

**Submission
No 77**

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

Organisation: Berrigan Shire Council

Date Received: 1 November 2024

The Implementation of Portfolio Committee No. 2 Recommendations Relating to Cross-Jurisdictional Health Reform and Government Consultation with Remote, Rural and Regional Communities

Berrigan Shire Council Response



BERRIGAN SHIRE

BAROOGA • BERRIGAN • FINLEY • TOCUMWAL





A Comprehensive Response from Berrigan Shire Council

Thank you for the opportunity to respond to the *Inquiry into the implementation of Portfolio Committee No.2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities.*

Having regard to the *Terms of Reference* of the inquiry, Berrigan Shire Council would like to specifically make submission in relation to items 3 and 5.

Introduction

As a rural council deeply invested in the welfare of our community, we welcome the opportunity to respond as noted above. Specifically Items 3 and 5 note:

3. NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:
 - a) improving communication between communities and health services (including Recommendation 5, 42), and
 - b) developing place-based health plans (including Recommendation 43)
5. Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous enquiries (Recommendation 8 and 29).

Recommendation 42

That the rural and regional Local Health Districts:

- *review, reinvigorate and promote the role of the Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning, and*
- *investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for facilities within their remit.*

NSW Government Response

The NSW Government Response to this recommendation concerningly includes:

In December 2021, the NSW Government announced an investment of \$3 million for a new online tool to navigate local services. This initiative is being explored and the



planned next step is more in-depth exploratory phase before settling on a particular focus.

Access to digital connectivity in remote, rural and regional areas remains very restricted, with most areas reliant on fixed wireless services that are over subscribed. Reliance on online technologies demonstrates a city centric response to the issue of communicating with remote, rural and regional areas. Further, given our lack of access to digital services, digital literacy, particularly in our older populations who are most reliant on health services, is extremely limited. The need for face to face and other supported communications are essential in remote, rural and regional areas and the belief that online responses will fill the communications gap, demonstrates a lack of understanding of the remote, rural and regional experience.

The Berrigan Shire Council Experience

The Berrigan Shire Council is deeply concerned about the outcomes of the Finley Health Service Plan, particularly the failure to deliver dialysis services and CT scanning capabilities in the subsequent Finley Hospital refurbishment. These services are crucial for our community and their exclusion from the refurbishment represents not only a significant setback for local healthcare provision, but a lack of regard for the agreed outcomes of the community consultation undertaken.

Dialysis services are essential for residents with chronic kidney disease, who currently face long travel times to access treatment. Some are travelling four hours a day, three days a week to access available chairs as far away as Wagga Wagga and Shepparton (Vic). Further, although Deniliquin does offer renal services, we believe they are currently unable to take further patients.

Significant travel requirements place a physical and emotional burden on patients and their families and caregivers. Similarly, the availability of a CT scanner is critical for timely and accurate diagnosis of various medical conditions. The fact these critical services were removed from the Finley Hospital upgrade misses a vital opportunity to potentially save lives and provide equitable access to health outcomes.

Recommendation 42 speaks to the need for rural and regional Local Health Districts to review, reinvigorate and promote the role of the Local Health Advisory Committees (LHACs) to ensure genuine community consultation. The Finley LHAC is extremely active and well regarded, with Chair Syd Dudley receiving Volunteer of the Year through MLHD recently. Promising services and then failing to deliver them, undermines trust in MLHD and the Finley LHAC as it fails to address the acknowledged needs of our residents.



Council is cognisant of the MLHD position that rising costs have reduced what can be delivered for \$25M. Although Berrigan Shire Council acknowledges this as a significant issue, we will continue to advocate for an increase in the budget to cover the services agreed with the community during the consultation process. To ignore it, undermines the intent of recommendation 42.

Recommendation 5

That NSW Health and rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.

NSW Government Response

The NSW Government response refers to \$3 million to “improve regional community access to health services through better coordination and information services”. We have assumed this is the same \$3 million referenced in recommendation 42. Berrigan Shire Council would like to reiterate therefore the concern regarding city centric responses to the needs of remote, rural and regional communities.

