

FUTURE GOVERNANCE ARRANGEMENTS FOR CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES IN NSW

REPORT OF THE HON RON PHILLIPS
CHAIR
EXPERT GROUP FOR MODELS FOR A NSW CHILDREN AND YOUNG PEOPLE'S HEALTH AUTHORITY
(NSW KIDS)
February 2012

‘How can the health care of children and young people best be addressed throughout the state? How is it that we can make sure that a child in Walgett has access to the same standard and quality of health care as a child who lives in Woollahra, Waratah or Wallerawang? How is it that we can make sure that specialist clinicians can deploy their skills for all of the children of NSW and not just for those who live in parts of the major cities?’

Commissioner Peter Garling SC

Report of the Special Commission of Inquiry into Acute Care Service in NSW Public Hospitals

27 November 2008

‘Children and young people who come into contact with the health system need specialised care. We have seen too many tragic examples of what happens when kids do not receive the care they need. NSW needs a long term system wide approach to the delivery of child and young people’s health services and paediatric care.’

The Hon Jillian Skinner MP

Minister for Health and Minister for Medical Research

20 August 2011

Transmittal letter

The Hon Jillian Skinner MP
Minister for Health and Minister for Medical Research
Level 31 Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

I am pleased to present my report on Future Governance Arrangements for Children and Young People's Health Services in NSW in accordance with the report of the Director-General, NSW Health, *Future Arrangements for Governance of NSW Health*, released in August 2011.

The NSW Kids Expert Group, appointed by the Director-General, NSW Health, met on five occasions. As Chair, I undertook a consultation program that included working sessions in metropolitan and regional NSW.

The aim of the Expert Group has been to determine a governance structure and range of recommendations that will lead to improved health outcomes for children and young people in NSW and to more closely implement the recommendations for NSW Kids, as set out in the *Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, conducted by Peter Garling SC.

I wish to thank the members of the Expert Group for their thoughtful contributions and valued commitment to this process and to the very capable secretariat support provided by the Maternity, Children and Young People's Health Branch, Population Health Division of the NSW Ministry of Health.

I also thank those who participated in the consultation program who shared the Expert Group's determination to provide the best possible health services for all children and young people in NSW.

Yours sincerely



The Hon Ron Phillips

Chair

Expert Group Models for a NSW Health Children and Young People's Health Authority (NSW Kids)

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

On 27 November 2008 Peter Garling SC reported to the NSW Government on the *Special Commission of Inquiry into Acute Services in NSW Public Hospitals*. Included in his report were three recommendations specifically relating to the establishment of a Children and Young People's Health Authority, to be known as 'NSW Kids', the publication of a strategic service delivery plan and the desirability of a new children's hospital (see Appendix 1: Terms of Reference, page 32).

On 20 August 2011 the Minister for Health and Minister for Medical Research, The Hon Jillian Skinner MP, requested that an Expert Group be appointed to review progress on the implementation of these recommendations and to advise the Minister and Director-General on a 'preferred governance structure and other elements required for the effective delivery of a strategy for children and young person's health services throughout the State' (see Appendix 1: Terms of reference, page 32).

During its deliberations, the Expert Group took into consideration the previous review and the many submissions made and undertook targeted consultations to inform the current terms of reference.

Of primary importance was to ensure the proposed structure for NSW Kids took into account the significant changes that had been made to the governance model of NSW Health resulting from the Council of Australian Governments (COAG) health funding agreement, *Intergovernmental Agreement on Federal Financial Relations*, and the NSW Government's policy of a devolved governance structure. These changes include restructuring the Department of Health to become a Ministry of Health, providing for more local decision-making by Local Health Districts (LHDs), introducing a new performance management framework and increasing the role and responsibilities of the "four pillars" (the agencies established following the Garling Inquiry). In addition, the Expert Group was made aware of NSW Health's implementation of child protection reforms resulting from the Wood Inquiry (2008).

The Expert Group as a whole recognised this as a historic opportunity to create a statewide, authoritative and coordinated approach to improve the consistency of standards for care and health outcomes for children.

The Expert Group considered a number of alternative approaches to achieving the aims of the Garling Inquiry recommendations (see Recommended Model for NSW Kids – Options for Governance, page 10).

The significant state and national changes strongly influenced the Expert Group's analysis of the Garling Inquiry recommendations and its conclusion that a central authority with budget holding and line management responsibilities would not be feasible in this context.

The Expert Group then gave primary consideration to the following models:

1. - NSW Kids — **integrated model** with a single board governing the Sydney Children's Hospitals Network and the child health initiatives to be undertaken by the NSW Kids entity
2. - NSW Kids — **leadership model** with either:
 - 2.1. a statutory health corporation governed by a board or

2.2. an expert panel, with the chair reporting to the Director-General, NSW Health, supported by a secretariat.

The NSW Kids integrated model was strongly argued for by Sydney Children's Hospitals Network representatives in the context of the role the Sydney Children's Hospitals Network has in a statewide approach to children's health.

Following lengthy consideration, a majority of the Expert Group supported the more independent leadership model governed by a board.

The aim of the recommendations in this report is to create a NSW Kids entity that will represent and champion the health interests of all children and young people, whether they are at home, in the community or in or out of hospital.

The report details responsibilities, accountabilities and working relationships of the proposed NSW Kids entity with the various entities that comprise NSW Health. It draws from the NSW Health Governance Review principles of clear delineation and non-duplication of roles, collaboration and joint governance responsibility of all entities. It recognises the responsibility of Local Health Districts and Specialty Networks to plan and provide services for their populations and communities.

PRINCIPLES AND OUTCOMES FOR REFORMS

The recommendations are guided by the following principles:

- Where feasible, implement the Garling Inquiry recommendations as closely as possible
- Consider the NSW health system as a whole while championing services for children and young people
- Work within the new system — no duplication of functions and services, as described in the *NSW Health Governance Review* and *National Health Reform Agreement*
- Drive achievement of the *NSW 2021: A plan to Make NSW Number One* child health targets and NSW Government policies.

The recommendations to establish NSW Kids are guided by a commitment to outcomes for children and young people's health, in particular:

- Equitable universal access to children's health services across the spectrum of care
- Children achieving their optimal health and developmental outcomes
- Adherence to the principles of patient centred care
- The ability of a child to enter the health system at any place and be given the right level of care in the most appropriate environment
- The system will respond to the child
- Safe services are provided as close to home as possible
- Parents have responsibility as primary carers for their children's health and need to be actively engaged in building the child and family's health and wellbeing.

RECOMMENDATIONS

For a leadership model for a children and young people's health authority

1. NSW Kids should be established as a board-governed, statutory health corporation, led by a chief executive with a service compact with the Director-General, NSW Health.
2. The board of NSW Kids should have the balance of expertise required by and relevant to the functions of the entity.
3. - The responsibilities of the authority should exclude service delivery. This remains the responsibility of Local Health Districts and Specialty Networks, which plan for their populations and provide services in accordance with their service agreements with the Director-General, NSW Health.
4. The responsibilities of the authority (set out in point 5 below) should focus on services for sick children and prevention/early intervention, and include:
 - a. - Paediatrics, child health, child developmental disability, adolescent health
 - b. - Delegated lead responsibility for NSW Ministry of Health existing responsibilities for child protection, violence prevention and care (including *Keep Them Safe*)
 - c. - Maternity and neonatal services; and
 - d. - Children to at least 16 years of age; adolescent health for years 12 to 24; neonates; mothers and babies in the antenatal period; sexual assault services for children and adults.
5. The role and functions of the authority should include:
 - a. Advise the Minister and Director-General, NSW Health on the status of healthcare quality and safety for children and young people in the NSW health system
 - b. Develop policy and programs in consultation with experts and based on the best available evidence
 - c. Develop a long-term, statewide strategic plan
 - d. Establish standards for, and access to services, and in accordance with 4 and 5a:
 - i. Achievement or underachievement of standards and performance
 - ii. Strategies to address underperformance and to reach acceptable standards
 - iii. The mechanisms for achieving this will be via the Minister's service agreements with Local Health Districts and Specialty Networks and the Ministry of Health's Performance Management Framework
 - e. Engage with clinicians, managers, carers and the community in the development of statewide approaches
 - f. Work with Local Health Districts and Specialty Networks to create a statewide and local brand for NSW Kids and develop and advise on clear lines of accountability and authority throughout the system for responsibilities set out in 4
 - g. Harness the expertise of the four pillars where appropriate for initiatives via their service compacts and other agreed work programs to ensure clinical quality, networks, reporting and

education and training are provided

- h. - Work with the entities responsible for mental health and health promotion* to provide statewide leadership and agreed mechanisms for policy, programs and standards in regard to their intersections with the responsibilities of the NSW Kids entity
 - i. - Work with the entities responsible for reporting on health status
 - j. - Advise the Minister and Director-General on striking and maintaining a proper balance between the provision of community based services including interagency cooperation, prevention measures and the provision of acute care and related services
 - k. - Work with NSW Government agencies, non-government organisations (NGOs), Medicare Locals and General Practice with responsibility for relevant policies and services
 - l. - In consultation with the Ministry and Local Health Districts and Specialty Networks, develop a research agenda as part of the strategic plan to guide priorities and encourage research across the full spectrum of issues
 - m. - Produce an annual report to the Minister.
6. The title of the authority needs to reflect the broader scope of work encompassed by the entity. - The term NSW Kids has gained strong recognition and should form part of the title or branding.
 7. The authority will require a budget to fulfil its role and functions and to provide enhancement - funding (programs, seed funding and research), subject to the Minister's approval.
 8. Within 18 months of establishment, the authority should produce a statewide strategic plan and a report on the need for a new NSW Kids hospital providing tertiary and quaternary services.

