

**Submission
No 8**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

Organisation: Coolamon Shire Council

Date Received: 15 September 2023

Dr Joe McGirr
Chair, Select Committee on Remote, Rural and Regional Health
Parliament House
Macquarie Street, Sydney NSW 2000

Email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Joe,

Thank you for the opportunity to contribute to the Select committee on Remote, Rural and Regional Health. As you are no doubt well aware, Coolamon Shire Council is heavily invested in achieving positive health outcomes for our community and it is pleasing to see that this enquiry is focusing much needed attention on the Health Sector in remote, rural and regional NSW.

In relation to the 22 findings of the Health outcomes and access to health and hospital services in rural, regional and remote New South Wales report (Legislative Council Report 57) of May 2022 (the report), I do not propose to address each finding individually, suffice to say that many of them have identified the very real issue of the lack of staff and qualified practitioners in communities outside metropolitan centres.

However, it is also noted that of the 44 recommendations made in the report there is no mention of the current or potential role that local government plays in supporting the provision of health services in remote, rural or regional NSW. I hope to expand on this by explaining how Coolamon Shire Council approaches this issue.

I must point out that the report provides little reference to aged care, and does not include aged care as an emerging health issue, however as nine (9) remote, rural and regional councils provide this essential service for their communities I believe it must be considered as part of any review of services. It is understood that the Federal Government has the primary responsibility in this sector, but as I am sure you are well aware, the aged care sector is confronted with the same problems confronting NSW Health. Pleasingly, recommendations 23 and 24 do identify the need to improve the provision of palliative care services and calls for an innovative approach to end of life care. The close working relationships that Coolamon Shire Council has developed with the Murrumbidgee Local Health District (MLHD) has, from council's standpoint made significant steps forward which may provide a road map for other similar sized communities in NSW and worthy of consideration by NSW Health.

In most remote, rural communities in particular, without council's involvement in aged care, this essential service would not be available to these communities. Primarily because it would not be cost effective for commercial providers to operate and maintain the facilities in small communities. Without local councils stepping up and taking on responsibility for aged care, elderly residents are forced into care many f miles from their families and community. The only alternative to aged care is for residents to be admitted to hospital which obviously increased the already strained NSW Health system. I would contend that local government has not been recognised for its major role in the provision of aged care services and this has contributed to the financial and legislative burden on councils being generally overlooked by previous inquiries.

Since Covid19, Coolamon Shire Council has undertaken an extensive recruiting process for both Aged Care employees and Registered Nurses. This has been driven primarily by changes to the Federal Aged Care Act, but also by difficulties in retaining staff who have moved away from the sector. The lack of staff forced council to close 12 beds of our facility at Allawah Lodge and staffing has prevented council from reopening these beds post pandemic, despite a waiting list of seventy five. To maintain the facility at 22 beds is financially unviable for council on the longer term so our

number one priority has been recruitment of suitable staff. Council has been forced to use agency staff to fill roster shortfalls, provide staff leave, training etc., which has also contributed to financial strain on council's budget. Despite this, council is committed to maintaining our aged care facilities and will shortly welcome 10 new staff members from the Philippines.

While the overseas staff will be most welcome and their arrival will allow council to return Allawah Lodge to full capacity of 34 beds, the process for recruiting them has been lengthy and at times, frustrating. The complexity of Australia's immigration procedures have been challenging but of more concern has been the apparent disparity in recognition of qualifications. Of the 10 overseas workers council has engaged as aged care workers, six are already trained nurses, however their Pilipino qualifications are not recognised in Australia, despite their training being aligned to that provided by the United States of America.

Council has resolved to fund additional training to equip these employees with the skills to upgrade their qualifications in line with Australian standards because it is the right thing to do. We hope that these employees will seek employment commensurate with their skills in health facilities in NSW once their engagement with council is completed. This is a small but positive example of how local government can assist in workforce development. Council has also undertaken construction of accommodation for these employees and will continue to support them to integrate into our community.

