Submission No 76

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

Organisation: Narrabri Shire Council

Date Received: 24 April 2025

Our Reference: 2259050 DLA:DLA
Your Reference: HNEH Bill
Contact Name: [redacted]

Committee Chair: Mr Clayton Barr, MP
Legislative Assembly Committee on Community Services
NSW Parliament House
Macquarie Street
SYDNEY NSW 2000

By email: communityservices@parliament.nsw.gov.au

Thursday, 24 April 2025

Re: Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025 – Narrabri Shire Council Submission

Dear Mr Barr,

Thank you for the opportunity to provide feedback in relation to the inquiry on the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025. In accordance with Minute No. 74/2025 at its April 2025 Ordinary Council Meeting endorsed the making of this submission.

Local Context

Narrabri Shire is located in the North West Slopes region of NSW. The primary settlement of Narrabri is located adjacent to the Namoi River and at the confluence of the Newell and Kamilaroi Highways. The local government area (LGA) is strategically positioned halfway between Sydney and Brisbane, and is considered to be resource-rich. Key local industries include mining and agriculture. At the last Census (2021) the resident population was 12,721 persons.

Narrabri Shire Council's vision is articulated in the Community Strategic Plan as follows:

"Narrabri Shire will be a strong and vibrant regional growth centre providing a quality living environment for the entire Shire community."

The township of Narrabri is considered to be one of the most flood prone settlements in NSW. The community of Wee Waa, located west of Narrabri, is periodically completely isolated by flood waters for long periods (up to two weeks) and is protected by a ring levee. Narrabri Shire contains a number of vulnerable and at-risk communities that are flood-affected. These communities have a high Aboriginal population, low socio-economic base and are also ageing in nature.

A total of 6,949 workers were employed In Narrabri Shire, as of 2021. This employment is concentrated in the agricultural and mining sectors. Mining is a capital-intensive sector, producing high output per person employed. The industry workforce is dominated by FIFO and DIDO workers from surrounding LGAs and further afield who are not captured in local employment statistics.

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Narrabri Shire Council is supported by the following primary Hunter New England Health (NSW Health) assets that service our socially vulnerable communities:

- Boggabri Hospital (transitioned to an MPS model)
- Narrabri Hospital
- Wee Waa Hospital

It should be noted that recent health-allied representations have been made by Narrabri Shire Council to the Select Committee on Remote, Rural and Regional Health which is currently conducting an inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW. A copy of Council's submission report is enclosed as background as Attachment 1. This submission provides a detailed analysis of the community's current challenges and the associated system failures, which forms part of, and is required to be read in conjunction with this correspondence.

In addition to the enclosed documentation, Narrabri Shire Council provides the following feedback to the Inquiry:

1. **Broad community support to the Bill:**
   Council is strongly supportive of the Bill to split Hunter New England Health. The current system is considered to be currently 'broken'. The sheer geographical size of the responsible organisation, extending from Newcastle to the Queensland border is simply unworkable. This is creating significant ongoing health equity and access challenges and overall poorer health outcomes. It is an unfortunate and distressing statistic that, if you live in the Narrabri local government area you can expect to die earlier than both your surrounding LGAs and metropolitan counterparts.

   In the case of the Hunter New England Health District, Narrabri Shire became part of the amalgamation of the New England and Hunter area health services in 2005. It now forms part of the Hunter New England Health District which administers to a population of close to one million people across an area of more than 130,000 square kilometres. Newcastle, as the administrative and service focus is a six hour drive away from Narrabri with limited, and at times unreliable, public transport options.

2. **Community resilience considerations:**
   Narrabri Shire Council has been subjected to multiple natural disaster declarations in recent years under AGRN1034, 1053, 1054, 1093 and the most recently declared AGRN 1204 in April 2025. It is abundantly clear that these trends are likely to continue unabated placing greater strain on the local health systems and thus implying a greater need for their corresponding functionality and overall redundancy. Recent pressures on the Wee Waa community and the local health service as a result of the flooding and community isolation in the AGRN1204 event were markedly evident due to the ongoing reduction of services at the Wee Waa Hospital. Refer also to the Save Wee Waa Hospital

Campaign information which is available from:
https://saveweewaahospital.com.au/

Community sentiment and anger in relation to the reduction of services at the Wee Waa Hospital is palpable. The landing page of the Save Wee Waa Hospital website provides an insightful snapshot of the community's views: "With no assigned doctors, no after-hours emergency care, and no patients in its wards, it is hard to shake the feeling that Hunter New England Health has every intention of shutting this hospital down". These concerns reflect an ongoing gradual reduction of essential local health services through centralisation of services to regional centres and cities.

3. **Lack of communication and collaboration:**
   As detailed in the enclosed submission report, there is currently no active collaboration between our communities with the HNEH organisation. Decisions are seemingly made in isolation with limited transparency and meaningful engagement has been left wanting. It is considered that this, in part, is due to the unworkable and unmanageable size of the organisation and lack of connection to the community that it services.

