

Aboriginal Health and Medical Research Council of NSW

PRE-BUDGET SUBMISSION 2021-2022

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.



**Aboriginal
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Recommendations

Mental Health, Social Emotional Wellbeing, Suicide Prevention, Alcohol and Other Drugs

Improve service provision and continuum of care through an investment of flexible funding of comprehensive 'no gaps' programs

Youth at Risk

Promote early intervention of risk behaviours by supporting the Youth at Risk program recognising the cultural determinants of health.

Multidisciplinary Cancer Care Services

Fund a pilot of 12 sites to deliver a multidisciplinary model of care for people diagnosed with cancer to improve outcomes and reduce the long-term burden on the NSW Health system

Regional Development

Support the development of strong regional approaches to preventative health service delivery through investment in the gaps of the North, South, West and Metro regions of NSW.

About the AH&MRC

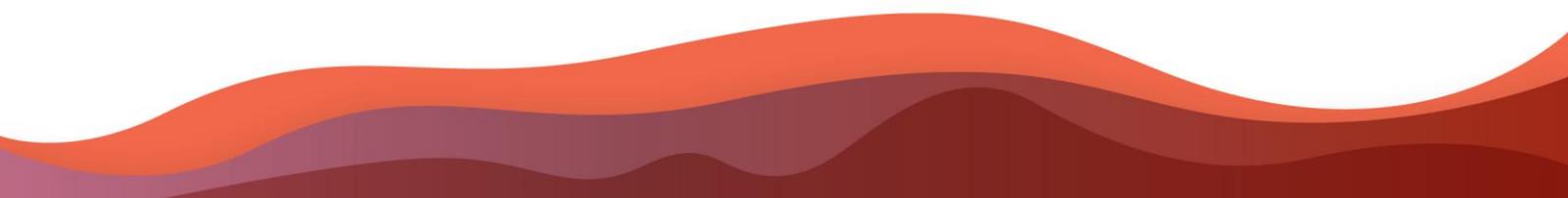
The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRC) was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83.

The AH&MRC assists the ACCHO Sector across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities.

As the Peak Body for Aboriginal Health in NSW the AH&MRC represents the rights and interests of 47 Member Services. The AH&MRC is committed to the delivery of four key priorities. These are:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC works collaboratively with the ACCHO Sector across NSW to facilitate accessibility, sustainability and adequate resourcing of our member services that can support a skilled workforce in the delivery of comprehensive primary health care services for Aboriginal people and communities.



Mental Health, Suicide Prevention, Social Emotional Wellbeing, Alcohol and Other Drugs

Improve service provision and continuum of care through an investment of flexible funding of comprehensive 'no gaps' programs.

Aligned to Budget Outcomes Statement 2020-2021 3.1 Health Cluster

Health Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing

Across New South Wales, many Aboriginal people do not have access to culturally safe and responsive mental health, suicide prevention, social and emotional wellbeing and alcohol and other drug services despite being overrepresented statistically across these health concerns. In New South Wales, Aboriginal people experience poorer outcomes than their non-Indigenous counterparts on every indicator of economic and social disadvantage¹. In 2018, suicide rates in Aboriginal population in NSW is twice as high than the general population² and hospitalisation due to self-harm is approximately three and a half times that of the general population³. Since 2018 when these statistics were released, Aboriginal people across NSW have endured droughts, bushfires, and COVID-19. The Australian Government recognised the profound impacts of COVID-19 on all populations and increased investment into mental health services. Unfortunately, even with this increased investment, there are many regional, rural and remote communities across NSW in dire need of Mental Health, Social and Emotional Wellbeing, Suicide Prevention and Alcohol and Other Drugs services that are currently not funded.

A key component of the failure to deliver culturally safe and responsive mental health, social emotional wellbeing, suicide prevention and alcohol and other drug programs to Aboriginal communities is funding approach that has been used. Funding for these programs is often done in silos whereby funding of programs is rigid where flexible funding would allow a holistic approach to service delivery. Often the same people accessing mental health services in a community may also need to access suicide prevention or alcohol and other drug services. When the funding streams are not flexible, communities experience gaps in the services and this contributes to the overall lack of success in all of these areas. . The funding approach has seen suicide prevention programs funded in 12 of the 47 Aboriginal Community Controlled Health Organisations in NSW, whilst Mental Health, Alcohol and Other Drugs and Social and Emotional Wellbeing Services are unfunded in some of these same communities. The ACCHOs across NSW work to deliver services based on the local needs of the Aboriginal communities. From an initial scoping exercise conducted by AH&MRC, it is estimated that 17 of the 47 ACCHOs which are members of the AH&MRC have either no dedicated Mental health, Social and Emotional Wellbeing, Suicide Prevention or Alcohol and Other Drug funding, or have only visiting services available (Fly In – Fly Out or Drive In – Drive Out). Where ACCHOs do not have access to funding for these health needs, the services work to provide referral pathways and transport to and from the nearest mainstream service that is funded to deliver this service.

