

**Submission
No 39**

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

Organisation: Campbelltown City Council

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The Director, Portfolio Committee 2,
Parliament House, Macquarie Street,
Sydney NSW 2000

Campbelltown City Council Submission

Inquiry into the current and future provision of health services in the South-West Sydney Growth Region by the NSW Legislative Council's Portfolio Committee 2

Introduction

Campbelltown City Council welcomes the opportunity to participate in the current inquiry into the planning of health services and would like the Portfolio Committee 2 to consider the existing demand and future needs of Macarthur outlined in this submission when planning for current and future health services in the South West Sydney Growth Region. Macarthur represents a significant portion of this region however our community typically has a higher portion of chronic illness, lower levels of access to quality health services and poor clinical outcomes when compared to the rest of Greater Sydney. This disparity has the potential to grow exponentially as the region prepares for unprecedented growth in the years ahead.

In providing this submission we have responded to each of the review areas of the inquiry as outlined in the terms of reference and used evidence based responses to inform the final recommendations. It is hoped that this approach enables the committee to readily review this submission and in turn thoroughly consider its contents in the committee's final deliberations.

Responses to the Terms of Reference of the Review

- 1) An analysis of the planning systems and projections used by NSW Health in making provision for health services to meet the needs of population growth and new suburbs in the South-West Sydney Growth Region;*

The current population projections for planning health services are derived by the Department of Planning, Industry and Environment (DPIE) projections as presented in Table 1 below however these are considered a conservative estimate, with Councils in the Macarthur area planning for larger forecast scenarios forecasting a Macarthur population of over 600,000 in 2036 (Forecast i.d. figures across Macarthur are 11.7% higher than DPIE figures).

Table 1 – Macarthur Population Forecasts, 2016 - 2036

Population	Actual		Projections			
	2016	2021	2026	2031	2036	2041
Camden	80,264	127,647	153,299	180,071	236,255	307,727
Campbelltown	161,566	180,051	194,039	212,366	227,946	249,262
Wollondilly	<u>49,854</u>	<u>54,140</u>	<u>58,482</u>	<u>66,381</u>	<u>73,477</u>	<u>82,513</u>
Macarthur	291,684	361,838	405,820	458,818	537,678	639,502
Change in Population	2016 - 21	2021 - 26	2026 - 31	2031 - 36	2036 - 41	
Camden		47,383	25,652	26,772	56,184	71,472
Campbelltown		18,485	13,988	18,327	15,580	21,316
Wollondilly		<u>4,286</u>	<u>4,342</u>	<u>7,899</u>	<u>7,096</u>	<u>9,036</u>
Macarthur		70,154	43,982	52,998	78,860	101,824
Change in Population (%)	2016 - 21	2021 - 26	2026 - 31	2031 - 36	2036 - 41	
Camden		9.7%	3.7%	3.3%	5.6%	5.4%
Campbelltown		2.2%	1.5%	1.8%	1.4%	1.8%
Wollondilly		<u>1.7%</u>	<u>1.6%</u>	<u>2.6%</u>	<u>2.1%</u>	<u>2.3%</u>
Macarthur		4.4%	2.3%	2.5%	3.2%	3.5%

Source: Planning and Environment New South Wales Population and Household Projections 2019

Recent growth has already demonstrated an ageing population in Macarthur as well as increasing cultural diversity with rising incomes and continued dominance of traditional family households. Population forecasts to 2036 anticipate the Macarthur population to continue to age with the proportion of residents aged over 65 anticipated to increase from 11.3% in 2016 to 15.6%, further exacerbating the demand from overall population growth with this high need demographic.

Therefore the analysis being undertaken as part of this enquiry of the planning systems and projections used by NSW Health in making provision for health services should consider the same source data that is being used by councils within the South West Sydney growth region. This will ensure that the anticipated needs of future communities are being consolidated at a local, regional and state level and that opportunities for multilevel government support to meet these needs are maximised.

