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Tasmanian Council of Social Service

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***One State, One Health System, Better Outcomes: Delivering Safe and Sustainable Clinical Services – Rebuilding Tasmania's Health System***

**TasCOSS Submission**

*20 Feb 2015*

**About TasCOSS**

TasCOSS is the peak body for the Tasmanian community services sector. Its membership comprises individuals and organisations active in the provision of community services to low income, vulnerable and disadvantaged Tasmanians. TasCOSS represents the interests of its members and their clients to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage and promote the adoption of effective solutions to address these issues.

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## Preamble

TasCOSS welcomes the *One State, One Health System, Better Outcomes: Delivering Safe and Sustainable Clinical Services – Rebuilding Tasmania's Health System* reform paper and consultation process. This is a great opportunity to ensure that any changes made to our health system will improve the health outcomes of the whole Tasmanian community and, most importantly, redress existing health inequities.

The community sector is responsible for delivering a variety of federal and state funded services that promote and maintain health; including, primary health care, HACC services, child health, domestic violence support services, homelessness support, tenancy management and brokerage, nutrition education, social engagement programs, alcohol and other drugs programs, physical activity programs, mental health services, healthy ageing initiatives, LGBTI support services, sexual health and family planning, women's health, men's health, and chronic disease prevention. These services target population groups that are most at risk of poor health, such as Aboriginal Tasmanians, newly arrived migrants, young people, unemployed people, people with disabilities, carers, and victims of domestic violence.

This submission has been prepared in consultation with TasCOSS member organisations that specifically work in the areas of health, as well as analysis of health and wellbeing policy and research, and addresses the relevant community consultation questions.

TasCOSS is pleased that the *One State* reform paper acknowledges the important role that the community already plays in healthcare delivery. We also welcome the acknowledgment that the proposed Role Delineation Framework will require adequate consideration of access barriers (such as transport and cost). However, TasCOSS has three key concerns about the reform process, as it is outlined in the paper. These are:

1. The focus on the clinical, acute sector is at the expense of early intervention measures and social factors that determine health and wellbeing;
2. To be effective and equitable, the Role Delineation Framework will require significant improvements to existing transportation services and low cost accommodation options for patients and carers; and
3. The stated intention to expand the scope of community healthcare delivery comes at a time of Federal funding cuts and resource insecurities for community organisations.

This submission provides the rationale for the above concerns, and addresses the questions contained in the reform paper that are directly relevant to the community sector.

## Recommendations

1. The *One State, One Health System, Better Outcomes* reform process be expanded to fully incorporate early intervention and preventative aspects of health care and to take a social determinants of health approach.
2. That the Tasmanian Government enact the recommendations of the TasCOSS *Transport in the community: Integration and Innovation for Social Inclusion* project as part of implementation of the Role Delineation Framework.
3. That the Tasmanian Government, concomitant with shifts of health care provision from the hospital to the community, provide adequate funding for non-Government community sector health care organisations.
4. That adequate consumer consultation and representation be incorporated into both the reform process and the final healthcare model.

## Consultation Questions

*Q. Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live? (Executive Summary)*

TasCOSS supports change that improves outcomes for all Tasmanians regardless of where they live. We believe that system changes should improve the lives of people, not only regardless of where they live, but also regardless of what they earn, their employment status, and their education level. That is, the health system should be developed in accordance with principles of universal access. It should also be structured so as to correct health inequities. The Tasmanian health system needs to provide the most benefit to those with the most need, and address the links between poor health, poverty and disadvantage.

TasCOSS agrees that it is important to provide “agreed definitions for health care providers and planners” (OH<sup>1</sup> p8) during the reform process. This is a great opportunity to ensure that Tasmania defines ‘health’ in broad terms, and consistent with the World Health Organization’s established definition:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>2</sup>

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<sup>1</sup> *One Health* reform paper. This abbreviation is used throughout this submission.

<sup>2</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

TasCOSS supports changes that target the social determinants of health, and which are proven to have positive outcomes: food security, secure housing, employment, income, transport, supportive communities.