The AH&MRC is proposing the NSW Government fund at least 17 Mental Health, Social Emotional Wellbeing, Suicide Prevention and Alcohol and Other Drug programs and workers, ensuring Aboriginal people have access to these services in ALL communities in New South Wales.

Budget Item	Budget Cost	Total
Mental Health, Social Emotional Wellbeing, Suicide Prevention and Alcohol and Other Drugs Coordinators	\$100,000 (incl. on costs) x 17 ACCHOs	\$1,700,000

¹ Health Statistics NSW Socioeconomic factors by Aboriginality http://www.healthstats.nsw.gov.au/Indicator/soc_Aboriginality/soc_Aboriginality

² [Suicide rate in NSW | Mental Health Commission of New South Wales](#)

³ [Self harm rates in NSW | Mental Health Commission of New South Wales](#)

Flexible program funding to be used for: resources, transport, cultural group facilitation and meeting costs, on country programs	\$50,000 x 17 ACCHOs	\$850,000
Total Funding		\$2,500,000

Youth at Risk

Promote early intervention of risk behaviours by supporting the Youth at Risk program recognising the cultural determinants of health.

Aligned to Budget Outcomes Statement 2020-2021 3.1 Health Cluster

State Budget Outcome 4. Keeping people healthy through prevention and health promotion

New South Wales has the highest number of Aboriginal young people between 12 and 25 years of age than any other state or territory in Australia⁴. Young Aboriginal people in NSW today are experiencing:

- High rates of homelessness
- High rates of death from suicide
- High rates of incarceration
- Low rates of employment
- Low rates of educational attainment

Aboriginal young people are the community leaders and Elders of tomorrow and are a priority population for the ACCHO sector in NSW. The AH&MRC recognises the importance of supporting our Member Services to deliver youth programs and support systems that work. From a state-wide level, the AH&MRC facilitates an Aboriginal Youth Advisory Committee (AYAC) which is currently in the planning stages of convening a state-wide Aboriginal Youth Symposium that will inform the first ever ACCHO delivered NSW Aboriginal Youth Strategy.

The ACCHO Sector is largely under resourced to address the needs of Aboriginal young people in NSW. Initial scoping exercises conducted by the AH&MRC suggest there is a need for at least 20 ACCHS to be resourced to deliver Youth Health activities to their local communities. The primary ACCHS of concern are those that operate within the areas of the six NSW Youth Justice Centres⁵ and those based in the Central Coast Local Government Area (LGA), the Hunter area and Western Sydney where the largest proportion of Aboriginal young people reside⁶. The Youth at Risk Program would aim to increase the Youth workforce, enhance resources available to keep our young people safe and thriving. A strengthened youth workforce enables the ACCHO sector to undertake collaborative activities across all NSW government departments to ensure that youth-focused program/services have a cultural lens and is appropriately co-designed with Aboriginal young people in communities.

In line with the NSW Premiers Priority reforms including Reducing Homeless, Reducing domestic violence reoffending, Reducing recidivism in the prison population and Towards zero suicides – the ACCHO Youth at Risk program aims to provide holistic, wrap around services that address young peoples needs. This funding would contribute to counselling services, assistance with applications for housing, referral to culturally safe and responsive mental health and social and emotional wellbeing services, connection with education pathways and local youth support hubs.

⁴ [Youth snapshot | Youth NSW](#)

⁵ [Youth Justice NSW Centres](#)

⁶ [Youth snapshot | Youth NSW](#)

Budget Item	Budget Cost	Total
Youth at Risk Program Coordinators	\$100,000 (incl. on costs) x 20 ACCHOs	\$2,000,000
Flexible program funding to be used for: resources, transport, cultural group facilitation and meeting costs, on country programs	\$50,000 x 20 ACCHOs	\$1,000,000
Overheads, administration fees	\$50,000 x 20 ACCHOs	\$1,000,000
Total Funding		\$3,000,000

Multidisciplinary Cancer Care services

Fund a pilot of 12 sites to deliver a multidisciplinary model of care for people diagnosed with cancer to improve outcomes and reduce the long-term burden on the NSW Health system.

Aligned to Budget Outcomes Statement 2020-2021 3.1 Health Cluster

Health Cluster Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing.

In NSW ACCHOs work to deliver culturally appropriate comprehensive primary health care through a multidisciplinary model, led by an Aboriginal Health Worker or Practitioner. This model of care enables the Aboriginal Health Worker/Practitioner to coordinate the care, ensuring Aboriginal patients are accessing all required service providers and removes the overwhelming nature of the complexity of the healthcare system for Aboriginal patients. The Local Health District (LHD), hospitals are now adopting multidisciplinary models of care for patients, recognising the benefits of this approach for patients. Patients accessing cancer care services through the local hospital continue to present at their local ACCHO to discuss their care or access mental health and social and emotional wellbeing services.

