Caring for the country

A spotlight on the needs of
older people who live in
rural and remote NSW

January 2000

The NSW Committee on Ageing advises the Premier, through the Minister for Ageing, on matters affecting the needs, interests and well-being of older people in NSW. The 14 members of the Committee come from diverse backgrounds and have skills and interests in many different areas of public policy.

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Introduction

The NSW Committee on Ageing advises the Premier, through the Minister for Ageing, on matters affecting the needs, interests and well-being of older people in NSW. Its role includes advising the Government on the effect of social and demographic change on older people and providing independent advice to the Government in relation to policies affecting older people.

The Committee has been asked to report on issues affecting older people living in rural and remote areas, drawing on the consultations with older people and others that it has conducted recently in rural areas.[1]

This report

The aim of this report is to highlight the concerns of older people who live in rural and remote areas, and to bring those concerns to the attention of policy makers _ in particular those with responsibility for rural policy development and planning and those with responsibility for ageing policy and service development.

The report also outlines some of the key government initiatives that have alleviated, or are intended to alleviate, the problems identified.

In rural centres (large and small) and in other rural areas, the proportion of older people as a percentage of the total population is higher than in metropolitan areas or in remote areas (AIHW 1998).

In NSW, 27% of people aged 70 years and over live in rural and remote areas, spread over an area of approximately 800,000 square kms (ABS).

The proportion of older people (aged 60 plus) that live in rural, regional and remote areas, is increasing (National Rural Health Policy Forum 1999).

While the report focuses on the difficulties faced by older people who live in rural areas, it is important that the positives about rural living be acknowledged, maintained and enhanced. Living in rural areas, outside busy and crowded cities, can offer many lifestyle and health benefits and many rural communities have a

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1 A summary of the issues raised at the Committee's rural consultations held between 1993 and August 1999 is at Appendix A. Consultations were held in Kempsey, Bega, Cobar, Dubbo, Wagga Wagga, Griffith, Moruya and Bateman's Bay.

strong history of cooperative effort and mutual supportiveness. The inherent social capital that exists in country areas is most evident in times of crisis.

Diversity of needs and solutions

Although some issues are consistently raised by people across non-metropolitan NSW, it should be emphasised that the needs and problems facing older people (and probably the solutions) vary greatly from place to place and it is impossible to generalise across the whole of 'rural and remote NSW'. [2]

For example, the needs of older people in an Aboriginal community in a remote area in northern NSW may be quite different from those of older Anglo-Australians in a small town on the south coast suffering the effects of loss of the major employer in town. Even areas with similar demographics may have different needs.

Economic, demographic and social change

Many rural communities are being hit hard by economic and social change. The impact of industry restructuring and globalisation on rural economies, especially in inland areas, is profound. The incidence of socio-economic disadvantage is more widespread in metropolitan areas than in non-metropolitan areas.

Older people, while they may not be directly affected by loss of employment, are nonetheless affected by the economic and social changes taking place in rural areas.

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[2] The terms *regional, rural* and *remote* are often used rather loosely and interchangeably. Sometimes rural means everywhere outside Sydney, Newcastle, and Wollongong, at other times it has a more specific meaning. A commonly used official classification (RRMA) is:

- metropolitan = capital cities and towns with populations above 100,000
- rural (including regional) centres = towns with populations between 10,000 and 100,000
- other rural areas = rural areas with populations less than 10,000
- remote centres = remote towns with populations of 5,000 or more
- other remote areas = remote areas with populations of less than 5,000

(National Rural Health Policy Forum, 1999, Healthy horizons: a framework for improving the health of rural, regional and remote Australians)

Another indicator is the Accessibility/Remoteness Index which is based not on population size but on the distance people have to travel by road to centres where services are available (Dept of Health and Aged Care, 1999, Accessibility/Remoteness Index of Australia, ARIA)

A growing proportion of the NSW older population lives in rural and remote areas. Across most rural and remote areas, older people are increasing as a proportion of the local population. This is largely because younger people have been moving away from small centres and inland rural areas towards metropolitan centres, some of the larger centres and the coast. There has also been migration of older people to coastal areas.

The migration of younger family members to metropolitan areas and the closure or relocation of services (private business and public sector) as the local infrastructure declines, has an obvious impact on older people.

There is a particularly high concentration of older people in many of the rural areas in economic decline.

The relocation or closure of services means that accessing those services becomes more difficult or even impossible. At the same time, the departure of younger family members leaves older people more vulnerable in relation to transport and therefore more dependent on formal community care services, (including community transport services) than they might otherwise be.

