

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

**Organisation:** Older Women's Network NSW Inc  
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**Submission to the inquiry into “Current and future  
provision of health services in the South-West Sydney  
Growth Region”**

**by**

**Older Women’s Network NSW Inc**

Mr Greg Donnelly  
Committee Chair  
NSW Parliament

May 27<sup>th</sup> 2020

Dear Mr Donnelly

Thank you for the opportunity to make this submission to the inquiry into “**Current and future provision of health services in the South-West Sydney Growth Region**”.

The Older Women’s Network NSW Inc has been a vital, strong and consistent voice for older women in this state for more than 30 years. We have been at the forefront of progressive change, activism and advocacy since our beginnings in 1985. Over the years, OWN has developed services and resources for older women and has written and contributed to numerous influential reports on key issues for older women such as income security, homelessness, ageism, wellbeing, abuse of older people and domestic violence.

It also runs wellness centres/groups where older women can take part in activities which promote positive, active ageing and social connectedness through programs of affordable facilitated classes and activities.

OWN NSW defines wellbeing as having good physical and mental health, social inclusion, and the ability to access public amenities, such as transport and healthcare. These features allow older women to fulfil small or large life projects, and enhance their rights and ability to live a dignified, satisfactory and meaningful life. Having good physical health, mental health and social connectedness are all linked to a healthy ageing process.

OWN NSW is currently funded by the South Western Sydney Local Health District (SWSLHD) as part of its Health Funded NGO Programs to provide wellness activities for older women. This has enabled women from 50s to 90s to take part in a range of activities which are specifically tailored for the ageing female physique, in a space which is welcoming and safe for them. We quickly pivoted to offering activities online as well as through the telephone network when we had to shut our services because of COVID 19.

The following recommendations are made based on the experience and feedback gathered from the years that OWN has been working to champion

the wellbeing and rights of older women. It is also backed by a longitudinal study conducted of the program funded by SWSLHD by Professor Pat Bazeley.

#### Recommendations:

1. That the current and future provision of health services in the South-West Sydney Growth Region include a strong focus on preventive health services delivered by NGOs, which are fully and adequately funded by the local health district. Research undertaken not only by OWN, but also other bodies, have proven that spending on preventive health services yields outcomes which lessen the pressure on healthcare systems, and improves quality of life.
2. That preventive health services which are delivered by NGOs are not only fully and adequately funded, but also that this funding be on a long-term basis to enable them to have certainty of service delivery for targeted cohorts. This also enables clients to access services at a minimal cost thereby facilitating participation by those from lower socio-economic backgrounds.
3. That NGOS which provide preventive health services are consulted and included in the strategic planning of South Western Sydney Local Health District to ensure that the voices of the community for whom these services are targeted are heard and considered.

#### Rationale:

1. Spending on preventive health saves in the longer term and leads to better quality of life.

We would like to bring the committee's attention to the excellent report "Preventive Health: How Much Does Australia Spend and Is It Enough?" which was published in 2017 by La Trobe University and Prevention 1<sup>st</sup>. Some of the points made include:

- Chronic disease is responsible for 83 per cent of all premature deaths in Australia and 66 per cent of the burden of disease, making it our nation's greatest health challenge.

- Conditions such as heart disease, stroke, heart failure, chronic kidney disease, lung disease and type 2 diabetes, are common in Australia. These conditions are largely considered preventable and are placing great pressure on Australia's healthcare systems as they struggle to deal with the increasing flow of patients.
- Australia spends about \$2 billion on prevention each year, or \$89 per person. This is 1.34 per cent of all health spending, which is considerably less than countries such as Canada, the United Kingdom and New Zealand.
- Many preventive health interventions are cost-effective. Some promote health and reduce costs overall because of the reduced need to treat expensive diseases. Others allow Australians to live longer and better quality lives, and come at a reasonable cost to the health system.

The research which has been conducted by Professor Pat Bazeley of the impact of wellness activities on the health and wellbeing on older women also supports the finding that staying active and socially connected improves health outcomes (both physical and mental).

