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PORTFOLIO COMMITTEE NO. 2

Current and future provision of health services in the South-West Sydney Growth Region

Report 55

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Current and future provision of health services in the South-West Sydney Growth Region

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Terms of reference

That Portfolio Committee No. 2 – Health inquire into and report into the current and future provision of health services in the South-West Sydney Growth Region, and in particular:

(a) an analysis of the planning systems and projections used by NSW Health in making provision for health services to meet the needs of population growth and new suburbs in the South-West Sydney Growth Region;

(b) an analysis of capital and health services expenditure in the South-West Sydney Growth Region in comparison to population growth since 2011;

(c) the need for and feasibility of a future hospital located in the South-West Sydney Growth Region to service the growing population as part of the Aerotropolis land use plan;

(d) an investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region;

(e) a comparison of the per capita operational expenditure allocated for the health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;

(f) a comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;

(g) an investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050;

(h) a review of preventative health strategies and their effectiveness South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity;

(i) a comparison of clinical outcomes for patients in the South-West Sydney Growth Region compared to other local health districts across metropolitan Sydney since 2011, and;

(j) any other related matters.

The terms of reference were self-referred by the committee on 5 February 2020.[1]

1 *Minutes*, NSW Legislative Council, 5 February 2020, pp 792-793.

Committee details

Committee members		
Hon Greg Donnelly MLC	Australian Labor Party	*Chair*
Hon Emma Hurst MLC	Animal Justice Party	*Deputy Chair*
Hon Lou Amato MLC	Liberal Party	
Ms Cate Faehrmann MLC	The Greens	
Hon Wes Fang MLC	The Nationals	
Hon Natasha Maclaren-Jones MLC	Liberal Party	
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Chair's foreword

Over one million people currently live in Sydney's South-West region. It is a large and diverse population that has grown rapidly in recent years. The communities that make up South-West Sydney represent approximately 12 per cent of the state's population. It is no exaggeration to say that the population in this part of Sydney is booming and this growth without doubt is expected to continue well into the future. Be it new greenfields developments, urban infill or the launch of the new Western Sydney Aerotropolis, the growth that is taking place in this part of Sydney will be transformational for the region over the next decade and beyond.

Those who live in South-West Sydney firmly believe, as they are entitled to, that they should have ready access to the same health services that are available to those who reside in other parts of the greater Sydney metropolitan area, particularly in the north and the east. There is no doubt that the residents of South-West Sydney are of the view that there has been, both in the past and currently, an inequitable treatment by governments of their health needs vis-à-vis the rest of the greater Sydney metropolitan area. This inquiry was established to investigate and examine the concerns of those living in South-West Sydney that the their health services have not kept pace with the region's growth and changing needs, and are therefore not providing equitable access.

Through this inquiry the committee heard the concerns of stakeholders from throughout the region. We heard that South-West Sydney's health services were historically, and unfairly, under-resourced even before the recent population growth saw demand for them surge. The committee heard that South-West Sydney has lower overall funding and lower numbers of health workers per capita than most other parts of Sydney. There was evidence presented to the inquiry that examined features of the region including cultural and linguistic diversity, socio-economic disadvantage, rates of disability and low private health insurance coverage. There was evidence of gaps in services leaving some patients from South-West Sydney waiting longer, or travelling further for essential health care than if they were living in other parts of the greater Sydney metropolitan area.

South-West Sydney's demographic profile requires more attention to be given to certain gaps. These include maternity and paediatric care to cope with the demands of a higher than average birth rate and the large numbers of young families living in the region. There is a gap in mental health care which must be addressed and by doing so will prevent an unnecessary burden on other parts of the health system. Chronic disease prevention and management also needs to be improved, taking into account the higher risk profile in South-West Sydney. There also needs to be ongoing work undertaken to improve the availability of both palliative and aged care in the region.

After examining the evidence, this report finds that more must be done, and without delay to address the historical under-funding of health services in South-West Sydney. While recognising the NSW Government's current round of investment in new capital works at hospitals in South-West Sydney, and incremental increases in operating budgets in recent years, the report finds that the NSW Government should examine and address issues in its funding model to make it more equitable and to provide greater transparency. More must be done to address immediate shortfalls in staffing and equipment, so that South-West Sydney's hospitals can meet current demand as well as provide for future growth. Additional work needs to be done to ensure that South-West Sydney has adequate numbers of medical specialists, nurses and other health workers to meet the needs of the growing region.

While the committee does not make a specific recommendation with respect to the building of a new hospital, it recommends that the NSW Government takes steps to secure land within the Aerotropolis precinct for a future health facility that could expand children's services to meet the needs of South-West Sydney, including the projected population in and around this precinct.

The committee thanks all those who participated in this inquiry through making submissions and providing oral evidence. The effort was particularly notable, given that many individuals and organisations with expertise and an interest in health matters in South-West Sydney were busy responding to the impact of the COVID-19 pandemic in the region. On behalf of the committee can I thank all those who have worked tirelessly to look after the residents of South-West Sydney during this challenging time. While regrettable, it was not possible because of the circumstances for the committee to visit South-West Sydney and undertake public hearings. Nevertheless, the valuable evidence the committee did receive from those who participated in the inquiry has enabled it to produce this report and its recommendations. May I also take this opportunity to thank all my committee colleagues for the collaborative and thoughtful approach they took to this inquiry. I also wish to thank the committee secretariat for their professionalism and support.

The Hon. Greg Donnelly MLC
Committee Chair

Finding

Finding 1 **41**

Health and hospital services in South-West Sydney have experienced historic underfunding from successive governments.

Recommendations

Recommendation 1 **41**
That the New South Wales Government address without delay the historical under-funding of health and hospital services in South-West Sydney.

Recommendation 2 **41**
That NSW Health immediately review its funding methodology for Local Health Districts to ensure fairer allocation of resources to growth areas like South-West Sydney. The funding methodology should ensure health funding keeps pace with population growth and accounts for higher health risk profiles.

Recommendation 3 **41**
That NSW Health develop and implement a real time system of health data reporting across Local Health Districts that is transparent and includes, but is not limited to: capacity reporting, occupancy rates for acute inpatient beds, staff numbers and wait times for patients needing to access outpatient care.

Recommendation 4 **42**
That the New South Wales Government work with the South Western Sydney Primary Health Network and the Commonwealth Government to reinstate a 24 hour GP clinic in order to reduce pressures on the emergency department and local general practitioner clinics.

Recommendation 5 **42**
That NSW Health review the relationship between primary and secondary/tertiary health care with a view to improving integration and supporting the role of primary health care providers to reduce pressure on the local hospital network.

Recommendation 6 **42**
That NSW Health develop and adequately resource a more proactive and holistic community care model for higher risk patients in South-West Sydney, including an improved follow up model of health care.

Recommendation 7 **42**
That NSW Health urgently review the outpatient services currently provided and planned for South-West Sydney, to ensure services meet the needs of this rapidly growing community with a higher risk profile.

Recommendation 8 **58**
That NSW Health increase the number of paramedics working in the South Western Sydney Local Health District to improve response times and to keep up with the rapidly increasing population in new growth areas.

Recommendation 9 **58**
That NSW Health review current staffing levels and recruitment programs and take steps to ensure that South-West Sydney has adequate medical specialists, nurses and other health workers to accommodate its population growth and the higher health risk profile.

Recommendation 10 **59**

That NSW Health address the following issues at Liverpool Hospital:

- enhance radiology and ultrasound services after hours;
- enhance resources for emergency surgery; and
- immediately fill vacant positions and increase the number of junior doctors at the hospital.

Recommendation 11 **59**

That NSW Health address the following issues at Campbelltown Hospital:

- immediately fill the vacant positions within the Emergency Department;
- immediately fill the vacant position that exists for a full-time psychologist for the adolescent mental health unit;
- immediately fill the vacant midwife positions; and
- examine the proposal of establishing paediatric surgery and other paediatric subspecialties at the hospital.

Recommendation 12 **59**

That NSW Health address the following issues at Fairfield Hospital:

- immediately examine the need for additional operating theatres;
- immediately audit the theatre equipment at the hospital and establish a plan for the replacement of aged equipment; and
- enhance the kidney dialysis treatment available at the hospital to ensure all patients receive the recommended number of treatments.

Recommendation 13 **59**

That NSW Health fast-track the site selection for the new Bankstown-Lidcome Hospital.

Recommendation 14 **81**

That NSW Health immediately review the availability of maternity and paediatric services across South-West Sydney with the aim to expand and increase the availability of these services to keep up with the number of families living in the region.

Recommendation 15 **82**

That NSW Health immediately review the number of mental health beds and staffing levels across the region with the aim to expand bed capacity as well as improving connection between hospital and community based services for those experiencing mental health issues.

Recommendation 16 **82**

That NSW Health develop and implement a more effective preventative health strategy to address the higher rate of chronic health diseases in South-West Sydney as the population continues to increase.

Recommendation 17 **94**

That the New South Wales Government secure land within the Aerotropolis precinct for a future health facility that could expand children's services to meet the needs of South-West Sydney, including the projected population in and around this precinct.

Conduct of inquiry

The terms of reference for the inquiry were self-referred by the committee on 5 February 2020.

The committee received 56 submissions.

The committee held two public hearings at Parliament House in Sydney.

Inquiry related documents are available on the committee's website, including submissions, hearing transcripts, tabled documents and answers to questions on notice.

Chapter 1 Introduction

This chapter provides an overview of how the inquiry was conducted and an outline of the report structure.

Conduct of the inquiry

Terms of reference

1.1 The inquiry terms of reference were self-referred on 5 February 2020. They required the committee to inquire into the current and future provision of health services in the South-West Sydney Growth Region. The terms of reference can be found on page v of this report.

Submissions

1.2 The committee called for submissions via Twitter and Facebook. A media release announcing the inquiry was distributed to all media outlets in New South Wales. In addition, the committee wrote to a range of stakeholders inviting their participation in the inquiry.

1.3 The committee received 56 submissions. A list of submissions is published on the inquiry's website and is available in **Appendix 1**.

Hearings

1.4 The committee held two public hearings at Parliament House on 14 and 15 July 2020. Due to the social disturbances caused by COVID-19, the committee was unable to conduct a hearing in the South-West Sydney region.

1.5 The committee took evidence from medical professionals from South-West Sydney hospitals, unions, community groups, NSW Health, local councils, medical schools and health consumers from South-West Sydney.

1.6 A list of witnesses who appeared before the committee is reproduced in **Appendix 2**.

1.7 Inquiry related documents are available on the committee's website, including submissions, hearing transcripts, tabled documents and answers to questions on notice.

Report outline

The report is structured as follows:

1.8 **Chapter 2** sets the context of the inquiry, providing background information on the South-West Sydney region, plans for its development and population growth, and the changing demographic make-up of the area. It highlights some of the complexity of the area in terms of its cultural and linguistic diversity, changing age profile, pockets of socio-economic

disadvantage, all of which have implications for what health services are needed and how they are provided.

1.9 **Chapter 3** examines current funding arrangements for health services in South-West Sydney. It notes the NSW Government's capital spending on hospitals in the region, and growth in recurrent spending on health over the past five years, then considers whether this has been enough to raise services in South-West Sydney to a comparable standard with other Local Health Districts in Sydney. It considers stakeholder evidence on whether the Activity Based Funding model that is used to determine hospital funding produces equitable outcomes when applied in a newer area that is still establishing services. It also notes the NSW Government plans for Integrated Health Hubs.

1.10 **Chapter 4** sets out evidence to the inquiry on the current state of service delivery at public hospitals in South-West Sydney, and the impact that resource constraints have on hospital staff, and hospitals' ability to recruit and retain the professionals needed to deliver a quality service. It considers stakeholder evidence on issues facing patients in South-West Sydney, such as wait times, travel times, and 'rationing' of some services to manage demand. It considers immediate actions necessary to bring hospitals in the area up to standard.

1.11 **Chapter 5** examines some priority health needs that the committee heard should be addressed in South-West Sydney to cater for the specific population demographics and current shortages. These include the areas of maternal and child health, mental health, chronic disease prevention and management and palliative and aged care. Many of these issues would be assisted with better models of early intervention and care in the community, which would require greater cooperation across different levels of the health system.

1.12 **Chapter 6** considers calls from some stakeholders to this inquiry for a new hospital to be planned in the Aerotropolis area. More broadly, it considers whether future health needs in South-West Sydney are being adequately considered and planned for under the current planning arrangements.

Chapter 2 South-West Sydney: A Growing Region with Complex Health Needs

This chapter provides background information about the South-West Sydney region. It describes and identifies the geographic area, then introduces the basic structure of health services available in South-West Sydney, with a particular focus on the services managed by the NSW Government through the South-West Sydney Local Health District (SWSLHD). It then considers the demographic make-up of this rapidly growing area, and the implications for health service needs and provision.

A fast growing region

2.1 South-West Sydney typically denotes the suburbs and townships within the Liverpool, Canterbury-Bankstown, Fairfield, Campbelltown, Camden and Wollondilly Local Government Areas (LGAs). It includes established urban areas and suburbs through to new developments on land that was until recently rural or semi-rural. The region has seen significant population growth in recent times, encouraged by various government planning processes. In 2006, the NSW Government identified a South West Growth Centre.[2] NSW Department of Planning currently identifies a 'South-West Sydney Growth Area', covering the Liverpool, Campbelltown and Camden LGAs, and including a number of planned new communities such as Oran Park, Leppington, Austral and Catherine Field.[3] In addition to the South-West Sydney Growth Area, plans to establish an 'Aerotropolis' around the new Western Sydney airport at Badgery's Creek will significantly impact on the growth of South-West Sydney.[4]

2.2 Federal, state and local governments have an interest or role in shaping growth in these areas. Since 2015, The Greater Sydney Commission has existed with a mandate to 'lead metropolitan planning for the Greater Sydney Region.'[5] The Greater Sydney Commission includes South-West Sydney in its vision for a 'Western Parkland City'[6]. Another body, the Western Parkland City Authority is a NSW Government body established with the Australian Government to facilitate design and delivery of the Western Sydney Aerotropolis and support growth of the Western Parkland City. Its role was expanded in July 2020 to cover the entire Western Parkland

2 Evidence, Mr Brett Whitworth, Deputy Secretary, Greater Sydney Place and Infrastructure, Department of Planning, Industry and Environment, 15 July 2020, p 43.

3 NSW Department of Planning, Industry and Environment, *South West Growth Area*, https://www.planning.nsw.gov.au/Plans-for-your-area/Priority-Growth-Areas-and-Precincts/South-West-Growth-Area.

4 NSW Department of Planning, Industry and Environment, Western Sydney Aerotropolis, https://www.planning.nsw.gov.au/Plans-for-your-area/Priority-Growth-Areas-and-Precincts/Western-Sydney-Aerotropolis.

5 *Greater Sydney Commission Act 2015*.

6 The Western Parkland City includes the local government areas of Liverpool, Penrith, Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury and Wollondilly. The area covered includes some or all of three local health districts: Nepean Blue Mountains, Western Sydney and South Western Sydney.

City.[7] A 'Western Sydney Planning Partnership' brings together different levels of government – local, state and federal – with an interest in planning for Western Sydney and the Aerotropolis.[8]

2.3 Within the NSW health system, the relevant district for service provision is the South Western Sydney Local Health District (SWSLHD). This is one of the largest health districts in New South Wales, with an estimated population of over one million residents, about 12 per cent of the NSW population.[9] It covers seven Local Government Areas (LGAs), including Wingecaribee Shire in addition to the six LGAs mentioned above. This means that the local health system is servicing a diverse set of communities, from rapidly growing urban and suburban areas to rural and semi-rural villages. For the purpose of this inquiry, given the structure of the health system and the evidence received, the committee is considering all seven LGAs covered by the SWSLHD as part of 'South-West Sydney'.

2.4 South-West Sydney is one of the fastest growing regions in New South Wales. Although, as stakeholders to this inquiry noted, there are different projections for population growth in this area,[10] it is clear that growth in recent years has been rapid, and more is expected to occur. The SWSLHD's needs assessment suggests that South-West Sydney's population growth from 2016-2036 is expected to be 45 per cent, which is almost double the average for NSW of 28 per cent.[11] With a relatively young population, the area has a high birthrate. Over the next 15 years, new housing estates are planned for many parts of the region, and urban infill is happening in the more developed LGAs. The planned Aerotropolis will add to the area's already growing population.[12] Particularly high growth is expected in the Camden, Liverpool, Wollondilly and Campbelltown LGAs, with the Camden LGA projected to more than double its population.[13] Other LGAs will see doubling or tripling of population in certain communities within 20 years.[14] One projection suggests that the South-West Sydney region will grow to over 1.4 million residents by 2036.[15] This rapid population growth will place significant pressure on existing infrastructure and services.

2.5 Health services in South-West Sydney are provided by a mixture of public and private providers, with the Australian and NSW Governments responsible for funding, regulation and management of different parts of the system. The NSW Government manages public hospitals and funds certain services affiliated with the SWSLHD. The Australian Government provides

7 Western Parkland City Authority website, https://wpca.sydney/the-organisation. Western City and Aerotropolis Authority Amendment (Operational Area) Regulation 2020. Note, the expansion of the Western City and Aerotropolis Authority's operational area occurred after this inquiry had finished taking evidence.

8 Evidence, Mr Whitworth, 15 July 2020, p 42.

9 Submission 33, NSW Health, p 2.

10 For example, Submission 23, Western Sydney Leadership Dialogue, Submission 39, Campbelltown City Council.

11 South Western Sydney Local Health District and South Western Sydney Primary Health Network, 2019, *South West Sydney: Our Health: An in-depth study of the health of the population now and into the future*, p 11. (Referenced in Submission 33, NSW Health, p 4).

12 Submission 33, p 4.

13 Submission 33, p 4.

14 Submission 24, Wollondilly Shire Council, Committee Hansard 15 July 2020, p 11.

15 Evidence, Ms Amy Lawton, Author, *Condition Critical*, Western Sydney Regional Information and Research Service, 14 July 2020, p14.

some coordination of primary care, makes policy and regulation on private health insurance, and provides funding to public hospitals through National Health Reform funding agreements, as well as managing Medicare. Other relevant services such as community care, disability services and aged care frequently involve a mix of national and state responsibilities, and public, private and not-for-profit providers.

2.6 Services provided by the NSW Government through the SWSLHD include six acute public hospitals: Bankstown-Lidcome Hospital, Bowral and District Hospital, Campbelltown and Camden Hospitals, Fairfield Hospital and Liverpool Hospital. The district also operates 14 community health centres, including early intervention, community care, palliative care and rehabilitation services. There are a number of affiliated services, including Karitane, Braeside Hospital, Carrington Centennial Care, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors and Sydney South West Scarba Service.[16]

2.7 The South Western Sydney Primary Health Network (SWSPHN) covers an area identical to that of the SWSLHD. The SWSPHN comprises 429 general practices with 1,047 general practitioners (GPs), 165 GP registrars and 391 practice nurses.[17] Primary Health Networks are commissioned by the Australian Government to support coordination of care across different parts of the health system, and increase the efficiency and effectiveness of medical services for patients.[18] They also play a role in conducting needs analysis and joint planning for local health services.[19]

2.8 In addition to general practices and public hospitals, there are a range of private and non-government health service providers in South-West Sydney. These include: three private hospitals – which provide about ten per cent of the hospital beds in South-West Sydney; seven private day centres in the region providing specialist services; and a significant number of non-government organisations which provide health related services, including in mental health, women's health, drug and alcohol, aged care and rehabilitation.[20]

16 SWSLHD website, https://www.swslhd.health.nsw.gov.au/about.html, accessed 15 October 2020.

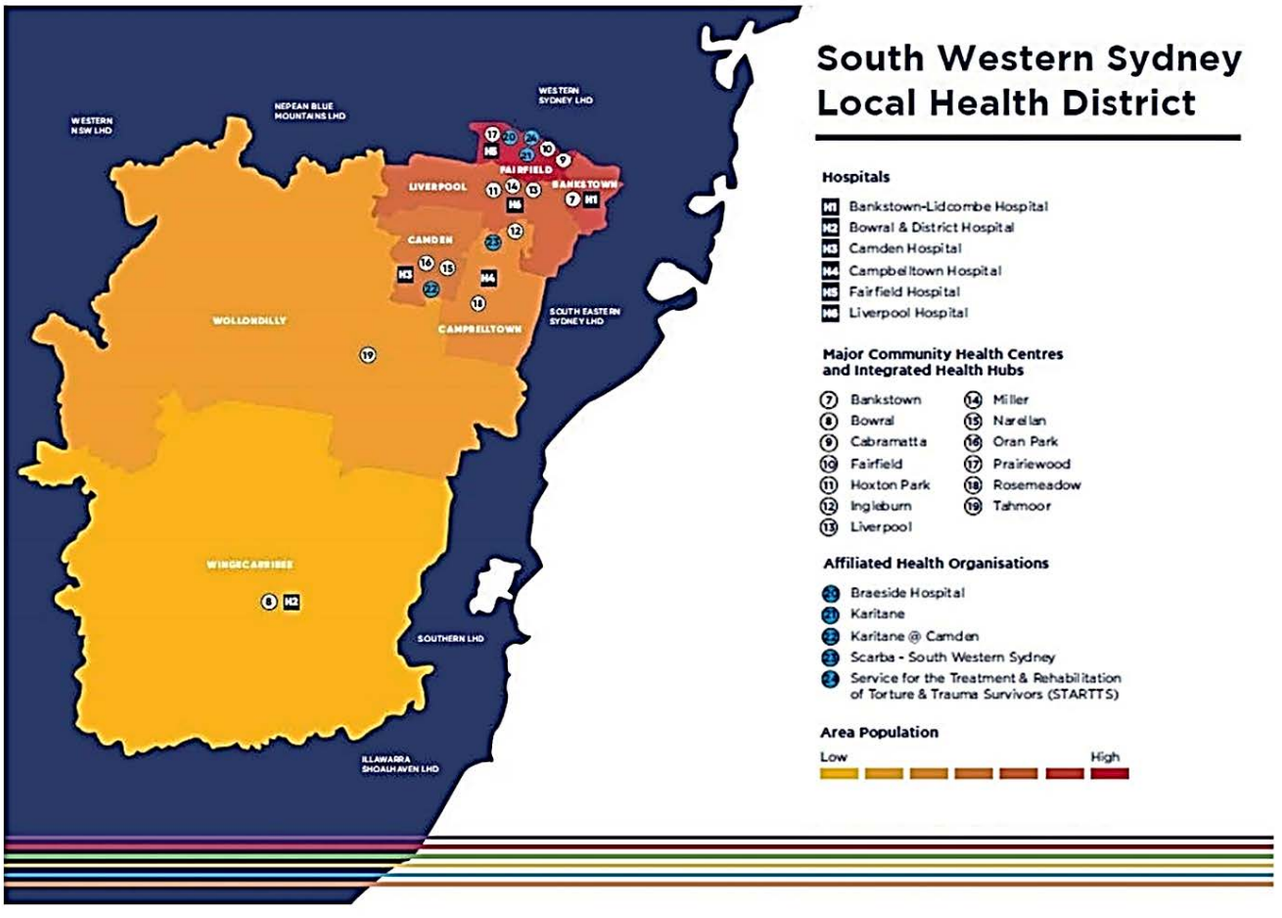
17 Submission 36, South Western Sydney Primary Health Network, p 2.

18 Submission 36, p 2.

19 Submission 36, p 3.

20 NSW Health SWSLHD, *Population Needs Assessment for the Communities of South Western Sydney and the Southern Highlands* 2014, p 53.

Figure 1 Map of public health services in South West Sydney Local Health District[21]



Source: SWSLHD Website

Diverse demographics

2.9 South-West Sydney's population is not only large and growing, it is also very diverse. This section outlines some of its diversity, and explains the impact this has on the delivery of health services.

Cultural and linguistic diversity

2.10 South-West Sydney has a culturally and linguistically diverse population, with around 51 per cent of residents speaking a language other than English at home. Approximately 16,000 residents identify as Aboriginal or Torres Strait Islander.[22] LGAs across South-West Sydney have different cultural and linguistic make-ups, including some areas with very high recent migrant and refugee intake. In the Fairfield LGA, 75 per cent of residents speak a language

21 SWSLHD website, https://www.swslhd.health.nsw.gov.au/planning/SWSLHDCommunities.html, accessed 20 October 2020.

22 Submission 33, p 2

other than English at home, followed by Bankstown and Liverpool LGAs where 62 and 59 per cent of residents speak a language other than English at home, respectively. The region has been, over a number of years, a settlement area for humanitarian entrants and refugees.[23] South-West Sydney took more than half of all humanitarian settlers to NSW in the first quarter of 2018, and the region typically takes a higher share of humanitarian settlers and a lower share of skilled settlers than most Sydney regions.[24]

2.11 Witnesses to the inquiry from Liverpool, Fairfield and Bankstown highlighted the ethnicity and cultural diversity of South-Western Sydney.

