



For a healthy, educated and connected community.

Connecting Care Chronic Health Action Group Response to Our Healthcare Future (Immediate Actions and Consultation Paper)

Introduction

The opportunity Our Health Care Future presents to redirect some acute-based services to a trusted local environment through community-based health and social care practitioners is welcome.

Government is well aware and acknowledges that each local community has different needs and perspectives and that no one size fits all. However, grass roots municipal level action to drive change locally within the community must be matched by changes in health services. While we acknowledge the strength and capacity of local areas to facilitate access to health services locally, each area's ability, capacity and delivery methods will vary.

The primary purpose of our response is to draw the Tasmanian Government's attention to the importance of consulting directly with local rural and regional communities about the second stage of its plan for long-term health reform, particularly about community care.

Central Coast municipality now has an appropriate mechanism in place to enable two way interaction between government (federal, state and local), organisations invested in local community wellbeing, and local communities – a community wellbeing governance model. This will enable the Central Coast community, through its Central Connect Leadership Roundtable, to respond directly to Our Healthcare Future and vice versa.

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

Central Coast Community Wellbeing Governance Model

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

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

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

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

Central Coast Health and Wellbeing Profile

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

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

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

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

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

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

Some General Comments

- We acknowledge and welcome the focus of Our Healthcare Future on out of hospital, community care and a place-based approach. International experience and evidence shows that care in the right place at the right time will lead to better health outcomes.
- Mental health and community wellbeing must be at the forefront of this second wave of health reform in Tasmania. Asking around locally, it would appear the biggest area of need is community mental health. In the NW many of the basic services like headspace have now

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

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

Better Community Care

- Hospital in the Home, Urgent Care Centres, rapid access to medical specialists locally, and Telehealth Services have been trialled and have been underway across Australia and internationally for over a decade. It's time to move from pilots and trials to implementation of these services which provide better community care.
- The proposed Rapid Access to Specialists in the Community NW initiative is strongly supported and should utilise community health centres as well as GP Practices.
- Provision of Telehealth services in the local community requires continuation of the COVID-generated Medicare item number to enable a local practitioner available alongside a patient when connecting to specialist, diagnostic or other services.
- Transport needs must be identified at the local level. Leaving the local region for crisis care has to be integrated and supported across the journey to return to community. Local community intelligence at the LGA level should inform transport planning.

Digital Health

- It is pleasing to see that the Tasmanian Department of Health has issued a tender for a partner to help develop a digital health strategy for the state (28 January 2021), which is long overdue. Please consult with local communities and include health consumers in these developments.

Planning for the Future

- The discussion paper draws attention to the significant, but under-utilised infrastructure provided through the district hospital network and the potential to utilise them in different ways to offer care locally rather than at a tertiary hospital facility. However, there is also significant infrastructure in the network of community health centres, including in Central Coast and we feel that their role as community health hubs for better out of hospital and community care must be enhanced and adequately resourced.
- The development of a long term health infrastructure strategy for Tasmania is strongly supported. Please ensure local intelligence at the LGA level is included (both health workers and health consumers).
- As a local community health service profile emerges, the language of the system must be re-jigged. Changing both consumers' and health workers' behaviours, beliefs and attitudes about the health system will need to be prioritised through targeted ongoing community health literacy campaigns and professional education activities, for example targeting knowledge and understanding about people with dementia risk, those experiencing psychological trauma arising from adverse experiences, and those with mental health issues.
- Local evidence^{vi} suggests that the majority of residents lack self-respect and self-efficacy and require help to learn to take responsibility for their health and that the local health workforce has an important role to play in this.
- The proposed governance structures – Statewide Clinical Senate and Future Health Leaders Forum must include regional health workers and health consumers in co-designed health service planning drawing on intelligence and advice from local government areas.

Conclusion

Government has presented a real opportunity for health reform through Our Healthcare Future for out of hospital, community care and a place-based approach – care in the right place at the right time will lead to better health outcomes.

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

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

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

ⁱⁱⁱ Connecting Care Community Survey 2019

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

^v see PHN Community Health Check 2020

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