

**Submission  
No 604**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Organisation:** Aged and Community Services Australia (ACSA)

**Date Received:** 22 January 2021

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NSW LEGISLATIVE COUNCIL

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# INQUIRY INTO HEALTH OUTCOMES AND SERVICES IN RURAL, REGIONAL AND REMOTE NSW

**Submission**

15 January 2021



## ABOUT ACSA

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ACSA is the leading national peak body supporting not for profit church, charitable and for purpose providers of retirement living, community, home and residential care for more than 450,000 older Australians.

ACSA represents, leads and supports its members to achieve excellence in providing quality affordable housing and community and residential care services for older Australians.

Aged care providers make a significant \$17.6 billion economic contribution to Australia, representing 1.1% of GDP by producing outputs, employing people and through buying goods and services. The direct economic component is akin to the contribution made by the residential building construction and sheep, grains, beef and dairy cattle industries.<sup>[1]</sup>

ACSA members are important to the community and the people they serve, and are passionate about the quality and value of the services they provide, irrespective of their size, service mix or location.

## ACSA CONTACT

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[www.acsa.asn.au](http://www.acsa.asn.au)

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<sup>[1]</sup> Deloitte Access Economics, Australia's aged care sector: economic contribution and future directions, Aged Care Guild, June 2016, page 24.

## EXECUTIVE SUMMARY

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Access to quality health and aged care services is vital in rural, regional, and remote locations to allow people to live and age close to family and in their local community with the same range of health service supports available in metropolitan areas. Equity of access must be ‘a given’.

Equitable access should be achieved through ‘in person’ support visits by health professionals whenever possible, or alternatively through access to reliable telehealth and on-line services<sup>1</sup>.

ACSA and its members subscribe to the National Aged Care Alliance vision for aged care in Australia that:

*Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them.*

ACSA advocates that governments at both Commonwealth and state/territory levels work to ensure health services are designed, implemented, and funded to be accessible equitably to all older Australians regardless of where they live.

Rural, regional, and remote aged care services comprise a vibrant part of the broader aged care service landscape. They are integral to the communities they serve, not simply for the important care and services they provide to older Australians but also as part of the economic, employment and social fabric of their communities.

It is an established fact that people living in rural, regional, and remote areas across Australia, have poorer health and welfare outcomes than those living in metropolitan cities. This inequity continues into older age. Health and aged care services must therefore be designed and implemented to support the specific health and ageing needs of older Australians living in rural, regional, and remote locales.

One of the key challenges for the aged care sector is ensuring the right workforce for the future. This is particularly so for rural, regional and remote providers, who experience significant workforce challenges. The Aged Care Workforce Strategy Taskforce report *A Matter of Care*<sup>2</sup> is a pivotal document for the sector and provides a solid foundation for action to address workforce challenges. ACSA supports the establishment of an Industry Accord on the Remote Aged Care Workforce (remote accord), based on six key guiding principles, to support alignment on the problems to be solved and set deadlines for arriving at solutions.<sup>3</sup>

Wellness and reablement programs are powerful ways to assist older people to improve their function, independence and quality of life. Health and aged care services must have a greater focus on these activities and living in a residential aged care service in a rural, regional or remote

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<sup>1</sup> While people living, or services operating, in rural and remote areas are technically able to access such services there are not always the resources to support face to face or telehealth provision, which is ideal for the type of personal and clinical support offered.

<sup>2</sup> A Matter of Care, Australia’s Aged Care Workforce Strategy, Report of the Aged Care Workforce Strategy Taskforce, June 2018

<sup>3</sup> Ibid, pvi

setting should not preclude an older person from receiving state funded reablement or rehabilitation support equivalent to that received by someone living in a city.

The health of Indigenous people living in rural and remote areas is said to be significantly worse than that of their non-indigenous counterparts<sup>4</sup>. Health and aged care services which deliver care and services to indigenous Australians must be designed to deliver these services in a culturally appropriate manner<sup>5</sup> by staff that are skilled and equipped to understand the specific needs of older Indigenous Australians<sup>6</sup> and these services should ideally be in locales that allow older Indigenous Australians to remain in their community<sup>7</sup> (place-based) to minimise social and cultural dislocation from family.

