



Council of Social Service of New South Wales

66 Albion St, Surry Hills NSW
phone 02 9211 2599 fax 02 9281 1968
email info@ncoss.org.au web www.ncoss.org.au

abn 85001 797 137

14 June 2007

Candice Dahlstrom
Cardiovascular Project Officer
PO Box 980
Moree NSW 2400
Email: Candice.Dahlstrom@hnehealth.nsw.gov.au

Dear Candice,

Thankyou for providing NCOSS with the opportunity to provide feedback on the Aboriginal Health Plan 2007-2012 for the Hunter New England (HNE) Area Health Service. It is welcoming to see the Area Health Service prioritise Aboriginal Health as one of its key health portfolios and undertake a planning structure to assist in developing a coordinated response.

About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

Policy Framework

Although the Aboriginal Health Plan 2007-2012 for the Hunter New England (HNE) Area Health Service references a number of key policy documents as its policy framework, it has not referenced either the *NSW State Plan*ⁱ or the *NSW State Health Plan-Towards 2010*ⁱⁱ. As a result, the Aboriginal Health Plan has not articulated how its strategic actions and progress will be aligned with the directions of both the *NSW State Plan* and the *NSW State Health Plan-Towards 2010*.

The *NSW State Plan* has set out key directions for the state with a number of these directions recognising the particular need of Aboriginal communities.

The *NSW State Plan* Priority S2 *Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care* will consider for rural

and remote communities, specialist outreach services, transport initiatives, clinical video conferences and innovative health programs for Aboriginal people.

Priority S3 *Improved health through reduced obesity, smoking, illicit drug use and drinking* aims to reduce smoking rates for Aboriginal communities.

Strengthening Aboriginal Communities Priority F1 *Improved health and education for Aboriginal people* has established two key targets for reducing the gap in well being between Aboriginal people and the rest of the community. One of the targets aims to reduce avoidable hospital admissions. This Priority also focuses on continuing to implement a range of strategies from *Two Ways Together*ⁱⁱⁱ.

Within the *NSW State Health Plan- Towards 2010* all of the strategic directions have implications for Aboriginal Communities, however 5 of the 6 specifically mention how the State Health Plan will aim to improve the health of Aboriginal people.

Strategic direction 1 *Make prevention everybody's business* highlights immunization and chronic disease as two key areas to focus on for Aboriginal communities.

Strategic direction 2 *Create better experiences for people using health services* particularly notes the need for the experiences of Aboriginal people to be drawn out in relation to patient satisfaction.

Strategic direction 3 *Strengthen Primary health and continuing care in the community* focuses on services for Aboriginal women during pregnancy, implementation of the Aboriginal housing for health program, and building on the National Strategic Framework for Aboriginal and Torres Strait Islander Health. Early intervention services that are targeted for expansion are services for inflammation of the middle ear for Aboriginal children and programs to reduce domestic violence, sexual assault and child abuse for all communities including Aboriginal communities. For rural and remote communities, specialist outreach services, transport initiatives, clinical video conferences and innovative health programs for Aboriginal people are being considered.

Strategic direction 4 *Build regional and other partnerships for health* aims to strengthen partnerships with Aboriginal people, implement the NSW Aboriginal Health Partnership Agreement and *Two Ways Together* and consult with the Aboriginal community to build the Aboriginal mental health and drug and alcohol workforce.

Strategic direction 6 *Build a sustainable workforce* particularly highlights the need to increase the number of Aboriginal staff in the NSW Health workforce and increase the number of Aboriginal people in university health courses and cadetships.

Guiding Principles

The NSW Aboriginal Community Care Gathering Committee released their policy position paper in April 2007 titled *Leading our way in Community Care*.^{iv} Although this policy position is focussed predominantly on home and community care programs, the guiding principles set out in the position paper are applicable to any programs seeking to improve their services to Aboriginal people. The guiding principles relate to 9 key areas: Autonomy and Self-Determination; Aboriginal Representation; Assessment of Needs; Service Development, Co-Ordination and Effective Management, Planning and Data, Workforce and Training; Aboriginal Carers; and Aboriginal Transport. The NSW Aboriginal Community Care Gathering Committee declare that these principles describe an agenda for change and commitment.

