



PARTNERSHIP OF RURAL SERVICES TO ACHIEVE IMPROVED HEALTH OUTCOMES

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The boards and senior staff of six rural health services in north-western NSW are seriously considering establishing a formal partnership through the development of a single board of management to take the major responsibility for the planning, development and general management of services over an area that stretches 300 kilometres in any direction.

The North West Plains Zone of the New England Region, which includes health services at Moree, Narrabri, Wyallda and Wee Waa, has had a history of sharing services which could not be provided to each centre. These have included drug and alcohol services, geriatric assessment services, medical superintendancy, women's health and mental health services. These shared services had joint management systems permitting each of the centres to participate in their development and implementation. More recently the Zone health services have participated in the joint development of health promotion programs and have, through a process of community consultation, identified key areas which will form the basis of major health promotion programs for the future.

Early work has begun in identifying goals, targets and health indicators for Zone asthma, injury prevention and drug and alcohol programs.

Early in 1991-1992 several factors had the boards of management seriously considering strengthening the networks which already existed and forming a partnership under the umbrella name of Barwon Health Services.

Those factors included:

- difficulties and inefficiencies in the management systems for the individual shared services programs including financial accountability;
- awareness that the costs of providing services at the current level were increasing at a pace outstripping the budget available to the health service and an awareness that further efficiencies would be limited while the health services remained totally autonomous; and
- the changed orientation of the State health system to the achievement of positive health outcomes was accepted by the management of the six health services and endeavours were being made in the health promotion area. However, it was recognised that a more total orientation of management was appropriate which would require more attention to an improved management and information system and examination of the direction in which resources were allocated to determine potential for improving the outcomes with available resources.

In July 1992 a joint meeting of all six boards and their senior executive staff was held at Bellata, a village geographically central to the Zone but whose only major facility was the local hotel. At that stage there was no intention to enter a formal partnership arrangement, rather a generally expressed concern that attention was needed to address the issues identified above.

A series of meetings between the boards and working groups established by those boards was held over the next few months. The boards had considered

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the nature of their communities, aspects of community which are shared and are of importance to the future development of health services and factors not held in common.

The functions of the departments of hospitals were examined in detail to determine whether they were required in each health service site or whether they could be carried out off-site, with a reduction in the cost of those activities, and whether there were benefits to be derived from a partnership in the management of some services.

As discussions progressed a number of issues became clear. These included:

- that significant resources could be freed up by sharing major administrative functions among the six centres. Such freeing up, particularly of human resources, could permit redeployment of staff or resources into health service delivery – either hospital or community or health promotion programs;
- that a number of programs may be enhanced by a shared management. This appeared to be particularly so for some community health programs and where it was believed a joint management may permit a more equitable access to those programs by the smaller communities;
- a partnership for management of the services could provide an opportunity for a more radical reorientation to focus on the achievement of positive health outcomes. The Zone had not had access to a medical records administrator. The filling of this position led to a vast improvement in the records and their coding and subsequent action has moved to develop an improved management information system based on a greatly improved separations data system and improved accident and emergency registration system, and attention is being focused on information about services provided by community health. The program will permit a clear linking between those systems as definitions are being standardised and the information requirement for health outcomes is being identified for inclusion in the system being developed; and
- as clinical indicators are being established for measuring the quality of services provided, these requirements are also being included in the new information system.

The Zone has in the past few years worked closely with the community. Links with the community are not confined to the input provided by the directors on the boards of management. Community action in the areas of asthma and injury is already taking place – but at local and at zone level. The planning for a more formal partnership between the six services has provided further opportunity for involvement of key community representatives and ensured the involvement of key health service providers.

There is nowhere that this is more important than in the area of Aboriginal health. There is a clear commit-

ment to the improvement of Aboriginal health and a determination to improve liaison with the Aboriginal community and Aboriginal health service providers.

The mission statement for a proposed partnership is detailed in the box below and provides an indication of the direction the proposed new organisation will take should all the requirements seen as essential by participating boards be met, with a constitution which will permit local boards with revised responsibilities to enter into a partnership under the umbrella of one district board.

Whatever the outcome, health service managers and boards of directors have been through a process which has clarified the health needs of the community and the requirements for efficient and effective management of services to meet those needs and achieve positive health outcomes. The process has enabled development of more constructive partnership between local health services and the resources available through the wider services of the NSW Health Department.

It is expected "Barwon Health" will become operational July 1993.

EDITORIAL COMMENT

Since work began on forming the Barwon Health Services Network the NSW Health Department has moved to establish 23 District Health Services across rural NSW. The new District Health Services will form partnerships between the existing hospitals and health services across a geographical area to reduce administrative costs and improve services to rural communities.

One of these Districts, the Barwon District Health Service, will take advantage of partnerships described in this article and will include the following centres: Bingara, Boggabri, Moree Plains, Narrabri, Warialda and Wee Waa.

BARWON HEALTH MISSION STATEMENT

"Better health from our health investment"

To achieve the highest levels of health for the people of the shires of Bingara, Moree Plains, Narrabri and Yallaroi, through:

- Adequate definition of the health needs of communities.
- Involvement of the community in decision making for improved health.
- Provision of a wide range of health services in response to need.
- Implementation of effective health improvement programs with communities.
- Improved access by smaller communities to the range of health services.
- Involvement of the Aboriginal community and agencies in provision of health services to achieve improved health of Aboriginals.
- Provision of services which meet or exceed current standards of quality.
- Fostering of an achieving health workforce through encouragement of initiative and involvement of staff at all levels in decision making and through active staff development.
- Regular review of health outcomes gains for resources allocated to health programs.