



NADA
network of alcohol & other drugs agencies

NADA submission to:

Health reform in NSW:

A discussion paper on implementing the Federal Government's 'A National Health and Hospitals Network for Australia's Future' in NSW

August 2010

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW.

NADA's goal is to support non government drug and alcohol organisations in NSW to reduce the alcohol and drug related harm to individuals, families and the community.

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INTRODUCTION

This paper provides a response from the Network of Alcohol and Drug Agencies (NADA) on the proposed health reform processes in NSW, specifically the change from 8 Area Health Services to 17 Local Health Networks by July 2011. The submission articulates key concerns for the non government drug and alcohol services sector in relation to the proposed role, boundaries and governance of Local Health Networks.

The signing of the National Health and Hospitals Network Agreement in April 2010 has forced all people who work in the health system in government, non government and private settings to consider their current role in the system and what their future role may be. The drug and alcohol sector is no exception. The major reform measures will be the establishment of Local Hospital or Health Networks and Primary Health Care Organisations or Medicare Locals as well as changes to current funding arrangements for both hospitals and primary health care. It is a critical time to examine the current policy and service delivery arrangements for a number of health program areas including those whose ongoing responsibility (State and/or Federal) is yet to be determined, such as drug and alcohol, mental health, community health promotion and child and maternal health.

NADA believes that the proposed reforms to the national health system provide an opportunity for the further refinement of the NSW drug and alcohol sector as a comprehensive drug health service system. Key to the realisation of this service model is the clear articulation of roles, collaborative working relationships and linkages between government and private services largely provided in hospital inpatient and outpatient settings and community based drug and alcohol treatment and health promotion services predominantly provided by non government organisations. The issues of service linkages and system cohesion need to be considered in detail by the NSW Government in the establishment of Local Health Networks as well as the Federal Government in the establishment of Medicare Locals.

In relation to drug and alcohol services, NADA is concerned that the development of Local Health Networks with government drug and alcohol services clearly linked to hospitals will create a two tiered system between government and non government service providers which will result in poor care coordination, difficulty for clients in service access and integration and most importantly, the perpetuation of a medical dominated model of drug and alcohol treatment rather than an approach which recognises the social determinants of health. To elaborate on this position, NADA's response to the NSW Health Mental Health and Drug and Alcohol Office Draft Drug and Alcohol Services Position Paper (circulated 28 August 2010) is included as an appendix to this submission.

About NADA

NADA is the peak organisation for the non government drug and alcohol sector in NSW, and is primarily funded through NSW Health. NADA has over 100 members providing drug and alcohol health promotion, early intervention, treatment, and after-care programs. These

organisations are diverse in their philosophy and approach to drug and alcohol service delivery and structure.

NADA's goal is *'to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community.'*

The NADA program consists of sector representation and advocacy, workforce development, information/data management, governance and management support and a range of capacity development initiatives. NADA is governed by a Board of Directors primarily elected from the NADA membership and holds accreditation with the Australian Council on Health Care Standards (ACHS) until 2014.

Further information about NADA and its programs is available on the NADA website at www.nada.org.au.

PREPARATION OF THIS SUBMISSION

NADA welcomes the opportunity to provide input into this NSW Health discussion paper, *Health reform in NSW: A discussion paper on implementing the Federal Government's 'A National Health and Hospitals Network for Australia's Future' in NSW.*

The comments provided in this submission have been prepared by NADA staff on behalf of the NADA membership with input from the NADA Board of Directors. NADA would be happy to discuss any of the comments made in this submission further with NSW Health.

SUMMARY OF NADA SUBMISSION

NADA endorses structural reform of the NSW health system and in relation to the proposed structure, role and governance of Local Health Networks and health reform more generally, NADA makes the following recommendations which will be discussed in further detail in subsequent sections of this submission:

Recommendation 1: The relationship between Local Health Networks and non government service providers is clarified particularly regarding future arrangements for the provision of drug and alcohol services in NSW. Consultation should occur with non government health services including not-for-profit and private providers as well as consumers and community members.

Recommendation 2: Further consideration is given to the alignment of Local Health Networks and Primary Health Care Organisations in the interest of more coordinated overall health service provision.

Recommendation 3: Securing meaningful community input should be a feature of the governance structure of Local Health Networks. This should be achieved through the inclusion of representatives from community based, non government health services, consumers and local community members in the structure and governance of Local Health Networks. Additionally, more detail on the responsibility of Governing Council members should be made publicly available including the duration of terms for appointed members.

