

## Special Commission of Inquiry into Healthcare Funding

### Statement of Kathryn Watson

**Name:** Kathryn Watson

**Professional address:** Crawford House, Hunter St, Lismore

**Occupation:** A/Director Integrated Care and Allied Health, Northern New South Wales Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.
2. This statement is provided in response to letters dated 14 and 22 August 2024 issued to the Crown Solicitor's Office, and addresses the topics set out in those letters relevant to my role.

#### A. INTRODUCTION

3. I am the Acting Director of Integrated Care and Allied Health at Northern New South Wales Local Health District (**NNSWLHD**). I have been in this role since January 2023. My substantive role is the Associate Director of Planning for NNSWLHD. A copy of my curriculum vita is exhibited to this statement (**MOH.0010.0596.0001**).
4. As the A/Director of Integrated Care and Allied Health, I am the professional lead for allied health. The role involves strategic leadership and governance rather than operational management although I have led services that have a significant proportion of Allied Health staff. The Integrated Care component of my role involves oversight and management of a range of integrated care program areas, including value-based healthcare and virtual care, and their integration across different settings. I am the professional lead for a number of integrated care program areas, mainly in priority areas including respiratory, cardiac and chronic disease management services. My position also covers outpatient renal and oral health services and health promotion across NNSWLHD.
5. My background is in exercise physiology and nutrition, health promotion and planning. I worked in NSW and Queensland as an exercise therapist and physical activity health promotion officer for over five years. I was subsequently employed in planning roles for 15 years before moving to NNSWLHD in 2020. For a period of my employment in Queensland, I was employed in the Research, Analysis and Modelling team of the

System Planning Branch of Queensland Health as the Manager of Projection Methodologies, leading the team that developed and reviewed health service and infrastructure modelling methodologies for how we might anticipate future health service use to support local and statewide service planning.

6. I was awarded a Masters in Public Health (Health Promotion) in 2004. I also completed my Graduate Certificate in Health Services Planning in 2010.

## **B. INTEGRATED CARE IN NNSWLHD**

7. Integrated Care involves the provision of seamless, effective, and efficient care that reflects the whole of a person's health needs:
  - a. from prevention through to end of life,
  - b. across both physical, psychosocial, and mental health; and
  - c. in partnership with the individual, carers, and family members.
8. Under The First 2000 Days Framework, a unique example of working towards integrated service delivery within NNSWLHD is the development of the Grafton Health and Wellbeing Hub (**Hub**). This is a partnership between NNSWLHD, Bulgarr Ngaru Medical Aboriginal Corporation, Tresillian Family Care Centres and Healthy North Coast (an organisation that delivers the North Coast Primary Health Network program) for the funding and establishment of the Hub.
9. The Hub provides a range of trauma-informed, culturally safe services to support vulnerable Aboriginal families and children in the Clarence region including, but not limited to, social work, antenatal and early parenting services and additional wrap around services. The Hub focuses not only on primary prevention but also plays a role in secondary prevention, in that it aims to assist vulnerable children and families who have been identified with early development or other family or health issues that may benefit from support.
10. NNSWLHD, Bulgarr Ngaru Medical Aboriginal Corporation and Healthy North Coast each contribute funding to the Hub and Tresillian Family Care Centres supply staff and facilities for the Hub and related services. NNSWLHD's funding of the Hub is derived from its base funding. We have recently renewed the Partnership Agreement for an additional three-years of funding.

11. Currently, a formal evaluation of the Hub is being conducted by Charles Sturt University and is expected to be completed by December 2024.

### C. WORKFORCE CHALLENGES

12. Like many rural and regional health services, NNSWLHD experiences critical Allied Health vacancies in some disciplines. Presently, NNSWLHD has over 20 Allied Health vacancies across the disciplines of social work, occupational therapy, physiotherapy, speech pathology, dietetics, podiatry, radiation therapy, sonography and radiography.
13. There have been challenges to fill Allied Health vacancies, particularly in rural and regional areas such as Grafton, Casino and Kyogle.
14. There are significant shortages in the allied health specialities of speech pathology, occupational therapy, social work, psychology and medical imaging. Part of the shortage reflects competing demand created by the needs of the private sector and NDIS who pay higher wages than NNSWLHD.
15. NNSWLHD has recently established an outreach Movement Disorders Clinic after partnering with Western Sydney LHD who provide a neurologist who flies to the region every month to provide specialist services. The fly-in fly-out model is supported with virtual care to provide access to specialised care and more advanced therapies which would not otherwise be available without recruitment of a Neurologist.
16. NNSWLHD has often needed to use premium labour for oral health practitioners. NNSWLHD has had difficulties recruiting a dentist to Casino for around three years and has had challenges in staffing multiple positions in Grafton, Yamba and Lismore. To ensure service delivery we have had to rely on locums for basic services at times. There is also a shortage of private providers in some rural and regional areas such as Grafton and Casino which limits the practicality of the state-based Oral Health Fee For Service Scheme which provides vouchers for some eligible clients to visit a private provider for care. NNSWLHD has recently been successful recruiting a dentist to Casino through providing an accommodation incentive. Three critical vacancies in Grafton have also recently been approved for the Rural Health Workforce Incentive Scheme.
17. The NNSWLHD Allied Health Advisory Council (**Council**) operates as an advisory body for NNSWLHD, the Executive and the Board. I am the Chair of the Council and the other members include representatives across most Allied Health disciplines in NNSWLHD. The Council is also functioning as the governance and steering committee for the

development of a strategic Allied Health Workforce Plan. This work is in the early project planning stage and the plan will aim to identify workforce gaps, trends and opportunities, including building career and development pathways, building a succession plan for the workforce, and planning for how to build and develop education for the allied health workforce.

#### **D. PLANNING AND INFORMATION SHARING**

18. There is easy and ready access to necessary data for planning of services, including systems to support decision-making in the establishment of services. There are no ready-made tools or processes to assess divestment of services, however from a planning perspective, we have data that allows us to look at the efficiency, effectiveness, and equity of services to make decisions around whether to continue to invest in one particular area or to consider funding reallocation. This is currently something that is being looked at as the needs of the population change.
19. NNSWLHD also works with Mid North Coast LHD and Healthy North Coast for planning of services, including sharing of data between the LHD and organisation.
20. Due to NNSWLHD's proximity to Queensland, many of our patients tend to seek higher-complexity treatment in Queensland rather than travelling further distances south to supra-LHD services in Sydney and Newcastle.
21. NNSWLHD has access to some outreach services. Examples include the recently established movement disorders outreach clinic and the Specialist Intellectual Disability Health team where Sydney-based clinicians attend the region to provide a specialist service which we are unable to provide locally.




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Kathryn Watson

05/09/2024

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Date




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Witness:

05/09/2024

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Date