> I think it is particularly the ethnic and cultural diversity in south-western Sydney, which is a degree above even greater western Sydney. I have worked most of my career in either western Sydney or south-western Sydney. Comparing even those areas for their needs, it is quite marked how much more diverse south-western Sydney is.[25]

> One third of our patients coming through the emergency department are overseas-born. About a quarter of them do not speak English…[26]

> … one thing that comes out a lot is the cultural complexity of the area. It is a highly diverse area in terms of culture.[27]

> The majority of our clients and their families are from culturally and linguistically diverse backgrounds. We often find that people who live in poverty and experience the complexities arising from settlement and trauma do not have their basic needs met.[28]

Socio-economic disadvantage

2.12 Another factor adding complexity to health service delivery in South-West Sydney is the high level of socio-economic disadvantage. Fairfield, Liverpool, Bankstown and Campbelltown LGAs are amongst the most disadvantaged LGAs in metropolitan Sydney, and have a high concentration of social housing.[29] Labour force participation rates in South-West Sydney are among the lowest in the greater Sydney metropolitan area, and South-West Sydney rates high for disadvantage on the Socio-Economic Index For Areas (SEIFA Index[30]).[31] In places, poor public transport and reliance on private transport compounds social disadvantage, an issue

23 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health.*

24 Submission 25 Attachment 1, *Condition Critical Report* (by Western Sydney Regional Information and Research Service for Liverpool Hospital Medical Staff Council), p 20.

25 Evidence, Dr Choong-Siew Yong, NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists, 14 July 2020, p 25.

26 Evidence, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council, 14 July 2020, p 20.

27 Evidence, Ms Lawton, 14 July 2020, p 19.

28 Evidence, Ms Ruth Callaghan, General Manager – Community Initiatives, Woodville Alliance, 14 July 2014, p 23.

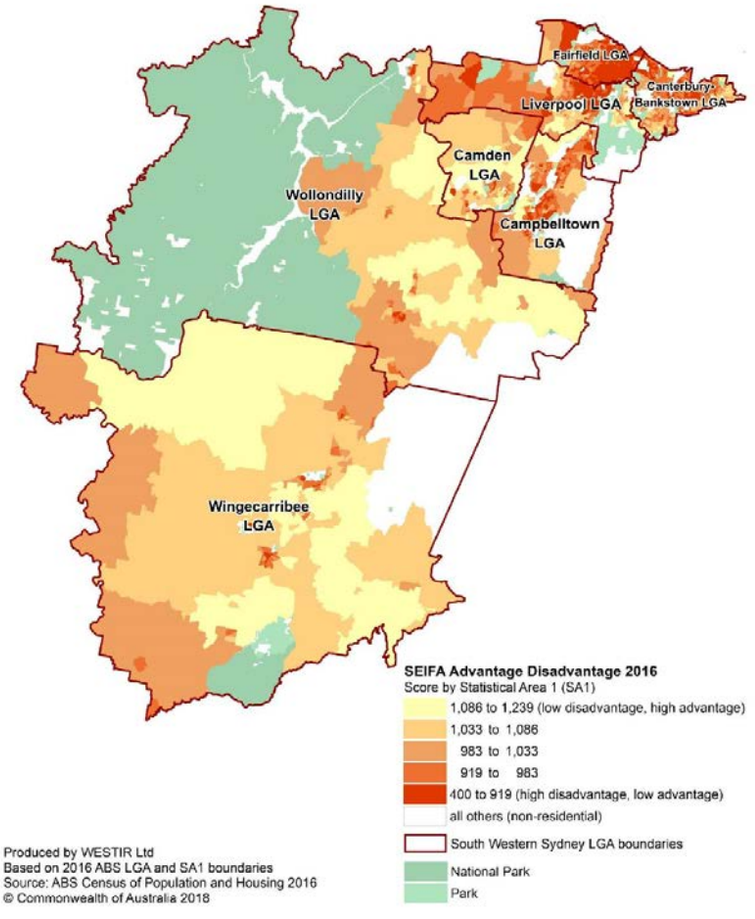
29 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health.*

30 The Socio-Economic Index for Areas is compiled by the Australian Bureau of Statistics, and ranks areas according to relative advantage and disadvantage.

31 Submission 25 Attachment 1, *Condition Critical Report*, pp 16-17.

affecting public housing estates in particular, but also relevant to the peri-urban and rural areas of this region, which themselves contain pockets of disadvantage.[32]

Figure 2 SEIFA advantage disadvantage, South Western Sydney Region, 2016



Source: Submission 25, Attachment 1, p 18.

Changing age profile

2.13 South-West Sydney is currently undergoing a demographic transition that will place more demands on health services.[33] The population is currently younger on average than other parts of Sydney, and has the highest fertility rate in the greater Sydney metropolitan area.[34] However, there is expected to be significant growth in the number of elderly people over the next twenty years. On one estimate, the number of people over 65 years of age will increase 74 per cent by 2031, with growth particularly significant (92 per cent) in the over 85 years age group.[35] The age make-up of the population has significant implications for the nature of health services required.

32 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health.*

33 Submission 38, Bankstown-Lidcome Hospital Medical Staff Council, p 5.

34 Submission 25, Attachment 1, *Condition Critical Report*, p 13.

35 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health.*

Rates of disability

2.14 The proportion of people with a profound or severe disability in South-West Sydney is higher than the NSW average (6.5 per cent compared to 5.4 per cent), with some LGAs, such as Fairfield, having markedly higher rates (8.5 per cent).[36] A larger proportion of people living with disability in South-West Sydney are of working age (20-65 years of age) in comparison with the state average (38.5 per cent compared to 33.7 per cent).[37] According to the 2016 census, the South-West Sydney region had the highest number and proportion of residents needing assistance with core activities in the greater Sydney metropolitan area.[38]

Low private health insurance coverage

2.15 The high rate of socio-economic disadvantage means that the take-up rate of private health insurance is low in parts of South-West Sydney. Private health insurance coverage impacts on access to allied health services and waiting time for hospital-based services. Four LGAs in South-West Sydney have rates of health insurance lower than the state average of 51.5 per cent: Fairfield (25.6 per cent), Campbelltown (34.8 per cent), Canterbury-Bankstown (36.3 per cent) and Liverpool (38.5 per cent).[39]

Complex health needs

2.16 The demographic make-up of South-West Sydney as outlined above has implications for rates of disease and health needs, and adds to the complexity and cost of providing appropriate services. Ms Amy Lawton, Western Sydney Regional Information and Research Service, noted the demographic profile of the region increases the cost of health care.

> The South-West Sydney population experiences greater challenges on basically every demographic indicator … this include[s] high socio-economic disadvantage, unemployment, low levels of English proficiency, high rates of humanitarian settlement, higher rates of disability and need for assistance, higher birth rates and rates of lifestyle-related diseases. This is just some of them. These factors obviously make it more difficult and costly for the health care system and to meet ongoing community need.[40]

2.17 Ms Ruth Callaghan, General Manager, Community Initiatives, Woodville Alliance highlighted some of the ways that the area's social disadvantage and high rate of humanitarian and migrant intake adds to complexity for service providers as well as individuals.

> I think there are obviously underlying social determinants for those communities. I mean you have low Socio-Economic Indexes for Areas [SEIFA], by which the Australian Bureau of Statistics measures socio-economic disadvantage, around Carramar and Fairfield. You have got poverty. You have got people who quite often have recent settlement experiences, particularly around Fairfield. You have got young people who are newly arrived or children of migrant families so often there is a lot of

36 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 22.

37 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 22.

38 ABS Census of Population and Housing 2016, cited in Submission 25 Attachment 1, *Condition Critical Report*, p 21.

39 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 35.

40 Evidence, Ms Lawton, 14 July 2020, p 14.

> social isolation. There can be cultural barriers around engaging with school and people feeling quite excluded.[41]

Health literacy and socio-economic disadvantage

2.18 Witnesses noted many different levels of health literacy in the population of South-West Sydney.[42] Health literacy affects an individual's ability to access health care services, understand health information, make informed decisions and take action to maintain their health.[43] Low health literacy is linked with socio-economic disadvantage, and in turn with poorer health outcomes. Associate Professor Richard Cracknell, Director of the Campbelltown and Camden Hospitals Emergency Department, explained to the committee the link between poor health literacy, coupled with socio-economic disadvantage, with poor health outcomes.

> … if you do not have private insurance, if you have all of the precursors to health inequity such as being from a culturally and linguistically diverse background, poor health literacy, low level of income, high socio-economic disadvantage, then poor access to a GP and community services and long hospital wait lists, it is a perfect storm for poor health outcomes.[44]

Cultural and linguistic diversity and service appropriateness

2.19 Cultural and linguistic diversity places demands on health services. Different cultural understandings of health and wellbeing lead to a need for tailored, culturally sensitive services in order to encourage service uptake. Ms Ruth Callaghan, General Manager Community Initiatives of the Woodville Alliance, told the committee how different cultural backgrounds affect understandings of health and use of health services.

> I think cultural understandings of what health and wellbeing are are very different. Necessarily the model we operate in as a society is a western one and it is changing, but when you are looking at somewhere like South-West Sydney, those sensitivities around wellness, illness and stigma and all that stuff is really significant and makes the difference between whether people engage with services or not.[45]

2.20 Reaching culturally diverse populations, especially around sensitive areas such as mental health, may require targeted strategies, to address stigma or other cultural issues that affect a patient's experience of health and health care. Dr Choong-Siew Yong, from the Royal Australian and New Zealand College of Psychiatrists (RANZCP), highlighted the complexity involved in working in South-West Sydney due to the diversity of language and ethnic groups. Clinicians struggle with engaging families, and encouraging attendance at clinics, often due to the stigma involved in mental health issues.

> It is [complex] in terms of language groups and ethnic groups. As I said, one of my main roles is working in Bankstown, which is as you know a very diverse part of Sydney. The challenges for us have been around psychoeducation, engaging families and

41 Evidence, Ms Callaghan, 14 July 2014, p 27.

42 Evidence, Associate Professor Levy, 14 July 2020, p 18.

43 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 36.

44 Evidence, Associate Professor Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency, 14 July 2020, p 10.

45 Evidence, Ms Callaghan, 14 July 2014, p 27.

> patients to work with us in mental health. We get lots of referrals and yet, for instance, in Bankstown the attendance rate to clinics, to seeing psychiatrists and other clinicians in the area, is relatively low, despite the fact that there are lots of referrals to our service. One of those issues is around the stigma associated with mental health in particular cultural groups.[46]

2.21 Ms Gibbeson from Fairfield City Council made a similar point about complexity in dealing with community beliefs around mental health:

> We are dealing with communities where if it is suggested a young person might benefit from some mental health support, the stigma is huge. You have to get past all of that and that goes back to the cultural beliefs. It is not as simple as translation, it is about beliefs, it is about community standards, it is about how you are perceived in your community if you acknowledge something like mental health.[47]

2.22 Where patients do not speak English, or do not have proficiency in English, interpreters are required. Ms Amanda Larkin, Chief Executive of the SWSLHD, described provision of interpreter services as 'a critical part of service delivery'.[48] This has implications for the time and cost needed to treat patients. Different types of service providers, including hospitals, aged care and community mental health organisations, mentioned the need for interpreters to provide adequate services in a demographically diverse region, as illustrated in the quotes below:

> At any one stage 50 per cent of the patients in those 72 beds would come from non-English speaking backgrounds and I cannot give you exact percentages of how many would need interpreters, but it is a significant proportion. Every ward round we need to have interpreters or communicate by alternative means rather than direct English to English conversation.[49]

> We use a lot of interpreters and sometimes given the demographics of our client group, … it is not possible to also use psychologists or social workers with a particular language with all of the people from that background, so we often have to use a mixture. People with other languages may have to work with interpreters. It is a constant challenge and they have all been one as different refugee groups come into the country and settle in different areas. It is a very mobile group.[50]

2.23 More recently the COVID pandemic has raised an additional issue, as service providers needed to access interpreters by phone, adding to the level of difficulty and time taken to communicate. This was a particular issue for mental health services, as highlighted to the committee by Dr Yong from RANZCP:

> We are now dependent on phone interpreters only in an area where, for many of my colleagues, their whole clinic would be one where they need interpreter services for the

46 Evidence, Dr Yong, 14 July 2020, p 25.

47 Evidence, Ms Susan Gibbeson, Manager Social Planning & Community Development City and Community Services Group, Fairfield City Council, 15 July 2020, p 18.

48 Evidence, Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District, 15 July 2020, p 33.

49 Evidence, Associate Professor Friedbert Kohler OAM, Director of Medical Services, HammondCare Health, 14 July 2020, p 40.

50 Evidence, Mr Jorge Aroche, CEO, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, 14 July 2020, p 40.

> bulk of their patients. All that has to be done over the phone. That means that things take longer to do. It is that much harder to do with a phone interpreter than it is with a face-to-face interpreter. It goes on from there.[51]

2.24 Liaison with community leaders is also important to make health services accessible and acceptable to the local population. Service providers noted that many communities, especially where English is not the first language, rely on local community leaders rather than health authorities for health information. This appears to be a particular issue in Fairfield, with its high rate of refugee resettlement. Ms Susan Gibbeson, Manager, Social Planning and Community Development at Fairfield City Council told the committee:

> Our testing rates in Fairfield are the same as a lot of really rural areas, in the same as our level of disadvantage is, because they listen to the people they know. They listen to the people they trust. They listen to the local leaders, and then they listen to what is happening in their country of origin.[52]

Health needs in a diverse population

2.25 The population characteristics in South-West Sydney lead to some specific health concerns. Socio-economic disadvantage often correlates to lifestyle factors associated with higher rates of chronic disease. The *Condition Critical* report commissioned for Liverpool Hospital notes comparatively high rates of obesity and smoking in South-West Sydney, behavioural factors linked with diseases such as diabetes and cancer.[53] SWSLHD's needs assessment also shows that uptake of certain preventive screening programs such as breast, cervical and bowel screening, are less than the state average.[54] Similarly, the region sees lower than average utilisation of dental services, which can be linked to preventable hospitalization for acute dental conditions.[55]

2.26 Different demographic groups may have different rates of chronic illness, often associated with social disadvantage. An equitable health service must take into account the need for culturally specific services and the health profile of the target population. Mrs Sue Coleman, Executive Officer of Western Parkland Councils, highlighted how different demographic profiles affect the rates and nature of chronic illness:

> I would really encourage you to consider the different demographic profiles throughout the area and the rates of chronic illness associated with different population groups—particularly those where there is significant social disadvantage. We believe, for example, that specialised, culturally specific services may be required in order to be able to achieve equitable health outcomes for all.[56]

2.27 Mental health issues were raised by many witnesses to this inquiry as a challenge in South-West Sydney. A 2014 needs assessment for the SWSLHD found higher levels of psychological distress reported by survey participants in South-West Sydney compared with the New South Wales average, and noted 'significant local concerns about the quantum of mental health support

51 Evidence, Dr Yong, 14 July 2020, p 26.

52 Evidence, Ms Gibbeson, 15 July 2020, p 15.

53 Submission 25 Attachment 1, *Condition Critical Report*, pp 21-22.

54 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, pp 48-78.

55 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, pp 86-88.

56 Evidence, Mrs Sue Coleman, Executive Officer, Western Parkland Council, 15 July 2020, p 10.

services available, comprehensiveness of care provided and the variability of coordination'.[57] A number of the demographic characteristics in South-West Sydney are linked with higher rates of mental health issues. These include things such as experience of trauma, resettlement issues, domestic violence and socio-economic disadvantage.

2.28 South-West Sydney's relatively young population and high fertility rates, coupled with social disadvantage, puts demand on both maternity care and programs for families and children. This point was raised by Ms Grainne O'Loughlin, CEO of Karitane, who highlighted the need for early intervention programs to support young families in the interest of longer term mental health and social outcomes.

> Obviously, there is significant population growth, a high proportion of children and young adults, higher birth rate compared to New South Wales, and high rates of social disadvantage, as well as the high rates of humanitarian settlement in the south-west. These factors combined contribute to an increase in demand for and complexity of parenting support for our families. Certainly, the evidence is very clear that early intervention and prevention provides long-term benefits and better mental health and social outcomes for these most vulnerable babies and young children.[58]

2.29 Gambling, and its flow on impacts to families and communities, was cited by some witnesses as a specific public health concern in South-West Sydney.

> I would like to bring to the Committee's attention an important public health and wellbeing issue that has generated increasingly high levels of community concern in south-western Sydney over the last couple of years. The issue is the significant impacts on local health and wellbeing of gambling harm. A recent study for the Victorian Responsible Gambling Foundation in 2018 took a public health approach and identified the following gambling-related harms: negative impacts to the person's health; emotional or psychological distress; financial difficulties, including bankruptcy; reduced performance, including the loss of a job or study; relationship conflict or breakdown; criminal activity and neglect of responsibilities; cultural harms; and life course, generational, and intergenerational harms.[59]

Committee comment

2.30 The committee notes that South-West Sydney is not just a rapidly growing area, it is also a complex area demographically. The area's rapid growth rate alone poses challenges to health services, which are having to expand and adapt to meet the needs of newly urbanising areas, as well as greater numbers of people living in existing population centres. The area's socio-economic disadvantage is likely to put greater strain on the public health system, owing to lower take-up of private health insurance, less availability of private services, and the complexity of working with populations with low health literacy. The high levels of cultural and linguistic diversity pose an additional challenge to health services, to provide culturally appropriate and

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57 NSW Health South Western Sydney Local Health District and Medicare Local South Western Sydney, 2014, *Population Health Needs Assessment for the Communities of South Western Sydney and the Southern Highlands*, p 68.

58 Evidence, Ms Grainne O'Loughlin, CEO Karitane, 14 July 2020, pp 37-38.

59 Evidence, Ms Pam Batkin, General Manager – Community Initiatives, Woodville Alliance, 14 July 2020, p 23.

accessible services to people from different backgrounds, which entails additional costs for use of translators, community engagement, culturally appropriate program design and cultural literacy training for the health workforce.

2.31 In this inquiry, the committee was keen to understand whether or how the health services in South-West Sydney are adapting to meet the needs of this rapidly growing and changing population. The following chapters explore the capacity of existing services to respond to current needs, and how future health needs can be met.

Chapter 3 Funding for Health Services in South-West Sydney: Issues of Equity

This chapter outlines the way health services in South-West Sydney are funded by the New South Wales Government, and considers stakeholders' concerns about the equity of those funding arrangements, given the history of funding to the region and the area's rapid growth and demographic changes. The chapter reviews the New South Wales Government's current commitments for redeveloping and expanding public hospitals in the region, and stakeholders' views on the adequacy of that investment. It then examines the funding of public hospitals' operational costs, including the Activity Based Funding (ABF) approach that has been applied nationally since 2012. It considers whether the ABF funding approach results in equitable service delivery outcomes in South-West Sydney, given the area's starting point, growth and complex needs. Finally, it considers developments in how services are coordinated and delivered outside hospital, including the Integrated Health Hub model promoted by NSW Health.

Background: a history of underfunding in South-West Sydney?

3.1 A strong theme emerging from participants to this inquiry was that health services in South-West Sydney have been historically under-funded and under-provided, even before the recent rapid growth has put additional significant strain on the system.

3.2 Senior staff in public hospitals and other health service providers in the area reported decades of under-funding in South-West Sydney. For instance, the Macarthur Cancer Therapy Centre at Campbelltown Hospital submitted that: 'Unfortunately there have been many decades of underfunding to the population of South Western Sydney LHD and the funding inequity has continued.'[60] The Centre hoped this committee could 'redress the funding imbalance and health inequities that over 1.3 million residents of New South Wales are experiencing'.[61]

3.3 Liverpool Hospital's Medical Staff Council encapsulated a view put by many submissions to the inquiry, that South-West Sydney is underfunded in proportion to population and need, and that the New South Wales Government must do something differently to achieve funding equity:

> In South Western Sydney Local Health District we are profoundly and unfairly under-resourced…, with the lowest per population funding which when combined with the lowest rates of alternative health infrastructure in community, lowest private health insurance rates, and highest rates of culturally and linguistically diverse residents, mount to a significant strain on the hospital… The comparisons are irrefutable. The government asks for clinician engagement and we ask government to listen when we tell you that the health care challenges in South Western Sydney Local Health District cannot be met unless we receive equitable funding.[62]

3.4 The Campbelltown and Camden Emergency Department Executive noted previous reports that have found the health system in South-West Sydney area to be under-resourced to meet demand. Their submission noted:

60 Submission 18, Macarthur Cancer Therapy Centre – Campbelltown Hospital, pp 4-5.

61 Submission 18, pp 4-5.

62 Submission 10, Liverpool Hospital Medical Staff Council, p 6.

> We have known for a long time that SWS has been underserviced in terms of health care. The WSROC report from 2012, which focused on 'Western Sydney' but included the Liverpool, Fairfield and Bankstown LGAs, showed that there was poorer access to health care and poorer health outcomes based on a number of parameters.[63]

3.5 The Executive identified the indicators of poorer access to health care, which included higher death rates from cardiovascular disease, diabetes and avoidable causes; high incidence of preventable risk factors; fewer hospital beds, aged care beds and mental health beds per head of population; fewer public health staff per head of population; fewer private hospital beds per head of population; longer emergency department and treatment waiting times, and more residents per GP.[64]

3.6 Liverpool Hospital Medical Staff Council similarly told the committee of a history of inadequate funding in South-West Sydney, which current deficiencies are accelerating:

> For many years, we have been concerned about inadequate funding which is based on incorrect assumptions and an inequitable funding algorithm. Whilst we acknowledge the funding challenges in the health system across the country, the historical funding deficiencies in the Southwest Sydney Local Health District (LHD) are accelerating to the point that we cannot continue to provide safe access for our community.[65]

3.7 Some stakeholders see inequity in the access to care as an issue related to distance from Sydney's historic urban centre, with outer-urban areas historically disadvantaged. Dr Mike Freelander MP, Federal Member for Macarthur, wrote in his submission:

> There is no disputing the fact that access to care and affordability of care decreases the further someone resides from a metropolitan hub. This is unacceptable, and successive Governments must commit to addressing this disparity that exists for lower socio-economic areas, and our rural, remote and regional communities.[66]

3.8 NSW Health outlined funding is provided through both an Activity Based Funding (ABF) methodology and block funding where ABF is not appropriate. ABF funding is determined on a 'provider' basis (i.e. the facility where the activity is actually undertaken rather than where the patient resides) and not on a population or 'per capita' basis. For example, many patients from within SWSLHD are treated in adjoining Local Health Districts. Currently ABF represents 85 per cent of SWSLHD.[67]

3.9 Several stakeholders told the committee of circumstances where people from South-West Sydney have to leave the area in order to access services they need. Associate Professor Richard Cracknell from Campbelltown and Camden Hospital Emergency Departments said that, at least prior to the recent redevelopments, '40 per cent of the inpatient bed days provided to patients in the Macarthur region had to be provided outside of South-West Sydney for all sorts of reasons, whether it was capacity or specialty or other reasons.'[68] Paediatric surgery is a current

63 Submission 25, Campbelltown and Camden Emergency Departments, p 3.

64 Submission 25, pp 3-4.

65 Submission 10, p 2.

66 Submission 1, Dr Mike Freelander MP, p 1.

67 Submission 33, NSW Health, p 17.

68 Evidence, Associate Professor Cracknell, Director, Emergency Department Campbelltown and Camden Emergency,14 July 2020, p 5.

example, where children diagnosed with certain conditions need to travel over 55 kilometres to Randwick or Westmead for treatment.[69] Associate Professor Miriam Levy, Chair of Liverpool Hospital Medical Staff Council reported that some patients with kidney conditions need to travel to other districts to receive dialysis.[70] The Thalassaemia and Sickle Cell Society of NSW reported that a disparity in health care available in South-West Sydney compared to other parts of the city means many patients with the condition from South-West Sydney travel outside the district for care, to the point that 40 percent of patients treated for the condition at Royal Prince Alfred Hospital are from South-West Sydney.[71]

Historic underfunding compounded by growth and complexity

3.10 The committee heard that an historically-underfunded region has been put under further strain by population growth that has not been catered for in health sector planning and funding arrangements.

3.11 The NSW Nurses and Midwives' Association noted in its submission that, historically, actual growth in South-West Sydney has not been accurately projected, and has surpassed expectations, leading to health services needing to play 'catch-up' . The submission noted:

> Historically, projections of growth within the SWSLHD catchment have been exceeded by the population growth in excess of expectations. Future planning should consider all foreseeable expansion and associated risks and opportunities.[72]

3.12 The Camden and Campbelltown Medical Staff Council noted that the SWSLHD has to spread its budget over a large population in a dispersed geographic area, leaving patients facing significant barriers to receiving equitable access to services:

> Respectful of the fact that the South Western Sydney Local Health District (SWSLHD) given the limitation of its budget provides clinical services to a large population spread over many LGAs, Macarthur residents are disadvantaged by geographical distance, referral barriers and insufficient staffing levels for some clinical services.[73]

3.13 The submission noted several areas where Macarthur residents face long travel times to receive care that is not available at Campbelltown, which other hospitals would provide as 'core' services, and noted this 'inequity' faced by Macarthur residents.[74]

3.14 In the area of mental health, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) NSW branch argued that South-West Sydney is starting from a position where it is under-resourced for community mental health services, and has insufficient mental health workforce or hospital beds to meet demand in the public system. According to RANZCP:

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69 Submission 26, Campbelltown and Camden Hospital Medical Staff Council, p 5 and evidence Dr Setthy Ung, Chair, Campbelltown and Camden Hospital Medical Staff Council, 14 July 2020 p 6.

