



## LEGISLATIVE ASSEMBLY

Select Committee on Remote, Rural and Regional Health

### Supplementary questions: Coolamon Council

1. Has the Rural Health Workforce Incentive Scheme been used effectively in your region?
2. Your submission argues that local councils are absorbing the cost for palliative and end of life care in regional NSW (p.2).
  - a) What support is needed in terms of funding and workforce in this area?

### Responses: Coolamon Shire Council

1. Before answering this question, Coolamon Council would like to define what is meant by 'effectively in your Region'.

Whilst it may help and support health professionals moving to Regional areas, it is aimed at the NSW Public Health System. Therefore any incentive offered for people to move to these regions is providing competition to Local Government trying to attract the same work force. For example if an RN gets \$20,000 cash incentive to move to the Coolamon-Ganmain MPS, any nurses we try to attract at the Allawah Lodge Aged Care Facility either chooses to take up the job with the \$20,000 incentive or asks Council to match the incentive in order for them to choose us as an employer.

Hence why Regional Aged Care is struggling to meet the new 24 Hour RN nursing requirements and the RN care minutes required.

In addition to the issue of specific incentives for NSW Health employees, Local Government is also behind the game with regard to fringe taxation benefits available to staff. State Government Health Employees and charitable providers get to offset significant income for things such as mortgages, school fees etc. whilst Local Government do not have that ability and consequently have to increase wages to reflect the comparable Health NSW benefits.

We cannot speak specifically for the local Murrumbidgee Health District on the effectiveness of these programs, however because they do not apply to us, we find it difficult to compete for the same workforce.

2.

- a) In order to talk about the support needed in terms of funding and workforce requirements for palliative care, it may be best to start with the position we find ourselves in. Previously (10-15 years ago) the Aged Care Facility run by Coolamon Shire Council was for low care residents. The general pathway was that Council had 33 Beds and as people reached their end of life, they were generally transferred into the hospital beds (of which there are 12) and the palliative end of life care was provided by around the clock nursing and doctor access provided by NSW Health. Currently with the aging in place directives and the number of people requiring end of life care these residents are now staying within the Allawah Lodge Facility. This happens for several reasons.
  - i. No beds available in the Hospital
  - ii. Different funding models and costs
  - iii. People choose to stay where they are currently comfortable.

The impact that this has on Council's Facility is a significant increase in the need for Doctor access, 24 hour RN's, risk exposure with drug administration etc. What is now being required to happen is that aged care is expected to be run to the same standards as a hospital, however the support by way of workforce and funding does not match that need.

As an example the Coolamon-Ganmain Multi-Purpose Service has 12 Aged Care Beds. With that they have on-call Doctors 24/7 and 13 RN's or EN's operating on 24 hour shifts, together with the support of 3 AIN's. Compare this to Allawah Lodge that has 33 Aged Care beds with 1 Registered Nurse and 14 Care Services Employees (Cert III Trained) and doctor visits once or maybe twice per week. Obviously the on-call clinical care at Allawah is not only increasing but now includes greater specialist end of life requirements.

Add to this the different funding regimes that support these two different bodies.

- Coolamon-Ganmain MPS – All aged care beds do not require any accommodation payment.
- Allawah Lodge Residential Aged Care – depending on assets and income assessment; payment of a refundable \$400,000 bond and/or daily fees.

What this creates is a rush for people to take up Hospital beds regardless of care needs due to the price difference.

The difficulty we have with Regional and Remote Aged Care is the different funding bodies (State and Federal) offering different funding models. The expectations of the person needing care does not differ but how and who pays for it does.

Local Government has had to significantly upskill its workforce to stay abreast of all the changes with expanding finance and Audit requirements and now the additional palliative end of life needs.

We feel that there could be better support for Regional and Remote providers of Aged Care, but it has to start with an acknowledgement of the different funding models and operations and the issues that they create. This would at least highlight where the roadblocks to good aged care and health care are happening and an ability to focus on solutions.

Coolamon Shire Council understands these disparities in both care allocation and funding provision, however we try to ensure that there is seamless integration between our facilities and that of the health system (including Ambulance) so that the community benefit is maximised. However it is quite apparent that we are operating on different playing fields and the challenges they create are not supporting the collective care of our elderly.

