Submission No 23

INQUIRY INTO CURRENT AND FUTURE PROVISION OF HEALTH SERVICES IN THE SOUTH-WEST SYDNEY GROWTH REGION

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Submission to the Legislative Council Portfolio Committee No 2 – Health

Inquiry into the Current and Future Provision of

Health Services in the South-West Sydney Growth Region

Introduction

The Western Sydney Leadership Dialogue welcomes the opportunity to make the following submission to this Inquiry. We commend the Committee members for their interest in matters of profound importance to the health and well-being of those living in Greater Western Sydney (GWS), and indeed the economic and civic future of the entire metropolitan region and the state. We note the terms of reference and make the following observations regarding its regional remit.

South West Sydney Growth Region (SWSGR): a once-in-a-lifetime opportunity

As a long-term stakeholder advocate and community forum for a similarly malleable region - 'Greater Western Sydney' (GWS) - we're aware of the many different relevant datasets, covering everything from anticipated jobs and population growth, education and utility needs, and of course, health. In acknowledging that the constantly changing plans for much of the area makes precision difficult, the Dialogue supports what appears to be a key purpose of this Inquiry: to draw on all available data and statistical resources, and combine them with the government's known planning intentions to produce some authoritative consistency and certitude about the health needs of the area's population out to 2050.

To this end our submission resists adding redundant quantitative contributions of our own. The raw data we routinely draw on in our own research, advocacy and engagement is available to Committee members, and will also no doubt be further presented by specialist contributors. Our main aim is to flag some qualitative health issues, and especially to stress the opportunity this Inquiry presents for a fundamental reshaping of our approach to health care.

Projected population growth, scale and implications

Between now and 2050, whether the population increases by seventy percent, or doubles, or triples, the demand for services and infrastructure will have made a disruptive, quantum leap. The Dialogue thus starts with a very strong view that a commensurate 'order of magnitude' increase in health infrastructure, services, staffing and ancillary health support commensurate for the region must be accepted as a planning 'given'. There are particularly strong cases for a focus on Campbelltown and Bankstown health resources, where recent population and development pressures have especially outpaced infrastructure and service enhancement. The Dialogue welcomes the on-going 'catch-up' that is underway here, but also urges that staffing issues are not forgotten. This is especially so with allied health services, and culturally bespoke and mobile clinical care. We add our support to community calls for equity in meeting local needs.

However, the Dialogue accepts that detailed statistical projections – anticipated hospital beds, clinics, staffing numbers, and so on – are matters for health sector specialists. We are better

placed to make broader qualitative observations about the health implications in any transformation of a still-largely 'green field' region into a series of new urban communities.

Building a healthier future: planning holistic health care into green field development

The Dialogue urges the Committee to consider all planning and funding matters for the future provision of health services for the SWSGR within a 'preventative health care' context, flagging the following regional particulars to better illustrate he concept:

Infrastructure: a new hospital?

On sheer projected population numbers there certainly is a strong case to start planning now for a whole new hospital and even entire health precinct within the SWSGR, to directly service the Aerotropolis and enhance regional strategic ballast and optionality. Existing health hubs like Campbelltown, Bankstown-Lidcombe and Liverpool Hospitals are all currently undergoing upgrades, but infrastructure can only be expanded, and their allied health services radiated outwards so far, before the cost-benefit begins to diminish.

But regardless of whether the Inquiry regards a new hospital complex or continued expansion of current regional infrastructure as optimal, choices must be explicitly informed by regional peculiarities.

Healthy planning choices and 'preventative equity' for GWS

Much of the SWSGR remains 'green field' and sparsely populated. This presents accessibility and community serviceability challenges but also offers an opportunity for fully integrated 'planned-in health care'. It's increasingly recognised that planning decisions which maximise active transport options, green open space, blue infrastructure, sustainable building design, connectivity at the human scale and so on, are key components of strategic health care. Given that the endeavour being embarked upon in the region is effectively the creation of an entire new city from scratch, 'building in' health care as a defining planning parameter is not an unrealistic ambition. The Dialogue urges the Inquiry to resist any 'silo' mindset that continues to regard health care only as clinically reactive 'provision after failure'.

This traditional approach has left GWS populations typically at a starting-point disadvantage, in comparison to regions which have natural preventative health care advantages. Multiple studies and clinical experience in GWS have demonstrated that the region's most serious health issues (and thus care needs) are as much a consequence of transport, education, employment and social infrastructure planning factors as medical or clinical ones. Prevention being preferable to cure, this Inquiry must seize the opportunity to 'plan in' preventative health care equity for the region at long last.

