

**Submission
No 58**

HEALTH SERVICES AMENDMENT (SPLITTING OF THE HUNTER NEW ENGLAND HEALTH DISTRICT) BILL 2025

Organisation: NSW Council of Social Service (NCOSS)

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Legislative Assembly on Community Services

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Submission to the NSW Inquiry into the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025

Introduction

The NSW Council of Social Service (NCOSS) is the peak body for the social services sector in NSW. With over 400 members and a wider network of stakeholders who share our values, we advocate to alleviate poverty and disadvantage in NSW.

NCOSS understands that concerns regarding healthcare across the Hunter New England Local Health District (LHD) have prompted the introduction of the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025. While we recognise that structural reorganisation may lead to better outcomes, NCOSS emphasises that the ultimate measure of success should be:

1. Better health outcomes for all residents, particularly those experiencing disadvantage
2. More equitable and needs-based distribution of healthcare resources

We caution that splitting the LHD without specifically addressing underlying systemic issues risks creating administrative distraction rather than meaningful change for communities living across the Hunter New England region.

Context & Challenges

The Hunter New England LHD is one of the largest in New South Wales, spanning over 130,000 square kilometres. It serves a population of 973,653 in communities across the Hunter, New England, and Lower Mid North Coast regions, including over 70,000 who identify as

Aboriginal and Torres Strait Islander.¹ There is also a high proportion of people living in economic disadvantage and struggling to access vital healthcare.

NCOSS research shows disparities across the region²:

- **Poverty rates exceed state average:** 15% of residents live in poverty (compared to 13% NSW-wide), with concentrations reaching 25% in Newcastle–Cooks Hill, 23% in Taree, 21% in Tenterfield, 20% in Inverell Surrounds, 19% in Glen Innes, and 18% in Forster³.
- **Higher burden of chronic disease:** Over 60% live with a long-term health condition, higher than the NSW average (51%)⁴
- **Inadequate primary care access:** More than one-third (37%) in New England North West and the Mid-North Coast visited emergency departments because their GP wasn't available, the highest of any region in NSW and significantly higher than the state average (23%).
- **Financial barriers to healthcare:** Over half (55%) of people on low incomes and below the poverty line couldn't afford prescribed medication or healthcare in 2024. 58% could not afford essential travel, including to access healthcare.⁵

Key Recommendations

Each of these are indicators of real health challenges in the region. Addressing these inequities should be the focus of the Government, with two priorities:

1. Make it Easier to Access Healthcare

Specific recommendation to achieve easier access to healthcare are:

¹ 2021 ABS Estimates. NSW Ministry of Health

² Based on average data for ABS SA4 regions overlapping the Hunter New England LHD boundaries: Hunter Valley excl Newcastle; New England and North West; and Mid North Coast.

³ Vidyattama, Y., Brown, L., Tanton, R., and NSW Council of Social Service (NCOSS). (2023), *Mapping Economic Disadvantage in New South Wales*, 2021. NATSEM, Faculty of Business, Government and Law, University of Canberra. Report Commissioned by NCOSS.

⁴ Vidyattama, Y., Vu, X.-B. B., and Cain, E. (2024), *Access Denied: Australians Locked Out of Quality Healthcare*, Faculty of Business, Government and Law, University of Canberra. Report Commissioned by NCOSS.

⁵ Institute of Public Policy and Governance (2024), *Impossible Choices: Decisions NSW communities shouldn't have to make*, University of Technology Sydney. Report commissioned by NCOSS.

- A. **Transportation solutions:** Immediate expansion of the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) and community transport options. This was also a recommendation in our 2024 submission to the NSW Select Committee on Remote, Rural and Regional Health inquiry.
⁶ The Committee's final report supported our recommendations.
- B. **Workforce strategy:** Develop and fund a comprehensive regional healthcare workforce attraction and retention plan. Recent consultation with NCSS members highlighted the challenges of workforce shortages, particular in regional and rural parts of NSW. Responding to these issues will require additional funding for local health services, including critical frontline services provided by not-for-profit organisations.
- C. **Infrastructure investment:** Commit to targeted social infrastructure development (affordable housing, childcare, transport) to support healthcare workforce stability.
- D. **Digital health expansion:** Increase funding for virtual care options while ensuring appropriate digital literacy support

2. Improve Service Planning and Resource Allocation

- A. **Data-driven funding:** Implement transparent, needs-based funding formulas that account for population vulnerability, geographic isolation, and social determinants of health.
- B. **Community co-design:** Establish formal mechanisms for meaningful involvement of local communities and not-for-profit organisations in service planning.
- C. **Cross-sector integration:** Fund co-ordination mechanisms between health services, social services, community organisations, and public schools to address complex health needs.

⁶ Inquiry into *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*

- D. **Aboriginal-led solutions:** Support and resource Aboriginal Community Controlled Health Organizations to lead culturally responsive service delivery.

At a recent NCOSS forum in Wagga Waga, over 130 workers from health and community NGO services across the Murrumbidgee stressed the need for greater investment in regional health services. They also asked that the NSW Government better utilise the expertise of local health and community NGO services in planning and design. These groups understand their communities, have strong local connections, and understand the unique challenges faced by people living in the regions. NSW Health and all Local Health Districts should work more closely with these organisations and recognise their value as vital infrastructure.

Enhancing planning and resource allocation would go a long way to addressing the significant unmet needs in the Hunter New England region.

Conclusion

The health challenges facing communities across the Hunter New England region are substantial and require more than administrative restructuring. NCOSS recommends that any changes to the LHD structure be accompanied by significant new investments in healthcare access, workforce development, and community-led planning processes.

We welcome the opportunity to discuss these recommendations further and offer our assistance in developing implementation strategies that will deliver meaningful improvements in health outcomes for all residents of the region.

Thank you for considering our submission. Should you have any questions in relation to this matter, please do not hesitate to contact me at [REDACTED].

Yours sincerely,

[REDACTED]

Cara Varian

Chief Executive Officer