TasCOSS supports system changes that are based on robust evidence. For “holistic, evidence-based health services that deliver the best patient outcomes at an affordable cost” (OH p8) to be truly effective, for example, the evidence that shows the benefits of investment into preventative health measures, and the social determinants of health, must be given due consideration. This needs to occur simultaneously with investment into the delivery of acute care services.

Further evidence for the effectiveness of a preventative and social determining health approach can be found in *The Cost of Inaction on the Social Determinants of Health* report, which measures the numbers of people affected by health inequities and the affect on their wellbeing, ability to work, income earning capacity, reliance on income-support and use of health services. The report found that “Improving the health profile of Australians of working age in the most socio-economically disadvantaged groups ... would lead to major social and economic gains with savings to both the Government and to individuals”<sup>3</sup>. Another report, “The Economic Value of Prevention” (prepared by members of the Economics Prevention unit of the NHMRC Partnership Centre for Better Health) uses sophisticated cost-effectiveness analysis to demonstrate the high value of programs such as “walking programs to prevent suicide”, “minimal lifestyle intervention to prevent cardio-vascular disease” and “social support to promote physical activity”.<sup>4</sup> This report cites and reiterates the World Health Organization’s unequivocal message: “There will be more health and more health equitably distributed if countries take the trouble to invest in sectors that generate the primary conditions for health.”<sup>5</sup>

Changes to the health system that reflect this and the other positive effects of taking a broad-based health approach will be of the most benefit to Tasmania and Tasmanians.

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<sup>3</sup> Brown, L. et al (2012) p xi.

<sup>4</sup> ANPHA, (2013) p163.

<sup>5</sup> Ibid p173.

*Q. How would you find out about what travel support, information and services are available to you to get the right care, by the right person, the first time? (2. Better Outcomes)*

Recent research by the Council on the Ageing, Tasmania found that the most common type of information sought by the 556 survey respondents (aged over 60) was for home help, health, transport and social activities (Fig. 1). This demonstrates a great need in the community for easy to access health-related information.

Information Sought	Number respondents	%
Home help services	99	26.8%
Health	89	24.1%
Transport	45	12.2%
Social activities	34	9.2%

Fig.1. Information most commonly sought [Source COTATas<sup>6</sup>]

The same survey shows that older people sought information from a range of sources and frequently people use their local community groups and organisations (Fig 2).

Common Sources of Information	Number	%
Doctor/s	344	63.9%
Family and/or friends	328	61.0%
Websites	216	40.1%
Community groups	176	32.7%
Telephone helplines	47	8.7%
Community house	45	8.4%
Commonwealth Care Link	34	6.3%
My Aged Care	32	5.9%
TasCarepoint	12	2.2%

Fig. 2. Information Sources Used [Source COTATas<sup>7</sup>]

This supports TasCOSS members' observations that people in local communities come to neighbourhood houses and community organisations looking for information about a range of health and social services.

However, organisations also report that people are often unsure of the services available to them, especially in times of crisis. With the current trend toward client-directed care, where each person makes decisions about the type of health care, travel and support they need, this creates added difficulties. For example, TasCOSS recently concluded a DIER funded facilitation project, *Transport in the Community*:

<sup>6</sup> COTA Tas, (Due for release 2015) p27 (used with kind permission from COTA Tas).

<sup>7</sup> COTA Tas(Due for release 2015) p31 (used with kind permission from COTA Tas).

*Integration and Innovation for Social Inclusion.* This extensive state-side consultation and research project identified that a key transport barrier was lack of information about transport options.<sup>8</sup> That is, people did not know where to access information about transport options.

Therefore, if finding out about travel support, information and services is already a challenge for many people, particularly in times of stress, it will be vital that existing problems are acknowledged and addressed as part of the system reforms.

