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Nursing and midwifery workforce

Transcript p5-6

The CHAIR: Just on that, Ms Pearce, the Bureau of Health Information [BHI] report says New South Wales has the lowest number of nurses per capita of any State in Australia. This is in Healthcare in Focus 2016, and it puts New South Wales at 1,038 nurses per 100,000 population, which is below every other State.

Ms PEARCE: I will have to take that on notice if you wish me to come back to the Committee with some specifics in regard to that issue. What I can tell you is that there has been a concerted effort in regard to increasing the nursing and midwifery workforce. For example, from June 2012 until June 2017 we employed an additional 5,086 nurses and midwives—that is a 12.1 per cent increase in terms of those staffing numbers over that period. So there has been a significant investment in the recruitment in particular. We have been a very strong recruiter here in New South Wales in regard to the recruitment of graduate registered nurses and some models around student midwives and graduating midwives as well.

I have not looked at it in recent times because I have moved out of the chief nursing/midwifery officer role, but certainly during these recent years, New South Wales was the biggest employer by quite a considerable amount of newly graduating nurses and midwives. I am happy to take any more specifics that you might require on notice and come back to the Committee if you wish.

Response:

The Bureau of Health Information report, based on the Australian Institute of Health and Welfare Labour Force Survey is inclusive of nurses who work in the public and private sectors in NSW. This is important as this report does not include the contribution of non-registered nursing staff, specifically Assistants in Nursing.

In NSW, Assistants in Nursing or Personal Care Assistants provide care predominately in the aged care sector/areas.

The number of new graduates nurses and midwives employed by NSW Health has remained consistent, with 2,302 recruited in 2017, an increase of 9.46 per cent from 2016.

Number of FTE nurses in NSW

Transcript p6

The CHAIR: Would you have an idea of what the full-time equivalent number of positions for nurses is across New South Wales?

Ms PEARCE: Yes. At June 2017 it was 47,282 FTE.

The CHAIR: How many have we got employed at this point?

Ms PEARCE: Again, I would have to take that one on notice. That was June; it is unlikely to

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have changed considerably. Obviously the head count would be much higher than that, and I know that the head count is over 50,000 nurses and midwives here in New South Wales. There are also different models that exist in New South Wales in terms of our staffing arrangements compared to other States in terms of what is included in those numbers, which is often an issue when you are comparing jurisdictions. But certainly I would be happy to provide more information to you.

The CHAIR: That would be helpful. If you could perhaps have a look at the criteria they have been using and pull it apart for us?

Ms PEARCE: I am very happy to.

Response:

Nursing full time equivalent for September 2017 was 47,168. This is an increase of 1,290 full time equivalent from September 2016 (45,878 FTE).

Smoking bans - statistics on incidents

Transcript p7-8

Mr GREG PIPER: It was not discussed in great detail but a member of the Committee felt that that was acceptable, while most people understood that it could be an exacerbating feature of an admission for someone who is a smoker, although they are presented with options such as nicotine patches. Are any statistics kept on problems that manifest, such as injuries, assaults, seclusion or restraint, that could be attributed in part to the immediate implementation of a smoking ban on a person who presents and has been a long-term smoker?

Dr LYONS: I start by indicating that, yes, we do have a smoke-free healthcare policy and that is right across all of NSW Health. That does ban the use of cigarettes, other smoking products and e-cigarettes in NSW Health buildings, grounds and vehicles. This was established some time back and the policy is really to reduce the number of patients, staff and visitors who are exposed to environmental tobacco smoke when they are in contact with our facilities. We recognise that there are particular challenges for certain patients and it is not just people in our mental health facilities. People in our emergency departments are often presenting in very stressful situations. It is a requirement of our staff to consider that when they are caring for patients and to think about how they can support their anxiety or stress in other ways, but that is a challenge, particularly when people are admitted for an extended period of time and in particular when they are admitted involuntarily to our services. It is a policy that we are complying with. We recognise the challenges for some patients, particularly in our mental health facilities, in not being able to have access to cigarettes, but it is difficult for us to create exemptions and not then achieve the goals that we are seeking to achieve, which is why there is a strong focus on supporting consumers or patients in our services with strategies to quit smoking while they are in our facilities. That is the focus of the policy at the moment: looking for alternatives to cigarette smoking while they are in inpatient care and hopefully supporting them to a healthier lifestyle when they are outside our care as well. As to your specific question about statistics, there are no statistics kept around the causes or relationship of seclusion restraint or aggressive episodes linked to patients not being able to access cigarettes. I am not aware of any statistics in that regard, but I am happy to take that on notice.

