

**Submission
No 64**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

Organisation: Lithgow City Council

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1 November 2024

Dr Joseph Gregory McGirr
Chairman
NSW Upper House Select Committee on Remote, Regional and Rural Health
Parliament House Sydney

Dear Dr McGirr

Submission to the NSW Upper House Inquiry into implementation of recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities.

On behalf of Lithgow City Council, I am pleased to have the opportunity to make a submission to this inquiry.

By way of context, Lithgow City is a small inner regional Local Government Area that sits adjacent to the western boundary of Greater Sydney and eastern boundary of Central West NSW. With an ageing population where 1 in 3 people are aged over 60 years and a similar proportion live in sole person households, health service delivery and coordination are critical for the well-being of our community.

Recent research by the Nepean Blue Mountains Primary Health Network shows that the Lithgow community experiences significantly poorer health status than the rest of the health district, particularly in relation to low birth weight, obesity, high levels of psychological distress and self-reported poor health. Access to mental health services is a major concern in our community.

Lithgow is relatively well served by a mix of public and private hospital providers, a multi-purpose health service in Portland and a number of general practitioners. This system is under strain however in part due to Lithgow's location on the edge of two health districts, health workforce shortages, including specialist services that have been exacerbated by the Covid pandemic, and coordination issues.

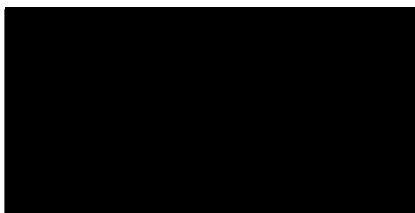
Local health providers consulted by Council in preparing this submission identified several issues:

1. It is critical, especially in rural and regional areas, that the Commonwealth and NSW governments work together better to improve coordination, reduce inefficiencies and to provide more streamlined health delivery models.
2. Limited options are available for transporting patients to regional level hospitals which often means that ambulances are used for non-urgent transport when they should be reserved for emergency use.

3. Further, the carers of hospital in-patients at regional level hospitals are not well looked after in terms of transport and accommodation. Improved support for carers will improve patient outcomes.
4. It is critical in rural/ regional areas where distances are vast, that GP's and other primary health workers work together to pool precious resources. Portland Multi-Purpose Service is a good example, with residential aged care beds, community and allied services, GP services, sub-acute in-patients care and pathology services at the same location.
5. Recruitment and retention of health staff is critical, especially in relation to suitable housing availability. More purpose-built housing is needed, including student accommodation. In response to this need, Lithgow City Council is developing a residential sub-division adjacent to the Lithgow health precinct that includes Lithgow Public Hospital, Lithgow Community Private Hospital, a residential aged care facility, specialist and general practice services and Notre Dame Rural Medical School.
A key design goal of this development is that it includes a proportion of small lots that will allow for a mix of housing types at price points suitable for health sector staff. This is a good example of where local government can work with other levels of government to improve health services delivery and health outcomes.
6. Flexibility is needed in the funding and delivery of health services through the public and private hospital sectors, including private hospitals having the ability to undertake work on behalf of the public hospitals when needed.

In conclusion, the planning, funding and delivery of health services is very complex and not well understood by most communities. It is vital that regional and rural communities be consulted on these matters and that the different levels of government work together to break down barriers that prevent the efficient and equitable delivery of services.

Yours sincerely



Shaun Elwood
DIRECTOR PEOPLE AND PLACES