Further, engagement with MLHD prior to the Finley Hospital upgrade project had been poor at best and at worst, non-existent for the most part. It became obvious during consultation about the Finley Hospital project that many of the consultants present, including MLHD staff, neither understood the area they were speaking about nor knew the townships affected by the Finley Hospital upgrade. Since our appearance at the Special Commission of Inquiry into Healthcare Funding and a number of questions without notice during budget estimates, there has been a concerted effort by MLHD to engage more genuinely with council and our community.

Berrigan Shire Council Experience

It should be noted the Finley Health Service Plan includes, at Chapter 15 (Service Gaps and Opportunities) the need for more accessible dialysis services.

Berrigan Shire has acknowledged the removal of renal services and CT scanning capability from the Finley Hospital redevelopment as noted above. We understand there is little council is able to achieve in the area of CT scanning equipment, but we feel we are able to advocate for an alternate mobile renal service in the interim.

Council has commenced work with neighbouring Victorian Council, Moira Shire Council, to develop a proposal for presentation to both state governments which would see the implementation of a mobile service, supplementary to a possible future rental service in Cobram. The development of this plan is in its early stages and will need significant support



from both state government to address this significant gap in this rural area's access to equitable renal care.

Berrigan Shire Council believes this is the type of outcome intended by recommendation 5 and therefore should be supported by the NSW government as a priority.

Recommendation 43

That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.

NSW Government Response

The NSW Government response includes the following:

The Ministry of Health currently delivers a range of programs in rural and regional NSW to meet the needs of the local population. This includes co-designed programs for the local populations. These programs are currently being reviewed and the LHDs will be involved in program co-design and implementation to ensure programs are meeting the needs of the local community.

Berrigan Shire Council Experience

We believe we have addressed recommendation 43 in the responses to recommendations 42 and 5 above. Berrigan Shire Council would like to highlight however that health services in remote, rural and regional areas are not currently meeting the needs of the local community, particularly where significant gaps in health care provision are readily listed in the Service Plans for our areas with no plans on how these will be addressed in the future.

Berrigan Shire Council would also like it noted that the provision of health services is not the remit of councils and local government should not be seen as the provider who designs answers to service gaps.

Recommendation 8

That the NSW government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.



NSW Government Response

The NSW Government response includes:

All jurisdictions have committed to working together to improve the interface between primary and acute care services under the National Health Reform Agreement...

The Health Chief Executives Forum (HCEF) has identified improving the interface between primary health and hospital-based services as a key focus for 2022-23.

Some Local Health Districts have taken steps to adopt hybrid primary-acute models of care including the Rural Generalist program implemented by Murrumbidgee Local Health District...

The Berrigan Shire Council area is lucky to host Dr Allam as an active member of this group and a driver of the outcomes for communities.

Berrigan Shire Council Experience

Of particular concern to Berrigan Shire Council is that we are a cross-border community. One of our townships, Barooga, has a Victorian postcode which serves only to exacerbate our lack of visibility in health care planning.

We feel strongly that to a large part, the NSW government relies on Victoria to provide the health services our community requires. Victoria, whilst accepting our community members in times of crises, have their own issues and do not plan for, nor advocate on behalf of, our communities. Berrigan Shire, like many along the border, are therefore forgotten in the considerations required to plan health service responses in general and this is evident in our community's inability to access equitable health care and our substantially lower health outcomes.

Recommendation 29

That NSW Health in conjunction with NSW Ambulance:

- *undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities,*
- *ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered,*
- *expand the Intensive Care and Extended Care Paramedics progress across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally,*



- *explore innovative models of care utilising the skills sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor and*
- *undertake a review of the efficacy of the current call triaging system and referral services.*

NSW Government Response

It is noted the NSW Government response provided in principle support to this recommendation only. The position justification includes the following statements:

NSW Ambulance (NSWA) supports in principle undertaking a community profiling program across regional NSW to identify the paramedic needs of communities. NSWA already engaged in existing processes to profile the health needs of communities to understand and identify how paramedics can assist in meeting these needs. This ensures that rural communities have equitable access to healthcare and equivalent clinical outcomes as non-rural persons....

In the 2022-23 Budget, the NSW Government committed a record investment of \$1.76 billion over four years which will enable NSW Ambulance to open 30 more stations and recruit 1,858 extra paramedics, 210 ambulance support staff, 52 nurses and eight doctors.