** The entities responsible for mental health and health promotion are currently being finalised as part of implementation of the NSW Health Governance Review and NSW Government policies. At the time of drafting this report, the responsibilities sit with the Ministry (Mental Health and Drug and Alcohol Office incorporating MH-Kids, Centre for Health Advancement) and the proposed Mental Health Commission and Office of Preventative Health.*

EXPERT GROUP MEMBERSHIP

The Minister for Health and Minister for Medical Research, the Hon Jillian Skinner MP, announced the formation of an Expert Group on 20 August 2011 for a time limited examination of the NSW Kids recommendations.

The terms of reference are in Appendix 1 on page 32.

MEMBERSHIP – EXPERT GROUP TO ADVISE ON MODELS FOR A NSW CHILDREN AND YOUNG PEOPLE’S HEALTH AUTHORITY (NSW KIDS)

Chair

The Hon Ron Phillips, Chair Sydney Local Health District and former Minister for Health

Membership

Mr Roger Corbett AO, Chair, Sydney Children’s Hospital Network (Randwick and Westmead)

Ms Rachel Grimes, President Australian Institute of Chartered Accountants

Ms Elizabeth Koff, Chief Executive, Sydney Children’s Hospital Network (Randwick and Westmead)

Dr Richard Matthews AM, former Deputy Director General Strategic Development, NSW Health

Dr Elisabeth Murphy, Director of Child and Family Health, Northern Sydney Local Health District

Dr Susie Piper, Paediatrician, Wyong Hospital

Professor Les White AM, Chief Paediatrician.

Secretariat

Maternity, Children and Young People’s Health Branch, Population Health Division, NSW Ministry of Health.

Meetings

The Expert Group met five times: 15 and 22 September, 17 October, 3 and 22 November 2011.

PART 1

RECOMMENDED MODEL FOR NSW KIDS

OPTIONS FOR GOVERNANCE

The Expert Group considered Garling Recommendations 9, 10 and 11 (see Response to Garling Recommendations, pages 21–23). The Group then developed and considered four options for a model for the provision of health services to children and young people. These were:

1. - The **current** model — policy and programs developed by a branch in the Ministry; services provided by Local Health Districts and Specialty Networks; clinical leadership via a Chief Paediatrician, Senior Clinical Advisor Child Health and Senior Clinical Advisor Child Protection and Wellbeing; a Children and Young People’s Health Program Council (the Program Council) chaired by the Ministry to oversee implementation.
2. - The **leadership** model — standards, policies and programs developed by:
 - a. - A new statutory health corporation governed by a board, working within the new organisational relationships for NSW Health, no provision of services or centralised budget holding, or
 - b. - An expert panel, with the chair reporting to the Director-General, NSW Health, supported by a secretariat.
3. - The **budget holder** model based on the Garling Inquiry model — a new authority with responsibility for the provision and funding of all services and setting of standards.
4. - The **integrated** model with a single board governing the Sydney Children’s Hospitals Network and the child health initiatives undertaken by the NSW Kids entity.

The current governance arrangements set at both national and state level for NSW Health were strongly influential in the Expert Group’s consideration of all models. The roles and functions of NSW Health entities have changed (see Table 1: NSW Kids – role and functions, pages 15–17). Under the COAG agreements, NSW Health will implement national activity-based funding.

The current model (Option 1) was considered to lack the necessary status needed to deliver the outcomes sought by the Garling Report and the Minister for Health and Minister for Medical Research and was inconsistent with the new NSW Health governance model.

Following lengthy consideration, a majority of the Expert Group supported the more independent leadership model governed by a board.

Consideration was given to the Sydney Children’s Hospitals Network’s current role in children’s health, its governance structure and the need to clarify its relationship with NSW Kids.

The integrated model was strongly argued for by Sydney Children’s Hospitals Network representatives in the context of the Network’s role in a statewide approach to children’s health. As a compromise, Sydney Children’s Hospitals Network representatives also suggested that the

leadership model (Option 2) would be more workable with the governing group being an expert panel rather than a board (Option 2b).

Following lengthy consideration, and a targeted consultation with key stakeholders, a majority of the Expert Group supported the more independent leadership model governed by a board (Option 2a).

It was clear that a centralised authority with budget and line management responsibilities (Option 3) was not feasible in the context of national reforms and therefore these aspects of the Garling recommendations could not be supported.

In considering the integrated model (Option 4) as an entity with both a monitoring and operational arm, it was noted that there was a potential conflict of interest that would be complex and difficult to solve.

VISION AND MISSION OF NSW KIDS

The Expert Group gave consideration to a vision and mission for NSW Kids. It was agreed a vision statement should be inspiring and the mission statement should describe the purpose of the entity.

The NSW Kids entity needs to be an agency that will champion the agreed causes of those working in the system seeking resolution to systemic problems and other issues aimed at improving the health care of children. The aim of the NSW Kids entity will be to work with Local Health Districts and Specialty Networks to set a 5 to 10-year statewide strategic plan to which all parties agree and sign off on. The success of this model will best be achieved by relationship-building, providing evidence-based health care and achieving agreement on change. Success will also be characterised by working with the tertiary children's hospitals (teaching hospitals) and clinicians in a cooperative and positive manner, rather than through direction.

The task of developing a recommended vision and mission will be one for the new entity and its board. However, the following examples have been proposed.

Example of possible NSW Kids entity vision

The children of NSW will be documented to have the best health outcomes by international standards.

Example of possible NSW Kids entity mission

To serve the individuals and families of NSW by:

- Providing access to quality health care
- Contributing to a strong health profession and high quality practices within NSW
- Promoting prevention and early intervention
- Collaborating with others in the community to improve the health status of children of NSW.

Scope — what's in and what's out

The entity should include child health, child protection, paediatrics, developmental disability, adolescent health, maternity and neonatal services, violence prevention and care.

NSW Kids should focus on improving services for sick children, prevention and early intervention programs.

NSW Kids should cover children to at least 16 years of age; adolescent health for ages 12 to 24 as described in current NSW Health policy; neonates; mothers and babies in the antenatal period; sexual assault services for children and adults.

Mental health and health promotion

In regard to mental health and health promotion, NSW Kids would work with the entities responsible for mental health and health promotion to provide statewide leadership and agreed mechanisms for policy, programs and standards.

The entities responsible for mental health and health promotion are currently being finalised as part of implementation of the NSW Health Governance Review and NSW Government policies. At the time of drafting of this report, the responsibilities sit with the Ministry (Mental Health and Drug and Alcohol Office incorporating MH-Kids and Centre for Health Advancement) and the proposed Mental Health Commission and Office of Preventative Health.

Comprehensive services for children and young people need to encompass strong behavioural, social and emotional components of care. These services require the combined and collaborative efforts of child health and mental health professionals. Commissioner Garling recognised the importance of mental health in the total concept of the NSW Kids strategy. It is proposed that, once established, a key role of the new authority will be to engage with the Mental Health Commission and jointly develop a cohesive and sustainable partnership model in the care of this population.

Service delivery

NSW Kids should have no service delivery functions. It remains the responsibility of Local Health Districts and Specialty Networks (including the Sydney Children's Hospitals Network) to plan for their populations and provide services as agreed under their service agreements.

Rationale for scope

The Garling Inquiry was primarily focused on acute services, however, in regard to children and young people, Commissioner Garling explored some of the issues relating to community-based child health services, including mental health. He noted the success of immunisation programs and noted that the benefits of preventive interventions may take time to be realised.

The Garling Report concluded that the NSW Kids authority should have responsibility for the oversight of community child health services. The report also noted the importance of maternity services for child health and concluded that, when considering the scope of NSW Kids, it should:

establish and maintain close links with maternal and perinatal health services conducted throughout NSW in order to promote the health and well-being of unborn children, at the same time as, and in conjunction with, the promotion of maternal health and well-being.

The Garling Inquiry occurred at the same time as the *Inquiry into Child Protection Services in NSW* conducted by Justice James Wood. The Wood Inquiry explored issues relating to violence prevention and care as an important element of child and youth health services.

The understanding of paediatric morbidity has changed dramatically over the past 25 years. Children's experiences within their families have lifelong consequences for development, health and wellbeing. Difficulties within families that impair children's health, development and wellbeing are frequently intergenerational. Health interventions support families.

Maternity and child and family health services work closely together for the best outcomes for the woman, child and family. For example, with antenatal care, NSW Health services screen for domestic violence and depression to identify women at risk and refer to services to support the woman, family and baby before and after birth.

