



For a healthy, educated and connected community.

Central Connect's Chronic Health Action Group Response to the Legislative Council's Inquiry into Rural Health Services

Introduction

The opportunity the Parliamentary Inquiry into Rural Health Services presents for Tasmanians living in rural and remote Tasmania is welcome.

The primary purpose of this Submission is to draw the Sub-committee's attention to the importance of consulting directly with local rural and remote Tasmanian communities about health outcomes and access to community health and hospital services.

Central Coast municipality now has an appropriate mechanism in place to enable two way interaction between government (federal, state and local) and organisations invested in local community wellbeing with local communities. **Central Connect** is a community wellbeing governance model that will enable the Central Coast community, through its Central Connect Leadership Roundtable, to respond directly to this Sub-committee and vice versa.

We are sure the Sub-committee is well aware of and recognises that each local community has different needs and perspectives, that no one size fits all, and that each area's ability, capacity and preferred rural health service delivery methods will vary. However, grass roots local government level action to drive change within rural and remote communities must be matched by changes in health services.

From a systems' perspective, achieving a shift in thinking and doing rural and remote health and social care in the right place at the right time, requires thinking about what is not needed as well as what is needed to avoid putting a new system on top of an old system.

Central Coast Community Wellbeing Governance Model

Government identified Central Coast as one of four communities with greater preventable health issues and poorer educational outcomes, subsequently investing in Connecting Care (Tasmanian Anticipatory Care Project) and Central Coast Collective ed. Both health and education have positive impacts on community health and wellbeing and connection.

The Connecting Care / Collective ed. partnership is driven by a common philosophy of community-led governance to empower community representatives to make decisions and deliver outcomes for

community. The two programs partnered to implement a single, sustainable community wellbeing governance model for Central Coast to avoid unnecessary duplication.

The shared aims are to collectively address wellbeing concerns and improve connection through the Central Connect Leadership Roundtable which is responsible for supporting the work of Action Groups, established to achieve outcomes for community. One of these Action Groups is focussed on chronic health. Its goal is to advance community health literacy for community health and wellbeing and progress connection and coordination between primary care and community as the initial approaches to help Central Coast residents manage and prevent chronic health conditions. It is targeting community who are harder to reach, those with dementia risk, people with psychological trauma arising from adverse experiences, and those experiencing mental health issues.

Central Coast Health and Wellbeing Profile

Central Coast reflects Tasmania's unique demographic and socioeconomic factors and their relationship to demand on services. Our population (21,938)ⁱ is older with 52% 45+ compared to the state average of 47%. Young people (15 – 24) represent 11.1% of the population. There is a significant Aboriginal community (6.9% state average 4.6%). Of Ulverstone Secondary College's 586.6 FTE enrolments in 2020, 18% were Indigenous students.

Year 10 completions and household weekly incomes are less than the rest of Tasmaniaⁱ. The percentage of people rating their health and state of mind as poor is higher than the rate for Tasmania^{ii iii} and increased by 15% since 2013.

Our locally acquired data^{iv} demonstrate community's concern and support particularly for the 15-25 age group. COVID-19 exacerbated this community concern. For example, local anecdotal evidence and (limited) available data tell us there are increasing numbers of young people assessed with mental health conditions.

While the general health profile of Central Coast is fairly well documented^v detailed mapping of census and agency data at the LGA level is challenging and does not include local community surveys and other intelligence, including community assets from a place perspective.

Central Connect is working with the Local Government Association of Tasmania's (LGAT) Wellbeing Project to develop a logic model as the connector between wellbeing determinants and improved outcomes. A place-based wellbeing planning, analysis and activation framework has been developed integrating formal statistical agency data and local intelligence to make sense of what's happening on the ground and its dynamics.

This approach will underpin the work of the Central Connect Leadership Roundtable and its Action Groups, and will benefit government in its effort to tackle, for example, potential preventable hospitalisations by investing the right care, place and time.

Some General Comments in Response to the Inquiry's Terms of Reference

- We acknowledge and welcome the Inquiry's focus on health outcomes, availability and timeliness of health services, barriers to access, planning systems, staffing (especially community health services), referral to tertiary care and telehealth services. International experience and evidence shows that care in the right place at the right time leads to better health outcomes.
- Mental health and community wellbeing must be at the forefront of health reform in Tasmania. Asking around locally, it would appear the biggest area of need is community

mental health. In the NW many of the basic services like headspace have now closed their books so young people are unable to access mental health services. The space for youth with more serious mental health issues e.g. Cornerstone Youth Services is also stretched and struggling. These services are not available in Central Coast – young people have to travel to a larger regional centre. Psychologists are closing their books in the NW impacting not only youth but also adults. Central Coast residents have to travel to access these services.