You are aware of council's advocacy for upgraded health facilities in Coolamon in line with the MLHD Coolamon-Ganmain Health Service Plan dated November 1922. The plan provides an outstanding opportunity to significantly enhance health service delivery in the Coolamon Shire. It also demonstrates the exciting possibilities of further integration of health and aged care services in small remote and rural communities in NSW which will meet the future needs of all age groups in the community. The plan created by MLHD demonstrates what can be achieved by thinking outside the box and council has been pleased to work with MLHD on this exciting concept.

Council is aware of the many issues which confront NSW Health and is ready and willing to work with the State Government to achieve positive health outcomes. As part of our commitment to the Coolamon-Ganmain Health Service Plan, council will purchase the land to construct the new facility and convert the old hospital into aged care accommodation. Council also intends to construct further longer term accommodation options for staff to occupy either on a transient or longer term basis. Council is very supportive of your views on training health professionals in regional areas and we are willing to engage with training providers to explore the necessary services such as accommodation, spousal employment etc., to facilitate greater use of the Coolamon MPS as a viable training option. Council feels that our proximity to Wagga Wagga would complement such training. Investment of the kind detailed in the Coolamon-Ganmain Health Service Plan is essential for rural communities along with a council willing to invest in aged care is a model which solve a great many issues in remote and regional NSW.

Local government has a significant role to play in addressing health service and workforce needs in NSW and this can be achieved by recognition of the roles council can play in supporting NSW Health in the provision of these services but this will require investment by the State Government and a willingness on the part of councils to consider the community benefits of smaller locally based aged care facilities co-located as much as possible to existing health services and a commitment to ongoing training of employees to enable them to move into other roles offered by NSW Health. This concept I believe aligned with Recommendation 22 which suggests; *...NSW Health and the rural and regional Local Health Districts work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients.*

Coolamon Shire Council has made previous submissions on this issue. I have attached relevant documents which provide an insight into the significant contribution made by local government in the health sector.

Thank you for the opportunity to contribute to the Select Committee on Remote, Rural and Regional Health . It is imperative that local government has a seat at the table in the discussion around remote, rural and regional health and I look forward to further discussions with you in the future.

Yours' Sincerely,



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**GM2) LGNSW COSTS TO SUPPORT HEALTH PROFESSIONALS IN REGIONAL,
RURAL AND REMOTE AREAS (H.03-01, SC223)**

LGNSW has been seeking information to support their advocacy in regard to Local Governments increasing role in providing or supporting health care in communities. Council has responded to this request, as per the attachment Attachment No. 4

As can be seen this Council's involvement has been quite considerable over a long period of time. LGNSW are concerned that this level of support is increasing with other levels of Government relying on Local Government to fill the gaps that appear.

Council supports this advocacy.

Recommendation

For Council information.

RESOLVED on the motion of Clr Maslin and seconded by Clr Logan that the report be received. 85/05/2021

Our ref: [REDACTED]

13 April 2021

Cr John Seymour, OAM
Mayor
Coolamon Shire Council

[REDACTED]

Dear Cr John Seymour, OAM

Council costs to support health professionals and services in regional, rural and remote areas

As you may be aware, Local Government NSW (LGNSW) recently made a submission to the Parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

LGNSW received feedback from more than 20 councils in developing this submission, building on the existing policy positions supported by member councils through resolutions of the LGNSW Annual Conference.

Our submission highlights multiple examples of the tireless work of councils in supporting the health and wellbeing of their communities when state and federal governments do not meet their healthcare responsibilities. LGNSW's submission also notes the need for the NSW Government to involve local government in finding locally relevant solutions to improving the provision of medical services in rural, regional and remote NSW, and calls for urgent action from the NSW and Australian Governments to adequately and fairly fund the provision of healthcare across NSW.

