



Women's Health NSW

Peak Body for Non Government

Women's Health Centres

NSW Health NGO Program Review:

Women's Health NSW Submission

November 2009

Women's Health NSW: Organisation Profile

Women's Health NSW is the peak body for, and industry association of, 23 non-government, community, feminist women's health centres in New South Wales.

Strategies incorporated by Women's Health Centres include preventative health care, community education and development, advocacy and empowerment; providing women with knowledge, skills and resources to enable them to take more responsibility over factors that may adversely affect their lives.

Member services operate from a feminist perspective and link the cause of ill health in women to a multiplicity of factors including biological, social, cultural, environmental and economic. These factors influence women's health status, their need of health services and their ability to access appropriate services.

Aims and Objectives

Women's Health NSW will be proactive on priority issues relevant to women's health and wellbeing using the following strategies:

Reorienting the health system: To reorient government and non government health services to feminist holistic women's health care approach.

Advocacy: To identify and advocate on critical women's health issues.

Networking: To develop and maintain an ongoing relationship with key stakeholders relevant to the women's health sector, government and non government.

Research: To identify, use and contribute to research and information relevant to priority women's health issues.

Women's Health NSW will increase the capacity of the women's health sector to respond to women's health issues:

Training Education and Sector Development: To provide access to ongoing training opportunities on key health issues and to support development of a well informed and skilled sector.

Models of Best Practice: To provide and promote models of best practice within the sector.

Resource Development: To provide key policy and program initiatives.

Enhance organisational management and performance to ensure Women's Health NSW achieves its aims and objectives.

Principles of Women's Health Care

Community based feminist women's health services are based on principles of social justice and an understanding of a gendered approach to health or health within a social context, as endorsed by governments throughout Australia. This endorsement was originally expressed in the National Women's Health Policy (1989) Advancing Women's Health in Australia and subsequently in various State and Territory broader policy frameworks for health priorities that have a gender view of health such as the Women's Health Outcome Framework developed by NSW Health (2002).

This view recognises that:

- health is determined by a broad range of social, environmental, economic and biological factors
- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preferences
- health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness treatment services
- information, consultation, advocacy and community development are important elements of the health process.

In accordance with these principles, feminist women's health centres provide a service which:

- encompasses all of women's lifespans, and reflects women's various roles in Australian society, not just their reproductive role
- promotes the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation
- recognises women's rights, as health care consumers, to be treated with dignity, in an environment which provides for privacy, informed consent, confidentiality and safety
- acknowledges that informed decisions about health and health care require accessible information, which is appropriately targeted for different socio-economic, educational and cultural groups
- uses existing data, research and policy concerning women's health, as well as incorporating women's views about their own health and the best strategies to address their health needs, in service planning and development
- provides appropriate women's health care to women in local communities, within a state-wide, co-ordinated approach
- ensures equity and accessibility of services without financial, cultural, geographic and or other barriers.
- ensures effective community management and operation of women's health centres by women, for women

- provides a broad range of services and strategies within a preventive and holistic framework, which:
 - is provided by women, for women
 - values women's own knowledge and experience
 - facilitates the sharing of women's skills, knowledge and experience
 - links women's individual experience and health needs to the social and cultural context of women's lives
 - empowers women
 - challenges sex-role stereotyping, gender discrimination, racism and homophobia which affect health
 - increase the accessibility, sensitivity and acceptability of health services for women
 - relates to identified health priorities at the local and state level.

These principles are expressed in the Australian National Women's Health Policy (1989) and the Manual of Standards For Women's Health Centres (2005). They are also articulated in NSW Health Strategic Framework to Advance the Health of Women (2000).

Women's Health NSW takes this opportunity to highlight areas of ongoing concern to us including:

The essential importance of meeting community needs through:

- Active partnership with all key stakeholders in service provision to enhance health outcomes for the community
- Identified principles that guide quality service approach as well as service type
- The application of statewide coordinated policy, principles and sector development
- Good Governance, Risk Management and Continuous Quality Improvement
- Commitment to strategic expansion and growth in collaborative partnership
- Sustainable wellbeing in the community via access to knowledge, informed decision making and resources which support empowerment and self determination

Assess and report on NSW Health's NGO Grant Program's alignment to and complementarity with the NSW State Health Plan

Question 1: How should NSW Health ensure that the health funded NGO Program aligns with or is complementary to the NSW State Health Plan and other relevant NSW Health plans/strategic directives?