Health Related Transport

Health transport is a significant concern for Aboriginal people, and barriers to health transport arguably contribute to poor health outcomes. Barriers to accessing transport affect people's ability to seek treatment when needed and many Aboriginal communities report that they are dislocated from services to connect them to health providers. Transport is identified within the Aboriginal Health Plan in Strategy No.3.1 *Better links and coordination between services*. Due to the importance of this issue, however NCOSS believes transport should form a separate strategy within the Aboriginal Health Plan. This would then reflect the critical impact transport can have on Aboriginal people accessing or using any health services.

Many people located in rural and regional areas who do not own a motor vehicle are likely to face significant difficulties travelling to specialist services, some of which are located 200 or 300 kms away from their home. This means that it is not uncommon for Aboriginal people in isolated communities to walk or hitchhike long distances to attend medical appointments, or routinely miss health appointments because of the poor availability of transport. People who require intensive treatment for an illness – such as cancer or dialysis treatment - may often be required to travel long distances many times per week.

Health related transport is a significant issue for people with physical and other disabilities who may need treatment to avoid their disability worsening.

It is well known that low income people experience comparatively poorer health outcomes than the general population and transport is arguably a significant contributing factor. Almost one quarter of people living in rural and regional areas will face difficulties accessing health care when they need it and some low income people routinely miss health appointments because of transport problems. Poor planning for public transport to health destinations, inaccessible transport services, culturally inappropriate transport services and limited resources for community transport all pose barriers for access to health services by Aboriginal communities. Some people may be forced to resort to unaffordable forms of transport, such as taxis, in order to get to important health appointments.

There are a number of services and forms of support available to people who need to access health services, but they all have limitations. Public transport is not always available to some locations, particularly in country NSW. Services in some regions can be inaccessible to people with mobility difficulties. Costs can be high – rural and regional bus services are expensive, and do not offer the same range of concessions as metropolitan services. For some people physical access to transport is a barrier to it being used. Resources for the Community Transport (Home and Community Care Program) are limited and there can be long waiting lists.

Evidence through NCOSS consultations, and through forums that NCOSS participates in, (including the NSW Aboriginal Transport Network), suggests that many Aboriginal people have difficulty using the Isolated Patients Travel Allowance Assistance scheme (IPTAAS) scheme. Key problems cited include:

- confusing paperwork which is difficult to complete;
- claims can only be made retrospectively (ie subsidies are not paid “up front”);
- payment delays;
- inability to be reimbursed for carer expenses unless approved as ‘medically necessary’; and
- there is no system at all for those people who do not have a bank account as all payments are made by electronic transfer or cheque.

Within a strategy on improving and coordinating health transport for Aboriginal communities, NCOSS would recommend the following as action/initiatives:

- Create health transport options for Aboriginal people, by providing dedicated services to Aboriginal communities, including the consolidation and growth of the network of Aboriginal transport coordinators;
- Advocate for changes around IPTAAS including;
 - Improve the affordability of IPTAAS for low income people by removing the administration fee for Health Care Card holders;
 - Ensure travel and accommodation expenses are reimbursed to the equivalent of the public service rate;
 - Ensure flexibility around upfront payments so that low income people, including Aboriginal people are able to use IPTAAS;
- Ensure transport services collaborate and are better linked in with health and community services so, for example, carers are not left waiting six hours for a return trip but have only two hours respite care;
- Advocate for consistent funding to the Hunter New England Area Health Service to set up and run a Health Transport Unit with a transport coordinator. This unit would work in close contact with the Ministry employed Regional Coordinators and Community Transport to coordinate services and manage demand for services with Area Health services. Coordination with available public transport services is an important component of this.

NGO Network

The delivery of effective and appropriate health services within NSW requires enhanced coordination and integration between the range of service providers from government services to Non Government Organisations (NGO's) and Aboriginal community controlled services. *The Aboriginal Health Plan 2007-2012* for the HNE Area Health Service considers and outlines how Aboriginal Community Controlled Health Services (ACCHS) and HNE services can work more closely together to provide a more seamless service to Aboriginal communities, However it misses an important opportunity to also incorporate the broad range of NGOs, including health NGO's, that are also involved in delivering a range of services to Aboriginal communities that can have an impact on their health outcomes.

