

**Submission
No 253**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Wollondilly Shire Council

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To the NSW Legislative Council Portfolio Committee No.2 – Health

10th December 2020

Submission from Wollondilly Shire Council to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW

Wollondilly Shire Council welcomes the opportunity to provide this submission to the NSW Legislative Council Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW.

Wollondilly Shire is part of the SWS Local Health District. Although the more northern LGAs within the District are highly urbanized, there are significant rural areas where communities can experience challenges accessing health services similar to other rural areas in New South Wales.

Wollondilly Shire typifies this peri-urban context, falling between Governments' tendency to focus on metropolitan urban areas and regional/remote rural areas. Policy directions regarding the provision of health services and key health infrastructure continue to be predicated on flawed assumptions that our community has easy access to the health services in other LGAs.

The recently released NSW Parliamentary Inquiry into the provision of Health Servicing in the South West Sydney Growth Area continues this assumption. Although it recognised that there has been historical under-funding of health services in South-West Sydney, it did not adequately recognise the current and emerging needs for Wollondilly as a fast growing peri-urban shire. It was therefore disappointing that the Inquiry's findings did not address the need to plan for a hospital in Wilton.

Wollondilly Shire Council respectfully calls on this Inquiry to consider the following key points:

Population Growth and Demographic Trends

- The NSW Government is not giving adequate consideration to population growth forecasting in its health planning for Wollondilly and the South-West Sydney Region.
- The projected growth numbers across the Campbelltown, Camden and Wollondilly areas used by State government departments grossly underestimate what is expected on the ground.

- Two major growth areas are located within Wollondilly; the Greater Macarthur Priority Growth Area and the Wilton Priority Growth Area. At least 18,000 dwellings are proposed in the Greater Macarthur Priority Growth Area representing a population of 54,000 or more. This is in addition to the expected 45,000 population for Wilton. So these two growth centres therefore represent an additional 99,000 people on top of our current population of 53,000.
- These expected population centres will effectively triple the Shire's current population, and there is very little evidence of adequate forward planning for the provision of essential health services and infrastructure.
- We know that Wollondilly already has a high proportion of young families and children. As we accommodate accelerating growth in the years to come, this demographic profile can be expected to continue and even become more prominent. We need to be able to cater for high birth rates and the needs of the young families that will be moving to our community.

Access Challenges

- The community of Wollondilly experience real challenges in relation to accessing health services, similar to those experienced in other rural areas of New South Wales.
- The scale of the Shire, its dispersed settlement pattern, its significant travel distances, and the paucity of public transport infrastructure create significant barriers which impede access to a full range of health care and services.
- In addition, there is a notable relative undersupply of healthcare providers and related support services within the Shire.
- Groups that are particularly disadvantaged by Wollondilly's health access challenges are older people, young people without vehicles, those on low incomes and those who are ill or disabled without a carer to drive them. There is a very high demand for community transport for medical-related trips.
- Long travel distances within Wollondilly and from Wollondilly to health services in Campbelltown, Camden, Bowral and further afield have implications both for residents and service providers. For residents, the key issues are the time and cost required to access distant services, and the associated disincentive to use those services. For service providers, the need to travel over large distances is a disincentive for servicing the area meaning that fewer patients can be seen. Travel time and costs cut heavily into patient packages of care and can mean that an insufficient level of service is provided, or the packages are simply not made available to Wollondilly residents.
- As a result of these health service access concerns, Wollondilly Shire Council, South West Sydney Primary Health Network and the South West Sydney Local Health District agreed to establish the Wollondilly Health Alliance in 2014 to further investigate and improve access to health care in Wollondilly.

Wollondilly's Health Needs Profile

Some of the key health issues for Wollondilly are:

- High BMI & associated chronic disease. While on par with NSW, SWS has a significant level of hospitalisation due to high BMI, insufficient levels of physical activity and low level of fruit and vegetable consumption. In Wollondilly's recent years, hospitalisation from diabetes has increased and there has been an increasing rate of cardiovascular disease hospitalisation.

- Mental Health. While there has been an increase in the availability of local mental health services since 2014, the devastating 2019 bushfire season and following COVID-19 pandemic can be linked to increased mental health issues.
- Cancer. Wollondilly has a slightly higher incidence rate for all cancers compared to NSW, with the most common cancer types being prostate, breast and melanoma. While screening rates in Wollondilly have increased since 2014, rates are still lower than NSW, particularly for breast cancer screening.
- Diabetes. Hospitalisation rates for diabetes in Wollondilly have increased since 2014.

Demographic factors typical of new growth areas place additional pressure on existing health services compared to established urban areas. These include:

- Higher birth rates
- Greater cultural diversity
- Higher youth populations
- Higher household occupancy rates

As a result, new growth areas create increased demand for a range of services including maternity, midwifery, early childhood, youth related services and mental health and wellbeing services. As stated throughout his submission these services are currently not adequately provided for within the Shire.