   The current disconnect between HNEH with its community is seemingly at odds with the experience of other Local Health Districts (LHDs) such as the Murrumbidgee LHD, for example. The Murrumbidgee LHD appears to have a greater commitment to meaningful and authentic collaboration with its community and overall improved health outcomes.

4. **Lack of access to specialists:**
   The Narrabri Shire Council has received ongoing representations from the community regarding ongoing access to Specialists. A change in delivery model with additional investment in the Region.

   Having a comparatively compact and manageable, more regionally-based health district can only bring better results for our community. Communities at the extremities of a metropolitan-based district will, and have been overlooked, and their specific concerns go unaddressed. Despite findings by the *Legislative Council Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales that the rural health system was "in crisis and failing residents" in early 2021,* health outcomes have failed to improve.

5. **Workforce skills and retention:**
   As detailed in Council's submission to the Inquiry, there is a strong need to attract specialist and generalist skills to rural areas by incentivising rural placements. Dividing the HNE LHD will remove internal access to health professionals that may be located at John Hunter (Newcastle metropolitan area). Considerations need to be made to allow for the fact that rural areas have never, and will never, attract the volume of quality health professionals if career and life

opportunities aren't incentivised. Anecdotally, health professionals generally are reticent to relocate for a sustained period to an area where they can only utilise a portion of their skills.

6. **Funding considerations:**
   Allocation of equal and fair funding to support sufficient staffing, services and equipment in both LHD's. Concern is raised that the funding methodology is largely based on population. It is acknowledged that if the split is to occur there needs to be careful consideration to a more holistic approach of allocating necessary funds. Given that people from rural areas will need to travel further, burdening more costs and more time away from work and dependants etc which increases risks of further physical and mental health decline. Funnelling funding into populated areas is necessary but forgoing funding in rural areas only increases pressures on individuals and communities given their inherent remoteness.

7. **Management of Current Assets:**
   Existing assets should be maintained in situ if the division of the LHD is to go ahead. These include those that have been fundraised by their community, for example, the Narrabri Hospital ultrasound. Special consideration to increase assets in rural areas will be needed in the interest of health service equity.

8. **Current and Future Partnership Opportunities:**
   There are associated opportunities to encourage further partnerships such as 'The Joint Medical Program' between HNE LHD and both the University of New England (UNE) and Newcastle Universities, which utilises university students through educational placements.

   Research and development partnerships could be further strengthened to ensure care services in NSW remain at a high level and funding opportunities remain open.

Narrabri Shire Council supports this Bill to split the existing health district into the Hunter Local Health District and the New England North West Local Health District in a bid to secure better, more regionally focussed outcomes for our community.

Council trusts that the above advice assists and should you require any additional information or clarification in this regard please contact Council's Director of Planning and Sustainability, [redacted] on [redacted] or by emailing council@narrabri.nsw.gov.au

Yours faithfully,

[redacted]

Eloise Chaplain
General Manager

[redacted]

Cr Darrell Tiemens
Mayor

Enc:

Narrabri Shire Council Submission Report - Select Committee on Remote, Rural and Regional Health which is currently conducting an inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW.

Submission No 34

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

Organisation: Narrabri Shire Council

Date Received: 31 October 2024

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NARRABRI SHIRE
DISCOVER THE POTENTIAL

LEGISLATIVE ASSEMBLY SELECT COMMITTEE ON REMOTE, RURAL AND REGIONAL HEALTH PORTFOLIO COMMITTEE 2 CROSS JURISDICTIONAL HEALTH REFORMS

NARRABRI SHIRE COUNCIL

SUBMISSION REPORT

NARRABRI SHIRE
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Contents

Introduction & Background

It is understood that the following terms of reference (ToRs) are applicable to the current review process:

> *That the Select Committee on Remote, Rural and Regional Health inquire into and report 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) Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular:*
> *a) Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)*
> *(2) Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)*
> *(3) NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:*
> *a) Improving communication between communities and health services (including Recommendations 5, 42), and*
> *b) Developing place-based health plans (including Recommendation 43)*
> *(4) NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44).*
> *(5) Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries.*

Local Context

Narrabri Shire is a local government area in the North West Slopes region of NSW. The primary settlement of Narrabri is located adjacent to the Namoi River and at the confluence of the Newell and Kamilaroi Highways. The local government area (LGA) is strategically positioned halfway between Sydney and Brisbane, and is considered to be resource-rich. Key local industries include mining and agriculture. At the last census (2021) the resident population was 12,721 persons.

Narrabri Shire Council's vision is articulated in the Community Strategic Plan as follows:

"Narrabri Shire will be a strong and vibrant regional growth centre providing a quality living environment for the entire Shire community."