In line with the National Agreement (2020) on Closing the Gap⁷, the AH&MRC has been working with the NSW Cancer Institute to understand the impacts of cancer on Aboriginal people in the recognised AH&MRC regions. The regions are aligned with the likely place of primary health care provision, according to the presence of our ACCHO Member Services. In 2012-2016 the age standardised mortality rates for Aboriginal people in Australia was 235 deaths per 100,000 compared to the non-Indigenous age standardised rates of 164 deaths per 100,000⁸. Aboriginal people are also more likely to be diagnosed later and less likely to receive treatment in some cancer diagnoses⁹. The representation of Aboriginal people within the cancer data is influenced by access to hospital and health services, geographical location, and the availability of culturally safe care. The NSW Aboriginal Cancer Strategy reinforces the need for strong partnerships between government and non-government organisations to deliver effective, culturally appropriate care, in line with the foundations of this proposal¹⁰.

Funding a multidisciplinary cancer care integration pilot at 12 ACCHO sites will enable an integrated model that provides more of the patients care in the primary health care setting which is able to deliver culturally

⁷ [National Agreement on Closing the Gap](#)

⁸ [Aboriginal and Torres Strait Islander cancer statistics | Cancer Australia](#)

⁹ [Lung, breast, and bowel cancer treatment for Aboriginal people in New South Wales: a population-based cohort study \(wiley.com\)](#)

¹⁰ [Aboriginal communities | Cancer Institute NSW](#)

safe and responsive services. Improving outpatient and community care is aligned with the NSW Premiers Priorities¹¹ and is a key component of improving the long-term outcomes for Aboriginal people. The AH&MRC recognises four regions across NSW and proposes that three sites in each region are trialed to understand the full benefits of this model. The services delivered onsite at the ACCHO will be determined by each pilot site, in line with the key priorities of that region, the capabilities of each service and the needs of the patients in that area.

Budget Item	Budget Cost	Total
Multidisciplinary Cancer Care Services Coordinator	\$100,000 (incl. on costs) x 12 ACCHOs	\$1,200,000
Flexible program funding to be used for: multidisciplinary team meetings, resources, transport	\$50,000 x 12 ACCHOs	\$600,000
Overheads, administration fees	\$50,000 x 12 ACCHOs	\$600,000
Total Funding		\$2,400,000

Regional Development of the NSW Community Control Sector

Support the development of strong regional approaches to preventative health service delivery through investment in the North, South, West and Metro ACCHO regions of NSW.

Aligned to Budget Outcomes Statement 2020-2021 Section 3: Health Cluster

Health Outcome 4: Keeping people healthy through prevention and health promotion.

It is well established that populations across different geographical landscapes experience diverse challenges that require solutions developed with local knowledge. Through its membership structure of four regions (Metropolitan, Northern, Southern and Western) the AH&MRC aims to better understand the local strengths and barriers to primary health service delivery and strategically target efforts to reduce and overcome specific community barriers. Until late 2019, the AH&MRC recognised 12 regions across NSW within its constitution. Having identified that strengths and challenges were shared across regions, the AH&MRC and its membership consolidated regions to improve the coordination of sector responses to regional issues.

Development of regional approaches aims to improve the patients experience and outcomes, streamline processes, reduce red tape, and strengthen the workforce. To address these aims, the AH&MRC have recruited Regional Strategy Managers to support these regional networks in addressing regional policy barriers, supporting coordinated research, developing data collection capability, and reducing duplicity by working together where possible.

“Our Members are leading the way in delivering better services for communities”.

By investing in the Regional Networks of the ACCHO sector in NSW, the NSW government will enable a partnership approach across a range of stakeholders including Local Health Districts, Primary Health Networks, encouraging inter-agency collaborations with identified and relevant partners and the development of sustainable integrated models of care across the regions – positioning NSW as the centre for excellence for delivery of public health services for Aboriginal people.

¹¹ [Premier's Priorities | NSW Government](#)

Budget Item	Budget Cost
Northern Region Sector Development <ul style="list-style-type: none"> - Consultations - Development of Regional Health Strategy - Enhancing connection between regional consortiums - Implementation of integrated service delivery models - Development of strategic partnerships with external organisations 	\$1,000,000
Southern Region Sector Development <ul style="list-style-type: none"> - Consultations - Development of Regional Health Strategy - Enhancing connection between regional consortiums - Implementation of integrated service delivery models - Development of strategic partnerships with external organisations 	\$1,000,000
Western Region Sector Development <ul style="list-style-type: none"> - Consultations - Development of Regional Health Strategy - Enhancing connection between regional consortiums - Implementation of integrated service delivery models - Development of strategic partnerships with external organisations 	\$1,000,000
Metropolitan Region Sector Development <ul style="list-style-type: none"> - -Consultations - Development of Regional Health Strategy - Enhancing connection between regional consortiums - Implementation of integrated service delivery models - Development of strategic partnerships with external organisations 	\$1,000,000
Total Funding	\$4,000,000

Thank you for taking the time to review this pre-budget submission.



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