

# Submission to NSW Health on the NSW Rural Health Plan



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## **About NCOSS**

The Council of Social Service of NSW (NCOSS) is a peak body for the not-for-profit community sector in New South Wales. NCOSS provides independent and informed policy advice, and plays a key coordination and leadership role for the sector. We work on behalf of disadvantaged people and communities towards achieving social justice in NSW.

## **NCOSS' health priorities**

NCOSS' objective in the health portfolio is to reduce inequities for disadvantaged people and improve population health outcomes. We believe that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

NCOSS health priorities are primary and community-based health, oral health, mental health, health transport, and aids and equipment for people with disabilities. Our funding recommendations to the NSW Government on these issues are outlined in our [2013-14 Pre-Budget Submission](#). We also advocate on health system reform, consumer and community engagement and health equity issues.

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## Summary of recommendations

NCOSS recommends:

1. The Rural Health Plan is supported by enhanced investment to reduce the gap in health outcomes for people living in rural and remote NSW.
2. The overarching goal of the Rural Health Plan is health equity for people in rural and remote NSW.
3. The Rural Health Plan includes measures to improve workforce mix, expand scope of practice, expand team-based training across disciplines, and grow the local rural workforce.
4. The Rural Health Plan addresses intra-regional transfer of care and discharge practices.
5. The Rural Health Plan recognises and strengthens the roles of not-for-profit community sector organisations in rural health care.
6. Local and state-wide health service planning takes into consideration access issues, including transport, for people living rural and remote communities.
7. The Rural Health Plan addresses health-related transport barriers and incorporates the recommendations in the *NCOSS Pre-Budget Submission* and *Provided There's Transport Report*.
8. The Rural Health Plan acknowledges oral health inequities, and includes actions to build on workforce initiatives, expand flexible outreach service delivery models, and enhances oral health promotion, such as fluoridation.
9. The Rural Health Plan prioritises mental health inequities and investment in community-based mental health services in under-serviced rural and regional areas in-line with the *NCOSS Pre-Budget Submission*.
10. The NSW Ministry of Health consult the Mental Health Commission of NSW on specific recommendations regarding rural and remote mental health.
11. The Rural Health Plan aligns and builds on the *NSW Aboriginal Health Plan 2013-2023* and forthcoming action plan, by taking a partnership approach, addressing the social determinants of health, and promoting integrated planning and service delivery.
12. NSW Health progress a state-wide Community Engagement Framework, and the development of locally appropriate participation mechanisms and processes.
13. The NSW Rural Health Plan acknowledges the major social determinants of rural and remote health and commits NSW Health to lead inter-sectoral action at the local and systemic levels, and undertake integrated health promotion.
14. The NSW Rural Health Plan includes actions to undertake integrated health promotion targeted to the specific needs of rural and remote communities.

## Introduction

The Council of Social Service of NSW (NCOSS) welcomes the opportunity to provide feedback to NSW Ministry of Health on the *NSW Rural Health Plan Issues Paper*.

The submission is structured around the six issue areas outlined in the consultation paper, rather than the specific survey questions. In particular, we have focused our submission on key health equity issues affecting people living rural and remote communities. We also make additional comments on health promotion and the social determinants of rural health.

## General Comments

People in rural and remote NSW have worse health outcomes across a range of indicators than those living in cities. They have a lower life expectancy by 5-8 years,<sup>1</sup> are more likely to die prematurely, report greater difficulties accessing health care, have higher potentially avoidable hospitalisations, and have a higher burden of chronic disease than other NSW residents.<sup>2</sup>

These health inequities for people living in rural and remote areas are unfair and are largely preventable. Their health differentials are not due to biological factors, but are primarily the result of geographic isolation, greater socioeconomic disadvantage, lack of health care providers, lower levels of access to health services, and greater exposure to injury risks.<sup>3</sup>

### Resourcing

NCOSS commends the current and previous NSW Governments for their investment in rural health services and infrastructure over the past decade. However, the on-going inequities in rural and remote NSW demonstrate the need for further action to close the gap and provide all NSW residents with the same access to health and well-being. The next NSW Rural Health Plan must build on the improvements made under previous plans and continue to enhance investment in rural health.

Recommendation:

- The Rural Health Plan is supported by enhanced investment to reduce the gap in health outcomes for people living in rural and remote NSW.

### Plan goals

NCOSS supports the proposal to build on the five goals in the *2012 National Strategic Framework for Rural and Remote Health*. However, these goals must be clearly set within the broader objective of improving health equity so that people in rural and remote NSW have the same opportunities for good health and well-being as other people in NSW.