Although there is a strategic direction in *The Aboriginal Health Plan 2007-2012*, 3.1 *Better Links and coordination between services*, this is predominantly aimed at ACCHS and HNE services enhancing their communication and collaboration, with some reference to transport services. Expanding this strategic direction to include the NGO network of services is essential and will result in a broader range of partnerships and collaboration between all the service providers.

One of the key principles of *The NSW Health and Equity Statement 2004* is that partnerships with local communities and other government and non government organisations are essential for any effective action to address health inequities within the health system. It is important to recognise the broad range of services provided by the NGO sector and begin including these services within any strategic plans around health delivery, policy and practice.

Consumer and Community Participation

There is no identified strategy within the *Aboriginal Health Plan 2007-2012* for the HNE Area Health Service for how Aboriginal consumers and communities will be involved in the implementation and evaluation of the Aboriginal Health Plan. Ongoing consumer and community representation and participation is critical to ensure the success of the Aboriginal Health Plan. The *NSW Health Equity Statement* states:

“All stakeholders in the NSW Health system, including consumers, carers, volunteers, NGOs, industry and professional organisations, health professionals and NSW Health must be given opportunities to contribute to the planning, development, implementation and evaluation of health processes and services.”^v

The Health Equity Statement also provides three principles for guiding the design of consumer participation:

- People whose health is most vulnerable need to be involved in decisions at all levels in the health system as patients and as members of their community;
- The Health system needs to make sure that its participation mechanisms genuinely facilitate participation and do not act as barriers;
- It is important that communities see tangible outcomes from being involved in consultation and participation processes.

It is critical that skilled, adequately resourced and supported Aboriginal consumer and community representatives play a key role at the Area and local level in the policy and practice development and system/service delivery monitoring and review.

Monitoring and evaluation framework

One of the most important components of any planning document is a framework for how the implementation and progress of the Plan is measured. *The Aboriginal Health Plan 2007-2012* for the HNE Area Health Service does not detail an evaluation or monitoring / reporting framework.

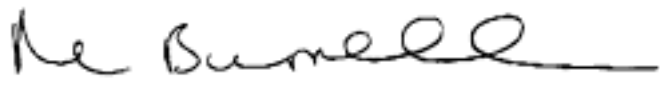
In 2005 NCOSS released a discussion paper *Measuring Up: A Framework for Government Social Reporting in NSWⁱ*. The aim of the report was to stimulate discussion on how to measure the social performance of government, and how to assess the progress of government programs towards achieving long term social goals. The report provided a proposed set of indicators for measuring the performance of the NSW government in relation to health outcomes.

There are very good reasons to measure progress towards strategic goals for the NSW health system through a suitable set of indicators and benchmarks. The community has a strong interest in optimising the health of its members, as good health assists people to contribute to society in a variety of ways. In addition, health problems represent direct costs to the community, both in terms of financial and human capital. In so far as there are identified links between health outcomes and socio-economic status, improved health in the community can also be an indication of progress towards social justice goals.

Clearer targets and benchmarks that *The Aboriginal Health Plan 2007-2012* for the HNE Area Health Service aims to achieve with reporting schedules and time frames outlined will provide for greater transparency and accountability.

If you require further information on any of the above, do not hesitate to contact Michelle Bonner Senior Policy Officer 9211 2599 ext 108 or by email: m.bonner@ncoss.org.au .

Yours sincerely,



Michelle Burrell
Acting Director

ⁱ NSW State Plan 2006

ⁱⁱ NSW State Health Plan -Towards 2010, NSW Health 2007

ⁱⁱⁱ Two Ways Together - Partnerships: A New Way of Doing Business with Aboriginal People 2003-2012

^{iv} Leading our Way in Community Care Policy Position NSW Aboriginal Community Care Gathering Committee NCOSS April 2007

^v NSW Health and Equity Statement - In all Fairness, NSW Health2004

^{vi} Measuring Up: A Framework for Government Social Reporting in NSW, NCOSS Discussion Paper, NCOSS 2005