that can make this strategy happen?	• RDF Advisory Committee • AHS Directors meeting

What could it look like?

Department of Health	• Provide support to Health Services by:
	  • identifying the tools required to develop an internal Resource Distribution Strategy;
	  • providing assistance in development of internal strategies, for example by distributing information about new planning models such as New England Service Planning for Communities and the Mid Western AHS mapping of Community Based Services; and
	  • working with those Area Health Services that don't already have regional planning and management structures to assist them in developing an effective internal RDS.

Health Services	• Develop an internal Resource Distribution Strategy based on collaborative and participative models such as those being used by **Mid Western AHS to map community health service need** within the Area and **New England AHS to undertake service planning**. • Ambulance Service of NSW to utilise the findings from the **Operational Review** which will develop a set of modelling tools to assist in determining the most appropriate deployment models for ambulance resources across New South Wales, as well as assisting the Service to set target response times from within current resources. The models will act both as a "resource distribution formulae" for the Ambulance Service, as well as enable bench testing of various roster configurations to improve ambulance availability and response times.

Resource for long- term change in health and equity

Strategy: Targeting Growth and Enhancement Funding to Reduce Inequality

5. Demonstrate that future growth and enhancement funds are targeted to improving the health of all groups in the population and to reducing health inequalities.

Rationale	Equity will only be achieved if there is a serious effort to resource those interventions, programs and policies that will make a difference in tackling health inequalities. This means that new investment resources must be found as well as strategies to enable the reorientation of the system and subsequent reinvestment of some existing resources.
How can you tell if you are making progress?	• ↑% of growth and enhancement funding used to address health inequalities identified in Health Service inequity profile. • ↑ in reorientation of existing funding over five years to address identified health inequalities. • Interventions, programs and policies funded using growth and enhancement funding include indicators measuring health inequalities as per the Chief Health Officers report 2002 and contribute to this report.
What are the current policies, programs and processes that can make this strategy happen?	• *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005* • Health Care in the Community Reinvestment Strategy – in development

What could it look like?

Department of Health	• Develop appropriate procedures to ensure that growth and enhancement funding is distributed on the basis of equity. • Distribute the CHO report 2002 which will highlight health inequalities based on gender, Aboriginality, migrant and socioeconomic status and include indicators measuring the trend over the last 10 or 20 years in the relative mortality and morbidity rates of those in the most and least socioeconomically disadvantaged groups in NSW.
Health Services	• Identify areas of equity and priority and use growth/enhancement money to target these areas to ensure that there are resources available to address health inequalities. • Identify and guide areas for funding based on the CHO report 2002, to improve the health of all groups in the population and to reduce health inequalities.

Resource for long- term change in health and equity

Strategy: Putting equity into the Australian Health Care Agreement

6. Ensure that the next Australian Health Care Agreement supports a reorientation of the health system to a primary care focus by:
   i. The development of primary health care consortia based on GP and Community Health (including NGO partnerships).
   ii. Recognition that a decrease in hospital based activity may not lead to the same levels of primary health care activity and thus move toward an outcome focus for part of the ACHA.
   iii. Recognition of particular needs of indigenous people including recognition of the different patterns of service provision and use that are related to the level of need plus recognise the higher health needs of indigenous communities.

Rationale	The international evidence that primary health care focused systems have better outcomes must be facilitated by the major structural funding arrangements in Australia. The AHCA offers the mechanism to allow innovative reorientation by enhancing resource flexibility.
How can you tell if you are making progress?	• Agreed areas of flexibility between the Commonwealth and States/Territories. • Agreement on data collection and performance indicators within twelve months.
What are the current policies, programs and processes that can make this strategy happen?	• *Healthy People 2005: New Directions for Public Health in NSW* • *Strategic Directions for Health, 2000-2005* • NSW Aboriginal Health Partnership • Local/Area Aboriginal Health Partnerships

What could it look like?