The provision of quality contemporary palliative/end of life care services to older Australians receiving aged care services, whether in their own home or in a residential aged care facility, is integral to service quality. ACSA advocates for the provision of palliative care in-reach services for people requiring palliative care whether this is in their own home or in a residential aged care facility regardless of where they live geographically, such a service could incorporate an advisory service, direct care support and staff education.

This submission responds to the Terms of Reference points relevant to aged care and we trust you find our response informative.

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<sup>4</sup> The National Rural Health Alliance Ltd, Fact Sheet July 2019

<sup>5</sup> The Royal Commission into Aged Care Quality and Safety indicated that evidence presented at multiple Hearings 'reinforced the importance of cultural safety and its consideration in the provision of aged care services'. A culturally safe environment being described as a place where 'people feel safe and secure in their identity culture and community'. Most importantly, 'the care recipient, not the provider, determines if cultural safety is achieved'. (Royal Commission into Aged Care Quality and Safety, Interim Report Neglect Volume 1, p175)

<sup>6</sup> David Tune noted in his 2017 report that NATSIFACP program had been generally well received by stakeholders but there was still a need to expand the program further into rural and remote locations (Recommendation 31) (Legislated review of Aged Care 2017, Tune D., Commonwealth of Australia, Department of Health, 2017)

<sup>7</sup> The Royal Commission into Aged Care Quality and Safety describes Aboriginal and Torres Strait Islander people having a 'strong preference to receive care in their community and to stay on Country'. (Royal Commission into Aged Care Quality and Safety, Interim Report Neglect Volume 1, p177)

## RESPONSE TO RELEVANT TERMS OF REFERENCE

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### **TERM OF REFERENCE 1(A): HEALTH OUTCOMES FOR PEOPLE LIVING IN RURAL, REGIONAL AND REMOTE NSW**

New South Wales (NSW) has the largest population in Australia, currently over 8.2 million - (June 2020)<sup>8</sup>. The majority of the NSW population reside within 100km from the coastline and live in a region that comprises just 1.4% of the total State area.<sup>9</sup> 4.9 million people live in Greater Sydney representing 61.7% of the population.

In contrast, 3.1 million people live in regional NSW, with 1.3 million living in the regional metropolitan area and 1.8 million in Country NSW.

It has been well established that people living in rural, regional, and remote areas across Australia have poorer health and welfare outcomes than those living in metropolitan cities and that this inequity continues into older age. The Australian Association of Gerontology<sup>10</sup> reports that on average older people in rural and remote areas have:

- Lower incomes;
- Experience greater levels of disability;
- Reside in poorer quality housing; and
- Have lower levels of completed education.

To this list of health determinants, the National Rural Health Alliance adds employment status, quality of food, home life and recreation, poorer health related infrastructure and a higher prevalence of common risk factors for health.<sup>11</sup> These factors have been associated with worse outcomes and greater need for aged care support.<sup>12</sup>

People living in rural and regional areas experience greater levels of poverty than those living in metropolitan areas. Poverty has a significant impact on health outcomes, and along with other health determinants, is said to account for around 40 percent of the expression of the burden of disease.<sup>13</sup>

Health and age care services must therefore be designed and implemented to support the specific health and ageing needs of older Australians living in rural, regional, and remote locales.

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<sup>8</sup> <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>

<sup>9</sup> Angus, C, Trends in NSW population growth, EB 01/2019, February 2019, NSW Parliamentary Research Service, p 6.

