

**Submission
No 109**

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

Name: A Allan

Date Received: 7 February 2025

Re: - NSW Health Community Consultation.

Dear Dr Joe,

I am contacting you as chair of the PC2 committee in relation to concerns that myself and others have in respect to what's happening, and been allowed to happen, if not subtly condoned by senior administration levels within the HNELHD., by way of deterioration in the quality, frequency and delivery of two-way communication between Remote, Rural and Regional local communities and the Hunter New England Local Health District.

I have been a member of the Manilla MPS., LHAC., since 2017 and have witnessed this progressive decline over that period of time. The Covid 19 pandemic certainly caused disruption in the operation of LHAC's during that period of time, but that has not been the main causal factor and appears now to be used as an excuse whilst the wheel is being reinvented.

During 2024 I was invited to become a member of the HNELHD "Community Connect" committee which I accepted; this has now been renamed as the "Community Engagement Committee" (CE). Also, during this time, myself and the Manilla LHAC took part in the HNELHD survey, prompted by the original PC2 review and recommendations ensuing from such and relating to NSW LHAC operations or lack of! This survey [redacted] [redacted] was, to say the least, enlightening and not before time. However and simultaneous to the invitation to join the CE., committee and my first sight pertaining to the CE., working party committee charter (section 5) left me somewhat perplexed as they (CE) were deliberately, and thereby, excluding the ingrained value and integrity of the LHACs as the primary communication conduit between local communities and NSW Health. - my email replies to the CE Committee are attached. Having discussed this with fellow LHAC members we found this somewhat incomprehensible when effort should be concentrated and applied to the natural "coal-face" of local communication, that being via the LHACs.

Surely, rather than have a parallel communication committee/s introduced into the system at the expense/detriment to/of a recognised existing tried and true system (albeit, as indicated and acknowledged that the present system requires attention) and trying to enlist precious community volunteers to basically, do the same job, a concerted effort in support of LHACs and the value of their societal role contributed by them to both their community and the NSW Health system would be in order. You will be aware of the current intentions of HNELHD in relation to health provision at Wee Waa and also Coonabarabran facilities and the absence of timely/quality public consultation: as was put to me some time ago by a previous [redacted] [redacted] unquote! - this appears to be the cause-celebre being practiced as a general rule throughout society.

I have probably said enough herein, along with attachments, to inform you of the current situation which requires attention at the highest political level. There are numerous other items which can be discussed at length - with various degrees of concern relating to the quality of health provision - but, in essence, they relate to the inadequacy of proper, formal communication and regards to the value and importance of LHACs in the communication conduit.

If/should further information be required I am more than willing to do so; maybe I could suggest a video-conference call including the chair of the Manilla MPS LHAC and perhaps one or two committee members in such.

Best regards A. Allan [redacted] (7th February 2025)