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Response:
The incident reporting system in the NSW public health system is called the Incident Information Management System and no specific statistics are kept on incidents that arise from the *NSW Health Smoke-free Health Care Policy*. While in hospital, mental health staff support patients who are smokers through the *NSW Health Smoke-free Health Care Policy*. The policy mandates that health services provide patients who are dependent on nicotine with nicotine replacement therapy to reduce withdrawal symptoms and cravings and is available on the NSW Health website at: www.health.nsw.gov.au.

Smoking prevention programs for people with mental health issues

Transcript p8

Mr GREG PIPER: I would like a response if possible. It seems to me a logical conclusion that somebody is acting out because they feel the need for a cigarette. I cannot believe that it has not happened that these things have not escalated to require some kind of restraint or seclusion. Regardless, I am not here to advocate for smoking. It is excellent that mental health services are being directed more towards community based interventions and support. Are there any targeted or ongoing programs specifically to engage with people with mental health issues to reduce their level of smoking, given that it is clear that that cohort has a higher than average level of smokers in the community? It seems to me that the most targeted intervention is when they present as an inpatient. That is for a number of reasons and you have stated that it is not just for the patient but for other people who receive that smoke passively, such as other patients and workers. That would seem to be a worthwhile program to assist people with mental health issues in the community to move away from smoking.

Dr LYONS: I do not have any specifics about programs, so I will take that on notice and provide you with some detail after the hearing.

Response:

The Cancer Council NSW supports smoking cessation through their Tackling Tobacco program. Tackling Tobacco is a step-by-step program that aims to reduce smoking related harm amongst the most socio-economically disadvantaged groups in NSW.

The program takes an organisation-wide approach to embed cessation support into routine care provided by community organisations. The program has reached 149 community organisations, including many that support clients with mental health issues.

The Ministry of Health is currently working with the Cancer Council NSW on a project to support smoking cessation in Housing and Supported Accommodation Initiative services for people with mental health issues. The NSW Quitline provides training to their call centre staff to provide advice to people with mental health issues to quit and monitors the number of calls from people who identify as having mental health issues.

While in hospital, mental health services staff support patients who are smokers through the *NSW Health Smoke-free Health Care Policy*. The policy mandates that health services provide patients who are dependent on nicotine with nicotine replacement therapy to reduce withdrawal symptoms and cravings and is available on the NSW Health website at: www.health.nsw.gov.au.

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Shellharbour Hospital assessment process

Transcript p11

Mr RYAN PARK: What evidence was there for the construction of a private hospital at Shellharbour versus the construction of a public hospital at Shellharbour?

Dr LYONS: I was not directly involved in that assessment process so I cannot give you the detail around that, I am sorry. Maybe we can take the question on notice and provide you with some detail around the assessment process.

Response:

The Government will proceed with a government-led procurement model for the redevelopment of Shellharbour Hospital.

Sugar Tax

Transcript p11-12

Mr RYAN PARK: Have you provided any advice to government on a sugar tax? Does NSW Health have an opinion on a sugar tax?

Dr LYONS: We will have to take that on notice. I am not sure that we have provided any advice, but we will take it on notice. That would be something the Chief Health Officer would do.

Response:

Taxation is a national issue best addressed at the Commonwealth level.

The strongest evidence regarding the impact of sugar on overweight and obesity is for the effect of sugar-sweetened beverages with no nutritional value. These are associated with an increased risk of weight gain in both adults and children.

NSW Health is increasing the availability of healthier beverages in a range of government settings, including school canteens (in partnership with the Department of Education) and NSW Health facilities. From the end of this year, sugar-sweetened beverages will not be sold to staff and visitors in NSW Health facilities.

Smoking bans

Transcript p12

Mr RYAN PARK: Recently a remarkable report from Britain came across my desk—and I do not have any opinion on this. I understand that Britain is thinking of banning smoking when children born at a certain time reach a certain age. I do not know the age group but, say, when a child born this year reaches a certain age—say, 18—smoking will be banned. Are you aware of this report? Has such a plan been considered here?

Dr LYONS: I am not aware that it has been considered. We will have to take that on notice.