Department of Health	• Reach agreement with at least two other States/Territories on the directions for Primary Health Care and prepare a case for presentation to the Commonwealth that allows more flexibility in the development of health services outside the hospital sector and support from the Commonwealth in the design of appropriate alternative indicators to ensure that NSW is able to redevelop the health system toward a primary health care focus and that the Health Care in the Community Reinvestment Strategy is able to be implemented..
Health Services	

Resource for long- term change in health and equity

Strategy: Implementing a strong Primary Health Care System with an Equity Focus

7. At least 50 per cent of the reinvestment funding provided through the Health Care in the Community Reinvestment Strategy is used to enhance a full range of primary health and community based care services and is not used exclusively for post acute services delivered in the community.

Rationale	Reinvestment money should be used not only for post acute and hospital substitutions services but also to move upstream in the early detection and prevention of health problems. This will have a disproportionately positive impact on the health of those disadvantaged groups who may not otherwise of access to the resources or skills to enable early intervention and prevention.
How can you tell if you are making progress?	• Measurable increase in the actual proportion of the total budget spent on primary health care, progressing towards 15%. • Increased expenditure on primary health care and investment in this sector by those Health Services where primary health care identified as an area for improvement in health inequity profile.
What are the current policies, programs and processes that can make this strategy happen?	• *Healthy People 2005: New Directions for Public Health in NSW* • Health Care in the Community Reinvestment Strategy (Public Health Care Networks) – in development

What could it look like?

Department of Health	• Participate in the development of the bilateral agreement for primary health care between the Commonwealth and the State Governments and advocate for priorities that are broader than post-acute services delivered in the community.
Health Services	• Use the funding provided through the Health Care in the Community Reinvestment Strategy to provide a full range of health and community based care services that are consistent with the Area inequity profile and Local/Area Aboriginal Health Plan.

ENDNOTES

1 NSW Health and NSW Aboriginal Health and Medical Research Council. A policy for the NSW health system. Sydney: NSW Health, 1999.

2 Commonwealth Department of Health and Aged Care. A Healthy Start for 0-5 year olds. Canberra: Commonwealth Department of Health and Aged Care, 1998.

3 McCain and Mustard, 1999

4 NSW Health. Chief Health Officer's Report, 2000. Sydney: NSW Health, 2000 .

5 NSW Health. Consumer and Community Participation: Draft Report, NSW Health Department, March 2001

6 National Resource Centre for Consumer Participation in Health. Feedback, Participation and Consumer Delivery: A Literature Review. Canberra: Commonwealth Department of Health and Aged Care, 2000,

7 NSW Health Department, Consumer and Community Participation: Draft Report, March 2001

8 Vinson T. Unequal in life: the distribution of social disadvantage in Victoria and NSW. Melbourne: The Ignatius Centre for Social Policy Research.

9 Shi L, Starfield B, Kennedy BP, Kawachi I. Income inequality, primary care and health indicators. Journal of Family Practice 1999; 48(4):275-284.

10 Forrest C, Whelan EM. Primary Care Safety-Net Delivery Sites in the United States. A comparison of Community Health Centres, Hospital Outpatient Departments and Physicians' Offices. JAMA, 2000; 284(16): 2077-2083.

11 Macintyre S & Ellaway A. Local opportunity structures, social capital and social inequalities in health: what can central and local government do? Health Promotion Jnl Australia 1999;9(3):165-70.

12 Commonwealth Department of Health and Aged Care; National Health Priorities and Quality Branch; http://www.health.gov.au/hsdd/nhpq/index.htm, cited June 2001

13 Mackenbach JP. Socioeconomic inequalities in health in the Netherlands: impact of a five year research program. BMJ 1994;309:1487-1491.

14 *Compact: getting it right together - Compact on relations between government and the* Voluntary and Community Sector in England, British Home Office, London, 1998

15 NSW Health, *A Framework for Building Capacity to Improve Health*, 2000. Sydney: NSW Health,2000.