It is also reported that in areas of high unemployment, younger family members may become more dependent on older relatives for financial support. For rural older home owners, the collapse of rural property prices means that the option of moving to a better serviced area may not be a real one.

The numbers of people from particular ethnic backgrounds in any one area is usually not large enough to generate and sustain social and cultural institutions nor to justify ethnic-specific services. Proportionately, fewer older people of non-English speaking backgrounds live in rural areas than in metropolitan areas.

The concerns of older people

Older people tend to nominate access to health services and access to and the cost of transport as the issues of greatest concern to them, and the ones which have the greatest impact on their quality of life. Access to community care and to residential aged care are also major issues for frail older people.

Commonly raised concerns in relation to ***health services*** include:

- the cost of seeing a doctor (eg. no or few bulk-billing specialists, in many areas no or few bulk-billing GPs either and specialists who demand full payment upfront, sometimes as much as $300 - $700; dermatologists and ophthalmologists are reported as being the least likely to bulk bill);
- lack of easy access to a GP and/or long waits for appointments;
- the cost and difficulty of travel to see a specialist and restrictions on the IPTAAS scheme;
- lack of access to allied health services that help in the management of chronic conditions;
- difficulties faced by people who need regular outpatient treatment, eg. chemotherapy/radiotherapy or dialysis;
- the closure or downgrading of smaller hospitals and/or relocation to regional centres resulting in extra cost and travelling difficulties for older people, and meaning that family members may be unable to visit and support an older person in hospital;

- lack of access to public dental services (denture and dental treatment); extremely long waiting times for other than basic emergency care; the prohibitive cost of private dentistry for many, if not most, older people.

Commonly raised issues in relation to ***transport*** include:

- no or poor public transport;
- the timetabling of public transport services, where they exist, is often not flexible enough or does not suit older people's needs (it is often geared towards school runs); for older people, travelling on the school bus may be no fun or not possible due to lack of seats; school services also do not operate for 12 weeks a year and do not offer concession fares;
- visits to regional centres for appointments often cannot be done without an overnight stay;
- the rail network is largely focused on travel to and from Sydney;
- community transport is limited in geographical coverage and only available to people who are frail or have a disability; others who simply do not have access to a car or who are temporarily ill or on medication that prevents them from driving, do not qualify;
- the condition of country roads discourages older people from driving; the cost of maintaining a car;
- concerns about the cost and inefficiency of subsidising poorly patronised private bus services;
- older people who do not drive, who lose their licence or who lose their driving partner, face major life changes; the ability to drive is important in maintaining rural older people's self sufficiency and social integration;
- lack of access to transport concessions (or an equivalent payment) especially compared to that of older people living in areas served by government-owned public transport.

It should be noted that many of these health issues and transport issues are merely different ways of describing the same problem.

Displaced demand for inappropriate services may be created because of lack of access to transport.

Many of the concerns raised above regarding access to services are also not wholly new, but have become more acute in recent years because the distances to relocated/centralised services are greater and/or rural older people may have fewer family members living close by able to assist them with transport to services.

In relation to ***residential and community care***:

- the lack of local access to residential aged care in rural and remote areas (as opposed to in the large rural centres), which results in people having to move long distances away from their networks to a nursing home place in another town or area; a decline in the numbers of beds in smaller hospitals which have frequently been occupied by 'nursing home patients';
- inadequate discharge planning for post acute care;

Some facts about rural health

The level of expenditure per hospital bed declines sharply with increasing rurality, for both public and private hospitals (AIHW 1998).

The number of nursing home beds (per 1000 population over 70) in rural areas outside the centres, is much less than the average (AIHW 1998).

The health status of people (all ages) living in rural and remote areas is poorer than for urban people, with higher mortality rates, higher rates of hospitalistion and reduced use of some services (AIHW 1998).

Older people in rural areas experience significantly more illnesses (eg hypertension and psychiatric disorders) than do urban older people (National Rural Conference on Ageing 1995).

Older people living in rural area also show higher levels of skin cancers, poorer health practices, higher levels of alcohol and tobacco consumption, higher stress levels and poorer nutrition (National Rural Conference on Ageing 1995).

People over 45 living in rural, regional and remote areas are more likely to have had all their teeth removed than other Australians. They also have more teeth missing due to extractions (National Rural Health Policy Forum 1999).

Mortality from asthma, bronchitis and burns affects older people in rural and remote areas disproportionately (burns especially in older Aboriginal people) (AIHW 1998).

Women living in remote areas have twice the death rate from falls compared to their metropolitan counterparts (AIHW 1998).

- lack of familial support from younger family members means more demand for formal community services and pressure on fitter older people, especially older women, to provide informal care as either spouses or volunteers.