The township of Narrabri is considered to be one of the most flood prone settlements in NSW. The community of Wee Waa, located west of Narrabri, is periodically completely isolated by flood waters for long periods (up to two weeks) and is protected by a ring levee. Narrabri Shire contains a number of vulnerable and at-risk communities that are flood-affected. These communities have a high Aboriginal population, low socio-economic base and are also ageing in nature. Narrabri Shire is a socially disadvantaged community with a SEIFA Score of 936 and a corresponding SEIFA Rank of 200 (Source: Australian Bureau of Statistics, Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)).

Response to the PC2 Committee Terms of Reference

Narrabri Shire Council provides the following feedback to the Committee in line with the corresponding terms of reference:

Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular:
a) Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)

In relation to Recommendation No. 1:

"That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases"

1. As detailed in a report to the June 2024 Ordinary Meeting of Narrabri Shire Council (refer minute no. 128/2024), in response to a number of representations and mounting community concern over alleged changes to pathology services at Narrabri Hospital, Council requested urgent clarification from Hunter New England Health (HNEH) and the NSW Minister for Health on the implications of the changes. A community meeting was subsequently held on Tuesday, 4 June 2024 at the Narrabri RSL Club to discuss the proposed changes. Attendance was estimated to be in excess of 500 people. At the meeting, the following motions were unanimously adopted by the participating audience:

    1. *We call on The Hon Ryan Park, the Health Minister, to initiate a fully independent inquiry into the proposal to close or downgrade the pathology lab at Narrabri Hospital.*
    2. *We call on Hunter New England Health to upgrade services that have bypassed Narrabri Hospital, including stroke diagnostics, onsite mental health services, improved oncology services, onsite dialysis machines, and equivalent technologies.*
    3. *We call on Hunter New England Health to restore both the Boggabri and Wee Waa Hospitals to the same service level they provided five years ago.*
    4. *We call on The Hon Ryan Park, the Health Minister, to initiate an independent review into Hunter New England Health's support for remote and rural hospitals.*
    5. *The Narrabri community has no confidence in the current consultation process.*

2. The Committee is advised that a copy of the corresponding Council report and supporting documentation can be accessed from:

    https://narrabri.infocouncil.biz/Open/2024/06/CO_20240625_AGN_5830_AT.PDF

3. Proposed changes and downgrades to pathology services at Narrabri Hospital early this year have caused significant community dissatisfaction, primarily due to the lack of consultation and communication from Hunter New England Health (HNEH). The reversal was positive news for Narrabri Shire, however, the community remains anxious.

4. Pathology services are essential for timely diagnosis and treatment, especially in rural hospitals like Narrabri. The reduction of these services, with samples now being sent to larger centres, has led to delays and eroded trust. The community feels that the process lacked adequate consultation and that it was saved by them as part of a grassroots campaign just in the "nick of time".

5. Key issues identified include but are not limited to:

- *Failure of consultation:* Inadequate stakeholder involvement has damaged trust.
- *Trust rebuilding required*: Transparency and communication have been lacking.
- *Fit-for-purpose facilities*: Concerns that local hospitals may not meet community needs.

6. Communication with the community on the impending changes from NSW Health is considered both deficient and unsatisfactory. The Narrabri Shire community remains both frustrated, angry and disillusioned with the current primary health service delivery framework. In reflection of this dissatisfaction and deteriorating levels of confidence, the Committee is further advised that Council has submitted the following motion to the LGNSW 2024 Annual Conference:

That LGNSW calls on the NSW government to:

a. extend financial support for the delivery of health services and equipment in rural and remote communities and ensure local government is included as a stakeholder in project consultation.

b. Initiate an independent review into Hunter New England Health's support for remote and rural hospitals.

Recommendations:

- **Enhanced Consultation:** Commit to more inclusive decision-making processes.
- **Transparent Communication:** Implement clear communication strategies.
- **Service Review:** Reassess pathology services to ensure they meet local needs.
- **Collaboration with Councils:** Work closely with stakeholders (including local government organisations like Narrabri Shire Council) to ensure facilities are fit-for-purpose.

In respect of Recommendation No. 7:
"That the NSW Government urgently engage with the Australian Government at a ministerial level to:
• establish clear governance arrangements and a strategic plan to deliver on the health reforms recommended in this report to improve doctor workforce issues
• progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent."

7. The National Rural Health Alliance has recently released an updated Rural Health Workforce Mapping Tool. The resource details, inter alia, current workforce challenges and an extract of the available data is enclosed as an Appendix to this submission. Narrabri Shire continues to experience significant workforce attraction and retention challenges with a total workforce deficit compared to major cities (as Clin FTE/100,000) of **-712.94** and a significantly lower median death rate for both males and females compared to similar centres and surrounding communities. The causal factors for these disparities are currently unclear and additional research and analysis is urgently needed.