70 Evidence, Associate Professor Levy, 14 July 2020, p 15.

71 Submission 56, Thalassaemia and Sickle Cell Society of NSW, p 3.

72 Submission 46, NSW Nurses and Midwives Association, p 9.

73 Submission 26, p 3.

74 Submission 26, pp 3-6.

> We know the population in this region will grow significantly over the next 10-15 years and that such growth will inevitably drive demand for healthcare. According to health planning experts and Branch Fellows, this increased demand builds from an existing deficit in capacity available to meet current demands, which for inpatient care is reflected in SWSLHD's occupancy rates as the highest of any LHD, well above the benchmark of 85 per cent and approaching 100 per cent. According to our Fellows, these capacity deficits extend to a paucity of private healthcare provision in SWSLHD, in private hospital beds, in private specialists in practice (including psychiatrists), in general practitioner availability in some regions and in private allied health services.[75]

3.15 Many stakeholders to the inquiry called for improved planning and budget allocations to take account of demographic issues in South-West Sydney. The University of New South Wales submission identified a range of factors that should be taken into account in budgeting, including: the significant population growth rate; high birth rate; high proportion of one-parent families; lower labour force participation rates; highest rates of social disadvantage in Sydney; lower household incomes; higher proportion of children starting school without needed developmental skills; and very high rates of humanitarian settlement. The submission argued that all these factors lead to an increase in the demand for health care:

> These factors contribute to an increase in demand and complexity of patients for health services in south west Sydney and can be expected to contribute to health inequity. Strategies to address these factors must be incorporated into decisions regarding resource prioritisation and highlight the importance of considering the size and type of health workforce that is required.[76]

3.16 Many submissions noted a huge increase in demand for health services in the South-West Sydney region over recent years, demand that has not been met by comparable expansion of the health system. The Hon Mark Latham MLC argued that there has been no apparent expansion of health services in South-West Sydney to meet the needs of its rapidly growing population:

> There appears to be no relevant or imminent expansion of health services in South-West Sydney meeting the needs of a fast-growing population. It's a dreadful case of government neglect and on every front, warrants strong inquiry, reporting and recommendations by your Portfolio Committee.[77]

3.17 Big as recent growth has been, stakeholders talk of current and future growth in the area as a 'disruptive, quantum leap', requiring a commensurate response. The Western Sydney Leadership Dialogue welcomed the 'catch-up' that is underway in the area, but noted how much more will need to be done to accommodate change of the magnitude anticipated in South-West Sydney, while ensuring equity for the people of the region.

> Between now and 2050, whether the population increases by seventy percent, or doubles, or triples, the demand for services and infrastructure will have made a disruptive, quantum leap. The Dialogue thus starts with a very strong view that a commensurate 'order of magnitude' increase in health infrastructure, services, staffing and ancillary health support commensurate for the region must be accepted as a planning 'given'. There are particularly strong cases for a focus on Campbelltown and

75 Submission 22, Royal Australian and New Zealand College of Psychiatrists, p 4.

76 Submission 55, UNSW Sydney, p 3.

77 Submission 6, The Hon Mark Latham MLC, p 2.

> Bankstown health resources, where recent population and development pressures have especially outpaced infrastructure and service enhancement. The Dialogue welcomes the on-going 'catch-up' that is underway here, but also urges that staffing issues are not forgotten. This is especially so with allied health services, and culturally bespoke and mobile clinical care. We add our support to community calls for equity in meeting local needs.[78]

3.18 The Campbelltown City Council suggested the current inequity of funding will be exacerbated by the rapid growth over the next 20 years, anticipated to be even greater than that already seen in the last decade.

> An analysis of the LHD Budget Data from Service Agreements and Financial Statements and Health Stats NSW indicates that South Western Sydney Local Heath District (SWSLHD) is inequitably funded in comparison to other Greater Sydney LHDs. SWSLHD has one of the lowest total annualised expense budgets per resident by LHD in Greater Sydney. It also has the lowest cost per acute encounter suggesting it has less access to specialised funding to deal with complex cases. This inequity in funding has the potential to be further exacerbated when considering the rate of growth for South-West Sydney over the next 20 years is expected to be at a vastly accelerated rate when compared to the rate of growth that occurred between 2011 and 2020.[79]

The current situation: Funding for capital development and operational costs

3.19 The New South Wales Government funds health services in South-West Sydney through a mixture of capital and recurrent funding. The total health budget in New South Wales in 2019-20 was approximately $24 billion recurrent funding and $2.7 billion in capital budget outlay.[80]

3.20 As detailed in NSW Health's submission to this inquiry, South-West Sydney has seen increases in both capital investment and recurrent funding over the past ten years. The yearly budget growth incorporates population growth, CPI and other escalations such as award increases on salaries.[81] A key question for this inquiry was whether that growth has been sufficient to both establish services to an equivalent standard with other parts of Sydney and keep pace with the area's rapidly expanding and changing population.

Capital funding: Public hospital re-developments in South-West Sydney

3.21 Having acknowledged the 14.28 per cent population increase in South-West Sydney in the seven years to 2019, NSW Health noted that capital expenditure on hospitals is cyclical, and generally informed by 10 year planning horizons, rather than directly correlating to population growth.[82] NSW Health noted the New South Wales Government's recognition of recent and projected growth in South-West Sydney, and gave details of major capital investments on existing hospitals that are recently completed, underway or announced. Ms Amanda Larkin, Chief Executive of the SWSLHD, advised that the New South Wales Government has committed

78 Submission 30, Western Sydney Leadership Dialogue, p 1.

79 Submission 39, Campbelltown City Council, p 3.

80 Submission 33, p 6.

81 Submission 33, p 17.

82 Submission 33, p 6.

almost $3 billion to hospital redevelopments in South-West Sydney.[83] These developments are outlined as follows:

Recent and planned capital investment in South-West Sydney Hospitals

- Liverpool Hospital Redevelopment - $397 million (completed in 2012)
- Campbelltown Redevelopment Stage 1 - $134 million (completed in 2016)
- Bowral Hospital Redevelopment - $124 million (first stage due for completion in 2020)
- Campbelltown Hospital Redevelopment Stage 2 - $632 million (commenced 2019 and to be delivered in stages over a 5 year period)
- Liverpool Health and Academic Precinct - $740 million (due for completion in 2026)
- Bankstown Hospital Redevelopment $1.3 billion (announced in 2019)
- Liverpool, Leppington and Bonnyrigg new and expanded ambulance stations were completed under the Sydney Metropolitan Ambulance Infrastructure (SAMIS) program - $184 million for Sydney (completed in 2018).[84]

3.22 NSW Health predicts that the capital investments outlined above to facilities servicing South-West Sydney will meet the growth in demand resulting from a growing population until approximately 2036.[85] It also suggests that any additional public sector capacity required beyond this point will accumulate more gradually, and be more efficiently met through further development at existing facilities and through development of alternatives to hospital based care.[86]

Is the capital investment enough? Stakeholder views on public hospital re-developments

3.23 While acknowledging the New South Wales Government's investment into five of the public hospitals in the SWSLHD, medical practitioners and local councils told the committee the investment was not enough, or not happening quickly enough, given current pressing health needs and projected future needs. Several stakeholders suggested that the current round of capital investment in South-West Sydney is not redressing historical imbalances, nor proportionate to the population distribution, when compared with capital projects in other parts of Sydney.

> Our capital investment is welcome, but we are still being funded at rates that are not in proportion to the population distribution in Sydney, nor in a way that addresses the historical deficit. [87]

83 Evidence, Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District, 15 July 2020, p 28.

84 Submission 33, p 6.

85 Submission 33, p 9.

86 Submission 33, p 9.

87 Submission 25, p 8.

3.24 The NSW Nurses and Midwives' Association submitted that South-West Sydney had been lagging behind in terms of infrastructure redevelopment, and that the current round of redevelopment is overdue. Moreover, the Association suggested that it is not enough to bring all facilities in the region up to current standards:

> SWSLHD had been forgotten for an extended period with respect to redevelopment. In the last 15 year Liverpool Hospital saw major redevelopment that commenced in 2008 and occupied in 2010 to the Clinical Services Building with Stage 1 completed in 2012. Stage 1 was scoped to future proof service provision but was soon at capacity. Some upgrades have occurred to Cancer Services at Campbelltown and Liverpool and Bowral Hospital has also had some upgrades to bring some of the facility up to present standards.
>
> Current works at Bowral and Campbelltown to increase capacity are underway along with the next stage of redevelopment and refurbishment about to commence at Liverpool that are well overdue. Camden, Bankstown and Fairfield are all in urgent need of upgrades and refurbishment to bring these facilities up to current standards as to Health Facility Guidelines. Promises have been made however the needs of SWS are not being meet with the impact of population growth and needs of the community.[88]

3.25 One submission noted, based on information from NSW Health's website, that there are 18 new health infrastructure projects currently occurring to the west and south-west of Parramatta, while there are 41 projects to the east of Parramatta. The submission argued that the capital investment in Campbelltown hospital pales in significance compared to other developments in more eastern parts of Sydney, and that, while welcome, 'we are still being funded at rates that are not in proportion to the population distribution in Sydney, nor in a way that addresses the historical deficit'.[89]

> This investment [$630 million at Campbelltown] does not redress historical bias in funding towards the central, north and eastern parts of greater Sydney. The local expenditure is greatly exceeded by the redevelopments at Royal North Shore ($1.27 billion), Northern Beaches Hospital ($2.14 billion), Prince of Wales Hospital ($720 million), RPAH ($750 million), St George Hospital ($277 million), Hornsby ($265 million) and more.[90]

3.26 A map taken from the NSW Health website shows the geographic distribution of the current capital works projects.

88 Submission 46, NSW Nurses and Midwives Association, p 10.

89 Submission 25, p 7.

90 Submission 25, p 7.

Figure 3 Geographic distribution of the current capital works projects

Source: Submission 25, Campbelltown and Camden Emergency Department Executive, p 7.

3.27 Some stakeholders suggested the capital investment is lagging behind the need.[91] Others highlighted particular areas of South-West Sydney where the capital investment is not in line with population growth forecasts. Practitioners from the Camden and Campbelltown area, close to the new Badgerys Creek airport, advocated for increased investment in health services in their area, in anticipation of the new airport and projected growth in population and employment. Dr Setthy Ung, Chair of the Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, said:

> The MSC is grateful to the current Government for the stage two redevelopment capital investment thus far occurring at Campbelltown Hospital, but feels it still falls short of what the rapidly growing population of Macarthur will need over the next few decades.[92]

3.28 Campbelltown City Council also questioned whether the upgrade provided to Campbelltown Hospital, which has already seen a 6.5 per cent annual increase in admissions in recent years, will meet the needs of an expanding population. The Council observed that the infrastructure upgrades will not be enough to enable Campbelltown Hospital to deliver higher order services, even though it is the main hospital in the Macarthur region. The result is that residents within

91 For example, Evidence, Distinguished Professor Annemarie Hennessy AM, Dean of the School of Medicine, Western Sydney University, 15 July 2020, p 8.

92 Evidence, Dr Setthy Ung, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, 14 July 2020, p 3.

its catchment area (with a population expected to grow from 250,000 to 600,000 in 16 years), will still need to travel significant distances for services, creating problems for service accessibility and contributing to travel congestion and strain on public transport.[93]

3.29 The Camden and Campbelltown Hospitals Emergency Department Executive highlighted the lack of investment in Camden Hospital, despite Camden being one of the fastest growing LGAs in the state:

> Camden hospital is a perfect example. Much of the last 20 years has been spent reducing services and debating which departments, including the ED, should close and indeed whether the hospital itself should close…Camden is expecting a 383 per cent growth in population and will be the second most populous LGA in South-West Sydney. Camden is not planned for any substantive capital enhancement despite the massive growth and obvious need.[94]

3.30 Associate Professor Richard Cracknell told the committee that the needs of Camden's growing population will not be met by what is already planned for Campbelltown. He said:

> We need to develop the Camden site, or somewhere near there as well, otherwise all of these patients—all of this community—will be forced to travel either to Campbelltown or further just to receive basic health care. There is a desperate need.[95]

3.31 Another hospital which told the committee they had not received enough capital investment was Fairfield. Managers from Fairfield Hospital reported feeling left behind with insufficient infrastructure and equipment, despite having a large and complex caseload.

> We are getting busier and busier with lots of complex patients and increasing patient expectations. Patients have multiple illnesses, that is comorbidities. Despite this heavy workload, we have had virtually no enhancements. We have heard about Campbelltown Hospital having a $600 million enhancement, Liverpool Hospital having a $700 million enhancement and Bankstown Hospital being rebuilt. Even Bowral, which only has 13,000 people, has had a $50 million upgrade, but we have had virtually nothing—only $7 million for the emergency department. We have only had 1 per cent of what these other hospitals have had despite being extremely busy. We feel that we are very much left behind. We have no MRI. We have no functioning outpatient clinics. We need separate intensive care and coronary care facilities. We need conference and educational facilities. We need more medical staff, such as registrars, in training programs. We need extra operating theatres—we need a whole new building.[96]

3.32 This view was shared by Dr Neil Shaba, a practitioner who joined Fairfield Hospital in 2006: 'According to the South western Sydney local health district strategic plan Fairfield hospital falls into the highest population density in the area, but it's the oldest, least equipped and least funded'.[97]

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93 Submission 39, pp 4- 5.

94 Submission 25, p 8.

95 Evidence, Associate Professor Cracknell, 14 July 2020, p 7.

96 Evidence, Dr Garry Helprin, Head of Department of Medicine, Fairfield Hospital, 14 July 2020, p 13.

97 Submission 9, Dr Neil Shaba, p 1.

3.33 The committee heard that the local community shared the concerns of medical professionals regarding inadequate facilities at Fairfield Hospital. In her evidence to the committee, Ms Susan Gibbeson, Manager of Social Planning and Community Development, City and Community Services Group at Fairfield City Council, referred to local community feedback regarding loss of confidence in Fairfield Hospital '…because our hospital is 32 years old; it has not kept up. So there has been a loss of confidence and so some people do not go to hospital. They avoid it.' When asked to expand on this point, Ms Gibbeson stated: '…I suppose, anecdotally, we hear it all the time. They avoid Fairfield Hospital a little bit because there is a loss of confidence.'[98]

3.34 In addition to existing facilities not planned for upgrades, the committee heard calls for new hospital facilities to be built in new growth areas, such as the Wilton Growth Area. Wollondilly Shire Council noted that it is the only local government area in the SWSLHD without a public hospital, but that its population is expected to triple by 2036, including growing by 45,000 residents in the new Wilton Growth Area.[99]

3.35 Another set of concerns raised about the hospital upgrades was whether the investments for the future were getting in the way of dealing with current issues. Commenting on the New South Wales Government's investments in hospital redevelopments, Associate Professor Miriam Levy, Chair of the Liverpool Hospital Medical Staff Council, called for pressing current health needs not to be forgotten in the midst of future funding promises: 'The redevelopment is obviously important for the future but it is a very separate question and should not be a smoke-and-mirror disguise for the problems that we have. It is way too far away.'[100]

Capital works alone are not the answer: staffing and operational costs

3.36 The committee also heard that, while medical professionals welcomed the much-needed investment in 'bricks and mortar' through the upgrades of hospital infrastructure, it was not enough if it was not complemented by skilled, stable staffing. Dr Keith McDonald, CEO, South Western Sydney Primary Health Network, stated:

> You do need the bricks and mortar but you need recurrent skilled staffing and resources to maintain that. Our position is to look beyond the walls of the hospital. Look at the medical neighbourhoods, the networks of clinicians that are there and also have demands, and could have a strong and positive impact on the demand on the hospital.[101]

3.37 Bankstown Lidcombe Hospital Medical Staff Council also underscored the need for infrastructure investment to be introduced in tandem with staffing improvements, noting that 'the hospital would benefit from further investment in staffing enhancements to bring the facility in line with peer metropolitan hospitals'.[102]

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98 Evidence, Ms Susan Gibbeson, Manager, Social Planning and Community Development, City and Community Services Group, Fairfield City Council, Evidence, 15 July 2020, p 14.

99 Evidence, Mrs Ally Dench, Executive Director Community and Corporate, Wollondilly Shire Council, 15 July 2020, p 11.

100 Evidence, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council, 14 July 2020, p 21.

101 Evidence, Dr Keith McDonald, CEO, South Western Sydney Primary Health Network, 14 July 2020, p 31.

102 Submission 38, Bankstown Lidcombe Hospital Medical Staff Council, p 9.

3.38 Associate Professor Levy argued that the New South Wales Government's recent infrastructure investment was not enough as it had not been matched by an increase in ongoing operational budgets to cover costs such as staff salaries:

> Bricks and mortar will not solve the problem. A new aerotropolis hospital in the future will not fix this problem. We need increases in our operating budget. We need bums on seats, we need hands on deck; in other words, we need money for FTEs—doctors, nurses, allied health staff in admin, finance, pharmacists, radiographers and interpreters—people who can actually do the work…[103]

3.39 Macarthur Cancer Therapy Centre (MCTC), based at Campbelltown Hospital, acknowledged the New South Wales Government's additional $632 million for Campbelltown Hospital,[104] but was dismayed by the lack of funding to extend operating hours for chemotherapy treatment and to secure ongoing staff funding. The Centre's submission stated:

> Requests for additional funding for extended operating hours to increase chemotherapy treatment capacity have been prioritised by the Campbelltown Clinical Council but the Chief Executive has stated that there is no additional funding. The lack of private oncology services in the Campbelltown region places added pressure on MCTC with waiting lists being inevitable or patients choosing to travel elsewhere in Sydney with additional costs to them. Liverpool has 6 linear accelerators and 25 chemotherapy chairs. We have written our Model of Care which reflects best practice but we have been given no guarantee that recurrent funding for staff will be provided.[105]

3.40 Another concern was that while there may be capital investment in expanding wards, upgrades to the emergency departments came second, whereas patients cannot make their way onto the wards unless the emergency departments have sufficient capacity to process them. Mr Leslie Gibbs, WHS Professional Officer, NSW Nurses and Midwives' Association, gave evidence that:

> One of the things I have seen is the hospitals get the wards upgraded; the emergency departments [EDs] are left behind. Liverpool is a good example. It had a massive expansion. …It was a fantastic project and we had some great people there but the ED did not get extended yet it is the biggest trauma. It got an extra helipad so there is two helipads now servicing it. The same thing has happened with Campbelltown. Its first growth was actually to get the wards, and the ED is the next stage. The EDs are integral.[106]

Recurrent funding

Funding hospitals' operational costs: is there equity across Sydney?

3.41 As noted above, while capital spending on public hospitals is an important and welcome development in South-West Sydney, the crucial issue for many service providers is whether their operating budgets are sufficient to provide quality care to existing residents, while continuing to

103 Evidence, Associate Professor Levy, p 14.

104 Submission 18, p 3.

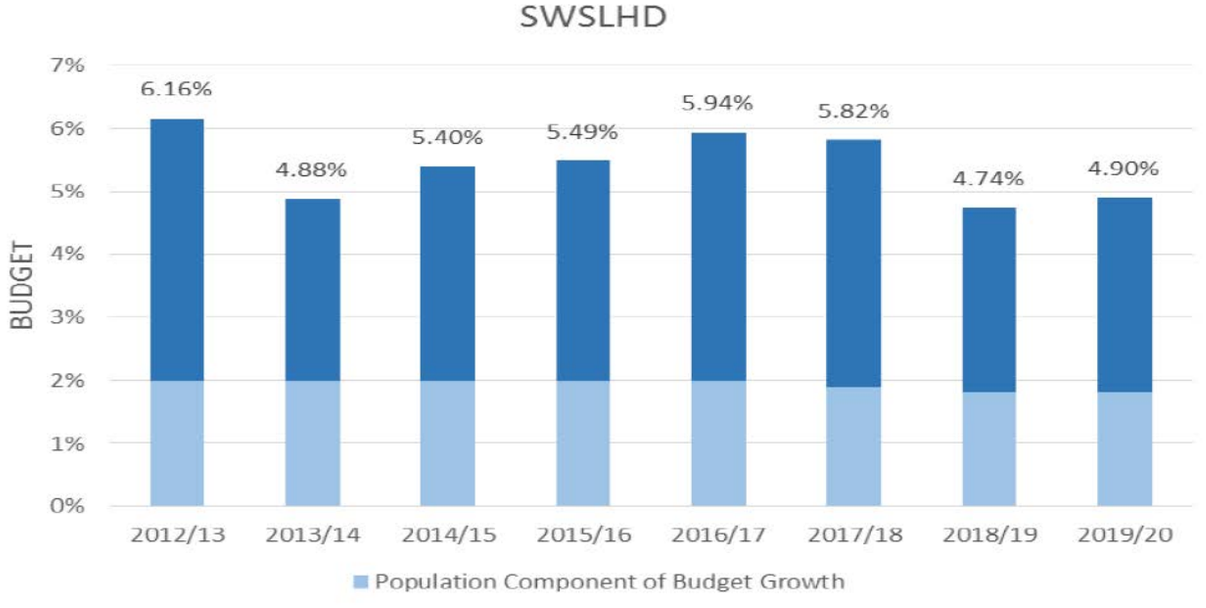
105 Submission 18, p 3.

106 Evidence, Mr Leslie Gibbs, WHS Professional Officer, NSW Nurses and Midwives' Association, 14 July 2020, p 53.

expand services to meet the needs of a diverse and growing population. There has long been a feeling among medical practitioners that South-West Sydney is short-changed compared to northern and eastern suburbs when it comes to operational funding for health services. This section sets out the evidence the committee received about how operational funding for health services is allocated across Local Health Districts, and what it heard from stakeholders about why this formula is not seen to be fair to South-West Sydney.

3.42 Ongoing operating costs of public hospitals and health services are met from the recurrent health budget. These services are funded using a mixture of Activity Based Funding (ABF, discussed below), and block funding, where ABF is not appropriate.[107] According to NSW Health, the recurrent budget for the SWSLHD was almost two billion dollars in 2019-20, an increase of 4.9 per cent from the previous year. NSW Health provided figures showing that the SWSLHD's annual recurrent budget had grown on average around 5.4 per cent each year from 2012-13 to 2019-20, while the population grew at around two per cent per year.[108] (See figure below). The committee did not receive similar information for other Local Health Districts, so cannot comment on whether South-West Sydney's budget growth was higher than average.