<sup>10</sup> Addressing Aged Care Workforce Issues in Rural and Remote Australia, Australian Association of Gerontology, July 2019, p9

<sup>11</sup> The Determinants of Health in Rural and Remote Australia, Fact Sheet 28, National Rural Health Alliance

<sup>12</sup> Under the Aged Care Act 1997 people who live in rural or remote areas are designated as a special needs group

<sup>13</sup> Poverty in Rural and Remote Australia, Fact Sheet November 2017, National Rural Health Alliance Inc, 2017

## **TERM OF REFERENCE 1(G): WORKFORCE CHALLENGES**

One of the key challenges for the aged care sector is ensuring a right fit workforce for the future. This is particularly critical for rural, regional and remote providers, who experience significant workforce challenges.

ACSA's ongoing consultation with these aged care service providers consistently identifies workforce as one of the most significant challenges they face.

A number of organisations (including ACSA) and reports/studies<sup>14</sup> have identified key workforce issues facing rural, regional and remote providers including:

- Skills shortages;
- Limitations in the availability and accessibility of education and training opportunities locally;
- The impact of uncertainty and changes in the vocational education and training sector;
- A high level of workforce 'churn', cost premium of contracting agency staff;
- Difficulty in employing overseas staff due to visa requirements etc.;
- Challenges in recruiting and retaining staff, both skilled and unskilled;
- It is reported that registered nurses may be reluctant to work in remote locations if they had the responsibility of being the sole registered nurse for the facility;
- Extended times to fill vacancies;
- In some cases, the need to pay higher wages or offer additional support such as with accommodation, relocation and travel expenses;
- Higher training and professional development costs for new and existing staff, this may relate to transport and accommodation costs;
- Accessing staff with specialized skills i.e., ICT, IR/HR and senior management; and
- For lower paid positions some providers may be competing with higher paid industries in their local areas.

In 2017 the Australian Government established The Aged Care Taskforce, an expert group aimed at developing a wide-ranging workforce strategy focused on supporting safe, quality aged care for senior Australians. Following a significant consultative process, the Taskforce released its report *A Matter of Care*<sup>15</sup> in September 2018, a pivotal document for the sector and provides a solid foundation for action to address workforce challenges.

The report contains fourteen strategic actions covering qualifications and skills, career pathways, workforce planning, attraction and retention strategies among others.

ACSA draws the Committee's attention to Strategic action 11 of the Taskforce report, the establishment of an Industry Accord on the Remote Aged Care Workforce (remote accord) to support alignment on the problems to be solved and set deadlines for arriving at solutions.<sup>16</sup>

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<sup>14</sup> The Aged Care Financing Authority, *Financial Issues Affecting Rural and Remote Aged Care Providers Part 1*, Aged Care Financing Authority, 2016, p57; Senate Enquiry on the future of Australia's Aged Care Workforce Submission, Aged & Community Services Australia, March 2016; *Addressing Aged Care Workforce issues in Rural and remote Australia*, Australian Association of Gerontology, July 2019

<sup>15</sup> *A Matter of Care*, Australia's Aged Care Workforce Strategy, Report of the Aged Care Workforce Strategy Taskforce, June 2018

<sup>16</sup> *Ibid*, pvi

The remote accord 'creates a platform for industry to engage on remote and very remote aged care workforce issues.' Out of the remote accord six guiding principles were developed. They were:

- **Principle 1:** Forming a compact with government and community on the role and support of industry in remote aged care.
- **Principle 2:** The aged care consumer journey in remote and very remote areas.
- **Principle 3:** Specific strategies to address the unique challenges of attracting and retaining aged care professionals in remote and very remote areas.
- **Principle 4:** Tailored and relevant training, skills and career pathways in remote and very remote settings.
- **Principle 5:** Prioritise safety, security and wellbeing of the aged care workforce in remote and very remote settings.
- **Principle 6:** Flexible and responsive government funding, policy and programs.

ACSA and Uniting Care were funded to develop the Accord. This facilitates the development of regional/area action plans with all local stakeholders, including regional/state/territory bodies. These plans identify locally needed supports including:

- Creating an on-line Workforce Hub for all stakeholders;
- Establishing a Migrant Employment Pathway program;
- Creating traineeship pathways for direct care and support staff;
- Linking Aboriginal and Torres Strait Islander (ATSI) aged care services with other successful employment pathway programs to create effective pathway programs for the ATSI communities; and
- Delivering a range of programs to address skills gaps including literacy, aged care standards, self-care, managing a diverse workforce and creating a culturally safe work environment.