The Need to Plan for a Hospital

- Wollondilly is one of seven local government areas that comprise the SWS Local Health District and is the only LGA in this District that does not have a public hospital located within its boundaries.
- Campbelltown Hospital currently services all the acute health care needs for the Campbelltown, Wollondilly and Camden LGAs. Collectively, these three LGAs have a population projected to grow from 291,684 in 2016 to 639,502 by 2041. Wollondilly is concerned that the current capital investment and hospital expansion program at Campbelltown Hospital is only geared to meet existing need, and is not adequate to cater for the anticipated future demand.
- Planning for a hospital in Wollondilly is needed with the most logical future location being within the emerging new Wilton Growth Centre. Land needs to be identified and reserved now to give certainty and to avoid prohibitively costly land acquisition barriers in the future.
- Wilton also needs to be recognised for its prime geographic location, strategically linking the Illawarra with the South-West metropolitan areas of Sydney. The potential role of Wilton as a strategic health centre should not be underestimated in this context.
- Although Council is a great advocate and supporter of community based integrated care, it is by no means a panacea for all the health care needs of our emerging community. There still remains the need to plan for a tertiary health care facility (a hospital) within the LGA, with integrated community care playing an important complementary role.

Shortages of GPs and other Health Service Professionals

- The Shire has one of the lowest General Practitioner to resident ratios in NSW (1 GP to 2750 people in 2018).

- This is compounded by the Distribution Priority Area (DPA) system which classifies significant parts of Wollondilly Shire (using the Modified Monash Model) as not being eligible for GP incentive Medicare schemes (i.e. International medical graduates/GPs being able to access Medicare).
- This classification system is a serious impediment to significant parts of the Shire being able to attract and retain GPs.
- The low number of GPs and specialist medical practitioners has the following implications:
 - Reported long wait times and travel times to see a GP
 - Tendency for residents to put off seeing a GP until really necessary
 - Particular shortage of female GPs, disadvantaging women and girls
 - Limited choice of GPs and lack of continuity of care
 - Lack of local after hours services, with consequent impacts on hospital emergency departments
 - Lack of GPs providing home visits, with implications especially for housebound people
 - Lower levels of health screening
- While the number of GPs in Wollondilly has increased since 2014, the GP ratio is still significantly lower than the South-West Sydney ratio. Additionally, the growth projections for Wollondilly discussed above will cause the GP ratio to be an increasing issue over future years.
- In addition to the shortage of GPs, the most commonly identified gaps in the service system include medical specialists, allied health practitioners, mental health services, services for children and young people, aged care services, diagnostic services and preventative health services. The limited range of services available in Wollondilly creates a reliance on the health services in adjoining local government areas, especially Campbelltown.

Health Workforce Planning

- An insufficient health workforce supply across the South-West Sydney Region compounds health access issues for our community.
- The recently released NSW Parliamentary Inquiry into the provision of Health Servicing in the South West Sydney highlights that more must be done to address immediate shortfalls in health staffing and equipment to ensure adequate numbers of medical specialists, nurses and other health workers are located in the region to meet the current and future needs of the growing region.
- Wollondilly Shire needs to build and grow employment opportunities for its growing population, as we are already over-dependent on having to leave the Shire to access jobs. Having a concerted State Government led program to support health sector jobs, growth in Wollondilly and across the region, would therefore not only support better health outcomes, but would align with broader objectives regarding job outcomes.

Broader Application of Innovative Service Delivery Models

- Strategies for improving health outcomes in other rural, regional and remote areas of NSW offer benefits to achieving better health outcomes in peri-urban areas such as Wollondilly.

- For example, innovative service delivery models such as tele-health, Integrated Health Neighbourhoods and mobile health specialist services may be equally effective in helping to address the health needs of South-West Sydney's rural communities as they are in more remote parts of NSW.
- In particular, the Commonwealth and NSW Government initiatives in response to the COVID-19 pandemic that have improved health outcomes for rural communities should be maintained. An ongoing significant investment in virtual and integrated health care, to complement local and regional "physical" health services and facilities, will better enable Wollondilly residents to access primary care and specialist health services.
- Along with its partner Western Parkland City Councils, Wollondilly encourages continued research and development of new approaches to achieving better health outcomes. We support pilot programs that test the replicability and scalability of innovative rural health programs and service delivery models that may deliver better health outcomes for rural and peri-urban communities.

We thank you for your consideration of these important issues and welcome any further opportunity to work collaboratively with the NSW Legislative Council Portfolio Committee 2 - Health.

Yours sincerely

Councillor Robert Khan
MAYOR