

**Submission
No 57**

HEALTH SERVICES AMENDMENT (SPLITTING OF THE HUNTER NEW ENGLAND HEALTH DISTRICT) BILL 2025

Organisation: ACON
Date Received: 16 April 2025



16 April 2025

Clayton Barr, MP
Chair, Legislative Assembly Committee on Community Services
Parliament House
Macquarie St
SYDNEY NSW 2000

Dear Mr Barr,

Re: Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025

ACON welcomes the opportunity to provide a considered response to the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

ACON is NSW's leading health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. We provide a range of services across the Hunter New England Local Health District (HNELHD) including HIV and sexual health promotion, hosting outreach sexual health clinics, counselling, care coordination, mental health peers, needle and syringe programs (NSPs), advocacy, referral pathways, and educational outreach. We also have a number of relationships with services across HNELHD including HNELD Sexual Health, HNELHD Population Health, Hunter New England and Central Coast PHN, Karumah and Sex Workers Outreach Program and other community organisations.

ACON acknowledges the importance of prioritising the health and wellbeing of people living in rural and regional areas, as well as the importance of local decision making. It is ACON's view that there are efficiencies in the current LHD model, that may be jeopardised if Hunter New England Health District was split into Hunter Local Health District and the New England North West Local Health District. The split may result in redundancies and duplications of work that would impact ACON's service delivery which could be detrimental to the health and wellbeing of LGBTQ+ people and people living with HIV, particularly those living in rural and regional areas.

Investment is required to improve healthcare service and infrastructure in rural and regional areas across NSW; this should be a priority for healthcare delivery in NSW.

Health outcomes for LGBTQ+ people and people living with HIV in rural and regional areas

Access to health care services vary greatly across NSW, with rural and regional areas facing a greater disparity in health care¹. We also know that a lack of services lead to poorer health outcomes¹. This is further exacerbated for LGBTQ+ people and people living with HIV when trying to access safe and inclusive health care services².

Approximately 29% of sexually and gender diverse people, and 23% of people living with HIV reside in rural and regional areas^{3,4}. LGBTQ+ people in rural and regional areas rate their health lower than those residing in suburban areas³. LGBTQ+ people also rate their health lower than the general population². Similarly, people living with HIV rate in rural and regional areas rate their quality of life lower than people living with HIV in inner

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city areas⁴. The majority of people living with HIV in rural or remote areas also have to travel over 50km to visit their HIV doctor⁴.

ACON acknowledges that there is a lot of work to be done to bridge the inequalities in health care access for regional, rural and remote communities. The *NSW Regional Health Strategic Plan 2022-2032* outlines priorities to improve sustainable and equitable health care for such communities.

In instances where it is not feasible for the rural health service to provide all required services, the current model in HNE allows support to health care providers and the community through outreach, telehealth, collaboration with specialists and shared learning. There is a risk of further reductions in access to health care services if the LHD was to split by cutting off access to essential services that are not consistently being provided locally, but are being provided with support from health care professionals located in Metropolitan HNE.

There is also a risk of increased isolation, stigma and discrimination for LGBTQ+ people living in rural and regional areas by reducing access to education for health care providers, support from community organisations and advocacy opportunities. LGBTQ+ people in rural and regional areas experience higher rates of mental health ill health compared to their metropolitan peers due to social isolation, limited opportunities for interactions with LGBTQ+ peers and pressure to keep sexuality and gender hidden in small, often conservative communities¹. People living with HIV face stigma and social isolation due fears of rejection and a lack of sense of belonging to people around them^{4,5}. HIV-related stigma, loneliness and social isolation are associated with poorer health among people living with HIV⁴.

Existing relationships can be leveraged within the district to provide advocacy, support, education and outreach to rural and regional communities to assist health care providers in fostering an inclusive service. For example, ACON has engaged communities in regional NSW on ACON's LGBTQ+ health campaigns and resources, including the Red Ribbon Appeal for World AIDS Day, Mpox vaccination, PrEP guides, Cancer Prevention, and Safety and Inclusion.

Case Study: HNE MH LGBTQ+ Inclusion Network

To proactively prepare for the release of the NSW LGBTQ+ Health Strategy 2022-2027, a small group of HNELHD mental health staff formed the HNE MH LGBTQ+ Inclusion Network. ACON supported the group initially through training and assistance with the development of the network's Terms of Reference. The purpose of the network is to improve LGBTQ+ inclusion and safety in Hunter New England LHD Mental Health Services. Mental Health clients are able to contact the network if they have questions or need support. The Network meets monthly, as well as circulating an internal newsletter to over 90 members.

Although the network is managed from Newcastle, it connects and supports all HNE mental health services. It has also provided support to people accessing mental health services across the district who have had concerns or negative experiences with HNE mental health services.

The HNE MH LGBTQ+ Inclusion Network is an example of how meaningful change can be achieved through leveraging existing relationships across the LHD.

Impact on ACON service delivery

ACON Hunter, located in Newcastle, covers Hunter, New England, Central Coast and Western NSW Regions. It is one of the few LGBTQ+ and HIV health organisation that has a presence in these regions. Although the majority of ACON's funding is provided through a statewide Ministry of Health grant, ACON Hunter receives an additional MoH grant to provide HIV and sexual health promotion, care coordination, counselling, sexual health testing, educational outreach and NSP services across HNELHD. The grant allows ACON to prioritise rural and regional voices through implementing local models out of ACON Hunter.

This funding also facilitates additional Outreach visits to rural New England areas. The splitting of HNELHD could jeopardise this funding model and put regional and rural communities at risk, as ACON may not be able to maintain the current level of service delivery to the community. At a minimum, two separate grants would be required, creating overlaps and redundancies.

ACON have built strong ongoing relationships and partnerships with services across HNELHD to provide inclusive and affirming care to LGBTQ people and people living with HIV in HNELHD. These relationships are critical to meeting the goals of the *NSW HIV Strategy 2021-2025*, and the *NSW LGBTIQ+ Health Strategy 2022-2027*. For example, ACON partners with HNELHD Sexual Health to provide sexual health testing and mpox vaccinations at community events, such as Newcastle Pride, allowing us to reach community members who would otherwise not be able to access essential services. These relationships have been developed and strengthened overtime. They would require significant resources to rebuild and maintain across two LHDs, creating duplication and redundancy in work.

We would be more than happy to discuss further. Please do not hesitate to get in touch with me, Michael Woodhouse at [REDACTED].

Kind regards,

[REDACTED]

Michael Woodhouse
Chief Executive Officer

Notes

- [1] NSW Ministry of Health, "NSW Regional Health Strategic Plan 2022-2032," NSW Ministry of Health, St Leonards, 2023.
- [2] Urbis, "Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report. Commissioned by the NSW Ministry of Health.," Sydney, Australia., 2020.
- [3] A. Hill, A. Bourne, R. McNair, M. Carman and A. Lyons, "Private Lives 3," Australian Research Centre in Sex, Health and Society, Melbourne, Australia, 2020.
- [4] T. Norman, J. Power, J. Rule, J. Chen and A. Bourne, "HIV Futures 10: Quality of life among people living with HIV in Australia," Australian Research Centre in Sex, Health and Society, La Trobe University, 2022.
- [5] E. Doak, "Stigma still a barrier for people living 'over the Great Dividing Range' with HIV," ABC News, <https://www.abc.net.au/news/2018-12-04/living-with-hiv-in-the-bush-not-easy/10576116>, 2018.