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Response:

There are no plans to amend the *Public Health (Tobacco) Act 2008* in NSW to ban smoking once children born in a certain year reach a certain age.

NSW Health has implemented a range of evidence-based strategies to reduce smoking and smoking-related harm. These strategies include supply and retail display restrictions, advertising bans, smoke-free laws, public education and cessation support services. The NSW Government will continue to pursue evidence-based strategies to prevent the uptake of smoking.

The rate of current smoking among 16-24 year olds in NSW has decreased from 21.5 per cent in 2008 to 16.6 per cent in 2016.

In NSW, the *Public Health (Tobacco) Act 2008* prohibits the sale and supply of tobacco and e-cigarette products to people under 18 years of age. NSW Health inspectors conduct compliance monitoring activities to ensure retailers comply with the legislation.

Further information on the progress of tobacco control in NSW is available in the Snapshot of the NSW Tobacco Strategy 2012–2017 available on the NSW Health website at www.health.nsw.gov.au.

Effectiveness of existing performance frameworks

> 1) **Do performance frameworks have the capacity to measure gaps in service delivery and determine which services are lacking?**
>
> 2) **Is there capacity to build into the health system a measure of how often services are being used in order to better document the nature and source of stress on the health system?**
>
> 3) **How can 'deep level safety' be built into performance frameworks and service agreements, over 'surface level safety'?**
>   - **If this is already being done, how is it documented?**

1) **Do performance frameworks have the capacity to measure gaps in service delivery and determine which services are lacking?**

Response

The NSW Health Performance Framework, as well as the associated Purchasing Framework and Service Agreements, are discussed in the NSW Health submission to this Inquiry.

NSW Health's Performance Framework utilises a number of techniques to identify and rectify performance concerns in service delivery. These include monitoring performance against key performance indicators and NSW Health strategic directions in a number of domains including access to services. Such key performance indicators and expected levels of performance are set out in annual Service Agreements held between the Ministry of Health and Local Health Districts/Specialty Health Networks. Importantly the framework also calls on each health service to have in place an internal performance framework. This allows for identification and management of emerging performance issues at the local level and escalation to the Ministry where necessary.

The NSW Health Performance Framework provides a relationship structure where the results of performance monitoring and mitigation strategies are discussed between the Ministry of Health and all of the Districts and Specialty Health Networks on a regular basis.

2) **Is there capacity to build into the health system a measure of how often services are being used in order to better document the nature and source of stress on the health system?**

Response

The performance reporting function of NSW Health allows the Ministry of Health to be an effective health service purchaser and system manager through high-quality data, analysis and performance reporting; and to ensure that NSW Health meets its state

and national reporting obligations and maintains high standards of public accountability and transparency.

The current data capture and reporting mechanisms allow for all services to be measured and monitored on an ongoing basis. The frequency of data capture ranges from real time in critical service areas such as emergency departments, ambulances and admitted patients, to daily, weekly and monthly for other services.

NSW Health services, as well as the Ministry of Health, track service delivery at various levels, including at local health district/specialty health network, hospital, and ward/unit level. This includes tracking the volume of services used/delivered (e.g. presentations to emergency departments, admissions to hospital, service events), as well as tracking the activity delivered (in terms of National Weighted Activity Units). Such measures of utilisation are built into service planning and purchasing arrangements. The Ministry of Health works closely with local health districts/specialty health networks on an annual basis to develop and agree on activity targets for service delivery, and budgets are determined with regard to the size and health needs of the local population, and provision of services to residents outside of local areas. Considering factors that are relevant and appropriate to each individual health service, as well as extrapolating historical data, enables effective and efficient purchasing of healthcare across the state.

3) **How can 'deep level safety' be built into performance frameworks and service agreements, over 'surface level safety'?**

Response

The System Purchasing and Performance Safety and Quality Framework is an important tool in designing, purchasing and performance managing health services that are needs-based, safe, high quality and high value care for patients. Developed collaboratively with the system, the Framework has informed the SPP Purchasing and Performance Frameworks, Service Agreements with District and Networks, and Performance Agreements with Pillar organisations for 2017-18 and beyond.

Over time this Framework will foster commitment to minimising unwarranted clinical variation; enable quick recovery when issues arise; embed a culture of respect and continuous learning and improvement; and enhance the availability of transparent, timely, reliable and attributable data.