The Expert Group gave consideration to inclusion of mental health and health promotion as part of the scope for NSW Kids. It was informed that, under the NSW Government's *100 Day Action Plan, Return Quality Services* and *Plan to Provide Timely, Quality Health Care policies*, separate governance arrangements are being put in place to lead and enhance these domains (see Part 2, Garling Inquiry and Context, page 27). Members of the Expert Group sought stronger linkages with these services by a NSW Kids entity.

Name of entity

The title of the entity needs to reflect the broader scope of work encompassed by it. The term 'NSW Kids' has gained strong recognition and should form part of the title or branding.

The Expert Group considered the term 'NSW Kids' had now become identified with the strategy to improve children and young people's health in NSW and has traction. It was also understood that if the entity is to have responsibilities for a broader population, as described in the scope, other terms need to be seen in the title. A suggested title is:

NSW KIDS
(Inc. maternity, paediatrics, child and youth health)

The board

As a board-governed statutory health corporation, it is important the membership balance reflects the expertise required for the functions of the entity.

Consideration should be given to include appropriate representation from maternity, child protection, mental health and health promotion stakeholders, in addition to children and young people's health.

Outcomes for children

The Expert Group identified the following outcomes for children to guide a NSW Kids entity:

- Equitable universal access to children's health services across the spectrum of care
- Children achieving their optimal health and developmental outcomes

- Adherence to the principles of patient-centred care
- The ability of a child to enter the health system at any place and be given the right level of care in the most appropriate environment
- The system will respond to the child
- Safe services are provided as close to home as possible
- Parents have responsibility as primary carers for their children’s health and need to be actively engaged in building the child and family’s health and wellbeing.

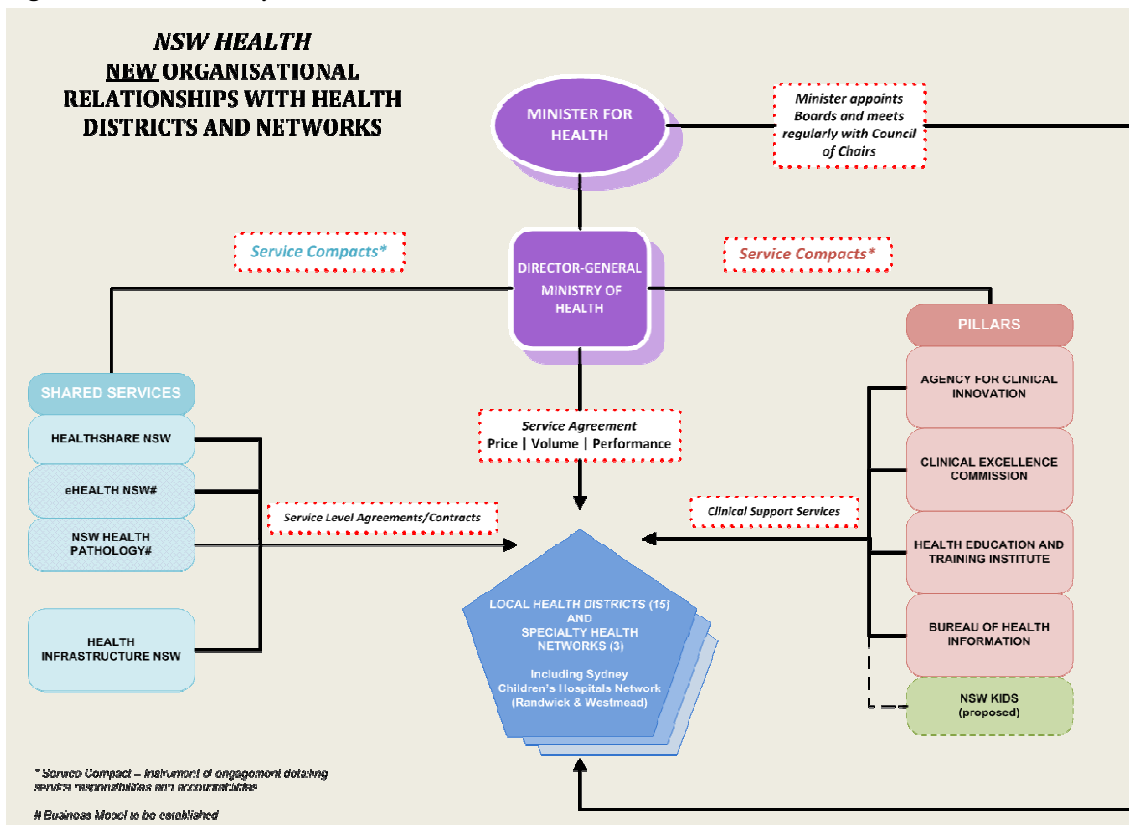
PROPOSED INCLUSION OF NSW KIDS IN NSW HEALTH ORGANISATIONAL RELATIONSHIPS

The NSW Health Governance Review set out the proposed relationships of entities within the new organisational structures.

Figure 1 below represents the new organisational structures and proposes NSW Kids sits with the four pillars, as a statutory health corporation. The Expert Group has suggested that the proposed NSW Kids will have a similar role to the Cancer Institute in that they both aim to improve the health outcomes of their constituencies without having direct responsibility for the operational delivery of services.

As shown in Figure 1, the Director-General, NSW Health holds a service agreement with the Local Health Districts and Specialty Networks. As set out below, NSW Kids would have a service compact with the Director-General.

Figure 1: NSW Kids as part of the new NSW Health structure



ROLE AND FUNCTIONS

The following table sets out the role NSW Kids would undertake in relation to other entities in the NSW Health organisational relationships diagram, based on the NSW Health Governance Review.

Table 1: NSW Kids — role and functions

HEALTH ENTITY	SUMMARY OF NEW ROLE	NSW KIDS RELATIONSHIP TO HEALTH ENTITY
Ministry of Health	Provides Westminster functions, regulatory functions, public health functions (disease surveillance, control and prevention) and system manager functions in statewide planning, purchasing and performance monitoring.	<ul style="list-style-type: none"> • NSW Kids undertakes Ministry policy and program development functions in relation to child health, child protection, paediatrics, developmental disability, adolescent health, maternity and neonatal services, violence prevention and care. • NSW Kids is the delegated lead for NSW Health on child protection in relation to regulation and responsibilities and provides regular reports to the Director General. • NSW Kids provides advice and engages Ministry in relation to health system manager functions. • Ministry to provide corporate support (eg legal, finance).
Sydney Children’s Hospitals Network (Randwick and Westmead)	<p>Local Health Districts (LHDs) and Specialty Networks will have responsibility and accountability for managing all aspects of hospital and health service delivery for their local district or specialty network under a service agreement between the Ministry as purchaser and system manager/regulator, and the boards as providers of health services (a <i>purchaser-provider</i> relationship).</p> <p>The LHD and Specialty Network boards in turn determine and manage a performance agreement with their chief executives.</p>	<ul style="list-style-type: none"> • Sydney Children’s Hospitals Network (SCHN) remains within its current governance framework, which is a board-governed specialty network, with a chief executive. • Service provision, budget responsibility, training and research, local clinician networks as currently provided remain the responsibility of the SCHN chief executive and board. • NSW Kids works through Ministry led performance framework to set and monitor standards. • NSW Kids role in relation to LHDs as per below.
Local Health Districts (LHDs) and Specialty Networks	LHDs and Specialty Networks are responsible for planning services for their populations.	<ul style="list-style-type: none"> • NSW Kids facilitates statewide clinical networks and manages Program Council (with LHD directors). • NSW Kids develops statewide

HEALTH ENTITY	SUMMARY OF NEW ROLE	NSW KIDS RELATIONSHIP TO HEALTH ENTITY
		<p>strategic plan, branding. Works with LHDs to assist when performance issues identified under performance management framework discussions with Ministry.</p> <ul style="list-style-type: none"> • NSW Kids works through Ministry-led performance management framework to set and monitor standards.
Pillars	<p>Strengthened to have a key role in their respective areas of health care design, standards, reporting, education and associated policy. Areas of overlap and split accountabilities between the Ministry and the pillars will be removed with relevant functions and staff transferring to the pillars. The pillars will develop close working relationships in support of LHDs.</p> <p>Service compacts will be established between the Director-General and the Clinical Excellence Commission (CEC) and Agency for Clinical Innovation (ACI), to ensure alignment of their priorities with forward planning and budget development.</p>	<ul style="list-style-type: none"> • Through service compacts and other agreed work programs, NSW Kids engages the pillars in relation to their functions as required.
Clinical Excellence Commission (CEC)	<p>The CEC will take responsibility for quality and safety and providing leadership in clinical governance with LHDs.</p>	<ul style="list-style-type: none"> • NSW Kids engages CEC for quality and safety review/audit as required and providing leadership in clinical governance with LHDs as required.
Agency for Clinical Innovation (ACI)	<p>The ACI will be structured to be the primary agency for engaging clinician networks and designing and implementing new models of care.</p>	<ul style="list-style-type: none"> • NSW Kids engages ACI for engaging clinician networks and designing and implementing new models of care.
Bureau of Health Information (BHI)	<p>The Bureau of Health Information (BHI) will be recognised as the primary source of quality information in analysis and reporting of patient outcome information to the community and clinicians.</p>	<ul style="list-style-type: none"> • NSW Kids engages BHI for quality information, analysis and reporting of patient outcome information to the community and clinicians.
Health Education and Training Institute (HETI)	<p>The Health Education and Training Institute (HETI) will focus on clinical and non-clinical leadership</p>	<ul style="list-style-type: none"> • NSW Kids engages HETI for clinical and non-clinical leadership development and postgraduate,