Figure 4 Recurrent budget growth for SWSLHD 2012-3 to 2019-20



Source: Submission 33, NSW Health, p.8

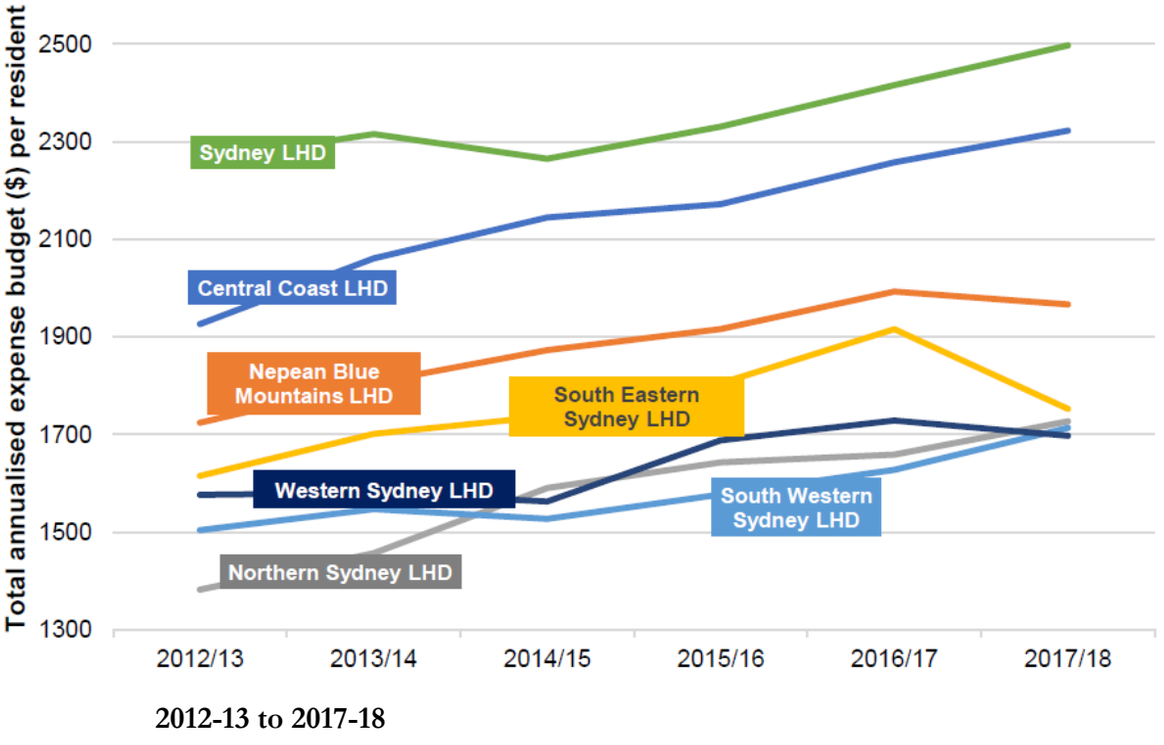
3.43 Using figures published by NSW Health, the *Condition Critical* report, commissioned by Liverpool Hospital Medical Staff Council, noted that the total annualised expense budget per resident for South-West Sydney has been one of the lowest in Sydney over the period 2012-2018, as shown in Figure 5. The report noted:

107 Answer to Question on Notice, NSW Health, received 20 August 2020, p 3.

108 Submission 33, p 8.

The total annualised expense budget per resident for South Western Sydney LHD ($1,714), in 2017-18 was markedly lower than other LHDs such as Nepean Blue Mountains ($1,967), Central Coast ($2,323) and Sydney ($2,497).[109]

Figure 5 Total annualised expense budget ($) per resident by Local Health District

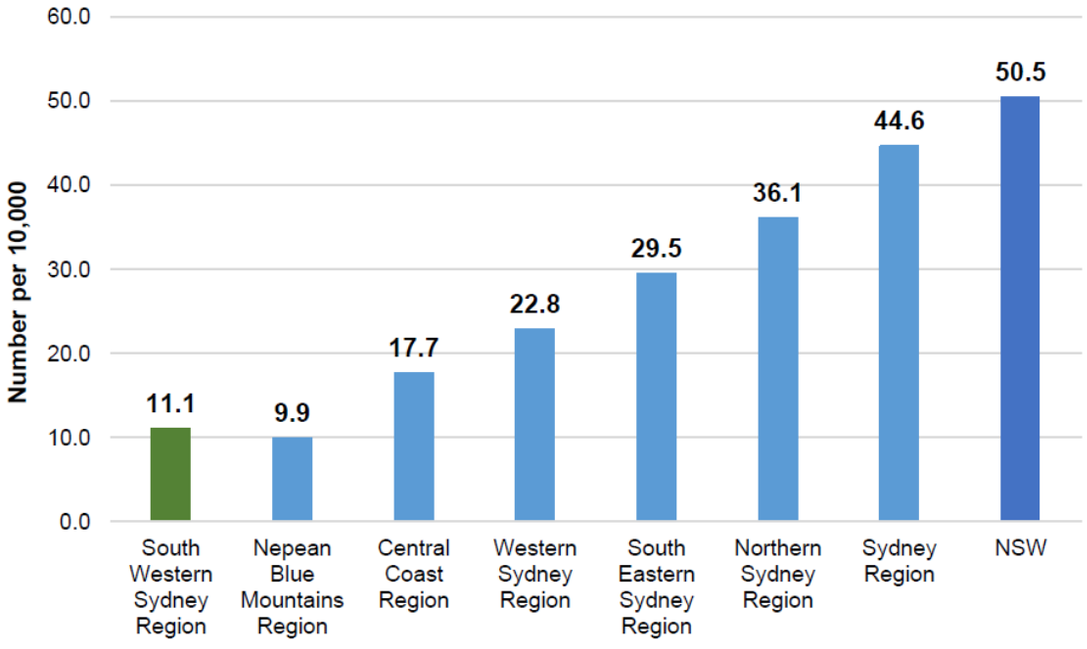


Source: Submission 25 Attachment 1, Condition Critical report, p 23.

3.44 The *Condition Critical* report further noted that the number of medical practitioners per head of population was significantly lower in South-West Sydney than most other parts of Sydney, and indeed the state average. This can be seen in Figures 6 and 7, which include the number of medical practitioners working in both public and private sectors.

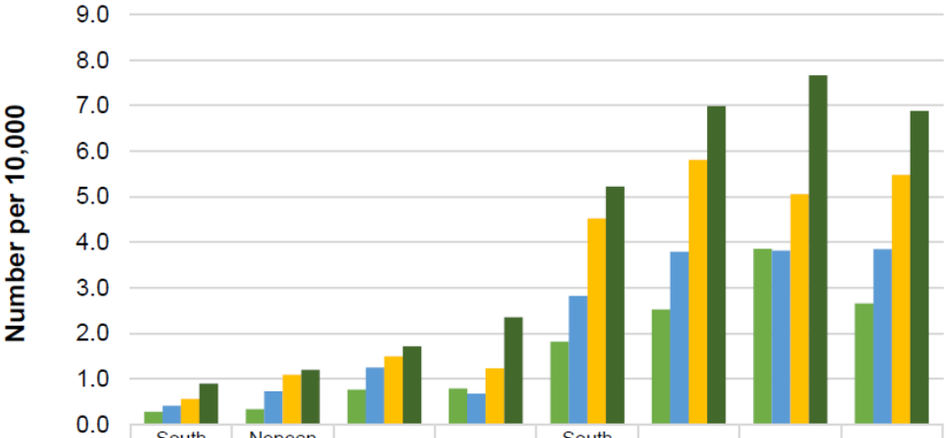
109 Submission 25 Attachment 1, *Condition Critical Report*, p 23.

Figure 6 Number of General Practitioners and Resident Medical Officers per 10,000 residents, 2016



Source: Submission 25 Attachment 1, Condition Critical report, p 31.

Figure 7 Number of Specialists per 10,000 residents, 2016



	South Western Sydney Region	Nepean Blue Mountains Region	Central Coast Region	Western Sydney Region	South Eastern Sydney Region	Northern Sydney Region	Sydney Region	NSW
Psychiatrists	0.3	0.3	0.8	0.8	1.8	2.5	3.9	2.7
Anaesthetists	0.4	0.7	1.3	0.7	2.8	3.8	3.8	3.8
Surgeons	0.6	1.1	1.5	1.2	4.5	5.8	5.1	5.5
Specialist Physicians	0.9	1.2	1.7	2.3	5.2	7.0	7.7	6.9

Source: Submission 25 Attachment 1, Condition Critical report, p 31.

3.45 Many submissions to this inquiry quoted the lower per capita spending and staffing levels in South-West Sydney compared to other regions, and noted the implications for the availability of services in the district, and on patients. The view regarding inequity when compared with other areas of Sydney was strong, as exemplified in the submission from the Campbelltown Camden Emergency Departments Executive:

> We struggle, as senior health professionals working in South-West Sydney, to remember that it is the same government that funds hospitals like Royal North Shore as Campbelltown. The differential funding cannot be explained through greater need occurring in North Sydney, it can only be understood through the lens of bias and of the social and political influence that can be exerted by suburbs with high socioeconomic status.[110]

3.46 The Macarthur Cancer Therapy Centre in their submission spoke about the imbalances observed in the number of staff available for patients in the Macarthur region compared to other health districts:

> Many of our staff have worked and currently work in other LHDs and there are clear imbalances in the number of medical, nursing, pharmacy, allied health and administration staff and the availability of adequate chemotherapy chairs and palliative care beds for our population.[111]

3.47 NSW Health told the committee that the health budget is determined on the basis of where services are provided, rather than per capita, and hospitals receive funding on the basis of the services they provide, irrespective of where the patient resides.[112] Witnesses from NSW Health told the committee that NSW Health allocates funds to all districts using the same model, which includes an equity adjuster that is transparent.

> …all of our local health districts are funded using the same funding formula, so there is no different treatment of local health districts across New South Wales at all. What I can say, for example, about South Western Sydney it is within our funding model we include what is called an equity adjuster and that equity adjuster—we have a very transparent funding model… there is nothing to hide in terms of how our funding is allocated to districts. [113]

3.48 When asked about stakeholders' perception that the SWSLHD is historically underfunded in comparison with other Local Health Districts in the Sydney region, Ms Pearce, Deputy Secretary of NSW Health, said:

> The equity adjuster for South Western Sydney takes into account its population, the nature of that population in terms of its overall health, the fact that there are less private hospitals in the south-west than in other parts of the State. For example, in South Western Sydney's budget, they have 20 times the amount of that equity adjuster than a district like, say, the Sydney Local Health District. They have a very significant adjustment due to the nature of their population. …health budgets and the funding

110 Submission 25, p 8.

111 Submission 18, p 2.

112 Answer to Question on Notice, NSW Health, received 20 August 2020, p 4.

113 Evidence, Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance, 15 July 2020, p 37.

> formula attached to them obviously do have some complexity around them but there is an equitable distribution across the State based on those formulas.[114]

3.49 Further complexity is added by noting that a proportion of operational costs for hospitals is funded by the Australian Government, through agreements with the States. The committee did not receive any evidence directly about the allocation of Australian Government funds to particular Local Health Districts in New South Wales, and whether this is adjusted between districts to account for equity issues. Stakeholders presenting evidence to this inquiry did refer to the Activity Based Funding model that was introduced as part of a national health reform agreed to through the Council of Australian Governments, and this is considered in the next section.

3.50 From March 2011 to June 2019, the NSW Health workforce has increased:

- nursing workforce increased by 8,700 (22%)
- medical workforce increased by 3,500 (40%)
- intern positions increased by 257 (33%)
- paramedics increased by 709 (22%)

Over the next four years (2019-23), a total of 8,300 more frontline health staff will be recruited, including 5,000 nurses and midwives, 1,060 doctors and 880 allied health staff. The table below shows the significant increase in staff in SWSLHD compared to other LHD. From June 2015 to June 2019 SWSLHD had a 16 per cent increase in staff.[115]

Table 1 Increase in staff in SWSLHD compared to other LHD between 2015 and 2019

LHD Group	LHD	June 2015	June 2016	June 2017	June 2018	June 2019
Metropolitan	SYDLHD	8,931	9,057	9,407	9,529	9,833
	SWSLHD	9,412	9,642	10,066	10,593	10,917
	SESLHD	9,464	9,549	9,762	10,095	10,256
	WSLHD	9,543	9,963	10,372	10,155	10,546
	NSLHD*	8,544	9,049	8,947	8,718	7,931
	SCHN	4,197	4,231	4,380	4,516	4,708
Metropolitan Total		**50,091**	**51,490**	**52,935**	**53,605**	**54,191**

Source: Submission 33, NSW Health, p 18.

114 Evidence, Ms Pearce, 15 July 2020, p 37.

115 Submission 33, p 18.

Activity Based Funding

3.51 In 2012, NSW Health changed to a new funding model for Local Health Districts, which provides a mixture of block grants and Activity Based Funding (ABF). ABF was part of the National Health Reform Agreement passed by the Council of Australian Governments in 2011, and has been central to how the Australian Government funds state-managed hospital services since 2012.

3.52 ABF is a way of funding hospitals based on the number and mix of patients treated, rather than, for example, funding them based on the population of a catchment area.[116] The National Health Funding Body, responsible for administering the Australian Government's National Health Funding Pool describes the national ABF model as follows:

> Activity Based Funding (ABF) is a funding method for public hospital services based on the number of weighted services provided to patients, and the price to be paid for delivering those services.
>
> The method uses national classifications for service types, price weights, the National Efficient Price (NEP) that is independently determined by the Independent Hospital Pricing Authority (IHPA), and the level of activity as represented by the National Weighted Activity Unit (NWAU).
>
> An NWAU represents a measure of health service activity expressed as a common unit of resources. This provides a way of comparing and valuing each public hospital service (whether it is an emergency department presentation, admission or outpatient episode), by weighting it for clinical complexity.[117]

3.53 In New South Wales, funding to Local Health Districts is based on agreed activity targets and a state price, adjusted for revenue received from other sources, such as private health insurance funds. Where patients are treated outside their local area, the funding would go to the Local Health District where they are treated.[118] According to NSW Health, ABF now makes up around 82-85 per cent of SWSLHD's annual recurrent budget.[119]

3.54 NSW Health explained that the Purchasing Framework incorporates an 'adjusted relative utilisation', or 'equity' component to account for demographic differences between populations, and the existing service capacity provided to a population, taking into account availability of private hospital providers.[120] This means that Local Health Districts where there is a greater use of private hospitals will receive less NSW Health funding per capita.

3.55 According to NSW Health's website, the ABF funding model is designed to support transparency and performance in the health system. The aim is to make public health funding more effective because health service management can allocate their share of funding based on

116 Submission 33, p 17.

117 National Health Funding Body website, https://www.publichospitalfunding.gov.au/public-hospital-funding/funding-types, accessed 19 October 2020

118 Submission 33, p 17.

119 Submission 33, p 17 (says 85%), Answer to Question on Notice, NSW Health, 20 August 2020, p 3 (says 82%).

120 Submission 33, p 17.

real levels of patient care.[121] Local Health Districts have full autonomy in how they distribute the budget within their district, but are encouraged to apply ABF principles and guidelines.[122]

Historical inequity – outer metropolitan areas not funded to 'catch up'

3.56 The committee heard a range of stakeholders express concerns about the effect of the switch to the ABF model in South-West Sydney. First was the perception that the funding model disadvantages Local Health Districts with less established health services in favour of historically more established services in north and eastern Sydney. Medical professionals in South-West Sydney told the committee that, at its inception, the ABF model disadvantaged South-West Sydney. Witnesses from Campbelltown-Camden Hospital suggested that the ABF model invests in already developed services at the expense of developing services where they are needed.

> It is our position that the current funding model that focuses on the provider and as such is the application of the activity based funding [ABF] reinforces and propagates the imbalance that was found in the historical block funding model. We are investing in developed services at the expense of growth and need for the developing services.[123]

3.57 Witnesses from Liverpool Hospital Medical Staff Council told the committee that, when ABF was introduced, their base funding was accepted as 'sufficient', when the level of service provision then was not to a standard required for a specialist hospital. Subsequent budget increases (based upon services actually provided) have not been enough to establish services that were not available at the time the funding model was introduced, while also providing established services to a growing population.

> …when the Activity Based Funding model was initiated, our base funding was accepted as 'sufficient'. This error has never been corrected and all subsequent enhancements are mathematically calculated to allocate budget increases based only on growth. It appears that there never was an intention or capacity to rectify deficiencies in our base funding.[124]

3.58 In evidence to the committee, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council expressed frustration with an 'unjust' funding deficit which causes ongoing inequity. She said:

> It [the inequity] stems from a flawed original assumption in the activity based funding [ABF] model that essentially has us screwed. At the beginning of ABF, all local health districts [LHDs] had to agree that their base funding was sufficient and thereafter further money would come according to growth. But our base funding was not sufficient. We were a district hospital. That meant that to become the tertiary hospital that we are today, all funding increases that should have for our growth we had to dedicate to actually build elements of a tertiary hospital...[125]

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121 NSW Health website, https://www.health.nsw.gov.au/healthreform/2012/Pages/default.aspx, accessed 19 October 2020.

122 NSW Health, *NSW Activity Based Funding Overview 2013/14* (factsheet), https://www.health.nsw.gov.au/healthreform/2012/Documents/tech-overview-2013-14.pdf

123 Evidence, Associate Professor Cracknell, 14 July 2020, p 2.

124 Submission 10, p 2.

125 Evidence, Associate Professor Levy, p 14.

3.59 Liverpool Hospital Medical Staff Council's submission also made the point that operating budget increases in South-West Sydney have had to be used to establish new services that did not exist when the ABF approach was introduced, but were necessary to become a specialist hospital.

> Because our base funding was not sufficient, our 'growth' money has necessarily been used to develop services that should have been within our base services but were not, as described, we were only developing into a complete specialist hospital. For example a unit that did not exist in the Southwest Sydney Local Health District before (although existed in every single other Local Health District) such as non-invasive ventilation, had to be funded using our 'growth' money. Consequently, there are no remaining funds to manage actual growth.[126]

Funding the provider, not the area – disadvantages newer parts of Sydney?

3.60 Witnesses also suggested that funding on a provider, rather than on a per capita basis, reinforces this historical inequity because the most established services are in the older parts of Sydney, which are more likely to attract patients from out of area, and hence receive the funding for them. Associate Professor Cracknell told the committee:

> We challenge the notion that we should continue to fund based on a provider basis, which is essentially the way we apply the activity based funding. It funds the people who are providing the service, not the area where the patient is, so it continues to build on the existing services which are based back in historical Sydney that was clustered around the cove, where everything was centralised.[127]

3.61 Professor Cracknell further suggested that the activity based funding model leads to inequity of resources provided to different health services across the greater Sydney metropolitan area, leaving the second most populous LHD with the lowest annualised budget. He explained:

> What we do not understand is the apparent inequity of resources that appear to be provided to different health services across the greater Sydney region. We are faced with the juxtapositions that are spelt out in many of the submissions that are before the inquiry. We have the highest ED presentations of any local health district [LHD], as mentioned in the Australasian College for Emergency Medicine [ACEM] submission, yet we have the lowest number of specialists. We are the second most populous LHD yet we have the lowest annualised budget. We have the highest growth rate and the highest birth rate but the lowest number of GPs per population.[128]

3.62 Associate Professor Cracknell suggested that focusing funding where the patient is, rather than on the service provider, would help even out some of the historical inequities, but that the ABF model does not do this:

> …we are not actually focusing the funding where the patient is. I think that is a historical flaw and we have not yet broken that mould. Activity-based funding was supposed to be the great leveller, but it ended up being treated with so many caveats and complexity

126 Submission 10, p 2.

127 Evidence, Associate Professor Cracknell, 14 July 2020, p 10.

128 Evidence, Associate Professor Cracknell, 14 July 2020, p 2.

> factors and other loadings that in the end it resembles what it replaced, which was the historical block funding.[129]

3.63 NSW Health suggested that the current funding arrangements support patients' choice about where they are treated, and noted it is not uncommon for patients to seek treatment outside their Local Health District.[130]

> There is a range of people who choose to undertake care in other hospitals around the State and that is the choice that people have. It may be in private hospitals. It may be in other public service and in other public hospitals in other districts. People live on the fringe. For example, people on the fringe of Western and Nepean may access Nepean Hospital, so there are lots of reasons why people access services outside of the district. There may be some services also that are not provided within South Western that may be required outside.[131]

3.64 Associate Professor Levy dismissed the argument that funding the provider for patients seen, regardless of where they are from, allows greater choice for patients, who can 'vote with their feet' and access the services they choose. She advised the committee that there is no evidence that sick people from South-West Sydney would choose to travel long distances for medical treatment, if quality services are available closer to home:

> The funding inequity was recently defended by a statement that money does not come to South Western Sydney as it flows to the patients and they vote with their feet and want to go to where experts are in town. Would sick people really want to travel 40 kilometres away from home, family, friends and work to have chemotherapy, major surgery or to consult about a serious medical problem? It is just not true. We have expertise to treat them and I do not think there is any evidence that they do not want to be treated locally.[132]

Does the Activity Based Funding model take account of complex needs?

3.65 The inquiry heard several stakeholders suggest that the ABF model does not adequately account for the complexities of caring for patients, given South-West Sydney's diverse demographics and complex health needs. While, as noted above, NSW Health informed the committee that there is an 'equity adjustment' applied to funding, several service providers did not agree that the funding formula adequately accounts for the complexity of their work. Professor Levy from Liverpool Hospital told the committee:

> One example is that we get a much lower price per national weighted activity unit [NWAU], meaning for the same work we get less money. There are many reasons why we should get more money per NWAU to adjust for complexities in caring for patients. Because of this less funding, we actually all have to work beyond our capacity.[133]

3.66 The *Condition Critical* report commissioned by Liverpool Hospital found that, despite the area's demographic complexity and socioeconomic challenges, the SWSLHD had one of the lowest

129 Evidence, Associate Professor Cracknell, 14 July 2020, p 12.

130 Evidence, Ms Larkin, 15 July 2020, p 35.

131 Evidence, Ms Larkin, 15 July 2020, p 35.

132 Evidence, Associate Professor Levy, 14 July 2020, p 14.

133 Evidence, Associate Professor Levy, 14 July 2020, p 13.

total annualised expense budgets per resident, below average costs per National Weighted Activity Unit, and the lowest average cost per acute encounter outside the NWAU System.[134] The report suggested that relative underfunding in the region has had an impact on hospital staff and patients, notably in terms of patient loads and delivering timely and effective care.[135] The report's author, Ms Lawton, told the committee that high rates of humanitarian settlement, disability and the need for assistance, among other things, make it more difficult and costly for the health system to meet ongoing community need. Ms Lawton suggested the hospital is being underfunded relative to the complexity it is dealing with, which is not accounted for in the funding model:

> …it is almost like the funding models at the moment do not take into account those other complexities demographically, whether it be cultural. …—I did see some of the funding models do look at socio-economic but there is a much bigger story beyond just those indicators. I think the funding that is allocated needs to take into consideration the whole story and it does not always do that. Cultural indicators, for example, are just one example. There are many others that we could talk about.[136]

3.67 Asked about whether the funding formula adequately accounts for the complexity of treating people from diverse backgrounds, Dr Helprin from Fairfield Hospital acknowledged the range of additional costs that could be incurred, including costs and delays associated with using interpreters, adapting care to be more culturally and religiously sensitive, and seeing patients with more advanced morbidity:

> … you will need interpreters for people from diverse backgrounds. These people, you know, have come in with more advanced morbidity, worse illness, and they are going to have dates presentations. … care has to be delivered in a culturally sensitive way. There are certain religious requirements of people. Even areas for grieving, you have to be culturally sensitive for all that sort of thing…[137]

3.68 In response to these and other concerns, NSW Health stated that: 'ABF takes into account that some patients are more complex and resource intensive to treat than others.'[138] It also mentioned the 'adjusted relative utilisation' component of the NSW Health Purchasing Framework as accounting for the demographic difference between populations.[139]

Transparency of the model?

3.69 The Activity Based Funding model is intended to provide greater transparency around funding to health services. NSW Health says it has established an 'activity based management portal', available online to staff in the New South Wales health system, which provides some detail on

134 Submission 25 Attachment 1, *Condition Critical Report*, p 5.

135 Submission 25 Attachment 1, *Condition Critical Report*, p 27.

136 Evidence, Ms Amy Lawton, Author, *Condition Critical*, Western Sydney Regional Information and Research Service, 14 July 2020, p 19.

137 Evidence, Dr Helprin, 14 July 2020, p 19.

138 Answers to Questions on Notice, NSW Health, received 20 August 2020.

139 Submission 33, p 17.

respective activity, costs and performance of hospitals in the state.[140] Nevertheless, evidence to this inquiry suggests that not all stakeholders find the model transparent. The Camden and Campbelltown Emergency Department Executive expressed concern at the lack of transparency of how hospitals across different districts are funded:

> The lack of funding transparency makes it impossible to appraise the level at which a hospital should, or could, be functioning. There is no way for services across different hospitals and across different LHD's can be compared with respect to their resourcing. That information is not made available. … Hospitals are regularly compared in terms of performance without any reference to their respective levels of funding. [141]

3.70 The Campbelltown and Camden Emergency Department Executive concluded that the lack of transparency and the unbalanced reporting of performance, without reference to capacity, allows the unequal distribution of resources to remain invisible and unquestioned.[142]

3.71 Witnesses from the non-government sector also expressed concern about the lack of transparency of their funding. For instance, Ms O'Loughlin from Karitane said her organisation was not aware of clear processes for allocating growth funding according to need:

> I suppose there is not a mechanism currently that we are aware of where health organisations are made aware of growth funding or extra buckets of funding. When we look at how tenders or submissions are called for, that has not been an experience that I have had at Karitane. There is a lot of I would say unsolicited submissions and negotiations that happen and funding sort of appears. It is seeking that dialogue about when funding is becoming available, what the commissioning process is for services, what tendering services might be and procurement.[143]

3.72 In response to the equity and transparency concerns raised by South-West Sydney medical professionals, New South Wales Government witnesses reiterated that the funding model in the state was in line with the national health funding model[144] and all districts were funded under the same funding scheme. As noted above, Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance, assured the committee:

> … all of our local health districts are funded using the same funding formula, so there is no different treatment of local health districts across New South Wales at all. What I can say, for example, about South Western Sydney it is within our funding model we include what is called an equity adjuster and that equity adjuster—we have a very transparent funding model. We do not have any—you know, there is nothing to hide in terms of how our funding is allocated to districts.[145]

140 Evidence, Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, NSW Health, 15 July 2020, p 38.

141 Submission 25, p 1.

142 Submission 25, p 4.

143 Evidence, Ms Grainne O'Loughlin, CEO, Karitane, 14 July 2020, p 45.

144 Answers to Questions on Notice, NSW Health, 20 August 2020, p 4.

145 Evidence, Ms Pearce, 15 July 2020, p 37.

Activity Based Funding not incentivising improved models of care

3.73 Another issue raised about the ABF funding approach was that, by funding existing providers (hospitals) for the services they deliver, it does not necessarily create incentives for improved models of care in the community, coordination between primary and secondary providers and preventive health. This point was made by the South Western Sydney Primary Health Network, who submitted that:

> On one hand, Activity-Based Funding (ABF) aims for technical efficiency within hospitals but does not address allocative efficiency across the broader health system. It does not necessarily incentivise the SWSLHD for example, to search, resource and coordinate models of care that reduce inpatient activity, such as primary care and preventive health initiatives.[146]

3.74 The issue of incentives for coordination across levels of the health system is considered further in Chapter 4.

Alternatives to hospitals: Integrated Health Hubs

3.75 While investment in public hospitals is clearly an important contribution to the provision of health services in South-West Sydney, the SWSLHD also provided information about new strategies for the health and wellness of citizens, in the form of Integrated Health Networks.[147] The Integrated Health Network approach aims to shift from models of care centred on hospital inpatient services to more community based primary care and non-hospital services. This approach should reduce reliance on hospitals as the major providers of health care by decreasing admission rates and length of stay for some groups of patients. [148]

3.76 The South Western Sydney Primary Health Network (SWSPHN) also expressed the view that investment in preventing unnecessary hospitalisation through active care coordination, cooperation, and alignment of incentives between different levels of service providers will deliver greater benefit than investment in more hospitals.