Collection and analysis of data

Types of data collected

> 4. **Issues were raised regarding data collection for the Community Managed Mental Health sector.**
>   - **Are there some services that do not report, and can frameworks be expanded to collect data in these gaps?**
> 5. **Has NSW Health consulted with peak bodies who advocate for LGBTI people to ensure that data collection is useful and relevant?**
>   a. **Would NSW Health consider further consultation with these groups to ensure that precise language is used in order to adequately understand and reflect any health disparities between LGBTI people and the broader**

population?

6. **How does NSW Health ensure there are specific services available for vulnerable population groups? Does the provision of these services reflect findings in general NSW Health data?**

4. **Issues were raised regarding data collection for the Community Managed Mental Health sector.**

- **Are there some services that do not report, and can frameworks be expanded to collect data in these gaps?**

Response

Services that are commissioned by the NSW Ministry of Health have data collections that reflect the work that they perform and support reporting against key performance indicators. This helps to ensure that these services are providing appropriate and high-quality care, as well as meeting the obligations of contracts that are in place. Gaps in data collection may occur where local health districts/specialty health networks may directly commission services, or where a community managed organisation provides mental health services but is not commissioned by the NSW Ministry of Health. Collections are in place for federally funded services and that data is not held or accessible by NSW.

5. Has NSW Health consulted with peak bodies who advocate for LGBTI people to ensure that data collection is useful and relevant?

a. **Would NSW Health consider further consultation with these groups to ensure that precise language is used in order to adequately understand and reflect any health disparities between LGBTI people and the broader population?**

Response

The collection of sexual behaviour and identity data by NSW Health in consultation with affected communities has been fundamental to understanding HIV and other sexually transmissible infections (STI) risk and protective behaviours in Gay and bisexual men. NSW Health actively monitors and reports on HIV and STI surveillance data in NSW in partnership with ACON and Positive Life NSW and will continue to use this data to strengthen our response to achieve the targets in the NSW HIV Strategy 2016-2020 and NSW STI Strategy 2016-2020.

NSW Health will continue to work with community partners to actively review the way in which data is collected to ensure the response to HIV and STI is acceptable, contemporary, equitable and useful.

Additionally, NSW Health is supporting NADA, the NGO Drug and Alcohol Peak to embed the collection of standardised sexual identity data across NSW Health funded drug and alcohol services.

6. How does NSW Health ensure there are specific services available for vulnerable population groups? Does the provision of these services reflect findings in general NSW Health data?

Response

NSW Health uses data from range of population and patient surveys to identify the needs of vulnerable groups. This data informs policy development and service planning to meet the needs of these population groups at the Local Health District and state-wide level.

Collection and analysis of data

Data Systems

> **7. What kind of software does NSW Health use to monitor and record incidents that occur within the NSW Health network?**
>
> **8. How frequently is this software updated?**
>
> **9. Was the selection of this software subject to standard NSW Procurement policies?**
>
> **10. How would you describe the overall experiences of the existing software used within NSW Health?**
>
> **11. How does the existing incident management system respond to incidents and determine the appropriate level of investigation that is required?**
>
> **12. How is incident management publicly reported, and what is the degree of oversight and accountability of these reporting mechanisms?**
>
> **13. Who is ultimately responsible for the operation of incident management software and the response and follow up to any relevant incident?**

7.   What kind of software does NSW Health use to monitor and record incidents that occur within the NSW Health network?

Response

NSW Health predominantly utilises a software program called Incident Information Management System (IIMS). IIMS facilitates the notification, capture, management and reporting of incidents that have occurred in the public health within the one electronic system.

8.   How frequently is this software updated?

Response

The last software update occurred in 2007. The system continues to meet user needs and a new software system is under development.

9. **Was the selection of this software subject to standard NSW Procurement policies?**

Response

Yes.

10. **How would you describe the overall experiences of the existing software used within NSW Health?**

Response

The IIMS system has proven to be robust and provides a consistent and structured means to gather and report incidents. IIMS provides a reliable state wide approach to standardised, timely reporting from its online platform. The IIMS+ will continue to improve the user experience from an individual reporting and state-wide data capture ability.

