Submission No 94

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

Organisation: Healthy North Coast

Date Received: 15 November 2024

15 November 2024

Legislative Assembly
Portfolio Committee No. 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Committee Members: Dr McGirr MP, Ms Saffin MP, Mr Barr MP, Ms Butler MP, Ms Doyle MP, Ms Thompson MP and Ms Williams MP

Response to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Thank you to Leslie Williams MP, Member for Port Macquarie, for encouraging Healthy North Coast to make a submission. Leslie has long been a strong advocate for better health and wellbeing for communities living in the Mid North Coast.

Thank you also to Janelle Saffin MP, whose electorate of Lismore is also part of the North Coast. Healthy North Coast has worked closely with Janelle with regards to response and recovery activities after the catastrophic 2022 Northern Rivers floods.

Healthy North Coast (Limited) is a not-for-profit organisation whose principal activity is to drive better health for North Coast communities. We believe there is no wrong door — all North Coast residents should be supported to live life at their optimal best and have their health needs met. As one of Australia's 31 Primary Health Networks (PHNs) largely funded by the Australian Government, we work to streamline health services — particularly for those at risk of poor health outcomes — and to better coordinate care so people receive the right care, in the right place, at the right time. Our catchment covers from Tweed Heads to Port Macquarie.

In relation to progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations relating to health outcomes and access to health and hospital services, we believe that there have been positive steps forward, but there are many more to go.

In our submission we have focussed on positive examples of change. Case studies include within include:

- Better Health Outcomes for North Coast Communities – PHN and LHD MoU and commitment to shared planning
- Healthy North Coast Aboriginal Partnership
- NSW PHNs Future State Head to Health Model
- North Coast Health Connect – a distributed model of urgent care.

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We also make the following recommendations which we believe will assist to progress the implementation of the Rural Health Inquiry's (2020) recommendations.

Recommendations

1. Shift funding to the care required rather than the organisation's site by addressing unsustainable and incremental funding models through a large-scale shift to primary care for the management of chronic disease and multimorbidity.
2. Full implementation of the NSW PHN – NSW Health Joint Statement including:
    a. LHDs establishing shared governance with their local PHNs and Aboriginal Medical Services and general practices.
    b. LHDs undertaking regular joint health needs assessments and service planning with PHNs, ACCHS and general practice.
    c. LHD Service Agreements to include requirement to develop and implement joint regional plans, such as in mental health and AOD.
3. Close the Gap by supporting Aboriginal communities to jointly determine with LHDs and PHNs funding and planning decisions regarding Aboriginal health services.
4. Reduce hospital readmissions and support continuity of care by embedding interoperability into the Single Digital Patient Record project.
5. Improve wayfinding and service navigation for NSW health consumers through an integrated 'open doors' that offer direct referral into face to face services, including primary health care.
    a. Ensure PHNs and primary care health are actively consulted and engaged in the development of NSW Health's Single Front Door.
    b. Ensure access for consumers and reduce service duplication by joining up the Mental health Single Front Door and the Head to Health Phone Service as one comprehensive front door into mental health services.
    c. Reduce pressure on hospital emergency departments by incorporating distributed models of urgent primary health care into the NSW Single Front Door Initiative, such as HNC's North Coast Health Connect model.

At Healthy North Coast, we hope to see major reforms to reorient health care to prioritise optimal health and wellbeing outcomes for our diverse communities and targeted funding and innovative ways to enhance workforce so care is provided at the level of acuity that is clinically needed. We believe a radical shift is needed to prioritise preventative and primary health care so that communities are supported to enjoy optimal health and wellbeing and there is reduced pressure on hospital services. A whole of health system vision needs to be pursued which sees acute, primary health care and community services working and communicating collaboratively; overcoming traditional fragmentation driven through different funding systems and delivering high value care that improves health outcomes.

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Rural and regional areas in NSW face challenges in healthcare due to low population density in some areas, long travel times, workforce shortages, ageing populations[1] and increasing prevalence of chronic illness and multimorbidity. It is for these reasons that we welcome the Legislative Assembly Select Committee on Remote, Rural and Regional Health Inquiry into cross-jurisdictional health reform and the opportunity to provide commentary on the recommendations.

