

NSW HACC ISSUES FORUM

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2 August 2012

Mr Steve Georganas, MP
Chair
Standing Committee on Health and Ageing
C/- Committee Secretary, House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600
Email: haa.reps@aph.gov.au

Supp. Submission No. 85.1

mal (Dementia)

Date: 03/08/2012

Re: Question on Notice: Inquiry into Dementia: Early diagnosis and intervention

Dear Mr Georganas

Thank you for giving the NSW HACC Issues Forum the opportunity to present additional evidence to the Committee regarding this Inquiry at the hearing held on 22nd June 2012.

At that hearing the NSW HACC Issues Forum representatives were asked to respond to the following question on notice regarding Medicare Locals:

Just give us a bit of an outline of what, at this time, looks to you like best practice for a response to the issue of dementia.

The NSW HACC Issues Forum and the Council of Social Service of NSW (NCOSS) are not presently resourced to conduct a comprehensive review of the practices of NSW Medicare Locals in this area. However, discussion with members of the HACC Issues Forum and NCOSS has shown that there are some areas of good practice which could be improved upon in the activity of Medicare Locals.

Medicare Locals, organisations established by the Commonwealth Government's National Health Reform process to co-ordinate primary health care delivery and address gaps in local services, have begun operations in three tranches from 1 July 2011. The latest tranche of Medicare Locals began operating on 1 July 2012. There is, therefore, considerable variety in the experiences of each region in the HACC and community care sector with respect to relationships with Medicare Locals.

In the initial tender stage, Divisions of General Practice were invited by the Department of Health and Ageing (DoHA) to tender for the contract to operate as Medicare Locals. However, each Division of General Practice operated slightly differently and had different relationships with the community care sector. Furthermore, some of the Divisions which tendered to operate as Medicare Locals partnered with other organisations in their tender proposals; some of those organisations were involved with existing collaborative activities between the community care and primary health care sectors. Some collaborative initiatives have therefore been carried over to the activity of Medicare Locals from their predecessors and/or constitutive organisations. WentWest, in Western Sydney, and the Hunter Medicare Local, are two examples of these.

Good Practice Recommendations

NCOSS and the HACC Issues Forum recommend that Medicare Locals must act on wider social determinants of health to be effective in addressing particular health conditions

such as dementia, particularly in population groups who experience other barriers to accessing health services, such as Aboriginal and Torres Strait Islander people. Partnerships with the community care and non-government health sector are an important component of addressing access and equity issues for people with dementia.¹

NCOSS is in the process of developing an NGO Engagement Kit for NSW Medicare Locals, to provide a guide on how Medicare Locals can facilitate the active involvement of the NGO sector, including the community care sector, in their activities and governance.

The NCOSS Briefing Paper on *Medicare Locals and NGOs*² outlines some suggested strategies for engagement between Medicare Locals and the NGO sector:

Good Practice Examples

How to engage

Some of the potential opportunities for relationships between Medicare Locals and Health and Community Services NGOs include:

Governance:

- membership of Medicare Locals' Boards
- representation on Advisory Committees / Working Groups

Planning:

- participating in joint service planning
- identifying evidence-based strategies to improve health outcomes and the quality of service delivery for disadvantaged or under-served population groups

Service provision:

- providing information for local service directories or databases
- making referrals for service
- joint or collaborative local service provision

Performance monitoring

- sharing service data
- participating in Health Communities reports

In an email survey many HACC Issues Forum members reported that a number of Medicare Locals had been in contact with HACC Development Officers in NSW. Many of the more recently established Medicare Locals had not yet begun specific initiatives relating to community care and/or dementia.

Some of the more well-established Medicare Locals are involved with shared initiatives between primary health and community care sectors.

Hunter Medicare Local (HML)

The regional Younger Onset Dementia Working Group involves a membership of some 30 NGOs and health services, including HML. The Working Group developed a Clinical

¹ See AGPN, UNSW & GP NSW (2012) *Health Access and Equity: a discussion paper for Medicare Locals*, March, available at:

http://www.agpn.com.au/_data/assets/pdf_file/0017/41363/20120328_rep_Final-Access-and-Equity-Discussion-Paper-for-Medicare-Locals.pdf (last accessed: 30/07/2012).

² NCOSS (2012) *Briefing Paper: Medicare Locals and NGOs*, January, Sydney, available at: <http://www.ncoss.org.au/resources/120206-NCOSS-Briefing-paper-Medicare-Locals-and-NGOs-Jan%202012.pdf> (last accessed: 24/07/2012).

Pathway as a guide for GPs in assessing, referring and managing care for people with younger onset dementia, and was supported with resources by HML. HML facilitated consultation with primary health care providers, including GPs, in the region.

HML's participation in the Working Group constitutes a formal means of networking amongst professionals and organisations involved with health and community services for people with dementia. This networking has resulted in the development of further joint projects.

HML has also been involved with the Practice Nurse Integration project. This project involved training for practice nurses in referring people with dementia for more complex case management and community care services. This project resulted in a significant increase in referrals to the Community Dementia Nurse Program, and then further referral to HACC services.

WentWest Ltd. (Western Sydney Medicare Local)

While there have not been specific regional initiatives relating to dementia that WentWest has been involved with, WentWest has been proactive in seeking the involvement of the community care sector, and the broader non-government sector in its general activities.

One early initiative was a forum on models of care for older people held in October 2011, which included acute and primary health care and community care presenters on innovative models of care for older people. At that forum a wide variety of professionals and organisations were invited to attend, and the venue was at capacity.

WentWest has established Local Community Partnerships in each Local Government Area (LGA) it is responsible for. Each has invited non-government service providers, social workers, aged care providers and members of the community to participate in local planning and initiatives.

WentWest has engaged closely with the regional non-government peak organisation, Western Sydney Community Forum (WSCF), and spoken and participated in a range of events held by Western Sydney Community Forum. WentWest has also facilitated WSCF's involvement with the Connecting Care Program³ being co-ordinated by the Western Sydney Local Health District.

Should clarifications or further information be required, please contact Ms Rashmi Kumar, NCOSS Senior Policy Officer or (02) 9211 2599

Yours sincerely

Alison Peters
Director, Council of Social Service of NSW (NCOSS)
On behalf of the NSW HACC Issues Forum

³ The Connecting Care Program is a NSW Ministry of Health program being delivered by Local Health Districts. It aims to improve management of chronic health conditions through improved co-ordination, planning, and multidisciplinary care for people with chronic disease living in the community. See http://www.health.nsw.gov.au/cdm/severe_chronic_disease_management_program.asp.