ACON SUBMISSION TO THE REVIEW OF PRIMARY HEALTH NETWORK BUSINESS MODEL & MENTAL HEALTH FLEXIBLE FUNDING MODEL

January 2025

HERE FOR HEALTH

About ACON

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically and ethnically diverse, and migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

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ACON acknowledges the Traditional Owners of the lands on which we work. We pay respect to Aboriginal Elders past, present and emerging.

Introduction

ACON welcomes the opportunity to provide comment on the review of the Primary Health Network business model. It is essential that primary care in Australia is equitable, accessible, and inclusive. LGBTQ+ people and people living with HIV currently often rely on specialist models of care, which are a small fraction of our health system, for critical services like HIV support and gender affirming care. These services could be provided by our primary care system, and PHNs have a role to play in facilitating the delivery of this important care.

ACON makes the following recommendations to this review:

1. The Primary Health Network model should continue as it provides a valuable local framework for primary healthcare.
2. The PHN business model could improve through greater collaboration to ensure a better balance between local specificity and national consistency, especially in reporting requirements.
3. PHNs should be enabled to provide more long-term funding to its commissioning partners, to ensure better health outcomes.
4. Where there is a need for specialist models of care across multiple PHNs (such as a consulting service in a specific area of LGBTQ+ care), the networks should collaborate to jointly commission services.

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. We have relationships with a number of PHNs, particularly in NSW, to improve access and equity of health care among sexuality and gender diverse populations.

It is ACON's view that a locally focussed integrative layer is required in the primary healthcare system, currently the function of the PHNs. Any reform in this space should build and improve upon the achievements of PHNs to date. It's ACON's view that there is also a need for collaboration among PHNs in order to commission and deliver national or statewide services for communities that require a hyper-specialist model of care.

Currently, there are significant gaps in the provision of safe, affirming and inclusive primary care for LGBTQ+ people and people living with HIV in Australia. In areas where LGBTQ+ populations and people living with HIV are more concentrated, specialist services may be viable, but LGBTQ+ people and people living with HIV live all over Australia, and require inclusive and affirming primary care wherever they live. It's therefore necessary to embed inclusive service provision across the broader health system.

As we work to achieve the goals of the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 and the Ninth National HIV Strategy, collaboration will be an essential component of the PHN business model to ensure inclusive and affirming care for all LGBTQ+ people in Australia.

Program Objectives and Activities

The PHN program is well understood by ACON, however, consistency is not always guaranteed. In ACON's case, this is understandable as our service delivery differs in different PHN catchments. In the PHNs where ACON has a physical presence (Central Eastern Sydney, North Coast, and Hunter New England Central Coast), we have built strong relationships and are commissioned for services, including mental health, substance support, and primary care support. Elsewhere, where we rely on outreach and telehealth models, our engagement has not been as sustained.

ACON's relationship with CESPHN is highlighted well by our partnership to develop the Kaleido Health Centre.

Case study: Kaleido Health Centre

With support from the NSW Government, in 2022 alongside the launch of the NSW LGBTIQ+ Health Strategy, ACON announced its plans to open a dedicated LGBTQ+ health service.

Kaleido Health Centre, due to open in March 2025, is an emblematic example of primary and allied health service delivery in partnership across state, federal, and not-for-profit agencies. ACON has been working closely with both the Sydney Local Health District and the Central Eastern Sydney Primary Health Network to operationalise the service.

In particular, CESPHN has provided ACON $130,000 to develop Kaleido's model of care, and has been an invaluable support in establishing the clinical governance models and practice guidelines for the Centre. The support that CESPHN has provided for the development of the Centre clearly reflects the core functions of the PHN model, in that there is active collaboration with the LHD to improve care for LGBTQ+ people in the region, and capacity building support to ensure quality care delivery at Kaleido.

As a health service with a physical presence within the CESPHN catchment area, Kaleido has been a beneficiary of the services of the PHN model. As Kaleido operationalises, there are longer term opportunities for telehealth service delivery to LGBTQ+ people living outside the CESPHN region, as well as satellite services. The localised model of PHNs may limit the scope of support CESPHN can provide in these instances.

Program Governance

It is ACON's view that the independence afforded by the NGO model of the PHNs allows for local insight and flexibility, however, in order to ensure national consistency, some collaboration and integration is required. For example, as a service that is largely statewide, with some national services, our experience is that we receive funding from different PHNs for similar service types, but are expected to meet very different reporting requirements. This adds cost and complexity to our organisation.

Furthermore, as a service providing specialist care to LGBTQ+ people, we recognise that the needs of our communities may not be a top priority in every PHN. However, our communities need equitable access to primary healthcare in every PHN.

For example, with proportional contributions from a number of PHNs, ACON and similar specialist services would be better positioned to deliver essential primary health services to sexuality and gender diverse populations across multiple PHN catchment areas, without the need for individual PHNs to commission individual services in their region. Such a service would use innovative models of delivery, including face-to-face and telehealth services, as well as the provision of capacity building and specialist consultation to local services so they are also equipped to provide affirming and inclusive care to LGBTQ+ populations.

An example where this model such is needed is in LGBTQ+ substance support. LGBTQ+ people use alcohol and other drugs at rates higher than the general population, and research has consistently shown that LGBTQ+ specialist services are preferred, and deliver good outcomes for their clients.[1,2] While this kind of service may experience more demand from inner city populations, it is required across the state, in areas where it may not be financially viable to commission an entire specialist service.

ACON's substance support service, funded to provide support to people in Central Eastern Sydney, has seen clients from all 15 NSW LHDs, as well as some interstate clients via telehealth, without much needed additional funding support. The substance support team has also provided capacity building for mainstream services.