Recommendation:

- The overarching goal of the next Rural Health Plan is health equity for people in rural and remote NSW.

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<sup>1</sup> Health Statistics NSW, *Life expectancy at birth by remoteness, 2003-07*, NSW Government, 2013, accessed at [http://www.healthstats.nsw.gov.au/Indicator/rur\\_lexbth\\_aria](http://www.healthstats.nsw.gov.au/Indicator/rur_lexbth_aria)

<sup>2</sup> Health Statistics NSW, *Key points: Rural and remote populations*, NSW Government, 2013, accessed at [http://www.healthstats.nsw.gov.au/Indicator/rur\\_lexbth\\_aria](http://www.healthstats.nsw.gov.au/Indicator/rur_lexbth_aria)

<sup>3</sup> Health Statistics NSW, *Key points: Rural and remote populations*, NSW Government, 2013, accessed at [http://www.healthstats.nsw.gov.au/Indicator/rur\\_lexbth\\_aria](http://www.healthstats.nsw.gov.au/Indicator/rur_lexbth_aria)

## 1. Workforce

Workforce is a key factor affecting the availability of health services, such as dental care. Service capacity is constrained by a maldistributed workforce, workforce shortages and the under-utilisation of the full range and capacity of health practitioners. For example, there are nearly three times as many practicing dentists in Sydney than in remote areas.<sup>4</sup> General dental practitioners and specialists dominate the workforce, with an estimated 50 dentists per 100,000 Australians to just 6 therapists, 4 prosthetists, 3 hygienists, and 2 oral health therapists.<sup>5</sup>

NCOSS believes the Rural Health Plan must build on the *NSW Health Professionals Workforce Plan* through measures to promote a more effective, sustainable approach to the rural health workforce, including:

- Establishing team care approaches as the basis for training of health practitioners
- Expanding the scope of practice, including allied health workers, dental therapists, dental hygienists, oral health therapists, and dental assistants to increase the efficiency of the care team. This would need to be accompanied by appropriate training to maintain safety and quality standards.
- Continuing and expanding initiatives that encourage more health providers to train, work, and live in rural and remote areas, such as internships, scholarships, and other inducements.

Recommendation:

- The Rural Health Plan includes measures to improve workforce mix, expand scope of practice, expand team-based training across disciplines, and grow the local rural workforce.

## 2. Coordination of care

Effective care coordination is critical to improve health outcomes, provide better patient care and reduce unnecessary hospitalisations. While care coordination generally works well within rural communities, issues arise when clients are discharged back to local communities from hospitals in other major centres. NCOSS has received reports of people who live four hours away from hospital being discharged without money or means of transport to return home. Patients also fail to receive appropriate post-discharge support due to a lack of communication between the discharging institution and local health and community services.

Formal service agreements and clinical governance structures are required between rural/remote and metropolitan services to provide service continuity and networking of services in rural areas. In addition to supporting more effective care coordination in line with the *2011 NSW Health Care Coordination Policy*, these arrangements would provide local health professionals with links to tertiary services, supervision and case conferencing, and support technologies for timely advice and expertise.

The important role of not-for-profit community sector organisations must be recognised and strengthened in the Rural Health Plan. NGOs provide essential health services across the continuum, and also provide other non-health community support services that help people

<sup>4</sup> AIHW Dental Statistics and Research Unit, 2008, *Dentist Labour force in Australia 2005*, AIHW Dental Statistics and Research Unit Research Report No. 33, Cat. no. DEN 172, Australian Research Centre for Population Oral Health.

<sup>5</sup> Australian Institute of Health and Welfare, *Cost of dental care*, accessed at <http://www.aihw.gov.au/dental/cost/>

<sup>6</sup> Australian Institute of Health and Welfare, *Cost of dental care*, accessed at <http://www.aihw.gov.au/dental/cost/>

remain well or manage their illness at home. They are frequently more flexible and responsive, and can tailor services to meet local population needs.

Recommendation:

- The Rural Health Plan addresses intra-regional transfer of care and discharge practices.
- The Rural Health Plan recognises and strengthens the roles of not-for-profit community sector organisations in rural health care.

### 3. Access to health services and tailored models of care

Access to health services is a critical issue in many rural and remote communities. While everyone in NSW should have access to timely, affordable healthcare many people in rural and remote communities do not get the services they need. Specific access issues are explored below.

#### Specialist health services

Specialised health services, such as radiotherapy, should ideally be provided within reasonable proximity and cost for consumers where possible. When this is not financially or practically feasible, adequate funding must be provided for health related travel and associated expenses to ensure disadvantaged people in rural and remote communities are able to access services.

