

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Local Government NSW

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LGNSW SUBMISSION

Specialist health services in regional NSW

APRIL 2024





Local Government NSW (LGNSW) is the peak body for local government in NSW, representing NSW general purpose councils and related entities. LGNSW facilitates the development of an effective community-based system of local government in the State.

OVERVIEW OF THE LOCAL GOVERNMENT SECTOR



Local government in NSW employs **55,000 people**



Local government in NSW is responsible for about **90% of the state's roads and bridges**



Local government in NSW looks after more than **\$177 billion** of community assets



NSW councils manage an estimated **4 million tonnes of waste** each year



Local government in NSW spends more than **\$2.2 billion** each year on caring for the environment



NSW councils own and manage more than **600 museums, galleries, theatres and art centres**



NSW has more than **350 council-run libraries** that attract tens of millions of visits each year



NSW has more than **400 public swimming and ocean pools**

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INTRODUCTION

Thank you for the opportunity to provide input to the Select Committee's inquiry relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

This submission is informed by the policy positions of Local Government NSW (LGNSW) and consultation with LGNSW councils.

This submission was endorsed by the LGNSW Board in May 2024.

BACKGROUND

The Select Committee on Remote, Rural and Regional Health is inquiring into and reporting on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations relating to health outcomes and access to health and hospital services, including:

- 1) The delivery of specific health services and specialist care in remote, rural and regional New South Wales, including:
 - a) Maternity services, obstetrics and paediatrics (including Recommendations 19, 20, 26 and 27)
 - b) Patient transport and paramedicine (including Recommendations 3, 28 and 29)
 - c) Indigenous health services (including Recommendations 23, 31, 32, 33, 34, 35 and 43)
 - d) Mental health services, and drug and alcohol services (including Recommendation 11)
 - e) Aged care and palliative care (including Recommendations 18, 23 and 24)
 - f) Cancer care and oncology (including Recommendation 21 and 30)
 - g) Other specialist care and allied health services, as they pertain to the Portfolio Committee No. 2 recommendations (including Recommendations 5, 10, 30, 42, 43, 44)
- 2) Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues,

workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health's previous inquiry.

LGNSW POSITION

LGNSW supports the NSW Government's approach to reviewing the varied and systemic issues facing the health services in regional NSW and has made the following submissions in recent years:

- [Parliamentary Inquiry – health outcomes and access to health and hospital services in rural, regional and remote NSW – December 2020](#)
- [Supplementary submission: Parliamentary Inquiry – health outcomes and access to health and hospital services in rural, regional and remote NSW – October 2021](#)
- [Parliamentary Inquiry Mental Health Care in NSW – September 2023](#)
- [Parliamentary Inquiry Healthcare Workforce – October 2023](#)

Councils have brought a significant number of motions to the LGNSW Annual Conference in recent years about the lack of access to health services in rural and regional NSW. Relevant resolutions of the 2023 Annual Conference are contained in **Appendix 1**.

LGNSW continues to call for the full implementation of all 44 recommendations of the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales and further, welcomes the progress of the 68 action items identified within the 44 recommendations.

LGNSW looks forward to working with the Committee to ensure all recommendations are implemented with a collaborative approach across all spheres of government.

Policy Platform

LGNSW's [Policy Platform](#) consolidates the voices of councils across NSW, reflecting the collective positions of local government. Specifically relating to health services in rural and regional NSW, LGNSW advocates for:

- *An audit of service delivery and funding flows into rural and regional NSW by State and Commonwealth agencies*
- *New models for rural and regional infrastructure, service delivery, health, mental health care and aged care, including consideration of council*

coordination and/or implementation that avoids cost shifting and is built on close collaboration between local, state and federal governments and NGOs

- *Improved commercial airline, public transport and banking services for regional communities*
- *Incentives and measures to increase domestic and international migration to inland rural and regional communities, including for experienced and qualified staff*
- *Action to address difficulties meeting Continuing Professional Development requirements for professionals working in rural and remote NSW.*

KEY CONSIDERATIONS OF COUNCILS

Council involvement in rural and regional health provision

The NSW Parliament's Standing Committee on State Development is also currently undertaking an inquiry into the ability of local governments to fund infrastructure and services. The [terms of reference](#) for this inquiry consider a range of matters of relevance to councils' involvement and interest in rural and regional health provision, including the impact of cost shifting on financial sustainability of local government, as well as the level of income councils require to adequately meet the needs of their communities.

Councils are not funded to deliver rural and regional health services, but are essentially forced to step in when state and federal governments do not fulfil their responsibilities in this area.

Health reimbursement scheme

LGNSW's 2024-25 State Budget submission is again calling for the establishment of an annual \$5 million local government rural and regional health reimbursement scheme.

While it is not within councils' ordinary remit, many regional and rural councils provide incentives for practitioners to relocate, as well as funding to ensure medical centres are financially sustainable and maintained. However, this means already stretched councils are having to divert funds from much needed local infrastructure and community services.