Recommendation No. 8:

"That the NSW Government investigate 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."

Recommendation No. 11:

"That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists."

8. There are sustained concerns in relation to the lack of consultation with rural clinicians. Rural clinicians have raised concerns with Council about the lack of consultation and support from NSW Health (HNEH), affecting their ability to deliver quality care in rural settings. It is widely acknowledged that rural healthcare faces unique challenges, including limited resources and the need for multiskilled practitioners. However, rural clinicians feel excluded from decision-making processes, with little representation on key hospital committees, leading to a disconnect between policy and practical needs.

9. Key issues identified by local clinicians include:
   - *Unique Rural Needs:* Lack of understanding of rural challenges.
   - *Exclusion from Feedback Mechanisms:* Rural clinicians are often overlooked.
   - *Lack of Representation:* Insufficient rural representation on decision-making bodies.
   - *Inadequate Clinical Support:* Gaps in supervision and support for rural staff.
   - *Succession Planning:* Little focus on workforce sustainability.
   - *Focus on Newcastle***:** Perception of disproportionate focus on larger centres.

Recommendations:

- **Consultation Mechanisms:** Establish dedicated consultation processes for rural clinicians.
- **Rural Representation:** Increase rural involvement on key decision-making bodies.
- **Enhanced Support:** Improve clinical support systems for rural staff.
- **Succession Planning:** Develop strategies for sustainable rural staffing.
- **Balancing Focus:** Ensure equitable attention to rural areas alongside larger centres.
- **Additional research:** To better understand disparities in local morbidity statistics.

Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)

With regard to recommendation No. 9:
"That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional and remote New South Wales."

10. Following consultation with local rural health practitioners, Council is cautiously supportive of the introduction of a single employer model. Such an initiative will likely remove a number of identified entry barriers.

In relation to recommendation No. 10:
"That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs."

11. In respect of clinical workforce challenges, there are significant challenges in recruiting and retaining clinical staff in rural hospitals, leading to concerns about the sustainability of healthcare in these areas. As detailed in the PC2 Report No. 57 *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (May 2022), rural hospitals face ongoing staffing challenges, exacerbated by inadequate incentives, restrictive credentialing policies, and a lack of targeted recruitment for rural generalists. The reliance on locums further contributes to inconsistent care.

12. Key issues include:
    - *Inadequate incentives:* Insufficient motivation for rural practice.
    - *Restrictive credentialing:* Policies hinder recruitment and retention.
    - *Poor nursing recruitment:* Lack of focus on rural generalist roles.
    - *Over-reliance on locums:* Unsustainable staffing model.
    - *Need for Alternative Models:* Consideration of successful practices from other regions and states (particularly Queensland).

Recommendations:

- **Incentivisation of Rural Practice:** Develop incentives for rural healthcare workers.
- **Review of Credentialing Policy:** Introduce flexibility in recruitment processes.
- **Targeted Nursing Recruitment:** Focus on recruiting rural generalists.
- **Exploration of Alternative Models:** Consider successful models from other areas.
- **Local Recruitment Initiatives:** Collaborate with educational institutions to create local career pathways.

Recommendation No. 14:
"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 Recommendations 9 and 10."

13. Refer preceding commentary.

Recommendation No. 21:
"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."

14. There are additional healthcare concerns in Narrabri, including the need for specialised services and integration of new technologies. The community has highlighted the need for improved oncology, dialysis services, and the introduction of Telestroke technology to enhance patient outcomes. These are critical for ensuring equitable healthcare access in rural areas.

15. Key issues include:
    - *Need for oncology services:* Lack of a full-time oncologist in Tamworth.
    - *Dialysis services:* Inconsistent availability, especially affecting Indigenous patients who have demanded to be treated close to their homes.
    - *Integration of Telestroke: Strong community support for Telestroke services.*

Recommendations:

- **Oncology Services Expansion:** Advocate for a full-time oncologist in Tamworth.
- **Enhancement of Dialysis Services:** Improve access to local dialysis services.
- **Implementation of Telestroke:** Collaborate with the community to introduce Telestroke technology.
- **Community Engagement:** Continue to engage the community to address additional healthcare needs.

Recommendation No. 22:
"That 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."

16. There is a critical shortage of obstetric and gynaecological services in Narrabri, impacting the quality of care for expectant mothers. Obstetric services are vital for rural communities, yet Narrabri faces significant shortages in both obstetricians and midwives. The current anaesthetic service model is unsustainable, leading to concerns about continuity of care.

17. Key issues include:
    - *Critical shortage:* Insufficient obstetric and gynaecological services.
    - *Midwifery recruitment challenges:* Difficulties in attracting midwives to rural areas.
    - *Anaesthetic Service Model:* Need for a more sustainable permanent model.
    - *Impact on maternal and infant health:* Direct effect on health outcomes.