Other related issues commonly nominated by older people include:

- the loss of local infrastructure and the centralisation of services (public and private) to larger centres – such as banks, retail shops, health services, post offices, utilities offices and government offices; the result is a transfer of costs to the individual and in some cases, to local community care service

providers; unrealistic expectations by banks that older people will transfer to electronic banking;
- financial worries and concern about the high cost of living – that is, the cost of food, other day to day living expenses and transport (all exacerbated by concerns about the future impact of the GST);
- relatively few local businesses offer Seniors Card discounts;
- access to information, for example, about government entitlements;
- social isolation; lack of appropriate facilities for socialising;
- fears about personal security and safety.

Some issues specific to certain groups of older people include concerns about lack of security of tenure of mobile home and caravan park residents.

Issues raised by service providers and others

Issues raised by service providers and others in relation to ***aged and community care*** and ***community transport*** include:

- poor integration and coordination between Home and Community Care services (and between HACC and other community care services such as Community Aged Care Packages) resulting in inefficiencies, unnecessary multiple assessments, missed referrals, cost shifting etc;
- demand for community care services continues to exceed supply;
- need for greater flexibility in HACC service provision, for example, in the mix of services that can be provided; difficulty in providing care to older people living in caravan and mobile home parks;
- community transport services' resources are being enormously stretched by health-related transport demands (exacerbated by difficulties in persuading doctors' receptionists to schedule several older people's appointments on one day); decline in passenger transport services provided by area health services;
- difficulty in expecting volunteer drivers to do very long days driving people to and from regional centres for medical appointments, particularly if they are not fully reimbursed for the expenses they incur;
- volunteers (for example, with meals on wheels services) are sometimes reluctant to change as the needs of the service and consumers change; volunteers are also increasingly scarce; funding for volunteer coordination and support is lacking or inadequate;
- the need for more clustering and other innovative residential care service options for Aboriginal people and people of non-English speaking backgrounds.

In relation to ***planning of services***:

- planning of services in a region is often not sensitive enough to the varying needs within a region and assumptions may be made about accessibility that are not valid;
- government departments may assert that a region has access to a service, but in reality it may be limited to parts of the region, for example, access to HACC services by people living outside rural villages may be limited or non-existent (Home Care is generally an exception);
- failure to factor in adequately the extra unit costs associated with delivering services in rural areas;
- lack of consultation with the community when rationalisation of services is being considered.

In relation to ***health services****:*

- difficulty in attracting and retaining certain professionals; in particular, GPs, nurses, pharmacists and other professionals; lack of access to female GPs; difficulty in ensuring human services staff in rural and remote areas have access to ongoing training;
- difficulties instigating prevention/health promotion programs in rural and remote areas and in establishing comprehensive rehabilitation services, for example, for people who have suffered a stroke;
- continuing major health inequities suffered by Aboriginal people; hospitals not user-friendly for Aboriginal people; need for more Aboriginal planned and run services.

Issues raised in relation to ***information and access to government services*** include:

- low literacy skills are a significant barrier to accessing government services (more so if access is largely telephone based);
- some groups of older people (eg. Aboriginal older people) are much less likely than the Australian average to have a telephone at home, making access to services more difficult;
- cost inequities in access to the 'information superhighway' will increasingly disadvantage rural older people, if not addressed;
- reluctance among Aboriginal older people to use mainstream services that do not employ Aboriginal workers.

Positive initiatives

The NSW Government has recognised the seriousness of the issues facing the people of rural NSW and has put in place a number of initiatives designed to build stronger rural communities and to deliver better services in rural areas.[3]

The Committee encourages the NSW Government, through the Department of State and Regional Development and through the Premier's Department, to place a specific emphasis on business development in rural and regional NSW. Revitalising of the rural economy, if successful, will benefit older and younger people alike.

A number of important initiatives under the Healthy Ageing Framework 1998-2003 have a particular focus on older people who live in rural and remote NSW. Extracts from the 1999/2000 Healthy Ageing Framework Action Plan are at Appendix B.

Among the principles of the Framework is that:

"The diverse needs of older people including differences in...geographical location...will be taken into account in programs, policies and services."

Most other Actions in the Framework are intended to be state-wide. However, the extent to which they have been implemented in rural and remote areas or the extent of their reach to older people in rural and remote areas, has not yet been assessed.

As the Committee has noted elsewhere, it has some concerns about the effectiveness of mechanisms in place to ensure the implementation of the Framework Actions and recommends evaluation of the Framework Actions of certain departments.