> Active care coordination to reduce potentially preventable hospitalisations has to involve more than the current business-as-usual patient flows between acute and primary care providers, which currently rely on point-in-time transactions such as referral letters and discharge summaries. True integrated care requires ongoing cooperation throughout a care pathway and alignment of incentives between the providers involved.[149]

3.77 The SWSPHN said it is working together with the SWSLHD to develop a 'medical neighbourhood' model of care, designed to address potentially preventable hospitalisation. According to the SWSPHN:

> A '*medical neighbourhood'* represents a collective approach to the well-documented *'patient-centred medical home'* (PCMH) model of care involving active coordination of care between

146 Submission 36, South Western Sydney Primary Health Network, p 5.

147 Submission 33, p 9.

148 Submission 33, p 9.

149 Submission 36, p 5.

> the patient's nominated general practice, primary and community health services, plus hospital care. It encompasses a GP-led multidisciplinary care plan built on risk stratification, patient tracking, integrated information and communication technology (ICT) and systematic approaches to continuous quality improvement plus patient self-management strategies.[150]

3.78 According to NSW Health, the Health Network concept will be manifested in South-West Sydney through 'Integrated Health Hubs' (IHHub) that deliver a comprehensive range of services including primary care, and, where possible, outreach models of care for clinical services traditionally delivered from hospitals, close to homes and transport links.[151] The Integrated Health Hub model aims to provide opportunities for collaboration and skill development of primary care providers, supported by seven day per week services for patients requiring frequent care. [152] In reference to a proposed Integrated Health Hub within the Aerotropolis area, NSW Health gave the following description:

> [An] IHHub could offer a mix of complex care services able to be delivered safely and effectively in a community environment. The services provided would be dependent on the needs and size of the local population but may include community health services, renal dialysis, chemotherapy chairs and cancer services, oral health, drug health, mental health and specialist clinic outreach. A further feature of the Aerotropolis Core IHH would be linked digital health systems which will enable integration across hospital and non-hospital locations.[153]

3.79 SWSLHD's Strategic Plan 2018-2021 lists the following as locations for major community health centres or Integrated Health Hubs in South-West Sydney: Bankstown, Bowral, Cabramatta, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Narellan, Oran Park, Prairiewood, Rosemeadow, Tahmoor.[154] The NSW Health submission to the inquiry stated:

> A number of potential locations are proposed for IHHubs, one of which is located within the Aerotropolis Core… It is noted that based on current populations projections, it is likely that the Aerotropolis Core IHHub will not be required until after 2030. Other proposed SWSLHD IHHubs will be required earlier, such as the proposed IHHub at Glenfield.[155]

3.80 As an example of the Integrated Health Hub model, the committee heard of the establishment of an integrated health hub in the new development at Oran Park, in the Camden LGA. The developer of Oran Park told the committee that, in planning for the South West Growth Centre, relevant agencies decided that the health system in the area would have two (existing) hospitals – Liverpool and Campbelltown - but would in addition be served by three integrated health hubs at Leppington, Oran Park and North Bringelly. [156]

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150 Submission 36, p 6.

151 Submission 33, p 9.

152 Submission 33, p 9.

153 Submission 33, p 10.

154 South Western Sydney Local Health District, *Strategic Plan 2018-2021, 2020 Mid-point Review,* https://www.swslhd.health.nsw.gov.au/pdfs/2018-StratPlan.pdf, accessed 21 October 2020

155 Submission 33, NSW Health, p 10.

156 Evidence, Mr Mark Perich, Director, Greenfields Development Company No. 2 Pty Ltd, 15 July 2020, p 19.

Stakeholder views on Integrated Health Hubs

3.81 Some local council representatives appearing before the committee expressed the view that the Integrated Health Hub concept is a welcome development, which will support the role of hospitals and form part of a health network. For example, Ms Kate Stares, Partnerships Manager for Campbelltown City Council said:

> This high-level [hospital] infrastructure may then be supported by integrated health hubs at strategic centres within the south-west Sydney area that are well served by transport connectivity—for example, Glenfield, in the northern side of our local government area, which is only 20 minutes from the planned aerotropolis and co-located with other services to provide that proactive healthcare support in an innovative way to support the hospital service that is offered.[157]

3.82 From the service provider and patient perspective, Integrated Health Hubs seem to offer some advantages, by streamlining access to health care. Reflecting on the Oran Park Integrated Health Hub, Karitane CEO Ms O'Loughlin highlighted the convenience to patients of having services co-located. This can also lead to lower treatment costs, and avoidance of the need for hospitalisation:

> An example of that in south-west Sydney is the Oran Park care hub, where you have a multidisciplinary group of health professionals. It becomes sort of a one-stop shop: families come in and see their GP; they are quickly referred to child and family health nurses and multiple allied health staff. Karitane has co-located in that space. It is in a shopping centre, so it is where people frequent, there is parking, it is accessible, it is visible and you have got very rapid response teams, if you like, that are all co-located and can communicate. We also see that as a way where we can catch people early and prevent them progressing into a more tertiary level of requirement needs.
>
> In terms of resource intensity, for example, it would cost Karitane about $4½ thousand for an admission for a residential bed, but if we can see a client and a family in an integrated care hub it might cost us $72. We have done some return on investment studies that show it is cheaper to see people with a lower level of need in the community than have people refer these families into intensively resourced beds.[158]

3.83 Not all stakeholders accepted that Integrated Health Hubs are the best model for health care. For instance, in reference to the Oran Park housing estate, the Hon Mark Latham MLC expressed the view that the way health service provision through the integrated health hub model had proceeded there suggested the SWSLHD had 'vacated the field as a planner and service provider in Oran Park', and was emblematic of '[t]he Government's failure to fulfil its planning responsibilities in the new Oran Park housing estate'.[159]

Taking the burden off hospitals?

3.84 While NSW Health has put forward Integrated Health Hubs as its preferred way forward for better aligning primary and tertiary care, and potentially taking some of the strain off hospitals, some submissions noted current pressures on emergency departments that have been

157 Evidence, Ms Kate Stares, Partnerships Manager for Campbelltown City Council, 15 July 2020, p 10.

158 Evidence, Ms O'Loughlin, 14 July 2020, p 45.

159 Submission 6, The Hon Mark Latham MLC, p 1.

exacerbated by changing approaches. Federal Member for Macarthur, Dr Mike Freelander, MP, suggested that a decision to close an after-hours GP clinic at Campbelltown Hospital, coupled with changing Medicare rebates reducing access to private general practitioners, has put further pressure on the emergency department. Dr Freelander also raised concern that public hospitals are losing capacity to deliver outpatient services:

> I am also concerned that we are witnessing a complete collapse in outpatient services provided through the public health system. [160]

3.85 The 24 Hour GP clinic located at Campbelltown Hospital was administered by South Western Sydney Primary Health Network (SWSPHN) and primary health care is the responsibility of the Commonwealth Government. The decision to close the clinic was made by the SWSPHN.[161]

3.86 The Campbelltown Hospital Redevelopment Stage 2 project is a $632 million project which will see an increase in the number of emergency department treatment spaces and a greater range of surgical, medical, ambulatory and outpatient services.[162]

Committee comment

3.87 The committee acknowledges the concerns of the citizens of South-West Sydney that their health service has been historically underfunded, and that recent and projected growth is adding to strain on health infrastructure and services in the region. Evidence of historic inequity, such as lower per-capita spending in South-West Sydney, should be acknowledged and examined by the NSW Health, with a view to addressing any inequity or imbalance with other parts of the greater Sydney metropolitan area.

3.88 The committee acknowledges and supports the capital investment by the New South Wales Government in hospital redevelopment in South-West Sydney, in particular the redevelopment and/or expansion of five existing hospitals. However, the committee is also concerned that two existing hospitals are not receiving funds for infrastructure upgrades, despite having growing populations with complex needs, which gives rise to a perception of inequity within the Local Health District. The committee is not convinced that capital spending in South-West Sydney is proportionate to its rapid growth relative to other parts of Sydney and New South Wales.

3.89 The committee notes stakeholders' concerns regarding the funding formula used to allocate recurrent funds to public hospitals. Hence the committee recommends that in order to build trust and confidence with the growing number of people living in the region, NSW Health must immediately review its funding methodology for Local Health Districts to ensure a fairer allocation of resources so that growth areas like South-West Sydney receive adequate health funding and services that keep up with rapid increases in population and the higher health risk profile.

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160 Submission 1, Dr Mike Freelander MP, p 2.

161 'Campbelltown Hospital will no longer offer after-hours GP services on site', *Daily Telegraph*, 8 December 2017.

162 NSW Health, Campbelltown hospital website, http://www.campbelltownredevelopment.health.nsw.gov.au/default.aspx.

Finding 1

Health and hospital services in South-West Sydney have experienced historic underfunding from successive governments.

Recommendation 1

That the New South Wales Government address without delay the historical under-funding of health and hospital services in South-West Sydney.

Recommendation 2

That NSW Health immediately review its funding methodology for Local Health Districts to ensure fairer allocation of resources to growth areas like South-West Sydney. The funding methodology should ensure health funding keeps pace with population growth and accounts for higher health risk profiles.

3.90 The committee was convinced by arguments brought forward by stakeholders that greater transparency is needed in the reporting of health data, so that meaningful comparisons between Local Health Districts are readily available to both health professionals and the public. Hence the committee recommends that NSW Health develop and implement a real time system of health data reporting across Local Health Districts that is transparent and includes, but is not limited to, capacity reporting, occupancy rates for acute inpatient beds, staff numbers and wait times for patients needing to access outpatient care.

Recommendation 3

That NSW Health develop and implement a real time system of health data reporting across Local Health Districts that is transparent and includes, but is not limited to: capacity reporting, occupancy rates for acute inpatient beds, staff numbers and wait times for patients needing to access outpatient care.

3.91 The committee notes stakeholder concerns about the funding and capacity pressures facing health facilities such as the Campbelltown Hospital emergency department and local general practitioner clinics. The committee notes the Campbelltown Hospital Redevelopment Stage 2 project includes additional emergency department treatment spaces. The committee recommends that SWSPHN examine reinstating the 24 hour GP clinic to help alleviate these pressures.

Recommendation 4

That the New South Wales Government work with the South Western Sydney Primary Health Network and the Commonwealth Government to reinstate a 24 hour GP clinic in order to reduce pressures on the emergency department and local general practitioner clinics.

3.92 The committee acknowledges the development of Integrated Care Hubs and supports efforts to keep patients out of hospital when non-hospital environments are an appropriate and feasible alternative. However, the committee thinks more must be done to improve the level of integration between primary and secondary care, in a way that alleviates pressure on the local hospital network. The committee further recommends that NSW Health develop and adequately resource a more proactive and holistic community care model for higher risk patients in South-West Sydney, including an improved follow-up model of health care.

Recommendation 5

That NSW Health review the relationship between primary and secondary/tertiary health care with a view to improving integration and supporting the role of primary health care providers to reduce pressure on the local hospital network.

Recommendation 6

That NSW Health develop and adequately resource a more proactive and holistic community care model for higher risk patients in South-West Sydney, including an improved follow up model of health care.

Recommendation 7

That NSW Health urgently review the outpatient services currently provided and planned for South-West Sydney, to ensure services meet the needs of this rapidly growing community with a higher risk profile.

Chapter 4 Health funding shortfalls in South-West Sydney – impact on patients and providers

The previous chapter noted that, while there has been capital expenditure and growth in recurrent budgets for services managed by the South Western Sydney Local Health District, there are ongoing concerns about whether funds going to South-West Sydney are adequate to meet the needs of its rapidly expanding population. This chapter examines the impact that funding pressure and increased demand are placing on service providers, and the effect this has on the provision and quality of health services to patients in South-West Sydney.

Health funding not keeping pace with needs: The impact for health services and residents of South-West Sydney

4.1 As noted in Chapter 3, the committee heard that the budget for the South Western Sydney Local Health District (SWSLHD) is one of the lowest in Sydney per capita, despite the area having complex demographics, low rates of private health insurance, and greater population growth. There were strong views among stakeholders about the inequity of the lower rates of spending, and lower numbers of health professionals per capita in South-West Sydney, when compared with other parts of the city. The impact of this under-resourcing on the health services available in South-West Sydney, and on the people needing to access those services, is reviewed in this chapter.

4.2 The committee heard strong representations from professional bodies at public hospitals about a lack of resourcing leading to a sense that health services are inadequate to meet the needs of the community. The Liverpool Hospital Medical Staff Council showed their concern:

> We are extremely concerned that resources for South Western Sydney Local Health District are in adequate to meet the needs of our community. Every year it gets worse, as the gap between our lean resources and the relentless growth in health service needs widens. There is no fat in our system, our belt cannot be tightened.[163]

4.3 The Macarthur Medical Staff Council similarly noted 'core service deficiencies' at the Campbelltown and Camden Hospitals, resulting in inequity of access to care for residents of the area, which is a 'growth corridor'.

> With reference to the October 2019 4th edition of the *NSW Guide to the Role Delineation of Clinical Services*, Campbelltown and Camden Hospitals currently possess a lack of 'core services' that impact on direct patient care and prohibit further development of other on-site clinical services.[164]

4.4 The Fairfield Hospital Medical Staff Council also expressed concern about lack of resources to deliver an adequate standard of care to a population with complex needs, many of whom cannot afford to access alternative care privately.

163 Submission 10, Liverpool Hospital Medical Staff Council, p 2.

164 Submission 26, Campbelltown and Camden (Macarthur) Medical Staff Council, p 1.

> The senior medical staff of Fairfield Hospital are concerned about the lack of resources available in Fairfield Hospital to manage a growing and ageing local population. In addition patients have become more complex to manage. Our local population are relying more on the public health care system as a large proportion of them do not have the means to obtain private health cover or to see private health professionals.[165]

4.5 Based on a survey of its members, the Health Services Union highlighted the related issues of underfunding and understaffing in South-West Sydney, suggesting that understaffing is endemic within the SWSLHD, leading to excessive workloads, low morale and a lack of trust in administration.[166] The Union suggests:

> These deficiencies of staffing, facilities and resources demand urgent remedial action. Until it ensures that the area's health administrators have addressed them, until the current establishment is fully functional, NSW Health cannot be in a position to assess the emerging needs of the South Western Sydney Growth Region.[167]

4.6 Community representatives and consumer groups also perceive a discrepancy in the availability and quality of care available in South-West Sydney compared to other health districts. The Thalassaemia and Sickle Cell Society of NSW encapsulated this perception in its submission:

> Health districts are creating islands of care, which is leading to drastic contrast in the quality of care. This means that patients in South Western Sydney are receiving less care than patients treated at other hospitals. We need this parliamentary inquiry to make recommendations to ensure all NSW hospitals provide the same level of care to Thalassaemia and Sickle Cell patients.[168]

4.7 The State Member of Parliament for Campbelltown, Mr Greg Warren MP, suggested that the health service in the area is not meeting community expectations, as dedicated health staff are inadequately supported, and demand for services outstrips supply.

> While the effort and dedication of nurses, doctors and staff can never be questioned, the support and resources offered to those staff – particularly at Campbelltown Hospital – falls well below community expectations. Demand on the hospital – and on the rest of the local health system – far outweighs supply and there is only so much staff, doctors and nurses can do.[169]

Lack of equipment and services

4.8 The committee heard from several of the public hospitals in South-West Sydney that they currently lack equipment or facilities that would be considered standard elsewhere, leading to limits on the availability of common services.

165 Submission 37, Fairfield Hospital Medical Staff Council, p 1.

166 Submission 52, Health Services Union, pp 1-4.

167 Submission 52, p 6.

168 Submission 56, Thalassaemia and Sickle Cell Society of NSW, p 4.

169 Submission 5, Mr Greg Warren MP, Member for Campbelltown, p 1.

4.9 Associate Professor Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency, noted that the lack of equipment and services affected not just patients with rare conditions, but also the diagnosis and treatment of common, serious health conditions:

> So the conditions we are talking about are common cardiac conditions, common oncology cancer conditions, childbirth and paediatric surgery. We are not talking about rare genetic conditions for whom there is one specialist available. We are talking about common, important, serious diseases that affect large numbers of the community.[170]

4.10 The ultrasound diagnostic service at Campbelltown Hospital was highlighted as a particular example of an inadequate service. Associate Professor Cracknell told the committee that at Campbelltown Hospital ultrasounds could not be performed after 4 pm on weekdays because 'the imaging service is only funded to provide business hours ultrasound services'.[171] Ultrasounds are one of the main diagnostic tools for common conditions such as appendicitis or intussusception. Associate Professor Cracknell explained how clinicians work around these restrictions, such as by training themselves to use ultrasound machines at times when the ultrasonographer was not there, and by performing CT scans instead. He noted that CT scans can expose patients to radiation, which is a particular risk for children.[172]

4.11 Reflecting on the impact of not having access to ultrasound diagnostics after business hours and a lack of onsite paediatric services, Associate Professor Cracknell concluded that:

> If you combine poor access to the diagnostic imaging service with a lack of access to a paediatric surgical registrar, you then have a pattern that will inevitably lead to poorer or delayed outcomes, and occasionally—and these are still thankfully rarer—tragic circumstances that will result in death.[173]

4.12 Other staff from hospitals in South-West Sydney also told the committee that they have to ration certain medical services such as haemodialysis due to a lack of resources. Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council, called rationing of haemodialysis a 'district-wide problem' and indicated that rationing '…does happen in other places like Pakistan and other developing countries but it is not normal practice…'.[174] According to Associate Professor Levy, patients wishing to receive three dialysis sessions a week are required to travel to other health districts.[175]

4.13 Dr Garry A Helprin, Head of Department of Medicine, Fairfield Hospital, told the committee that one of their dialysis patients with end stage kidney disease had had his dialysis cut back from the standard three times a week to twice a week.[176]

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170 Evidence, Associate Professor Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency, 14 July 2020, p 5.

171 Evidence, Associate Professor Cracknell, 14 July 2020, p 8.

172 Evidence, Associate Professor Cracknell, 14 July 2020, p 8.

173 Evidence, Associate Professor Cracknell, 14 July 2020, p 8.

174 Evidence, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council, 14 Julye 2020, p 15.

175 Evidence, Associate Professor Levy, 14 Julye 2020, p 15.

176 Evidence, Dr Garry Helprin, Head of Department of Medicine, Fairfield Hospital, 14 July 2020, p 15.

4.14 In further commentary on the situation at Fairfield Hospital, Dr Helprin highlighted the lack of essential equipment: 'We have no MRI… Even if someone gave us $3 million for an MRI scanner, there is nowhere to put it—there is no building.'[177]

4.15 Medical professionals told the committee that they were forced to make difficult decisions on which patients and health services to prioritise when demand outstripped capacity. Asked whether she was making decisions about which patients to treat, and which services to prioritise, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council responded that this was an everyday occurrence:

> Absolutely… Every single day. I mean, in gastroenterology we look after liver cancer, which is managed by interventional radiology. Interventional radiology and all our endoscopy services literally day by day have to examine the list of people who need things done and try to work out when we can squeeze them in. It is a common word— I would hear that phrase; junior doctors would use it multiple times a day— 'Maybe we can squeeze them in.' 'Maybe we can squeeze them in.' That does not mean they do not ever get done that but there are risks. There are length-of-stay implications. There are lots of implications of not being able to deliver acute care in a timely way.[178]

4.16 With regards to the rationing of dialysis, NSW Health said they were not aware of this being practised in other health districts[179] and were looking into options such as purchasing dialysis from the private sector and home dialysis, to ensure patients receive adequate medical treatment.

> The demand on dialysis in the south-west is significant. We organised for those patients to receive their third treatment on a Sunday so they are currently being appropriately treated. We are also purchasing some dialysis in the private. We are currently working with the clinicians, who are being very supportive around developing additional plans around how we can manage the load for those dialysis patients, which may be a third treatment in the day in chairs, some purchase in the private arena. We are looking at some home dialysis and a range of treatment services to ensure that all patients receive appropriate care.[180]

4.17 The Health Services Union raised the example of paramedics and ambulance services as an area where services have not kept pace with growth. Mr Gerard Hayes, Secretary of the Health Services Union NSW ACT QLD, told the committee that rapid growth in parts of South-West Sydney has caused increased demand on ambulance services, but a failure to keep pace with changing demand has led to increased response times.

> We have seen in the last 10 years increased deployment [of paramedics] of 10 per cent. We have seen growth out there of 18 per cent we have seen response times increased by 20 per cent, and still it has not been dealt with. In Bankstown we have seen the answer to ambulance services is that we will bring them all together, like a centralised base, and we will close places like Fairfield and those areas. But unless you can change

177 Evidence, Dr Helprin, 14 July 2020, p 13.

178 Evidence, Associate Professor Levy, 14 Julye 2020, pp 19-20.

179 Evidence, Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance, 15 July 2020, p 36.

180 Evidence, Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District, NSW Health, 15 July 2020, p 36.

> the geography of the city or how people can get to serious life-threatening incidents, you have got to get through traffic, and response times consistently blow out.[181]

4.18 The NSW Health submission stated that 'recurrent funding by NSW Ambulance for service delivery in South-West Sydney has risen by 79.9 per cent from $13.3 million in 2011 to $23.9 million in 2019-20.'[182] The submission further said that there is demand modelling of emergency ambulance incidence to inform service planning into the future.