Thank you to those that provided input to our submission (or made a separate submission), it is our collective advocacy that strengthens our position as a sector.

The LGNSW Board, informed by member feedback and resolutions of Conference, has also now endorsed [11 advocacy priorities for 2021](#). Improving rural and regional health services has been identified as one of these advocacy priorities.

To bolster our advocacy and provide evidence of state and federal government cost shifting, I would welcome your input on specific costs your council funds to support the health of your community.

Specifically, we are seeking input on direct costs for the two financial years (2019/20 and 2020/21 forecast) to attract and retain healthcare professionals to your region and provide supporting infrastructure, services and programs. This could include a breakdown of costs for:

1. **Accommodation**
2. **Transport**
3. **Premises, infrastructure, facilities, equipment**
4. **Programs and incentives**
5. **Public campaigns for recruitment**
6. **Any other subsidies provided by your council**

An information sheet is enclosed with this letter that includes examples of the different costs that your council may meet in ensuring the availability of healthcare professionals and services for your region.

LGNSW has also discussed this letter with the Country Mayors Association (CMA) NSW, which is also surveying councils seeking feedback on specific priorities and needs for health services in regional and rural NSW. LGNSW and CMA NSW will seek to align our work and advocacy efforts on this important matter.

LGNSW would welcome your council's feedback in response to the six items listed above by **7 May 2021**.

For further information or to provide your council's feedback, please contact [REDACTED], [REDACTED], [REDACTED].

Yours sincerely



Cr Linda Scott
President

Information Sheet

Council direct costs in attracting and retaining a healthcare workforce and providing supporting infrastructure, services and programs

Despite not being a local government responsibility, councils in rural and regional areas will often take steps to secure healthcare for their communities and attract and retain a health workforce.

The financial commitment from councils to retain existing medical services and secure new medical services is considerable. This financial burden is a particular challenge for rural and regional councils which often have smaller rate bases and budgets that are already stretched as a result of rate pegging, cost shifting and state and funding arrangements that are no longer fit for purpose.

Below is a list of the different kinds of costs that councils may incur in attracting and retaining a healthcare workforce to their region and ensuring the provision of health services. Your council may provide other services that have not been captured in the list below. Please use this list as a guide when providing feedback to LGNSW so that we may compare and collate similar costs on behalf of the sector.

Summary of the types of costs incurred by councils

1. Accommodation

In recognition that housing support is critical to the successful recruitment and retention of the healthcare workforce, councils will often provide accommodation for GPs, visiting medical officers, nursing practitioners and other members of the health workforce. These costs may include:

- Utilities
- Rates
- Insurance
- Security
- Cleaning
- Furnishings and fittings
- Foregone rent from council properties
- Relocation expenses
- Depreciation
- Maintenance
- Eventual renewal.

2. Transport

Councils may provide private transportation or vehicle allowances for healthcare employees to incentivise relocation. Councils may also provide transport services for members of the community to attend medical appointments where there is no public transport available. In remote parts of NSW, councils will also maintain airstrips to ensure the Royal Flying Doctor Service (RFDS) can urgently access communities. A list of the types of transport costs incurred by councils is below:

- Vehicle (private transport incentive)
- Car allowance (private transport incentive)
- Community transport service:
 - Cost of asset (incl. depreciation of asset)
 - Servicing/maintenance
 - Fuel
 - Insurance
 - Cleaning
- Provision and maintenance of airstrips (where can separate direct costs for RFDS)

3. Infrastructure, facilities, equipment

Councils may provide buildings to house medical services such as a local medical centre or GP surgery. Councils may also provide the facility fully furnished including fixtures and fittings, or provide funding for this purpose. Some councils have also noted they have been expected to provide the capital for an extension to a NSW Government service, as well as the land, for which no rent is charged. Some councils may also be responsible for the local aged care facility or retirement village, to support community members ageing in place.