11. **How does the existing incident management system respond to incidents and determine the appropriate level of investigation that is required?**

Response

Clinical incidents that are notified in IIMS are allocated a Severity Assessment Code (SAC) rating in accordance with NSW Health Incident Management Policy PD2014_004. The most serious types of clinical incidents are rated as SAC1 (the other possible scores are SAC2, SAC3 or SAC4 in declining order of severity and likelihood). The key purpose of the SAC is to determine the level of investigation and action required. All SAC1 incidents and National Sentinel Events require a Reportable Incident Brief (RIB) to be submitted to the NSW Ministry of Health and a root cause analysis (RCA) investigation is conducted.

12. **How is incident management publicly reported, and what is the degree of oversight and accountability of these reporting mechanisms?**

Response

The CEC is the delegated custodian of the state-wide data held within IIMS and is responsible for analysing and publically reporting.

13. **Who is ultimately responsible for the operation of incident management software and the response and follow up to any relevant incident?**

Response

eHealth NSW has responsibility for the IT aspect of the IIMS software maintenance. The governance of reporting and information contained within the system is managed locally within the Clinical Governance units in districts, and centrally through the CEC.

Provision of performance information

> 14. What performance information does the Ministry of Health communicate to Local Health Districts and other health services within the network?
>
>   - Do you have any feedback on how useful clinicians find this information?
>
> 15. How transparent is the performance information regarding mental health service delivery?
>
>   a. Is there scope to increase visibility of consumer experience?
>
> 16. What does NSW Health currently do to increase awareness of available mental health services? How could this be improved?
>
> 17. What is the Department's position regarding the collection and provision of post-discharge performance information, specifically in regards to mental health care services?
>
>   - Do you collect this information currently, and would this be a useful marker of effective performance provision?
>
> 18. Positive Life NSW specifically referred to the success of the Hepatitis campaign, noting the effective provision of timely, accurate and useful performance information.
>
>   - What do you think were the markers of success in that campaign, and how could they be replicated throughout the health system?

14.   What performance information does the Ministry of Health communicate to Local Health Districts and other health services within the network?
   - **Do you have any feedback on how useful clinicians find this information?**

Response

A variety of tools exist to provide access to data and information in order to engage the NSW Health system in ongoing monitoring of performance and areas for performance improvement. As described in NSW Health's submission to this Inquiry, NSW Health reports on and communicates performance through various channels, including reporting to the public on health system performance (e.g. through the Bureau of Health Information and NSW Health Annual Report).

Feedback on the usefulness of information reported by the Ministry of Health is captured through various channels, including through quarterly performance review meetings that are held with each local health district/specialty health network.

15   How transparent is the performance information regarding mental health service delivery?
   a. **Is there scope to increase visibility of consumer experience?**

Response

Information concerning the performance of mental health services is provided and reported publically through various channels. This includes the NSW Health Annual Report, and national reporting through the Australian Institute of Health and Welfare (AIHW) and the

Productivity Commission (e.g. Report on Government Services). These reports include data and information covering both ambulatory and inpatient data, as well as financial and seclusion and restraint information.

NSW Health conducts the Your Experience of Service (YES) Survey on an annual basis. The YES survey is routinely offered to consumers of mental health services to gather information about their experiences of care. Results from these surveys are made publically available on an annual basis through a report published on the NSW Health website. Monthly reports are provided to local health districts/specialty health networks on a more regular basis (monthly) so these services can engage with consumers and staff about the results.

The Bureau of Health Information currently reports quarterly on the activity and performance of the NSW public health system, including information on hospital admissions, emergency departments, ambulance, and elective surgery. The Bureau of Health Information is working to extend their reporting to mental health services, with scoping for this to commence in 2018. This addition to the Bureau's quarterly reports would provide an additional channel for public reporting, which provides transparent information at state, local health district/specialty health network, and hospital level.

16   What does NSW Health currently do to increase awareness of available mental health services? How could this be improved?

