Witness Outline

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Occupation: Chair and founding member of Marathon Health; member of the Western NSW Local Health District Board

1. This is an outline of the evidence that it is anticipated that the witnesses will give to the Special Commission of Inquiry into Healthcare Funding.

A. Role and History of Service

2. I am the Chair and a founding director of Marathon Health. I was a clinical occupational therapist, practicing in both metro and rural areas, and I am currently also a member of the Western NSW Local Health District (**WNSWLHD**) Board.
3. Marathon Health was founded following the cessation of the Western NSW Medicare Local as a healthcare service provider. Some of the gaps in the delivery of healthcare services in Western NSW were being addressed through Western NSW Medicare Local service provision, the workforce and services were in place.
4. Marathon Health was formed to enable the federal funding, held by the former Medicare Local, to support primary health programs, such as diabetes education, chronic disease prevention and treatment, and early intervention mental health which were in place across western NSW. The initial focus for Marathon Health was obtaining primary health funding which could be allocated to services in rural and remote areas. This led to Marathon Health receiving funding for five (5) headspace centres (the largest headspace provider in Australia at that time) which gave us a presence across regional and rural NSW.
5. Our focus has continued to be for non-acute, early intervention mental health services, primary health care services in chronic conditions and early intervention, with a particular focus in our Aboriginal communities.

6. With the rollout of the National Disability Insurance Scheme (**NDIS**) in regional NSW from 1 July 2017, Marathon Health has embarked on a significant allied health workforce development and expansion strategy. We have forged key partnerships with universities and other large allied health providers in the private, not-for-profit (**NFP**) and public sector to develop the clinical and enabling healthcare (VET trained) workforce to support regional healthcare delivery, including student placements, vocational training placements, new graduate clinician support, post graduate qualification support and clinical mentoring and supervision. Allied Health workforce development is a fundamental pillar of our strategy and a key value-add to the regional and rural healthcare system.

B. Strategic direction of Marathon Health

7. Marathon Health's fundamental purpose has always been about the provision of primary health care services to rural and remote areas. I feel strongly that the rural and remote service delivery model is very different from that for metropolitan regions – while metropolitan service delivery models focus on large amounts of people in a small area, the rural and remote service delivery model focuses on a small group of people with many kilometres of distance between them. We exist to support equitable access to health and wellbeing services wherever people choose to live.
8. This raises two key issues. Firstly, our clients can often have significant complexity around their health needs, needing additional expertise and care coordination to support them to navigate a fractured health system and to overcome barriers to health seeking behaviour.
9. Secondly, this approach means that our service delivery model can be more expensive, with an emphasis on face-to-face delivery to build trust and unravel complexity, but delivers stronger, more sustainable outcomes in the long term. A focus on unit cost in healthcare delivery is a disadvantage to rural service delivery as we promote a focus on outcomes.

10. Given that delivering services to a small number of people is not cheap, Marathon Health has been very careful about managing costs. At the beginning, much of our strategy was focused on securing funding and providing services related to that funding. However, we now consider that Marathon Health has enough financial security to focus more on fulfilling gaps in service provision using a more holistic approach.
11. An example of this is our partnership with Variety, the children's charity. We are working together to fly a subcontractor Paediatrician, along with our psychologists, speech pathologists and occupational therapists to Walgett on a monthly basis to ensure that families can access diagnostic services that will support their children onto the NDIS. Without this service, families cannot overcome the cost, time and coordination barriers to seek the multiple assessments required to be eligible and children (7+) don't end up getting the support they need, impacting their ability to participate in education and community life.
12. Marathon Health is conscious about being driven by the needs of a particular community – for example, there are different costs and concerns in providing services to Bourke as compared to Dubbo. We also seek to promote person-centred care and encourage our staff to care about clients. We like to think our service is not just about how many people we can see, but of how embedded our clinicians are in the community which allows a more holistic approach to care services provided.
13. This is why our clinicians, even those just flying into remote communities, spend time getting to know the population in the towns they serve and understanding their specific client needs – for example, a diabetes coordinator can also assist in referring a client to a housing assistance agency where accommodation is detrimentally affecting their health. Our focus on holistic care and the social determinants around a person's health and wellbeing means that we develop a deeper

understanding and deliver more sustainable results; this is more time consuming and is more costly but delivers greater value.

14. For example, in one of our mental health programs (Strong Minds) more than 80% of clients improved in validated pre and post measures, and in our program supporting people with complex chronic conditions, more than 82% people recorded an improved in their ability to self- manage (validated measure).

15. We are about to launch our second five-year strategic plan. Our new strategic plan has a clear focus on collaboration, which we see as key to overcoming barriers to healthcare delivery in the rural context. We will also focus on elevating the customer voice in service design and delivery, reflecting the changing nature of rural communities (increased CALD communities), empowering communities to enhance their digital health literacy and the ability to use technology to access and enhance their health and wellbeing journey and for the sustainability of our operations, including environmental sustainability.