- Currently NSW Health includes this question in the 'Continuation of Funding' submission form, section B7
- Genuine engagement and communication
- The current structure requires the relationship with NGOs to be managed by Area Health by Area Health Policy Coordinators and NGO Coordinators. Improved structured communication between NSW Health with Area Health Policy and NGO Coordinators would facilitate an environment for information and knowledge exchange.
- This requires the Area personnel to be allocated the expectations and resources required to develop genuine engagement and communication with NGOs in their area
- This presumes NSW Health has all the answers rather than asking : How can NSW Health align itself with the needs of the community

Question 2: How should the NSW Health NGO Program ensure that the planning and allocation of resources reflects community demographics, emerging models of care, results of demand analysis and evidence of what will provide the greatest return on investment?

- What is the greatest return on investment: demonstrated long term relationship with community; commitment to working with those in greatest need; empowerment; community capacity building; identified networks; proven workforce capacity; accreditation?
- Emerging models of care are not necessarily the best models of care, new ideas every couple of years keep everyone busy and effects rather than supports service delivery capacity.
- Focus on strong service principles (that embrace tested models of care and health outcomes), good governance, risk management and improved partnership will improve NSW Health planning capacity
- Commitment to enhancement and growth of the NGO Sector
- Longer planning and funding cycles e.g. five year cycles
- Intersection between NSW Health Data and NGO Sector data

- Improve current networks and capacity to better utilize current service availability – work on identifying gaps and service needs together
- Develop and promote evidence based ‘principles of service delivery’ that have shown to improve health outcomes (i.e. Ottawa Charter)

Assess and report on the range and role of services provided by NGOs in each program area.

Question 3: What processes should be in place to ensure that grant funding is appropriately distributed across regions, program areas and service types?

All of the issues raised for consideration are dependent on the quality of the partnership with Health and the NGO Sector.

We note that the relationship is one of funder and recipient which is a potential imbalance in power.

Accordingly, responsibilities of each partner need to be clear and consistently based on knowledge and respect and an understanding of the formalities of the partnership.

- Enhanced role of the NGO Advisory Committee which brings together NSW Health, NGO Coordinators, NGO Peaks and Large Statewide Services. Extend membership to include appropriate University Research Units/Primary Health Care. Use this forum to help analysis service gaps and priorities
- Data collation development and analysis – NSW Health, NGO, ABS
- Demographic mapping – population and service provision
- Long term strategic planning
- Commitment to enhancement and growth of NGO Sector
- Prioritise disadvantaged community needs
- Pilot Program: NSW Health and NGOAC could develop a specific few KPI's aimed to address a current identified need and develop a plan together. Time framed, analysed and evaluated, the pilot could be designed to test the strength and weakness of the relationship capacity

Assess and report on governance and management procedures within the NSW Health NGO Grant Program

Question 4: How can grant administration and grant management processes be improved?

All of the issues raised for consideration are dependent on the quality of the partnership with Health and the NGO.

Accordingly the responsibilities of each partner need to be clear and consistently based on knowledge and respect for the formalities of the partnership.

- Clearly identify the role and responsibilities of Area Health (NGO Coordinators) and ensure the appropriate hours are allocated to achieve required outcomes
- Acknowledge the role of the Area Policy Coordinators who also work engage NGOs
- Ensure the NGO peaks engaged in sector and resource development are appropriately resourced
- The variation in capacity of the NGO Coordination role across NSW shows the lack of a clearly identified statewide plan/strategy specifically engaged to achieve Working Together for NSW.
- Part of the role at an area level needs to include the facilitation of NGO information distribution and regular forums – bi annual? This would allow development of relationship, networking, information exchange and the potential for training seminars
- Continue to develop cross agency reporting and application pro forma
- Develop templates for service planning

Question 5: How can fund and performance agreements be improved?