2) *An analysis of capital and health services expenditure in the South-West Sydney Growth Region in comparison to population growth since 2011;*

An analysis of the LHD Budget Data from Service Agreements and Financial Statements and Health Stats NSW indicates that South West Sydney Local Health District (SWSLHD) is inequitably funded in comparison to other Greater Sydney LHDs. SWSLHD has one of the lowest total annualised expense budgets per resident by LHD in Greater Sydney. It also has the lowest cost per acute encounter suggesting it has less access to specialised funding to deal with complex cases¹. This inequity in funding has the potential to be further exacerbated when considering the rate of growth for South West Sydney over the next 20 years is expected to be at a vastly accelerated rate when compared to the rate of growth that occurred between 2011 and 2020.

¹ Lawton A, Beard B, Hamilton O. WESTIR Limited. Condition Critical – An insight into the pressures that impact Liverpool Hospital staff in servicing the needs of the community.

Therefore any analysis of capital and health services expenditure in the South-West Sydney Growth Region should recognise the current low levels of annualised budget per resident for the SWSLHD and plan to address these as a priority in order to sufficiently prepare for the next period of unprecedented growth expected over the next 20 years.

3) *The need for and feasibility of a future hospital located in the South-West Sydney Growth Region to service the growing population as part of the Aerotropolis land use plan;*

The Greater Sydney Region Plan, *A Metropolis of Three Cities* sets the foundation for the hierarchy of urban centres in Sydney. The Western City District Plan designates the four Centres that, together, form the Metropolitan Cluster:

- Western Sydney Airport and Badgerys Creek Aerotropolis
- Liverpool
- Greater Penrith
- Campbelltown-Macarthur

The Western City District Plan nominates Growing and Strengthening the Metropolitan Cluster as a planning priority (W9) and sets out the role and function of each of the centres to deliver the objective. The centres of Liverpool, Penrith and Campbelltown are developing to support their differentiated and complementary health and education function, whilst the Aerotropolis' function centres around the Aerospace Institute.

The existing Metropolitan Centres in the South West, through Liverpool and Campbelltown Hospitals are planned to adequately support the growth in the Western City, in accordance with the District Plan, however the existing infrastructure and service levels in these locations require improvement. Any future need is anticipated to accumulate gradually and will be more efficiently serviced through incremental investment in the existing facilities and the network of Integrated Health Hubs. A hospital is not identified in the District Plan for the Aerotropolis.

Campbelltown is in the midst of a new era of growth with the existing estimated population of 171,000² expected to grow by over 60% to around 275,000 in 2036³. This growth will not happen in isolation with extensive growth in neighbouring Camden and Wollondilly also underway as a consequence of the realisation of the South West Sydney Growth Area and Greater Macarthur Growth Area plans. Campbelltown's role as a Metropolitan Cluster Centre of the Macarthur area in South West Sydney, plays a significant role in delivering timely and quality services to the diverse and growing communities of Macarthur.

Strain on health services in South West Sydney is already evident in the number of admissions to Campbelltown Hospital. In the period 2011/2012 to 2016/2017 admissions grew at an average annual rate of 6.5%, more than twice that of the overall population in the Macarthur area (2.9%). Similarly, the annual growth rate for emergency department presentations over the same period 2011/12 – 2016/17 has increased more than population growth indicating that the demand for health services is increasing at a faster rate than population growth (increased by an annual average growth rate of 3.5% compared to population growth rate of 3.3%)⁴.

Campbelltown Hospital, as the main hospital for the Macarthur region is a category B hospital, meaning that accessing higher order services requires our residents to travel to Liverpool Hospital. The current upgrades to Campbelltown Hospital will not expand the availability of these services resulting in a current population of over 250,000 people needing to travel out of area to access higher order services, and this population is expected to reach over 600,000

² Profile.id Estimated resident population for 2019.

³ Draft Campbelltown Local Strategic Planning Statement, 2019.