Transformative change will see the improvements needed to shift the dial in increased health care costs. This is a major shift from activity to value that will change the focus of the traditional health system to a contemporary, forward focussed joined up system that is effective, efficient, and aligned to the needs of communities. This is a focus on funding the right type of care rather than the site of care resulting in equity of outcomes for people living in regional, rural and remote NSW. Governance is needed to oversight this progression of reform that sees equity across the health system irrelevant of geography and the socioeconomic experience of communities. We are focussed not on good governance but on exemplary governance arrangements that will encourage and support innovation in redefining health care to facilitate equity across sectors, communities, priority populations and most of all, health and wellbeing outcomes. This will require equal partnerships to be forged rather than considering the public acute system to be the leader with other systems gathered as the support agents. To remove the focus from agency, there is a need to focus on health and wellbeing outcomes across the journey for everyone within a shifting system as the priority.

The time is right to establish a sustainable system to take us into the future. We sincerely hope that this is taken up as we all embrace for major change and radical improvements to the current status quo.

In this response, we have addressed the key areas of the recommendations. This includes health funding and care modalities including workforce, the primary health sector, alternative models for regional and rural settings including mental health and virtual care, and Aboriginal health and wellbeing. Examples from our region provide positive evidence of progress and positive change. Scaling examples like this, which no doubt exist in other parts of state, should be considered for statewide expansion and roll out to ensure sustainable and long lasting change.

Yours sincerely

Dr Adrian Gilliland
Chair

Ms Monika Wheeler
Chief Executive Officer

[1] Healthcare in rural, regional and remote NSW, The Insights Servies, Bureau of Health Information Healthcare in rural, regional and remote NSW.

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INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

1) **Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular:**
    a) **Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)**

2) **Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)**

3) **NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:**
    a) **Improving communication between communities and health services (including Recommendations 5, 42), and**
    b) **Developing place-based health plans (including Recommendation 43)**

4) **NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44).**

5) **Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries.**

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Health funding model and care modalities

Australia spends around 10.5% GDP on healthcare (2021/22) and is considered one of the best health systems internationally, though there is increasing pressure placed on the system. Population ageing, societal expectations and the growing burden of chronic disease will continue to require more funding unless quality improvements contribute to health productivity growth.[1]

Health outcomes are worse for people in regional, rural and remote areas compared to metropolitan areas. In 2018, the age adjusted total burden of disease and injury in Australia increased with increasing remoteness.[3] The total burden was lowest in major cities. This was mostly caused by fatal burden (years of life lost due to premature death). Rates of potentially preventable diseases and avoidable hospitalisations increase significantly with geographical remoteness.

Health funding in NSW is aligned to the delivery of public hospital and community health services. The continuation of this model based on sickness rather than health will continue the funding shortfalls that are likely to be exacerbated by the ageing of the population and increasing prevalence of chronic disease and comorbidities, many of which are over represented in regional, rural and remote areas. Acute care costs continue to rise while primary health care funding has stagnated across Australia. This is despite primary health care being cheaper and an appropriate care type for people experiencing non-life-threatening health issues[2]. A fundamental shift is required to support investment into primary care so that chronic illnesses are managed outside of the hospital system and less people are admitted for deterioration related to chronic disease.

Combined with the ageing of the population, incremental changes to health expenditure will not be sustainable. The NSW Treasury projected that NSW health expenditure will grow from 28% of total expenses in 2021 to 36% by 2056.[3] if large scale changes are not made.

The Danish healthcare system faced similar challenges and over a period of approximately 20 years, closed more than 65 hospitals and redirected funds to the primary care sector.[4] This has effectively moved the focus of chronic disease to primary care and hospital in the home resulting in improved outcomes and patient satisfaction. The Danish system is highly digitalised though the main challenge of workforce shortages needed to meet the needs of the population[5] remains. Australia has the added challenge of distance to contend with however, the successes of the Danish system should be reviewed in the context of the Australian/NSW system to assess feasibility and ensure coordination and continuity of care are a focus for reform.