Recommendation 4: As part of broader health reform processes, current service delivery arrangements from the NSW drug and alcohol program should be reviewed and further resources should be invested in the community based drug and alcohol service system. The non government sector provides a continuum of services in the community that can be readily expanded to provide community focussed treatment and health promotion services comprehensively across NSW.

RESPONSE AND COMMENTS ON SECTIONS OF THE DISCUSSION PAPER

1. THE ROLE OF LOCAL HEALTH NETWORKS

The discussion paper notes that the responsibilities of Local Health Networks will involve 'local planning and delivery of clinical services – hospital and community,' yet there is no reference to non government health services in this section. Non government services provide a significant proportion of health services in a number of program areas including drug and alcohol. As stated on the NSW Health website in 2009/10 the NSW Drug and Alcohol Budget is \$140 million.¹ Approximately \$30 million or over 20% of this funding is allocated to non government organisations² that make up 28% of drug and alcohol agencies according to the NSW Minimum Data Set.³ As clearly evidenced by these figures, drug and alcohol service delivery is far more than government services delivered in hospitals (or hospital grounds) and NADA is alarmed that the contribution of specialist non government drug and alcohol services is not explicitly recognised as part of the specialist network in the NSW drug and alcohol program, particularly the role that they play in community based treatment, rehabilitation and health promotion.

¹ NSW Health, Mental Health and Drug and Alcohol Office web page, http://www.health.nsw.gov.au/mhdao/index.asp#para_2, accessed 23 July 2010.

² NSW Health (2009). Discussion Paper: NSW Health NGO Review Program, available from http://www.health.nsw.gov.au/resources/aboutus/business/pdf/NSW_Health_NGO_Review_Discussion_Paper.pdf, accessed 17 August 2010.

³ NSW Health (2007). Drug and alcohol treatment services in NSW 2005/06: Annual report of the NSW Minimum Data Set, available from http://www.health.nsw.gov.au/pubs/2007/drug_ar_05_06.html, accessed 17 August 2010.

Planning documents and subsequent implementation processes should make explicit the important role of the non government sector and include both service linkages and care pathways that will exist. Additionally, the non government sector (as well as other health service providers and consumers) should be further consulted about the establishment of Local Health Networks and their perceived impact to the current arrangements for the delivery of health services.

Also in this section on the role of Local Health Networks, it is stated that responsibilities of the State will include 'Speciality Clinical Services Network development, coordination and support' and includes drug and alcohol services. As the responsibility for drug and alcohol treatment services is yet to be determined and will be discussed at the Council of Australian Governments meeting in December 2010 as detailed in the National Health and Hospital Network Agreement, NADA is not sure how the discussion paper can claim State responsibility for drug and alcohol services if it is still to be determined.

Recommendation 1: *The relationship between Local Health Networks and non government service providers is clarified particularly regarding future arrangements for the provision of drug and alcohol services in NSW. Consultation should occur with non government health services including not-for-profit and private providers as well as consumers and community members.*

2. BOUNDARIES OF LOCAL HEALTH NETWORKS

Health experts have noted the importance of alignment between Local Hospital Networks and Primary Health Care Organisations (PHCOs) or Medicare Locals, for example,

*"Without common governance, policies, or areas of operation, the extent to which LHNs and PHCOs will provide seamless care, particularly around hospital discharge for chronic care coordination, is questionable."*⁴

There are a number of differences between the boundaries proposed for Local Health Networks in this discussion paper and the options put forward in the modelling paper on PHCOs released by the Australian Government on the yourhealth website⁵, including the preferred option with 16 PHCOs – 9 metropolitan, 2 major regional and 5 rural.

⁴ Leeder, S. Innovations in care: How well will the new Local Hospital Networks and Primary Health Care Organisations suit us? Presentation given on 6 July 2010, accessed on 13 August 2010 from: http://www.menzieshealthpolicy.edu.au/other_tops/pdfs_events/srl060710.pdf

⁵ Carla Cranny and Associates (2010). Framework for the development of Primary Health Care Organisations in Australia. Report prepared for the Australian General Practice Network Boundary Modelling Project. Accessed 11 August from <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/AGPNSubmission>.

While NADA acknowledges that the modelling paper on PHCOs may not include the final configuration of PHCO boundaries, the fact that one set of boundaries is being determined by the NSW Government and one by the Australian Government means that there is little chance of alignment and the potential for less coordination and more confusion for the health system. The issue of boundaries of Local Health Networks and PHCOs and the possibility of further fragmented and disjointed services is an issue of concern for non government service providers as it is for many consumers and community members.