Health service planning must take into consideration access issues, particularly for people in regional and remote areas and Aboriginal communities. In particular, transport must be considered a key priority in health service planning, including when centralising or relocating existing services, as well as planning for new services.

Recommendation:

- Local and state-wide health service planning takes into consideration access issues, including transport, for people living rural and remote communities.

#### Transport

Transport is a significant barrier to many people accessing health services. This is a particular issue for disadvantaged people who live in areas poorly served by public transport, do not have private transport, or cannot afford the cost of travelling significant distances to access services in other regional centres. The NCOSS report, [Provided there's transport](#), identifies significant and growing demand for non-emergency health transport services. Transport difficulties reduce the likelihood that people will access preventative treatment, receive effective care, or are diagnosed early.

NCOSS acknowledges the NSW Government's recent changes to the Isolated Patients Travel and Accommodation Scheme (IPTAAS) have significantly improved the scheme. In particular, we welcome the revised eligibility criteria, on-line application administration system, and advance payments provision for financial hardship.

Yet a number of issues with IPTASS remain to be addressed. In particular, the IPTAAS subsidies fall well short of meeting actual travel and associated costs. Reimbursement rates must be increased to more realistically reflect true costs, ideally at the equivalent NSW public service rate. Further work is also required to ensure equitable access to IPTAAS, with current administrative arrangements disadvantaging some groups, particularly Aboriginal and Torres Strait Islander people.

IPTAAS expenditure must be complemented by funding for programs that support travel to health services for people who miss out on the benefits of this scheme. IPTAAS currently only benefits those people who have access to a private vehicle, and/or those who are well

enough to travel via public transport and who live in a location where public transport is readily available. NCOSS refers the NSW Ministry of Health to our [Pre-Budget Submission 2013-14](#) and the [Health Transport Report](#) which outlines these issues and recommendations in further detail.

Recommendation:

- The Rural Health Plan addresses health-related transport barriers and incorporates the recommendations in the *NCOSS Pre-Budget Submission* and *Provided There's Transport Report*.

### Oral Health

Oral health is one of the areas of greatest health inequity in NSW, and this is particularly so for rural and remote communities. NCOSS regularly receives feedback from community organisations about the difficulties people experience accessing and affording dental services in some regional and rural areas of NSW. Systemic barriers include the high cost of private dental services; lack of dental services (both private and public); and long public dental waiting times. The lack of available dental services is partly attributable to workforce issues (as outlined above).

NCOSS notes recent policy developments have the potential to improve oral health outcomes for rural and remote communities. The new National Partnership Agreement has resulted in significant public dental waiting lists reductions over the past six months. Rural and remote communities are identified as a priority population in the new *NSW Oral Health 2020 Strategic Framework*. We also commend the NSW Government's recent funding to support public water fluoridation as an equitable, cost-effective population health measure.

While these are positive developments, the Rural Health Plan must acknowledge and respond to the poorer oral health and inequitable access to oral health services for people living in rural and remote communities.

Recommendation:

- The Rural Health Plan acknowledges oral health inequities, and includes actions to build on workforce initiatives, expand flexible outreach service delivery models, and enhance oral health promotion, such as fluoridation.

### Mental health

NCOSS frequently receives feedback at regional community consultations regarding the lack of mental health services in rural and remote areas. Specific concerns include shortages in acute care and crisis support, lack of community programs and services, and limited day programs and carer support. Growing integrated, community-based services is crucial to improve the health and well-being of people with lived experience of mental illness in rural and remote communities.

Community drop-in and integration services are needed to address shortages of funded group-support activities outside the Sydney metropolitan area. Community drop-in centres are an important part of the continuum of care, providing psychosocial support in a recovery-orientated environment. Evaluations indicate they increase participant well-being, community participation and prevent relapse.<sup>6</sup> Yet these services are lacking in rural and regional areas, particularly in the Far West, Western NSW, and Mid-North Coast Districts.<sup>7</sup>

<sup>6</sup> Commonwealth Department of Health and Ageing, [Evaluation of the D2DL Measure – Final Report](#), Canberra, p2

<sup>7</sup> Priority sites include Broken Hill, Port Macquarie, Coffs Harbour and Dubbo, based on Mental Health Coordinating Council (MHCC) analysis of Community Managed Organisation program distribution, combining Day-To-Day Living final evaluation data with Mental Health Sector Mapping project data. NSW Consumer Advisory Group (CAG) consumer consultations confirm the lack of services in these areas.



NCOSS notes the Mental Health Commission of NSW is in the process of developing a draft state-wide mental health plan. We recommend the NSW Ministry of Health consult the Commission on specific proposals for rural and remote mental health and seek to align with the Commission's proposed directions as far as possible.