Delayed onset of ill health in the ageing population requires preventative and early addressing of chronic illness and a decrease in multi morbidities. This will require an increasing focus on preventative health policies[6] and early interventions. A shift from funding the site of healthcare to funding the type of care will not only alleviate the limited and short-term gains resulting from incremental change, it will also have the potential benefits of providing more valuable preventative care and early intervention that is not always present in emergency episodic occasions of care. Many

[3] Rural and remote health - Australian Institute of Health and Welfare

triage 4 and 5 presentations to emergency departments have been categorised as 'inappropriate' or 'general practice' presentations. Funding for the type of care (primary care) rather than the site (GPs providing care in emergency settings) will aid in appropriateness of care. This is the foundation of providing the right care, at the right time, in the right place and is particularly pertinent for regional, rural and remote areas.

Further refinement of funding models that incorporate primary care will greatly benefit care continuity, patients and costs. This includes a shift away from fee for service payment models to alternative models that give providers incentives to improve value.[7] Blended payment models operate on the premise that providers and organisations are best placed to identify ways to reduce waste and coordinate care across different settings, and direct patients to appropriate and high-quality care. There are many designs and implementation models of bundled care. Identifying the most amenable care (eg COPD, CHF, joint replacement, diabetes) to assess feasibility will support testing models in the Australian context for potential scale. Blended payment models are being considered for primary health care at a national level via the MyMedicare reforms. Moving away from heavy reliance on Activity Based Funding for NSW Health services may also be worth considering.

Unplanned readmissions to hospital were found to be reduced 32% where the patient visited the GP following discharge within 2 days, 7% fewer readmissions within 28 days where the patient visited the GP in the first week after discharge, 13% fewer readmissions within 1 to 3 months where the patient visited the GP within 4 weeks following discharge.[4] Clear and frequent communication processes between primary, aged and acute care is required for a whole of health system that will reduce unplanned and potentially avoidable readmissions for the same or similar cause. Integrating care across the care spectrum in this way will have the added benefit of reducing unwarranted clinical variation where care is integrated and opportunities for addressing issues in variations are increased. Workforce shortages cause significant access issues in regional, rural and remote areas. It is imperative that a seamless health system is established across acute, sub-acute, primary and community health and related support services and to do this, a collaborative approach is needed to develop innovative approaches to address access issues. This will require all sectors to work together in meaningful partnerships to improve health and wellbeing outcomes.

National health expenditure is growing at a faster rate than GDP.[5] This growth is represented on the North Coast through a steady increase in both Emergency Department presentations and general practice attendances. Reducing unplanned readmissions, particularly for older people where appropriate care can be provided through primary care or hospital in the home, will reduce the incidence of hospital acquired complications for this cohort of patients who bring an added layer of complexity. Older patients often have less physiological reserves than younger patients. They are

[4] Lumos Care in General Practice can effect hospital visits, Study period January 2017 to December 2019. Lumos Care in GP hospital visits final (nsw.gov.au)
[5] Shifting the Dial, Inquiry Report No 84, 5 year productivity review August 2017 Productivity Commission, Inquiry Report - Shifting the Dial: 5 year productivity reveiw - Productivity Review (pc.gov.au)

more likely to experience complications of hospitalisation for conditions such as hospital acquired pneumonia, functional decline, delirium and thromboembolism.[6]

1. Recommendation - Shift funding to the care required rather than the organisation's site by addressing unsustainable and incremental funding models through a large-scale shift to primary care for the management of chronic disease and multimorbidity.

Integrating care

The NSW PHN-NSW Health Joint Statement articulates a shared commitment to a 'one health system' mindset, working together, planning and evaluating and a regional focus.[7] At the heart of this is local communities and person-centred care.

The Statement is an agreement between NSW PHNs, NSW Health and the Commonwealth to work together on 3 key priority areas:

- Focusing on care in the community
- Establishing regional planning processes and governance
- Data and outcomes.

The full implementation of the NSW PHN – NSW Health Joint Statement will improve health outcomes through integration of health services, data sharing and community co-design. To successfully implement the Joint Statement, adequate governance, structures and workplans are required to support a systems perspective. To be most effective, the Statement is best served as an ongoing partnership with regular monitoring and evaluation to inform continual growth. It will require integrated digital systems (including shared and digitalised records and data collections), adequate funding models to support this 'one health system' approach and meaningful collaboration across acute and primary care.

It is imperative that this work continues and that the full implementation of the Joint Statement is embedded across NSW where primary health care partners as viewed as equals to NSW Health organisations, rather than support agents called upon only when needed. This work will create the scaffolding for effective reform and consequential funding models based on care types rather than sites, and improved access to health care and health outcomes across the state.