> NSW Ambulance undertakes extensive demand projection modelling for emergency ambulance incidents using the same principles and data systems that inform SWSLHD planning. The level of emergency ambulance demand is projected to grow to approximately 90,000 incidents in 2031, a 50 per cent increase on approximately 60,000 incidents in 2018-19.
>
> Under modelling that informs all ambulance infrastructure projects, capacity at Liverpool station is anticipated to be sufficient until 2031.[183]

Long wait times

4.19 Inquiry participants gave evidence that lack of resourcing could increase wait times for patients. For example, Campbelltown and Camden (Macarthur) Medical Staff Council submitted that due to insufficient staffing, the current wait time for lung patients to access rehabilitation was over one year, compared to the recommended wait time of two weeks:

> Chronic Obstructive Pulmonary Disease (COPD) is one of the leading admission diagnoses for Campbelltown Hospital which in 2016-2018, the Campbelltown and Camden LGAs had 495 and 171 spatially adjusted number of separations respectively. The recommended wait time for pulmonary rehabilitation post-acute admission to prevent readmission and improve patient self-management from Lung Foundation Australia is two weeks whilst the waitlist as of the 1st of March 2020 was over one year due to insufficient allied health and clinical nurse consultant staffing.[184]

4.20 In another example, Dr Setthy Ung, Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, told the committee that patients at Campbelltown Hospital had had to wait over 500 days for elective surgery and procedures including colonoscopy screening for colon cancer.[185] When asked about how he would tell someone that they might have to wait 500 days, Dr Ung replied that he feels compelled to advise patients to ask their families for financial assistance so they can go through the private system:

> With a lot of difficulty and then you had that discussion about—this is unethical from our principles—if you have financial resources among your family or extended family,

181 Evidence, Mr Gerard Hayes, Secretary, Health Services Union NSW ACT QLD, 14 July 2020, p 49.

182 Submission 33, NSW Health, p 8.

183 Submission 33, p 10.

184 Submission 26, p 4.

185 Evidence, Dr Setthy Ung, Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, 14 July 2020, p 4.

> please seek them out to try to enter the private system, which often is housed in another facility outside of our Macarthur region, but those are the conversations that happen.[186]

4.21 The committee was told that long wait times were of particular concern for mental health patients. According to Liverpool Hospital Medical Staff Council, insufficient bed numbers lead to long wait times for patients to be admitted to a mental health unit. In the meantime, these patients occupy beds in the Emergency Department, all the while exacerbating their mental health condition:

> The lack of mental health beds in our district (a much greater deficiency than in other districts) means that on many days a significant proportion of our Emergency Department beds are used by patients who need admission to a mental health unit. The stress of a prolonged stay in an Emergency Department exacerbates a patient's mental health crisis and this may precipitate behavioural problems such as verbal or physical aggression because of the confined, noisy, brightly-lit environment not appropriate for the purpose of managing a mental health crisis. The trauma of this experience may even result in a prolongation of the mental health problem that brought the patient to the Emergency Department. We have insufficient funds to rectify this significant mental health bed problem.[187]

4.22 Associate Professor Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency, reported wait times of over 24 hours for mental health patients presenting to the Emergency Department. He went on to explain that over half of patients admitted to mental health services are discharged before progressing into the mental health unit. Associate Professor Cracknell explained:

> … we have on average 54 patients per month that spend greater than 24 hours in emergency with a mental health presentation and diagnosis. This is someone who has presented with an exacerbation of illnesses like schizophrenia, severe depression or suicidality who are assessed and admitted to hospital and then 24 hours later are still in emergency…
>
> Our record is 100 hours for a patient from time of admission in emergency before they left emergency. Greater than 50 per cent of patients admitted to the mental health services at Campbelltown Hospital will go home from the emergency department having never seen the inside of the mental health unit. [188]

4.23 In terms of long wait times, NSW Health considered the adequateness of 'wait times' should factor in matters such as clinical priority categories (the range of safe wait times for surgeries) and patients' physical readiness for surgery. According to NSW Health, there were three categories used to prioritise patients' needs for surgery (urgent, semi-urgent and non-urgent) with different safe wait times (within 30, 90 and 365 days).[189] Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery) and 96 per cent for category 3 (non-urgent surgery).[190]

186 Evidence, Dr Ung, 14 July 2020, p 4.

187 Submission 10, p 4.

188 Evidence, Associate Professor Cracknell, 14 July 2020, p 5.

189 Answers to questions on notice, NSW Health, 20 August 2020, p 2.

190 Submission 33, p 27.

For hip replacement surgery, which was raised as an illustration of long wait time for patients in South-West Sydney, NSW Health responded:

> The average wait time for hip replacement surgery in the District for financial year (FY) of 2019-20 were within the above NSW Health clinical timeframes for all categories.[191]

Table 2 SWSLHD access and performance for surgery and emergency departments between 2011-12 and 2018-19

	Elective Surgery		Emergency Department		
	Elective Surgery Volume	% Admitted in Clinically Recommended Time	Total ED Attendances	% Treatment Completed within 4 Hours	% Treatment Commenced in Clinical Benchmark Time
2011-12	21,380	90.5%	231,438	48.0%	78%
2012-13	21,408	93.6%	237,603	56.5%	80%
2013-14	21,702	98.5%	249,769	66.3%	82%
2014-15	21,231	98.7%	257,860	68.4%	80%
2015-16	21,872	97.1%	267,177	68.0%	83%
2016-17	22,621	98.5%	271,025	67.7%	83%
2017-18	22,857	98.7%	284,379	64.1%	81%
2018-19	23,215	98.5%	300,867	61.1%	79%

Source: Submission 33, NSW Health, p 27.

4.24 Government witnesses also told the committee that sometimes 'wait times' could be good for a safer, better outcome treatment. Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, NSW Health said:

> These osteoarthritis care programs are programs that we put in place for all districts across the State. It is about providing better quality care for people who have osteoarthritis and maybe on a waiting list for joint replacement. It is about keeping them active, reducing their pain and if there is an opportunity to lose weight, if that is an issue that might be causing pressure on their joints, the program supports that, improves their mobility and gets them in the best possible situation for surgery that is required. But there is also this advantage: Some of these people actually come off the waiting list because that program actually identifies that they can manage without the need for surgery. So it is actually a program. It is not just about biding time and waiting for surgery. It is actually about providing better quality of care.[192]

Long travel times

4.25 As noted in earlier evidence, residents of South-West Sydney may have to travel to other health districts to receive services that were either not available locally (for example, dialysis) or had shorter wait times (for example, colonoscopies). Data collected by Campbelltown and Camden Emergency Departments claimed that 40 per cent of the population in South-West Sydney[193]

191 Answers to questions on notice, NSW Health, 20 August 2020, p 2.

192 Evidence, Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, NSW Health, 15 July 2020, p 35.

193 Submission 25, Campbelltown and Camden Emergency Department Executive, p 17.

was required to travel outside of South-West Sydney to access health care.[194] With such a significant number of patients travelling to access health services, the inquiry heard of the negative impacts on patients in terms of health outcomes, costs and accessibility.

4.26 One of the most significant risks associated with long travel times is for patients requiring immediate medical attention. Dr Setthy Ung, Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, told the committee that in the absence of a paediatric surgeon in Campbelltown Hospital, '[a child] under 12 years of age who has the common condition of acute appendicitis often needs to travel more than 50 kilometres away to get a paediatric surgeon to look at them and to operate on them'. [195] Dr Ung observed: 'no patient should need to travel long distances to access a service or procedure, especially if life or limb threatening or requiring frequent multidisciplinary support'.[196]

4.27 Travelling long distances can also be costly and time consuming, particularly for vulnerable people with low incomes. Wollondilly Shire Council expressed concerned that the time and cost involved could discourage residents from seeking care, be a disincentive for service providers to travel to the area to provide health service. [197] The Council also noted that poor public transport in the area is an additional barrier to accessing health services for people who are older, younger, disabled or socio-economically disadvantaged, and that there is a very high demand for community transport for medical related trips.[198]

4.28 In relation to the long commute required of South-West Sydney residents to seek medical care, NSW Health referred to the Department's strategy in health services delivery, emphasising that patients should be treated where the expertise was in the health network.[199]

> I think what we have to take into consideration is the appropriateness of the care to be provided at one of our places like Liverpool. Where is the expertise? Where can the best care be provided? I think we need to understand that both within the district and across New South Wales the networking of health care is a critical way services are provided. You see it with burns. You see it with a whole range of different services that that networking is essential in terms of the expertise, the knowledge and the facilities to provide that care…[200]

Case study: Angela

Angela was diagnosed with Hodkin's lymphoma in 1988, at the age of 14. Over thirty years since then, she has been treated for 5 cancers. Her story highlights the issues faced by people in South-West Sydney accessing life-saving treatment. As Angela said: 'Cancer is not something that anyone would choose to have but if you are diagnosed with this terrible disease, it goes without saying that you would want the best treatment and support available'. However, Angela continued, 'sometimes where you live can determine your health outcomes'.

194 Evidence, Associate Professor Cracknell, 14 July 2020, p 5.

195 Evidence, Dr Ung, 14 July 2020, p 5.

196 Evidence, Dr Ung, 14 July 2020, p 3.

197 Submission 24, Wollondilly Shire Council, p 10.

198 Submission 24, p 10.

199 Evidence, Ms Larkin, 15 July 2020, p 32.

200 Evidence, Ms Larkin, 15 July 2020, p 32.

As a child of fourteen, following surgery at Liverpool for her lymphoma, Angela had to travel every day to Westmead for radiotherapy. This meant her mother taking time off work to drive her to her appointments. Angela recalled vomiting in a bucket every day during the journey. She reflects: 'It was traumatic for me but I can just imagine it would have been even worse for my mother dealing with that every day and trying to support her child.' Even today, many paediatric cancer services are only available in other health districts, meaning parents in South-West Sydney travel long distances with their sick children for treatment.

Over her thirty year battle with cancer, Angela has seen some improvements for cancer patients in the Macarthur region: she spoke highly of the Macarthur Cancer Therapy Centre, where she has received treatment for the past five years. Nevertheless, her experience also points to ways that funding shortfalls in South-West Sydney impact on patients. One example is her experience with psychological support for cancer patients. When Angela was diagnosed with a cancer in 2015, and then terminal cancer in 2017, she was not given psychological support. She said 'the provision of cancer-specific psychological support for patients [was] limited to only one psychologist working 15 hours per week for all patients [in The Macarthur Cancer Therapy Centre]' and was therefore not routinely offered. Even though diagnosed with a life-threatening cancer, Angela was not offered psychological support until she had 'a bit of a meltdown' brought on by the difficult emotions, and even then, her appointments were spaced between four to six weeks. Eventually, she paid for psychologists at private clinics. From her experience, Angela stresses that that psychological support is of a paramount importance for cancer patients, especially when they are first diagnosed, because: 'it is a huge shock getting that diagnosis not only for you but for your entire family. It is almost like a new normal that you need to try to navigate –that is a world that you are not used to– and then you have all the emotional stress that goes with that.'

In addition to paying for private psychologists, Angela also had to pay to access diagnostic tools such as MRI and mammograms and treatments for lymphoedema, because hospitals in South-West Sydney were either not equipped or not funded for these services. Angela told the committee that, because the public health service in South-West Sydney was unable to provide treatment, she had spent over $4,000 on private treatment for lymphoedema. She said: 'That was at a time when I was not working, so it was a really difficult expense for me to have to carry at that time.'

Challenges recruiting and retaining medical staff

4.29 Health professionals also expressed concerns about difficulties in attracting medical professionals to work in South-West Sydney, and keeping them long-term. The committee was told that it was difficult to get medical professionals to live and work in South-West Sydney, as opposed to other areas of Sydney such as the inner city or eastern suburbs:

> '…the reality is about recruitment: It is harder to attract psychiatrists to those areas and retain them. That figure tells you the relativities in terms of the numbers but it does not tell you the fact that it is harder to get people to stay in western and south-western Sydney'.[201]

[201] Evidence, Dr Choong-Siew Yong, NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists, 14 July 2020, p 25.

> '…we spend a lot of time trying to encourage our colleagues in the various specialties to come and work in the Macarthur region. Unfortunately, the economic forces are such that, if there is any vacancy or deficiency in inner Sydney or the east, a lot of doctors will stay living and working in the east'.[202]

4.30 Many medical professionals working in South-West Sydney live in other parts of Sydney and face long commutes to work. Dr Choong-Siew Yong, NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists, said to the committee that:

> I think one of the factors is around the commute time and attracting medical specialists to live and work in the local areas. … I would say anecdotally that many of my colleagues do not live in the areas of south-western Sydney or, if they do, it is probably more towards the Southern Highlands area. Either way, they are faced with a commute that is probably longer than someone living in inner-western Sydney and working the Prince Alfred Hospital, for instance.[203]

4.31 Other reasons identified as to why medical professionals did not want to work in South-West Sydney were poorer working conditions compared to other health districts, including heavy workloads, lack of resources and limited career paths. For example, Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association, told the committee that it was hard to recruit midwives to Campbelltown Hospital because of heavy workloads and high levels of responsibility:

> Despite lots of efforts by the management at Campbelltown, the recruitment and retention of midwives is an example of what will need to be addressed in this growth area. If you cannot even retain and recruit enough midwives to look after an area that has the highest growth rate in terms of deliveries then you are going to have future problems. Our midwives at Campbelltown have experienced this very heavy workload, this very high level of responsibility ….[204]

4.32 Associate Professor Richard Cracknell, Director, Emergency Department, Campbelltown and Camden Hospitals, observed that staff coming from other hospitals would leave because of heavy workloads and comparative lack of resources:

> …it is a tragically recurrent experience that when we have had people who have come to us from other hospitals, they express a level of dismay regarding the workload and the lack of other resources that they are used to. People vote with their feet. We cannot rely on a sense on altruism to staff the hospitals in the needs areas, but so often that is what we are expecting of our senior staff.[205]

4.33 Dr Karuna Keat, Deputy Chair, Campbelltown and Camden Hospital Medical Staff Council, voiced similar sentiments to Associate Professor Cracknell in relation to psychiatrists, noting that they often leave due to the heavy workload and lack of senior staff to provide support. Dr Keat stated that:

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202 Evidence, Dr Ung, 14 July 2020, p 11.

203 Evidence, Dr Yong, 14 July 2020, p 27.

204 Evidence, Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association, 14 July 2020, p 48.

205 Evidence, Associate Professor Cracknell, 14 July 2020, p 11.

> …They [senior psychiatry] will not come here because of the workload and they do not have the support of senior registrars. They go, 'Why would I do this? I'll go to a private practice where I'll get paid more, have less stress. I don't have to deal with the acute workload and the burden.' Or, 'I'll go east of here and get a cushy job. I'll see the patients, I'll manage them, but I don't have to deal with everything else.' Registrars are a prime example in terms of providing support to senior staff…They are key and if you do not have the trained staff and trained registrars, it is easy, especially in psychiatry, to go east.[206]

4.34 Limited resources could also impede a doctor's ability to deliver quality treatment to their patients, making a hospital less appealing to medical professionals. For example, Associate Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council, cited long wait times for hip replacements as an example of a disincentive for clinicians to work in that environment:

> If you are an orthopaedic surgeon, where do you want to work? Do you want to work at Liverpool, where your patients wait 300 days, there is hardly anybody with private health insurance and your own income is going to be frustrated, or do you want to work at Prince Alfred, where your patients only have to wait 22 days, you will also have a list at the private hospital et cetera et cetera? In fact, patients sometimes are voting with their feet, but then the surgeons will vote with their feet and the clinicians.[207]

4.35 Associate Professor Levy also told the committee that stressful working environments had significant adverse impacts on medical professionals, as shown by suicides among junior doctors in the South-West:

> …as you may know, there were a number of suicides of junior doctors in the last few years, disproportionately in our area. The reality is that if you are a junior doctor working in these kinds of places and you have 25 patients, maybe a third who do not speak English, spread over many wards because there are not enough beds and you are running around trying to care for them, that is a risk to you and the patients…[208]

4.36 Furthermore, working in an under-staffed and under-resourced environment leads to a risk of burnout, as described by Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association:

> I suppose they go to some efforts to try to provide post-graduate experience for new midwives and they certainly get a lot of experience on the floor, but of course they then work out that they are working in an unsafe environment. They are putting their professional lives at risk where they see that they are working alongside supplementary staff, non-midwives. So there is quite a heavy use on a shift of either registered nurses or assistants in midwifery or assistant in nursing [AINs]. So there is a burnout rate where the midwives will work extraordinarily hard to cover that shortfall that occurs as a result of having to provide the care and to oversee the care of others who are not as qualified as they are.[209]

206 Evidence, Dr Karuna Keat, Deputy chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, 14 July 2020, p 11.

207 Evidence, Associate Professor Levy, p 18.

208 Evidence, Associate Professor Levy, 14 Julye 2020, pp 18-19.

209 Evidence, Mr Holmes, 14 July 2020, p 49.

4.37 The inquiry heard that lack of career pathways also created a barrier to recruitment and retention of medical professionals in South-West Sydney. Liverpool Hospital Medical Staff Council reported that junior medical staff would leave due to lack of career opportunities, as funding was insufficient to create more senior training positions:

> There is broad agreement that, like other hospitals of our size, we should have enough funds to employ senior resident doctors (SRMOs) who would be employed subsequently into accredited training positions. Our excellent junior staff are frustrated by the lack of such positions and leave to go to other hospitals where there is an appropriate pathway to progress their surgical training. The Chief Executive is unwilling to approve these agreed priority positions in view of the budget position.[210]

4.38 Inquiry witnesses told the committee that insufficient numbers of senior personnel had also undermined a hospital's capacity to attract trainee medical staff by preventing a hospital from obtaining accreditation status to deliver training. The Australasian College for Emergency Medicine (ACEM) advised that Campbelltown Hospital's ability to recruit and retain emergency medicine trainees was constrained, as it did not have enough senior staff to provide adequate supervision.

> Adequate numbers of senior staff are needed to ensure a hospital is accredited to deliver emergency physician training. In 2019 Campbelltown Hospital applied to ACEM for an increase in accreditation time, which would expand the Emergency Department's capacity to recruit and retain emergency medicine trainees. Unfortunately, the application was unsuccessful due to the lack of senior staff able to provide adequate supervision and training that trainees in the FACEM training program require. The limitation on accreditation status further compounds Campbelltown Hospital's ability to attract and retain senior trainees.[211]

Efforts to recruit more medical staff

4.39 The difficulties in recruiting and retaining medical professionals to work in South-West Sydney have resulted in a dependence on overseas medical professionals. Associate Professor Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency told the committee that more than three quarters of the medical professionals working at the Campbelltown Camden Emergency Department were international recruits, predominantly from Sri Lanka.[212] He noted the need to actively recruit doctors from overseas:

> …all of next week I am interviewing via Zoom or some video platform doctors internationally to work in the emergency department at Campbelltown Camden because I cannot attract enough local graduates to fill more than 20 per cent of the positions available in the ED, so 80 per cent of the middle-grade staff at Campbelltown Camden are international medical graduates we have had to actively recruit from overseas.[213]

210 Submission 10, p 3.

211 Submission 30, Australasian College for Emergency Medicine, p 3.

212 Evidence, Associate Professor Cracknell, 14 July 2020, p 11.

213 Evidence, Associate Professor Cracknell, 14 July 2020, p 11.

4.40 The Australasian College for Emergency Medicine submitted that the challenge with international recruits was that a majority of them were junior staff who required more supervision, which would add extra workload on the already busy senior staff:

> Concerted efforts have been made to attract local graduates and more senior emergency medicine trainees, however the workforce remains heavily dependent on international recruitment of mostly junior staff. Such junior staff have a higher requirement for supervision and orientation, increasing the workload on more senior staff.[214]

4.41 Inquiry participants described efforts to improve the recruitment of locally-trained doctors.

4.42 Witnesses from the University of Western Sydney, University of New South Wales and Ingham Institute told the committee that they had been working alongside the South Western Sydney Local Health District to devise a workforce strategy.[215] While the research institutes observed that 'approximately 60 per cent of students undertaking the UNSW Medicine program in south western Sydney are from the Greater West of Sydney and [were] representative of the region's significant cultural diversity',[216] there was no concrete evidence to show how many graduates from medical schools in South-West Sydney currently worked and lived in South-West Sydney.[217] Nevertheless, the committee was told that training South-West Sydney students to become medical professionals was part of the strategy to increase the future medical workforce in the area. In its submission, UNSW Sydney stated that:

> A focus on students from the Greater West has translated into graduates of the South Western Sydney Clinical School returning to south western Sydney hospitals for junior medical training or advanced training. Approximately 25 per cent of conjoint appointees at the south western Sydney hospitals are UNSW alumni, and building capacity across the region is a key goal for UNSW Medicine.[218]

4.43 Moreover, medical schools highlighted the placement arrangements for medical students which required students to receive training in hospitals in different locations, including hospitals in South-West Sydney. It was estimated that more than half of the medical graduates had undertaken training in the South-West Sydney region, which it was hoped would encourage medical professionals to consider working in the area. [219]

4.44 The committee was told that long-term efforts to make South-West Sydney a destination of choice have been successful. Professor Les Bokey, Institute Director, Ingham Institute for Applied Medical Research, told the committee that during his eight years of appointment as Director of Surgery at Liverpool Hospital since 2012, the hospital has become 'a very attractive

214 Submission 30, p 4.

215 Evidence, Distinguished Professor Annemarie Hennessy AM, Dean, School of Medicine, Western Sydney University, 15 July 2020, p 2.

216 Submission 55, UNSW Sydney, p 11.

217 Evidence, Professor John Watson AM, Senior Vice Dean – Clinical Affairs UNSW Medicine, UNSW Sydney, 15 July 2020, pp 3-4; Answers to questions taken on notice, Professor John Watson AM, Senior Vice Dean – Clinical Affairs UNSW Medicine, UNSW Sydney, 26 August 2020, p 3.

218 Submission 55, p 11.

219 Evidence, Distinguished Professor Hennessy AM, 15 July 2020, p 4.

place for trainees to come to, and for junior doctors' and 'an internationally acknowledged surgical unit'.[220] Professor Bokey said:

> When I first got there it was difficult to attract applicants to the position, but now I literally get phone calls on a regular basis saying, 'Have you got a position for me?' Only last month we appointed two new outstanding cardiothoracic surgeons, and I obviously cannot go into those details. The same thing with complex plastic surgery. We now have one of the largest complex plastic or surgical units in the State.[221]

4.45 Health workforce shortages in South-West Sydney are not limited to specialists in public hospitals. As noted in the *Critical Condition* report for Liverpool Hospital, the SWSLHD has among the lowest number of general practitioners per capita of any part of the greater Sydney metropolitan area, much lower than the New South Wales average.[222] The South Western Sydney Primary Health Network (SWSPHN) noted that recently introduced Australian Government policies to incentivise doctors to move from 'urban' to rural and regional Australia, do not distinguish 'outer' from 'inner' urban areas. Changes to Medicare bulk-billing incentives, for example, will impact heavily in South-West Sydney, which currently has high rates of bulk-billing, and make the area even less attractive to doctors. The SWSPHN noted a 25 per cent decline in general practitioner registrar placements on the South-West Sydney region since 2016. The SWSPHN suggested that market forces alone will not ensure an adequate supply of general practitioners to meet the needs of South-West Sydney's growing population, and that government-led strategies will be needed.[223]

Specific hospital issues

4.46 The committee heard from medical staff councils and managers from Campbelltown-Camden, Liverpool, Bankstown-Lidcome and Fairfield Hospitals. All of those submissions expressed the concern of health professionals at those facilities about areas that need to be addressed in the short term, to raise the services up to an acceptable standards.

4.47 Liverpool Hospital Medical Staff Council highlighted, among other things: significant shortfalls in the numbers of junior medical staff; inadequate radiology services; insufficient resources for emergency surgery and an 'emergency department block'; barriers to providing haemodialysis; lack of mental health beds; underfunding of pathology services.[224]

4.48 A number of submissions regarding Campbelltown Hospital expressed concern at the capacity of the emergency department to meet demand.[225] The Australasian College of Emergency Medicine highlighted particular risks of the Campbelltown emergency department due to staffing shortfalls and skill-mix that can be attributed its peripheral location, limited training accreditation status and classification as a B1 hospital.[226] The committee also heard evidence of

220 Evidence, Professor Les Bokey, Institute Director, Ingham Institute for Applied Medical Research, 15 July 2020, pp 7-8.

221 Evidence, Professor Bokey, 15 July 2020, p 7.

222 Submission 25 Attachment 1, *Condition Critical* report, p 31.

223 Submission 36, South Western Sydney Primary Health Network, p 9.

224 Submission 10, pp 3-5.

225 For example, Submission 1, 25, 30.

226 Submission 30, p 4.

an ongoing shortfall in availability of midwives at Campbelltown's maternity unit. In addition, the submission from Campbelltown Hospital's Medical Paediatrics Unit noted the need for acute paediatric surgery and other paediatric subspecialities to be located locally, given limitations of the two children's hospitals at Westmead and Randwick to meet the needs of South-West Sydney.[227] The Campbelltown and Camden Medical Staff Council identified a number of 'core service deficiencies' which it says need to be addressed to provide services that would be expected of a hospital of its size. It also noted calls for Campbelltown hospital to have the necessary equipment to be considered an A1, rather than B1 hospital, commensurate with hospitals elsewhere with similar activity and caseload.[228] Wollondilly Shire Council noted the importance of Campbelltown Hospital to its residents, who rely on Campbelltown for tertiary services, but noted a number of gaps in current availability, including pathology, nuclear medicine, neurosurgery and midwifery.[229]

4.49 The Fairfield Hospital Medical Staff Council listed the inadequate facilities available at Fairfield Hospital, including:

- a requirement for additional facilities such as a dedicated Coronary Care Unit, negative pressure rooms and increased operating theatre capacity
- improved equipment including ultrasound, X-ray and MRI machines
- upgrades for electricity and medical records
- 24 hour pathology services
- increased numbers of theatres and new operating theatre equipment that does not break down
- outpatient treatment for gynaecology patients, increased capacity for antenatal bookings and increased numbers of senior staff to perform more complex obstetric and gynaecological surgery.[230]

4.50 The Bankstown-Lidcome Hospital Medical Staff Council Submission identified a large number of areas which could be improved, with a particular focus on needing to improve workforce planning and increase numbers of staff and training places in many specialties. The submission noted that while, it welcomed the promised new hospital in the Bankstown-Lidcome Health Neighbourhood, more investment in staffing, with the right number and skills mix, is important to meet the needs of a growing population.[231]

Committee comment

4.51 The committee notes that dedicated health professionals in the South-West Sydney area are working hard to deliver the best care possible for patients within available resources. It is clear that the burgeoning population and complex needs in the area has placed strain on existing services, and this has an impact on workloads and morale of the health workforce.

227 Submission 21, Medical Paediatrics – Campbelltown Paediatrics, p 1.

228 Submission 26, pp 1-2.

229 Submission 24, p 8.

230 Submission 37, p 2.

231 Submission 38, Bankstown and Lidcome Hospital Medical Staff Council, p 17.

4.52 As an issue of equity, it is not acceptable to this committee that patients in South-West Sydney face much longer waiting times for essential operations, or are forced to travel long distances to access care that could, and should, be provided within their Local Health District. While noting that some people may 'choose' to use private services, or use services that are some distance from home, this is not a choice if it is forced on the patient because the local hospital cannot provide a quality or timely service.