Recommendation 2: *Further consideration is given to the alignment of Local Health Networks and PHCOs in the interest of more coordinated overall health service provision.*

3. GOVERNANCE STRUCTURE OF LOCAL HEALTH NETWORKS

There is no mention of non government services in the discussion on the governance structure of Local Health Networks. In the diagram that is part of the section titled, 'How the system will work,' non government health services are not mentioned. NADA is concerned about the lack of detail on the position of non government health services in the new model of Local Health Networks. Additionally, the representation from non government health service providers on the Local Health Network Governing Councils needs to be included in their establishment as they are a crucial part of the health sector with strong community connections (often established and developed out of direct community action and need).

NADA supports the input of consumers and community members as members of Local Health Network Governing Councils. To recognise the important role played by this group, resources should be provided to support the participation of consumers and community members.

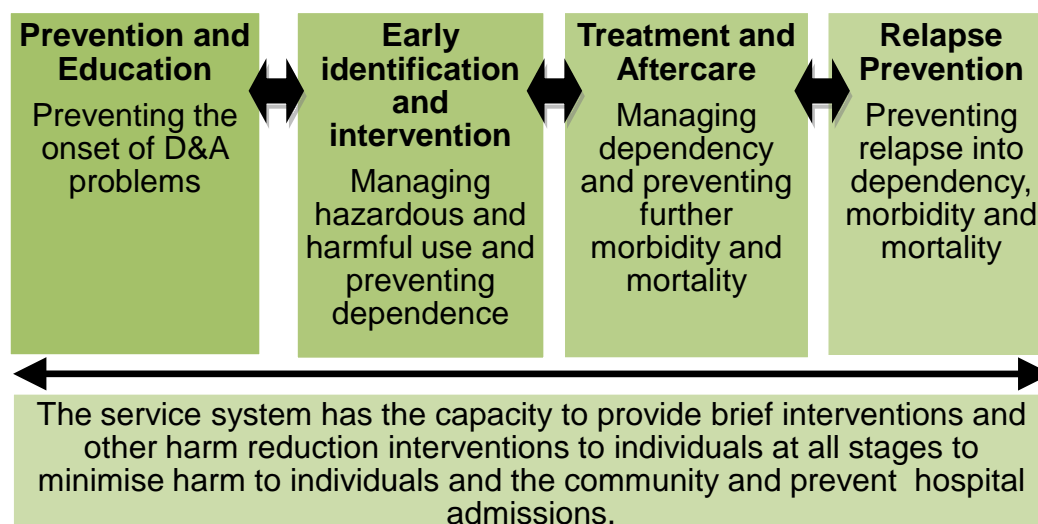
Additionally, it is unclear from the discussion paper about the full extent of responsibilities of appointed members of Local Health Network Governing Councils, particularly the duration of their term, e.g. will terms align to the duration on parliamentary terms or will there be an annual process of assessment and re-appointment?

Recommendation 3: *Securing meaningful community input should be a feature of the governance structure of Local Health Networks. This should be achieved through the inclusion of representatives from community based, non government health services, consumers and local community members in the structure and governance of Local Health Networks. Additionally, more detail on the responsibility of Governing Council members should be made publicly available including the duration of terms for appointed members.*

4. THE DRUG AND ALCOHOL SERVICE SYSTEM

NADA would like to take the opportunity in this submission to discuss some issues relating specifically to the drug and alcohol service system.

NADA strongly endorses the characterisation of drug and alcohol dependence as a chronic relapsing condition and believes that the drug and alcohol service system needs to be resourced in a way that can best manage this condition at all stages. As depicted in the diagram below, the service system should address **prevention and education** services that prevent the onset of drug and alcohol problems; **early identification and intervention** services that manage hazardous and harmful use and prevents dependence; **withdrawal, treatment and aftercare** services to manage dependence and prevent further morbidity and mortality; and **relapse prevention** services that manage relapse early and in the community, keeping people out of acute services in hospitals.



NADA believes a disproportionate level of resources for drug and alcohol service delivery is directed towards the acute care system provided in hospitals. Resources should be invested in community based health services, in both health promotion and treatment, which will not only reduce demand for limited, acute care resources in hospitals but also reduce the burden of serious illness through the greater availability of programs that promote healthier choices, intervene early and provide holistic treatment tailored to the needs of individuals. The NSW non government sector provides the majority of community based drug and alcohol services and there are opportunities for new and expanded models of service delivery with a greater focus on community based care and innovation. Hospital services should be seen as a last resort, primarily for acute care crises such as drug and/or alcohol overdose, co-occurring mental illness such as a psychotic episode, or other serious illnesses.