A local government health reimbursement scheme would allow councils to invest in important community infrastructure and services.

Access to health services

Transport

LGNSW also continues to advocate for coordinated approach to ensure people in rural, regional, remote, isolated, and public transport-deprived areas gain access to appropriate and relevant health services.

People living in rural and regional areas are disproportionately affected by poorer health outcomes¹. People who require dialysis, oncology treatment, medical imaging and rehabilitation services often need to travel long distances to access these services. Pressures are further compounded by a lack of viable transport options.

Councils also often support their communities through grant funded bus services. While this grant funding is welcome, better coordination of funding arrangements is needed to ensure people can suitably access the health services they need.

Face-to-face services

LGNSW welcomed the 2020-2022 Inquiry recommendation to ensure that face-to-face consultations are prioritised. A lack of in-person services to assist people navigating the system can jeopardise early intervention.

It is important that the NSW Government supports the recruitment of people from Aboriginal and Torres Strait Islander communities into healthcare roles to help address barriers to healthcare, build trust in the community and co-create culturally safe spaces.

Further, translated pamphlets and written information can be insufficient in communicating complex information to new migrants and people from culturally and linguistically diverse backgrounds. In-person services will support people in navigating the health system and accessing support programs.

Waiting periods for health services

LGNSW's submission to the 2020-2022 Inquiry noted long wait lists for primary health, specialist and allied health services in rural and regional areas, with no estimated timeframes for when an appointment to see a specialist would become available².

¹ Australian Institute of Health and Welfare, 2023, Rural & remote health, available at: [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/rural-remote-health)

² LGNSW Parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW, available at <https://www.parliament.nsw.gov.au/lcdocs/submissions/69975/0345%20Local%20Government%20NSW.pdf>

Patients should be able to make an informed choice in terms of whether they should take the time to travel elsewhere to see a specialist, if their condition is worsening.

LGNSW was pleased to see this concern addressed (recommendation 42) and looks forward to this issue being progressed for communities.

Preventative health care

Councils note the health system in regional NSW is a system of crisis management and insufficiently resourced to focus on preventative practice. The window of opportunity for prevention or early intervention can often be narrow, not just for physical health concerns but also for drug rehabilitation, mental health, sexual health, or specific Aboriginal and Torres Strait Islander health programs.

There would be benefit in better resourcing preventative health measures (for example, regular annual screening checks) for remote towns, and for these opportunities to be better promoted.

Disaster resilience

Following a natural disaster or emergency, the health outcomes for many people decline. With increasing frequency and severity of disasters, there needs to be greater capacity for the health system to respond, particularly in the areas of mental health, family violence prevention, and cancer and cardiovascular diagnosis and treatment.

The health needs of communities need to be factored into disaster recovery plans at both a local and state government level.

Mental health services

Access to quality specialist care, particularly mental health services continues to be a matter of concern for many rural and regional councils. LGNSW continues to call for funding for specialised and appropriate mental health and wellbeing services to bolster resilience.

Access to mental health services in rural and regional areas following emergency and disaster recovery situations continues to be a matter of concern. Many rural and regional areas struggle to fill vacant psychology and health and wellbeing positions, even in the absence of these catalysts. It is promising that the NSW Government's new State Disaster Mitigation Plan emphasises health and mental health as a key factor for disaster resilience.

There is an increasing concern regarding the acute mental health difficulties experienced by young people, and the ability to access the services required to support them. Young people in particular experience higher levels of suicide in rural and regional communities, worsened by a lack of youth counselling services, programs and centres. Councils across NSW operate youth centres and services, but often cannot fund these for full time staff or hours of operation. There is a clear need for increased funding for specialised and appropriate youth services, counselling and support – particularly in disaster affected communities, in various settings to children from pre-school up to high school. It is important that this funding is provided over a period of years (not just one to two years), to improve community wellbeing and resilience post disaster.

In line with a past resolution of the LGNSW Annual Conference, LGNSW would support investment in a national partnership arrangement with *headspace* so that young people in isolated communities can access vital services close to their homes.

The 2020-2022 Inquiry's recommendations for an effective, culturally safe and quality mental health model of care for Aboriginal and Torres Strait Islander people are welcomed. LGNSW would also welcome the NSW and Australian Governments investing more to Close the Gap for suicides and social and emotional.

LGNSW continues to call for targeted assistance for rural and regional communities to support them in the recruitment and retention of appropriately qualified mental healthcare workers.

Further, LGNSW calls for an increase in the number of Medicare psychologists, especially within Aboriginal and Torres Strait Islander services, that are community based and supported in their capacity to manage complex needs.

Aged care

The recommended reforms following the Royal Commission into Aged Care Quality and Safety aim for a single-entry point to provide for easier access to the aged care system for older people.

Other significant reforms include the move to a new Aged Care Act and the transition from the Commonwealth Home Support Program to the Support at Home program.