- NSW Health and NGO Peaks need to continue working with University Research units that reflect primary health care principles to monitor and critique social and health outcome performance measures
- NSW Health could coordinate a cross branch approach to performance agreement structure/style. Multiple funding including NSW Health multiple Branch funding results in a variety of style and process in KPI negotiation and development.
- The development of a performance agreement separate to the submission format is doubling the work requirement of NSW Health and Area staff. The performance agreements simply reflect the submission form and identified KPI agreements. An attachment to the submission form (pro forma) would be a more simple process with Area Health focusing on the attachment rather than typing an entire new document. The attachment would be made up of three parts :
 - Referring to the Attachment A : Submission forms boundary of Agreement
 - Identified negotiated changes and
 - Identified KPI agreements

Question 6: How should reporting requirements be improved?

- As in question four; development of pro forma templates and establishing cross agency requirements
- Ensure the NGO peaks engaged in sector and resource development are appropriately resourced
- Feedback from Area Coordinators regarding report content and layout has been useful

Question 7: How should key performance indicators be improved?

- It is difficult for Area Health to improve key performance indicators without genuine engagement and communication
- It is difficult for NGOs to improve key performance indicators without access to ongoing resources for sector development and training opportunities
- Ensure the NGO peaks engaged in sector and resource development are appropriately resourced

Question 8: How should the process for establishing and renewing grants be improved?

- The current renewal of grant monies is really an acquittal process and should not be confused with 'genuine engagement and communication'
- Grant renewal could shift to a five year cycle for 'established' NGOs but only within a strategic framework ie NSW Health has an identified statewide program.
- NSW Health and NGO peaks should work together on a statewide strategy to strengthen existing programs and identify priorities for expansion including
 - Population growth
 - Service gaps/ identified needs
 - Health priorities
 - Core funding requirements and principles
 - Basic infrastructure requirements; IT, OH&S, Insurances, CQI, Industrial Award Increases and training
- The current Registration of Interest (ROI) process required for new grants and or expansion of existing grant monies is a somewhat soulless process without context
- Establishment of new grants should also to be linked to strategic planning processes

Assess and report on the NGOs sector governance and management structures

Question 9: How can NGO financial management, quality management and capacity be improved?

- Access to appropriate ongoing sector and resource development
- Ensure the NGO peaks engaged in sector and resource development are appropriately resourced

Question 10: Should NGOs look for opportunities to share services such as financial administration and if so how?

- In relation to financial cost cutting, NGOs work hard at employing any suitable measure they can to keep costs low
- It is hard not to imagine that viable options have not been considered
- Genuine amalgamation has occurred and seminars run providing an opportunity for those services to share their knowledge and process
- Bookkeepers for example, often work across multiple NGOs employed on a hourly basis so, it would be difficult to find costs to cut
- From the NGO experience outsourcing to external services has proved to more costly and, shared premises have attracted higher rents
- In smaller NGOs the managers have extensive job descriptions that include basic financial management and service provision
- Auspice and multiple funding are forms of shared service provision
- More than any other question, this is the one that the sector felt demonstrated a lack of understanding of the work and role of a Women's Health Centre NGO in the community setting; creating safe environment, creating community environment, the role service environment plays *improvement of health outcomes*, control of employment and staff attitudes to service approach and principles of empowerment and informed decision making, for example.

Question 11: What is the role of NSW Health to assist NGOs develop shared service arrangements?

- In cases where the current NGO and Policy Coordinators are working closely with NGO, support is offered in a variety of situations
 - NGOs about to lose occupancy - Area Health help connect them with any vacancies in other NGO premises and or Area premises
 - Genuine voluntary NGO amalgamation, which requires communication and a range of procedural and legal processes, have sought the appropriate involvement of the local Area
 - If NSW Health has a range of information available –specifically coming out of their first hand experiences with primary health care integration – HealthOne – then it would be good to make sure this information was available to NGOs via NGO and or Policy Coordinators or through web portals

Question 12: Should quality management in the NGO sector be made mandatory and is the current NSW Health approach to quality management appropriate?

