Submission No 3

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW

Organisation: NSW Council of Social Service (NCOSS)

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Submission to the inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

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About NCOSS

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. NCOSS works to progress social justice and shape positive change toward a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities. At NCOSS, we believe that a diverse, well-resourced and knowledgeable social service sector is fundamental to reducing economic and social inequality.

Acknowledgement of Country

NCOSS respectfully acknowledges the sovereign Custodians of Gadigal Country and pay our respects to Elders, past, present and emerging. We acknowledge the rich cultures, customs and continued survival of First Nations peoples on Gadigal Country, and on the many diverse First Nations lands and waters across NSW.

We acknowledge the spirit of the Uluru Statement from the Heart and accept the invitation to walk with First Nations peoples in a movement of the Australian people for a better future.

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Introduction

NCOSS thanks the Select Committee on Remote, Rural and Regional Health for the opportunity to contribute to this inquiry and advocate for better access to health care in regional, rural and remote NSW. Our submission focuses on:

- Improved access to transport as a key enabler of accessing health care
- Stronger virtual care practices and supports to supplement, but not replace, other options for accessing health care
- Closer collaboration with the local social and community services sector to draw on their expertise and local knowledge during service planning, particularly for vulnerable cohorts of the community.

To this end, NCOSS has responded to the Inquiry's terms of reference by providing comment on issues related to the following recommendations made by Portfolio Committee No.2 (PC2) in its 2022 report:

PC2 Recommendation 2: That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority, with a view to:

- increasing the current reimbursement rates for accommodation and per kilometre travel
- expanding the eligibility criteria, with consideration given to people participating in medical trials, those that hold private health insurance and those that are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required
- streamlining the application process to make it easier for patients to access the scheme
- undertaking on an ongoing basis a public awareness program of the scheme across the state in communities and among health professionals who can then inform patients.

PC2 Recommendation 3: That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas.

PC2 Recommendation 5: That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.

PC2 Recommendation 25: That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.

PC2 Recommendation 30: That NSW Health:

- commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities
- commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services
- where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer

- provide staff members with training on how to effectively use telehealth and other virtual models of care
- create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions
- ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas
- investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.

PC2 Recommendation 43: That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.

For any questions related to this submission, please contact [redacted]

Summary of NCOSS recommendations

Transport

That the NSW Government:

1. Immediately expand public transport concessions to better support people on low incomes, including allowing all Commonwealth Health Care Card holders to access concessional fares, and extending the $2.50 per day capped fare to income support recipients.
2. Increase public transport options for regional, rural and remote communities through better bus networks to improve connections to health care and other support services.
3. Remove the restriction around community transport as an eligible service within IPTAAS.

Virtual care

That the NSW Government:

4. Increase consumer awareness of existing virtual care options through targeted promotion activities, including for free government services such as Health Direct. Awareness campaigns should be co-developed with consumers.
5. Invest in targeted programs to overcome digital exclusion, particularly for those groups that have the most to gain from virtual care such as those on low incomes and those who are socially isolated. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.
6. Prioritise consumer choice, enabling consumers to use virtual care for care appointments that do not require a physical examination, and increasing the availability of video appointments. Virtual care should be one healthcare option, and a variation of modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not replace access to the choice for in person care.
7. Invest in upskilling clinicians and health practitioners in virtual care, so that they have the required skills, resources and capabilities to provide high quality service that meets the needs of all consumers.
8. Invest in the community sector's digital capability so it can better support vulnerable and disadvantage communities to access virtual care. This would include additional funding for staff training and technology investment.
9. Partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.

Service planning

10. That NSW Health and Local Health Districts recognise and value local, place-based social and community services as important social infrastructure, and closely consult and collaborate with them during service planning and needs assessments. NSW Health and Local Health Districts should formally recognise and sufficiently fund this critical role.

NCOSS Responses to Terms of Reference

Term of Reference 1b: Patient transport and paramedicine (PC2 Recommendations 2 and 3)

Improving transport affordability and availability

Transport plays a vital role in enabling access healthcare. Yet for many people, it is a major barrier that impacts their ability to receive the health care they need. Affordable transport options in regional, rural and remote areas are particularly scarce and out of reach for those experiencing economic disadvantage. This is a problem that has only worsened since Portfolio Committee No.2 made their recommendations in 2022, amidst the fallout of the pandemic and growing cost-of-living crisis.