#### *ACSA engagement with workforce sector activities*

ACSA has created strong and effective networks and relationships<sup>17</sup> with a range of federal and state departments and with all state Industry Training Advisory Boards (ITABs) and Skills Councils. We believe our approach and activities align with the program and strategies recommended by the Aged Care Workforce Strategy Taskforce.

We have indicated our support and willingness to foster the work of the Industry Workforce Council (IWC) which has been established to implement the Workforce Strategy, particularly as our various activities at the local and regional levels can be translated and scaled up. ACSA has representation on this Council. Our networks and relationships can also bring broader and strategic support to assist the IWC. ACSA urges the Committee to support this work.

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<sup>17</sup> ACSA's Regional Employment Trials (RET) program is currently working with aged service organisations, employment service providers, RTOs, funding bodies and other relevant organisations to meet the significant workforce challenges and demands for workers. RET programs are currently running across multiple regions including; North and North west Tasmania, York and mid-north South Australia, Murraylands and Riverland South Australia, and Far South Coast NSW., Northern Western Australia, Darwin and Queensland.



## TERM OF REFERENCE 1(C): ACCESS TO HEALTH SERVICES

Access to health services for rural, regional, and remote services can be impacted by:

- The ‘tyranny of distance’, the challenge of geographically distant communities and services (that are often distant from where the consumer lives) creates very real challenges in accessing services;
- IT limitations create access challenges, as does IT literacy for many consumers and those older Australians in remote communities;
- Transportation and travel challenges, including significant cost burdens associated with travel (for both the consumer and service provider), compound access challenges; and
- Access to health practitioners (nursing, medical, allied health etc.).

ACSA has consistently voiced concerns about the difficulties faced by providers seeking to deliver care to older Australians living in rural and remote areas. It is worth noting that most providers operating in these areas are not-for-profit organisations.

As stated earlier, equity of access to state funded health services for older Australians living in rural, regional and remote locales must be ‘a given’ whether they are living in their own home or in a residential aged care service.

Equitable access should be achieved through ‘in person’ support visits by health professionals whenever possible, or alternatively through access to reliable telehealth and on-line services<sup>18</sup>.

Different funding and service models (including acknowledgement that market-based approaches are ineffective in many rural and remote communities) are needed to improve access to services in such locations, this needs to be addressed across the tiers of government.

There are myriad health services that are available to aged care service providers to assist them provide care and services to residents (residential aged care) and clients (home care) across Australia including:

- Primary health care services/GPs
- Medicine review programs<sup>19</sup>;
- Palliative care services<sup>20</sup>;
- Dementia support services<sup>21</sup>;
- Respite services<sup>22</sup>;
- Allied health services
- Psychological support services<sup>23</sup>; and
- Mental health services<sup>24</sup>.

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<sup>18</sup> While people living, or services operating, in rural and remote areas are technically able to access such services there are not always the resources to support face to face or telehealth provision, which is ideal for the type of personal and clinical support offered.

<sup>19</sup> Medicine review programs, [see here](#)

<sup>20</sup> Palliative Care Australia, [see here](#)

<sup>21</sup> Dementia Support Australia, [see here](#)

<sup>22</sup> Respite programs, [see here](#)

<sup>23</sup> Psychological support services, [see here](#)

<sup>24</sup> Mental Health Services, [see here](#)

While these programs are technically available Australia wide, rural, regional, and remote providers have difficulty in having 'in-person' support which is critical for best care outcomes.

Martin Laverty, CEO of the Royal Flying Doctor Service of Australia in his Witness Statement to the Royal Commission into Aged Care Quality and Safety (The Royal Commission) indicated he believes there are inadequate health and aged care services in rural and remote Australia<sup>25</sup> and that a disparity in access to health services results in some people having to leave their homes and communities to access health and aged care services.