Examples of the types of infrastructure, facilities or equipment costs incurred by councils:

- Furnishings incl. fixtures and fittings
- Equipment for facilities
- Local aged care facility/retirement village
- Provision of land
- Council grants for such purposes (not including state or federal grants to councils)

4. Programs and incentives

There are a range of incentives that councils can provide to encourage health practitioners to build connections within the community. Examples of council programs and incentives:

- Travel allowance for GP (i.e. return flights to their home location)
- Free membership to community facilities incl. gyms, golf clubs, swimming pools
- Scholarships
- Grant programs

5. Public campaigns for recruitment

Public marketing such as promotional videos, media campaigns to attract healthcare professionals to the region.

6. Other council costs

Any other grants or costs provided by councils to attract and retain healthcare professionals to the region or provide health services not identified above.

Please contact Mr Tony Donoghue

Council Ref. [REDACTED]

Your Ref.



GM2.2

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21 April 2020

Cr Linda Scott
President
Local Government NSW
GPO Box 7003
SYDNEY NSW 2001

Dear Linda

SUPPORT OF HEALTH PROFESSIONALS AND SERVICES IN REGIONAL, RURAL & REMOTE AREAS

Coolamon Shire Council has been proactive in providing the type of health facilities that our community needs. This has not occurred over the last couple of years but has been a sustained effort over a considerable amount of time.

To just take the last couple of years financial support and projected costs does not reflect the overall work that has gone into providing the services that are available in the Shire. From the first provision of land when they were going to close the hospital in the 1990's to undertaking a \$1.5M upgrades this year to the Council owned and managed residential aged care facility, mean that Council now has available the type of infrastructure that helps attract health professionals. This has been a slow build-up of resources that has required significant community support (directly through fundraising) and Council action.

But this does not mean that we are not continuing the struggle to adequately and appropriately service the health care needs of our community

- Council owns and operates a 33 bed residential aged care service – annual \$2.5M budget. Capital value of \$25M
- Council operate Allawah Community Care – Home Care Packages – 57 + packages
- Council is a CHSP provider (\$113K annual government funding) & Community Transport provider (\$112K annual government funding)
- Doctor/dentist surgery in Coolamon – Council owned and provides subsidised rent. Capital Value \$700K
- Doctors surgery in Ganmain – own and provided subsidised rent. Capital Value \$450K
- Previously owned premises in Ardlethan for Doctors Surgery but negotiated location into Community health centre (built by community)
- Own the land that the Coolamon MPS & Coolamon Community Health is located on and nil rent
- Provided land (\$100K value) and an additional \$100K cash contribution to facilitate the location of an ambulance station in Coolamon
- Provide rooms in the Community centre for allied health professionals
- Built a house for the doctor \$500K – doctor has since purchased from Council Previously provided housing to doctors in Coolamon.

- Provide immigration support for prospective new doctor, registered nurse etc
- Provide training support for education RN, EN, CSE's. This has become necessary due to trouble finding staff and required a 'grow your own' approach to these required skills

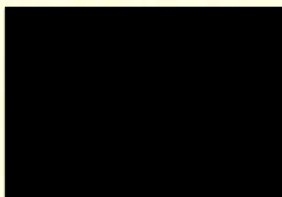
In addition to supporting the above, Council also supports the aged into affordable or retirement housing. This has a strong link with the health services that are provided

- Own and manage 24 self-care aged units in Coolamon. – capital value of \$7.5M
- Own and manage 20 single bed (over 55) low income units in Coolamon and Ardlethan – Capital value of \$3M

As can be seen, the health support provided is substantial, but it is acknowledged that some of these are businesses in their own right. Council operates these primarily to provide the service but also obtains an income.

We do not seek or obtain substantial "shareholder" returns, but aim for revenue neutral outcomes. After all, increasing "shareholder" returns only negatively impacts on the individual's health benefits and services we can provide or support.

Thankyou for the advocacy that this issue needs and please advise if you require any further details



Tony Donoghue
General Manager