NCOSS's most recent Cost of Living survey of NSW households in poverty and on low incomes found that over one quarter (28%) are unable to afford to travel for essential reasons including health care; an increase of 40% from 2022.[1] This was particularly an issue for young people aged 18-24 (41%) and 25-34 (37%), especially in regional parts of NSW. Further, almost three quarters (72%) of households consistently ranked transport costs (including petrol, road tolls and public transport) as one of the top five areas of expenditure put under the most pressure over the past 12 months.

This aligns with IPART's 2020 review into rural and regional bus fares, which found that the cost of public transport in NSW can be prohibitively high, with the impact on use likely to be greatest for those experiencing transport disadvantage in isolated areas.[2]

In addition to the issue of cost, rural and remote communities generally have low levels of public transport options and access, with some also having relatively low levels of vehicle ownership.[3] The 2021 Census shows that of all Australians who used public transport to get to work, only one in ten live outside a greater capital city with the bus being the most common response for these commuters. Public transport use outside greater capital city areas has declined since 2011 with almost 21,000 fewer bus commuters in 2021 than a decade earlier.[4]

The following case study demonstrates the real impacts of poor public transport networks in regional NSW on a person with complex health needs living on income support.

Case study: NCOSS Lived Experience Advocacy Panel member, 2024

"I live in the CBD of the 2nd largest city in New South Wales, Newcastle, just metres from a tram stop, yet I can't get a bus directly to a major hospital for regular appointments.

[1] Institute of Public Policy and Governance 2023, *Barely Hanging On: The Cost-of-Living Crisis in NSW,* viewed 25 March 2024 at https://www.ncoss.org.au/policy-advocacy/policy-research-publications/barely-hanging-on-the-cost-of-livingcrisis-in-nsw/
[2] IPART 2020, *Review of rural and regional bus fares from January 2021*, Final Report, viewed 25 March 2024 at https://www.ipart.nsw.gov.au/Home/Industries/Transport/Reviews/Rural-and-Regional-Buses/Rural-and-Regional-Bus-Fares-2021-2025/21-Dec-2020-Final-Report/Final-Report-Review-of-Regional-Bus-Fares-from-January-2021?timeline_id=5621
[3] CAFCA 2011, *The relationship between transport and disadvantage in Australia*, viewed 25 March 2024 at https://aifs.gov.au/resources/policy-and-practice-papers/relationship-between-transport-and-disadvantage-australia
[4] Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

In one fortnight this year, I required three separate visits to the Calvary Mater Hospital for investigative MRIs, a consultation and an iron infusion. A NSW Trip Planner search provides poor options for this 7.5km journey (16min by car). Option 1 would take 40 mins utilising three modes of transport: a tram, then train, then bus. Option 2 required a SEVENTEEN minute walk to the hospital after getting a tram and train. Option 3, the least onerous still requires a 6 min walk, largely uphill.

These 'options' are completely unworkable for a sick person, especially one required to fast before many procedures whilst also suffering low BP and anaemia in the height of summer.

Forced to rely on rideshare services, these three visits cost me $86.20, thankfully my 78yo Dad picked me up one day, and a friend on an RDO another, or these costs would have neared $125-130. An essential allied health appointment in Kotara last week cost me $44.80 in return travel, in addition to the $122 I had to pay for the consultation. When the specialist told me I'd need fortnightly appointments for over 6 months I felt ill with stress and anxiety - I simply cannot afford that.

There is no room in my budget to accommodate these travel expenses. I am on the disability pension in a cost of living crisis. I need help. I don't have a car because I can't afford one. My pensioner concession card allows me to travel to Sydney and back for $2.50, yet I can't afford to travel 10kms to a local doctor."

With health outcomes in regional, rural and remote areas significantly and consistently worse than metropolitan areas,[5] every effort should be made to reduce the cost burden and increase availability of public transport to enable better access to health care. As a first step, and in line with IPART's 2020 recommendations, eligibility to public transport concessions should be broadened to a wider group of people, such as those receiving JobSeeker Payments or holders of the Commonwealth Health Care Card.