ACSA advocates that governments at both Commonwealth and state/territory levels work to ensure that support services are designed, implemented and funded to be accessible equitably to all older Australians regardless of where they live.

Greater coordination between aged care, primary care services, acute health, community health (including community pharmacies) and disability services is required. Cross jurisdictional connections need to be strong to ensure older Australians receive consistent care when moving between these different components of health and aged care, again this is particularly true in rural, regional, and remote settings.

At the individual level, access to high quality care when people are moving between one health service and another (for example between acute care and aged care settings) is important for older Australians with multiple chronic conditions and complex therapeutic regimes<sup>26</sup>.

At a systems level, good interaction between different jurisdictions is required to coordinate funding and programs to ensure older people receive the care and services they require.

This should be seamless and behind the scenes so that it does not impact on the individual.

### *Reablement / Restorative care*

Wellness and reablement programs are powerful ways to assist older people to improve their function, independence and quality of life. This is the primary reason why such services need more focus in aged care in the future, irrespective of where the person lives. In addition, their provision can delay the need for services for a period of time altogether or reduce the level of ongoing support that is required<sup>27</sup> which is important for demand and system management.

Access to reablement services must identify and support 'special needs' groups, for example those people with a diagnosis of Motor Neuron disease, enabling people to remain as

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<sup>25</sup> Statement of Martin John Laverty, CEO Royal Flying Doctor Service of Australia to the Royal Commission into Aged Care Quality and Safety, May 2019

<sup>26</sup> Transitional Care: Moving patients from one care setting to another, Naylor M. & Keating S., NHS Public Access Author Manuscript, USA.

<sup>27</sup> Silverchain in Western Australia through its Home Independence Program demonstrated considerable benefits to providing reablement approaches for people at an early stage, reducing the need for many to progress to more intensive levels of program support. For example, for people at a low service need level who undertook the Silverchain program showed that reablement reduced the need for home care support, with just over half the clients at three months and nearly three quarters at twelve months not using any home care service at all. A further 19 per cent and 14 per cent were using the same or lower level of service at these time points than at baseline, despite having been referred because their needs had increased (The Home Independence Program with non-health professionals as care managers: an evaluation, Lewin G. et al, Clinical Interventions in Aging, 2016, 11: 807-817, June 2016)

independent as possible and living in the location of their choosing for as long as practical, reducing the risk of prematurely needing higher level supports.

Living in a residential aged care service in a rural, regional or remote location should not preclude an older person from receiving state funded reablement or rehabilitation support equivalent to that received by someone living in a city.

### *Delivering aged care services to regional and remote ATSI communities*

The health of Indigenous people living in rural and remote areas is said to be significantly worse than that of their non-indigenous counterparts<sup>28</sup>.

Aged care services which deliver care and services to indigenous Australians must be designed to deliver these services in a culturally appropriate manner<sup>29</sup> by staff that are skilled and equipped to understand the specific needs of older Indigenous Australians<sup>30</sup>.

Additionally, these services should ideally be in locales that allow older Indigenous Australians to remain in their community<sup>31</sup> (place-based) to minimise social and cultural dislocation from family.

ACSA supports the concluding remarks of the Royal Commission regarding aged care services for Aboriginal and Torres Strait Islander peoples<sup>32</sup>.

ACSA recommends the following actions to address the delivery of services to ATSI peoples:

- Barriers to securing 'right fit' workforce in remote communities are identified (housing, security, transport and remuneration, limited local education opportunities, lack of infrastructure etc.<sup>33</sup>), and strategies to address these barriers developed and implemented;
- Partnerships between indigenous and non-indigenous organisations to support cultural safety using the guiding principles as described in the Aged Care Sector Committee Diversity Sub-group<sup>34</sup> guide *Actions to support older Aboriginal and Torres Strait Islander people, A guide for aged care providers*;

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<sup>28</sup> The National Rural Health Alliance Ltd, Fact Sheet July 2019