⁴ Australian Institute of Health and Welfare – Campbelltown Hospital emergency department presentations: all patients

within 16 years. The significant social implications for this is the need for residents of Macarthur to travel to Liverpool to access higher order services, creating an obstacle to accessibility particularly for lower income communities in Macarthur and the more distant rural communities of Wollondilly. The flow on implications around increased travel congestion, strain on public transport and potential increase in wait time to access health services will further exacerbate this need.

Campbelltown City Council recognises that growth is occurring and planned for in other areas of the Western City District, most significantly with the development of the Aerotropolis however any proposed feasibility study into the development of a future hospital in South West Sydney should also consider the cost and service benefits of upgrading existing hospitals and in particular Campbelltown Hospital given its strategic location and current level of demand. Government investment in health infrastructure should support the planning framework developed for Greater Sydney, and not contradict the development already underway.

4) *An investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region;*

Campbelltown residents on average have elevated rates of behaviours which have been linked to poorer health status and chronic disease including cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later life.

The key health concerns in Campbelltown are:

- Cancer, respiratory and circulatory diseases (ranked 1st in Greater Sydney for potentially avoidable mortality)
- Diabetes (ranked 3rd in Greater Sydney for hospitalisations)
- Mother and baby health (ranked 1st in SWS for hospitalisations)
- High or very high psychological distress (ranked 5th in Greater Sydney)^{5,6}

Our analysis indicates that Campbelltown residents typically visit General Practitioners (GPs) more on average (8.2 visits per person compared to 6.4 for NSW), yet availability of GPs is lower than for Greater Sydney (12.1 doctors per 10,000 people compared to 13.2). Our analysis also indicates that across all Allied Health services (excluding occupational therapy) there is a current undersupply of practitioners or services, and that the deficit will expand significantly in the absence of greater service provision.

Campbelltown has two existing Community Health Centres (CHC) in Ingleburn and Rosemeadow that require upgrades to improve accessibility and the safety and diversity of services available to residents. The Rosemeadow CHC delivers particular learnings, being a poorly located district facility with limited public transport connectivity to the broader area it serves.

These existing limitations in health services and inequalities in provision in Campbelltown and Macarthur relevant to Greater Sydney are fundamental considerations in planning for future provision in the region.

Community Health Services have been successfully provided through Integrated Health Neighbourhoods in Wollondilly, Camden and Liverpool Local Government Areas. Glenfield presents an opportunity for another Integrated Health Hub servicing the northern end of

⁵ South Western Sydney Our Health in Brief 2018,

⁶ Spatial analysis of Social Health Atlas of Australia PHIDU 2020

Campbelltown Local Government Area in an emerging strategic centre that will be connected to the Aerotropolis, Campbelltown Hospital, Liverpool Hospital, Sydney Airport and the Sydney CBD by rail. The Glenfield precinct is currently being planned, with significant government landholdings.

Therefore any investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region should consider the current deficit in practitioners and services in Campbelltown and Macarthur and the potential for these to worsen significantly in line with anticipated population growth if not addressed.

It is essential that the planning for Integrated Health Hubs including the Glenfield, South Campbelltown and Wilton Integrated Health Hubs include dedicating land in key transport and community hubs and that they operate as an integrated system reflecting an individual's prevention to end of life needs to deliver a new range of clinical services and, where possible, outreach care models (virtual care, Telehealth) that traditionally have been delivered from hospitals. Consideration should also be given to investment in the upgrade of existing Community Health Centres to reflect the more comprehensive Integrated Health Hub model.

Growing existing Aboriginal health services such as Tharawal Aboriginal Medical Service in order to increase Aboriginal community controlled health services in areas with a large and growing Aboriginal and Torres Strait Islander population is another important consideration.

- 5) *A comparison of the per capita operational expenditure allocated for the health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;*

Analysis of the LHD Budget Data from Service Agreements and Financial Statements and Health Stats NSW indicates that South West Sydney Local Health District (SWSLHD) is inequitably funded in comparison to other Greater Sydney LHDs. SWSLHD has one of the lowest total annualised expense budgets per resident by LHD in Greater Sydney⁷. Funding is further compromised as SWSLHD has the lowest rates of private health insurance at 38.1%, well below the NSW average of 51.5%, and Campbelltown is lower still at 34.8%. It is likely that this further contributes to budget limitations for the Campbelltown Hospital as hospital budgets include estimated allocations from privately funded patients who are more likely to be under represented at Campbelltown Hospital⁸.