NCOSS recommendations

1. That the NSW Government immediately expand public transport concessions to better support people on low incomes, including allowing all Commonwealth Health Care Card holders to access concessional fares, and extending the $2.50 per day capped fare to income support recipients.
2. That the NSW Government increase public transport options for regional, rural and remote communities through better bus networks to improve connections to health care and other support services.

Removing barriers to transport access under IPTAAS

NCOSS notes that the NSW Government's Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) has gone through some significant improvements in response to the Portfolio Committee No.2's 2022 recommendations, including increased reimbursement rates and a more streamlined application process. Anecdotally, we have heard from our members that these changes have been operating well on the ground.

[5] NSW Parliament 2022, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, Legislative Council, Portfolio Committee No. 2 – Health, Report no. 57, May, Sydney.

However, specific criteria around the type of travel eligible under the scheme remains overly restrictive and limits patients from accessing the full range of transport options available in their area.

Currently, IPTAAS guidelines do not allow patients to access IPTAAS rebates for community transport if the community transport provider receives government funding. But with the vast majority of community transport providers operating in NSW receiving some state and/or Commonwealth government funding, this effectively means that in practice, most patients cannot access IPTAAS rebates for community transport at all.

For many people living in isolated regions, community transport may be their only option to travel for health care if public transport is scarce and they don't have access to a private vehicle. A 2022 survey of community transport providers by the Community Transport Organisation (CTO) found over three quarters serviced rural and remote communities (76%) and provided transport to medical care (78%) as the second most commonly provided service.[6]

However, the siloed nature of government funding for this sector,[7] combined with chronic underfunding of the NSW Government's Community Transport Program and inconsistent allocation of grants to community transport providers under the NSW Health NGO Grants Program, means that community transport providers must either operate at a loss or pass greater co-payments onto patients. Particularly where community transport is their only travel option, patients must be able to access IPTAAS rebates to help cover this cost, particularly in the face of a growing cost of living crisis and higher rates of poverty in regional NSW.[8]

NCOSS understands that the community transport restriction within IPTAAS was primarily designed to stop patients from simultaneously accessing rebates under multiple schemes (for example, travel subsidies under both IPTAAS and the Commonwealth Home Support Program) or 'double dipping'. However, this restriction creates an unnecessary barrier to transport for people needing to access vital health care. NCOSS believes patients should be able to choose and access the best transport option available to them, and make their own decision about which eligible rebate or subsidy scheme to apply for, based on their personal situation.

Removing this barrier to access within the IPTAAS scheme would make a significant difference to health care access for regional, rural and remote communities in NSW.

NCOSS recommendation

3. That the NSW Government remove the restriction around community transport as an eligible service within IPTAAS.

[6] SVA Consulting 2022, *The operating context for the community transport sector in RRR NSW*, prepared for Community Transport Organisation Ltd., October.
[7] In recognition of the key role that community transport plays in responding to transport disadvantage, particularly in regional, rural and remote areas, the NSW Government provides funding to community transport providers through the Community Transport Program (CTP) and NSW Health's Non-Government Organisations (NGO) Grants Program. Community transport providers also receive Commonwealth Government funding through the Commonwealth Home Supports Program (CHSP).
[8] NSW Council of Social Service 2023, *Mapping Economic Disadvantage in New South Wales*, viewed 27 March 2024 at https://www.ncoss.org.au/policy-advocacy/policy-research-publications/mapping-economic-disadvantage-in-nsw/

Term of Reference 1d: Mental health services, and drug and alcohol services (PC2 Recommendation 25)

NCOSS acknowledges the Portfolio Committee No.2's 2022 recommendation for further inquiry into mental health, including into mental health services in rural, regional and remote NSW. However, NCOSS also notes that there have been numerous reviews and inquiries in recent years where the community and social services sector in NSW has flagged clear priorities and ways forward in mental health. These include:

- 2020 Productivity Commission Inquiry into Mental Health
- 2021 Select Committee on Mental Health and Suicide Prevention
- 2021 consultation on the National Mental Health Workforce Strategy 2021-2031
- 2022 National Disability Insurance Scheme Review
- 2023 NSW Parliament inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. In addition to our own submission, NCOSS supported the Mental Health Coordinating Council's (MHCC) submission to this inquiry, which put forward a comprehensive set of recommendations to improve access to and equity in mental health care, including in regional, rural and remote NSW.