- Quality Management is already mandatory.
- For NGOs who have achieved accreditation for more than 10 years, questions like this support the argument of a ‘them and us’ mentality and does not demonstrate the level of respect we would expect in a good partnership
- Upgrade the *NGO Operational Guidelines* to include a range of recognized QI tools appropriate to organisation size and function
- Negotiation of appropriate KPI’s which include QI processes need to be part of genuine engagement with services not an imposition.
- Ensure the NGO peaks engaged in sector and resource development are appropriately resourced
- Consider the resource support an NGO requires to manage CQI processes

NSW Health NGOs and NSW Health have consistently shown leadership in the field of Continuous Quality Improvement (CQI). Women’s Health NSW were the first NGO in Australia to develop Quality Improvement Standards for NGOs in 1989 in conjunction with Community Health Accreditation Standards Program (CHASP) now known as Quality Improvement Council (QIC) with Quality Management Services (QMS) as their NSW arm.

CQI and Risk Management are now standard practice in all fields of good corporate governance and the NGO sector is part of the ongoing efforts in Australia to enhance organisations to be transparent, accountable and efficient as an essential and basic component of management.

The NSW Health QI Program has provided costs to the external reviewing body, QMS, but NGOs have been expected to absorb their costs into core grant overheads.

For NGOs who have become more sophisticated in applying CQI and have begun critiquing a variety of CQI tools and companies there has been limited financial support for diversity.

It is estimated that external costs of CQI are equivalent to a minimum 1% of an organisations funding.

Consideration should be given to enhancing NGO individual grants by 1% for the purpose of CQI or giving the equivalent amount of funds to the NGO Health Peaks for CQI sector development and coordinated CQI approaches allowing each sector and or service to contract the CQI provider most suited to their needs.

Question 13: How can the infrastructure capacity of the NGO sector be enhanced?

- Commitment from NSW Health to fund infrastructure needs including:
 - Access to insurance schemes
 - IT funding
 - Sector Training budget allocation
 - Legislative requirements (OH & S)
 - Compliance enhancement
- Support NGO Peaks to identify centralised procurement

Assess and report on communication between NSW Health and NSW Health funded NGOs

Question 14: How could partnerships, collaborations and communication between NSW Health and the NGO sector be improved?

As noted in Question 4 and 15

- Working Together for NSW

Question 15: How could communication practices between the NGO sector NSW Health be improved, including enhancing the role and function of the NGO Advisory Committee?

- With improved support and focus at the area level for the role of NGO/Policy coordinators and support for NGO Peaks providing sector development services, the function and role of the NGO Advisory Committee would be informed by additional knowledge which would in turn improve strategic capacity and enhance outcomes
- NGO Advisory Committee current terms of reference include a range of ideals that do enhance communication but we need also to work to enhance the NGO sector and a consistency of relationship at Area Level
- See question 8 – broaden the role of the NGO Advisory Committee to develop strategic approach.

Question 16: What should be the role, purpose and function of Peak NGOs in relation to the NSW Health System?

- NGO Women's Health Sector has defined the role of its peak body to be:
 - Women's Health NSW will be proactive on priority issues relevant to women's health and wellbeing using the following strategies: Reorienting the health system: Advocacy: Networking: Research:
 - Women's Health NSW will increase the capacity of the women's health sector to respond to women's health issues: Training Education and Sector Development: Models of Best Practice; Resource Development; Enhance organisational management and performance
- These aims are consistent with 'Service Outcomes for Peak Bodies' developed with HSCEOs NGO Development and Support Working Group June 2007 which identified the following ideals:
 - Expectations: Cooperative Working Relationships; Comprehensive Representation; Efficiency and Value for Money
 - Outcomes/Results: Sound Public Policy; Well Informed Sector; Results Driven Service Sector.
 - Outputs: Reporting to negotiated KPI that include; Sector development and training; consultation; research
 - Key Activities: Capacity Building; Partnerships and cooperation; Policy development and advocacy; consultation; Research; Advice and information
- Women's Health NSW manages four essential sector programs designed to focus on sector capacity building and development:
 - Manual of Standards For Women's Health Centres
 - Women's Health NSW Statewide Data Program
 - Nature of Women's Health Past; Present; Future Training Program
 - State Conference: Sector Development Forum (three per year)
- Women's Health NSW is only funded for 1.7 full time equivalent staff and should be funded at a minimum level of 4 full time equivalent staff:
 - Executive Officer: Strategic Direction/Policy/Program Integrity
 - Training Officer and Resource Development
 - Statewide Data Management
 - Administration and procurement

