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Chief Executive Officer of Marathon Health

Outline of evidence

A. About Marathon Health

1. Marathon Health is a not-for-profit, registered charity with a vision of enabling communities to thrive through improved health and wellbeing. We are passionate advocates for equal access to quality health services for people, wherever they choose to live.

2. We are the largest non-profit allied health workforce in regional NSW, last financial year contributing more than $24.2 million in wages into regional Australia. We pride ourselves in helping to create a sustainable multidisciplinary allied health workforce that works and lives in regional Australia. Our main offices are in Bathurst, Dubbo, Wagga and Albury. From our main centres, we outreach (face to face and telehealth services) to more than 80 communities across the Western NSW LHD, Murrumbidgee LHD, Nepean-Blue Mountains LHD, Southern LHD and Far West LHD (also Albury Wodonga Health Service). We operate six headspace centres in Lithgow, Bathurst, Orange, Dubbo, Cowra and Queanbeyan. In the last financial year, we supported 27, 187 customers/patients across 50 LGAs registering delivering 170,000 occasions of service.

3. We deliver a range of high-quality programs that focus on providing supportive care in a person-centred environment. Around 50% of our services are focused on mental health, within a recovery-oriented framework. This includes programs right across the mental health stepped-care spectrum, ranging from our six headspace centres to psychosocial support for people with severe mental illness, psychology support for people with mild to moderate mental illness and supporting people with psychosocial disability under the National Disability Insurance Scheme (**NDIS**).

4. Our mental health services are funded by the Commonwealth - through Primary Health Networks (PHNs) for headspace, mild to moderate mental health psychology supports and support for people with severe and persistent mental ill health who are not on the NDIS. This is 55% of our business ($19million). Our primary health/preventative health services are funded by the Commonwealth, through PHNs (chronic disease, chronic pain) or via the Rural Doctors Network (**RDN**) (specialist coordination, eyes and ears) and accounts for 16% of our business or $6million. Support for people with disability accounts for 19% of our business, including funding via individual NDIS plans and a block funded crisis support program via the National Disability Insurance Agency (Commonwealth). We received 10% of our funding from the NSW Government; support for keeping people in housing to reduce homelessness (Together Home) and to keep families together (MST-CAN, family preservation).

5. Around 25% of our business focusses on primary and preventative health, including supporting people with chronic disease. Our team of diabetes educators and dietitians worked directly in six General Practices and in four Aboriginal Medical Services, extending from

Oberon to Coonamble. They provide support to people living with chronic disease, or those who are at risk of developing a chronic disease, in Western NSW. The success of our chronic disease and prevention service relies on a collaborative approach, with the client at the centre of each care plan. Our best outcomes have been achieved by bringing together allied and specialist health providers to support the role of the GP in addressing the client's overall health and wellbeing.

6. The Medical Outreach Indigenous Chronic Disease Program (**MOICDP**) spans from Bathurst to Lightning Ridge, supporting medical specialists and allied health providers to deliver services to First Nations people in regional areas. Supports include Aboriginal health workers, mental health clinicians, diabetes educators, dietitians, endocrinologists, podiatrists, exercise physiologists and case workers.

7. Available for Aboriginal and Torres Strait Islander peoples, the Bathurst Indigenous Eye Care Pathway strives for a holistic and inclusive approach to care, with the aim to help support clients to access eye health services and reduce preventable eye conditions. Our eye care coordinator supports clients at all optometry and ophthalmology appointments, and on surgery days.

8. For the Aboriginal community in Wellington, our Winya Marang (to live well) program supported the management and prevention of type 2 diabetes. The program was delivered outside of the traditional clinical setting, with our clinicians providing flexibility in program location, time, frequency, number of attendees and education delivered. The evidence-based Community Chronic Pain Management Program is for people with persisting (or chronic) pain. This self-help program offers support and education to improve participant's ability to manage pain independently and improve their daily function.

