

**Submission  
No 19**

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

**Organisation:** Wollondilly Shire Council

**Date Received:** 22 September 2023

The Select Committee on Remote, Rural and Regional Health

22/09/23

To whom it may concern,

**Wollondilly Shire Council Submission - The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health**

Council understands that the Select Committee is investigating the implementation of recommendations that were made by Portfolio Committee No. 2 (PC2) and is not seeking further submissions that outline health outcomes and access to hospitals and health services in regional NSW. We note that the focus of the Select Committee is to learn about the progress that has been made in implementing the recommendations made by PC2, which relate to workforce issues, workplace culture and funding considerations.

With this in mind, Council would like to acknowledge upfront that we understand that Wollondilly is not classified as remote, regional or rural for the purpose of the NSW inquiry. However, many of the challenges we face are similar, being on the fringe of Sydney and having many remote or isolated communities within our Shire.

For this reason, our submission is specific to our experiences in providing health services for the community and the challenges that they face with access to both face-to-face and telehealth services. We acknowledge that these issues would be magnified for the areas that this review technically covers.

We feel that the challenge calls for a whole-of-government approach, including the need to monitor the various policy decisions of State government and the impact that they have on service providers.

This submission is tailored to cover recommendations 3, 8, 14, 21, 25, 31, 43 and 44.

**R3:** *That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas.*

We note that the NSW Government's response focused on the Community Transport NGO Partnership Grants Program and TfNSW's 16 Cities Regional Service Improvement Program. While these are important programs, they do not address the lack of forward funding and planning for operations such as bus drivers and services on rail to key service delivery areas. These things need to be understood and planned upfront. Wollondilly is struggling to achieve a suitable level of service for with public transport despite Government decisions to declare two major urban growth areas. Upgrades to coverage and service delivery could enable significant numbers of people to travel affordably to nearby major health services hubs (Campbelltown, Liverpool, Penrith and Wollongong). With Wollondilly's population likely to triple over the next few decades, due to growth imposed by the State government, the need for high-frequency public transport to allow efficient and affordable car-free access to medical and allied health services is desperate.

**R8:** *That the NSW Government investigates ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.*

The factors that work together to influence our health are best addressed through early planning: new communities being developed or delivered need access to active and public transport, open space, employment and other factors that impact the social determinants of health. We note that the government response to this recommendation focuses entirely on delivery of primary health care; while we welcome this as a positive move away from the centralised hospital model of health services delivery and toward an emphasis on reducing the need for hospitals, the response fails to explicitly address the social determinants of health. To properly implement this recommendation, the government should explore a Health in All Policies (HiAP) or Healthy Public Policy (HPP) approach. Elevating health at State level for planning will assist – for example, the government should consider amending the *Environmental Planning and Assessment Act 1979* to include health as an objective (and a head of consideration for assessment) and prioritise health in decision-making before development hits the ground. The State government could follow the example set by Wollondilly (in partnership with South Western Sydney Local Health District), which has taken a Healthy Public Policy approach by:

- Embedding health and wellbeing statements in the Community Strategic Plan and Local Strategic Planning Statement;
- Introducing health objectives in the Local Environmental Plan;
- Introducing a social and health impact assessment framework; and
- Developing and implementing a health and wellbeing strategy for the Wilton Growth Area.

**R14:** *That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendation 9 and 10.*

We acknowledge the commitment to increasing the rural workforce shown through the 2022-23 NSW Budget, the NSW Health Workforce Plan, and the ongoing focus of HETI on rural specialist training posts. In addition, access to health services for rural and regional

residents could be improved by planning for facilities and services in growth areas on the fringe (e.g. Wollondilly, Hawkesbury and the Hunter) to support the surrounding communities and save them the difficulty, time and expense of travelling to the centre of Sydney. Land for such facilities should be identified and held early to ensure that it is not consumed by unsupported housing.

**R21:** *That NSW Health working with the Commonwealth and all relevant service providers investigate strategies to ensure public patients being treated in regional cancer centres can access private-public services while reducing out-of-pocket costs.*

People who have to travel for cancer treatment face significant costs (in addition to the physical and psychological impacts of being treated away from home), and IPTAAS subsidies are a necessary but insufficient means of reducing out-of-pocket expenses. Rather than relying on these subsidies, a more sustainable and equitable approach would be to improve the availability of treatment outside central Sydney – in particular, the anticipated population growth in the non-central parts of the Six Cities Region (Lower Hunter and Greater Newcastle, Central Coast, Illawarra-Shoalhaven, and Western Parkland) will increase demand for these services and encourage their decentralisation.

**R25:** *That Portfolio Committee No 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.*

We note that the government response to this recommendation argued that such an inquiry would be redundant, and that Portfolio Committee No 2 is nonetheless currently undertaking an inquiry into ‘Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales’. It is to be hoped that the equity focus of this inquiry will allow it to properly consider the differential impacts of the high user costs of mental health services on vulnerable and disadvantaged people (for example refugees and other recent migrants whose circumstances are overly stressful and who are obliged to live in rural or remote areas for financial or visa reasons). It is also to be hoped that the inquiry will neither duplicate previous inquiries nor place additional stress on those people it is aiming to help.

**R31:** *That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised.*

We support the government’s statement that virtual care ‘is designed to complement existing services and not to replace face to face consultations for First Nations communities.’ It should also be noted that telehealth, while a valuable tool, poses cultural barriers for many groups (including but not limited to First Nations communities) whose circumstances oblige them to live in rural, regional or remote areas. If face-to-face consultations are not provided adequately in these areas, such groups are disproportionately affected, compounding their existing disadvantage. It is also worth noting that connectivity and access to technology can be an even greater barrier for older members of such communities, so the goal of aging in place is threatened by a lack of face-to-face services.

**R43:** *That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisation and local health providers that are responsive to the variation in determinants, lifestyle and disease burden for each community and its population.*

We support the development of place-based health needs assessments for all areas in NSW (not just rural, regional and remote), and we note that South Western Sydney Local Health District has undertaken a health needs assessment for Wollondilly (currently undergoing its third revision) which has been a useful source of data for both Council and the LHD. The development of this assessment has also fostered valuable collaboration between the two organisations.

**R44:** *That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales.*

We strongly support the introduction of Health in All Policies (HiAP) in NSW, and the government's intended action of consulting South Australia on its implementation of HiAP is a positive start. Given the myriad ways in which the built environment impacts human health, the inclusion of health in *Future Transport* is also an excellent step forward; this can and should be expanded to include a much stronger focus on health and equity within the planning system, beginning with the inclusion of health as an objective (and a head of consideration for assessment in the Environmental Planning and Assessment Act 1979. We would welcome the opportunity to brief the Committee on what we have learned through Wollondilly's Health in Planning Partnership with South Western Sydney Local Health District, which is akin to a HiAP approach in that it is working to embed health as a key focus across all of Wollondilly's planning frameworks.

We thank you for the opportunity to voice our issues, which align with the challenges that are faced in remote, rural and regional areas and there are things that we can do differently improving on processes that exist. We need to work collectively and learn from challenges in established areas.

Yours faithfully,



Stephen Gardiner  
**Acting Director Shire Futures**  
Wollondilly Shire Council