*Q. If you are already a user of these services, are they sufficient? (2. Better Outcomes)*

Increased reliance on patient transport under the proposed Role Delineation Framework will place strain on an already under-funded community transport scheme. TasCOSS agrees with the principle that “Tasmanians must be able to access services which are determined by the facility's ability to deliver consistently safe, high quality care, rather than on considerations of proximity” (OH 6). However, for this to be realised, community organisations that provide transport must be supported to maintain safe vehicles and a well-trained workforce to drive and care for clients. Some TasCOSS members report that the loss of one-off special purpose payments has meant that they are no longer able to access funds which were previously used to replace ageing vehicles. Compounding this, community transport trips are funded using an output model (rather than per distance) and organisations are finding it difficult to recoup sufficient costs to cover wear-and-tear, let alone replacement.

Community-based health services located in rural areas are currently facing a lack of basic services. One TasCOSS member organisation, which has no funded transport service, regularly hires a bus to transport people into the city for services such as podiatry, physiotherapy, breast screening and dentistry. This is done on an ad hoc basis, at times when they observe a “backlog” of preventative and early intervention needs in the community.

The *One State* reform process would be enhanced if the aim of “Strengthening partnerships between primary, private health and education providers” (OH p8) is expanded to include ‘community healthcare providers’ and ‘health consumer representatives’ also. Partnerships with community healthcare providers and consumers will provide a means to improve current transport and service insufficiencies.

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<sup>8</sup> TasCOSS (2014) *Transport* p10.

*Qs. If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided? If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access? (2.2 Improving the Quality of Care)*

Under the Role Delineation Model, it is possible that people will be travelling to hospitals and medical services that are located a considerable distance away from their homes. To ensure equity of access under the Role Delineation Model, poverty, transport, accommodation costs and access to reliable NBN are priority considerations.

The reform paper acknowledges that there will be a need to address transport issues. The aforementioned TasCOSS *Transport in the Community* project shows that there is already a significant proportion of the Tasmanian population who are transport-disadvantaged, for whom Role Delineation will be a particular barrier. It states:

The ability to get where you need to go consistently emerges in TasCOSS consultations as a key issue for transport-disadvantaged Tasmanians—people who cannot own or operate a vehicle due to age, disability, ill health, or financial constraints.

- As of 2010, 25.9% of Tasmanians in the lowest quintile of income could not easily get to the places they needed to go—up from 22.5% in 2006.
- For adults describing themselves as unemployed, this figure rose to 33.5%.
- For people with self-described health status of 'poor,' the figure was 39.6%.
- For Housing Tasmania renters, the figure was a staggering 41.6%, with 46.2% lacking access to a vehicle.<sup>9</sup>

These figures clearly demonstrate the link between poor transport options and poverty. Not only are there strong correlates between poverty and transport, but poverty and health outcomes also.

It is well established that areas of socio-economic disadvantage have correspondingly higher health risks, higher rates of preventable hospitalisations, higher rates of chronic disease and higher avoidable mortality rates – all evidence of health inequities relative to income. Frighteningly, "Health inequities are evident across many specific health outcomes in Tasmania with clear evidence of social gradients and disparities in health status".<sup>10</sup> So, those with the highest need for healthcare are also those who are most transport disadvantaged. These are the

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<sup>9</sup> TasCOSS (2014) *Transport* p7 [Source: ABS (2010), General Social Survey: Tasmania, 4159.0.55.003; Australian Bureau of Statistics (2007) General Social Survey, Tasmania, 2006 (cat. No. 4159.6.55.001).]

<sup>10</sup> DHHS 2013 *State of Public Health*, p4.

people who will be most affected by the movement of services into single institutions, if transport needs are not addressed.

With the need to travel comes an increased need for affordable accommodation. The Patient Travel Assistance Scheme would appear to be a logical solution to increased travel needs. However, PTAS would require significant expansion and increased funding in order to meet the needs associated with new intra-state travel and accommodation costs. Currently PTAS provides assistance with travel primarily for patients who require treatment interstate. Support for patients who are unable to afford transport or accommodation is sought by social workers, and often falls back to the community sector. TasCOSS strongly urges the Government to ensure that there are adequate low cost travel and accommodation options in the areas where services are to be newly located.