The Joint Planning Process currently underway involving the NSW Departments of Ageing and Disability, Community Services, Aboriginal Affairs and Health and the Commonwealth Departments of Health and Aged Care and Family and Community Services, and the ADD Regional Planning Framework, should enable better identification of the needs and perspective's of older people living in rural and remote areas (down to LGA level), more coordinated planning of services and more strategic allocation of funds. The Regional Planning Officers in ADD's four rural regions are currently conducting consultations that will inform the development of three year Regional Plans. Input from the newly established Regional Advisory Committees should also assist.

Other significant initiatives include:

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[3] Premier's Department, Office of Regional Communities, 1999, Working together for stronger rural communities: A statement of commitment to Rural Social Justice by the NSW Government.

- expansion of the number of multipurpose services utilising funds from NSW and Commonwealth Governments; the Ministerial Advisory Committee on Health Services for Smaller Towns[4] has recently undertaken a series of consultations in small rural communities and will report to the Minister for Health on options for delivering health and aged care services in small rural communities (the 'Sinclair Review');

- the Support for Older People in Small Towns Project commissioned by the Regional Communities Consultative Council, which aims to identify the positive characteristics of community service delivery systems which support older people to remain in their homes within small rural communities;[5]

- NSW Health funding for community transport services for health related transport of which 60% has been allocated to rural areas;

- the Transport Demonstration Projects, which have developed some models of service suitable for small regional communities;

- the establishment of Government Access Centres providing one stop shop access;

- various State and Commonwealth strategies designed to attract and retain the rural health workforce;

- the Experienced Hands Project, currently being piloted in the Central Coast and Central West;

- continued efforts by Seniors Card to recruit businesses in regional areas.

Conclusion

Most rural and remote areas of NSW already have disproportionately large older populations and it is likely that this trend will continue. This report provides an overview of some of the key issues of concern to older people who live in rural and remote areas.

The ageing of the rural population and the economic decline and loss of infrastructure being suffered in many rural areas means that demand for community care services is likely to grow still further in rural areas. Home and Community Care services in rural areas will need to be expanded if the needs of older people in rural and remote areas are to be met. There is also a need for greater flexibility and responsiveness to local needs.

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4 Advisory committee to the NSW Minister for Health.

5 The localities chosen for detailed examination are Narrabri, Ivanhoe and Eden

Access to transport in all its forms will continue to be a critical issue for older rural residents as it has a major impact on their ability to participate in community life and to access essential services. Transport to health services is a particular problem of great concern to older people living in rural areas. It is an issue of travelling time and difficulty and a matter of cost.

A range of difficulties accessing health services are reported and as the population in rural areas ages, these problems are likely to become more acute, unless addressed.

There is also a need to consider the specific needs of Aboriginal older people and older people of non-English speaking backgrounds who live in rural and remote areas.

In summary, the Committee on Ageing believes that there is a need for policy makers across government _ especially those with responsibility for regional policy and planning and those with responsibility for ageing, health and transport policy and planning _ to focus greater attention on the ageing of rural and remote NSW and on the needs and concerns of older people in rural and remote areas.

The Committee itself is undertaking a project to identify and explore:

- the dependence of rural older people on transport by private car,
- the impact on older people in rural and remote areas of loss of ability to drive or loss of access to private car transport,
- the factors which encourage or discourage older people from continuing to drive and/or having access to transport by private car, and

possible strategies that could be developed to maintain and improve older people's access to transport by private car.

Appendix A: Summary of the concerns raised in COA consultations held in rural areas, since 1993

Where and when raised[1]	Aged and community care	Aboriginal issues	Transport	Health	Economic and other
Far South Coast - Batemans Bay and Moruya (Aboriginal) 1993	Considerable unmet demand for HACC services, lack of respite beds; need for better post acute care/discharge planning.	HACC services not geared towards Aboriginal people; need for appropriate residential care; health problems caused (in part) by poor diet.	Community transport unable to meet demand; need for improved bus services; transport concessions virtually useless; need for health related transport.	Access to specialist medical services; need for pro-active health promotion for older people; no GP in some areas (eg Tuross Heads); need for better post acute care/discharge planning.	Government departments should have 1800 numbers, so rural people can access. Isolation problems; need for a community centre in Batemans Bay.
MIA (Griffith) 1993	Increased demand for home care; cut backs in services to people with "lesser" needs; Inadequate dementia services, ie residential and community based care, and carer support; inadequate post acute care especially in isolated areas. Needs of people with a disability who are ageing.	Reluctance of Aboriginal people to use mainstream services (eg residential and community care); lack of access to telephones.	Limitations of IPTAAS (eg. will not cover cost of getting to medical specialists in Wagga); very limited transport services (no rail, stretched community transport); lack of access to transport concessions.	Long waits for public dental services; no psycho-geriatrician; inadequate post-acute care especially in isolated areas.	High unemployment means family members often financially dependent on older relatives. Limited usefulness of Seniors Card. Social support needed for older people of NESB.