There are excellent examples of how LHDs and PHNs are working across the state to support integrated care activities. Some regions have joint Board and Executive meetings. On the North Coast we launched a new MoU and Schedule of Works in July this year which sets out our region's shared priorities. This MoU is complemented by partnerships with Aboriginal Medical Services and

[6] Older Person Trauma, Trauma Victoria Older Person Trauma-Introduction | Trauma Victoria (reach.vic.gov.au)
[7] NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare JOINT STATEMENT joint-statement.pdf (nsw.gov.au)

over time will hopefully evolve into one regional governance framework for the whole region. More information is provided in Case Study 1.

Case study 1: Better Health Outcomes for North Coast Communities.
Healthy North Coast has entered a *Better Health Outcomes for North Coast Communities Memorandum of Understanding* with Mid North Coast Local Health District and Northern NSW Local Health District. The MoU commits all parties to shared principles that support collaboration and meaningful engagement. A governance structure has been established to guide the implementation of an agreed schedule of works, see Figure 1.

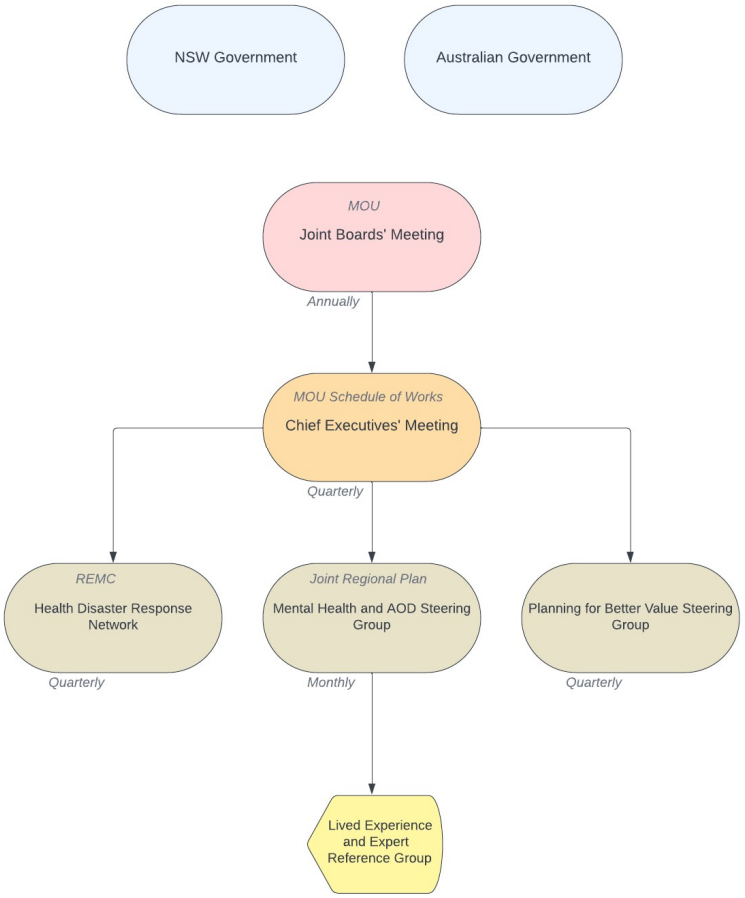

Figure 1 - North Coast MoU Governance Diagram

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Collaboration aims to end fragmentation of health services

By Andrea FERRARI

IN what is described as a momentous occasion for our region, a partnership of local health service operators has launched a North Coast Mental Health Plan.

The 'Mental Health, Alcohol and Other Drugs and Suicide Prevention Joint Regional Plan' is a comprehensive effort for key mental health services in the region to work together to create better outcomes for the community.

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Northern NSW LHD Board Chair Peter Carter, Northern NSW LHD CEO Tracey Maisey, Healthy North Coast Board Chair Dr Adrian Gilliland, Minister for Mental Health Rose Jackson, Healthy North Coast CEO Monika Wheeler, Mid North Coast LHD Board Chair Peter Treseder and Mid North Coast LHD CEO Stewart Dowrick.