Under the proposed reforms, it is highly likely that Telehealth services will be called upon to play a greater supportive role for rural Tasmanians, as they eliminate some need for transport by providing locally-based digital medical services. Whilst Tasmania is gradually seeing the rollout of the NBN, which will be of invaluable assistance to Telehealth, TasCOSS would like to draw attention to recent Victorian research that raises issues of concern for Tasmania. Rowan Wilken and colleagues caution that:

For those choosing to live in rural areas, it was hoped that isolation due to lack of transport proximity might be mitigated by the connection of broadband technologies. But rural households remain more isolated than connected. Faced with even more inadequate transport connectivity than their regional cousins, they struggle to overcome a number of technical, environmental and other obstacles to access NBN Co provided services.<sup>11</sup>

These are therefore important elements to consider when deciding where a service is located and what types of supports need to be considered to ensure patients have equitable access.

*Q. How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced? (3. To Improve Outcomes; 3.1 We need a greater focus on primary and community care.)*

TasCOSS welcomes the reform paper's stated support for community-delivered healthcare. However, safe community care delivery is already at risk, as organisations that are currently delivering health-related services are operating

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<sup>11</sup> Wilken et al (2014) npg.



beyond capacity. This is partly because, as our members report, widespread funding cuts have created insecurities and a resource-stretched Tasmanian community sector. Health funding is currently allocated from a variety of sources (from Federal, State, and local governments), much of which have been recently abolished or has not been increased for a number of years. For example, the abolition of the National Partnership for Preventative Health will see the cessation of a range of community-based programs in Tasmania, with a loss of approximately \$2-3 million dollars annually to the state.<sup>12</sup> Rural Primary Health funding has not increased in line with CPI for the past 8 years. Special purpose payments that were regularly used by organisations to support community health programs are no longer available. There is little funding available to support the infrastructure and staffing requirements of non-government organisations that deliver HACC services, over and above program delivery.

Community healthcare organisations are observing an increase in the number of complex presentations. In particular, increases in the complexity and occurrence of mental health problems, and more difficult home and social situations. In the community sector many organisations rely on volunteers. There are reports by TasCOSS member organisations of volunteer drivers being charged with the care of a person who they feel would be better suited to more qualified assistance, and of instances where people are being taken home from hospital to find no food in the house and no supports in place.

The volunteer workforce does not always comprise trained healthcare workers, and community organisations are insufficiently funded to provide the level of training that is required. Therefore, it is vital that safety be addressed through sufficient and secure resourcing of community services that deliver these services.

*Q. How do we determine which services to focus on to expand the role of primary and community care? (3. To Improve Outcomes; 3.1 We need a greater focus on primary and community care.)*

TasCOSS would like to stress that the Government's vision "for Tasmania to have the healthiest population in Australia by 2025 and a world-class health care system where people get treatment and support when they need it" (OH 8) will only be achieved if the basic, social factors that are keeping people unhealthy are also addressed. That is, research and evidence demonstrates that people need access to safe and affordable housing, education, adequate secure income, employment or meaningful daily activities, social connections, and food security to achieve and maintain their health.

Similarly, the reform paper's stated aims of promoting wellness, limiting the long-term impacts of complex and chronic conditions, keeping people out of hospital and

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<sup>12</sup> Federal Budget Papers, Number 2, Part 3, 2013-14.

improving the quality of life of people (OH 20) can be achieved in part by clinical services. However, each of these worthwhile and important goals will only be attained and maintained if sufficient resources are simultaneously directed into health promoting, disease preventing and early intervention measures. The cessation of the National Partnership Agreement on Preventative Health means the loss of Federal investment in preventative health programs in Tasmania, and creates an even greater imperative for State resourcing of these measures.

The *One Health* paper admits that “[t]here have been increasing costs and investment in the acute care system, but there has not been equivalent investment in primary and community care” (OH p20). TasCOSS strongly urges the Government, when deciding which services to focus on to expand the role of community care, to consider what we and health policy experts know to be the most vital, cost effective and health giving aspects of the system: the preventative, health promotional and early interventional components that are delivered and accessed in the community.