Response

NSW Health currently utilises several strategies to increase awareness of available mental health services. These include:
- The WayAhead directory, run by a community managed organisation, is a searchable database of mental health information and services. This is available at: https://directory.wayahead.org.au/
- Promotion of the newly released Head to Health website. Head to Health is a new online digital mental health gateway supported by the Australian Department of Health. It links Australians to online and phone mental health services, information and resources. This is available at: https://headtohealth.gov.au/about-us
- Lifeline's 13 11 14 telephone service is a 24 hour crisis support service. It is accessible across Australia for people experiencing a personal crisis, who are emotionally distressed or thinking about suicide. The phone number is widely promoted in the media
- The 1800 011 511 Mental Health Line is a 24 hour service providing clinical mental health triage, advice and referral to appropriate care. This line is promoted through brochures and posters available in NSW health services and community settings
- Our website contains links to local health districts and specialty health networks. These list available services, including mental health services within districts
- Mental health atlases are used by primary health networks and local health districts to identify available mental health services in various NSW regions. They contain data on services, resources and care capacity, along with information on social and demographic characteristics and related health needs
- The Ministry of Health has an active media unit that issues media releases on mental health services
- The NSW Mental Health Commission, funded by NSW Health, which has a public approach to mental health awareness through its website

- Promotion of Mental Health Month, which is run in October each year. This raises awareness of mental health services through media coverage of mental health events.

Awareness of mental health services could be improved by:
- Increasing the profile of mental health service information on websites. NSW Health is currently updating its website to this effect.
- Use of social media particularly to promote new and enhanced mental health services. This continues to be explored by NSW Health, especially with Head to Health now launched nationally.

17   What is the Department's position regarding the collection and provision of post-discharge performance information, specifically in regards to mental health care services?

- **Do you collect this information currently, and would this be a useful marker of effective performance provision?**

Response

Measures of post-discharge performance are collected, monitored and reported. This includes key performance indicators that are embedded within local health district/speciality health network Service Agreements, such as unplanned hospital readmission rates. These indicators are monitored and managed through NSW Health's Performance Framework.

In particular for mental health care, post-discharge indicators include acute 28 day readmission rates and post-discharge community care. These key performance indicators are embedded within local health district/specialty health network Service Agreements and performance is discussed at quarterly performance review meetings between the Ministry of Health and each local health district/specialty health network. NSW Health's performance against these indicators is reported annually through the NSW Health Annual Report, as well as the NSW Auditor General's report to Parliament. At a national level, the Australian Institute of Health and Welfare (through Mental Health Services in Australia) report on national key performance indicators, as does the Productivity Commission's Report on Government Services.

18   Positive Life NSW specifically referred to the success of the Hepatitis campaign, noting the effective provision of timely, accurate and useful performance information.

- **What do you think were the markers of success in that campaign, and how could they be replicated throughout the health system?**

Response

The use of the word 'campaign' by Positive Life NSW refers to the Commonwealth Government's investment in medications to improve health outcomes of people living with hepatitis C.

The new direct acting anti-viral (DAA) treatments are safe and highly effective in curing hepatitis C. The Commonwealth Government provides funding for outpatient, general

practice and prison settings (with exclusions for inpatients) through the Pharmaceutical Benefit Scheme.

NSW Health is supporting access to hepatitis C treatment, particularly in primary care. General practitioners can now initiate treatment with or without the support of a specialist. The NSW public health system will support equity in treatment access, by prioritising vulnerable populations in key settings including correctional centres, drug and alcohol services and Aboriginal Controlled Community Health Services. NSW Health has also funded a range of communication activities to support treatment uptake in NSW.

The success of this program has been driven by timely, accurate and useful performance information. The Ministry of Health closely monitors the number of people with hepatitis C who are commenced on treatment, and provides detailed quarterly reports to NSW local health districts. The Ministry has included key performance indicators in relation to hepatitis C treatment in the 2017/18 Local Health District Service Agreements and the NSW Safety and Quality Framework.

<u>Driving improvements and achieving health system objectives</u>

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19) **What kind of oversight exists for smaller organisations who receive funding from NSW Health?**
   - **Are the performance indicators for these organisations linked to broader health system objectives?**

20) **How does NSW Health determine the activity based funding per local health district?**
   - **Is this based on historical data or future projections?**
   - **Does NSW Health strategically plan for health service needs in the future?**

21) **Are health services purchased from the Ministry of Health on needs based criteria, or are they based on projections?**
   - **Is there a way of increasing the strategic underpinning of the purchasing arrangements to ensure necessary services can be accessed?**

22) **How are assessment standards reviewed to ensure that services are genuinely achieving an appropriate benchmark?**

23) **How are the benchmarks for wait time assessed?**
   - **Would there be value in making these targets more ambitious?**

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(19) What kind of oversight exists for smaller organisations who receive funding from NSW Health? Are the performance indicators for these organisations linked to broader health system objectives?

