

**Submission  
No 38**

**HEALTH SERVICES AMENDMENT (SPLITTING OF THE MURRUMBIDGEE  
LOCAL HEALTH DISTRICT) BILL 2025**

**Organisation:** NSW Council of Social Service

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Legislative Assembly Committee on Community Services

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**Submission to the NSW inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local 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 Murrumbidgee Local Health District (LHD) have prompted the introduction of the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025 (the Bill). 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 Local Health District without specifically addressing underlying systemic issues risks creating administrative distraction rather than meaningful change for communities living across the Murrumbidgee region.

## Context & Challenges

The Murrumbidgee Local Health District (LHD) is one of the largest in New South Wales, spanning over 125,000 square kilometres. It serves a population of over 245,000 in communities right across from the Snowy Mountains in the east to the northwest plains of Hillston and along the Victorian border.<sup>1</sup>

NCOSS research and analysis shows that there are people living in economic disadvantage and struggling to access vital healthcare across the region (see Appendix for more detail):

- **Poverty across the existing Murrumbidgee LHD (13.1%) is slightly lower than NSW overall (13.4%):** However, there are pockets of higher poverty rates across the northern part of the existing LHD, including in Narrandera (17.1%), Hilltops (15.9%), Hay (15.5%) and Cootamundra–Gundagai Regional<sup>2</sup> (15.1%).<sup>3</sup>
- **Over 36,000 people across the existing LHD live in poverty:** Local Government Areas with the highest number of people in poverty are generally in more populated areas including Wagga Wagga (7,336), Albury (6,922) and Griffith (3,003).<sup>4</sup>
- **There would be a significantly higher number of people in poverty in the proposed new Murrumbidgee LHD compared to the proposed Western Riverina LHD:** While the average poverty rate would be slightly higher in the proposed Western Riverina LHD (13.3% compared to 13.0%), there would be a much higher number of people experiencing poverty in the proposed Murrumbidgee LHD (26,652 people compared to 9,800 people across Western Riverina).<sup>5</sup> This is primarily due to more populated areas like Wagga Wagga and Albury. This concentration of poverty may have unexpected operational and financial impacts on the proposed Murrumbidgee LHD.
- **Between 2020 and 2024, healthcare access and affordability worsened across the region:**

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<sup>1</sup> NSW Ministry of Health, <https://www.health.nsw.gov.au/lhd/pages/mlhd.aspx>, accessed 25 November 2025.

<sup>2</sup> These locations refer to the names of Local Government Areas.

<sup>3</sup> 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.

<sup>4</sup> Ibid

<sup>5</sup> Analysis based on LGAs listed to fall within the two new LHDs, as proposed by the Bill. Poverty rates by LGA sourced from 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.

- One in four people (24%) can't afford to see a GP, increasing over 330% since 2020.
- Almost one-third (32%) visit the emergency department because their GP wasn't available, significantly higher than NSW overall (23%).
- Over a third (37%) can't afford to see a specialist, increasing over 180% since 2020.<sup>6</sup>
- Half of people (50%) on low incomes and below the poverty line can't afford prescribed medication or healthcare, essential travel or meals.<sup>7</sup>

In April 2025 NCOSS held a forum in Wagga Wagga, where over 130 workers from health and community NGO services across the Murrumbidgee stressed the need for greater investment in regional health services. Key issues raised included:

- **Inadequate access to primary and specialist care:**
  - Long wait times and absent bulk billing force people to delay or forgo care, with some essential services unavailable in local hospitals.
  - Riverina communities face extremely long GP wait times (over eight weeks in some towns), limited specialist availability, no bulk billing in areas like Griffith,
  - Hospitals described as "unfit for purpose." E.g. Albury hospital lacks essential services and amenities like adequate parking
  - Telehealth is hampered by digital divide issues and restrictive Medicare policies, while many must travel far or go without care entirely.
- **Urgent need for funding models that reflect actual service delivery costs, support long-term contracts, and address regional and rural workforce challenges:**
  - Chronic underfunding has led to closures and service reductions in essential healthcare, including family, youth, and women's health services.
  - Short-term, competitive funding ignores true service costs and fails regional communities, disproportionately affecting Aboriginal Community Controlled Organisations (ACCOs).

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<sup>6</sup> Figures relate to the Riverina ABS SA4 region, sourced from 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.

<sup>7</sup> Figures relate to the Riverina ABS SA4 region, sourced from Institute of Public Policy and Governance (2024), *Impossible Choices: Decisions NSW communities shouldn't have to make - Cost of Living in NSW 2024*, University of Technology, Sydney. Report commissioned by NCOSS.

- **Culturally-safe wraparound services and community-led solutions must be prioritised, with genuine partnership and co-design engaging lived experience and local knowledge from the start:**
  - First Nations people, migrants, refugees, and those on temporary visas face systemic racism, stigma, and lack of culturally safe, integrated healthcare. Intersectional barriers result in these groups often missing out on needed services.
  - Lived experience advocates report that consultation is often tokenistic or absent, with local knowledge overlooked in favour of top-down solutions.
  - Community calls for genuine, sustained co-design and interagency collaboration are central to proposed reforms.

Community services called for the NSW Government to better utilise the expertise of local health and community NGOs 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.

