

# Special Commission of Inquiry into Healthcare Funding

## Witness Outline

**Name:** Jenna Bottrell

**Professional address:** 146 Chloride Street, Broken Hill NSW 2880

**Occupation:** Area Manager, Western & Far West NSW, Mission Australia

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

### A. My Role

2. I have been employed by Mission Australia for 13 years, since 2011.
3. I am the area manager for Western and Far West NSW region and am based in Broken Hill.
4. I am responsible for the Alcohol and Other Drugs ('**AOD**') and Mental Health Portfolio and oversee the delivery of the following services:
  - a. Housing Accommodation Support Initiative ('**HASI**');
  - b. Enhanced Adult Community Living Support Program ('**CLS**');
  - c. Youth residential rehabilitation services in Dubbo, provided in partnership with the Department of Communities and Justice;
  - d. Safe Haven in Broken Hill, provided in partnership with Far West Local Health District ('**FWLHD**');
  - e. AOD continued coordinated care programs;
  - f. Youth Alcohol and Other Drugs Support Service;
  - g. The Way Back Support Service ('**The Way Back**'); and
  - h. The Connections Program in Broken Hill, which provides an after-hours face-to-face service which aims to reduce loneliness and social isolation and reduce presentations to Emergency Departments.

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5. The Broken Hill branch of Mission Australia offers 17 different programs and services and is a large non-government organisation (**'NGO'**) in the region. It employs 35 staff across its programs and support domains.

### **B. Mission Australia**

6. Mission Australia is a national Christian NGO that provides integrated nationwide services by helping people find safe and affordable housing, supporting disadvantaged children and families, empowering troubled young people and assisting people with mental illness and disability. Together, Mission Australia stand with Australians in need for as long as they need us. In 2022-23, Mission Australia supported 149,000 people through 463 programs and services across several areas including Mental Health and Wellbeing, Alcohol and Other drugs, homelessness, housing, strengthening communities, children and families, youth, employment and disability.
7. Mission Australia's 2020-2025 Strategy, a copy of which is attached and marked "A" outlines the four areas of focus for the organisation:
  - a. Helping end homelessness in Australia;
  - b. Partnering to strengthen communities;
  - c. Supporting people in need to thrive; and
  - d. Driving excellence.
8. In doing that work, Mission Australia provides mental health, AOD, and disability support services to young people, adults and families. Some of the healthcare services provided by Mission Australia include:
  - a. Enhanced Adult Community Living Support (in Dareton, Dubbo & Orange): assists individuals with severe mental health issues and highly complex needs in the community, with clinical support from the Western New South Wales Local Health District (**'WNSWLHD'**) and the Far West Local Health District (**'FWLHD'**).

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- b. AOD Continuing Coordinated Care (in Dubbo, Orange & Broken Hill): assists adults with substance use disorder and complex needs, who have been referred by an AOD clinician or wish to be referred to clinical services and provides wraparound and care coordination in the community.
- c. Youth Alcohol and Other Drugs Support Service (in Broken Hill): youth focused individual and group health and social interventions for young people (12 to 24 years old) who do not require intensive residential rehabilitation treatment.
- d. The HASI in Broken Hill, offers flexible support to people who are 16 years and over with a severe and persistent mental illness through psychosocial recovery support within the community.
- e. The Way Back is a trauma-informed, non-clinical, psychosocial service response to support people following a suicide attempt or those who are experiencing a suicidal crisis. The aim of The Way Back is to reduce the risk of further suicidal behaviour for individuals who have experienced a suicidal crisis or who have attempted suicide.
- f. The Safe Haven is provided in close partnership with the FWLHD. The Safe Haven provides an alternative to the emergency department for people experiencing a suicidal crisis, especially outside of business hours. For many people experiencing a suicidal crisis, emergency departments are the most immediately accessed or only form of support after hours. However, busy emergency departments are not always ideal locations for people who are in acute psychological distress. The Safe Haven provides a warm welcoming space for people experiencing a suicidal crisis where compassionate care will be provided by peer workers with a lived experience of suicidality in a non-clinical environment. Safe Haven is a Towards Zero Suicides initiative.

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- g. Funded by NSW Health, Safe Haven work in partnership with the suicide prevention outreach team ('SPOT') with both services accessing clinical support from the FWLHD Clinical Manager of the SPOT. The Safe Haven SPOT and Safe Haven are co-located, working closely with the FWLHD and the SPOT, which has provided us with a unique opportunity to assist consumers in a holistic approach led by peer support workers with clinical oversight. Participating in daily handover meetings and care reviews has allowed us to work together towards the best possible outcomes for our consumers by not only helping to link them with Safe Haven and the SPOT but also other local services for ongoing support in the community and establishing a continuum of care. Strong governance of the program and regular leadership meetings have also allowed us to work together to implement program improvements and address any service gaps quickly and effectively. Community consultation and co-design have allowed the service to be responsive to local needs and place consumers and the community at the centre of service design.
- h. Connections Program - Connections began as an innovative partnership program between Mission Australia and the FWLHD Mental Health and Drug and Alcohol Service. It is an out-of-hours social connection program, wholly staffed by peer support workers who have a lived experience of mental health issues.

