

**Submission
No 20**

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

Organisation: Central NSW Joint Organisation (CNSWJO)

Date Received: 22 September 2023

Inquiry into the implementation of
recommendations relating to workforce
issues, workplace culture and funding
considerations for remote, rural and
regional health

September 2023



**CENTRAL NSW
JOINT ORGANISATION**

Bathurst
Blayney
Cabonne
Cowra
Forbes
Lachlan
Lithgow
Oberon
Orange
Parkes
Weddin

22 September 2023

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

remoteruralregionalhealth@parliament.nsw.gov.au

To whom it may concern,

Re: Inquiry into the implementation of recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Joint Organisations (JOs) were proclaimed in May 2018 under the NSW Local Government Act 1993. The Central NSW Joint Organisation (CNSWJO) represents over 177,000 people covering an area of more than 51,000sq kms comprising the eleven Local Government Areas of Bathurst, Blayney, Cabonne, Cowra, Forbes, Lachlan, Lithgow, Oberon, Orange, Parkes and Weddin.

Tasked with intergovernmental cooperation, leadership and prioritisation, JOs have consulted with their stakeholders to identify key strategic regional priorities. The CNSWJO Strategic Plan can be found here: [Strategic Plan & Regional Priorities - Central Joint Organisation \(nsw.gov.au\)](http://www.centraljo.nsw.gov.au) Health and aging have been identified as one of seven priority areas for the CNSWJO to collaborate and advocate for better outcomes for this region's communities.

This response is informed by policy developed in region.

CNSWJO and Centroc before it has found that it is necessary for local government to step in and support their communities in the provision of services and infrastructure for health and ageing. This ranges from advocacy for hospitals through to building, owning and operating medical centres. It is the least financially able and more remote councils that are asked to step into this space where the provision of health support service is not core business of councils.

Given the complexity of health services, this region has sought to work with peak agencies at the federal and state level to, among other things, explore alternative models for health workforce. This has ranged from health workforce attraction marketing for example the Beyond the Range project [Beyond the Range Welcome to Beyond the Range](#) through to codesigning alternative workforce models with peak health agencies. Notably, previous work undertaken in this region was not embraced by the State and indeed councils were discouraged from engaging in this regard despite the fact that 100% of Community Strategic Plans in Central NSW call for better health outcomes.

The CNSWJO Board understands that the Select Committee on Remote, Rural and Regional Health is interested to learn what progress has been made in implementing the recommendations made by Portfolio Committee No. 2 (PC2) which relate to workforce issues, workplace culture and funding considerations. Overall, the following observations are made:

- This region is unable to provide feedback around workforce service levels or culture to any great extent. Having said that, outside of the Collaborative Care projects' with three Lachlan CNSWJO Councils, this region is not seeing much by way of change.
- Those recommendations by the PC2 that can be measured, should be measured and advice should be provided back to community;
- This region supports initiatives that grow our own health workforce. We therefore fund scholarships for medical training at Charles Sturt University and are progressing a Policy Labs approach with the University that has health workforce as a priority. Initial stages of this work show that there are significant barriers to growing our own health workforce and this region would like to be part of concerted effort to remove these where possible. Funding support for this work would be welcomed.
- CNSWJO has a MoU with the Rural Doctor's Network (please find attached). Work has commenced on:
 - cadetships, which are shown to improve retention. If funded, a geographical area such as CNSWJO would easily mentor and support 20 cadets;
 - rural health professional orientations such as RDN's NGPO (New GP Orientation);
 - place-based planning - a practical long-term approach to developing fit-for-purpose solutions at the town, sub-regional and regional scales for example the Collaborative Care projects' with three Lachlan CNSWJO member councils has deeply involved local communities; and
 - health literacy, where meaningful ongoing feedback loops to the Select Committee on Remote, Rural and Regional Health will require health literacy, currently an area of deficit in many communities, impacting consumer's *"ability to access, understand and use information to make decisions and take action about health and healthcare"*. The health system is complicated and complex and community capacity building is required.

If you require further information or clarification on comments on this submission, please do not hesitate to contact me on [REDACTED]

Yours sincerely,

[REDACTED]
Jennifer Bennett
Executive Officer
Central NSW Joint Organisation (CNSWJO)

enc- MOU with Central NSW Joint Organisation and NSW Rural Doctors Network



2023

MEMORANDUM OF UNDERSTANDING (MOU)