## Key Recommendations

Addressing health inequity in the region should be the focus of the NSW Government, with two priorities:

### 1. **Make it Easier to Access Healthcare**

- 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.<sup>8</sup> 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 NCOSS 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

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<sup>8</sup> 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*

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

## Conclusion

The health challenges facing communities across the Murrumbidgee 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, community-led planning processes and minimal disruption to existing service pathways.

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 [advocacy@ncoss.org.au](mailto:advocacy@ncoss.org.au).

Yours sincerely,



Cara Varian

Chief Executive Officer

## Appendix

Poverty across the Murrumbidgee Local Health District <sup>9</sup>		
Region	Rate (%)	No. of people
Overall NSW	13.4	
Rest of NSW	13.7	
Greater Sydney	13.2	
Existing Murrumbidgee LHD ( <i>excl Balranald</i> )	13.1	36,200
Proposed Local Health Districts		
<b>Murrumbidgee LHD</b>	<b>Average:</b> 13.0	<b>Total:</b> 26,652
Local Government Area		
Albury	13.4	6,922
Bland	11.6	598
Coolamon	10.6	408
Cootamundra-Gundagai	15.1	1,677
Federation ( <i>incl Urana</i> )	13.5	1,519
Greater Hume Shire	11.0	1,069
Hilltops	15.9	2,762
Junee	10.8	651
Lockhart	10.0	291
Narrandera	17.1	838
Snowy Valleys ( <i>incl Tumbarumba</i> )	13.8	1,806
Temora	14.5	775
Wagga Wagga	12.1	7,336
<b>Western Riverina LHD</b>	<b>Average:</b> 13.3	<b>Total:</b> 9,800
Local Government Area		
Balranald ( <i>currently in Far West LHD</i> )	14.2	252
Berrigan	14.3	1,046
Carrathool	11.3	298
Edward River	14.1	1,080
Griffith	12.3	3,003
Hay	15.5	400
Lachlan	14.1	712
Leeton	13.7	1,332
Murray River	11.4	1,310
Murrumbidgee	12.2	367

<sup>9</sup> 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 NCSS.

## Patient experience across the Riverina region<sup>10</sup>

- More than **4 in 10** (41%) people delay/avoid seeing a dentist due to cost, significantly higher than NSW overall (21%) and the highest proportion of all NSW regions.
  - Most impacted cohorts: low income (54%); single parents (52%); not in the labour force 25-64 (47%); single person (45%).
- Over a **quarter** (26%) wait longer than one month for public dental care, **significantly higher** than NSW overall (6%) and the highest proportion of all NSW regions.
  - This increased 180% since 2020 (NSW +17%)
  - Most impacted cohorts: unemployed (90%); single parents (66%); not in the labour force 25-64 (52%); not in the labour force 65+ (51%); low income (48%).
- The number of people who delay/avoid seeing a GP due to cost **increased over 330%** since 2020.
  - Most impacted cohorts: not in the labour force 65+ (+1453%); older people 65+ (+1434%); couples with dependent children (+870%); low income (+767%).
- More than **one in three** (37%) delay/avoid seeing a specialist due to cost, **increasing over 180%** since 2020.
- Almost **one third** (32%) visit the ED because their GP wasn't available, significantly higher than NSW overall (23%).
- **Significantly lower** ownership of private health insurance compared to NSW overall (43% v 58%).

*Full results on the next page.*

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<sup>10</sup> Figures relate to the Riverina ABS SA4 region, sourced from 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.

2024 patient experience results (incl change since 2020)		
	Riverina	NSW
<b>General Practitioner Services</b>		
Average visits*	4.1 (+15.1%)	4.1 (-8.0%)
Delayed/did not see GP due to cost	23.9% (+334.2%)	9.5% (+246.1%)
Waited 24+ hours for urgent GP care	6.3% (+136.8%)	3.9% (+35.4%)
Felt GP did not spend enough time	18.3% (+142%)	11.8% (+46.9%)
<b>Medical Specialist Services</b>		
Average visits*	1.0 (+13.5%)	1.3 (-1.8%)
Delayed/did not see specialist due to cost	37.1% (+180.8%)	17.0% (+115.9%)
Waited longer than acceptable for appointment	32.5% (+64.4%)	23.4% (+1.8%)
Felt specialist did not spend enough time	20% (+66.4%)	9.3% (+21.0%)
<b>Dental Professional Services</b>		
Average visits*	0.7 (+4.7%)	1.1 (+8.5%)
Delayed/did not see dentist due to cost	41.1% (+55.3%)	21.4% (+24.5%)
Waited 1+ month for public dental appointment	25.5% (+179.5%)	5.6% (+16.8%)
Felt dentist did not spend enough time	3.2% (+90.4%)	2.5% (-3.8%)
<b>Hospital Emergency Departments**</b>		
Average visits*	0.3	0.2
Visited ED due to GP unavailability	32.4%	23.2%
Felt GP could have provided care for ED visit	12.9%	16.0%
<b>Health Status</b>		
Has a long-term health condition	57.1% (+7.6%)	50.5% (+0.4%)
Assessed own health status as 'poor'***	2.3%	3.6%
Has private health insurance**	42.7%	57.9%

\*Past 12 months

\*\*2020 data unavailable for comparison