Picture 1 - Health CEOs and Chairs launch new MoU in July 2024 with Hon Rose Jackson MLC, Minister for Mental Health

The Schedule of Works will be reviewed annually, and reporting structures monitor progress and address challenges in a formative way. The Schedule of Works encompasses joint services planning and commissioning, establishment of a value based health care approach across the region, establishment of an integrated aged care model, addressing Aboriginal and Torres Strait Islander health disparities, improving health care access, disaster and emergency management, joint population health activities and developing shared strategies to address workforce retention and capability building. For example, work has progressed to approach disaster management from a whole of health perspective. Scenario planning has been undertaken and a new health network is being established to ensure a one health system approach to disaster management in the future.

The commencement of the *Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan* is demonstrating the benefits of shared problem solving for better health outcomes and efficiencies across the system. The delivery of a joint regional plan was a mandated deliverable for PHNs but not for LHDs.

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) is a significant national policy driver for activities delivered through the Primary Health Network Program. The Fifth Plan includes eight priority areas, one of which is achieving integrated regional planning and service delivery.[8]

Primary Health Networks are required to undertake joint regional mental health and suicide prevention service planning with Local Health Districts, as per funding specifications included in the Primary Mental Health Care Funding Schedule. This requirement includes a range of activities to support integration between tertiary and primary care, including developing an evidence-based Joint Regional Mental Health and Suicide Prevention Plan for public release.

Healthy North Coast completed extensive analysis of state and national plans, NSW Health Service Level Agreements and service plans to inform the approach to the development of the regional joint mental health, suicide prevention and alcohol and other drugs plan. During this process, it was evident that:

- NSW Health Service Level Agreements do not include a requirement to develop a Joint Regional Plan for Mental Health and Suicide Prevention with PHNs, or actively work in collaboration with Primary Health Networks to develop and implement joint regional plans
- There are disparities between which national and state policies or frameworks health service planning is required to align with, which impacts on the ability to undertake joint service planning.

NSW Health needs to include a requirement for LHDs to collaboratively design a local joint regional mental health and suicide prevention plans with PHNs in Service Level Agreements, and support collaborative service designing, include a requirement to work in partnership more broadly across health service planning.

2. Recommendation - Full implementation of the NSW PHN – NSW Health Joint Statement including:
    a. LHDs establishing shared governance with their local PHNs and Aboriginal Medical Services and general practices.
    b. LHDs undertaking regular joint health needs assessments and service planning with PHNs, ACCHS and general practice.
    c. LHD Service Agreements to include requirement to develop and implement joint regional plans, such as in mental health and AOD.

Embed self-determination and close the gap

The National Agreement on Closing the Gap incorporates 19 socio-economic targets in areas that will have a positive impact on life outcomes for Aboriginal and Torres Strait islander peoples.[9] The

[8] Australian Government Department of Health 2017. The Fifth National Mental Health and Suicide Prevention Plan. Commonwealth of Australia, Canberra

[9] Closing the Gap targets and outcomes | Closing the Gap

National Aboriginal Health Plan incorporates strategies for Closing the Gap and builds on the lessons and achievements from the last Aboriginal and Torres Strait Islander Health Plan 2013-2023.[10]

Aboriginal Community Controlled Health Services (ACCHS) are critical in leading the way to make significant improvements to health and wellbeing outcomes for Aboriginal peoples by providing a voice for the communities they serve.

The Plan makes a fundamental shift to the way that governments and agencies work with Aboriginal peoples, communities and organisations. It acknowledges that Aboriginal people are best placed to make decisions about health and health services and should lead the decision-making process.[11] Aboriginal Community Controlled Health Services (ACCHS) are critical in leading the way to make significant improvements to health and wellbeing outcomes for Aboriginal peoples by providing a voice for the communities they serve. The Plan outlines the need for collaboration and coordination across all services and health care delivery to start making a difference. Aboriginal people need to be able to access the entire suite of health services in a culturally safe manner and free from institutional racism. To ensure a streamlined approach to this, the funding model for NSW Health needs to include leadership by Aboriginal people through the ACCHS for improved Aboriginal health and wellbeing outcomes and seamless structures and services integrated across the system. Closing the Gap is everyone's business and this needs to be reflected in funding models and implementation approaches.

Healthy North Coast has been pleased to form a partnership with the local six Aboriginal Community Controlled Health Services on the North Coast. See Case Study 2 for more information.