Recommendations:

- **Expansion of Obstetric Services:** Prioritise recruitment of obstetricians and gynaecologists.
- **Midwifery Recruitment Strategy:** Explore alternative models of care e.g. Glen Innes, Kempsey.
- **Review of Anaesthetic Services:** Implement a more sustainable anaesthetic service model with 14 days per fortnight not 7 days on 7 days off.
- **Investment in Training:** Upskill and supervise staff to broaden available services.

Recommendation No. 39:
"That NSW Health and the rural and regional Local Health Districts upgrade and enhance their collaborative work with the Primary Health Networks to:
• ensure that high quality health services for rural, regional and remote New South Wales are cooperatively planned and successfully delivered
• drive innovative models of service delivery, including those recommended elsewhere in this report."

18. At the invitation of the Country Mayor's Association of NSW Council was recently invited by the Country Mayor's Association (CMA) to provide feedback on a framework for a ***NSW Health Multi Purpose Service (MPS) Strategy***, as follows:

"NSW Health is seeking your input into the NSW Health MPS Strategy. MPS provide integrated health and aged care services to regional and remote communities, in areas that can't support stand-alone aged care and health services.

NSW Health is leading the development of a MPS Strategy to guide and inform decisions about investment and best practice for design, quality, safety, workforce and experiences in MPS. The MPS Strategy will set out considerations for deciding where the MPS model is the right fit for a community and develop strategies to optimise this model including ensuring a sustainable workforce and best practice considerations.

A Draft MPS Strategy Framework (Enclosed) has been developed based on extensive consultation with local health districts and other NSW Health stakeholders. The vision for the Strategy is that MPS provide sustainable health and aged care services that deliver outcomes and experiences that matter most to residents, patients and communities in regional NSW. There are two outcomes that we are seeking through the MPS Strategy:

- *To inform decisions about the future directions for health services and aged care model that meets the community's needs; and*
- *To guide the implementation of best practice in an MPS I am requesting your feedback on the Draft Framework attached, and further input for consideration in the development of the NSW MPS Strategy."*

A copy of the draft MPS Strategy is enclosed at **Appendix A** to this submission.

19. Council subsequently reviewed the Strategy framework and provided the following feedback:

- The MPS Strategy framework as presented is opaque and is not designed in such a manner as to elicit meaningful stakeholder engagement. Overall, this appears to be a poor attempt to tick a box rather than providing any fundamental change. How was this list determined? Were stakeholders engaged? If so who? How will this improve health services for those in rural areas when NSW Health is actively downgrading hospitals and the services they provide right across the LHD (particularly HNE LHD). Council has been unable to identify backing evidence to justify the content of the document. MPS (hospital/aged care combined services) historically have decreased health services in an already isolated and remote area, reducing patient outcomes.

- A strategic framework is typically a tool to assist organisations at specific stages of strategic management cycles, most commonly during the strategy formulation and evaluation phase. Selected frameworks should offer the reader insights into the business or operational environment and assist in the identification of strengths, weaknesses, and appropriate courses of action.

- There is a current environment of suspicion and mistrust in NSW Health activities within rural and regional areas, and the framework as presented will do little to facilitate reestablishment or rebuilding of trust and the development of longstanding community partnerships.

- The framework lacks adequate communication of context and overarching policy alignment.

- On this basis, Council contended that the strategic framework as presented:

  - Is not designed in such a manner as to appropriately inform decisions about the future directions for health services and aged care model that meets the community's needs; and
  - Is not an appropriate framework to guide the implementation of best practice in an MPS.

    - Rural patients are already experiencing increasing wait times in emergency departments, and the MPS framework is not adequately equipped to address this. Over the last five years, the proportion of patients 'seen on time' has decreased and the time in which 90% of presentations were seen has increased. The proportion of patients 'seen on time' was 65%, down from 67% in 2021–22 and from 71% in 2018–19 (source: Emergency department care access - Australian Institute of Health and Welfare (aihw.gov.au)).

    - The considerations provided are including "virtual health access" which unfortunately wreaks of depersonalised and downgrading of services in an attempt to shift in person visits to telehealth and AVL. This is very likely to see diminished patient outcomes, which will be of great concern to our community.

    - Council understands that this is stemming from a Federal Health program (Multi Purpose Services (MPS) Program Australian Government Department of Health and Aged Care) which was initially introduced to maintain health services in small communities such as Bingara as opposed to being used as a tool (or more likely excuse) to downgrade hospitals. Within the NSW context, it was first introduced in 2014 in the State Infrastructure Strategy 2014 – Rebuilding NSW "as a priority" in an apparent attempt to cost shift onto aged and community care providers. However, this has only resulted in the permanent winding down of hospitals and decreased services in areas transitioned to an MPS.