The existing Commonwealth Home Support Program provides Australian Government funding directly to providers (including many councils) through grant agreements, and these providers then deliver subsidised services to older people. The new Support at

Home program arrangements mean that providers will primarily be paid on a fee-for-service basis after a service has been delivered. This will result in less certainty for providers.

A key concern of councils regarding these reforms to in-home aged care is that funding will not be sufficient under the proposed Support at Home funding model and that increased competition will force some councils out of the market. Some have already decided to transition out. While the Australian Government is proposing supplementary grants for Support at Home providers operating in thin markets where fee-for-service payments would be insufficient to cover high operating costs (such as in rural and remote regions), uncertainty remains.

Councils will need to undertake a comprehensive and well-planned transition process to successfully move to the new program, but some councils may not have the resources to do this effectively or identify that it is not financially viable to continue.

CONCLUSION

LGNSW acknowledges that the provision of health services is complex and welcomes the NSW Government's inquiry relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

To discuss this submission further, please contact [REDACTED]

Recommendations

1. The complete list of 44 recommendations from the 'Health outcomes and access to health and hospital services in rural, regional and remote New South Wales' (Report No 57) be implemented in full.
2. The NSW Government provide a more equitable distribution of health infrastructure and operational funding to support current health services in rural, regional and remote NSW.
3. The NSW and Federal Government introduce a Local Government rural and regional health reimbursement scheme. The scheme would reimburse councils for their health expenditure, ensuring that rural and regional communities do not miss out on infrastructure and services that would otherwise be funded by their council.
4. The NSW Government review and address transport barriers to accessing healthcare and ensure better coordination, links and funding arrangements between different modes and providers of transport.
5. Telehealth services should not replace vital, in-person services.
6. Where a person is placed on a waitlist to see a specialist, the person is provided with an estimated duration of the waitlist so that the person is empowered to decide whether it would be prudent to travel and seek an alternative specialist.
7. The NSW and Federal Government sufficiently resource proactive and preventative health measures including mental health check-ups, particularly in remote, rural, and regional NSW.
8. The NSW and Federal Government factor mental healthcare and support needs of a community into disaster recovery plans.
9. The NSW Government increase funding for specialised and appropriate mental health and wellbeing services to bolster resilience.
10. The NSW and Federal Government investigate and explore a partnership between councils and headspace to ensure young people in rural, areas gain access to appropriate and relevant youth mental health services.
11. The NSW and Federal Government provide targeted assistance to rural and regional communities to support them in the recruitment and retention of appropriately qualified mental healthcare workers.
12. The NSW Government include Closing the Gap socioeconomic targets in all planning and resourcing for health service implementation and delivery.

APPENDIX 1 - Relevant 2023 LGNSW Annual Conference resolutions

Resolutions to 2023 LGNSW Annual Conference calling for action to improve health services in rural and regional NSW.

56 Liverpool City Council - Medicare psychology services

That Local Government NSW writes to the NSW Minister for Health, seeking an increase in the number of psychologists employed by NSW Health, with priority given to:

- a. Community based positions.
- b. Improving the capacity of community based psychologists to assist patients with complex needs.
- c. Growing the Aboriginal psychology workforce.

X103 Albury City Council Mental health services and infrastructure in regional NSW

That Local Government NSW calls on the NSW Government to improve the capacity and quality of health services and infrastructure related to Mental Health in regional NSW to meet growing community demand.

X104 Narrabri Shire Council Rural health crisis

That Local Government NSW calls on the NSW Minister for Health and Regional Health to provide long term investment for programming and services to improve the health and wellbeing outcomes for communities in rural and regional areas and urgently establish a Rural Health Taskforce.

X105 Liverpool City Council Mental health services and accessibility

That Local Government NSW resolves to:

1. Make representation to both Federal and State governments to work cooperatively and collaboratively as a matter of urgency to strengthen, improve and invest in accessible community-based mental and psychological health counselling and therapy that is sensitive to and meets the complex needs of our diverse community.
2. Make representation to the State and Federal government to urgently implement the findings of mental health services and accessibility report of University of Sydney, Western Sydney University and University of Wollongong (Integrated Mental Health Atlas of South West Sydney) to:
 - a. Fund the development of more community-based psychosocial, primary and community mental health services, as alternatives to hospital care.
 - b. Invest in boosting the role and capacity of NGOs and other services providers.
 - c. To provide more comprehensive, integrated and higher-level mental health services

X106 Muswellbrook Shire Council Prioritise rural and regional health care services

That Local Government NSW calls upon the State and Federal Governments to support a strategic approach to the provision of health care services, so that public hospitals are upgraded to the required standard, and where specialist health care providers, including obstetric and mental health care professionals, are provided to rural and regional communities. These services can be shared between neighbouring Councils and geographically feasible clusters of Councils.

X107 Bega Valley Shire Council Doctor servicing of hospitals

That Local Government NSW calls on the NSW government to review the model for doctor servicing of hospitals so that doctors are adequately and equitably incentivised to service hospitals and so that local health districts have greater capacity to manage their budgets.