

Dr Joe McGirr
Member for Wagga Wagga
Chair, NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health
NSW Parliament House
6 Macquarie Street
Sydney NSW 2000

Dear Dr McGirr,

I sincerely appreciate the opportunity to appear before the Committee yesterday (12 December 2024) on behalf of the University of New England's NEViHN program, despite not having prepared a formal submission. This was due to NEViHN being no longer operational and my role as NEViHN's Project Manager concluding in November 2024. My work on my PhD project, NICHE, continues, focusing on developing a digitally enabled model of care initially designed to support NEViHN.

The information below is drawn from the speaking notes I had prepared for the hearing and reflects my anticipated responses to each of the Committee's Terms of Reference. It provides additional insights into the challenges and opportunities surrounding cross-jurisdictional healthcare reform, specifically referring to the NEViHN initiative and my ongoing PhD project. I hope these details will complement the contributions made by other participants and further assist the Committee in its deliberations.

ToR 1: Cross-Jurisdictional Cooperation

Relevant Recommendations: 1, 7, 8, 11

NEViHN Perspective: The closure of NEViHN was primarily due to a lack of funding, in addition to leadership changes and shifting priorities at the University of New England (UNE). Cross-jurisdictional challenges hindered attempts to secure external funding. Federally funded grants emphasised NEViHN's digitally enabled approach, positioning it under state jurisdiction. Conversely, NSW Health grants highlighted the work of the Agency for Clinical Innovation (ACI) as already addressing similar goals despite NEViHN's distinct approach. A key example is the urgent care service (UCS) submission for Armidale, prepared by NEViHN collaborators. While the Ministry of Health approved funding for this initiative, it was contingent on removing its digital component, which was integral to ensuring the UCS was adequately resourced. Without digital integration, the UCS failed to meet the needs of Armidale's population and was ultimately closed, damaging community trust in innovative healthcare solutions.

Ongoing Cross-Jurisdictional Collaboration: Despite NEViHN's closure, the collaboration between UNE, the Hunter New England LHD, and the Hunter New England and Central Coast PHN continues through the PHN's *Better Health for the Bush* initiative. [Recently, this initiative secured funding under the Innovative Models of Care program to establish a healthcare hub in Glen Innes.](#) This is a positive example of cross-jurisdictional collaboration, although delays experienced throughout the process highlight the challenge of cross-jurisdictional activity, its impact at grassroots levels, and the

need for timely communication and decision-making to maintain trust and momentum in collaborative initiatives.

NICHE Perspective: The *NICHE* project emphasises the importance of strategic, long-term governance arrangements to address systemic inequities in rural, regional, and remote (RRR) communities. *NICHE*'s digitally enabled healthcare model, supported by collaborative frameworks, demonstrates how cross-jurisdictional cooperation can improve workforce distribution and access to care. Such a model relies on integrated planning, coordinated funding, and shared accountabilities.

ToR 2: Collaboration on Initiatives, Services, and Training Programs

Relevant Recommendations: 9, 10, 14, 21, 22, 39

NEViHN Perspective: NEViHN's partnerships with the Hunter New England Local Health District and the Hunter New England and Central Coast Primary Health Network underscored the potential for collaboration in digital health delivery and workforce training.

NICHE Perspective: *NICHE* builds on these lessons by integrating community feedback and evidence-based strategies into its implementation roadmap. For example, *NICHE*'s alignment with Recommendation 9 supports workforce capacity-building through telehealth and GP trainee support, while Recommendation 39's emphasis on innovative models aligns with *NICHE*'s scalable approach to service delivery. The project's flexible design ensures that training programs and digital tools are tailored to the unique needs of RRR communities.

ToR 3: Community Consultation and Place-Based Health Plans

Relevant Recommendations: 5, 42, 43

NEViHN Perspective: Community engagement was integral to NEViHN's design but was constrained by limited resources. These challenges highlight the importance of sustainable funding to maintain genuine consultation and address local healthcare needs.

NICHE Perspective: *NICHE* operationalises community-driven approaches by embedding developmental evaluation into its implementation strategy. The project's place-based approach, informed by community consultation and LHD/PHN population health data, aligns with Recommendation 43. The approach and the project's implementation roadmap are tailored to address service gaps through digital health solutions, ensuring that local voices drive meaningful outcomes that respond to community healthcare needs.

ToR 4: Prioritizing RRR Communities in Decision-Making

Relevant Recommendations: 36, 37, 44

NEViHN Perspective: The closure of NEViHN underscores the need for RRR health to be prioritised in decision-making processes. Cross-jurisdictional challenges and shifting priorities can sideline rural needs, leaving promising initiatives without adequate support.

NICHE Perspective: *NICHE* aligns with a "Health in All Policies" framework to ensure that RRR communities are central to policy development. By embedding equity-focused strategies into decision-making, *NICHE* aims to address systemic disparities and improve health outcomes for underserved populations.

ToR 5: Progress on Portfolio Committee No. 2 Recommendations

NEViHN/NICHE Perspective: Progress on the Committee’s original recommendations has been uneven. While telehealth and shared medical record systems have advanced, significant gaps remain in funding and cross-jurisdictional collaboration. *NICHE*’s roadmap offers actionable solutions to customise healthcare solutions for individual communities through a digital model, identifying healthcare service and provider skills gaps and emphasising scalability, stakeholder engagement, and community-driven approaches to healthcare reform.

Closing Observations

Implementing the Committee’s recommendations represents an opportunity to transform RRR healthcare. NEViHN’s experiences and *NICHE*’s ongoing development highlight the need for:

1. Greater alignment between state and federal policies to overcome funding silos.
2. Sustained investment in community-driven models like *NICHE*.
3. Embedding RRR priorities into decision-making frameworks to ensure long-term impact.

Thank you for your time and consideration.

Yours sincerely,



Leanne Nisbet
PhD Candidate and former Project Manager, NEViHN,
University of New England

13 December 2024