

**Submission
No 49**

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

Organisation: Murrumbidgee Primary Health Network

Date Received: 18 December 2025

Submission to the NSW Legislative Assembly Committee on Community Services

Inquiry into the Health Services Amendment (Splitting
of the Murrumbidgee Local Health District) Bill 2025

From: Murrumbidgee Primary Health Network (MPHN)

Date: 16 December 2025



Introduction

Murrumbidgee Primary Health Network (MPHN) welcomes the opportunity to provide a submission to the Committee's inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025.

Murrumbidgee Primary Health Network (MPHN) is one of 31 local and independent PHNs established nationally to support the primary healthcare sector and improve health outcomes, particularly for people at risk of poorer health outcomes. We deliver the PHN program across approximately 126,000 square kilometres to more than 250,000 people living in our 508 communities.

With the person at the centre of care, we plan and deliver programs to ensure the needs of our individual local communities inform our approaches. We achieve this by working with our community and partners, including general practices, Aboriginal Medical Services, allied health providers, community organisations and local consumer health advocates to:

- **Coordinate** local services and systems to improve coordination of care.
- **Commission** primary health services to meet population health needs with a focus on access and equity.
- Support **capacity-building** to ensure sustainable healthcare workforce through quality improvement, professional development and other innovative measures.

Our work and engagement with our communities and stakeholders is underpinned by our values of work together, be honest, value everyone, aim to inspire and learn from others, which supports realising our vision of *Well People, Resilient Communities across the Murrumbidgee*.

In the Murrumbidgee, we hold a distinctive advantage in sharing geographical boundaries with the Murrumbidgee Local Health District (MLHD). This alignment has fostered strong collaboration, enabling us to effectively address the health needs of our community. Our partnership with the MLHD is formally recognised through a joint Collaborative Agreement, which was signed in 2023 by both organisation's Chief Executives and Board Chairs. The Collaborative Agreement underpins joint Board and Executive meetings to progress our partnership activities, initiatives and projects towards our shared vision of *One Health System*.

MPHN's position

The importance of integrated primary, acute and community care

A well-functioning health system relies on seamless integration between primary care, acute care and community-based services. Primary care as the foundation of the health system, provides continuity of care for prevention and early intervention support that reduces the need for hospitalisation and improves long-term health outcomes. When primary care is connected effectively with acute and community services, patients experience coordinated care pathways that are easier to navigate, culturally appropriate, and responsive to their needs.

Integrated models of care also deliver system-wide benefits. They reduce duplication, improve resource allocation, and support workforce sustainability, all critical factors in rural and regional settings where health services are often stretched.

Strong partnerships between organisations such as MPHN and MLHD enable the delivery of integrated models of care, informed by joint planning, shared data, and co-commissioning of services, ensuring care is delivered in the right place and at the right time. This approach not only improves patient outcomes but also strengthens the resilience and efficiency of the health system as a whole.

The proposed legislative amendment to split MLHD into two separate local health districts risks further fragmentation of an already stretched rural health system and compromises the collaborative progress made in recent years to improve health outcomes across the region.

MPHN and MLHD partnership

The partnership between MPHN and MLHD is grounded in a formal Collaborative Agreement (2022–2025, updated 2025–2028), reflecting a shared vision for a one health system approach in the Murrumbidgee region. This agreement outlines shared priorities and governance arrangements and establishes practical mechanisms for joint planning and decision-making at the highest levels of both organisations.

At the core of this model is a Joint Board Sub-committee which was formed through the Collaborative Agreement and includes the Chief Executives of both MPHN and MLHD, along with board representatives. This joint committee provides executive oversight and strategic direction, enabling coordinated responses to emerging health needs and clear alignment of priorities across systems. The executives from MLHD and MPHN share a joint commitment to driving activity that will result in more seamless and integrated care for the Murrumbidgee region, meeting bi-monthly as a team to progress their Joint Activity Work Plan.

Our partnership in the Murrumbidgee is supported at the state level by the NSW Primary Health Networks and NSW Health Joint Statement, which sets out how NSW Health, NSW PHNs and the

Commonwealth will work together to deliver patient-centred care, focused on care in the community, joint regional planning and governance process and shared data and outcomes.

Our collaborative partnership and the governance structures enable MPH and MLHD to jointly:

- Co-design and deliver region-wide programs aligned to community needs
- Share data and insights to inform joint health needs assessments and evidence-based planning
- Coordinate workforce strategies to address rural health shortages
- Align infrastructure and service investments to avoid duplication and enhance impact.

Built on mutual trust, transparency, and a shared commitment to health outcomes, this model is recognised as a leading example of collaboration. Disrupting this arrangement through structural separation has the potential to undermine a proven foundation for system-wide reform and innovation.

Key concerns

While governance and administrative arrangements are primarily matters for MLHD, MPH's concern relates to the impact of structural change on workforce, integrated service delivery, and health outcomes. Based on our experience working across the region, we believe the proposed split would create significant risks for service access and patient outcomes.

Risk to integrated care and continuity for patients

The proposed split will disrupt established care pathways and collaborative models that enable patients to move seamlessly between primary, acute, and community care. Fragmentation would likely lead to duplication of systems and processes, creating confusion for patients and providers and reduce the efficiency of care delivery. For rural communities, this could mean longer travel times, delayed treatment, and poorer health outcomes.