- From an advocacy perspective, given our community values healthcare highly (as identified in Council's 2022/2032 Community Strategic Plan (CSP), Council has previously indicated its strong objections to the MPS framework. For the benefit of our community, aged care and hospitals need to remain separate specialised and in person health care providers. Rural residents already experience a lower life expectancy than our urban counterparts, and rural residents are far more likely to require emergency and medical trauma care. Two out of every three road accidents occur on rural roads. Rural residents are more geographically isolated and often have to travel hundreds of kilometres to obtain specialist medical care and medical investigations, which metropolitan patients can access with a same day service, and a maximum of 20 kilometres travel from the outer suburbs.

- Staff have been unable to locate publicly available consultation pieces or the "draft Framework" anywhere in the public domain for the broader community to be aware of and engage in the development of such an integral framework.

- Considering NSW Health Peer Groups, if Narrabri Hospital (currently classified as a C2 District group 2) or Wee Waa (currently classified as a D1b Community hospitals without surgery) was "transitioned" to an MPS it is highly likely they would become "unpeered" or "very small hospitals". This "transition" would be a categorical downgrade. Hospital peer groupings define groups of similar hospitals based on shared characteristics, and allow a better understanding of the organisation and provision of hospital services. Public acute group C hospitals include those public acute hospitals that provide a more limited range of services than Principal referral hospitals or Public acute group A and B hospitals, but do have an obstetric unit, provide surgical services and/or some form of emergency facility (emergency department, or accident and emergency service. Public acute group D hospitals are acute public hospitals that offer a smaller range of services relative to the other public acute hospital groups and provide 200 or more separations (consultations) per year. They are mostly situated in regional and remote areas. However, by definition, very small hospitals have few beds and provide care for few admitted patients. Most do not perform surgery.

- Circling back to its conception in an infrastructure strategy, not a patient outcome or healthcare strategy, this is clearly a cost shifting exercise to maintain existing hospital infrastructure and staff. Further, it is clear that there are significant challenges in respect of staffing of hospitals and associated health assets and the current practice of removing services (such as pathology) and shifting these facilities to aged care.

- Implementation of MPS across NSW are contradictory to the NSW Minister for Regional Health's recent stance on rural health - refer quotes attributable to NSW Minister for Regional Health Ryan Park:

  "The NSW Government is committed to providing better health outcomes for regional communities and ensuring equitable care. "Regional and rural health is a priority to me as Minister and I would like to assure the community that they will continue to receive high-quality pathology services and thank them for contributing to this process."

NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:
a) Improving communication between communities and health services (including Recommendations 5, 42), and
b) Developing place-based health plans (including Recommendation 43)

Recommendation 5:
"That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government."

20. The lack of consultation with community and its leaders remains a sustained community concern. There is growing frustration within the Narrabri community due to inconsistent consultation and perceived neglect by NSW Health, particularly HNEH.

21. Community engagement is a critical component for healthcare success, particularly in rural areas. However, as detailed in the preceding section Hospital Consultative Committees are not effectively engaged by the hospitals, and with the community, leading to a breakdown in trust and concerns about service disparities, especially among the Aboriginal Community.

22. Key issues include:
    - *Inconsistent consultation: Poor engagement with Consultative Committees.*
    - *Erosion of trust: Community trust in HNEH has been damaged.*
    - *Service disparities: Perception that Narrabri is being overlooked compared to other areas.*
    - *Community anger: Particularly among the Aboriginal community, who feel neglected.*

Recommendations:

- **Reactivation of Consultative Committees:** Ensure regular and genuine community engagement.
- **Transparency in decision-making:** Commit to clear and open communication.
- **Addressing service disparities:** Review service provision to ensure equity.
- **Cultural sensitivity:** Focus on culturally sensitive engagement with the Aboriginal community.

23. The Narrabri Hospital has been without a permanent Hospital Services Manager (HSM) for five years, leading to operational challenges and community frustration. The HSM is crucial for hospital operations, yet the position at Narrabri Hospital has remained temporarily filled for an extended period. This has led to inconsistent leadership and damaging rumours within the community.

24. Key issues include:
    - *Lack of permanent leadership:* Operational challenges due to the absence of a permanent HSM.
    - *Community frustration*: Widespread rumours and frustration.
    - *Occupancy of HSM accommodation*: Lack of availability of accommodation intended for other staff.

Recommendations:

- **Permanent HSM appointment:** Prioritise the appointment of a permanent HSM at the Narrabri Hospital.
- **Clear communication:** Provide transparency to dispel rumours.
- **Review of accommodation use:** Ensure proper use of HSM accommodation.
- **Community engagement:** Address community concerns through open dialogue.

Recommendation 42:
"That the rural and regional Local Health Districts:
• review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
• investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit."