Recommendation:

- The Rural Health Plan prioritises mental health inequities and investment in community-based mental health services in under-serviced rural and regional areas in-line with the NCOSS Pre-Budget Submission.
- The NSW Ministry of Health consult the Mental Health Commission of NSW on specific recommendations regarding rural and remote mental health.

### Aboriginal Health

Feedback NCOSS received during regional community consultations in 2011 raised poor health as a significant problem in many rural Aboriginal communities. Access to services is a major issue, and was attributed to the lack of services, insufficient capacity in existing services, and the cost of services. NCOSS welcomes the recent *NSW Aboriginal Health Plan 2013-2023* and understands an implementation plan is being developed to guide more specific actions at the local level.

Recommendation:

- The Rural Health Plan builds on the *NSW Aboriginal Health Plan 2013-2023* and forthcoming action plan, by taking a partnership approach, addressing the social determinants of health, and promoting integrated planning and service delivery.

## 4. Community expectations

Involving the community in decisions about service planning and provision can assist in managing expectations about health services. Consumer engagement is also essential to the development and delivery of accessible, effective, appropriate and patient-centred health services. NCOSS notes the continued absence of a state-wide framework to guide health consumer engagement, and believes this must be progressed as a priority.

NCOSS argues all health agencies, particularly the NSW Ministry of Health and Local Health Districts, must have structures and processes to engage consumers, service providers and the community in planning, development and delivery of services. We do not have a view on the specific form of engagement, and believe rural and remote communities themselves must be involved in determining appropriate structures for their areas.

Recommendation:

- NSW Health progress a state-wide Community Engagement Framework, and the development of locally appropriate participation mechanisms and processes.

## 5. Information and technology

NCOSS supports the use of technology to improve the delivery of health services in rural and remote communities. However, it must be driven by clients' needs for timely and quality care and not undermine the provision of face-to-face specialist services. Any additional services should be underpinned by appropriate training and support for the clinicians involved

## 6. Administration, coordination and research

No comments.

### Additional comments: Health promotion and the social determinants

Health services are vital to keeping people well and treating them when they get sick; but they are not the only determinant of health and well-being for people living in rural and remote areas. Broader social determinants also influence health outcomes. According to the National Rural Health Alliance (NRHA)<sup>8</sup> key determinants in rural and remote areas include:

- Lower incomes – rural and remote Australians incomes are 20% lower than people in major cities, and around 13% live below the poverty line.
- Lower levels of education and employment,
- Poorer access to health services
- Poorer health-related infrastructure,
- Poorer quality housing,
- Less secure and costlier access to fresh food and water - food costs are 20% higher in remote areas
- Greater exposure to inherently dangerous occupations.

A forthcoming report by the NRHA and Australian Council of Social Service (ACOSS) on poverty in rural and remote areas recommends addressing six priority social determinants to improve the health and well-being of rural communities: education, health, housing, the nature of work, employment and income, access to and the cost of goods and services, and community connectivity. The report will be available from 14 October 2013 at [www.nhra.org.au](http://www.nhra.org.au).

The NSW Rural Health Plan must address the social determinants of health in line with recommendations of the World Health Organisation. The *Adelaide Statement on Health in All Policies 2010* identifies Health Departments can lead governance for health by:

- Building the knowledge and evidence base of policy options and strategies
- Assessing the comparative health consequences of options within the policy development process
- Creating regular platforms for dialogue and problem solving with others
- Evaluating the effectiveness of inter-sectoral work
- Building capacity through better mechanisms, resources, staff, and
- Working with other agencies to achieve their goals

NSW Health must take responsibility for raising awareness of the social determinants of health across other government agencies and partners, and leading inter-sectoral action to improve health and well-being in rural and remote communities. Integrated health promotion must also be targeted to the specific needs of rural and remote communities.

Recommendation:

- The NSW Rural Health Plan acknowledges the major determinants of rural and remote health beyond the formal health care system and commits to inter-sectoral action at the local and systemic levels
- The NSW Rural Health Plan includes actions to undertake integrated health promotion targeted to the specific needs of rural and remote communities.

<sup>8</sup> National Rural Health Alliance (NRHA), *Fact Sheet 28 - [The determinants of health in rural and remote Australia](#)*, May 2011

## Conclusion

NCOSS thanks the NSW Ministry of Health for the opportunity to provide input into the development of the NSW Rural Health Plan. For inquiries or further information please contact Ms Solange Frost, Senior Policy Officer (Health) on 02 9211 2599 ext. 130 or [solange@ncoss.org.au](mailto:solange@ncoss.org.au)