The following regional health issues help illustrate the point.

Obesity, diabetes and other comorbidities

Regional research, including our own Discussion Paper '*Western Sydney's Heavy Issue*', consistently shows that GWS's higher incidence of obesity, diabetes, and other related conditions, flows largely from non-health ('obesogenic') factors. These include comparatively few active transport options, longer commutes, less recreational time and green and blue infrastructure spaces, and fewer accessible nutritional food options. Higher rates of avoidable obesity conditions, and their cascading downstream comorbidities, results in ever-greater future health care 'needs'. Obesity is a nominal health issue which particularly underscores the folly of the 'silo' approach to

SWSGR's health care planning, given that future incidence is a causal function of the future population's capacity to live more active, nutritional daily lives than is currently (at least on average) the case. This means that establishing the future obesity, diabetes and related condition health care 'needs' of the region isn't a simple matter of making actuarial projections based on current trends. Future numbers will depend entirely on a whole range of non-health policy planning choices. The less 'obesogenic' the daily lifestyle imposed on future populations by these policy choices, the more reduced future obesity health care needs.

Mental Health and related issues

A similar principle applies to mental health care. Once again, in comparison to Sydney overall, parts of SWSGR experience far poorer outcomes in this area, such as higher rates of reported psychological stress, self-harm and suicide attempt, greater rates of mental health hospitalization, and so on. As with obesity, planning choices in many non-health areas can have a profound causal impact on a population's subsequent mental health needs. Again, activating more amenable daily lifestyles at the planning stage – more green and blue infrastructure, reduced commute times and traffic congestion, urban heat and pollution mitigation, more people-friendly built environment and connectivity – has all been shown to vastly improve a wide range of mental health care and related social outcomes.

There's also a strong case for extending this 'preventative planning' principle ever further, to many other poor outcomes often seen in GWS, for example in substance abuse and self-medication, domestic violence and childhood education metrics. As with obesity, the Dialogue urges the Inquiry to examine the SWSGR's future mental health needs through a recalibrated preventative health care lens that seeks to 'plan in' future reductions of existing demand, first and foremost. The optimum time to look after the mental health of a community set to rapidly expand is when deciding what that community's daily lived life will look like.

Culturally and demographically specific health needs

Extending this further the Inquiry should consider the needs of various SWSGR sub-communities of significance, along with the optimum preventative planning approach to each. For example:

Indigenous and Pacific Islander community: There's a large Indigenous population in GWS, with a much higher vulnerability to diabetes and related conditions. For many reasons Indigenous Australia has not been well served by at least some aspects of the established models of diabetes care. The operational disposition and 'community-up' integration of the new Blacktown Regional Dialysis Centre, with its better accessibility for extended families, enhanced capacity for early intervention, and elements like an Indigenous Healing Garden, is a good example of re-imagining health care provision in demographically bespoke terms, in order to maximize its preventative focus.

CALD communities: There are many other culturally diverse communities that will play a major role in shaping the future health needs of SWSGR in more subtle ways than simply their expanding numbers. Such communities have many different 'preventative' health care needs, and there's every reason to seek to align future health care capacity inclusively. For example, some cultures which are over-represented in GWS remain much more comfortable with gender-segregated health care services than is now the Australian norm. Others respond better to integrated 'traditional and modern' health care models. The Inquiry must not close its mind to any. Shifting to a more preventative health care approach demands that, rational reasons aside, we do not alienate anyone into avoiding the health care system altogether, until the only option left is resource-heavy reactive treatment. This demands proactive engagement with all SWSGR

communities and, within pragmatic reason, incorporation of their health care preferences from the planning stages.

Independent aged community: Another key demographic in SWSGR will be the independently aging. A key component already driving much of the region's development are bespoke residential complexes in which older Australians will retain living independence, probably until end-of-life. Increasing levels of health care, and ultimately palliative care, will be administered in-home, perhaps via mobile/localized allied health hubs. This growing phenomenon is already of huge significance for SWSGR's health care planning, given what we know about the typically skewed stress Australians place on health infrastructure, services and budgets as we age. The region is becoming an ideal planning laboratory in which to evolve a new optimum model for health care into old age. Mobility of local allied care assets, whole-of-community integration, accessibility of recreation opportunities (to extend preventative health into older and older cohorts), IT-remote consultation…intelligent planning choices at this 'green field' stage could change our entire approach to aged health care, vastly reducing the demographically unsustainable demands of our later years that arise from our current approach.