HEALTH ENTITY	SUMMARY OF NEW ROLE	NSW KIDS RELATIONSHIP TO HEALTH ENTITY
	development and postgraduate, undergraduate and vocational training.	undergraduate and vocational training as required.
Mental Health Commission, Office of Preventative Health	In process of establishment.	<ul style="list-style-type: none"> • NSW Kids works with and partners these organisations to fulfil its responsibilities.
Other government agencies and NGOs	Provide services, advocate and develop policies for services for children and families.	<ul style="list-style-type: none"> • NSW Kids provides Ministry representation on state and Australian government agencies forums and works as required with NGOs on relevant services.
General Practice and Medicare Locals	Major service provider to children and families in community setting. Integrated patient care through effective linkages of LHDs, Medicare Locals and other local healthcare providers.	<ul style="list-style-type: none"> • NSW Kids partners with peak primary health care organisations to address rural and regional service provision.

RECOMMENDED ARRANGEMENTS FOR LOCAL HEALTH DISTRICTS AND OTHER STATEWIDE STRUCTURES

Local Health Districts — arrangements for NSW Kids

The Expert Group considered current models for Local Health District arrangements for children and young people's health services and the principles of these models that could be applied to Local Health District structures.

It was acknowledged that it may take time for some districts to achieve the principles within their LHD. Two examples of leadership roles within the Local Health District were presented:

1. - The leadership role is to ensure the development of a single integrated framework to link the domains of paediatrics, children, young people and family health and violence prevention and care services. It builds on the services and clinical networks that align with natural patient flows.
2. - The leadership role is as network director for child, youth and family. This incorporates paediatrics, child health, child protection, adolescent health, neonates, and childhood developmental disability services. A network development manager supports the position. The role brings together the services across the clinical streams but does not have line management responsibility. It reports to the Clinical Council.

The core element recommended is that of a director of NSW Kids in each LHD, with responsibility for the scope of services represented by the NSW Kids entity at a statewide level. This position would

have responsibility for leading the development of networks and bring together the relevant service domains and strengthening the portfolio within the LHD.

The position would be required to have:

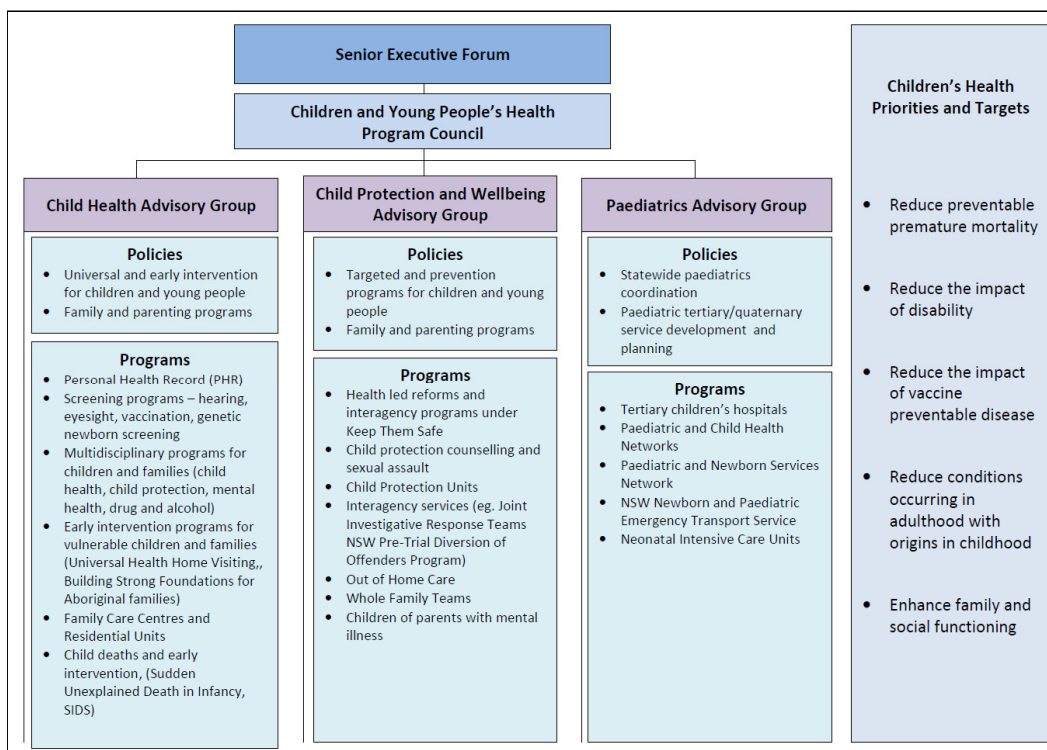
- Accountability to the chief executive or senior LHD executive
- Sufficient delegation within the LHD to contribute to and signoff on policies and the implementation of structures relating to child health, protection and wellbeing, adolescent health and paediatrics
- Agreed budgetary responsibility
- Authority to represent the LHD as a member of the Program Council
- A formalised relationship with LHD clinical networks in delivering services and developing consistent, best practice approaches to service delivery
- Collaboration with the NSW Kids entity.

Statewide and local branding will be developed by the NSW Kids entity in conjunction with Local Health Districts and Specialty Networks. Once the LHD brings together services and management into a single governance network and meets standards set in the performance agreement, the Local Health District would be eligible to use NSW Kids branding locally, for example, NSW Kids Far West.

NSW Health Children and Young People's Health Program Council

The Program Council was formed in 2010 and comprises Local Health District Directors of Children and Young People's Health, statewide clinical leadership for NSW Kids, and Ministry directors with responsibility for policy and programs. It is recommended this forum continue and be chaired by the chief executive of the NSW Kids entity. The governance arrangements for the Program Council were under development at the time of the commencement of this review and are described in Figure 2 below.

Figure 2: Governance arrangements for the Children and Young People’s Health Program Council



Statewide networks

NSW Kids would have responsibility for the review and facilitation of statewide clinical networks relevant to its role and functions. The intention is to provide leadership across NSW.

In the first instance, this would concern a review of the child health networks and their governance with the aim of strengthening their functioning in the new organisational environment. This review would be done in conjunction with representatives from the three networks, their steering committees and key stakeholders.

Similar consideration should be given to the future strengthening and/or formation of other networks where clinical needs exist. This would be done in consultation with clinicians and give consideration to the role of the ACI.

DEVELOPMENT OF A STATEWIDE STRATEGIC PLAN

The Expert Group agreed on the importance of a statewide strategic plan as recommended by Garling (see Table 2: Garling recommendations and Expert Group responses, pages 21–23). It would assist the NSW Kids entity to consider and advise the Director-General and Minister for Health on priorities, resource distribution and organisational arrangements for services in NSW.

There is a structured approach to planning in NSW Health.

A statewide strategic plan will provide a foundation for policy development and services directions across the spectrum of services and should be developed by the NSW Kids entity. It will require

substantial consultation with Local Health Districts, Specialty Networks, the Ministry of Health and key stakeholders.

The statewide strategic plan will set out the framework for:

- The development of principles which will guide services development and prioritisation of resource distribution
- Decisions about delineation of roles and responsibilities of the various components of NSW Health with responsibility for the spectrum of services.

Local Health Districts and Specialty Networks have responsibility for planning services for their populations. In doing so, their service plans provide the foundation and detail for planning and operational decision-making and take into account policies and planning parameters developed at a statewide level. They draw together multiple plans such as workforce, asset and specific service plans.

These local plans will inform the statewide strategic plan developed by the NSW Kids entity.

The statewide strategic plan would also provide a mechanism for the NSW Kids entity to address a number of issues raised in the Garling Report and in subsequent stakeholder consultations that remain unaddressed (See Table 3: Consultation themes and issues, pages 24–25).

Planning for a new NSW Kids hospital

The Garling Report recommended the development of advice to the Minister on the need for a new NSW Kids hospital in Sydney to provide tertiary and quaternary facilities.

The Expert Group agreed with the recommendation to undertake this analysis and provide this report to the Minister (see Table 2: Garling recommendations and Expert Group responses, pages 21–23).

This specialty task will require sourcing the relevant expertise in services, population and capital planning, as well as the development of a suitable business case to be considered by the Minister as part of the overall NSW Health capital planning process.

RESPONSE TO GARLING RECOMMENDATIONS

The Expert Group considered all aspects of recommendations 9, 10 and 11.