1 Many of the consultations focussed on specific issues, for example, the 1997 consultation in Dubbo focussed on aged and community care.

Where and when raised[1]	Aged and community care	Aboriginal issues	Transport	Health	Economic and other
Dubbo 1997	Cost of respite care in residential care, inadequate aged care assessment; insufficient res care beds in local area; dementia specific care needed; pressure on community care especially community nursing, lack of coordination between state and federally funded community care, shortage of volunteers for meals on wheels, cost of HACC services for pensioners on low incomes.	Public housing inappropriate for Aboriginal elders; hospitals not user-friendly for Aboriginal people.	No community transport on weekends, lack of transport in outlying areas.	Poor access to allied health services, day care over-stretched, limited access to specialists; poor discharge planning and too early discharge;	
Cobar 1998	Access to residential care; low real estate values in rural areas creating difficulties in financing quality care.	Alternatives to community transport, such as funding taxi operators, should be considered in small towns where community transport is not viable.	Lack of transport, eg to hospital; inequity in access to concessions; concessions guidelines should be reviewed		Further encouragement of local businesses to offer Seniors Card discounts needed. Funding for a volunteer coordinator required, plus greater encourage-ment of younger people to volunteer. Gov't services should co-locate and offer access through a local one stop shop.

Where and when raised[1]	Aged and community care	Aboriginal issues	Transport	Health	Economic and other
Bega 1998	Need for clustering or other innovative residential care services for older people of NESB in local area; need for more flexibility in type and mix of services that can be provided; more support for volunteers needed.	The 60 years age criterion for the Seniors Card disqual-ifies most older Aboriginal people; Gov't should consider a reduction to 45 for Aboriginal people: need for clustering or other innovative residential care services for older people of NESB and Aboriginal people in local area.	Need for a range of coordinated transport strategies to improve public and community transport access and affordability, within the local area and to Sydney, Canberra and Victoria; also culturally appropriate transport services for Aboriginal people.	Need for a range of specialist, GP (bulk billing) dental, podiatry and other ancillary services (perhaps a nurse practitioner) ; need for more pro-active health promotion.	Economic downturn in region, increase in unemployment, local businesses and services declining, family networks diminish as younger family members move away; families often financially dependent on older relatives; constraints imposed by living on pension only. Inappropriateness of including far south coast in planning areas centred on Goulburn, Queanbeyan or Wollon-gong; lack of consultation with the community when changes (eg. rationalisation of services) are being considered. Need for a local easily accessible information centre/service.
Kempsey 1999		Severe difficulties with transport; lower car ownership; community transport needs to extend. Lack of cultural awareness at Kempsey Hospital; poor discharge planning. Need for Aboriginal-run	Limited local public transport often not suited to older people's needs; no modified taxi service; community transport only on weekdays; inequity in access to transport concessions	Rationalisation of services at Kempsey Base Hospital; cost and difficulty of travel to health services only available in Port Macquarie, Coffs, Newcastle or Sydney; lack of family support when	Pedestrian safety. Safety at night.

Where and when raised[1]	Aged and community care	Aboriginal issues	Transport	Health	Economic and other
		multipurpose community care services. Macksville/Nambucca brokerage service lacks sufficient transport.		in hospital elsewhere. Up to four year wait for public dental care (other than basic emergency care).	

Appendix B : Extracts from the 1999/2000 Healthy Ageing Framework Action Plan[2]

3. MAKING YOUR OWN DECISIONS

Objective 3: Provision of information about services and rights so that older people can take action and make decisions in these areas.

Strategy 3.1: Work with service providers to assist them to provide appropriate information for service users and potential users of their services.

Action	Agency	By	Performance Indicators
3.1.3 Clarify the training needs of those that work with older people within the Aboriginal and Torres Strait Islander population, particularly in rural areas, and customise existing training to meet these requirements.	**DET**	Ongoing	1. Training needs are identified and customised training programs are developed.

[2] **Bolded actions appear in the NSW Healthy Ageing Framework;** *Italics are new 1999/2000.*

Strategy 3.2 Improve information and assistance services so that older people can use services and can exercise their rights.