Case study 2: Healthy North Coast Aboriginal Partnership

The HNC Aboriginal Partnership was launched in September 2023 and underpins the commitment from the North Coast Aboriginal Medical Services (ACCHS), six services operating across nine sites and Healthy North Coast, to work together to improve health outcomes for Aboriginal and Torres Strait Islander people. This partnership recognises that ACCHS' are the experts in Aboriginal health delivering comprehensive and culturally responsive health care across the HNC footprint.

The partners are progressing the vision outlined in the National Aboriginal and Torres Strait Islander Health Plan 2021-2031,[1] stating "Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention focused, culturally safe and responsive, equitable and free of racism." The partners adhere to the principles of self-determination that is critical to Closing the Gap and the belief that Aboriginal peoples are the best placed people to make decisions impacting on Aboriginal and Torres Strait Islander health.

The Partners have recruited a shared Executive leader who is jointly supervised by the HNC and Bulgarr Ngaru MAC CEOs. Through the shared staffing the Partners are progressing a shared needs

[10] National Aboriginal and Torres Strait Islander Health Plan 2021–2031

[11] Verbunt E, Luke J, Paradies Y, Bamblett M, Salamone C, Jones A, Kelaher M. Cultural determinants of health for Aboriginal and Torres Strait Islander people - a narrative overview of reviews. Int J Equity Health. 2021 Aug 12;20(1):181. doi: 10.1186/s12939-021-01514-2. PMID: 34384447; PMCID: PMC8359545.

assessment, the review of the Integrated Team Care program, development of an outcomes framework for Social and Emotional Wellbeing and a data sovereignty framework, as well as other joint initiatives.

The HNC Aboriginal Partnership is based on principles of shared decision making, transparency and evidence informed decisions. By working together in partnership, we are more effective and efficient and will direct resources where they are needed most.

Picture 2 - Healthy North Coast Aboriginal partners launch the new agreement in August 2023

22 SEP 2023

Landmark Agreement to Focus on Aboriginal Health Outcomes via a new Partnership in Primary Health Care

Figure 2 - Launch of new Healthy North Coast Aboriginal Partnership Agreement.

2. Recommendation - Close the Gap by supporting Aboriginal communities to jointly determine with LHDs and PHNs funding and planning decisions regarding Aboriginal health services.

Digital health
It has been estimated that better integration of digital technology into healthcare could potentially save over $5 billion a year across Australia and ease pressures on the health system.[12] This includes the installation of a system that is not fragmented, enhanced uptake of digital patient monitoring and digital therapeuticals.

NSW Health's Single Digital Patient Record (SDPR) will ultimately change how people experience and deliver care in NSW Health facilities. Rolling out over 6 years, the program will streamline clinical information access. This will help to create a comprehensive, single system of a patient's care journey no matter where they go to receive care.

The SDPR will enable a joined up record for patients, carers and staff across primary, acute and community settings and aggregated (as is the case today) within the Commonwealth My Health Record system. It will eliminate substantial waste (time savings in correspondence between the acute and primary systems as an example) and enable GPs to better coordinate care for their patients through the ability to refer their patients to specialists and see the appointment scheduling in real time. There will be potential benefits from faster turn around times in imaging and pathology provided these are undertaken in other parts of the system.

The digitalisation of the NSW health sector into 'one health system' is fundamental to reforming the funding model into a sustainable system that improves health outcomes and patient experience. As this will be a long-term process to implement across NSW, implementation in rural and remote areas in tranche 1 will ensure that health inequities are not increased through the implementation if left until the later stages.

General practitioners should be included as part of the clinicians that have access and can input into the SDPR. This will support high quality patient care through enhanced coordination between acute and primary health care clinicians.

3. Recommendation – Reduce hospital readmissions and support continuity of care by embedding interoperability into the Single Digital Patient Record project.

Improving service access and wayfinding
One in five Australians aged 16-85 experienced a mental disorder in the last 12 months[13] and in the North Coast region, 57,272 persons reported that they have been told by a health professional that they have a mental illness. NSW has the highest number of people who have a reported mental illness in Australia.

[12] Leveraging digital technology in healthcare Research Paper, Productivity Commission, may 2024 https://www.pc.gov.au/research/completed/digital-healthcare/digital-healthcare.pdf
[13] ABS 2021, Census of Population and Housing.