Following detailed discussion, the Expert Group agreed with a majority of the statements within the recommendations. There were some statements where the interpreted outcome and intention were supported but where the delivery mechanism varied from the proposal.

As has been noted earlier in the report, the current state and national governance frameworks for health service provision were influential in the Expert Group’s decision that the model recommended by the Garling Report was not feasible in this context.

The following table sets out the Expert Group’s response to each recommendation.

Table 2: Garling recommendations and Expert Group responses

GARLING RECOMMENDATION	EXPERT GROUP RESPONSE
<p>Recommendation 9: <i>Within 6 months, NSW Health should establish, as a chief-executive governed statutory health corporation pursuant to s.41 of the Health Services Act 1997, a Children and Young Peoples’ Health Authority (“NSW Kids”).</i></p>	<p>Agreed by a majority of the Expert Group. The leadership model recommends a board-governed statutory health corporation.</p>
<p>Recommendation 9: <i>The function and role of NSW Kids will be to (a) provide all health care for children and young people, throughout NSW, whether in the community, or in a public hospital, commencing with neonates tertiary or higher level services and concluding with young people at the end of their sixteenth year of life.</i></p>	<p>Agreed with outcome. Under the leadership model, did not agree the role and function is to provide services. Recommended role and function is to ensure.</p> <p>The rationale is that under the new governance frameworks at state and federal levels, the NSW Kids entity would not provide services.</p> <p>Agreed responsibility for at least 16 years of age. Under the leadership model, responsibility to include adolescent health, neonates, mothers and babies antenatally, sexual assault services for children and adults, violence prevention.</p> <p>The rationale is the integrated nature of service delivery for children, mothers and families.</p>
<p>Recommendation 9: <i>The guiding principle of NSW Kids is that the paramount consideration in the provision of health care is the promotion of the health and well-being of the population and the prevention, diagnosis, treatment and cure of the illnesses of the population in a manner which best promotes the wellbeing of children and young people.</i></p>	<p>Agreed.</p>

GARLING RECOMMENDATION	EXPERT GROUP RESPONSE
<p>Recommendation 9: Principal purposes of NSW Kids are to include (a) the striking of, and the maintenance of, a proper funding balance between the provision of community based services, including interagency cooperation and prevention measures, and the provision of acute care and related services in public hospitals</p>	<p>Agreed.</p>
<p>Recommendation 9: Principal purposes of NSW Kids are to include (b) ensuring that (b.i) the standard of all health care provided to children and young people throughout public hospitals in NSW is consistent and is undertaken, so far as possible (b.ii) in facilities or parts of facilities which are designated and set aside for such care and which do not include the provision of care for adults</p>	<p>Agreed.</p> <p>Standards to be set and monitored via service agreements. Advice on standards to be provided by NSW Kids. Monitoring mechanism is Ministry of Health's performance framework with NSW Kids at the table.</p>
<p>Recommendation 9: Principal purposes of NSW Kids are to include (c) ensuring that there are adequate services and facilities for the provision of mental health care to children and young people</p>	<p>Agreed in principle under the leadership model.</p> <p>Role of NSW Kids entity would be to work with the entities responsible for mental health to provide statewide leadership and agreed mechanisms for policy, programs and standards in regard to their intersections with the responsibilities of the NSW Kids entity.</p>
<p>Recommendation 9: The secondary purposes of NSW Kids are to include (a) the provision of education and training to all clinicians about the health and well-being of children and young people</p>	<p>Agreed in principle under leadership model.</p> <p>Role as <i>facilitator</i> rather than <i>provider</i>.</p>
<p>(b) the provision, either alone or in conjunction with NSW Health and the Area Health Services, of public education, including preventative health and wellness campaigns, which promotes the health and wellbeing of children and young people throughout NSW</p>	<p>Agreed in principle under the leadership model.</p> <p>Role of NSW Kids entity would be to work with the entities responsible for health promotion to provide statewide leadership and agreed mechanisms for policy, programs and standards in regard to their intersections with the responsibilities of the NSW Kids entity.</p>
<p>(c) the commissioning, conducting, supporting and supervision of research into the health and well-being of children and young people.</p>	<p>Agreed in principle under leadership model.</p> <p>Role is to develop a research agenda as part of the strategic plan to guide priorities and encourage research for the full spectrum of issues, in consultation with the Ministry, Local</p>

GARLING RECOMMENDATION	EXPERT GROUP RESPONSE
	Health Districts and Specialty Networks.
<p>Recommendation 10: <i>Within 12 months, NSW Kids should publish and implement, a strategic service delivery plan for the health care of children and young persons so as to ensure that appropriate treatment is delivered by appropriately skilled clinicians in the appropriate facility or else as a community based service.</i></p>	<p>Agreed in principle under leadership model.</p> <p>This recommendation was not completed within the timeframe (see Part 2, page 31).</p> <p>Under leadership model, a statewide strategic plan will be developed within 18 months from inception of NSW Kids.</p> <p>Local Health Districts and Specialty Networks are responsible for planning for their populations.</p>
<p>Recommendation 10: <i>Such plan is to delineate clearly which health service is to be provided in which facility or class of facilities, including the criteria for transfer between facilities, and should, so far as clinically appropriate, avoid the duplication of services between facilities.</i></p>	<p>Agreed in principle.</p> <p>Under leadership model, NSW Kids entity would advise the Ministry of Health as part of their role delineation and planning processes.</p>
<p>Recommendation 10: <i>In the development of the strategic service delivery plan, NSW Kids, determine whether it is in the best interests of the health of children and young people that all Sydney metropolitan area based intensive care units (providing tertiary and quaternary care for neo-natal and paediatric patients) should be combined into a single unit at a single facility and whether there should be established a similar facility at the John Hunter Children’s Hospital.</i></p>	<p>Agreed in principle.</p> <p>Under the leadership model, the NSW Kids entity will provide advice to the Ministry in considering these options as part of a normal planning process.</p>
<p>Recommendation 11: <i>Within 18 months, NSW Kids should investigate and report to NSW Health and the Minister for Health on the need for, the desirability of, and the possible locations of a new NSW Kids hospital providing quaternary and tertiary facilities. Any such report needs to include preliminary costings for and a business case which analyse the best options for a new NSW Kids hospital.</i></p>	<p>Agreed.</p> <p>This recommendation has not been progressed within the stated timeframe (see Part 2, page 32). This required significant analysis of future population requirements and will be developed by sourcing the appropriate expertise. Recommendations to the Minister will form part of consideration in the overall NSW Health capital planning process.</p>

CONSULTATION

The Expert Group acknowledged the significant consultation undertaken following the Garling Inquiry and undertook a targeted consultation program to inform the governance proposals.

Key entities consulted by Expert Group

The chair and secretariat conducted a number of consultation sessions and the consultation program (see Appendix 2, pages 35–36).

The following table summarises common themes and issues arising from the targeted consultation program undertaken by the chair. Consultation themes and issues arising from the *Caring Together: NSW Kids Discussion Paper* are included.

Table 3: Consultation themes and issues

THEME	ISSUE
<i>Budgets and performance</i>	<ul style="list-style-type: none"> • Ensuring existing budgets are quarantined across all health services. • Impact of activity-based funding to be considered. • Modest budget is required and budget scope to be determined, noting that there needs to be a balance of allocation of funds across the spectrum of health services, eg between community-based and hospital-based services. • The entity should have an ability to collect data and to cross-examine and determine the performance of the system. Clear outcome measures are required.
<i>Governance of the entity</i>	<ul style="list-style-type: none"> • The governance and management arrangements need to ensure that there is something in place to drive change. • Principles of NSW Health Governance Review need to be upheld. • Composition of board needs to be properly considered.
<i>Structure and title of entity (inc. branding)</i>	<ul style="list-style-type: none"> • Proposed accreditation and branding of ‘local Kids’ versus ‘statewide Kids’. • Branding of NSW Kids needs to clearly identify what it is and delineate from related entities such as SCHN, and that it relates to a spectrum of services (not just sick kids). • Marketing of NSW Kids should consider the name of the entity and branding. • Changes need to be communicated.
<i>Role and functions of the entity</i>	<ul style="list-style-type: none"> • Local implementation will be linked to the local service/strategic plan and will articulate how the service agreement relates • Age range should be consistent with clinical practice — different upper limits suggested as appropriate. • Linkages with other services within the mental health program are essential, however, experience has shown this is problematic. Both models of MH-Kids and NSW Kids need to be looked at. • There need to be flexibility and confidence in the system to provide for health needs of all, whether in a metro or rural setting. • The entity should consult on the annual work planning process for the Office of Preventative Health (OPH) and suggest and refer work to the OPH