Paediatric and early childhood health: A similar opportunity exists at the other end of the demographic scale. Naturally in a growth region the rapidly expanding population will place additional demands on paediatric and childhood health services. Once again, the green fields of SWSGR present an opportunity to redesign our approach to these 'from scratch'. Decentralised and mobile community clinics, and greater IT consultation, 'scripting and bulk billing would all reduce the time and resource pressures on more centralized, reactive care often disrupted by school, childcare and 'working parent' routines. Inculcating in our young a 'cradle to grave' preventative approach to health care would have a multiplying downstream generational impact – provide we embrace it first, here and now.

Health care workforce, accessibility and IT

Other aspects we urge the Inquiry to consider include the needs of the future health workforce, not least of which must be proximate accommodation. While it may seem a distant issue for now, given that housing options in SWSGR are much more accessible than in other parts of Sydney, the economic opportunities offered by major growth projects like the new airport and aerotropolis mean that cost-of-living pressures accelerate quickly and exponentially once a viable population mass is achieved. Key worker proximity in established areas of Sydney is already a critical economic issue of diminishing resource allocation efficiencies. Any future health care plan for SWSGR must safeguard the workaday proximity, sustainability and amenability of the health care workforce.

One lateral key to this likely lies in expanding the role of health IT, as significant infrastructure, services and staffing efficiency multipliers. The Dialogue urges the Inquiry to enthusiastically explore the future place in SWSGR of such elements as virtual diagnosis, remote consultation, smart health monitoring and clinical automation, as potential ways to decentralize, time-aggregate and thus, optimize the 'bang for buck' of our current and future allocation of health care resources.

The Committee should also consider individual and collective education, training and career pathways. As with other rapidly disrupting vocations the future lies in a workforce pipeline that can best integrate health care theory, technical skillset development and 'work ready' practical experience. The nursing education model based at Western Sydney University's hi-tech CBD Campus Liverpool is setting a new best-practice education benchmark in this stream, drawing on

a WSU educative philosophy grounded equally in the theoretical, the vocational and the workplace-practical. There is great scope for other operational assets servicing the region, such as Bankstown and Campbelltown hospitals, to develop similar integrated training capabilities, particularly given WSU's expansion ambitions.

SWSGR health care as anchoring economic infrastructure

Developing this further, multi-faceted 'health precincts' can act as both anchor and catalyst for broader regional economic rejuvenation. The success of Parramatta's Westmead Health and Education Precinct shows how bold health care planning can accelerate aligned infrastructure projects and optimize regional investment efficiencies. Central to this process are transport and accessibility enhancements, obviously crucial to health care providers and users, but important also as attracters and enablers of other economic multipliers. Evolving projects in SWSGR like the Greater Metro West and Fast Rail proposals could, when matched with the confident expansion plans of a WSU intent on new local campuses, add to the case for the current developments of both Bankstown and Campbelltown hospitals to be expanded, to become transformative urban-regional precincts whose benefits extend far beyond world-class local health care. Subsequent downstream outcomes, like improved CBD 'active connectivity', greater community prosperity, better quality jobs and available education would in turn multiply 'preventative health care' outcomes across generations. The key, again, will be for this Inquiry to resist the habit of thinking of 'the future provision of health care services' only in the old, reactive, compartmentalized planning ways.

Conclusion

As a long-term, enthusiastic and optimistic advocate for the region under consideration, the Dialogue welcomes the Committee's interest in the future provision of its people's health care. We thank members for this opportunity to contribute and urge that you focus not only on any health outcome deficits and resource disparities still facing GWS. Regional equity is important and matching projected resources to anticipated numbers is requisite. Equally important, however, is for the Inquiry to seize this once-in-a-lifetime opportunity to 'build a city from scratch' as the moment to devise a new model of health care of all Australians, too.

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Director

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Covid-19 Addendum: *This submission was largely prepared before the full impact of the Covid-19 health crisis crystalized. Clearly long-term planning for the region will be impacted for many years by the public health and economic legacy resulting from the current deeply uncertain juncture. We have however elected not to amend our submission. This is partly because it is impossible yet to know what that legacy will be, but largely because we recognize that, despite the scale of the crisis, it will pass - and we think with our key strategic points intact. If anything, the economic disruption imposed may create even greater imperatives and opportunities for the wholesale recalibration of health care, as we advocate. Despite the crisis upending our lives the Western Sydney Leadership Dialogue looks to the future of our region with optimism and enthusiasm. We thank committee members for their continuing commitment to public service and wish them all wise leadership and good fellowship through the testing months and perhaps even years ahead.*