<sup>29</sup> The Royal Commission into Aged Care Quality and Safety indicated that evidence presented at multiple Hearings 'reinforced the importance of cultural safety and its consideration in the provision of aged care services'. A culturally safe environment being described as a place where 'people feel safe and secure in their identity culture and community'. Most importantly, 'the care recipient, not the provider, determines if cultural safety is achieved'. (Royal Commission into Aged Care Quality and Safety, Interim Report Neglect Volume 1, p175)

<sup>30</sup> David Tune noted in his 2017 report that NATSIFACP program had been generally well received by stakeholders but there was still a need to expand the program further into rural and remote locations (Recommendation 31) (Legislated review of Aged Care 2017, Tune D., Commonwealth of Australia, Department of Health, 2017)

<sup>31</sup> The Royal Commission into Aged Care Quality and Safety describes Aboriginal and Torres Strait Islander people having a 'strong preference to receive care in their community and to stay on Country'. (Royal Commission into Aged Care Quality and Safety, Interim Report Neglect Volume 1, p177)

<sup>32</sup> Concluding remarks on aged care services included listing key features: a/Providing accessible aged care assessment pathways; b/Integrating aged care with other services; c/Devising culturally appropriate assessment processes; d/Facilitating aged care provision on Country and 'return to Country; e/Greater provision for Aboriginal and Torres Strait Islander specific services in cities and regional areas; and f/Providing easier access to respite care. (Royal Commission into Aged Care Quality and Safety, Interim Report Neglect Volume 1, p19)

<sup>33</sup> Addressing Aged Care Workforce Issues in Rural and Remote Australia Report, Australian Association of Gerontology Regional, Rural and remote Special Interest Group, July 2019, p11

<sup>34</sup> The guide for aged care providers, produced by the Aged Care Sector Committee Diversity Sub-group to address their cultural needs outlines 6 outcomes for consumers covering: 1/Making informed choices; 2/Adopting systematic approaches to planning and

- Services are 'place-based'<sup>35</sup> and supported by flexible funding programs<sup>36</sup>; Indigenous health workers to be integrated into local service delivery programs.

#### **TERM OF REFERENCE 1(J) ACCESS AND AVAILABILITY OF PALLIATIVE CARE SERVICES**

The provision of quality contemporary palliative/end of life care services to older Australians receiving aged care services, whether in their own home or in a residential aged care facility, is integral to service quality. There needs to be a variety of models that meet different circumstances and location requirements including:

- In the person's home if they are receiving a high-level home care package;
- In a residential aged care facility if the person resides there; or
- In an acute health setting or palliative care centre.

ACSA advocates for the provision of palliative care in-reach services for people requiring palliative care whether this is in their own home or in a residential aged care facility regardless of where they live geographically, such a service could incorporate an advisory service, direct care support and staff education.

In some instances, a particular setting will be preferred or required based on the level of need or the individual's wishes. Adequate support from state health services is required for aged care services to provide palliative/end of life care based on the individual's needs regardless of the location of the delivery.

In addition, it needs to be acknowledged that both the health and aged care systems play a role in ensuring a person has a good death in aged care service. The systems need to work together to ensure that outcome, and the program design needs to support this occurring.

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implementation; 3/Accessible care and support; 4/A proactive and flexible aged care system; 5/Respectful and inclusive services; and 6/Meeting the needs of the most vulnerable. (Actions to support older Aboriginal and Torres Strait islander people, A guide for aged care providers, Aged Care Sector Committee Diversity Sub-group, 2019)

<sup>35</sup> Place based initiatives are programs designed and delivered with the intention of targeting a specific geographical location and particular population group in order to respond to complex social problems. <https://aifs.gov.au/publications/commonwealth-place-based-service-delivery-initiatives>

<sup>36</sup> An example of Home Care services being delivered in local communities is the APY Lands Commonwealth Home Support Program auspiced by Aboriginal Elders & Community Care Services in South Australia. [www.aboriginalcs.org.au](http://www.aboriginalcs.org.au)