4.53 It is evident to the committee that the whole suite of medical services serving residents of South-West Sydney are affected by current budgetary allocations, including such ancillary services as paramedics. In order to meet demand, recurrent funding by NSW Ambulance for service delivery in South-West Sydney has risen by 79.9 per cent from $13.3 million in 2011 to $23.9 million in 2019-20. The committee recommends that NSW Health increase the number of paramedics working across the South Western Sydney Local Health District to improve response times to new growth areas and to keep up with the rapidly increasing population across the region.

Recommendation 8

That NSW Health increase the number of paramedics working in the South Western Sydney Local Health District to improve response times and to keep up with the rapidly increasing population in new growth areas.

4.54 Nor is it acceptable to the committee that medical staff in the area are expressing concerns over shortages of key equipment, and seeing junior colleagues suffer burnout trying to deal with complex cases with inadequate resources. There is a link between the level of resourcing to the health service in South-West Sydney and the ability of its hospitals to attract and retain qualified health professionals. There is a need to develop a clear strategy for meeting the workforce needs of South-West Sydney, including addressing funding shortfalls to public hospitals, and considering what may be needed to attract medical professionals.

Recommendation 9

That NSW Health review current staffing levels and recruitment programs and take steps to ensure that South-West Sydney has adequate medical specialists, nurses and other health workers to accommodate its population growth and the higher health risk profile.

4.55 Hospitals in South-West Sydney are facing urgent resourcing issues that impact on their ability to provide quality services to patients, and to attract and retain staff. While noting the need for future planning to cater to a growing population, and different models of care in the community, the committee urges immediate action to address shortfalls in staffing and resourcing at Liverpool, Campbelltown, Fairfield and Bankstown-Lidcome Hospitals as follows.

Recommendation 10

That NSW Health address the following issues at Liverpool Hospital:

- enhance radiology and ultrasound services after hours;
- enhance resources for emergency surgery; and
- immediately fill vacant positions and increase the number of junior doctors at the hospital.

Recommendation 11

That NSW Health address the following issues at Campbelltown Hospital:

- immediately fill the vacant positions within the Emergency Department;
- immediately fill the vacant position that exists for a full-time psychologist for the adolescent mental health unit;
- immediately fill the vacant midwife positions; and
- examine the proposal of establishing paediatric surgery and other paediatric subspecialties at the hospital.

Recommendation 12

That NSW Health address the following issues at Fairfield Hospital:

- immediately examine the need for additional operating theatres;
- immediately audit the theatre equipment at the hospital and establish a plan for the replacement of aged equipment; and
- enhance the kidney dialysis treatment available at the hospital to ensure all patients receive the recommended number of treatments.

Recommendation 13

That NSW Health fast-track the site selection for the new Bankstown-Lidcome Hospital.

Chapter 5 Priorities for action in South-West Sydney's Local Health District

Having considered in previous chapters the equity of funding flows to South-West Sydney, and the issues faced by patients and health workers across the South Western Sydney Local Health District (SWSLHD), this chapter considers the immediate priorities for action to improve the delivery of health services to the region, given the area's changing demographics, and current gaps in services. It considers in particular maternal and child health, mental health, and models for prevention and treatment of chronic disease as areas where improvements are needed.

Evolving services to meet emerging needs

5.1 Evidence to the committee highlighted several areas where there needs to be greater focus, given the demographics and disease burden of the South-West Sydney population. Maternal and child health, mental health, and chronic disease management were all raised as issues needing particular attention in South-West Sydney. Stakeholders told the committee that there are not enough services to meet demand, and, even if services do exist, there are long waiting lists to access these services. The committee was also interested to understand the adequacy of palliative and aged care services.

Maternity and children's health services

5.2 The committee heard that there is huge demand for maternity and children's health services in South-West Sydney, and that existing services are struggling to meet demand. As previously noted, South-West Sydney has a high fertility rate, and a rapidly increasing number of children.[232] The number of births in South-West Sydney was the second highest in New South Wales in 2016, making up 14.3 per cent of all babies born in New South Wales.[233] Given the population demographics of South-West Sydney, a high percentage of children were born to mothers from culturally and linguistically diverse backgrounds.[234] There are also many children born into families experiencing various kinds of socio-economic disadvantage.

Maternity care

5.3 The committee heard that maternity services in parts of South-West Sydney are struggling to keep up with the area's high birth rate. Witnesses from Campbelltown and Camden Hospitals suggested maternity services in the area are not keeping up with demand, because funding and staffing levels have not kept pace with the area's population growth.

> Campbelltown Hospital has actually one of the highest numbers of childbirth of any hospital. We have a very high birth rate and a very high hospital rate. But the capacity of the maternity services is pushed beyond its ability to manage and so there are active

232 South Western Sydney Local Health District and South Western Sydney Primary Health Network, 2019, *South West Sydney: Our Health: An in-depth study of the health of the population now and into the future*, p 12. (Referenced in Submission 33, NSW Health, p 4).

233 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 152.

234 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 154.

> programs trying to work out how to farm out people from different regions to push further into the south-west of Sydney, to push into the north of Sydney. But the number of beds and midwives for the births is not keeping up and is not equitable with the same ratios in the eastern and northern parts of Sydney.[235]

5.4 The Federal Member of Parliament for Macarthur, Dr Mike Freelander MP, raised maternity care in the Macarthur region as an issue, noting: 'The Macarthur region is also experiencing a shortage in terms of midwifery services and staffing. Campbelltown Hospital's own Department has a shortage of approximately 45 FTE positions.'[236]

5.5 Mr Brett Holmes, General Secretary of the NSW Nurses and Midwives' Association highlighted a shortage of midwives at Campbelltown Hospital that is impacting on maternity services. Mr Holmes said recruitment and retention issues mean many midwife positions in Campbelltown remain unfilled, leaving the midwives who are there with very heavy workloads, and inability to deliver the expected outcomes:

> … An area in which we have had a number of problems is in terms of the delivery of maternity services out of Campbelltown and the supply of midwives. We are currently running at a 10.6 full-time equivalent vacancy. That has been a common theme for a number of years. Despite lots of efforts by the management at Campbelltown, the recruitment and retention of midwives is an example of what will need to be addressed in this growth area. If you cannot even retain and recruit enough midwives to look after an area that has the highest growth rate in terms of deliveries then you are going to have future problems.[237]

> …If you have a shortage of midwives, you have less than suitable outcomes because the midwives are not there to deliver some of the care that is needed by the children of the community. [238]

5.6 Mr Holmes suggested that Campbelltown Hospital's issue of retaining midwives relates to burnout caused by midwives working to cover a shortfall in staff, and experiencing stress of not being able to meet aspirations for quality of care. If services do not have staffing levels to cater to growth in demand, qualified midwives can secure opportunities elsewhere, rather than work in an area where they are stressed and feeling unable to offer quality service:

> We then see them go on to other areas of shortage and midwives are in short supply so there is plenty of opportunity to move. There needs to be some sort of incentive to make sure that you get the numbers right and you keep them right to match the growth. That has been the challenge for Campbelltown and Campbelltown management—being able to keep up with that growth rate that is there—because the consequences of psychosocial stresses, going to work and knowing that you are on a knife's edge as to whether you have done the right thing by these mothers and babies or not, will eventually burn you out. [239]

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235 Evidence, Associate Professor Cracknell, Director, Emergency Department Campbelltown and Camden Emergency, 14 July 2020, p 10.

236 Submission 1, Dr Mike Freelander MP, p 2.

237 Evidence, Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association, 14 July 2020, p 48.

238 Evidence, Mr Holmes, 14 July 2020, p 48.

239 Evidence, Mr Holmes, 14 July 2020, p 49.

5.7 The accessibility of existing maternity services to people in the outer urban areas of South-West Sydney, where there are poor public transport connections, was also raised as an issue by witnesses. While acknowledging the New South Wales Government's investment in a new birthing suite at Bowral Hospital, as well as new investments at Campbelltown Hospital, Mrs Ally Dench, Director, Community and Corporate of Wollondilly Shire Council, noted that travel times are an issue for some residents, especially since the closure of the birthing unit at Camden Hospital:

> If you have a vehicle, yes, that is fine, you are able to access it. If you do not have a vehicle there is very poor public transport. Our bus service is virtually the school bus in and out of the area. We do not have a train line through a lot of those particular areas, we have a lot of rural residential residences in our area and is very difficult to get to those particular hospitals if you need to. If you have a child who is having a seizure or someone who is trying to give birth—I had my children at Camden Hospital and it was a good distance away. Since that has closed down now it is Campbelltown or Bowral.[240]

5.8 Mrs Dench argued for maternity facilities closer to the growing population centres of Wollondilly, noting:

> We are a growing area with a young population and will be having high birth rates and we need a birthing centre, not just a day surgery. We need something that will address the whole needs of our community. [241]

Paediatric services

5.9 The committee also heard evidence that facilities for treating children are another area of shortage in South-West Sydney. Liverpool Hospital Medical Staff Council's submission noted that childhood disability and chronic health conditions, both exacerbated by social disadvantage, are significant issues in South-West Sydney. They called for extra resources for child-focused health services, saying:

> Without additional resources it is extremely difficult to meet the needs of the child developmental/diagnostic services where there is a disproportionate (compared to other local health districts) waiting list for support. Whilst we know early intervention makes a difference, children in our District are not able to access timely early intervention.[242]

5.10 There is no children's hospital in South-West Sydney, and even the larger hospitals such as Campbelltown report having to send children significant distances outside the district to receive the care they need. Dr Setthy Ung, from Campbelltown and Camden Hospital Medical Staff Council told the committee:

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240 Evidence, Mrs Ally Dench, Executive Director Community and Corporate, Wollondilly Shire Council, 15 July 2020, p 17.

241 Evidence, Mrs Dench, 15 July 2020, p 17.

242 Submission 10, Liverpool Hospital Medical Staff Council, p 5.

> To this day, unfortunately, the child under 12 years of age who has the common condition of acute appendicitis often needs to travel more than 50 kilometres away [to Randwick] to get a paediatric surgeon to look at them and to operate on them.[243]

5.11 Associate Professor Cracknell from the Campbelltown and Camden Emergency Department noted that that the Macarthur area is one of the biggest 'exporters' of children to other hospitals, and clinicians frequently need to adapt the types of test or treatment options they offer, due to particular resources not being available.[244] He also spoke of the impact the lack of paediatric services has on the standard of care and outcomes for children, as well as on the medical staff who are trying to provide a level of care the hospital is not resourced to provide.

> We provide excellent care to the maximum of our capacity on a daily basis, but when you are trying to provide services that don't exist in the hospital, such as paediatric surgery, you don't have an expert in that field who can review at the bedside, every level of the process is delayed. The diagnosis can be delayed, then you have transport times and then reassessment times. This inevitably impacts upon patient outcomes.[245]

5.12 Dr Ung suggested that the current arrangements for the children's health network in Sydney are not working for the children of the Macarthur area:

> We have been trying to negotiate with the Sydney children's health network to develop services at our facility. We acknowledge that the Hon. Peter Garling, QC, did make a recommendation in 2008 or 2009. Not that we think that in this day and age that is the right solution, but we have been trying to negotiate with the children's health network to create a solution to improve the level of servicing and safety for our children in Macarthur.[246]

5.13 The Medical Paediatrics Department of Campbelltown Hospital also called for improved clinical governance to ensure the Sydney Children's Hospital Network provides subspecialist support to Campbelltown, arguing that under current arrangements: 'Our children's needs are not appropriately prioritised.'[247] The submission pointed out that the child population and birth rate of South-West Sydney are among the highest in Australia, yet the location of the two children's hospitals results in many children travelling long distances for care.

> The two Children's Hospitals in Sydney, Westmead and Randwick, have limitations in serving the needs of South-West Sydney. It is estimated that between 30 to 40 per cent of all congenital anomalies are born in South-West Sydney and rely on travelling out of area for care.[248]

5.14 The Australian and New Zealand College of Anaesthetists (ANZCA) also pointed to the limitations of the Children's Hospital at Westmead to service the needs of the growing population in South-West Sydney.[249] With a particular focus on training of paediatric

243 Evidence, Dr Setthy Ung, Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, 14 July 2020, p 5.

244 Evidence, Associate Professor Cracknell, 14 July 2020, p 8.

245 Evidence, Associate Professor Cracknell, 14 July 2020, p 6.

246 Evidence, Dr Ung, 14 July 2020, p 7.

247 Submission 21, Medical Paediatrics – Campbelltown Hospital, p 1.

248 Submission 21, p 1.

249 Submission 31, Australian and New Zealand College of Anaesthetists (ANZCA), p 2.

anaesthetists, which it says is constrained within the current capacity of the children's hospitals in Sydney, ANZCA argues for more focus on growing paediatric services in the South-West Sydney growth region, or risk putting further pressure on the existing children's hospitals.

> The provision of health services in the South-West Sydney Growth Region has the potential to help address these concerns in the medium to long term future, provided the policy settings consider the growing interconnectedness and interdependence between hospitals across the broad New South Wales health system. Without due consideration, growing hospitals in the South-West Sydney Growth Region and its surrounds will place additional training pressures on tertiary hospitals such as the Children's Hospital at Westmead.[250]

5.15 Bankstown and Lidcome Hospital Medical Staff Council also raised issues of lack of access to skilled allied health workers in the hospital affecting paediatric care. The submission notes that at Bankstown there is limited access to certain services for children, such as speech therapy, occupational therapy, out of hours social work, dietetics and child psychiatry or psychology.[251]

Parenting support and early intervention

5.16 The committee also heard evidence on the pressing need for parenting support and early intervention services. CEO of Karitane, a specialist provider of perinatal and parenting services, Ms Grainne O'Loughlin, noted there is clear evidence of the benefits of providing early intervention programs for long-term mental health and social outcomes, especially for vulnerable babies and young children.[252] The demographic make-up of South-West Sydney, she noted, means there are some complex needs for parenting support, with issues including:

> …young parents in custody, parents struggling with mental health, trauma backgrounds, child protection, family violence, drug and alcohol and people with complex social issues, often struggling to preserve children in their care.[253]

5.17 Karitane's submission to the inquiry noted that there are strengths in the child and family health sector, which has strong community links, and generally collaborative service providers.[254] It also noted a number of challenges in the sector that affect its ability to provide cohesive services in South-West Sydney. These included:

- neglect of primary interventions due to sectoral fragmentation, which puts demand on secondary and tertiary care
- fragmented and insecure funding for early care providers
- lack of coordination between government funding agencies
- lack of agreed workforce models, leading to inconsistent service provision
- lack of collaboration between some service providers when there is competition for scarce funding

250 Submission 31, p 2.

251 Submission 38, Bankstown and Lidcome Hospitals Medical Staff Council, pp 6-7.

252 Evidence, Ms Grainne O'Loughlin, CEO, Karitane, 14 July 2020, p 38.

253 Evidence, Ms O'Loughlin, 14 July 2020, p 37.

254 Submission 32, Karitane, p 7.

- barriers for vulnerable groups to access appropriate services, such as Aboriginal and Torres Strait Islander families, culturally and linguistically divers families, and families with a disability.
- lack of agreement on which outcomes demonstrate effectiveness, leading to lack of robust benchmarking
- lack of appropriately skilled and trained workforce, in particular child and family health nurses and perinatal infant psychiatrists.[255]

5.18 The submission further noted that workforce gaps are exacerbated by low remuneration, difficulties recruiting and retaining qualified practitioners, and poorly defined career paths, problems which are more pronounced in South-West Sydney.[256]

5.19 Ms O'Loughlin told the committee of increasing demand for services, which has not been met by funding increases. She told the committee of long and increasing waiting times for treatment, while COVID-19 led to a further spike in referrals. She spoke of the organisation's need to rationalise and reduce services in South-West Sydney due to funding not meeting demand:

> Our waitlists have continued to increase, with over 170 young children as at March 2020 with significant mental health and behaviour conduct issues on our books waiting 10 weeks for treatment. Our residential unit beds for parents requiring complex parenting support have a waiting list currently of 16 weeks and our maternal mental health services have a 14-week waiting time. We fully acknowledge the funding challenges across the health sector and especially during COVID-19, which has seen an unprecedented spike in demand, with a 95 per cent increase in Karitane's referrals since March 2020.
>
> We continue to face challenging decisions to rationalise and reduce services in south-west Sydney as demand outstrips our funding. The processes of accessing growth or additional funding allocation for secondary and tertiary services like Karitane remain somewhat ad hoc and we would welcome equity in distribution to service providers across LHDs that is transparent and proportionate to local demographics, level of vulnerability and expertise of service providers.[257]

5.20 Ms O'Loughlin also pointed out the complexity of funding arrangements for a community service provider like Karitane, which receives strands of funding from multiple Australian and New South Wales Government departments. She suggested that coordinated care between the various agencies to have a functional, integrated care model, is required.[258]

5.21 Tresillian, a family service provider in South-West Sydney, also submitted on the importance of support services to families, including at risk families, to minimise inequities to access to care encountered by vulnerable families. The submission highlighted the benefit to families of 'wrap around' services which can have a significant impact on physical, social, emotional and psychological health of children, and have a long-lasting, generational effect.[259]

255 Submission 32, pp 7-11.

256 Submission 32, p 11.

257 Evidence, Ms O'Loughlin, 14 July 2020, p 38.

258 Evidence, Ms O'Loughlin, 14 July 2020, p 42.

259 Submission 12, Tresillian, pp 1-10.

5.22 A submission from the Western Sydney Leadership Dialogue highlighted opportunities in the growth region of redesigning how early childhood services are provided, with greater focus on decentralised and mobile community clinics and a preventative approach to health care.

> A similar opportunity exists at the other end of the demographic scale. Naturally in a growth region the rapidly expanding population will place additional demands on paediatric and childhood health services. Once again, the green fields of SWSGR present an opportunity to redesign our approach to these 'from scratch'. Decentralised and mobile community clinics, and greater IT' consultation, 'scripting and bulk billing would all reduce the time and resource pressures on more centralized, reactive care often disrupted by school, childcare and 'working parent' routines. Inculcating in our young a 'cradle to grave' preventative approach to health care would have a multiplying downstream generational impact – provide we embrace it first, here and now.[260]

5.23 Karitane's submission highlights significant social and economic benefits of investing in early childhood and parenting services. It notes that: 'numerous studies around the world have demonstrated clear monetary return on investment (ROI) for a range of parenting support programs'.[261] It also points out that:

> Left untreated, severe early childhood problems have a 50 per cent chance of persisting into adulthood, leading to increased risk of school dropout, substance abuse, family violence, unemployment, involvement with criminal justice services, and suicide. Early intervention to prevent this trajectory not only improves the lives and outcomes of individuals and their families, but delivers cost-savings to government in reduced service usage across a wide range of supports.[262]

Mental health

5.24 As noted in Chapter 2, there is evidence of a high burden of mental health issues in South-West Sydney, associated with the area's high rate of recent refugee resettlement and socio-economic disadvantage. The committee heard from several stakeholders of a lack of adequate, articulated services to meet the demand, as well as the complexity of providing services in a culturally and linguistically diverse population.[263] Hospitals and health workers from South-West Sydney highlighted the lack of mental health beds, lack of trained staff, and lack of articulated community programs addressing mental health.

5.25 The South Western Sydney Primary Health Network highlighted the relative burden in South-West Sydney compared to other parts of the state, noting:

> We know that South Western Sydney has the highest proportion of adult residents in metropolitan Sydney reporting high or very high levels of psychological distress (19 per cent) and this is higher than the New South Wales mean. The number of suicide deaths

260 Submission 23, Western Sydney Leadership Dialogue, p 5.

261 Submission 32, p 16.

262 Submission 32, p 16.

263 For example, Submission 22, The Royal Australian and New Zealand College of Psychiatrists, p 1.

across the region in 2015 was the second highest reported in metropolitan Sydney after Western Sydney.[264]

5.26 The Royal Australian and New Zealand College of Psychiatrists (RANZCOP) highlighted the importance of planning for mental health services, not just for individuals' well-being, but also to prevent flow-on effects to other parts of the healthcare system.[265] Pointing to the region's rapid growth rate, RANZCOP argued that South-West Sydney needs to build from an existing deficit in health care, including mental health, to cater to growing need.[266] Particular issues and shortfalls identified by RANZCOP members included:

- less developed alcohol and other drug services, leading to high numbers of people with drug-related psychosis presenting to emergency departments
- high demand for perinatal mental health support, due to the area's high birthrate
- large and growing number of older people, some with dementia
- under-resourcing of community-based mental health services, resulting in inappropriate use of emergency departments or preventable hospitalization
- long travel distances and wait times for surgery or emergency care
- large number of humanitarian entrants and refugees with underlying complex trauma in the region.[267]

5.27 Evidence from Dr Yong, representing RANZCOP, pointed to a high need for mental health care in outer metropolitan Sydney, and the particular complexity of South-West Sydney, coupled with historically lower levels of resourcing and rapidly rising need. He also noted most increases in funding have gone to the private and non-government sectors rather than the public mental health service.[268] Dr Yong also noted that South-West Sydney currently has less psychiatrists per head of population than other parts of Sydney, and many specialist services that exist in other parts of Sydney do not exist in the South-West.[269]

5.28 The NSW Nurses and Midwives' Association informed the committee that the South Western Sydney Local Health District has a 10 year plan developed in 2014, however they suggested that, while there have been changes in how mental health services are delivered in South-West Sydney, there has been little increase to service capacity.[270] The submission notes that nurses have raised issues about their safety in mental health settings, such as inadequate design, inadequate staffing and skill mix for the management of patients' needs.[271] The submission further highlights inadequate mental health facilities in the main public hospitals in South-West Sydney:

264 Submission 36, South Western Sydney Primary Health Network, p 6.

265 Submission 22, p 2.

266 Submission 22, p 4.

267 Submission 22, p 5.

268 Evidence, Dr Choong-Siew Yong, NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists, 14 July 2020, p 25, see also Submission 22.

269 Evidence, Dr Yong, 14 July 2020, p 25, see also Submission 22.

270 Submission 46, NSW Nurses and Midwives Association, pp 11-12.

271 Submission 46, p 12.

> The mental health facilities provided at Bankstown, Liverpool and Campbelltown were predominantly built in the 70s with little refurbishment in that time. Some additional capacity has been provided at Liverpool Hospital and new wards will be provided as part of the Campbelltown Hospital however demand for service has led to bed block due to capacity not only in SWS but across New South Wales.[272]

5.29 Lack of facilities and funding for public mental health services puts pressure on hospitals in the region. Liverpool Hospital Medical Staff Council expressed concern about the lack of mental health beds in the district meaning that a significant portion of emergency department beds are used by patients needing admission to a mental health unit.[273] The submission said the hospital lacks sufficient funds to rectify 'this significant mental health bed problem'.[274] Bankstown-Lidcome Hospital also raised the issue of lack of mental health beds in the SWSLHD, noting:

> The limited number of mental health beds in our district (compared with other health districts) means that on many days a significant proportion of our emergency department (ED) beds are used by patients who need admission to a mental health unit. Length of stay of mental health patients can exceed 24 hours, and occasionally even more than 48 hours. We have excellent mental health and emergency staff that consistently provide great care to these patients in somewhat challenging circumstances. The council believes that more investment in mental health inpatient beds as well as community services would address this issue.[275]

5.30 Campbelltown Hospital also reported having patients with mental health needs in the emergency department for over 24 hours, which can be attributed to lack of beds as well as low access to community services.[276] Fairfield Hospital reported having no mental health beds, and no trained staff, apart from one nurse that could come across from Liverpool.[277] Associate Professor Cracknell from Campbelltown and Camden Hospital told the committee:

> We need more mental health clinicians. We still have parts of the week where there is no psychiatric-trained registrar available to review patients in emergency. There are still parts of the week where there is no-one on service, no-one in the hospital who can come and review patients in emergency. Simultaneously, we need to develop our community services. I understand that in general there is a long discussion regarding community primary preventative care versus hospital-based care. Unfortunately, that binary doesn't work in an area like south-west Sydney because neither services are developed enough. We need to develop our community-based services to prevent and manage exacerbations when they can, but we also have a desperate need for our inpatient services as well.[278]

5.31 Asked about whether funding that has already been committed to expand mental health services at Campbelltown Hospital will alleviate the problem, Dr Setty Ung told the committee the Hospital is grateful for the mental health capital works, but is still doubtful about capacity to

272 Submission 46, p 13.

273 Submission 10, p 4.

274 Submission 10, p 5.

275 Submission 38, Bankstown Lidcome Hospital Medical Staff Council, p 6.

276 Evidence, Associate Professor Cracknell, 14 July 2020, p 7.

277 Evidence, Dr Garry A Helprin, Head of Department of Medicine, Fairfield Hospital, 14 July 2020, pp 16-17.

278 Evidence, Associate Professor Cracknell, 14 July 2020, p 7.

recruit staff for the new facilities.[279] The State Member of Parliament for Campbelltown, Mr Greg Warren MP, noted in his submission that the position of full-time clinical psychologist at Campbelltown Hospital's adolescent mental health unit has remained unfilled for more than two years.[280]

5.32 Ms Leslie Gibbs, representing the NSW Nurses and Midwives' Association, spoke of the issues caused for hospital emergency departments by low numbers of mental health beds within the hospital system.