Action	Agency	By	Performance Indicators
3.2.4 Review community awareness and use of the Seniors Information Service (SIS) as a reliable source of information for older people, and if necessary, make changes to improve use of SIS, especially by older Aboriginal and Torres Strait Islander people, older people from a non-English speaking background and older people living in rural and remote areas.	**ADD**	Ongoing	1. Increased usage of SIS by older people in rural and remote areas, older people from non-English speaking backgrounds and Aboriginal and Torres Strait Islander backgrounds. 2. Improved referral of older people from each of these target groups to appropriate services.
3.2.10 *Undertake a statewide information campaign on enduring guardianship.*	**OPG**	 Sept 1999 Feb 2000 June 2000	1. Increased awareness of enduring guardianship. 2. 16 free seminars in rural areas. (Stage 1) 3. Information booklet on enduring guardianship produced. 4. 8 seminars in metropolitan area. (Stage 2) 5. Number of inquiries received by OPG regarding enduring guardianship and number of forms sent.

5. HEALTH, ACCOMMODATION, CARE AND SUPPORT

Objective 5: The promotion of independence, well being and health for older people through an integrated system of health, accommodation, care and support.

Strategy 5.1: Improve older people's access to and participation in health initiatives that promote, protect and maintain their health and well-being.

Action	Agency	By	Performance Indicators

5.1.1 Conduct a pilot program to improve the coordination and continuity of care for older women living in rural and remote areas.	**NSW Health** **ADD** **DOH** **DLG**	Dec 1999 Dec 1999	1. Identify funding source. 2. Allocate funding and monitor progress of projects under the pilot program.

Strategy 5.2: Explore opportunities to shift the balance of care from residential to community care with a wider range of health, housing, care and support options tailored to meet peoples' needs.

Action	Agency	By	Performance Indicators
5.2.2 Extension of the Multi-Purpose Services (MPS) Program.	**NSW Health**	December 1999	1. Integrated flexible models of service delivery in rural and remote areas developed. 2. MPS numbers increased. 3. Improved access for rural residents to residential aged care services.
5.2.3 Develop a scoping paper on health services in rural and remote areas.	**NSW Health**	January 2000	1. Paper completed and distributed. 2. Consultations undertaken. 3. Strategies clearly identified.
5.2.7 *Fund a Homeshare pilot project in metropolitan Sydney.*	**ADD**	1999/2000	1. Project to be evaluated, to include an assessment of: • the expansion of the Homeshare program to other aged care providers; • the expansion of the Homeshare program to rural and/or regional NSW; and • an appropriate fee level structure for the program.

Strategy 5.3: Coordinate health, accommodation, care and support services for both frail and well older people across different parts of the health, residential and community services system.

Action	Agency	By	Performance Indicators

5.3.2 Use the findings of the post-acute care study to influence policy decisions on the delivery of post-acute care services to older people.	**ADD** **NSW Health**	1999	1. Post-Acute Policy Framework completed. 2. Hospital in the Home evaluations completed in Central Sydney Area Health Service and in rural areas.
5.3.4 *Explore innovative models of service delivery, including hospital in the home.*	**NSW Health**	Ongoing	1. Evaluation completed for the 1998/99 Hospital in the Home pilot in rural NSW. 2. Guidelines for the provision of Hospital in the Home developed.

Strategy 5.4: Support the role of carers and the informal support networks so vital to the maintenance of older people in the community.

Action	Agency	By	Performance Indicators
5.4.1 **Improve the care of people with dementia in rural hospitals through the NSW Dementia Action Plan.**	**NSW Health**	Dec 1999 1999/00	1. Completion of a best practice model for hospital care of people with dementia. 2. Provision of training of hospital staff in dementia care.

Strategy 5.5: Continue to ensure best practice in service delivery in the areas of health, accommodation, care and support.

Action	Agency	By	Performance Indicators
5.5.6 **Finalise inter-agency protocols at regional levels to improve prevention, identification and management of situations of abuse of older people living in their homes and undertake community awareness activities about abuse.**	**ADD**	Dec 1999 **Dec 1999** January 2000 Dec 1999	1. Completion of the evaluation of the training delivered to services on dealing with abuse of older people in their homes and of the effectiveness of local inter-agency protocols developed as part of the training. 2. Abuse incorporated as item on ACAT Minimum Data Set. 3. Wide distribution of materials and resources developed on abuse. 4. Develop an NESB community awareness campaign.

Appendix C: Edited comments from NSW Health on the Committee on Ageing's report – Caring for the country: A spotlight on the needs of older people who live in rural and remote NSW

December 1999

Health Services

- NSW Health is currently reviewing the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). The review is addressing issues around the eligibility criteria and subsidies.

- NSW Health is aware of the difficulties in accessing allied health services. In rural and remote areas the recruitment and retention of health professionals remains an ongoing challenge. NSW Health has initiatives in place addressing this issue and is also working with the Commonwealth Department of Health and Aged Care to develop initiatives to address this issue.