THEME	ISSUE
	<p>which supports prevention among children and young people.</p> <ul style="list-style-type: none"> Statewide strategy needs to be interactive and collaborative, and needs to engage districts. Needs to promote safe and quality practice as close to home as can possibly be provided. Enhanced networking is required to ensure impact on client groups in rural and regional NSW.
<i>Child protection and wellbeing</i>	<ul style="list-style-type: none"> The existing integrated model – alignment of violence prevention and child protection with domestic violence, adult and child sexual assault has aided reforms in this area. Vulnerable populations need to be directly catered for, such as children entering out-of-home care.
<i>Maternity</i>	<ul style="list-style-type: none"> Maternity should be seen as part of a life continuum so the close relationship maternity has had with child health should be maintained.
<i>Role and functions of other health entities</i>	<ul style="list-style-type: none"> Service delivery remains with NSW Health entities. Important not to duplicate functions in the Ministry.
<i>Pillars</i>	<ul style="list-style-type: none"> Service compact arrangement required. NSW Kids should not be developing a separate model, rather should have input to any pillar-led model. NSW Kids should be consulted on these issues and seen as the key source for information and advice, rather than leading areas of pillar responsibility.
<i>Service planning</i>	<ul style="list-style-type: none"> The role of NSW Kids is broader than tertiary or quaternary hospitals. A plan for community-based services, prevention and capacity-building functions of NSW Kids should also be considered. Clarify lead responsibility for tertiary/quaternary and other service planning. Ensure John Hunter Children’s Hospital is included in tertiary or quaternary service planning and development.
<i>Workforce issues</i>	<ul style="list-style-type: none"> Increase workforce capacity and increase the number of clinicians, GPs, paediatric nurses and other community/primary health workers. Develop and deliver consistent professional training and development to all health professionals working with children and young people.

IMPLEMENTATION

Timeline and restructuring framework

Following the Minister’s consideration of the recommendations of this report, and her final decision, it is proposed that a process be put in place to progress the establishment of a NSW Kids entity (if agreed).

Drawing from the Garling Report recommendations the following timetable is recommended:

- The statutory health corporation to be established within six months
- The statewide strategic plan to be published within 18 months of the establishment of the NSW Kids entity

- Advice on the need for a further tertiary/quaternary facility to be provided to the Minister within 18 months.

Staffing and resources

The NSW Health Governance Review identified Ministry functions and staff relevant to NSW Kids under maternity, children and young people's health (including child protection):

Transfer policy and program functions and Keep Them Safe Program in accordance with the findings of the review of the organisation of children's health services in NSW which will consider implementation of Commissioner Garling's proposed "NSW Kids" (page 17).

The Maternity, Children and Young People's Health Branch within the Population Health Division holds the existing expertise to support the creation, implementation and ongoing functioning of the NSW Kids entity. Transfer of functions, staff and resources for paediatrics elsewhere in the Ministry to the Branch was approved as part of the structure (see Appendix 3, page 37). This transfer was put on hold pending the finalisation of the Expert Group review.

This transfer should now occur.

Further, the Ministry currently funds some policy functions outside the Branch and managed by Local Health Districts, which may be appropriate to form part of the NSW Kids entity. A review of these funded units should be undertaken as part of the formation of the NSW Kids entity.

PART 2

GARLING INQUIRY AND CONTEXT

What led to the Garling Inquiry?

The NSW Deputy State Coroner conducted an inquiry into the death of 16-year-old Vanessa Anderson who died at Royal North Shore Hospital in November 2005. The formal finding of her cause of death was respiratory arrest due to the depressant effect of opiate medication.

In his report, the Deputy State Coroner stated on 24 January 2008:

There is little doubt that the NSW Health System, while certainly staffed by dedicated professionals is labouring under increased demands and expectations from the general public. ... Unfortunately the same issues are invariably identified, not enough Doctors, not enough Nurses, inexperienced staff, poor communication, poor record keeping and poor management. These are systemic problems that have existed for a number of years and regrettably they all surface in the death of Vanessa Anderson. In my role as a Coroner, my primary responsibility is to Vanessa and to provide answers to her family. In so doing, however, it is almost impossible to avoid comment on the unfortunate repetition of the same systemic problems that continue to surface. As a Coroner I can not fix that problem, however, the government of the day has the responsibility to provide adequate resources, training and staff to ensure the delivery of appropriate and timely medical services.

As a Coroner I have also noted, and it is to the credit of the respective Area Health Services, that when an adverse hospital death is reported to the Coroner, there is usually an internal review (RCA) and as in Vanessa's case recommendations made and implemented. The challenge for the Department of Health in my view is to approach the identified problems holistically and identify that unfortunately the same errors are repeating themselves. It may be timely that the Department of Health and or the responsible Minister consider a full and open Inquiry into the delivery of health services in NSW.

What did the Garling Report say?

The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals was announced on 24 January 2008, conducted by Peter Garling SC, and reported to the NSW Government on 27 November 2008.

Recommendations 9, 10 and 11 concerned the establishment of a children and young people's health authority, to be known as NSW Kids, to provide all health care for children and young people (0–16 years) across all facilities in the state.

The Garling Report recommended establishment of NSW Kids within 6 months, publication of a strategic service delivery plan within 12 months, and a report to the Minister within 18 months on the desirability of a new NSW Kids hospital providing higher level facilities.

The Garling Report addressed five main issues in relation to paediatric services in the chapter *Babies, Children and Young People* (page 98).

These were:

1. Deficiencies in the treatment of child and adolescent mental health
2. Referral of children to specialist children's hospitals
3. The transfer of complex paediatric patients to non-specialist hospitals
4. Transition of complex paediatric patients to adult hospitals
5. The overall coordination of paediatric services in NSW.

The following statements are drawn from the Garling Report, Chapter 5.

It is essential that the mental health and wellbeing of children and adolescents in NSW is prioritised by NSW Health and that adequate, safe and nurturing, acute and subacute facilities are provided which are separate from adult facilities. (page 103)

A question is whether NSW Kids should include child and adolescent mental health. In my view it should. (page 116)

Early treatment of paediatric conditions has life long benefits for these young patients. A sound future for paediatric medical services is a foundation stone for health care in NSW for many years to come. (page 113)

It concerns me that in NSW there is currently a lack of co-ordination of paediatric and young person's health care in public hospitals throughout the state.(page 113)

In the community there is a need for a greater emphasis on prevention and early intervention with children and young people than there is with adults ... lack of visible, immediate results can and does lead to an under-emphasis on the community aspects of care for the health of children and young people. When there is competition for scarce monetary resources, this side of health care is often ignored or given a lower priority. I am fearful that, with the increase in demand for healthcare services for adult chronic and complex patients ... There will be irresistible budgetary pressure which will overtake these prevention and early intervention programs for children and young people. (page 116)

Child and adolescent ambulatory-care services must also receive greater funding and be coordinated so that they are able to be accessed by young people. (page 103)

After having spoken to many of the leading authorities on paediatric and young people health services, it has become obvious to me that what is required is a single state-wide authority that provides for the full range of medical care for children and young people. (page 114)

How was this implemented?

The recommendations for NSW Kids were accepted in principle subject to further consultation and review under the full response to the Garling Inquiry, known as *Caring Together*. Following the review and public consultation, a NSW Kids strategy was put in place.

No single entity known as NSW Kids was created. The following arrangements were put in place.

Service provision

The merger of the two specialist children's hospitals in Sydney under a single chief executive with a single board with responsibility for services at the Randwick and Westmead campuses, managing the combined budget for the two hospitals and undertaking research, development and training.

John Hunter Children's Hospital remained within the Hunter New England Local Health District.

Directors of children and young people's health, as a single point of leadership for children's health, protection and wellbeing, were nominated by the former Area Health Services on a pro-tem basis, and then nominated by each Local Health District when established. The positions were not uniformly established across each LHD; in some instances positions were established, in others a nominated responsibility was designated to an existing position.

Statewide clinical leadership

Statewide clinical leadership was enhanced with the appointment of a Chief Paediatrician to champion children's health needs and work with the Senior Clinical Advisor Child Health and Senior Clinical Advisor Child Protection and Wellbeing.

Policy and program development

A branch in the Ministry of Health was established with responsibility for maternity, children and young people's health within the Population Health Division. The Branch supports the delivery of children's health and child protection services within the public health system.

Clinical guidelines

The following guidelines were developed to address matters raised in the Garling Report:

- PD2010_034 Children and Adolescents — Guidelines for Care in Acute Care Settings
- PD2010_032 Children and Adolescents — Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery
- PD2010_031 Children and Adolescents — Inter-Facility Transfers
- PD2010_033 Children and Adolescents — Safety and Security in NSW Acute Health Facilities.

Implementation coordination

A mechanism for program development and operational implementation was established, known as the NSW Children and Young People's Health Program Council. The Council brings together the directors of children and young people's health (Local Health District directors), the Sydney Children's Hospitals Network, statewide clinical leaders and Ministry directors.

Service planning -

The Ministry retained responsibility for statewide and specialty service planning.

Mental health and health promotion

Mental health and health promotion were not included in the strategy, instead links were created in the Ministry and Program Council.

Rationale for departure from the Garling recommendations and aspects not yet implemented

It was considered that there were significant implications for single statewide governance:

- Changing employers for staff across all NSW Health facilities has significant industrial - difficulties -
- Changing employers also involves significant upheaval for staff and Local Health Districts to manage dual employment
- Lack of local line management can cause significant accountability problems.