9. The final quarter of our business delivers under the National Disability Insurance Scheme. We currently provide therapy supports for more than 650 participants in regional NSW and VIC, including speech therapy, occupational therapy and positive behaviour support. We operate out of two main hubs; Dubbo and our office on the Albury campus of Charles Sturt University (**CSU**), and provide regular drive in, drive out (**DIDO**) and fly in, fly out (**FIFO**) and telehealth services to small communities across Western, Central and Southern NSW, including Walgett, Bourke, Bathurst, Grenfell, Deniliquin, Hay and all the way down into Bonnie Doon in regional Victoria.

10. Our workforce of 300 includes more than 100 clinicians in speech pathology, occupational therapy, psychology, social work, counselling, Aboriginal health, dietetics and diabetes education.

11. We have a strong focus on workforce development, with graduate recruitment and student placement programs that represent partnerships with universities across NSW, the ACT and Victoria to develop employment pathways.

12. In the past year, we hosted 77 students on clinical placement from 12 institutions across nine disciplines and at varying stages of their studies. These students worked with staff at nine of our NSW locations and seven gained permanent employment with us on graduation.

13. We have also developed and implemented a healthcare learnership program, supporting First Nations people in small communities in Western NSW to gain certificate level healthcare qualifications, while working full time in sustainable healthcare jobs in their local communities to make a difference.

14. Our first cohort of mental health workers has completed their qualification, with a second group well underway towards becoming Aboriginal Health Workers and a third group just starting their community services qualification.

15. We see the development of VET-qualified health workers in place as an important part of the solution for health and wellbeing services in smaller, more remote and vulnerable communities into the future.

16. Marathon Heath aims to develop the workforce that will help support new models of care to support our vision: Empowering communities to thrive through improved health and wellbeing.

B. Key points

17. We need a whole of system response to support the attraction and retention of the rural health workforce.

18. A key NSW Health funding initiative to support system-wide integrated care, Collaborative Commissioning, is not delivering in Western NSW.

19. The opportunity exists to support rural and remote communities to move away from a reliance on their current health service models and towards a preventative, multidisciplinary, strengths-based approach through new models of care, leadership and change management support, based on a place-based, population health approach.

C. Workforce

C1. Issue

19. Key health strategy documents in NSW, Future Health (Exhibit A.14, SCI.0001.0010.0001), NSW Health workforce strategy (Exhibit A.48, SCI.0001.0043.0001) and the Regional Health Strategy (Exhibit A.49, SCI.0001.0044.0001), have considered the need to develop a whole of system response to the attraction and retention of the healthcare workforce in this state, particularly for regional, rural and remote areas.

20. However, the tactics and associated incentives are aimed at stimulating attraction and retention in the public healthcare system only. In a workforce constrained context, especially in regional NSW, this approach creates inequity and disproportionately impacts the non-government sector.

21. Incentives, such as the Rural Health Workforce Incentives Scheme and Tertiary Health Study Subsidies, are designed to attract qualified workers, and they also create connections with the future workforce, by offering financial support for students at university if they commit to working for NSW Health when they finish their studies.

22. It's difficult for us to measure the impact of these incentives on the opportunity to attract healthcare workers to Marathon Health. We have been able to observe the impact on the retention of staff. There has been a rise in salary increase requests citing the NSW Health incentives as the basis for the request. This has put upward pressure on our salary expenses and in the medium term, this will impact on our ability to meet the market.

C2. Opportunities and recommendations

23. In line with our vision outlined in the introduction, Marathon Health has been trialling new healthcare workforce models, supporting the development of VET-trained, place-based community healthcare workers that can assist communities to navigate new models of care, including hybrid healthcare delivery models.

24. Our learnership model has supported 14 First Nations people in ten small communities in western NSW to achieve their Certificate IV in Mental Health as well as ongoing, sustainable jobs at a qualification completion rate at around 90%. Two further groups are currently underway.

25. We have developed an alliance with the Western NSW Local Health District and other regional healthcare providers to extend the impact of this project. The alliance is also investigating other innovative workforce development models, such as single employer models, to pick up any latent workforce opportunities and mitigate the impact of different funding and award structures on collaboration opportunities.

