



22 August 2022

Standing Committee on Social Issues – Inquiry into Homelessness Amongst Older People aged over 55 in New South Wales.

Supplementary Questions: Ms Kathy Beverley, Chief Executive Officer, Coast & Country Primary Care and Joel Smeaton, Team Leader, Health on the Streets, Coast and Country Primary Care.

1. What does Health on the Streets need in terms of resources to scale the service it is currently providing? What would an enhanced service look like?

The current business case and funding request will enable Coast and Country Primary Care to maintain the current service model provided by Health on the Streets as per the model outlined below.

To provide a scaled service across New South Wales, HOTS would include extended service hours, a second van and enhanced health service offering. HOTS would need to secure further funding for both development and implementation as well as the various operational costs as outlined below.

Please note – the request for three-year funding of \$2.2million dollars plus GST is to continue the service in its current form as below, not as a state-wide service.

CURRENT HOTS SERVICE – Central Coast:

- Registered Nurse (RN) - FTE- 0.8 (1 x 4 days)
 - 2 x casuals
 - Distributed 2 x RN per hub (2 x hub)
 - 1 x RN for Assertive outreach
- Outreach worker
 - FTE- 1
- Team Leader/Outreach worker/Aboriginal Outreach Worker
 - FTE- 1
- Van x 1
- 5 days/week
 - 0830-1600
- Admin support
 - 0.2 FTE



ENHANCED SCALED SERVICE - NSW

- Aim for HOTS in each Local Health District (LHD) across NSW - (8) LHDs in NSW - 2 vans per LHD.
- second van equipped to provide more agile outreach support
 - Primary focus on Assertive Outreach
- Assertive Outreach Team
 - 6 days/week
 - 0830-2030
 - FTE Requirements- RN
 - 2.05 FTE
 - FTE Requirement- Outreach
 - 2.05 FTE
- One van to remain used for static Hub engagements-
 - FTE requirement- assuming 5 days
 - Registered Nurse
 - Accredited mental health nurse
 - 2 FTE
 - Outreach worker
 - 2 FTE
 - GP- 4 hrs per hub
- **ADMINISTRATION REQUIREMENTS for HOTS - NSW**
 - 1 x FTE Team Leader per LHD = 8
 - Aboriginal Outreach/Care Navigation worker = 8 (1 per LHD)
 - Administrative support
 - FTE 1 per 2 LHD = 4
 - Regional Manager
 - FTE 3
 - State Manager- NSW
 - FTE 1
 - Marketing and Comm
 - FTE 1
 - Finance/Payroll
 - FTE 1



- Point-of care blood analysis for diagnosis of health conditions and commencement of treatment immediately or immediate referral to higher care
- Expansion of Liver Health (Hepatology) program
- Sexual Health expansion
- Greater focus on Indigenous health intervention
- Mental health expansion
 - accredited mental health nurse at all Hubs
 - Further collaboration and access to resources
 - Greater focus on AOD intervention and referral

A budget would need to be formulated for an NSW service.

Sincerely,

Kathy Beverley
Chief Executive Officer



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2. Are you aware of any reason why the federal Government has only extended your funding for a further twelve months instead of the there years in the business case Health on the Streets compiled?

We are grateful for the \$400,000 the Federal government have given the HOTS service in July 2022 for one year of funding, but we cannot comment on the reason why we have not been given the full three years of funding requested. No reason has been provided. Total funding requested for three years is \$2.2 million dollars ex GST.

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Kathy Beverley
Chief Executive Officer



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3. Could you describe what impact this funding insecurity is having on Health on the Streets?

The funding insecurity is having a profound impact on not only the Health on The Streets, and the broader Coast & Country Primary Care team.

Prior to the HoTS program being launched people experiencing homelessness on the Central Coast had insurmountable difficulties accessing mainstream health services and often simply went without care. The HoTS outreach model is filling a previously unmet need and bridging a huge gap particularly in terms of primary health and sexual health.

Concerns over funding - impact the ability of the team to assist clients to access the care they need.

Sadly, it is causing fear and anxiety for our vulnerable clients and communities, with whom the HoTS team of Registered Nurses and Outreach Workers, have developed trust and relationships with over long periods of time, as we cannot guarantee ongoing service delivery.

Operating as a Not for Profit in the Community Services sector, the impact of redirecting resources to seek out ongoing funding is onerous.

A significant investment of time and focus from senior leadership level to the frontline is being expended on identifying funding solutions.



Alternative funding, through fundraising and philanthropy also takes time to develop and implement.

There is also anxiety growing amongst the Health on The Streets team about ongoing job security and career progression.

It is also having an impact on our ability to invest energy into growth of the current model and to foster greater and more long-term partnerships (for example, MOUs) with other services supporting homeless individuals, couples, and families in the community sector.

Sincerely,

Kathy Beverley
Chief Executive Officer