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Legislative Assembly Select Committee on Remote, Rural and Regional Health

By email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Chair

Response to supplementary questions: The implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

Thank you for the opportunity to provide further information to the Select Committee in response to supplementary questions following my appearance at the hearing on 12 December 2024. Local Government NSW (LGNSW) has consulted with councils to support the below response.

QUESTION 1 – In your submission, you state that councils want to work collaboratively with their Local Health Districts (p 8). Can you please tell us how the LHDs currently work with local councils and each other? How could this be improved?

NSW councils have provided feedback referencing challenges they and their communities face in consulting and collaborating with NSW Local Health Districts. However, there are also examples where these relationships are working well.

Examples of collaboration between LHDs and councils

Health Service Plan's Partnership Reference Committee:

Cootamundra-Gundagai Regional Council (CGRC) notes that the Murrumbidgee Local Health District (MLHD) has been actively engaging with the community to develop a Health Service Plan for the Cootamundra Hospital. Membership of the *Partnership Reference Committee* consisted of 15 to 20 individuals representing MLHD, CGRC, NSW Ambulance, GPs (both MLHD and private) and community members including the local Indigenous community. The MLHD conducted a series of engagement activities including briefings for the Councillors of CGRC, pop-up consultation booths in the main

retail area, and a survey that attracted more than 800 responses from the Cootamundra population of some 7,700.

New England Health Forums:

Uralla Shire Council's previous State member, Adam Marshall, initiated a regular forum with the Hunter New England Health (HNEH) and local government Mayors from across the Northern Tablelands to discuss rural health matters in the region. This has proved successful in improving dialogue, sharing concerns and seeking advice on action from Hunter New England Health.

- This forum has continued under the new State member, Brendan Moylan MP, and continues to work well.
- The meetings are attended by senior health executives including the Chief Executive and Executive Director of Rural and Regional Health Services.
- The councils get regular updates and progress reports on key health matters affecting the region, including recruitment of medical professionals both doctors and nurses, and capital investment programs, such as hospital redevelopments at Moree and Glen Innes.
- Uralla Shire has recommended this would be a good model to be implemented elsewhere.

Moree Hospital Redevelopment:

Moree Plains Shire Council notes the design of the Moree Hospital Redevelopment as an example of good collaboration. Health Infrastructure and the Hunter New England Local Health District have supported multiple consultations and briefing engagements with Councillors and the broader community, including the local reference group. Consultation with stakeholders provided an opportunity to plan and futureproof for the health needs of the community.

Health Precinct Masterplan:

Parkes Shire Council (submission), in collaboration with the Western NSW LHD developed a Health Precinct masterplan, providing significant opportunities for a health cluster around the new Parkes Hospital.

Examples of challenges:

Communication:

Balranald Shire Council references a lack of communication within the Far West LHD or with the community when allied health services ceased operating from Balranald

Multipurpose Service (MPS). These services stopped due to an issue with the LHD. Staff at the MPS which refer clients to clinicians, were not aware they were no longer available. Podiatry and dietetics have since been reinstated, however there was no community consultation to advise that speech pathology, occupational therapy and physiotherapy are no longer funded.

Balranald Shire Council also notes their LHD has refused to undertake pathology for the community, without consultation with the community or relevant stakeholders. Although not their core business, they would have normally assisted the community with pathology for those who were unable to access collection centres elsewhere or had no means of transport etc.

Visiting Medical Officer contracts:

Murray River Council notes health services provided by Murrumbidgee Local Health District (MLHD) consisting of one multipurpose service located at Barham with a population of approximately 1200 residents. The Barham Multipurpose Centre was completed in 2020 and currently only provides telehealth services to the community because MLHD is yet to issue Visiting Medical Officer (VMO) contracts for face to face emergency department services.

Lack of collaboration across agencies:

Cootamundra-Gundagai Regional Council notes that the interaction of the services provided by various state agencies that combine to enable the community to access health services are probably not approached holistically. Multiple health related agencies are proposing changes to their services concurrently which has created confusion and misunderstanding in the community. As an example, NSW Pathology conducted consultations regarding the rationalisation of pathology laboratory services at the same time as MLHD's draft Health Service Plan. The jurisdiction of state agencies is irrelevant to the community, who only see the health services in their area, and the potential impact if they are closed.

LGNSW's recommendation supporting the establishment of a joint taskforce across local, NSW and Australian Governments to formulate a model for improving the provision of medical services in rural and regional areas aims to address concerns such as this.

Lack of continued investment into Multipurpose Services:

Federation Council identified a lack of investment for the Urana Multipurpose Service had resulted in a decline in health services over the last two years. The investment was

identified in the Clinical Services Plan (CSP) and approved in 2021. Council was very clear that this is not a criticism of Murrumbidgee Local Health District Board and Staff, who have had this as a priority for some time.

Relevant recommendations from LGNSW's submission:

- That a joint task force representing local, NSW and Australian Governments be established to formulate a model for improving the provision of medical services in rural and regional areas.
- That the single employer model (developed by Murrumbidgee Local Health District in conjunction with councils) continues to be expanded to other Local Health Districts.
- That LHDs and Primary Health Networks consult closely with councils and community organisations to inform
    - improved capacity and quality of health services infrastructure in rural, regional and remote NSW; and
    - increased infrastructure funding to meet community demand for health services.

QUESTION 2 – In your submission, you state that revising the LHAC model to give local leaders and residents a greater say in the scope and delivery of services in their communities would result in better outcomes for those in regional areas (p 12). Could you please elaborate on what a revised LHAC model may look like?

Hospital Board Model

Via a resolution of LGNSW's 2020 Annual Conference, Leeton Shire Council noted that the role of Local Health Advisory Committees (LHACs) in local health planning has diminished, with a sense that the role is to "sell" policies to the local community, rather than genuine consultation in the development of these policies, leading to a wider gap between the planning and delivery of health services.

Attracting and retaining community representatives becomes challenging, as members sense a lack of genuine consultation in the scope and delivery of health services to the community.

Leeton Shire Council suggested the LHAC model be revised or replaced with a responsive Hospital Board model to ensure increased levels of community consultation, full disclosure to local communities, and open, two-way communication between the health service and the communities it serves.

Review LHAC policy to allow extended terms for committee members

Feedback from councils to LGNSW noted that their LHAC ceased due to protocols regarding the maximum number of terms committee members could serve.

Whilst LHACs can apply for an exemption to this protocol, this further exacerbates the administrative burden in attracting and retaining volunteers.

Revising the LHAC policy, including how many terms members can serve on committees, will support LHACs to attract and retain community representatives.

Working in partnership

As an example of positive working relationships, Federation Shire Council noted that after successful lobbying by their LHAC and some community leaders, Corowa Hospital operating theatres will re-open in 2025.

Moree Plains Council also noted a positive working relationship, with continued engagement, including council representatives participating in their LHAC and meeting with senior health representatives on a regular basis.

Moree Plains Council notes a goal of the regular engagement to build trust and transparency in health-based decision making, increasing effectiveness in council's advocacy on behalf of their community.

Relevant recommendations from LGNSW's submission:

- Revising the Local Health Advisory Committee model to give communities greater say in the delivery and scope of health services in their local communities
- That the NSW Government review LHAC policy to attract and retain members, including how many terms members can serve on committees when attracting volunteers has proven difficult.

Thank you again for the opportunity to contribute to this important inquiry. For further information, please contact LGNSW Director Advocacy Damian Thomas on [redacted]

Yours sincerely

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Cr Phyllis Miller OAM
President