- The NSW Government has not closed a public hospital since coming to office. NSW Health has for some years encouraged local health services to adapt service provision models to meet the needs of the local community – for example, in suitable communities multipurpose services have been established. This initiative has proven to be successful, allowing small rural communities to retain their health facility and gaining access to residential aged care services.

- In May 1999 the Minister for Health established the NSW Ministerial Advisory Committee on Health Services in Smaller Towns. The purpose of the Committee was to provide advice to the Minister regarding communities that would benefit from an integrated service delivery model and to identify barriers to providing services in rural communities taking account of current service and future population needs. The Committee has identified communities that would benefit from a multipurpose service or similar models. The findings of the NSW Ministerial Advisory Committee on Health Services in Smaller Towns are consistent with the concerns raised by the Committee on Ageing.

- In 1997 the Federal Government abolished the Commonwealth Dental Health Program (CDHP). The cumulative effect of this loss in NSW is estimated to rise to $134M by 30 June 2000. The cessation of the CDHP has particularly affected rural NSW, caused hardship for the elderly, the unemployed and other vulnerable groups in the community.

  The NSW Government provides over $70M per annum to Area Health Services to support the provision of free oral health care assessments to primary school children and clinical care to children and adults most at risk of oral disease. This Government has always maintained responsibility for the provision of denture services to eligible persons and has provided enhancement funding in this area since 1995/96 of $1M increasing to $2M per annum in 1997/98.

  The Oral Health Branch, NSW Health, is developing a number of initiatives including uniform statewide waiting time management protocols to ensure those in greatest need receive priority access to oral health care.

Determination of the fees for the provision of services in the private sector represents an individual contract between a patient and the service provider and is governed by competitive market forces.

Transport

- The majority of the concerns raised fall under the jurisdiction of the Department of Transport. However, NSW Health would like to provide the following comments regarding initiatives established to address these issues.

  The Health Related Transport Program provides $800,000pa to enhance community transport services to people who need to access health services. Sixty percent of this funding is allocated to meet health related transport needs in rural and remote communities. Access to transport through this program is based on need – not frailty or disability.

  In October 1999, NSW Health released a *Framework for the Development of Local Health Related Transport Guidelines* to encourage Area Health Services to liaise and develop partnerships with their local transport providers to meet the health transport needs of their communities. This Framework addresses several of the concerns raised in the Committee's report, including arranging appointment times so the person is not required to stay overnight.

  NSW Health meets regularly with the Department of Transport and the Ageing and Disability Department to discuss how to create a more integrated and coordinated transport system that meets the needs of the community, including the specific needs of older persons. These discussions are also informing the HACC Transport Policy Review currently under way.

Residential and community care

- NSW Health is working together with the Commonwealth to establish appropriate residential and community aged care services in rural and remote NSW.

- NSW Health, in collaboration with Area Heath Services, has undertaken a series of benchmarking projects in specific areas designed to improve the quality of service provided to the community. One such project has resulted in the development of the Better Practice Guidelines for Patient Management which addresses issues including discharge planning.

- NSW Health has established the Effective Partnerships in Care Benchmarking Project. This project aims to examine the processes involved in the transfer of patient care between different health services including hospital to the community and vice versa. An important component of this is discharge planning. This project will assist health services to achieve all six dimensions in the NSW Health Quality Framework. Through risk assessment, effective referral processes, team work, consumer consultation and efficient discharge planning individuals are given access to the health services they need ensuring safe, effective, appropriate and efficient health service delivery.

- The NSW Government is committed to ensuring that the needs of carers are understood and supported. Caring is a demanding job that takes time and energy and while it can be very rewarding, being a carer can also have both short and long term costs. For the first time in NSW, the Government is developing a comprehensive Strategy for supporting carers. Its aim is to improve carers' quality of life. It will develop new supports for carers, improve existing supports, and enhance the broader community's support for carers.

Other Related Issues

- NSW Health is working closely with other relevant government agencies to identify and in some cases is already implementing initiatives to address these issues – for example, the Government Access Centres Program established by the Premier's Department and the Common Assessment Tool for the HACC Program.

Planning of Services

- NSW Health, the Ageing and Disability Department, the Commonwealth Department of Health and Aged Care and the Commonwealth Department of Family and Community Services have agreed to work together to improve service provision, both residential and community based, to older people and people with disabilities. To this end a Memorandum of Understanding has been developed. This will enable effective service provision planning to occur through the development of a statistically rigorous data model known as Population Group Planning (PGP).