A high-quality health system is one that helps people recover from mental health issue, distress or suicidal thoughts by providing support when and where people need it, and helping people navigate to the right services[14]. Through extensive local consultation, Healthy North Coast has identified that service navigation and understanding where to go to find the right support is a challenge, not only for consumers, also for carers and health professionals.

National and state policy is focused on implementing measures to reduce pressures on mental health systems, supporting the right care at the right time, by the right team.

There is policy fragmentation between the Commonwealth and NSW Government regarding the establishment of single front door initiatives. This fragmentation has the potential to disrupt help-seeking. In 2021-2022 the Commonwealth invested $487.2 million over four years in the establishment and implementation of the Head to Health Phone service, a national centralised Intake, Assessment and Referral service, aimed at improving information and referral pathways to mental health services. The program was established in response to the Productivity Commission's findings from its inquiry into mental health. The particular response was aimed at recommendation 15, to support wayfinding and access to integrated and appropriate services. NSW Primary Health Networks (PHNs) further developed and localised the Head to Health Phone service model, and on 1 July 2024 implemented a hub-and-spoke approach to intake, assessment and referral, with a centralised intake and assessment service, see Case Study 3. In June 2024 the NSW Government announced a $118 Million dollar package of initiatives to support community mental health and wellbeing by increasing the essential help available to the people of NSW when they need it. $39 million of the funding will be invested in supporting the establishment of a new Mental health Single Front Door, delivered through healthdirect delivering assessment advice from specialist clinicians and connection to appropriate services. The aim of the Mental Health Single Front Door is to reduce avoidable hospitalisation.

The activity areas for Commonwealth and NSW Government for intake, assessment and referral indicate a lack of integrated planning and service delivery, with the potential to create further confusion for help-seeking consumers. There has been limited engagement with PHNs and primary health care clinicians in regards NSW Health's implementation of a Single Front Door, although working groups have recently been established to support implementation. The current service planning approaches are not aligned to the goals of the National Mental Health and Suicide Prevention Agreement of working in partnership to improve the mental health of all Australians.[15] There is significant potential for improving service navigation and integration, as well as cost savings, through collaborative and innovative digital wayfinding and warm referral to face to face stepped care services across NSW. The NSW PHNs Future State Head to Health Model (see Case Study 3) is positive example of how to bring together digital services with local face to face services in an integrated and coordinated way.

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[14] NSW Mental Health Commission (2022), NSW Mental Health Commission Living Well Indicators,

[15] National Mental Health and Suicide Prevention Agreement (federalfinancialrelations.gov.au)

Case study 3: NSW PHNs Future State Head to Health Model
Nine NSW PHNs were successful in gaining support from the Department of Health and Aged Care (DoHAC) to progress with the establishment of the Head to Health Future State Model in December 2022. HNC is program and commissioning lead for this initiative on behalf of the participating PHNs.

The Future State model is centred around the Head to Health principle of 'no wrong door into mental health' through a hub and spoke model. The centralised phone number provider (the Hub) undertakes a standardised intake, assessment and referral process to every person who calls the phone number. If a caller is deemed to need face to face mental health services, the Hub works with regional PHN Spokes to identify a local service commissioned service provider who the client can be referred to. Through scales of efficiency the Future State model is offering 24/7 coverage and other innovative services not offered in other regions.

Level 5 (most acute) presentations to the Head to Health Phone Line are referred to the NSW Community Mental Health Access Line through a manual process. The Head to Health Future State model would be well suited to integrate with the to be developed NSW Mental Health Single Front Door.