This is not the experience of the Berrigan Shire community. To date ambulance stations have been approved for:

- North Sydney
- South Windsor
- Oran Park
- Berowra
- Prestons

<https://www.hinfra.health.nsw.gov.au/projects/project-search/nsw-ambulance-infrastructure-program>

It should be noted, with the exception of Berowra, none of these are remote, rural or regional areas. None, are committed at this point beyond the Blue Mountains.

Berrigan Shire Council Experience

Dealings with NSW Ambulance have been difficult and unnecessarily bureaucratic. Tocumwal, the largest township in Berrigan Shire, has been advocating for a permanent ambulance station for 20 years. To make any progress on this matter Council has been forced



to undertake two GIPA requests and leverage ministerial support to have the NSW Ambulance Service directly engage with us at all.

From the GIPA requests it is evident the average wait time for an ambulance in Tocumwal currently stands at 40 minutes. This delay not only fails to meet community expectations but falls short of the standards outlined in this recommendation.

Berrigan Shire Council agrees community profiling to identify the specific paramedic needs of rural, regional and remote communities is needed. Tocumwal, is a rapidly growing population (up to 32% increase is expected in the next 5-10 years) with substantial residential developments. NSW Ambulance have acknowledged the First Responders are already at the limit of their capacity and have, after significant advocacy work from council, agreed to approach the community to establish a Community Emergency Response Team (CERT). NSW Ambulance have acknowledged, this will take a couple of years to see to fruition and will not alleviate the ambulance response times being experienced, only that more highly qualified non-paramedics will be able to service the community. A thorough and contemporary review of Tocumwal's paramedic requirements is therefore essential to ensure the growing population receives timely and effective emergency care.

Ensuring the equitable distribution of paramedics, including Extended and Intensive Care Paramedics, is crucial for meeting present-day and future demand. The current reliance on volunteer first responders and ambulances dispatched from Finley, Berrigan or Cobram (Victoria) is clearly insufficient to meet Tocumwal's current needs, let alone support the expected growth. The 40 minutes wait time should highlight a significant gap in service provision, suggesting deployment modelling does not reflect actual demand.

When these figures were initially presented to NSW Ambulance, they responded that wait times were on average approximately 8 minutes. What has become clear, is that the NSW Ambulance Service key performance indicators that assessed response times of only the fastest 50% of incidents and over the entire Murray Region specified by the ABS, thus obscuring the results specific to the Tocumwal experience. These findings are supported by the recent Auditor-General's report "Ambulance Services in Regional NSW".

It is clear, from the Berrigan Shire experience at least, there is a long way to go before anyone in remote, rural or regional NSW will have equitable access to ambulance services.

Conclusion

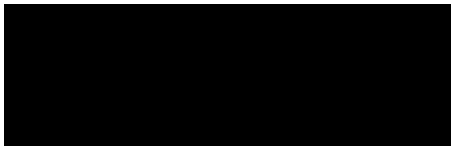
Berrigan Shire Council appreciates the recommendations made by the Portfolio Committee No. 2 regarding cross-jurisdictional health reform and government consultation with remote, rural and regional communities. We are optimistic these recommendations, if implemented, will significantly improve healthcare services and outcomes for our communities. However,



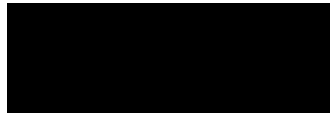
our past experience have not instilled great confidence in the system's ability to deliver on these promises.

The failure to deliver critical services such as dialysis and CT scanning from the Finley Hospital refurbishment, despite initial assurances, highlights a disconnect between community consultation and actual service delivery. This undermines trust and fails to address the urgent healthcare needs of our residents. Additionally, the average 40 minute wait time for an ambulance in Tocumwal starkly contrasts the recommended equitable distribution of paramedics and timely emergency response.

Whilst we remain hopeful the NSW Government will act on these recommendations, our experience suggests a need for more genuine engagement, transparency and accountability. We urge the government to prioritise these reforms to ensure remote, rural and regional communities such as ours, receive the healthcare services they deserve.



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