26. A 2024 pre-budget submission by Marathon Health for a regional pilot program supporting healthcare trainees is at SCI.0009.0046.0001. The Assistant Treasurer and Minister for Financial Services (Australian Government) called for submissions from individuals, businesses and community groups on their views regarding priorities for the 2024–25 Budget. The deadline for submissions was Thursday 25 January 2024. This is an annual process. The submissions are made public at https://consult.treasury.gov.au/pre-budget-submissions/2024-25/list.

27. A case study on a graduating learner from one of our programs is at SCI.0009.0047.0001.

D. Integrated care and Collaborative Commissioning

27. The Future Health strategy points to the need to change how healthcare is delivered, moving care to non-hospital environments to meet community need and patient preferences. It recognises that that two thirds of the disease burden in NSW is due to conditions that could be largely managed outside of the hospital setting.

28. The strategy promotes the exploration of new ways of working which connects health professionals across teams and enables care to be delivered in different settings, supporting multidisciplinary collaboration and promoting a blended approach and integration with primary care.

29. Collaborative Commissioning was established to transform the way healthcare is delivered and funded in New South Wales, through a one-system approach. It was designed to development and fund partnerships between local health districts (LHD), primary health networks (PHN), and other service providers to address community health needs and reduce hospital visits. A copy of a 2021 article on Collaborative Commissioning published in the Medical Journal of Australia is at SCI.0009.0048.0001.

30. $13.7 million was allocated to an initiative in western NSW, which aimed to link more than 11,000 patients to enhanced diabetes care over a three-year period.

31. There is one more year to run on this project and it is hard to pinpoint the outcomes that have been achieved. We know that the Rural Doctors Network NSW is supporting ten people to achieve their Diabetes Educator Accreditation. The Western NSW PHN is providing some practice support to GPs to assist them to build capacity around shared care planning and using Medicare items to support the management of chronic disease. We also know that a virtual hub has been established by the Western NSW LHD, with access to valuable specialist advisory services around diabetes management, but there is no clear referral pathway information available about who can access this resource.

32. There is limited publicly available information around how the $13.7 million has been used to deliver key outputs (linking more than 11,000 patients to enhanced diabetes care over next three years) and outcomes (addressing community health needs and reduce hospital visits).

33. As outlined in our introduction above, Marathon Health is experienced in the provision of diabetes education and management, with five credentialled Diabetes Educators on staff. We deliver a number of diabetes support programs in communities within western NSW and have found it difficult to engage and integrate with this flagship program.

34. We see an opportunity for there to be more guidance around how Collaborative Commissioning initiatives are structured and how they report, so as to increase transparency and build on the strengths of the system to make the most of this important funding initiative.

E. Rural and remote healthcare redesign

35. To meet our future health challenges, including increasing health burden and changing demographics, we need to rethink the way we design and deliver health services, particularly in regional areas like Western NSW.

36. Ageing populations, health inequity and the increasing burden of chronic disease, along with projected population shifts and workforce shortages, means that our current model of providing on-demand, bricks and mortar health services in smaller communities will become increasingly unsustainable.

37. The recent inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales (RRR inquiry) found that residents of rural, regional and remote NSW have poorer health outcomes and inferior access to health and hospital services, and face significant financial challenges in accessing these services, compared to their metropolitan counterparts. The 22 findings point to the consistent issues facing current healthcare service delivery for rural communities. A copy of the report of the RRR inquiry is at SCI.0009.0077.0001.

38. As mentioned in the discussion of Collaborative Commissioning above, there is significant capacity, capability, experience, relationships, and community trust that exists in the rural health system outside of NSW Health to redesign services on a place basis around the needs of that community, building on the strengths of the whole system.

39. This will need leadership and intensive change management support for communities, to help them to embrace a change in care provision towards more integrated service delivery models that will serve their health and wellbeing needs.

40. There is also a need to ensure that new funding models harmonise with the direction being taken by the Commonwealth in relation to healthcare funding, to leverage outcomes and remove duplication. Victoria has some models that could be considered. A copy of a report by the Victorian Healthcare Association on Victoria's community health service model is at SCI.0009.0049.0001.

41. We see that there are opportunities for changes to the way in which healthcare services are delivered in regional NSW, towards a place based, population health approach, that recognises the leadership and change management support required for the sectors as a whole to ensure success.

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