Therefore a comparison of the per capita operational expenditure allocated for the health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney should ensure a more equitable distribution of resources to reflect the population size, access to specialised funding, rates of private health insurance and level of vulnerability to poor standards of health experienced in Campbelltown and Macarthur.

- 6) *A comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;*

⁷ Lawton A, Beard B, Hamilton O. WESTIR Limited. Condition Critical – An insight into the pressures that impact Liverpool Hospital staff in servicing the needs of the community.

⁸ Lawton A, Beard B, Hamilton O. WESTIR Limited. Condition Critical – An insight into the pressures that impact Liverpool Hospital staff in servicing the needs of the community.

7) *An investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050;*

Our analysis indicates that the supply of public hospital beds in Macarthur (*Appendix 2*), at Campbelltown and Camden Hospitals is under resourced for the estimated current population in the order of a 370-bed deficit, and even with the increases in capacity as part of the current Campbelltown Hospital Redevelopments, these will not meet the forecast demand with the estimated shortfall to increase to 493 beds.

Similarly, modelled demand for private hospital beds indicates an existing shortfall in the order of 311 beds and even after the planned completion of the Soma Private Hospital in neighbouring Gregory Hills, a deficit would be realised by 2026 increasing to a shortfall of 188 beds by 2036. In total this would amount to an under provision of 681 hospital beds by 2036. This under-provision is also expected to be understated as reinforced through the difference in forecast figures between DPIE and the councils servicing the Macarthur region (11.7% higher). This current shortage in beds has direct implications on the future level of staffing required in order to ensure that a comparable level of care and staff to patient ratio is provided to Campbelltown Hospital patients as is experienced in other local health districts.

Therefore a comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011 should consider current deficiency levels of service and the scale up of staffing required to not only meet current demand but also future anticipated demand.

Consideration is also required for alternate health delivery models that can increase access to GPs (including after hours), allied health services and ancillary care throughout the community to reduce reliance and demand on hospital based services.

8) *A review of preventative health strategies and their effectiveness in the South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity;*

The key health behaviours in Campbelltown are:

- Smoking during pregnancy (ranked 1st in Greater Sydney)
- Obesity (ranked 2nd in Greater Sydney)
- Smoking (ranked 3rd in Greater Sydney)⁹

Whilst Council has established strong partnerships with South Western Sydney Local Health District, Western Sydney Health Alliance and South Western Sydney Primary Health Network in developing and deploying health strategies the current health behavioural trends and their dominance in the Greater Sydney region evidence that more work and funding is required to enable a reduction in these key areas. As the population grows there is the potential for these trends to increase in both percentage and total numbers of population resulting in further demand on health services and facilities.

Therefore a review of preventative health strategies and their effectiveness in the South-West Sydney Growth Region since 2011 should consider current health behaviours and the potential for these to increase disproportionately compared to other areas of Greater Sydney if sufficient preventative health strategies and levels of funding are not provided to address these.

⁹ Spatial analysis of Social Health Atlas of Australia PHIDU 2020

9) *A comparison of clinical outcomes for patients in the South-West Sydney Growth Region compared to other local health districts across metropolitan Sydney since 2011;*

The health of the Campbelltown community is influenced not only by health services but by a complex interaction of socio-economic, demographic and cultural factors. These factors vary significantly across the Local Government Area (LGA) as demonstrated by suburbs in Campbelltown having SEIFA scores for advantage and disadvantage in both the highest percentile (Macquarie Links) and the lowest percentile (Claymore).