In particular, changes to the John Hunter Children's Hospital, which has a well-integrated service model, posed a major challenge to achieving this structural change. An analysis of the risks and benefits showed that the model provided at John Hunter Children's Hospital, in its current form, is already aligned with Commissioner Garling's position (especially as per recommendation 9[1a]). The separation of paediatric wards from other clinical services within hospitals would be impractical and potentially fragment care.

Mental health services were not changed, as there is clear evidence that separating the functioning and established MH-Kids service from the mental health service stream posed risks that outweighed the benefits. In particular, the budget for these services was already quarantined and transition from child to adult services is part of the service stream.

A number of the Garling recommendations were not progressed or implemented.

Recommendation 9: striking the funding balance between community and tertiary services, establishment of a baseline of activity (funding, staffing and activity) for quarantining, provision of education and training for clinicians, commissioning and conduct of research.

It was noted that some work was undertaken:

- Due diligence process undertaken to establish baseline of funding resources for children's health as part of national reform process – *completed 2010*
- Child protection and child, youth and family community-based services identified as - strategic priorities in performance agreements — *completed 2011.* -

Recommendation 10: the statewide strategic plan (recommendation 10). Tender document for statewide strategic plan — *developed 2011*

Recommendation 11: advice to the Minister on the need for a new NSW Kids tertiary/quaternary hospital. This recommendation was pending final implementation of decisions on NSW Kids.

What has occurred since the Garling Inquiry and what are the current NSW Government policies for health governance?

Since the Garling Inquiry report was released in 2008, the landscape for NSW Health governance has altered significantly following implementation of national reforms and state policies.

The report of the Director-General, NSW Health, *Future Arrangements for Governance of NSW Health*, outlined the key themes of reform for the NSW health system.

In addition, the NSW Government has made a commitment to the following reforms in health service provision relevant to NSW Kids:

Policy	Commitment
<i>100 Day Action Plan, Return Quality Services</i>	Establish a mental health taskforce to start planning for the establishment of the Mental Health Commission.
<i>Plan to provide timely, quality healthcare</i>	Create an Office of Preventative Health in South Western Sydney.

APPENDIX 1: Terms of Reference

ESTABLISHMENT OF NSW KIDS TERMS OF REFERENCE
EXPERT GROUP TO ADVISE ON MODELS FOR A NSW CHILDREN AND YOUNG PEOPLE'S HEALTH AUTHORITY (NSW KIDS)
Background
<p>The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, conducted by Peter Garling SC, reported to the NSW Government on 27 November 2008 ("the Garling Report").</p> <p>Recommendations 9, 10 and 11 concerned the establishment of a Children and Young People's Health Authority, to be known as NSW Kids, to provide all health care for children and young people (0-16 years) across all facilities in the state. See attached for recommendations.</p> <p>The Garling Report recommended establishment of NSW Kids within 6 months, publication of a strategic service delivery plan within 12 months, and a report to the Minister within 18 months on the desirability of a new NSW Kids hospital providing higher level facilities.</p> <p>The Government responded initially with in principle support, with further consultation and review of functions to occur. However, there was no formal commitment to establish NSW Kids and the only structural change was the merger of the two specialist children's hospitals.</p>
Aims and Objectives
<p>The Minister has requested that a Expert Group be convened to give advice on the feasibility of, and a strategy for, the substantial implementation of Recommendations 9, 10 and 11 of the Garling Report.</p> <p>The Expert Group will develop a discussion paper for consultation based on the Garling recommendations and designed to provide a systemic framework for child and youth health services and paediatric care across NSW into the future. Consultation will include working sessions, both in metropolitan Sydney and regional NSW. This will lead to advice to the Minister and Director-General on the recommendations, a preferred governance structure and other elements required for the effective delivery of a strategy for children and young person's health services throughout the State.</p>
Terms of Reference
<ol style="list-style-type: none">1. Identify the steps which have been taken to reform the delivery of health care for children and young people since the adoption of the <i>Caring Together</i> reform program.2. Consider the extent to which those steps meet the recommendations of the Garling Report and the rationale for partial adoption of the recommendations.3. Consult, as it thinks appropriate, on the extent to which the recommendations of the Garling Report might be more closely adhered to.4. Develop a long term systemic plan for the provision of child and young person's health and paediatric care across NSW.5. Consider and advise on the design for, and provision of:<ol style="list-style-type: none">i. Effective governance structures;ii. Mechanisms to inform policy development and ensure equity of access to available resources across the domains of child health, child protection and paediatrics; andiii. Relationships and linkages required to foster cooperation and communication amongst providers, medical researchers and policy makers involved in child health services.

In formulating the recommendations have regard to the recommendations of the Inquiry into Child Protection Services in NSW undertaken by Justice Wood.

Chairmanship

The Hon. Ron Phillips

Membership

Dr Richard Matthews AM
Prof. Les White
Mr Roger Corbett AO
Dr Elisabeth Murphy
Ms Rachel Grimes
Ms Elizabeth Koff
Dr Susie Piper

Business rules

Members

Members are appointed to the Expert Group by the Director-General, NSW Health. The Expert Group is time limited and its work will be completed by December 2011 unless otherwise agreed.

Members' contributions will be via attendance at meetings, review and comment on papers and responding to matters raised out of session by the Chair.

Members of the Expert Group are asked to respond to requests from the Chair in a timely manner, treat material as private and confidential, and attend meetings as scheduled.

Members can attend meetings by video/teleconference if required. The agenda will be confirmed prior to each meeting.

Secretariat

Maternity Children and Young People's Health Branch from NSW Health will provide Secretariat support. The agenda, meeting papers and minutes will be provided to members in a timely manner.

Reports to other bodies

The Chair of the Expert Group will provide progress reports to the Minister and Director-General of NSW Health.

Timeline

The Chair of the Expert Group will provide a final report with recommendations to the Minister and Director-General of NSW Health for consideration in November 2011.

Terms of Reference: Attachment **RECOMMENDATIONS FROM THE GARLING REPORT**

Recommendation 9:

Within 6 months, NSW Health should establish, as a chief-executive governed statutory health corporation pursuant to s.41 of the Health Services Act 1997, a Children and Young Peoples' Health Authority ("NSW Kids").

The function and role of NSW Kids will be to provide all health care for children and young people, throughout NSW, whether in the community, or in a public hospital, commencing with neo-nates who

require tertiary or higher level services and concluding with young people at the end of their sixteenth year of life.

The guiding principle of NSW Kids is that the paramount consideration in the provision of health care is the promotion of the health and well-being of the population and the prevention, diagnosis, treatment and cure of the illnesses of the population in a manner which best promotes the wellbeing of children and young people.

The principal purposes of NSW Kids are to include, at least:

- (a) The striking of, and the maintenance of, a proper funding balance between the provision of community based services, including interagency co-operation and prevention measures, and the provision of acute care and related services in public hospitals;
- (b) Ensuring that the standard of all health care provided to children and young people throughout public hospitals in NSW is consistent and is undertaken, so far as possible, in facilities or parts of facilities which are designated and set aside for such care and which do not include the provision of care for adults; and
- (c) Ensuring that there are adequate services and facilities for the provision of mental health care to children and young people.

The secondary purposes of NSW Kids are to include, at least:

- (a) the provision of education and training to all clinicians about the health and well-being of children and young people;
- (b) the provision, either alone or in conjunction with NSW Health and the Area Health Services, of public education, including preventative health and wellness campaigns, which promotes the health and wellbeing of children and young people throughout NSW; and
- (c) the commissioning, conducting, supporting and supervision of research into the health and well-being of children and young people.

Recommendation 10:

Within 12 months, NSW Kids should publish and implement, a strategic service delivery plan for the health care of children and young persons so as to ensure that appropriate treatment is delivered by appropriately skilled clinicians in the appropriate facility or else as a community based service. Such plan is to delineate clearly which health service is to be provided in which facility or class of facilities, including the criteria for transfer between facilities, and should, so far as clinically appropriate, avoid the duplication of services between facilities. In the development of the strategic service delivery plan, NSW Kids, determine whether it is in the best interests of the health of children and young people that all Sydney metropolitan area based intensive care units (providing tertiary and quaternary care for neo-natal and paediatric patients) should be combined into a single unit at a single facility and whether there should be established a similar facility at the John Hunter Children's Hospital.

Recommendation 11:

Within 18 months, NSW Kids should investigate and report to NSW Health and the Minister for Health on the need for, the desirability of, and the possible locations of a new NSW Kids hospital providing quaternary and tertiary facilities. Any such report needs to include preliminary costings for and a business case which analyse the best options for a new NSW Kids hospital.

APPENDIX 2: Consultation Program

The chair and secretariat undertook the following targeted consultation program over the period September to November 2011.

