

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2016 - 2017, 19 October 2016

Ref No: SQ16-000528

OUTCOME: 2 - Health Access and Support Services

Topic: Mental Health Nursing Services

Type of Question: Written Question on Notice

Senator: Siewert, Rachel

Question:

How would "low" and "medium" need clients be determined with the new service model?

a) How would that affect the funding formula used for the primary health networks?

Answer:

Each PHN has its own arrangements in place to determine methods through which individuals will be assessed and referred for health services. These arrangements are informed by a variety of means, including needs assessments and input from key stakeholders through formalised governance mechanisms, such as GP-led Clinical Councils.

Needs assessments are required as part of the contractual obligations under the *PHN Program: Primary Mental Health Care Funding Agreement*, between the Department and all PHNs. The needs assessments are intended to inform the PHN of client needs in their regions and the service responses required to match those needs.

PHNs are also required to have GP-led Clinical Councils and representative Community Advisory Committees to report to the Board on locally relevant clinical and consumer issues. PHNs must have broad engagement across their region including with nurses, allied health providers, and state and territory government health services.

a) The funding formula for regional PHN allocations is based on population estimates and is weighted for rurality, Indigenous status and socioeconomic disadvantage.