Response

Under Partnerships for Health, NSW Health allocates Ministerial grant funding to over 310 non-government organisations (NGOs) across the State each year. The size of NGOs that are

recipients of funding and the amount they receive is variable, dependent on the scale of the service they deliver. Smaller organisations generally receive funding as a contribution to their work in the community which NSW Health has assessed as supporting the health and wellbeing of the public, in particular vulnerable and hard to reach populations.

All Partnerships for Health funds are allocated with a funding agreement in place, supported by standard terms and conditions. Both documents stipulate NSW Health and NGOs' responsibilities in the administration of the funding and delivery of expected activities against this. Funding agreements are overseen either by a Grant Manager/NGO Coordinator at the Ministry or a Local Health District, who monitor NGOs activity throughout the year and request and review financial and performance reports.

Recent reform work to Partnerships for Health has emphasised the importance of all activity delivered by NGOs being aligned with NSW Government priorities. With smaller organisations that receive a contribution to their work, NSW Health monitors their performance in relation to how the activity delivered broadly supports health system objectives and/or responds to local needs.

(20) How does NSW Health determine the activity based funding per local health district? Is this based on historical data or future projections? Does NSW Health strategically plan for health service needs in the future?

Response

The NSW Ministry of Health in consultation with Local Health Districts and Specialty Health Networks strategically plans for the future health service needs of NSW residents. This planning takes into account many factors including population growth, ageing and distribution; disease patters and utilisation of health services; new and emerging models of care; new technologies; services available to the public, private and non-government sectors; community, primary (for example general practice) and admitted patient services; and the workforce needed. Strategic plans such as the State Plan and State Health Plan provide the overall framework for this planning, supported by a range of planning and forecasting tools and guidelines.

Population growth and ageing are the key factors that directly impact demand for health services. When the Ministry of Health calculates growth funding, each local health district/specialty health network receives age/sex weighted population growth as a minimum. The rate for each local health district/specialty health network is calculated using ABS population growth estimates (sourced from the Department of Planning and Infrastructure) which is then adjusted for the relative health usage of different age groups and sexes. Other growth components may then be added based on each local health district/specialty health network's circumstances.

Services are purchased from Local Health Districts/Specialty Health Networks (Districts/Networks) by a combination of activity based funding (ABF) and block funding. Districts/Networks are funded based on the outcome of purchasing negotiations with the NSW Ministry of Health, which means that the ABF allocation for Districts/Networks is based on negotiated activity targets.

Funding to Districts/Networks is based on the number and mix of patients treated. NSW uses a State Price applied to activity in the ABF model to allocate the ABF budget for each District/Network.

Block funding is provided to Districts/Networks for smaller services/health facilities (such as small rural hospitals) where activity levels are too low to be suitable for ABF. Block funding is based on the NSW Small Hospitals Funding Model (SHFM) or historical allocation (for block funded facilities not in-scope for SHFM or ABF), such as population health, aged-care related services and teaching, training and research (except embedded teaching and training costs). The NSW SHFM is based on a fixed and variable cost methodology to better reflect the true costs of a facility. The variable cost component is also responsive to activity undertaken in a facility.

NWAU is a single currency applied to all ABF activity independent of settings. The price of one NWAU is established with reference to acute admitted patient costs. This means that the care provided in other settings, such as emergency departments, is expressed relative to the average cost of acute care.

(21) Are health services purchased from the Ministry of Health on needs based criteria, or are they based on projections? Is there a way of increasing the strategic underpinning of the purchasing arrangements to ensure necessary services can be accessed?

Response

Extra growth is allocated to local health districts/specialty health networks where the per capita consumption of hospital services by the local health district/specialty health network population is lower than the NSW average. This incorporates adjustments to account for the population's age and sex structure as well as socio-economic factors that can influence the quantity of services needed by the population.

(22) How are assessment standards reviewed to ensure that services are genuinely achieving an appropriate benchmark?

Response

Expectations for health service standards are set out in the NSW Health Performance Framework and the Safety and Quality Framework. These include quantifiable Key Performance Indicators (KPIs) in a number of domains including Effectiveness, Equity, Appropriateness, Timeliness and Accessibility and Safety.

Targeted data on these KPIs are monitored on a monthly basis but for high priority service delivery areas this can increase to weekly or even daily.

(23) How are the benchmarks for wait time assessed? Would there be value in making these targets more ambitious?