Question 17: How can communication practices with NGOs that are not affiliated with peak bodies be improved?

- Genuine engagement and communication facilitated at Area Health level would immediately improve this situation

Question 18: How could NSW Health improve its consultation practices with NGOs working in and with rural and remote communities?

- Genuine engagement and communication through facilitated at Area Health level would immediately improve this situation
- Identified role of either the NGO or Policy coordinator to expressly facilitate NGO interagency (bi annual?) would immediately improve this situation
- Travel fund for NGO interagency and network requirements
- Access to teleconferencing and or video conferencing facilities
- Accessible staff development and training offered at accessible regional locations
- Enhances IT capacities and
- Access to NSW Health information through web

Assess and report on ways that the administrative burden can be reduced for NGOs

Question 19: How can the administration burden be reduced for NGOs?

As in answers 4 – 9, 12 and 13.

- NSW Health Operational Guidelines and NGO Policy framework have not been onerous for the Women's Health Sector;
 - Triennial submissions (happy to extend to five year cycles)
 - One Activity/Annual Report
 - One Audited Financial Statement
 - Demonstrated CQI strategies

- It becomes more difficult where Centres receive multiple funding or multiple NSW Health Branch funding. The difficulties could be addressed with cross agency pro forma as previously discussed
- The unexpected change to Activity Reporting by the 31 July continues to be a tight framework for data input/output as June is an administratively busy month.

Question 20: What initiatives should NSW Health adopt that would maximize the reduction in administrative burden for NGOs?

- The range of suggestions could be prioritized at NGO AC level

Question 21: What initiatives or best practices from other government agencies should NSW Health adopt in its NGO program to reduce the administrative burden on NGO's?

- DOCs has intermittently handed out monies, (\$20,000 each last year) to each NGO for infrastructure needs
- NSW Health is the only department that does not approve 'across the board % increases' when industrial awards are varied in NSW. Causing a great deal of work for NGO Coordinators, each Health NGO is identified 'worker by worker' to sort out who is or is not covered by the SACS Award and the % increase is then allocated to the wage components x the % of workers in each individual NGO.

Question 22: What delegation approval process should NSW Health adopt to ensure timeliness and probity in NGO Grant decision making?

- Review current guidelines for funding approvals with/at NGO Advisory Committee level but only within a strategic framework (rather than a one off discussion)

Question 23: What web based technologies and/or other government agency information technology communication best practices should NSW Health develop to improve the efficiency and transparency of the current NSW Health NGO grant program?

- The range of suggestions could be prioritized at NGO AC level

Further matters

Question 24: Are there any other relevant matters to the review which have not been identified in the discussion paper?

- Human Services provided *within a primary health care approach* are not simply 'products purchased' but concern themselves with the health and well being of community. The service approach is as essential as the service type
- Most NGOs providing direct services deal with a range of complex needs mostly for the most disadvantaged members of community
- The language of business, good governance and risk management does not speak to these essential requirements of service provision approach (not that it should, per say)
- Articulated in the basic understanding of a primary health care health approach is the concept that to achieve improved health outcomes and to improve community capacity, one must also operate from principles of empowerment and respect. These principles are demonstrated in the work of NGO Women's Health Centres
- The NSW Health State Plan does incorporate a range of operating principles which should not get lost in the aims, objectives and strategic directions
- Thanks for the opportunity to participate