STAKEHOLDER	ATTENDEES
Sydney Children's Hospital Network (Randwick and Westmead), Medical Staff Executive Councils	<ul style="list-style-type: none"> - Dr Alyson Kakakios, Chair Children's Hospital at Westmead Medical Staff Executive Council - Ms Elizabeth Koff, Chief Executive - Dr Christopher Webber, Chair Sydney Children's Hospital Medical Staff Executive Council - Professor Les White, Chief Paediatrician
Nursing and midwifery	<ul style="list-style-type: none"> - Adjunct Professor Thoms, Chief Nursing and Midwifery Officer
General Practice	<ul style="list-style-type: none"> - Professor Michael Fasher (former member of NSW Kids Implementation Committee) - Conjoint Professor Di O'Halloran, Chair NSW GP Council and Advisor on Medicare Locals -
MP4 (Metropolitan and Outer Metropolitan Paediatricians Group)	<ul style="list-style-type: none"> - Dr Bronwyn Chan, Royal North Shore Hospital - Dr Susie Piper, Medical Director, Wyong Hospital Paediatric Ambulatory Care Unit - Dr Michael Plaister, Sutherland Hospital - Dr Carola Wittekind, Royal North Shore Hospital -
Centre for the Advancement of Adolescent Health	<ul style="list-style-type: none"> - Professor David Bennett - Professor Les White, Chief Paediatrician
Senior Executive Forum	<ul style="list-style-type: none"> - Chief executives of NSW health entities including Local Health Districts; four pillars and Specialty Networks - Ministry of Health Executive Leadership Team
Maternity services	<ul style="list-style-type: none"> - Ms Natasha Donnelly, Co-chair Maternity and Perinatal Health Priority Taskforce - Ms Ros Johnson, Associate Director Maternity Services, Ministry of Health - Dr Michael Nicholl, Senior Clinical Advisor Obstetrics - Professor William Walters, Co-chair Maternity and Perinatal Health Priority Taskforce
Violence prevention	<ul style="list-style-type: none"> - Ms Susan Heyman, Hunter New England Local Health District - Ms Mailin Suchting, A/Associate Director Children, Young People and Family Health and Wellbeing, Ministry of Health - Professor Graham Vimpani, Senior Clinical Advisor Child Protection and Wellbeing
Cancer Institute NSW	<ul style="list-style-type: none"> - Professor David Currow, Chief Cancer Officer and Chief Executive Officer
Ministry of Health Executive Leadership Team	<ul style="list-style-type: none"> - Dr Mary Foley, Director-General - Dr Kerry Chant, Ms Karen Crawshaw, Dr Nigel Lyons, Dr Tim Smyth Deputy Directors-General

STAKEHOLDER	ATTENDEES
	<ul style="list-style-type: none"> - Mr John Roach, Chief Financial Officer - Mr Mike Rillstone, Chief Executive Health Support Services - Mr Chris Wordsworth, A/Director Executive and Ministerial Services - Ms Deb Willcox, A/Director Office of the Director-General
<p>Australian Medical Association (AMA) NSW</p>	<ul style="list-style-type: none"> - Ms Fiona Davies, Chief Executive Officer - Mr Sim Mead, Director Policy and Communications - Professor Ralph Nanan, Chair of Paediatrics, Nepean Hospital - Associate Professor Brian Owler, Chair Hospital Practice Committee - Dr Mary Langcake, RACS - Dr Greg Rowell, paediatrician and RACP - Dr Andrew Weatherall, Children's Hospital Westmead - Dr Simon Zidar, AMA NSW Councillor, Anaesthetist Class -
<p>Clinical Excellence Commission</p>	<ul style="list-style-type: none"> - Professor Cliff Hughes, Chief Executive
<p>Hunter New England LHD</p>	<ul style="list-style-type: none"> - Professor Lyn Fragar, Chair - Mr Michael DiRienzo, Chief Executive - Professor Patricia Davidson, Director Children, Young People, Family Health - Ms Tracey Hamilton, Project Manager - Dr Bruce Whitehead, Senior Staff Specialist - Ms Susan Heyman, violence prevention representative - Ms Jenny Martin, allied health representative - Dr Chris Wake, neonatal representative
<p>Intensive Care Unit Royal North Shore Hospital</p>	<ul style="list-style-type: none"> - Professor Malcolm Fisher

APPENDIX 3: Approved structure - Maternity Children and Young People's Health Branch, Population Health Division, Ministry of Health.

Maternity, Children and Young People's Health Branch (NSW Kids)

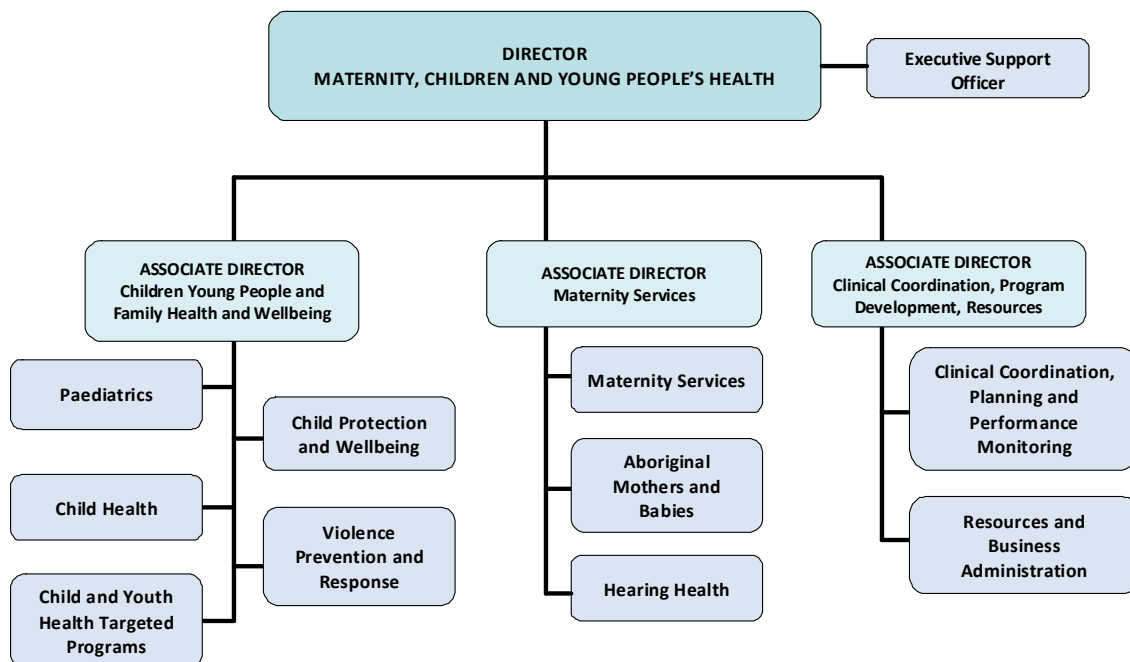
STRUCTURE AND FUNCTIONS

Commissioner Garling, through the *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*, recommended new arrangements for children and young people's health service delivery. As part of these new arrangements, the Maternity, Children and Young People's Health Branch was established within the Strategic Development Division and transferred to the Population Health Division in September 2011. Establishment of this new branch was enacted following a formal consultation period with staff and unions (2010–11). The final structure and staffing was approved by the Director-General.

The branch consists of three units:

1. Maternity Services
2. Children, Young People and Family Health and Wellbeing
3. Clinical Coordination, Program Development and Resources.

The Branch is assisted by the NSW Kids strategy clinical leaders: the Chief Paediatrician and his Office (reporting to the Deputy Director-General Population Health), Senior Clinical Advisors Child Health, Senior Clinical Advisor Child Protection and Wellbeing, Senior Clinical Advisor Obstetrics (reporting to the Branch Director).



APPENDIX 4: References

The following documents are key references for this work.

Special Commissions of Inquiry

- Peter Garling SC, Special Commission of Inquiry Into Acute Care Services In NSW Public Hospitals, November 2008
- James Wood QC, *Special Commission of Inquiry Into Child Protection Services in NSW*, 2008

NSW Government policies and frameworks

- NSW Government, *Caring Together: The Health Action Plan for NSW*, 2009
- NSW Government, *Keep Them Safe: A Shared Approach to Child Wellbeing*, 2009
- NSW Government, *NSW 2021: A Plan to Make NSW Number One*, 2011

NSW Health policies and frameworks

- NSW Health, *Caring Together: NSW Kids Discussion Paper*, January 2010
- NSW Health, *Future Governance Arrangements for NSW Health*, 2011
- NSW Health, *Performance Monitoring Framework for NSW Local Health Districts and Health Services*, September 2011
- NSW Health, *Service Agreement, An Agreement between the Director General NSW Ministry of Health and Example Local Health District for the period 1 July 2011 – 30 June 2012*

National agreements

- Council of Australian Governments, *Intergovernmental Agreement on Federal Financial Relations*, July 2011
- Council of Australian Governments, *National Health Reform Agreement*, 2011
- National Health and Hospitals Reform Commission, *A Healthier Future for all Australians*, June 2009

Coroner's Inquiries

- State Coroner's Court of NSW, *Inquest into the death of Jacob Belim*, 15 August 2011
- Westmead Coroners Court, *Inquest into the death of Vanessa Anderson*, 24 January 2008