NCOSS would also like to draw the Select Committee's attention to our 2022 report series Aftershock: Addressing the Economic and Social Costs of the Pandemic and Natural Disasters which included a specific report on mental health. Economic modelling for the report found that in NSW:

- Between 2018 and 2021 there was a 46% increase in the number of 12-17-year-old females presenting for self-harm or suicidal thoughts.
- In 2021 there was an estimated increase of 171,615, or 21% more people with self-reported mental health consistent with depression or anxiety.
- $7.4 billion in lost productivity over the period 2021-25 due to increase in poor mental health amongst the employed population.[9]

The report highlighted the investment needed by the NSW Government to limit the long-term economic and social costs of the pandemic and natural disasters in mental health, including:

- Core funding for neighbourhood and community centres to build social connection and resilience across communities responding to rising impacts of natural disasters;
- $430 million in additional funding for community mental health to match the national average spent on these services;
- An additional 600 step-up and step-down beds to reduce both the number of admissions to acute facilities and the number of re-admissions; and
- Additional funding for the Housing and Accommodation Support Initiative and Community Living Support programs which support people with severe mental health issues to live and recover in the community, reducing rates of hospital admissions.

[9] Impact Economics and Policy 2022, *Aftershock: Addressing the Economic and Social Costs of the Pandemic and Natural Disasters*, Report One – Mental Health, viewed 27 March at https://www.ncoss.org.au/policy-advocacy/policy-research-publications/aftershock-addressing-the-economic-and-social-costs-of-the-pandemic-and-natural-disasters-report-1-mental-health/

Multiple Terms of Reference (PC2 Recommendation 30)

Virtual care

NCOSS supports the use of virtual care where it enhances patient choice and access. To add to the growing body of evidence around virtual care, NCOSS recently released a qualitative research report in November 2023 focused on An Exploration of the Experiences of Virtual Care in NSW during and following the COVID-19 pandemic.[10] Research participants had a range of backgrounds and experiences, with over half living outside of Sydney and 60% on low incomes. While a smaller research sample (n=56), the qualitative information gathered provides valuable insight into the experiences of, and challenges for, people living with disadvantage in accessing and using virtual care. The research found that virtual care is:

- Accessed across many areas of the health system, with the most common service accessed being GP appointments (83%) followed by mental health services (51%).
- Convenient, flexible and affordable when provided effectively, allowing people to overcome access barriers and hidden costs such as petrol or public transport fares. This made it particularly beneficial for vulnerable groups, such as carers of people with chronic conditions needing frequent appointments, casual workers needing to fit appointments around fluctuating hours, and those in regional NSW who had more timely access to health services.

However, the research also found that:

- People who are both socially isolated and digitally excluded, such as older people and those on low incomes, are most at risk of being unable to access virtual care. It is likely that these are cohorts that will require support to access virtual care, for example from family members or community services.
- While virtual care contributes to positive system outcomes, it hides shortfalls in the health care system. People benefitted from using virtual care because it allowed them to bypass ongoing issues with the health system, including excessive wait times for health services, and lack of service availability in certain regions including specialist knowledge. Research participants emphasised that virtual care should not replace needed face-to-face care at a local level.
- Choice and personal agency are critical in providing care options. When offered as a choice, virtual care can enhance the overall quality of care for a person based on their own personal circumstances and health needs. There are also circumstances where people can't or don't want to use virtual care and prefer access to face-to-face options.
- There are several contributing factors to the successful use of telehealth and virtual care, including high-quality digital infrastructure, digital capabilities and competence for both practitioners and patients, awareness of virtual care services and accessibility of related information.[11]

[10] Research methodology included 37 individual interviews and two focus groups with 19 people.
[11] Bevis, M., Howard, A., Rawsthorne, M., Massola, C., & Joseph, P. (2023). An exploration of the experiences of virtual care in NSW. Summary Document. University of Sydney for NCOSS.

These findings should be used to inform further development and use of virtual care models in NSW both within and outside the health system. NCOSS's 2023 recommendations linked to this research remain relevant to this inquiry and are included below.

