



## NSW Association for Youth Health Inc (NAYH)

PO Box M178, Missenden Road NSW 2050  
Ph: 02 9351 0956 Fax: 02 9351 0955  
www.nayh.org.au

Email: eo@naah.org.au  
ABN: 411 2093 2447  
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### **Health Reform in NSW, August 2010, NSW Health August 2010**

The purpose of this paper is to comment on and provide recommendations for '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.

#### ***About NAYH***

The NSW Association for Youth Health<sup>1</sup> (NAYH, previously known as the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of marginalised and at-risk young people\* aged 12 to 25 years.

NAYH works closely with the State's seventeen youth health services and the majority of the Association's work focuses on providing the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

\*For the purpose of this Paper, the term marginalised and at-risk young people includes the following groups of young people who are:

- socio-economically disadvantaged
- Aboriginal and Torres Strait Islander
- culturally and linguistically diverse;
- refugees
- homeless or at risk of homelessness
- gay, lesbian, bisexual and transgender
- living with a disability
- socially isolated
- living in regional and rural areas
- experiencing mental health problems
- experiencing alcohol or emerging drug and alcohol problems
- experiencing a dual diagnosis
- at-risk of, currently in or leaving out of home care
- in contact with the criminal justice system
- victims of crime
- living with a history of abuse, neglect and trauma

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<sup>1</sup> The NSW Association for Youth Health (NAYH) is the peak body for the health service providers committed to promoting the health and well being of young people aged 12 to 25 years in NSW. NAYH represents over 100 members who advocate for quality health care for marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education.

- experiencing family breakdown.<sup>2</sup>

### **General comments**

NAYH supports the decision by NSW Health to enable early community and public debate on the direct effects of health reform on the provision of hospital and area health based services in NSW.

In general, NAYH supports the attempt to harmonise boundaries and regions so that NSW Local Health Networks (LHNs) align closely with proposed Medicare Locals (acknowledging that the boundaries of Medicare Locals have yet to be formally announced).

However, we have several concerns which we hope will be addressed prior to the future implementation of any changes.

### **Ensuring the primacy and position of youth health**

The current discussion paper articulates in broad terms where various aspects of health, and health care, might be located within State, Local Health Networks and Medicare Locals. However, the paper doesn't clearly articulate who has primary responsibility for Youth Health (and other community and population health) services.

Currently there are 17 Youth Health Services in NSW – the proposed future structure would have some Local Health Networks having responsibility for multiple Youth Health Services, with some LHNs not appearing to provide any direct youth specific health service.

Importantly, the draft NSW Health Youth Health Policy clearly articulates the role of area based Youth Health coordinators. The importance, role and function of these workers is unclear in the proposed arrangement.

In addition, there are concerns that locating Youth Health within the mandate of individual LHNs may see a relative disinvestment in youth health services that could be prevented through a “whole of State” approach to Youth Health service planning and provision.

***Recommendation 1:*** *That Youth Health be clearly oriented in a framework which best supports the activities, goals and outcomes described in the draft NSW Health Youth Health Policy*

***Recommendation 2:*** *That NSW Health begins a process of open consultation and dialogue with key stakeholders in Youth Health (including young people) to ensure that the health of young people in NSW is well supported in any future arrangements.*

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<sup>2</sup> Silk, J. (1999) *Getting it Right Report*, NSW Association for Adolescent Health.

## **Governance Arrangements**

In accord with the NSW Council of Social Services (NCOSS), NAYH has several concerns with the lack of detail currently attributed to the creation of the Local Health Network Governance Boards. The discussion paper currently lacks critical detail on the selection process and creates the opportunity for a politically-driven appointment process. There is a critical need to ensure openness, transparency and accountability of the Governance Councils.

***Recommendation 3:*** *that further detail related to the creation and operation of the proposed Governance structures be made available for broad community consultation.*

The governance structure (as it is currently described) provides significant risks to the ongoing function of community and population health programs. The arbitrary divide described in the discussion paper, with Health Promotion being a responsibility of NSW Health whilst population health aims and activities being the responsibility of Local Health Networks, needs to be better supported in local governance frameworks.

The currently described constitution of the Governance Boards has a strong focus on clinical participation, which presumably will reflect the importance of hospital (and hospital based) clinical activities. NAYH has strong concerns that unless the Youth Health (or broader community and population health) sectors are well represented on the Local Health Network governance boards; the important work of these programs will be effectively “deprioritised”.

***Recommendation 4:*** *That the Youth Health Sector (or broader community and population health sectors) be appropriately and meaningfully represented on each LHN governance board.*