Recommendation 4: *As part of broader health reform processes, current service delivery arrangements from the NSW drug and alcohol program should be reviewed and further resources should be invested in the community based drug and alcohol service system. The non government sector provides a continuum of services in the community that can be readily expanded to provide community focussed treatment and health promotion services comprehensively across NSW.*

CONCLUSION

NADA has concerns about the fate of community drug and alcohol service provision (most of which is provided by the non government sector) through the development of Local Health Networks in NSW as the non government sector is not mentioned in the role, structure or governance of the Networks. There is the risk of the development of a two tiered drug and alcohol service delivery system with non government services remaining the 'poor cousin' of hospital based services that are part of Local Health Networks. The vital role of the non government sector in drug and alcohol service provision needs to be recognised in both governance and funding models so that the bulk of program resources are not used up in acute, hospital-based services and so that individuals can access adequate, cost-effective and quality drug and alcohol services in the community that target health promotion, early intervention, treatment and ongoing care.

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APPENDIX A

National health reform - Drug and Alcohol Program Council draft position paper

A draft position paper was circulated on 28 August 2010, following a meeting of the NSW Health Program Council which is the peak drug and alcohol governance body comprised of representatives from the NSW Health Mental Health and Drug and Alcohol Office, Area Health Service Drug and Alcohol Directors and non government peak bodies such as NADA, the Aboriginal Health and Medical Research Council and the Drug and Alcohol Multicultural Education Centre. This paper recommended that drug and alcohol services should be located as distinct clinical streams within the proposed Local Health Networks with a driver for this model being the maintenance of Addiction Medicine as a medical speciality. The NADA response to this draft paper is reproduced below. The response was emailed to the Acting Director, Mental Health Drug and Alcohol programs on 30 August 2010.

The Network of Alcohol and Drug Agencies (NADA) does not endorse the recommendations outlined in the Drug and Alcohol Services Position Paper prepared by the Mental Health and Drug and Alcohol Office (MHDAO). The paper does not reflect the position of NADA and the non government sector which has been made explicit in previous discussions with NSW Health and as such, the paper should not use the imprimatur of the Drug and Alcohol Council, it should instead be stated explicitly that this is the position of Area Health Service members of the Council.

NADA is deeply disappointed by the narrow focus of the drug and alcohol services depicted in the paper that exclusively refers to the drug and alcohol program in terms of a medical speciality and hospital based clinical services without any mention of prevention, health promotion, early intervention and community based treatment services.

The substantial proportion of services provided by the non government sector is not even alluded to in this position paper despite the fact that the sector receives over 20% of the NSW drug and alcohol budget (plus additional funding from the Department of Health and Ageing) and according to Minimum Data Set figures makes up 28% of drug and alcohol treatment services.

NADA makes the following comments in relation to specific sections of the paper:

- It is very obvious that the paper aims to preserve drug and alcohol as a medical speciality aligned to hospitals. In the spirit of reform, the focus of the paper should actually be on better care and outcomes for clients and a service system that meets the needs of the NSW people rather than to “sustain vulnerable services” (p.3). NADA also does not believe that the assertion that the recommended model will “ensure responsive and sustainable drug and alcohol services” is substantiated with any evidence in the body of the paper.*
- NADA explicitly does not support the aim of the delivery of drug and alcohol services from within Local Health Networks to “foster professional, medically oriented services.” It should be recognised that the majority of drug and alcohol*

services occur in client oriented (rather than medically oriented) community based settings.

- *In section 3.1, it is detailed that the main driver of this model is the Addiction Medical speciality and preserving clinical networks. NADA believes that the focus of any reviewed model of drug and alcohol service delivery should consider the range of services that make up the drug and alcohol program. The outline of this model strongly places priority on clients in need of acute, hospital based care to the detriment of the larger number of clients that access non hospital based service provided in the community.*

- *Certain principles outlined on page 2 such as “self sufficiency of a network” and “maintaining clinical networks” seem to have been awarded a higher priority in the proposed model than other such as “providing seamless service and continuity of care” as there is no discussion of how care will be coordinated across drug and alcohol services provided by government and non government providers.*

- *The role of MHDAO in coordinating and managing partnerships with the non government sector at a state-wide level is problematic. While NADA has a strong working relationship with MHDAO relating to planning, program management and sector development, a second level of partnership with the non government sector is needed in terms of service delivery and care pathways between drug and alcohol services. The proposed model omits any mention of the need for such partnerships and the location of government drug and alcohol services within Local Health networks may make these relationships even more difficult to foster in the future.*

NADA will additionally be providing a more detailed submission on the NSW Government discussion paper, Health reform in NSW.