- In its allocation of resources, NSW Health attempts to quantify characteristics of the population that reflect their health needs and impact on the utilisation of health services. The Resource Distribution Formula (RDF) incorporates age/sex adjustments and a Health Need Index, to reflect the impact of age, sex, mortality, socio-economic and geographic factors on the use of health services.

  The RDF is used to guide the construction of budgets for Areas, but does not determine the actual budget. The amount of recurrent funding provided to an Area is determined by a range of factors such as its RDF target share of funding, any funding requirements of capital works as they come into operation and funding available in the State Budget.

  There are a number of factors specifically related to rurality in the RDF:

1. **Health Need Index (NSW base =100).** A significant component of the calculation of the Health Need Index is the degree of rurality of population centres as measured by distance from major health facilities, land use and the mix of farming/non farming employment. The other components in the Health Need Index are premature mortality and socio-economic status (which are also correlated with higher need in rural areas). The rurality factor is included to ensure the higher need in rural and remote areas is accounted for in funding. Higher need in rural areas is due to poorer health status (part of which is caused by lower levels of access to health facilities) particularly in relation to the aboriginal population. The most recent revision of the Index includes Aboriginality which would further increase the index score for rural Areas.

2. **Additional Weighting for ATSI People:** The ATSI population in each Area is weighted by 2.5 to give priority for health gain for this population over groups with average health status. This loading has greater impact on rural Areas as they have higher ATSI proportions of the total Area population.

3. **"Dispersion" Cost Index.** Another index is included in the RDF, based on the Commonwealth Grants Commission Dispersion Index, that reflects the additional costs to rural Areas of providing services to dispersed communities (ie. rural and remote populations). These additional costs include transferring staff and compensating staff for working in remote locations, telecommunications, freight and travel (both local and intra/interstate).

4. **IPTAAS:** Funding provided to rural Areas for the Isolated Patients Travel Assistance Scheme (IPTAAS) is separately identified in the RDF which ensures it is only allocated to those Areas in need of this funding.

5. **Ambulance:** The value of the service contracts between Areas and the NSW Ambulance Service for inter-hospital transfers (the costs of which are proportionally greater in rural areas due to greater distances) are separately allocated in the RDF to ensure Areas are reimbursed appropriately.

6. **Nursing Home Type Patients:** An allowance for the higher proportion of Nursing Home Type Patients in rural hospitals is included. The proportion of NHTPs are higher in rural hospitals due to lack of alternative residential care.

   Overall the specific rural factors provide additional allowances equivalent to $96m, or $65 per capita.

   Rural Areas also receive additional funding related to other general factors, including for the age structure, other needs factors and the use of private hospitals. For these factors rural Areas get additional allowances equivalent to $134m, or $91per capita.

- Area Health Services have a range of structures and mechanisms for the community to be involved in local health decision making, for example, consultations on specific issues and advisory groups for specific services. Since 1997, 60 Health Councils have been established in rural NSW to assist health services in identifying local health needs and to provide advice on priorities for health service planning, development and quality improvement. An evaluation is currently being completed of the establishment and initial operation of Health Councils.

Health Services – other issues

- NSW Health has an extensive range of aged care and rehabilitation services provided on a local or regional basis within all rural Area Health Services.

- In 1999, NSW Health released *Ensuring Progress in Aboriginal Health – A Policy for the NSW Health System.* This Policy outlines for the first time NSW Health's position with respect to all aspects of improving the health and well-being of Aboriginal people. The key principles underpinning the Policy and its implementation are:

- A whole of life view of health
- The practical exercise of self determination
- Partnership
- Cultural understanding, and
- A recognition of trauma and loss.

The goals of the *Policy* focus on improving the capacity of the NSW health system and the Aboriginal community to deliver more effective services to Aboriginal people and accountability for outcomes and resources.

The Policy will be implemented, monitored and evaluated through the *NSW Aboriginal Health Strategic Plan*, also released in 1999, which aims to ensure coordinated action between the Commonwealth, the NSW Government and the Aboriginal community controlled health sector, and Area (Regional) Aboriginal Health Plans.

The NSW Aboriginal Health Strategic Plan was developed in collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth Department of Health and Aged Care and the Aboriginal & Torres Strait Islander Commission. The Plan sets priorities and directions for the next 3 years. Key priorities of the Plan are:

- Improving access to health services
- Addressing identified health issues
- Improving social and emotional well-being
- Increasing the effectiveness of health promotion
- Creating an environment supportive of good health.

Information and access to government services

- NSW Health has a number of initiatives designed to improve access to information and health services, including the NSW Health Web Site, Area Health Service Web Sites etc. NSW Health is also working with other government agencies on this issue.