Case study: ACON's substance support service

ACON currently operates the only LGBTQ+ specialist substance support service in NSW, with funding from CESPHN for 1.6 FTE counsellors. As an organisation that supports LGBTQ+ people across NSW manage their alcohol and other drug use, we have supplemented the funding provided by CESPHN to be able to provide this service statewide, by adding an additional 0.2-0.4 FTE counsellors depending on need. However, this additional ad-hoc resourcing is extremely limited, and our service often reports significant wait times.

In the 2023-24 financial year, we provided 1725 occasions of service to 102 clients, with consistent client outcome improvements. The current funding model does also not allow for specialist or group work programs, such as therapeutic groups for LGBTQ+ women to reduce their alcohol consumption, which we have run in the past with success.

ACON's clinical and client services team, alongside the Network of Alcohol and Other Drugs Agencies and the Mental Health Coordinating Council collaborated with CESPHN to develop LGBTQ+ inclusive and affirming practice guidelines, to support the delivery of inclusive care across the state. We have also previously been funded to provide training for alcohol and other drug service providers. In other program areas, including sexual violence, ACON has been funded through other sources, to provide a consult service, to provide tailored support to mainstream services who may be supporting a number of LGBTQ+ clients. Training and consult models have allowed us to increase the provision of inclusive support outside of our typical service footprint.

As the provision of telehealth expands, there is opportunity for PHNs to collaborate and jointly fund hyper-specialist models of care, such as LGBTQ+ specialist substance support, in order to provide a statewide service that could also provide consult services to enhance the local delivery of inclusive care.

Regional Planning, Communication and Engagement

It is ACON's view that the level of communication and engagement with stakeholders such as ACON differs across PHNs, and it is difficult to comment on this in generalised terms. ACON has had varying levels of engagement with PHNs across the state.

The development of the Kaleido Health Centre has seen effective collaboration by stakeholders in the CESPHN catchment, as outlined in the earlier case study. The aligned boundaries of PHNs and Local Health Districts in NSW, in ACON's view, allows for effective planning and management.

One area of regional planning we would especially like to see improved is in transitioning people requiring HIV care and support from sexual health clinics to primary care. In a recent survey of people living with HIV in Australia, 1 in 4 participants reported receiving care from a sexual health clinic, 36% reported having to see a specialist, and just 34% reported seeing their regular GP.[3] Among participants who live in regional and rural areas, 62% reported having to travel more than 50km to access HIV care.[3]

Effective communication and engagement between state service providers and PHNs may better allow for the provision of HIV care and support in primary care settings to minimise travel and streamline the client's healthcare journey.

Further collaboration and engagement between PHNs and LHDs (for example, integrated training opportunities) can also facilitate capacity building in specialist care, such as HIV support, for rural and regional PHNs. This kind of training may not be financially viable for a PHN to run on its own, but without it, PLHIV are being forced to travel great distances to receive fundamental primary care. Effective planning and collaboration is required to ensure access and equity for people requiring specialist primary care, including PLHIV.

PHN Program Funding Arrangements and Mental Health Flexible Funding Stream

ACON has been grateful to receive funding for a number of programs via the PHN model, but our community need has always outstripped the investment. As in the substance support case study, many of our services have long wait times.

Furthermore, short term funding arrangements from PHNs do not allow for sufficient planning to achieve long term outcomes for our communities. Onerous reporting requirements, and insufficient resources for robust evaluations, do not allow us the best conditions to achieve outcomes for our communities.

It is ACON's view that where possible, funding arrangements should be longer term (five years or more), with consistent reporting requirements across different PHNs, and in-built resourcing for periodical robust evaluation, that does not come at the expense of service delivery.

The flexibility of locally-responsive funding is critical to the PHN model, as in the example of Healthy North Coast's Community Wellbeing and Resilience Flood Recovery Grants Program.

Case Study: Healthy North Coast's Community Wellbeing and Resilience Flood Recovery Grants Program

After the devastating Northern Rivers floods in early 2022, ACON was a recipient of Healthy North Coast PHN's Community Wellbeing and Resilience Flood Recovery Grants Program. Through this $200,000 grant, ACON was able to provide support to LGBTQ+ people affected by the floods in two ways:

- *Employing a dedicated counsellor to support recovery in the region (0.8 FTE)*
- *Develop and run a series of 10 workshops across 7 LGAs that were significantly flood impacted to improve mental health outcomes and build resilience for future disasters.*

The service, extended to January 2025, has supported 215 clients in 1551 occasions of service to date, and 71 people in workshops.

This funding is an example of how local commissioning models can effectively respond to the specificities of local need. PHNs need to be flexible and adaptive to the needs as they arise in their local communities.

ACON and all funded organisations under this grant participated in a shared learnings, insights and outcomes session. It was noted by applicants that the short-term funding model does not provide services the opportunity to fully integrate a resilience and recovery stream into its offerings. Longer term funding agreements allow for longer term planning, more effective service delivery, and better outcomes for the community.

ACON has not received funding via the mental health flexible funding stream, but we are aware that in order to begin to meet the mental health needs of LGBTQ+ people in Australia, significant investment is required, including additional investment in LGBTQ+ people at the intersection of other marginalised communities, including LGBTQ+ Aboriginal and Torres Strait Islander people, LGBTQ+ people living with disability, LGBTQ+ people from culturally, ethnically and linguistically diverse backgrounds, and LGBTQ+ in rural and regional Australia.

The need to improve access to mental health care and support for LGBTQIA+ people is highlighted in the National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035. The PHN model offers an opportunity to upscale these services, but more investment is required.

References

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