CENTRAL NSW JOINT ORGANISATION

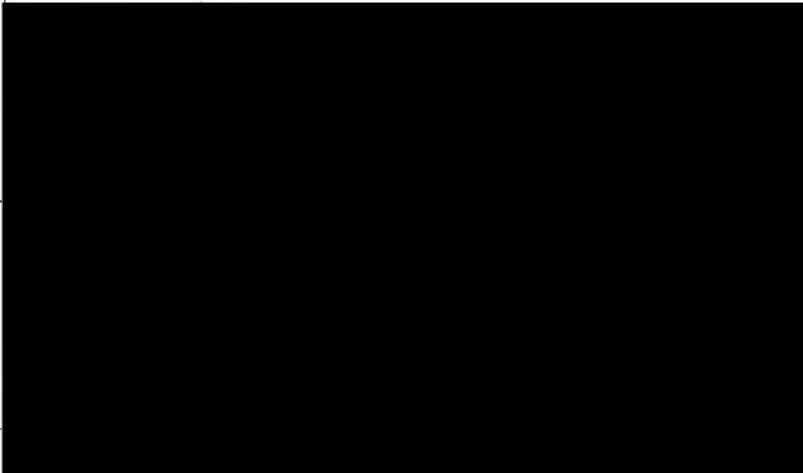
AND

NSW RURAL DOCTORS NETWORK

Parties	<p>Central NSW Joint Organisation ABN 30 467 146 006 (CNSWJO)</p> <p>NSW Rural Doctors Network ABN 52 081 388 810 (RDN)</p>
Introduction	<p>Improving health outcomes and the systems, infrastructure and workforce that enable health outcomes; are critical to the viability and sustainability of remote, rural and regional NSW.</p> <p>Central NSW Joint Organisation (CNSWJO) and NSW Rural Doctors Network (RDN) see value in formally recognising their joint interests in more substantial health outcomes for remote, rural and regional NSW and developing collaborative activities that support the continued growth and sustainability of NSW's rural health systems, infrastructure and workforce.</p> <p>This MOU will see CNSWJO and RDN pilot a Regional Community Health System and Workforce Engagement project for possible rollout across the whole of regional NSW. The pilot will enable the construction of a framework and enable evaluation of the potential benefits and outcomes of the project to develop a proposal for ongoing Government funding.</p>
Background	<p>CNSWJO</p> <p>The Central NSW Joint Organisation consists of 11 member councils – Bathurst, Blayney, Cabonne, Cowra, Forbes, Lachlan, Lithgow, Oberon, Orange, Parkes and Weddin. Central Tablelands Water and Upper Macquarie County Council are all Associate Members. The Board also values working with key stakeholders, importantly the NSW Government.</p> <p>Central NSW is a diverse area that covers around 51,567 km² with a population estimated to be 177,854 persons (based on Office Local Government – Council statistics – 2016 Census data).</p> <p>RDN</p> <p>Established in 1998 as an outcome of the 1987 NSW Rural Doctors Dispute, RDN is an independent charitable organisation that works to create and sustain access to quality multidisciplinary healthcare for all Australians – no matter where they live.</p> <p>RDN strives to operate as a values-based and evidence-based organisation. RDN program activities and methods are developed aligned to RDN's 2022-25 IMPACT measures that relate to creating and sustaining health access. These include improving rural community health system resilience, building a rural workforce pool, and enhancing rural health professionals' capability.</p>
Aim	<p>The MOU aims to provide a foundation for implementing a pilot project to enable ongoing cooperation and collaborative activities that support achieving shared priorities.</p> <p>The role of the MOU is to provide a framework for the parties to operate within.</p>
Liaison	<p>The primary liaison contacts for each party regarding the MOU are –</p> <p>CNSWJO: Executive Officer</p> <p>RDN: Director of Engagement & Enterprise</p> <p>It is envisaged that the implementation of the MOU's collaborative activities will have separate designated points of contact.</p>

Collaborative activities	<p>CNSWJO and RDN are innovative and forward-looking organisations aiming to deliver tangible community benefits. This collaboration seeks to align the direction and expectation between CNSWJO and RDN that we will produce outcomes.</p> <p>The engagement and activity development framework between the two parties is envisaged as a pilot project as part of RDN grant funding from the NSW Ministry of Health for the <i>NSW Regional Community Health System and Workforce Engagement Project</i>.</p> <ol style="list-style-type: none"> 1. MOU governance and relationship management. 2. Collaborative activity planning and workplan/s, Program development. 3. Supporting community health system understanding and workforce literacy. 4. Policy and Advocacy 5. Joint promotion
MOU administration	<p>It is envisaged that the management mechanisms to enable the MOU will include –</p> <ol style="list-style-type: none"> 1. Mutual development of a collaborative activity work plan 2. Joint half-year review of the work plan <p>Schedule 1 outlines the proposed work plan activities for the Year (2023/24).</p>
Conditions	<ol style="list-style-type: none"> 1. Each party is responsible for its costs in implementing the MOU. 2. Each party must maintain adequate insurance to cover it against any liability arising because of participation in projects associated with the partnership and all insurances required under Worker's Compensation legislation and for taking all other actions required as an employer. 3. Each party retains ownership of its existing intellectual property. 4. This MOU is not intended to create binding or legal obligations on either party. Despite any detriment or expense incurred by either party before the execution (if any) of formal legal agreements, no binding legal relations shall arise before that time. 5. Every reasonable effort has been taken to ensure the accuracy of this MOU's proposed method. However, all statements of opinion or belief in this MOU, all views expressed and all projections, forecasts or statements regarding current or future events represent the assessment and interpretation of circumstances existing as of the date of this MOU by either party. 6. No representation is made or assurance is given that such statements, views, projections, or forecasts will eventuate. To the extent permitted by law, either party takes no responsibility for the information contained in this MOU. 7. Both parties agree to disclose any actual or potential conflict of interest. 8. The MOU is not intended to constitute either party as an agent, partner or joint venture of the other, and neither party has the authority to bind or pledge the credit of the other. 9. Each party will (with prior written approval) jointly market and showcase the MOU. This may include co-branding (including the use of name and logo), marketing and media activities as negotiated and agreed in writing by the partners. 10. Both parties recognise that the MOU is neither an exclusive nor binding contract and that both parties may explore other similar collaborative arrangements with other entities as they see fit.
Period	<p>The MOU is reviewed every 12 months and signed off by Chairs (1-year) period.</p>