25. In relation to the operation of local health advisory committees (LHAC), there have historically been two Committees in place within the Narrabri Shire LGA, being the Narrabri Hospital Advisory Committee and the Wee Waa Hospital Advisory Committee. Councils holds a position on both Committees. Both the Wee Waa and Narrabri LHACs are now effectively defunct and have not met for some time. As a consequence, Council, and the broader community, have had no appropriate mechanism to be kept informed of service delivery changes and service-allied issues. Additionally, significant changes have been made without appropriate community consultation and stakeholder engagement leading to sustained anxiety within the community. Examples include changes to pathology services and e gradual reduction of services from Wee Waa Hospital under the guise of lack of staff availability. No LHAC is currently in place for the Boggabri Multi Purpose Service (MPS).

26. This situation has created considerable local tension and placed local NSW Health staff and health practitioners in an untenable position of needing to 'break ranks' to surreptitiously inform the community of impending changes via various mechanisms including anonymous letters to the editor in the local newspaper and canvassing of Council's elected officials.

27. The response to these issues and concerns by Hunter New England Health (HNEH) to the local community can be at best described as ambivalent and at worst contemptuous. There is currently no trust or confidence in HNEH to maintain or improve levels of service or effectively communicate service delivery changes.

Recommendation 43:
"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 organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population."

28. Private GP practices in Narrabri are under unsustainable pressure due to 24/7 availability requirements, affecting the quality of care. GPs in rural areas face high demands, balancing practice responsibilities with hospital duties. The lack of cooperation between private practices and HNEH exacerbates this pressure, leading to burnout.

29. Key issues include:
    - *Unsustainable workloads:* High stress and burnout among GPs.
    - *Lack of cooperation:* Need for better collaboration between private practices and NSW Health (HNEH).
    - *Impact on patient care:* Quality of care is being compromised.

Recommendations:

- **Enhanced cooperation:** Improve collaboration between private GP practices and HNEH.
- **Support systems for GPs:** Provide mental health and professional development support.
- **Flexible service models:** Explore models that allow better work-life balance for GPs.
- **Recruitment of additional staff:** Consider hiring additional GPs or nurse practitioners to alleviate workload.

NSW Government action to prioritise the health of regional communities in government decision making (including Recommendations 36, 37 and 44)

Recommendation 36:
"That the NSW Government maintain a Regional Health Minister in cabinet and provide that Minister with appropriate authority to address issues raised in the inquiry and future issues that affect the rural, regional and remote health system and its communities."

30. Council fully supports the establishment and continued presence of a Regional Health Minister.

Recommendation 37:
"That NSW Health complete and publish the final evaluation of the NSW Rural Health Plan: Towards 2021 before finalising the next rural health plan for New South Wales."

31. Council welcomes the release of the final evaluation report.

Recommendation 44:
"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."

32. Council strongly concurs with the development of a holistic framework, as suggested.

Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries.

Since the release of the PC2 Report: *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (May 2022), it is apparent that limited progress has been made in dealing with systemic issues for our LGA. In some respects, the situation has now worsened.

Placing people at the centre of any health care reform program is an essential and critical element of success. The ongoing lack of transparency and overall accountability will undoubtedly impede potential traction and the achievement of both meaningful and longevous positive reform outcomes. Council remains highly concerned that given the identified deficiencies detailed in this submission report, and indeed the critical and highly tenuous nature of the current situation, that there will be any affirmative change noting that this will be the Committee's third and final inquiry into the progress made on the recommendations.

Conclusion

Council thanks the Select Committee for the opportunity to provide feedback on this important issue. The achievement of health justice and positive equity outcomes is considered paramount. Council would be pleased to provide additional information and context in support of this submission, as required.

Should you require any further information or clarification in this regard you are invited to contact Council's Director Planning and Sustainability, Ms Donna Ausling at [redacted] or by emailing [redacted]

Yours faithfully,

[redacted]

Eloise Chaplain
Interim General Manager

[redacted]

Cr Darrell Tiemens
Mayor

DRAFT NSW Multi-Purpose Services (MPS) Strategy Framework (version 4 – 6 June 2024)

Vision: Multi-Purpose Services provide sustainable health and aged care services that deliver outcomes and experiences that matter most to residents, patients and communities in regional NSW.

Purpose: To guide and inform decisions about investment and best practice for design, quality, safety, workforce and experience in MPS.