NCOSS recommendations

That the NSW Government:

4. Increase consumer awareness of existing virtual care options through targeted promotion activities, including for free government services such as Health Direct. Awareness campaigns should be co-developed with consumers.
5. Invest in targeted programs to overcome digital exclusion, particularly for those groups that have the most to gain from virtual care such as those on low incomes and those who are socially isolated. This would include access to affordable devices, affordable internet connectivity and data plans, and skills training.
6. Prioritise consumer choice, enabling consumers to use virtual care for care appointments that do not require a physical examination, and increasing the availability of video appointments. Virtual care should be one healthcare option, and a variation of modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not replace access to the choice for in person care.
7. Invest in upskilling clinicians and health practitioners in virtual care, so that they have the required skills, resources and capabilities to provide high quality service that meets the needs of all consumers.
8. Invest in the community sector's digital capability so it can better support vulnerable and disadvantage communities to access virtual care. This would include additional funding for staff training and technology investment.
9. Partner with local, place-based organisations such as neighbourhood and community centres, to identify the most vulnerable and excluded households and provide targeted support.

Multiple Terms of Reference: PC2 Recommendations 5 and 43

Service planning

NSW Health and Local Health Districts (LHDs) should conduct local health service planning and needs assessments in close consultation and collaboration with the social and community services on the ground. In NSW this sector comprises over 7,800 non-government organisations – spanning mental health, disability, aged care, domestic violence, homelessness, child and family services and others – employing more than 240,000 staff and providing care and support to over one million people in regions across the state each year.[12]

These local, place-based services are experts in their field, hold important relationships within their communities, work with established local networks, and understand the complex and unique needs and challenges facing the people they support.

> *'Local place-based services are responsive and flexible – we know what our communities need.' – local neighbourhood centre, NCOSS Regional Forum Taree, November 2023*

[12] Equity Economics 2021, *The Social Sector in NSW: Capitalising on the Potential for Growth*, Sydney

Evidence of the essential role that these services play, and the need for health authorities to work more closely with the sector at a local level, was clearly demonstrated during the COVID-19 pandemic Delta and Omicron outbreaks from July 2021 to March 2022.[13]

During the pandemic it was these trusted, place-based services who were often the first port of call for community members and had the local knowledge, locations, cultural capabilities and agility to identify and respond to local need effectively and quickly. They developed and implemented supports and assistance quickly, met increasing demand, and helped people unable to get timely and appropriate support through government service pathways. They also alerted government agencies to priority issues or more effective ways of working with communities. NCOSS is aware of examples in some areas where LHD staff called local community services directly for immediate assistance in providing emergency supplies to vulnerable people within the community.[14]

> *'It is the local unfunded volunteer groups who are the first responders - the RSL, the Bowling, & Golf clubs and community halls who provided food and refuge. Lions, Rotary, Blaze Aid, Vinnies, Salvos, Samaritans, Indian and Muslim communities, and others who worked tirelessly to help those impacted…not to forget the local residents who gave so much of their time and resources.' – local service, NCOSS Regional Forum Taree, November 2023*

There are some key lessons from the pandemic relevant to PC2's recommendations around local service planning and needs assessments, in recognition of the social and community services sector's essential role within local communities:

- Local social and community services are important social infrastructure with deep connections into community
- They offer expertise and support in designing, planning, preparing and implementing public health and/or emergency responses
- They need a seat at the table of local and regional emergency management governance and planning, supported by adequate resourcing and sector representation at a state-wide level.

> *'We are not a member of the local emergency management meetings but we are the ones that pull it all together in a disasters and make it work without any funding.' – Aboriginal Community Controlled Organisation, NCOSS Regional Forum Taree, November 2023*

NCOSS recommendation

10. That NSW Health and Local Health Districts recognise and value local, place-based social and community services as important social infrastructure, and closely consult and collaborate with them during service planning and needs assessments. NSW Health and Local Health Districts should formally recognise and sufficiently fund this critical role.

[13] NSW Council of Social Service 2022, *The Other Frontline: The essential role of place-based NGOs during the Delta and Omicron COVID-19 outbreaks in NSW*, viewed 27 March 2024 at https://www.ncoss.org.au/policy-advocacy/policy-research-publications/the-other-frontline/
[14] Ibid.