Equally concerning for integrated and person-centred care is the current critical workforce challenges being faced by rural communities. Based on MPH's experience commissioning services in the rural communities in the western part of our region, it is our belief dividing MLHD would further dilute resources, create competition for staff, and increase administrative burden. This would make it harder to recruit and retain clinicians and could exacerbate service gaps in smaller communities, particularly in areas like Griffith, Deniliquin, and Hay.

Community voice and local needs

MPH's extensive community engagement, including the 2025 *Conversations on the Couch* and *Yarns on the Couch* series, has highlighted the importance of continuity, access, and culturally safe care. Communities consistently told us they want care that is local, coordinated, and easy to navigate. While some expressed frustration with service access, the solution lies in strengthening local input and resourcing.

MPHN and MLHD already work closely with Local Health Advisory Committees (LHACs) to ensure community voices inform planning and service delivery. LHACs provide valuable insights into local priorities and help shape initiatives that respond to unique community needs. For example, joint engagement with LHACs has supported programs such as Living Well, Your Way, Enhancing Paediatrics in Primary Care, and DREAM, which have all been delivered in the western part of the region.

Localised planning and service delivery can be achieved through targeted investment, community engagement, and governance arrangements that empower local decision-making within the existing regional structure. This approach maintains the benefits of scale and integration while ensuring communities like Griffith, Deniliquin, and Hay have a strong voice in shaping health services.

Evidence of successful regional collaboration

MPHN and MLHD have a strong track record of working together to deliver integrated, community-responsive health initiatives across the Murrumbidgee region. The following case studies from communities within the Murray electorate demonstrate the effectiveness of this collaboration and the value of maintaining a unified local health district.

Living Well, Your Way

In the Western region of the Murrumbidgee, MPHN and MLHD, through its joint Living Well, Your Way initiative, partnered with Griffith Aboriginal Medical Service to deliver a suite of culturally tailored chronic disease management initiatives focused on congestive heart failure and chronic obstructive pulmonary disease. This includes the Aboriginal Pulmonary and Heart Failure Rehabilitation Program delivered at Griffith Base Hospital, which combines exercise, education, and culturally safe care.

Living Well, Your Way also incorporates heart failure outreach clinics, many of which are being delivered in the western communities of the Murrumbidgee including Lake Cargelligo, Hay, Narrandera, and West Wyalong bringing specialist care closer to communities that would otherwise need to travel significant distances. These clinics provide early intervention and ongoing management for patients with complex chronic conditions, reducing hospital admissions and improving quality of life.

Together, these programs demonstrate how co-designed, place-based models supported by strong cross-sector partnerships can address health inequities and deliver measurable outcomes for rural and First Nations communities.

Enhancing Paediatrics in Primary Care (EPiPC)

EPiPC is a region-wide initiative that builds the capacity of general practitioners to identify and manage developmental and behavioural concerns in children aged 0–7. In Deniliquin, Leeton and Hay, the program has improved early intervention through access to a community paediatrician,

standardised screening tools, and streamlined referral pathways. The program is also delivered in six other locations of the Murrumbidgee region.

A key feature of EPiPC is the co-funding of a community paediatrician position by MPHNSW and MLHD, ensuring specialist expertise is available locally. The program also involves GPs across the western sector, who receive training and support to undertake developmental screening and manage complex cases in collaboration with the paediatrician.

The program has expanded to include speech and occupational therapy screening through the WARATAH for Kids initiative, and a care navigator role to support vulnerable families. Since its launch, EPiPC has delivered hundreds of assessments and service occasions, reducing the need for families to travel and improving developmental outcomes for children.

DREAM (Diabetes Regional Education, Access and Management)

The DREAM initiative, launched in February 2024, is a collaborative outreach model co-designed by MPHNSW, MLHD, St Vincent's Hospital Sydney, and the St Vincent's Curran Foundation. It brings specialist diabetes care, including endocrinologists, diabetes educators, and allied health, directly into rural communities across the Western region of the Murrumbidgee.

Through outreach clinics in Griffith, Hay, Leeton, Lake Cargelligo, and West Wyalong, DREAM improves access to specialist care for people living with diabetes who would otherwise need to travel long distances. The program also provides education and support for local health professionals, strengthening capacity within general practices and community health services.

By reducing travel barriers, offering follow-up via telehealth, and upskilling local clinicians, DREAM enhances equity and continuity of care. It exemplifies how targeted integration across primary, acute, and specialist services can deliver better outcomes for rural communities.

Recommendations

MPHNSW recommends the Committee:

1. **Consider the impacts** of the Bill on further fragmenting care and disruption to the extensive collaborative efforts already at play on the region to support integrated primary, community and acute care.
2. **Support investment in localised service planning** within the existing MLHD structure, ensuring communities like Griffith, Deniliquin and Hay have a stronger voice in decision-making.
3. **Foster the LHD and PHN collaborative model** approach already in place between MPHNSW and MLHD to improve integration, workforce sustainability, and patient outcomes; with the potential for scaling the approach across all of NSW.

4. **Prioritise evidence-based reform** that addresses root causes of rural health inequity, including workforce shortages, infrastructure gaps, and social determinants of health.

Conclusion

MPHN remains committed to working with all levels of government, MLHD, and local communities to deliver high-quality, coordinated care. We urge the Committee to consider the long-term implications of structural change and to prioritise reforms that build on existing partnerships and evidence.