Outcome 1: Inform decisions about the future directions for healthcare and aged care delivered from the MPS that meet the community's needs

Considerations:

- Community demographics, population and service projections, occupancy levels, waiting lists for healthcare and residential aged care services and community expectations to assess **community need and demand** for services.
- The proximity and availability of current and planned health services and residential aged care services to **support the viability of private providers and avoid duplication of services.**
- The **ability to attract and retain an appropriately skilled and diverse workforce.**
- The **availability of non-clinical and other support services** such as linen, food services and pathology.
- The cost of providing healthcare and aged care services against revenue or potential revenue to understand if the **MPS funding model is an appropriate fit and is sustainable**.
- The need for new or upgraded **infrastructure and/or capital assets** including internet connectivity, source of funding, and maintenance and sustainability of capital assets into the future including virtual care technology.
- The **timing and process to make the MPS fully operational** including when the funding will be available, completion of infrastructure or capital assets, when health and aged beds will be operationalised, when the workforce will be available, and any activities related to compliance and accreditation.
- **Appropriate clinical and professional governance** at the LHD level and reporting requirements.
- **Positive patient/resident and staff experience** strategies in place to elevate experience.

Outcome 2: Implement best practice in MPS

Considerations:

Design and lifestyle - an environment that:

- **Is homelike and prioritises residents' privacy, choices and preferences**
- **Supports meaningful connection** with family, friends and community, and participation in meaningful activities and daily experiences
- Enables residents to see, access and **spend time outdoors in contact with nature.**
- **Is accessible, supports independence,** and caters to diverse and complex care needs
- **Is culturally safe** and appropriate for diverse communities
- **Caters to local need,** developed with input from diverse stakeholders from across the community
- **Has inviting spaces for all**
- **Is environmentally sustainable,** and can be adapted to meet future community needs

Resident, patient, family, carer and caregiver experience, and community engagement

- **Care is delivered in genuine partnership** with residents, patients, family, and caregivers.
- **Strategies are in place to capture feedback and experiences** and use insights to improve access, safety and quality of care.
- **Communities are actively engaged** through local health committees and other forums, with opportunities to participate in co-design.
- Strategies are in place **to build a shared understanding of health services** with communities. **Health literacy and awareness of services** is supported.

Workforce - an appropriately skilled, trained and supported multidisciplinary workforce, including:

- **Education, training and upskilling opportunities** across disciplines and for an expanded scope of practice where appropriate
- **A positive and supportive culture** that encourages feedback and continuous improvement, with peer networks to support staff
- **Volunteers are engaged and supported** to enable resident connection to the community

Mutually beneficial partnerships and co-located and integrated services that support health and aged care such as Primary care, Pharmacy, NSW Government agencies, Aboriginal Community Controlled Health Organisations, non-government and private providers and other suppliers.

Systems and technology

- **Technology is maximised** through use of virtual and technologically enabled care, reducing connectivity blackspots and impacts of adverse weather events.
- **Systems and supporting technology are utilised** to streamline data and information sharing and integration.

Quality and safety

Supports a culture of quality and safety that underpins all considerations including accreditation and compliance standards (including the National Safety and Quality Health Service Standards, the MPS Aged Care Module, and NDIS Practice Standards) and incident reporting requirements.

APPENDIX B – Narrabri Shire Council LGA Total Health Workforce Summary

Total workforce deficit compared to major cities (as Clin FTE/100,000)	**-712.94**
2022 Population	**12,721**
Median age at death males (years)	75.20
Median age at death females (years)	80.3
One or more chronic conditions (age-standardised rate/100)	**30.30**

	Actual workforce (Clin FTE)	Per population workforce (Clin FTE/100,000)	Workforce deficit compared to MM1 (Clin FTE/100,000)
ATSI Health Practitioners	3.00	23.58	23.06
Chiropractors	0.00	0.00	-16.24
Chinese Medicine Practitioners	0.00	0.00	-12.48
Dental Practitioners	3.00	23.58	-57.19
Medical Radiation Practitioners	3.00	23.58	-37.52
Occupational Therapists	3.30	25.94	-52.87
Optometrists	3.00	23.58	2.57
Osteopaths	0.00	0.00	-8.91

Pharmacists	7.90	62.10	-29.06
Physiotherapists	3.00	23.58	-91.90
Podiatrists	3.00	23.58	5.46
Paramedicine Practitioners	21.80	171.37	101.22
Psychologists	3.00	23.58	-66.85
Total Allied Health and other Workforce	**54.00**	**424.49**	**-240.69**
Enrolled Nurses	39.30	308.94	133.33
Registered Midwives	11.60	91.19	17.02
Registered Nurses	91.50	719.28	-278.23
Total Nurses/Midwives	**127.70**	**1,003.85**	**-159.51**
General Practitioners	9.50	74.68	-31.74
Hospital Non-Specialists	0.00	0.00	-68.90
Non-Clinicians	0.00	0.00	-0.41
Other Clinicians	0.00	0.00	-10.12
Specialists	0.00	0.00	-160.74
Specialists-in-Training	5.30	41.66	-40.82
Total Medical Practitioners	**14.80**	**116.34**	**-312.73**

Total Workforce	**196.50**	**1,544.69**	**-712.94**

LGA Total Workforce | NRHA - National Rural Health Alliance: Accessed on 21 October 2024