In comparison to Greater Sydney, Campbelltown has:

- A younger population (median age of 34 compared to 36)
- Higher levels of disadvantage (SEIFA index of disadvantage 950 compared to 1018)
- More single parent households (16.2% compared to 10.4%)
- More residents with a daily need for assistance (5.9% compared to 4.9%)
- High Aboriginal and Torres Strait Islander population (3.8% compared to 1.5%)
- Higher unemployment (7.9% compared to 6.0%)
- Lower, but growing culturally and linguistically diverse population (30% speaking another language at home compared to 36%)

As previously stated clinical outcomes for Campbelltown include:

- The highest levels of cancer, respiratory and circulatory diseases (ranked 1st in Greater Sydney for potentially avoidable mortality)
- High levels of diabetes (ranked 3rd in Greater Sydney for hospitalisations)
- Poor levels of mother and baby health (ranked 1st in SWS for hospitalisations)
- High or very high psychological distress (ranked 5th in Greater Sydney)

Therefore any comparison of clinical outcomes for patients in the South-West Sydney Growth Region compared to other local health districts should consider the poor level of clinical outcomes for Campbelltown patients and the potential for these to increase as the population increases.

Campbelltown City Council is satisfied that our submission be made public as part of the inquiry.

Appendices

Appendix 1 – Campbelltown Key Health Issues

	Campbelltown	Campbelltown Ranking in South Western Sydney	Campbelltown ranking in Greater Sydney
Conditions			
Intentional Self Harm hospitalisations (per 100, 000)	201.7 (males)	1	5
	181.3 (females)	1	(suicide and self-inflicted injuries, 0-74)
Cardiovascular disease mortality (per 100, 000)	180.5	1	N/A
Cancer mortality (per 100, 000)	194	1	N/A
Mother and babies all causes hospitalisations (per 100, 000)	40,540	1	N/A
Potentially avoidable mortality, under 75 years (per 100, 000)	128.3	1	2 (admissions for all potentially preventable conditions, all hospitals)
Obesity (18 years and over) (per 100)	37	2	2
Diabetes hospitalisations (per 100, 000)	217.0	1	3
Dementia (per 100, 000)	1374	4	N/A
Behaviours			
Smoking during pregnancy (%)	12.9	1	1
High or very high psychological distress levels (people aged 18 years and over) (per 100)	14.6	4	6
Overweight (not obese, people aged 18 years and over) (per 100)	33.1	7	Ranked last

Low, very low or no exercise in previous week (aged 18 years and over) (per 100)	73.4	4	4
Avoidable mortality by selected cause (falls, fires, burns; suicide and self-inflicted injuries) (per 100)	86	2	2

Source: South Western Sydney Our Health in Brief 2018 and Social Health Atlas of Australia PHIDU 2020

Appendix 2 – Macarthur Hospital Bed Demand, 2016-2036

	2016	2019	2021	2023	2026	2031	2036
Estimated Resident Population (ERP)							
Campbelltown	161,566	172,657	180,051	185,646	194,039	212,366	227,946
Camden	80,264	108,694	127,647	137,908	153,299	180,071	236,255
Wollondilly	49,854	52,426	54,140	55,877	58,482	66,381	73,477
Macarthur	291,684	333,776	361,838	379,431	405,820	458,818	537,678
Number of hospital beds per 1,000 persons							
Public Hospitals	2.51	2.51	2.51	2.51	2.51	2.51	2.51
Demand for Hospital Beds							
Campbelltown	406	433	452	466	487	533	572
Camden	201	273	320	346	385	452	593
Wollondilly	125	132	136	140	147	167	184
Macarthur	732	838	908	952	1,019	1,152	1,350
Existing Hospitals Beds							
Campbelltown Hospital	411	411	411	800	800	800	800
Camden Hospital	57	57	57	57	57	57	57
Wollondilly	0	0	0	0	0	0	0
Macarthur	468	468	468	857	857	857	857
Under/Over supply							
Campbelltown	6	-22	-41	334	313	267	228
Camden	-145	-216	-264	-290	-328	-395	-536
Wollondilly	-125	-132	-136	-140	-147	-167	-184
Macarthur	-264	-370	-440	-96	-162	-295	-493

Sources: Planning and Environment New South Wales Population and Household Projections 2019, AIHW