*Q. What services do you currently receive in a hospital setting that you think could be safely delivered in your community? (3.2 The balance of care needs to shift from the hospital to the community.)*

TasCOSS would like to highlight the value and importance of providing healthcare in the community. The community sector has been actively providing a range of health-related services for many years through services such as community care organisations, women's health organisations, community mental health services, youth health services and chronic disease and other disease-specific organisations. The sector plays an invaluable role in improving and maintaining Tasmanians' health: “Many non-government organisations play a great role in shaping the health and wellbeing of individuals and communities. In particular, community sector organisations make a significant difference to the lives of disadvantaged Tasmanians, many of whom are at greater risk of poor health outcomes because of social inequalities.”<sup>13</sup>

In answering the question, “What services could be safely delivered in the community?” TasCOSS reiterates concerns already raised in this submission about the sector's ongoing capacity to provide quality, safe care in a climate of funding and staffing limitations, due to:

- A heavy reliance on a volunteer workforce,
- Limited funding options,
- Inadequate funding for community transport, including little scope for vehicle replacement,
- People being discharged from hospital to unsafe home environments,

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<sup>13</sup> DHHS (2012) *Health and Wellbeing* p6.

- The prevalence of transport disadvantage in rural areas, and
- An incomplete NBN rollout.

The social determinants of health (housing, education, employment and income) in Tasmania are currently acting as obstacles to good health. Addressing these goes hand-in-hand with increasing the amount of care delivered in the community.

The breadth of the health services being provided by the community sector mean that it is well-placed to continue this role. However, in light of the current difficulties facing the sector it is imperative that any shift in the balance of care toward the community must be adequately resourced.

*Q. How can we better help you understand the standard of care you are entitled to, and support your involvement in your healthcare decisions? (3.3 Redesigning our Clinical Services.)*

TasCOSS advocates for consumer involvement at all levels of healthcare policy planning and delivery. The One State, One Health System, Better Outcomes reform process is an ideal time to engage with health consumers.

Our consumer engagement position statement is clear:

Consumers are an often overlooked expert group. Carefully planned strategic consumer engagement anticipates changes to needs, issues, environmental influences and more. Partnership with consumers is essential to develop these key consumer relationships and to optimising planning, service delivery and review of activities. Strategic consumer engagement supports compliance with consumer engagement legislation, standards, good practice and upcoming service delivery changes.<sup>14</sup>

Best practice consumer engagement shows that decisions made in partnership with consumers and carers are more sustainable, transparent and results in better programs and services. Most importantly, better relationships, based on consumers and carers having more control and say, generates better health and wellbeing outcomes.<sup>15</sup> TasCOSS strongly urges the Government to incorporate an active consumer engagement strategy in the reform process, with the aim of ensuring genuine consumer involvement in the completed *One Health* model.

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<sup>14</sup> TasCOSS (2015) *Consumer Engagement Fact Sheet 2*

<sup>15</sup> TasCOSS (2015) *Consumer Engagement Fact Sheet 1*

### *Q. What public-private partnerships should we explore for the delivery of health services in Tasmania? (3.4 Strengthening our public-private partnerships)*

Maintaining the principles of universal health care and reducing health inequities must be the underpinning principles of public-private partnerships in health care. New partnerships between the public and private health sectors, which aim to share resources, must come with equity safeguards. People that cannot afford private health cover must still be able to access healthcare services, and similarly those with private cover should not be advantaged over those without. If not, health inequities will worsen, and the overall state of health in Tasmania worsen as a result.

## Concluding Remarks

Thank you for the opportunity to make a submission to this reform process.

As a member organisation of the Social Determinants of Health Advocacy Network we would also like to endorse their submission to this inquiry.

We look forward to ongoing participation in the reform process as it continues, and are happy to discuss further any of the points raised in this submission.

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