Professor Bazeley's last report to SWSLHD noted that: "Benefits from participation reported by members included: managing, maintaining, or improving health and mobility; cognitive and mental health benefits; supportive social interaction; increased motivation to engage in life, with other specific benefits to personal wellbeing and development. Support offered through other women at Bankstown Wellness Centre was also important to members experiencing sudden or ongoing stresses."

## 2. Importance of long-term funding for NGOS which provide preventive health services.

The SWSLHD has been supporting a range of NGOs to provide health services to members of the community, and OWN NSW has been a recipient of a small grant for some years. The grant is used to pay for the rental of premises in Bankstown PCYC and the Arts Centre where activities take place. It is also used to pay facilitators to run classes like Line Dancing, Yoga, Gentle Exercise and Ukulele. In addition, a part-time coordinator is supported through the grant to ensure that the administrative and outreach processes are taken care of. The members who participate in these activities range in age from 50 plus to 90, and are from a range of backgrounds reflecting the multicultural mix of the community. The Greek OWN members have a weekly gathering in the Arts Centre for their exercise class, and a social catch-up following the class.

The support of SWSLHD has been instrumental to the health and wellbeing of the older women who use the service. This is borne out by the research conducted by Professor Patricia Bazeley. It is the most successful Wellness Centre of OWN NSW simply because there is funding to support the activities, thereby making the fees payable by the participants to be minimal. For \$30 per term, the members can participate in as many classes as they wish, for as often as they want. This contrasts with the fees, for instance, in Newtown Wellness Centre, which is \$10 per class because it does not receive any support from the local health district. Without the support of the SWSLHD, these women will not be able to access these exercise and wellbeing classes.

We call on funding to be made long term, and to be increased. Even though the cost of living has gone up, together with the increase in rental payable to the PCYC, the quantum received over the years from SWSLHD has remained constant. Facilitators are therefore only paid \$80/hour – a fee that has remained static over the years. They have requested an increase in remuneration, but we are unable to meet their request.

We urge the committee to note that the concept of ‘sustainability’ of services, and the push to get services to pay its own way is unrealistic given the cohort of women who use the services. A significant percentage of the women are from the lower socio-economic group, and unable to pay the fees which a private operator may charge. OWN NSW is not a business and does not generate profit. It is a registered charity, and a provider of services to older women. The changing economic demographics show that more women are retiring into poverty, and it is incumbent on government to do what it can to ensure that older women’s health is supported for as long as possible.

Currently, funding for the NGOs is on a yearly cycle, which creates anxiety and uncertainty. The government must make a longer-term commitment to funding health services so that planning can move beyond the short-term.

3. The inclusion of NGOS funded by SWSLHD to be included in consultations for the strategic planning of the LHD’s health services

The population of South West Sydney is growing, and also ageing. Any strategic planning for the future of health services in the area must include the cohort which is heavily impacted by the level, quality, nature and orientation of health services offered. The voice of advocacy groups, consumer groups and individuals who use the services needs to be considered in the design of any health service.

OWN NSW would like to bring the perspectives of older women to the table, so that policies and practices will reflect the needs of one important segment of the population.

## **Conclusion**

The terms of reference for this committee include addressing the question of the shortfall of health services in the South West Sydney Growth Area. We believe that there is inadequate preventive health services for older women, and the government is not looking to tap into the expertise and insights of community groups like OWN to see what can be done to improve health outcomes for older women. We strongly recommend that a true partnership model be established where NGOs like OWN are included in determining the best way forward.

As noted earlier, we urge the committee to take into serious consideration the fact that the population in South West Sydney is not only growing but also ageing. This has enormous implications on the type of infrastructure and services which must be designed in response to this reality.

The third of the Sustainable Development Goals is “Good Health and Wellbeing”, and it states that by 2030, there should be a reduction of a third of “premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.” This is a big target to hit, and one which demands the commitment of a government which recognises that health spending on prevention is just as critical as spending on treatment.

Thank you for your kind consideration of our submission. We are ready to address and expand on any of the points raised above should the committee so wish.

Yours sincerely

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