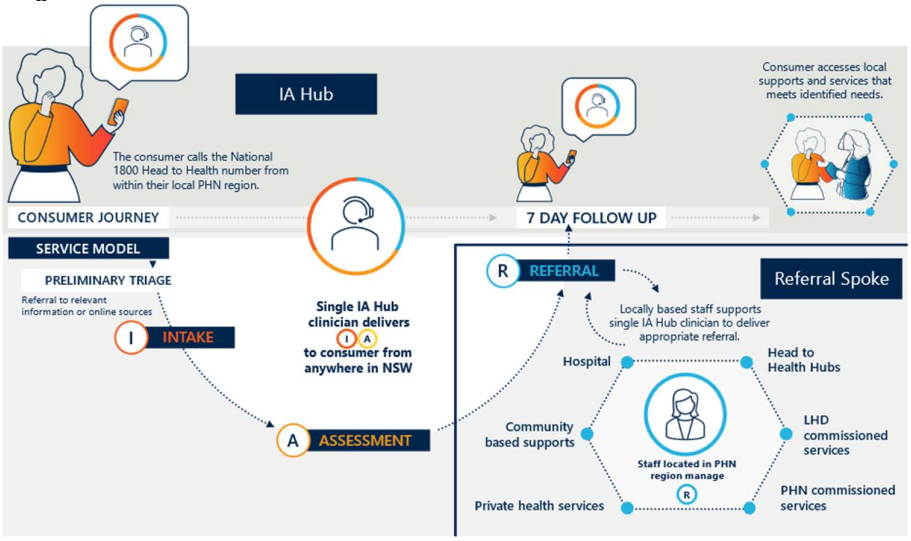

Figure 3 - Head to Health Future State Model Consumer Journey

Healthy North Coast has developed a transformative approach to addressing pressure on emergency departments by triage 4 and 5 presentations that are amenable to primary care interventions. This initiative – North Coast Health Connect – has been rolled out across the North Coat and tailored to each specific location. The service provides supported wayfinding for consumers, saving them valuable time and ensuring they get access to the care they need. More information is provided in Case Study 4.

Case Study 4: North Coast Health Connect – a distributed model of urgent care
In 2019 Healthy North Coast established a project to improve access to primary care, following data analysis of North Coast ED use which showed concerning trends. The ageing population was creating strong demand in primary care while younger generations are utilising low urgency care in hospital EDs at rates above the national average.

The intended outcomes of the Primary Care Access initiative was to shift the demand dynamic from reactive to proactive and:

- Reduce low urgency ED presentations (triage 4 and 5 without admission) for targeted cohorts – young people and Aboriginal people.
- Increase primary care service utilisation by young people through new service delivery models that acknowledge and overcome current access barriers in primary care.
- Improve patient experience of coordination and care planning for patients over 65 in general practice.

North Coast Health Connect was commissioned to provide free same day access to general practice and community pharmacies across the region.

North Coast Health Connect is a distributed model of urgent care:

- Urgent care appointments available across a distributed network of 25 general practices and 20 community pharmacies across 12 local government areas.
- The service reinvests into existing general practices and community pharmacies – no need to set up a stand-alone service.
- The model is suitable for smaller and rural communities where a stand-alone urgent care centre would not be feasible.

To date there have been over 18,000 phone calls and webchats to North Coast Health Connect and over 2,000 free same day GP appointments have been booked. 25 per cent of all callers have been diverted from ED to primary or self care. North Coast Health Connect is being evaluated over five years by The George Institute for Global Health.

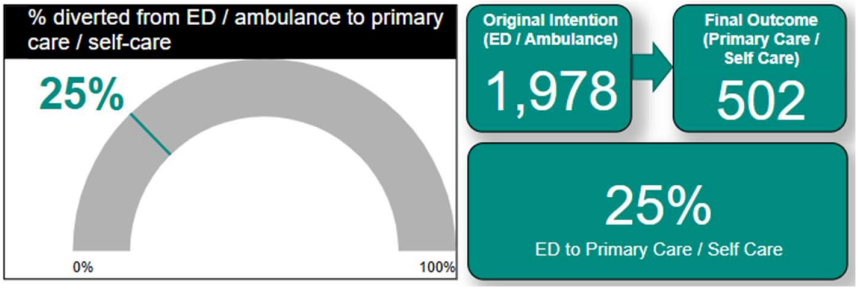

Figure 4 - North Coast Health Connect ED Diversion

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4. Improve wayfinding and service navigation for NSW health consumers through an integrated 'open doors' that offer direct referral into face-to-face services, including primary health care.
    a. Ensure PHNs and primary care health are actively consulted and engaged in the development of NSW Health's Single Front Door.
    b. Ensure access for consumers and reduce service duplication by joining up the Mental health Single Front Door and the Head to Health Phone Service as one comprehensive front door into mental health services.
    c. Reduce pressure on hospital emergency departments by incorporating distributed models of urgent primary health care into the NSW Single Front Door Initiative, such as HNC's North Coast Health Connect model.

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