- Considerable investment is required in IT infrastructure to enable local facilities, such as the Central Coast Community Health Centre to function effectively and, for example, to utilise telehealth seamlessly to access services, particularly mental health, dementia care, diabetes, health education, and outpatient specialist care. Access to digitised patient records is a key component of this.
- Through the Central Coast Connecting Care program (Tasmanian Anticipatory Care Project) we now have evidence that community health literacy training and promotion of locally available community wellbeing services (through an extensive local resource directory) are effective tools for illness prevention and promoting the vastly under-rated and under-funded Healthy Tasmania Strategy. These local information resources have been tailored to meet Central Coast's specific community health and wellbeing needs.
- We have trialled training and support for health and social care workers and for volunteers to act as health and wellbeing connectors in the local community. This should be continued. Evaluation evidence suggests co-created community referrals (non-medical interventions to existing community supports) have positive impacts on mental health, chronic and complex health conditions, community wellbeing, and education and employment outcomes.
- What is required now is the opportunity for education, social, health and community services providers to refer eligible clients to a Community Link Worker to connect to co-created community-based supports and activities. More front line workers and volunteers need to be trained as connectors to increase community health literacy, creating an environment where members of the community feel they belong. Systematic data pathways must be established to provide much needed evidence on which to build further community-based health services.

Examples of Barriers to Access and Availability and Timeliness of Health Services

While we expect the Sub-committee will receive many examples, we will add a few relating to chronic health from our own experiences and those of residents in Central Coast known to us:

- A resident of Central Coast living with cancer, a chronic health condition, requiring access to a neuro-surgeon (only 2 in the state and both in Hobart) waited 5 months for an appointment; no telehealth service available; 8 hour round trip drive for a 30 minute consultation; no PTAS support offered.
- Multiple examples of residents with chronic pain unable to access a pain specialist locally, exacerbated by recent changes in opioid medication protocols limiting pain relief for people with chronic pain.
- A family who (prior to COVID) would travel to Queensland for their allied health appointments, and to Melbourne for their epilepsy treatment appointments, as the wait time was too long here within Tasmania.
- Three different families mentioned that they felt that if they requested a referral to a psychologist, their GP informed them that they did not require it, and they would not provide the referral. Of these three families, one travelled to another NW town to obtain a referral from a different GP and was successful in accessing a Psychologist

locally; the second family travelled to Launceston, and was able to obtain access to a mental health care plan; the third family is unable to drive long distances due to anxiety, and unable to use public transport that far, and felt that this door was closed to them, and did not pursue further.

- Significant literacy, health literacy and digital literacy implications affect people from understanding and therefore accessing the NDIS, which would assist them in accessing greater health care and health services; some do not own a computer of any sort, and have to wait months to see a Care Coordinator; NDIS is a key means to accessing health care including OT, Physio, AEP, Dietician, Psych, mobility aids. People living in a rural and remote areas are limited by opportunities to seek assistance in understanding forms and limited in face time with people to help them lodge appeals.
- One person was denied a Companion Card, which she wanted so she could access venues with an aid, including the local health and wellbeing centre, as the person reviewing her application in Canberra told her mum over the phone that they saw her photo and "she was too attractive to have a disability and thought it was a joke application". They had to reapply, and her AEP exercise treatment program was delayed due to this. The community feels forgotten and tucked away and without advocates.
- A family sought a second opinion for the proposed surgery for their daughter, and they were denied access to the Ophthalmologist in Melbourne, as they do not do Telehealth appointments, yet if COVID was not a factor, they would've flown to Melbourne to meet with this doctor directly. They were in a no-win situation - not able to access due to no flights, no telehealth, and very dissatisfied by their first diagnosis. They were affected by COVID primarily, but also affected by living in a regional town without ability to access alternative health care options / second opinions.
- A heavily pregnant single mother had to travel to Hobart to have a specialist do a scan of the baby just to be told everything was fine and she could return home. Travelling heavily pregnant, with other health issues was very uncomfortable, but also the stress and worry was hard. In addition she had no income so couldn't afford the travel expenses and accommodation costs. It was not a possibility to travel there and back in a day, heavily pregnant with a 1 year old in tow.
- The same woman experienced heart issues in pregnancy. Having to go by air ambulance to Hobart to stay under the care of the cardiologists because there were none in the NW plus the stress of having to leave her 1 year old could not have been good for her health. She had no friends or family in Hobart and cried every day having never been away from her son, and being worried about her health and the health of her unborn baby. When discharged from hospital she had to make her own way home. Heavily pregnant, with heart issues, no money and no family or friends this was not easy.
- In 2018 a woman was bitten by a pit bull terrier and presented to the Emergency Department. Despite the bite being quite deep, the medical team on duty decided not to give antibiotics stating this was the new Hospital protocol. She was told to go home, rest and see her GP in 3 – 4 days. On review the GP was surprised she hadn't been given antibiotics but decided to follow the hospitals lead and not provide any antibiotics. The following day it was obvious there was a serious infection and the GP prescribed oral antibiotics - an anaerobic infection which got quickly out of control and the woman was admitted to Hospital, placed on IV antibiotics and 3 hrs later had a debridement performed. Two days later she underwent a further debridement and had a Vacpac attached. After leaving hospital she was followed up at specialist clinics. Over multiple visits, she didn't see the same specialist more than once which:

- was unsettling as there was no continuity of care
 - patient needed to repeat the story at each appointment
 - decisions about plastic surgery were referred from one consultant to another
- In the end the woman sought a 2nd opinion from a private plastic surgeon, had a further debridement, skin graft and a further 2 weeks in hospital. In all she took sick leave for 16 weeks.

These are not isolated stories – they are representative of similar stories in rural Tasmania.

Better Community Care

- The ‘Our Health Care Futures’ discussion paper advocates better community care through various pilot projects. Hospital in the Home, Urgent Care Centres, rapid access to medical specialists locally, and Telehealth Services have been trialled and have been underway, successfully, across Australia and internationally for over a decade. It’s time in Tasmania to move from pilots and trials to implementation of these services which provide better community care.
- Provision of Telehealth services in the local community requires continuation of the COVID-generated Medicare item number to enable a local practitioner available alongside a patient when connecting to specialist, diagnostic or other services.
- Transport needs must be identified at the local level. Leaving the local region for crisis care has to be integrated and supported across the journey to return to community. Local community intelligence at the LGA level should inform transport planning.
- It is pleasing to see that the Tasmanian Department of Health has issued a tender for a partner to help develop a digital health strategy for the state (28 January 2021), which is long overdue. We urge them to consult with local communities and include health consumers in these developments.

Planning for the Future

- Across rural and remote Tasmania there is significant, but under-utilised infrastructure provided through the district hospital network and the potential to utilise them in different ways to offer care locally rather than at a tertiary hospital facility. However, there is also significant infrastructure in the network of community health centres, including in Central Coast and we feel that their role as community health hubs for better out of hospital and community care must be enhanced and adequately resourced.
- As a local community health service profile emerges, the language of the system must be re-jigged. Changing both consumers’ and health workers’ behaviours, beliefs and attitudes about the health system will need to be prioritised through targeted ongoing community health literacy campaigns and professional education activities, for example targeting knowledge and understanding about people with dementia risk, those experiencing psychological trauma arising from adverse experiences, and those with mental health issues.
- Local evidence^{vi} suggests that a majority of Central Coast residents lack self-respect and self-efficacy and require help to learn to take responsibility for their health and that the local health workforce has an important role to play in this.

Conclusion

This Parliamentary Inquiry into Rural Health Services presents a real opportunity for health reform for out of hospital, community care and a place-based approach – care in the right place at the right time will lead to better health outcomes.

In Central Coast, the community has endorsed the development and implementation of a local community wellbeing governance model – the Central Connect Leadership Roundtable. The model provides an avenue for government, Central Coast Council, health, education, social care agencies, businesses and industry to communicate and connect.

We look forward to expanding on this Submission in response to the Sub-committees Terms of Reference at a public hearing if invited.

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ⁱ ERP 2019 <https://profile.id.com.au/central-coast/highlights> accessed 15 October 2020

ⁱⁱ PHN community Health Check 2020 <https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/CENTRAL-COAST-community-health-check.pdf> accessed 10 October 2020

ⁱⁱⁱ Connecting Care Community Survey 2019

^{iv} Collected via Community conversations, Workshops, Forums, Community Survey during 2019

^v see PHN Community Health Check 2020

^{vi} Collected via Community conversations, Workshops, Forums, Community Survey during 2019