### C. Funding models for Mission Australia's services

- 9. Mission Australia receives funding from a variety of sources, including:
  - a. the FWLHD for services such as Safe Haven, which we deliver collaboratively in the community. The FWLHD also supports the connections program. The FWLHD was involved in the design and implementation of the program and now continues to provide financial support to the coffee club component of the program;

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- b. the Western NSW Primary Health Network (**'WNSWPHN'**) for services such as the Wayback Program – The Wayback Program is funded for Far West NSW, and in late 2023, the contract was varied to include parts of Western NSW.
  - c. the Ministry of Health (**'MoH'**) in collaboration with the Local Health District for services such as the HASI, Enhanced Adult CLS, Alcohol and Other Drugs Continuing Coordinated Care Program, and the Youth Alcohol and Other Drugs Support Service.
  - d. public donations; and
  - e. other non-health government agencies such as Youth Justice for services such as residential youth rehabilitation.
10. Currently, Mission Australia have annual funding agreements, including with the FWLHD, WNSWLHD and the WNSWPHN. These funding arrangements are, at times, only finalised late in the financial year, which results in challenges for Mission Australia in its planning and leads to uncertainty as to whether it will be able to deliver certain programs on an ongoing basis.
11. Mission Australia struggles as the annual cycle and amount of notice given adversely impact our ability to ensure our staff have ongoing employment. This has led to staff leaving due to ongoing uncertainty prior to confirmation of ongoing funding for a service for the next year. The timing and advice as to ongoing funding for services has been particularly challenging with the WNSWPHN arrangements, whilst there is more notice and also a clearer evaluation or process for determination of ongoing funding through the MoH and LHD arrangements with Mission Australia.
12. These funding agreements do not always fund the full cost of service delivery, including infrastructure, management and administration costs, and appropriate indexation.
13. In my opinion, we need to work towards some of the below recommendations to improve funding models:

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- a. Fund the full cost of service delivery, including infrastructure, management and administration costs, and appropriate indexation.
- b. Actively involve not-for-profits in determining the full cost of service delivery to ensure arrangements are realistic, transparent and reflect evidence.
- c. Increase the use of long-term contracts when commissioning and recommissioning services to at least seven years for most programs and 10 years for place-based programs in communities with persistent and entrenched disadvantage or in remote Aboriginal and Torres Strait Islander communities.
- d. Provide a minimum of two years for any extensions and issue official notice as soon as possible for contract renewals or retenders – at least six months before the end of the contract.
- e. Adhere to standards set in contracts regarding contract duration and notice periods for extensions or re-tenders.
- f. Introduce strategic commissioning processes that shift power to communities and focus on reducing competitive tensions between community sector organisations.

### **D. Challenges facing Mission Australia**

14. Current gaps in health funding affect Mission Australia's ability to achieve its four areas of focus.
15. One challenge faced by Mission Australia arises from the rurality of communities serviced by the organisation. While this aspect of regional and rural living may be inevitable, it is a focus of Mission Australia to improve quality services by adopting digital tools to augment service delivery. However, digital platforms are not always accessible to all consumers and are considered appropriate or best practice for all consumers.
16. Most services we provide, such as those in Wilcannia, are drive in-drive out services due to the lack of infrastructure present in rural communities. As a result, at times the funding

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doesn't cover all aspects of the service delivery and take into consideration community need.

17. The funding is also linked to key performance indicators ('KPIs') which at times are not fit for purpose in evaluating the metrics captured by the work undertaken. For example, KPIs for mental health services are often hours based, e.g.- funded for 28 support hours per day between 4 workers. I have found that this is not always designed to be flexible enough for people with mental health issues or in times of crisis. As a result, the funding received does not always extend to cover the services provided and the added burden of time-keeping renders further time lost and less time supporting consumers in our communities. The MoH have conducted an evaluation on Community-based Mental Health Programs: CLS and HASI, in which this has been noted as an area of possible improvement.
18. Additionally, staff recruitment, retention and ongoing professional development can be a challenge. I consider that Mission Australia has a strong workforce, but we have had to invest time, training, and money into staff in order to retain them. The cost of sending staff to face-to-face training days in Sydney places further pressure on the available budget. This is an ongoing challenge for regional and rural staff working outside the NSW Health framework as their incentives cannot be matched by an NGO like Mission Australia. I believe that even though we live far from metropolitan Sydney, we should be afforded the same training opportunities, including further training and incentive programs for people to work within the health sector for both NGOs and NSW Health.
19. Secondly, I consider that the only way to change the system is to have a voice in it. In my view collaborative planning, including NGOs, such as Mission Australia, with PHNs and LHDs is required to deliver better outcomes and to avoid gaps and duplication in service delivery. This does happen at times; a recent example is the Safe Haven service. Community consultation and co-design have allowed the service to be responsive to local needs and

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place consumers and the community at the centre of service design. The service has also completed a post-implementation evaluation. The evaluation showed that Safe Haven had been established in line with the initial co-design and was viewed as a valuable service by consumers and other services. Some opportunities for improvement were also recognised, which, where possible, have been implemented.

20. In my experience working with the MoH or with the LHD is often a more collaborative, consultative approach. Mission Australia submits monthly reports to the MoH. The MoH seeks to listen to Mission Australia's feedback and advice on creating change within the services we deliver. The WNSWLHD and FWLHD work closely with us to deliver our Psychosocial support programs such as HASI, CLS, AOD CCC and seek to support collaboration, strong governance and continuity of care in these regions.
21. In Far West NSW, my experience has been that where Mission Australia has been a part of the consultation process, this has resulted in tailored, innovative, and flexible service delivery, such as the Safe Haven Model. This has aligned with Mission Australia's strategy to adopt a place-based approach which favours depth and not breadth to multiply the impact of the specific service delivery.

**Name: Jenna Bottrell**

**Date: 16th May 2024**

**Signature:** 