C. Interactions with other major stakeholders

16. From a governance perspective, Marathon Health has membership with a number of partner organisations. As the board, we are constantly reviewing these memberships to consider whether these organisations align with Marathon Health's purpose and objectives, and whether there are other organisations we should be reaching out to. Having memberships with these organisations gives our operations team an entrance into working with these organisations in whatever way is required, to make a meaningful partnership for our clients – and this can be different from one client to the next.

17. These memberships include larger organisations like the National Rural Health Alliance, Services for Rural and Remote Allied Health (SARRAH), Australian Healthcare and Hospitals Association (AHHA),

Mental Health Australia but also more local organisations such as Western Health Alliance and First Health.

18. We have also developed some collaboration platforms such as a network of NFP Primary Healthcare organisations in NSW who also started when Medicare Locals closed, and an Allied Health workforce development alliance in Western NSW. We work collaboratively through these alliances to develop solutions to issues of joint concerns which have impact on a broader scale.

D. Marathon Health's involvement in health services planning in the region

19. I consider that one of the most important aspects to delivering primary health care is to be integrated within the communities we support and using a person-centred focus to drive our services. It is about supporting the client to tell us what services they need rather than dictating to a client what services we think they need.

20. Combined community planning is important to drive this person-centred focus. It would be ideal if we didn't have so many different funding sources, a single funding stream would make developing a single planning strategy easier.

21. Marathon Health is in a fortunate position, wherein if we identify a gap in healthcare services, we have capacity to advocate to raise philanthropic money to fund services to fill that gap. Government agencies, such as the Local Health District, cannot do that. For this reason, it would be beneficial for government agencies and non-government organisations to sit at the same table when planning health services for our communities. In my view, there are quite a lot of conversations occurring regarding population health needs, but these conversations are disparate.

22. Better population health outcomes and cohesive service delivery (with less duplication and gaps) could be achieved if there was collaborative health service planning between all major stakeholders, including non-government agencies, Commonwealth Department of Health and Aged Care and NSW Ministry of Health/Local Health Districts. I would envisage a tiered planning

approach; LHDs undertake extensive community engagement strategies to understand the needs of the communities across their District. Local Government's focus is their local community; the top tier of health planning does not require each LGA to be present. Local government is a second tier in the planning process; supporting and enhancing at the community level.

23. At the moment, Marathon Health does not yet have a seat at that planning table, but improvements are being made. Compared to other non-government organisations in the area, and even Marathon Health as we were about five or six years ago, Marathon Health now has the strength to clear a space for ourselves at the planning table. There are a few players across the rural areas who know their communities well and could have significant input into planning health services, if given the opportunity.

24. Regarding opportunities Marathon Health has (or should have) to contribute to the planning of health services in the regions it operates in, an inaugural planning meeting was held last month between the Western NSW Primary Health Network and the WNSWLHD. It is anticipated that this process will enhance the equity of services in both primary care (General Practice) and acute care but would be further informed and strengthened with the inclusion of non-government organisations which provide allied health and mental health support services in the community across the District. Similar initiatives would also be useful at the statewide Advisory level; currently NSW Health delivers services in isolation.

E. Barriers to the provision of better health services in the regions Marathon Health operates in, and how those barriers might be overcome

25. Our communities have experienced high quality health care for many years, with General Practice and support services in every town, and their expectations are built upon those experiences. The current workforce shortages across all sectors of the health industry require innovation in developing alternative models of care, while upholding high quality clinical services which are

accessible and efficient. Our communities need to be brought on that journey; in the future their health experiences will be different, but high-quality care continues to be provided, and so expectations are also altered.

F. Processes for development of additional services

17. I have mentioned the Variety, the Children's Charity partnership above so I will expand on that. Our Allied Health clinicians were visiting Walgett and Lightning Ridge on a regular basis to provide speech therapy and occupational therapy for people with NDIS plans. While we are in those communities, our practice is to become well-networked with the systems around the people with support, including schools, health facilities, community organisations etc.
18. In discussions with the primary school principal, we became aware of a group of children who had turned 7 and had aged out of early childhood intervention supports but could not access the diagnostic support for Autism Spectrum Disorder and ADHD that would support an application to the NDIS. There were multiple barriers for their families but access to a Paediatrician was key. We knew how stretched the Dubbo Paediatric Outpatient Clinic was, so we looked for an innovative solution. We partnered with Variety, who provided philanthropic funds for the Flying Start clinic – which enabled us to subcontract a Paediatrician to fly to Walgett once a month with a multidisciplinary team of our clinicians to undertake assessments closer to home, on one day.
19. We will trial and evaluate this concept before giving to government to consider. This is one example of how we build on strengths (our networks and multidisciplinary approach), identify the key barrier (access to Paediatrics) and leverage the system (philanthropy) to solve a problem for the vulnerable communities we serve.

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