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Disputes	Suppose any party has an issue with the operation of the MoU. In that case, they should raise this with the designated liaison for each partner, who will report to the senior teams from the respective organisation. If both parties agree, an independent third party may act as a facilitator.
Termination	Either party may terminate the MoU at any time by giving the other party thirty (30) days prior written notice.
Confidentiality	The parties acknowledge that information disclosed by one party to the other (the disclosing party) during the subject matter of this MOU may be confidential and, unless required by law, must not be disclosed to a third party except with the prior written consent of the disclosing party.
Variation	The parties may agree to vary any of the requirements of this MOU. Such agreement must be in writing and signed by both parties.
Signed	

Schedule 1

MOU Framework	2023/24	Other potential activities for consideration
MOU governance and relationship management	<ul style="list-style-type: none"> • MOU completion and signing (Aug-23) • MOU launch (Sept-23) • RDN attendance at appropriate CNSWJO meetings 	<ul style="list-style-type: none"> • CNSWJO introduction to RDN Board (Nov-23) • RDN Board meeting to be held within the CNSWJO area.
Collaborative activity planning and workplan/s, Program development.	<ul style="list-style-type: none"> • CNSWJO & RDN pilot a Regional Community Health System and Workforce Engagement project for possible rollout across regional NSW with MoH support. • 2023/24 joint workshop to agree on workplan & CNSWJO "State of Play" design and implementation schedule. (Oct-Nov 23) • Workshops offered to each CNSWJO LGA member area. • CNSWJO and RDN develop communications plan and strategies around the MOU work. • Workplan half-year review (Mar-24) • CNSWJO share insights on adapting the timing of reports and information to suit local government cycles. 	<ul style="list-style-type: none"> • Development of workforce rural orientation program/s. • RDN support for localised responses to the Innovative Models of Care (IMoC) grants – likely to be released by Federal Government in late 2023. • Tailored LGA-specific health systems development work plans • CNSWJO considers its role to inform and support RDN's community-based development method in local approaches.
Supporting community health system understanding and workforce literacy.	<ul style="list-style-type: none"> • CNSWJO leverage community engagement products delivered by RDN, such as the 'Health Interpreter' Podcast series members and community leaders. • CNSWJO input contribution to, and circulation of, RDN's 2024 Rural NSW Health Access Report 	<ul style="list-style-type: none"> • Layering of RDN's annual Rural NSW Health Access Report so that tailored reports by Joint Organisation region and participating LGAs can be developed (funding/resource dependent). • In 2024, RDN will likely establish a Rural Health Community Forum – advisory style committee. CNSWJO could be represented.
Policy and Advocacy	<ul style="list-style-type: none"> • Based on work undertone through MOU. Development of joint funding pitch for rural NSW community engagement in health system development and workforce recruitment and retention. 	<ul style="list-style-type: none"> • RDN & CNSWJO to work with Country Mayors Association to support the ongoing funding by the NSW Government across the whole of NSW based on the pilot program.

	<ul style="list-style-type: none"> RDN supports the development of evidence-inform policy considerations and advocacy to add value in considering joint representation for funding local government initiatives that enable and support health system development and workforce recruitment and retention. 	
Joint promotion	<ul style="list-style-type: none"> Corporate collateral acknowledgements (e.g., websites), Annual Reports Joint promotion of the pilot evaluation and "State of Play" framework for Regional Council areas. CNSWJO promote the #RuralPositive campaign, which is integrated with RDN's Rural Health Month (Nov-23) 	<ul style="list-style-type: none"> RDN & CNSWJO consider profiling their work to sitting MPs in Canberra at the National Rural Health Awards event, including purchasing an annual award table. CNSWJO promotes RDN health professional products, grants, services, scholarships, and the Specialist Health Access Outreach Program supported by the Australian Govt or the distribution of over \$ 5 million in training grants to NSW rural health professionals since 2020.