Response

NSW Health determines wait times based on clinical appropriateness, and develops key performance indicators (KPI's) accordingly. These KPI's are monitored robustly in accordance with the NSW Health Performance Framework.

Role of the NSW Mental Health Commission

24) The NSW Mental Health Commission noted that NSW is the only Australian jurisdiction that does not provide for the role of Chief Psychiatrist in legislation.
   - Has NSW Health considered formalising the role of the Chief Psychiatrist in legislation to ensure accountability, independence and oversight?

25) The Commission also noted various issues that impede their practical capacity to investigate and respond to identified systemic issues. These included how they receive data regarding specific incidents and their ability to access other relevant information.
   - How does NSW Health work with the Commission to hear and respond to these issues and work to improve the system?

26) The submission noted an upcoming statutory review in which the Commission would raise these issues with NSW Health and try to build in statutory mechanisms to address these issues.
   - Has this process begun, and what changes have been agreed to?

QUESTION 24:

The NSW Mental Health Commission noted that NSW is the only Australian jurisdiction that does not provide for the role of Chief Psychiatrist in legislation.

Has NSW Health considered formalising the role of the Chief Psychiatrist in legislation to ensure accountability, independence and oversight?

Response

The Chief Psychiatrist has an existing well defined role within the health system with a range of current delegations under the Mental Health Act 2007 and Mental Health Forensic Provisions Act 1990 and Regulations, that may be freely exercised. These delegations include, but are not limited to, the authority to give direction to Local Health Districts, and Specialist Health Networks about:
- The care of individual patients (including transfer and discharge)
- Authority to consent to surgical operations on involuntary, correctional or forensic patients
- Authority in relation to approving the use of electro convulsive therapy in public hospitals
- Authority to request that the Mental Health Review Tribunal review the case of a forensic or correctional patient.

The role of the Chief Psychiatrist includes monitoring and overseeing standards, quality, and safety of NSW mental health clinical services, providing support to the Clinical Excellence Commission, and assisting with performance reviews of Local Health Districts and Specialist Health Networks.

The Chief Psychiatrist has a key role in making recommendations to the Secretary, NSW Health, Chief Executives of Local Health Districts or Speciality Health Networks regarding clinical governance processes, to consider the commissioning of an investigation, and to assist in the planning and oversight of a clinical incident investigation.

The Ministry of Health is currently undertaking reviews of the Mental Health Review Tribunal, seclusion, restraint and observations, and the statutory review of the NSW Mental Health Commission. The Chief Psychiatrist is currently leading the reviews on seclusion and restraint, and the Mental Health Commission. Creating an Office of the Chief Psychiatrist is not consistent with NSW strategic direction to locate mental health services within a whole of health, mainstream framework. Importantly, the NSW Chief Psychiatrist reports at Deputy Secretary level which preserves the independent nature of the role and strengthens its capacity to provide expert advice.

QUESTION 25:

The Commission also noted various issues that impede their practical capacity to investigate and respond to identified systemic issues. These included how they receive data regarding specific incidents and their ability to access other relevant information. How does NSW Health work with the Commission to hear and respond to these issues and work to improve the system?

Response

NSW Health is committed to fostering a collaborative and effective working relationship with the Commission. In May 2017, the NSW Ministry of Health and the Commission signed a Memorandum of Understanding that commits agencies to work cooperatively in relation to data sharing, and for Health to provide the Commission with information as relevant to its functions.

Under this Memorandum of Understanding, NSW Health representatives meet with the Commission on a quarterly basis to share mental health related data. This meeting also allows opportunity for each agency to discuss any data related concerns and queries. The Ministry has also agreed to provide the Commission with the following regular reports as they become available:
- Your Experience of Services (YES) report
- Mental Health Quarterly Performance reports
- CIBRE Report (including data on seclusion and restraint)
- New quarterly seclusion and restraint (previously provided as part of CIBRE)

QUESTION 26:

The submission noted an upcoming statutory review in which the Commission would raise these issues with NSW Health and try to build in statutory mechanisms to address these issues. Has this process begun, and what changes have been agreed to?

Response

The Statutory Review of the Commission has begun. Data accessibility has been raised by the Commission as an issue. Moving forward, the Commission is interested in collaborating with Health pillars to obtain mental health related data. No recommendations regarding legislative amendment to the *Mental Health Commission Act 2012* will be made until the conclusion of the review.