> The EDs have often got mental health clients that are waiting in the ED for prolonged periods of time before they can actually get up into a ward, if they ever get up to a ward, and that does happen. It is not only at Campbelltown. It happens at Liverpool and Bankstown as well. Some of the other hospitals do not have provision for mental health such as Fairfield or Camden.[281]

5.33 Lack of resourcing for mental health beds and specialist staff has flow on consequences for staff in the hospitals. Ms Gibbs told the committee that staff are not receiving adequate training, are at risk in the workplace, and are fearful:

> Occupational violence is rampant in mental health. We have had a recent death in Liverpool where a mental health nurse was charged and he hit the floor. That is still under investigation. That type of thing happens not only there but across the State. This is the second death we have had in mental health. The last one we had was just recently in November last year in the community in another area health service. Nurses are fearful. Staffing and skill mix. They are two of the primary concerns. Again, it is about retention of staff as well. Our experienced mental health nurses are all getting to that age that they are retiring and they were actually mental health trained. That sort of training no longer exists. They very much learn on the job. There is further education that they are doing and they are working towards that. But it is the occupational violence that is the concern.[282]

5.34 As the committee heard, hospitals are not the only provider of mental health services, and there is a need for greater coordination across sectors. RANZCOP noted that mental health services, particularly community mental health, are more fragmented in South-West Sydney, which leads to less continuity of care, higher drop-out rates, and ultimately poorer mental health outcomes overall in South-West Sydney.[283] Dr Yong, representing RANZCOP, called for a more comprehensive planning process in mental health that takes into account private and non-government organisations as well as the public system.[284]

5.35 St John of God Health Care noted a gap in mental health services in South-West Sydney for those with mild or moderate mental health issues who do not meet criteria for hospital admission, and argued for greater private sector involvement in mental health.

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279 Evidence, Dr Ung, 14 July 2020, p 11.

280 Submission 5, Mr Greg Warren MP, p 1.

281 Evidence, Ms Leslie Gibbs, WHS Professional Officer, NSW Nurses and Midwives' Association, 14 July 2020, p 53.

282 Evidence, Ms Gibbs, 14 July 2020, p 52.

283 Evidence, Dr Yong, 14 July 2020, p 26.

284 Evidence, Dr Yong, 14 July 2020, p 26.

> It is generally accepted there is a gap in mental health services for individuals with a 'mild to moderate' mental health condition. These individuals generally do not meet the criteria for admission to public mental health services and require some kind of stepped-up support to successfully manage their condition and avoid escalation to a crisis. The private sector is uniquely positioned to service this cohort and the provision of private with public services creates an increased opportunity for the recruitment and retention of a highly skilled and in demand workforce.[285]

5.36 The South Western Sydney Primary Health Network pointed out the increased demand on general practice to meet growing mental health needs, and called for better articulated, integrated models for mental health care to meet the needs of the growing population.

> As the population continues to grow, increased demand will be placed on general practice and traditional community mental health services to meet growing mental health needs. One-size-fits-all models of working, such as those supported by Medicare's *'Better Access'* program, may impact service capacity and equitable and timely access to mental health services. There is a need to jointly commit to implementing an integrated stepped-care model for mental health services, in order to better ration available supply of mental health services. This model is most conducive to a patient-centred approach with tailored care responses according to need, rather than standardised allocation of treatments. Patients enter the stepped care continuum at an intensity of service matched to their need and set up or down as their needs change. Implementation of stepped care requires investment in new care pathways which support patient transition based on need.[286]

5.37 Mental health is another area where early intervention programs can save resources for the health system and improve health and social outcomes. The Woodville Alliance highlighted the large number of children facing mental health challenges, and at risk of developing a clinically significant behavioural issue.[287]

> The concerning number of young people experiencing poor mental health in the SWS region is evident in ongoing increased demand for Woodville Alliance's (WA) services in our targeted early intervention and prevention work delivered in the Fairfield, Liverpool and Bankstown-Canterbury LGAs. This includes non-clinical case work, evidence-based group work, community education and outreach. In 2019, WA's Community Initiatives team saw a staggering 43 per cent increase of clients and community members compared to 2018.

5.38 Ms Callaghan from the Woodville Alliance gave examples of how important it is to invest early in mental health, especially in the culturally and linguistically diverse communities of South-West Sydney that have large numbers of people affected by resettlement and trauma. She spoke about the importance of community based care and holistic services, as well as strong working relationships between services, such as schools, community mental health to engage people early on in care.[288] Despite global evidence about the importance of the early years of brain development on later mental health and other social outcomes, Ms Callaghan pointed to a gap in services for children under five.

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285 Submission 14, St John of God Healthcare, p 3.

286 Submission 36, pp 6-7.

287 Submission 53, Woodville Alliance, p 3.

288 Evidence, Ms Ruth Callaghan, General Manager – Community Initiatives, Woodville Alliance, 14 July 2020, pp 23, 27, 29-30.

> But relatively speaking in terms of mental health clinical services there is a relative lack of those services for children under five. Most of our teams will see children of five onwards—school age upwards—but relatively speaking there is not a lot available for children under that age. Some of that is done through community paediatrics and community child and family teams and some of it is done through specialist mental health teams but it is a somewhat fragmented system that we have here. So, again, trying to join up all the services is probably something we should look at.[289]

Chronic diseases: prevention and management

5.39 The committee heard evidence suggesting there are opportunities for significant health gains for the region by improving how chronic conditions are managed, and through early intervention programs. As noted in Chapter 2, South-West Sydney has comparatively high rates of lifestyle factors associated with chronic diseases such as diabetes and cancer, and relatively low uptake of preventative screening programs.

5.40 Local government representatives urged the committee to consider the different demographic profiles in South-West Sydney, and the rates of chronic illness associated with different population groups, 'particularly those where there is significant social disadvantage'.[290] The South Western Sydney Primary Health Network submission identified that rates of potentially preventable hospitalisations in South-West Sydney are among the highest in the state. This includes chronic conditions such as congestive cardiac failure, diabetes, kidney disease, asthma, hypertension and dental conditions, as well as vaccine-preventable illness.[291] The submission called for active care coordination around a relatively small percentage of patients with complex needs, to address fragmented care pathways that lead to poor outcomes for the patient or wasteful use of resources. Active care, according to the SWSPHN, needs to go beyond 'business as usual' referral letters and discharge summaries, and requires ongoing cooperation and alignment of incentives between the different service providers involved. [292]

5.41 As discussed in Chapter 3, the SWSPHN advanced the idea of a 'medical neighbourhood' model of care to provide patient-centred care to at-risk patients by coordinating between a patient's general practitioner, primary and community health services and tertiary services. The idea of a 'medical neighbourhood' would be to improve patient safety, enhance quality of care and reduce unnecessary duplication of services.[293] According to the SWSPHN, this 'medical neighbourhood' concept has some similarities to the 'integrated health neighbourhood' put forward by the SWSLHD and discussed in chapter 3, but also with some differences. The medical neighbourhood concept is to have medical practices work together around the needs of identified patients, and with the local hospital to reduce potentially preventable hospitalisations.[294]

289 Evidence, Ms Callaghan, 14 July 2020, p 30.

290 Evidence, Mrs Sue Coleman, Executive Officer, Western Parkland Councils, 15 July 2020, p 10.

291 Submission 36, p 5.

292 Submission 36, p 5.

293 Submission 36, p 6.

294 Evidence, Dr Keith McDonald, CEO, South Western Sydney Primary Health Network, 14 July 2020, p 33.

5.42 Various submissions and witnesses to the inquiry called for greater focus on early intervention and preventative health programs, to limit reliance on the hospital system where care could be more appropriately provided in the community and/or the need for curative health minimised by promoting healthier lifestyles.[295] Western Parkland Councils made this point to the committee, stating:

> Ideally…we would like to avoid people needing to go to the hospital if we can try to influence some of those factors as well. That really needs complementary investment in terms of education and other social and family services and the like to try to, as we said, affect the front end, not just in terms of the facilities.[296]

5.43 Wollondilly Shire Council also called for programs and facilities focusing on preventative health for a growing population. The council indicated support for an integrated community care model, while noting it is not a 'silver bullet' to issues in the area.[297]

5.44 The Woodville Alliance similarly noted a need for more investment in community-based prevention services, commensurate with emerging health issues and population growth and projections:

> The Committee has before it a lot of data and evidence, which we do not need to go through, but it does clearly demonstrate that government investment in health services especially, in our view, in community-based prevention, early intervention and primary care has not been commensurate with emerging health outcomes or economic and population growth and projections in south-west Sydney.[298]

5.45 In the area of ageing as well, stakeholders called for more investment in preventive health that could save money and lead to better quality of life. The Older Women's Network pointed out the increasing numbers of older people in South-West Sydney, and that more women are retiring into poverty. Citing research showing the cost-effectiveness of many preventive health interventions, the Older Women's network argued for more and consistent investment in NGOs providing wellness-promoting activities in the community.[299]

5.46 Witnesses representing hospitals also recognised the importance of integrated care that can manage chronic disease effectively out of the hospital environment. Professor Richard Cracknell from Campbelltown-Camden Hospitals applauded existing collaboration between the SWSLHD and SWSPHN around the health neighbourhood concept. However, like others, he also pointed to the way that funding arrangements and incentives for service providers currently do not support a more integrated arrangement.

> Processes such as the health neighbourhood and collaborations between the LHD and primary health networks [PHN] are certainly things to be greatly applauded. That type of collaboration is very evident in the south-west and it is excellent. It tries to bring forward the principles of integrated care where we focus health care around the patient. I say that to draw it in contrast with our funding model, which still, despite integrated

295 For example, Submission 12, Submission 32 and Submission 53.

296 Evidence, Mrs Coleman, 15 July 2020, p 15.

297 Evidence, Mrs Ally Dench, Executive Director Community and Corporate, Wollondilly Shire Council, 15 July 2020, p 11.

298 Evidence, Ms Callaghan, 14 July 2020, p 23.

299 Submission 41, Older Women's Network NSW Inc.

> care being one of the major platforms of the health care we are aspiring to as we do planning, we are funding providers; we are not actually focusing the funding where the patient is.[300]

5.47 The Western Sydney Leadership Dialogue highlighted many factors outside traditional health sector planning that contribute to higher rates of chronic illness, which could be addressed through better non-health planning choices. The submission highlights a need to focus on policy choices more likely to promote healthy lifestyles.

> Regional research…consistently shows that GWS's higher incidence of obesity, diabetes, and other related conditions, flows largely from non-health ('obesogenic') factors. These include comparatively few active transport options, longer commutes, less recreational time and green and blue infrastructure spaces, and fewer accessible nutritional food options. Higher rates of avoidable obesity conditions, and their cascading downstream comorbidities, results in ever-greater future health care 'needs'. Obesity is a nominal health issue which particularly underscores the folly of the 'silo' approach to SWSGR's health care planning, given that future incidence is a causal function of the future population's capacity to live more active, nutritional daily lives than is currently (at least on average) the case. This means that establishing the future obesity, diabetes and related condition health care 'needs' of the region isn't a simple matter of making actuarial projections based on current trends. Future numbers will depend entirely on a whole range of non-health policy planning choices. The less 'obesogenic' the daily lifestyle imposed on future populations by these policy choices, the more reduced future obesity health care needs.[301]

Palliative and aged care

5.48 As noted in Chapter 2, while South-West Sydney currently has a younger than average population, there is also a rapidly growing aged population. The current needs assessment for South-West Sydney notes that the number of people over 70 years of age is expected to increase by 91 per cent by 2031, meaning there will be an extra 77,000 older people living in the area.[302] Increasing numbers of aged persons is expected to lead to greater numbers with dementia, fall-related injuries and other age-related conditions.[303]

5.49 The current needs assessment for the SWSLHD suggests the demand for palliative care is expected to increase by 67.5 per cent by 2031, with the number requiring palliative care growing from 2,275 to 3,811. [304] The demand for aged care is similarly expected to increase, with the number requiring this type of care projected to almost double, from 5,937 to 10,894 by 2031. [305]

5.50 NSW Health's submission to this inquiry noted that ageing populations in South-West Sydney are one factor driving significant growth in current and projected demand for both public and

300 Evidence, Associate Professor Cracknell, 14 July 2020, p 12.

301 Submission 23, pp 2-3.

302 South Western Sydney Local Health District and South Western Sydney Primary Health Network, 2019, *South West Sydney: Our Health*, p 140.

303 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, pp 141-6.

304 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 148.

305 SWSLHD and SWSPHN 2019, *South West Sydney: Our Health*, p 149.

private allied health services. It also notes that population growth combined with an ageing population in the area has increased demand for allied health services to manage chronic disease such as diabetes and dementia.[306]

5.51 Despite these projections for growth in demand, aged and palliative care needs in South-West Sydney were not discussed extensively in many submissions or by many witnesses. An ageing population will place demands on palliative and aged care services. A 2014 population health needs assessment for South-West Sydney noted:

> There is a growing aged population in south western Sydney. Older people have complex and multiple care needs which can be difficult to successfully manage. There is a lack of private geriatricians and other aged care specialists in the area, and support for managing aged patients is limited. The general practice setting has a key role as the care coordinator for older people.[307]

5.52 Palliative care provision cuts across many parts of the health sector – not just hospitals, but general practitioners, allied health and other community services. Witnesses from the SWSPHN spoke about how palliative care is an important part of the work in general practice, as well as linking to specialist palliative care services, aged care and ambulance services.

> What I would say is general practice—in a general practice like ours, palliative care provision is absolutely part of what we do in terms of the familiar line some may know around 'cradle to grave' care. If my wife, who is also a GP, were here she would probably—she does a large proportion of the palliative care for our practice. It is very much an issue in the work that I do. So it is important, not just in a societal sense, but actually important to what I know we do as a practice from day to day. There is a service called PEACH [Palliative Extended and Care Home] within our community for end of life in the last seven days. That is for a package of care for those in the last seven days of life, with the aim of enabling them to die at home if necessary.[308]

5.53 Speaking on behalf of aged and palliative care services provider HammondCare, Associate Professor Kohler told the inquiry that palliative care services need continued attention to keep up with the growing demands in South-West Sydney:

> The population is ageing. Some of the parents or grandparents who are looking after the grandchildren are moving into the area and that causes significant demands. There are population projections of a 125 per cent increase in the 85 plus population in south-west Sydney. There is a considerable demand that is not unique to south-west Sydney but exacerbated in south-west Sydney because of the historical trends that will require ongoing management and provide ongoing challenges. Palliative care is an issue which is well addressed in many services around the country, but try as we may people will continue to die, it is inevitable. To provide a comfortable and supportive environment during death is essential. The resources to do that are also essential. The palliative care services that Hammond provide to south-west Sydney is a 16-bed unit as well as outpatient services, but there are many other components to palliative care services both

306 Submission 33, NSW Health, p 16.

307 SWSLHD and Medicare Local South Western Sydney, 2014, *Population Health Needs Assessment for the Communities of South Western Sydney and the Southern Highlands*, p 77.

308 Evidence, Dr Matthew Gray, Chairman, South Western Sydney Primary Health Network (GP Representative), 14 July 2020, p 31.

> in south-west Sydney and across this State. That needs continued attention to ensure we keep up with demand.[309]

5.54 The committee heard that, as well as the privately operated Braeside palliative care unit, there are currently palliative care units at Camden, Liverpool, Bankstown and Bowral.[310] According to Associate Professor Kohler, the current demand is 'reasonable' in comparison to bed occupancy, but there is room for investment in palliative care in the community, to meet the needs of people who want to die at home:

> There is room for further investment into palliative care service in the community. New South Wales has some very innovative models to provide care for patients at home. The vast majority of patients actually tell us that they want to die at home, so it is not just in-hospital services which are important but the in-home services. There is probably a reasonable balance, but some further development is required.[311]

5.55 Other submissions do suggest a shortfall in palliative care in parts of South-West Sydney. The Macarthur Cancer Therapy Centre told the committee there are only 10 palliative care beds at Camden Hospital (which services the Macarthur region), whereas there are 20 at Liverpool Hospital and 20 at Braeside Hospital in Fairfield. According to the submission, relevant guidelines suggest that there should be 40 palliative care beds for the area from Campbelltown to the Southern Highlands. Further, the submission suggests the area is understaffed by palliative care specialists according to the applicable guidelines.[312]

5.56 HammondCare's submission to the inquiry argues for provision of specialist palliative care in residential aged care. It argues that establishing palliative care hospice units within aged care facilities would improve quality and safety of end of life care for older people in South-West Sydney, and could also result in savings to hospitals. [313] Asked why this approach makes sense for governments, Associate Prof Kohler said:

> It addresses this desire of people not to die in hospital, they want to die in the community. Particularly people in nursing homes want to die in nursing homes and people in the community want to die in the community. Nursing homes by and large do not have the expertise to deal with prolonged end of life. They provide very good care for people who need it, but there are some special skills required to deal at the end of life and with people who have got pain, in particular, and the pain management.[314]

5.57 Witnesses from NSW Health stated that palliative care is a central part of care delivery,[315] and that there has been significant investment by the New South Wales Government to enhance palliative care services over the past few years.[316] They pointed to the 'Peach Program', which

309 Associate Professor Friedbert Kohler, Director of Medical Services, HammondCare Health.

310 Evidence, Associate Professor Kohler, 14 July 2014, p 39.

311 Evidence, Associate Professor Kohler, 14 July 2014, p 39.

312 Submission 18, Macarthur Cancer Therapy Centre, p 3.

313 Submission 48, HammondCare, pp 5-6.

314 Evidence, Associate Professor Kohler, 14 July 2020, p 43.

315 Evidence, Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District,15 July 2020, p 39.

316 Evidence, Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, 15 July 2020, p 38.

works in South-West Sydney to support families where someone wants to die at home, as an example of a palliative care service in the community.[317]

5.58 Noting the mental health impact of losing a loved one, the Southern Highlands Bereavement Care Service called for the SWSLHD to expand available grief and loss support services into the Macarthur region, where such services are currently limited.[318] The submission notes:

> The SWSLHD has seen a growth in many young families moving into the area, as well as an increasing ageing population, many of whom live outside of townships and experience varying degrees of social isolation. Our young people continue to struggle with increased changes and transitions that occur as a result of societal expectations, family breakdown, sudden death and suicide. Aligning with preventative health strategies, and to ensure that the mental health needs of the region are met into the future, more bereavement counselling service hours are needed.[319]

5.59 The committee received limited evidence in relation to the adequacy of current planned aged care in South-West Sydney. The committee notes that the Australian Government has primary responsibility for aged care. When questions about aged care were raised, Dr Lyons from NSW Health noted the Royal Commission into Aged Care is currently under way, and said the New South Wales Government is advocating strongly on the need to enhance the health care provided to residents in aged care facilities.[320] The NSW Nurses and Midwives' Association General Secretary, Mr Brett Holmes, named aged care as one of several areas where services in South-West Sydney are struggling to keep pace with population growth, placing pressure on staff:

> Sydney's south-west has always struggled to get provision of service. Even when we have had expansions, by the time we have finished the expansion we are at capacity. That happens on a continual basis. Staff are constantly experiencing psychosocial stress from trying to deliver equitable health care with the resources that they have actually got. The constraints appear in several areas, in particular in aged care, mental health and community health services, as well as paediatric services, which are not well provided there.[321]

5.60 Associate Professor Kohler from HammondCare noted that an ageing population will increase demand for certain types of services in addition to residential care, such as aged care psychiatry. He suggested that South-West Sydney, having had a predominantly younger population, was starting from a low base in providing specialist services for an ageing population, and this is a challenge that needs addressing:

> The demand for aged care psychiatry is almost endless as the population ages. The incidence of dementia goes to 40 per cent for those who reach an age of 90 or older, 28 per cent if you are 85 plus, it is obviously a little less, but it is directly related. Dementia itself is not a problem per se apart from needing care and other people need to help you, but you also have some behavioural consequences and some behavioural disturbance that goes with it which needs specialised treatment. In all areas, including

317 Evidence, Ms Larkin, 15 July 2020, p 39.

318 Submission 45, Southern Highlands Bereavement Care Service, p 2.

319 Submission 45, p 1.

320 Evidence, Dr Lyon, 15 July 2020, p 39.

321 Evidence, Mr Holmes, 14 July 2020, p 48.

> south-west Sydney, that service needs to continue to be developed. The particular challenge in south-west Sydney is that we come from a low base in south-west Sydney. Predominantly in the outer suburbs of Sydney it was a younger population.[322]

Communication and coordination amongst health providers

5.61 A consistent message from stakeholders to this inquiry has been that there are opportunities to improve communication and coordination across different parts of the health system, to improve the experience and outcomes for patients, and to maximise the use of available resources. As noted by NSW Health, and several other submissions, the services directly provided by the New South Wales Government through the South-West Sydney Local Health District are only part of the health system, which includes general practice, private specialist care and private hospitals,[323] and a range of community and allied health services.

5.62 Representing the area's general practitioners, the South Western Sydney Primary Health Network called for better coordination between state and federal governments to smooth the path between primary and secondary care. Rather than focusing on capital investment for a new hospital, the SWSPHN called for improved risk modelling, improved interoperable IT systems so that services can track patients along a clinical pathway, and improved models of care that can reduce preventable hospitalization. Specifically, the SWSPHN said:

> We advocate for a truly patient-centred approach to the development of integrated healthcare services for the growing communities of south-western Sydney that is not arbitrarily constrained or impeded by State and Federal divisions. Rather than focusing on capital investment in another greenfield site for a new hospital, it is our view that better value will be achieved by enabling and fast tracking the following: Predictive risk modelling and more sensitive risk stratification tools; interoperable information and communication technology to optimise clinical workflows and patient care pathways across sectors; and embedded systems and tools that support data linkage and patient tracking across sectors. Application of all the above enablers should be matched with operational investments in things such as innovative models of care that tangibly reduce potentially preventable hospitalisations, more comprehensive development and expansion of both mental health services and suicide prevention strategies, and whole-of-community strategies that overcome the barriers to access associated with widespread social disadvantage.[324]

5.63 Expanding on this statement, Mr Gray told the committee of general practitioners' desire to help patients navigate the broader health system, and the importance of being able to share clinical information through linked IT systems.

> There are various touch points of general practice with the health service, the emergency department is a key one, some of the shared care programs such as antenatal shared care, or if people are needing procedural work done. I think GPs want to be able to navigate the system that is beyond their practice. They want to do it as easily as possible and they want to do it as safely as possible. Information and sharing of clinical information is one of the key things that can assist with that.[325]

322 Evidence, Associate Professor Kohler, 14 July 2014, p 38.

323 Submission 33, p 2.

324 Evidence, Dr MacDonald, 14 July 2020, p 31.

325 Evidence, Dr Gray, 14 July 2020, p 32.

5.64 Greater coordination was also urged for the aged care sector, which involves a combination of Australian and state government responsibilities. Speaking from his experience with aged and palliative care provider HammondCare, Associate Professor Kohler noted opportunities for improving care for the elderly and others through improved coordination and integration across different services.

> One of the essential things we need to address more and more and that is currently in vogue is to have a much more comprehensive integrated care delivery. This is particularly true for the elderly, but it is equally true for the rehabilitation service, the divide between health and the NDIS applied services has been well documented and it is also true for aged care psychiatry services. So, in all cases in the subacute sector the coordination and integration across many different players is essential and can be improved.[326]

5.65 The Royal Australian and New Zealand College of Psychiatrists cited lack of planning and coordination between government, private and non-government services as an issue affecting the provision of mental health services in Australia generally, but particularly in South-West Sydney.

> One of the things that has bedevilled mental health planning in Australia generally and in New South Wales in particular has been the lack of coordination between those different sectors. Even the most recent reports by mental health commissions, both nationally as well as in New South Wales, I would argue have failed to take account sufficiently of the huge contribution private clinicians such as private psychologists and private psychiatrists make to mental health care in New South Wales. This is particularly compounded in outer metropolitan areas of Sydney such as south-western Sydney.[327]

5.66 In the area of child and family health, parenting support and early intervention service provider Karitane also spoke of the issues they, as a non-government organization, face in dealing with multiple government agencies – state and federal – for funding, and suggested that greater coordination of programs to provide integrated care is what is needed.[328]

> Having a bird's-eye view I can see that some areas are receiving funding to multiple organisations to provide services to a similar cohort of families where there are gaps in other parts of the district. Coordinated care between DCJ, DSS, NSW Health and the NGO sector to have a really functional integrated care model is what I see as required.[329]

Role of private health providers and community services in a public health network

5.67 There are examples of public cooperation with the private sector around health service provision in South-West Sydney. As noted in Chapter 3, the 'Integrated Health Hub' at Oran Park provides one model for how private general practitioner and allied health services can be co-located, thus offering a convenient service centre. The developer of Oran Park described the involvement of the SWSLHD in establishing the Integrated Health Hub at Oran Park as 'not something they would usually do', but they leased space, were involved in getting general

326 Evidence, Associate Professor Kohler, 14 July 2020, p 40.

327 Evidence, Dr Yong, 14 July 2020, p 24,

328 Evidence, Ms O'Loughlin, 14 July 2020, p 42.

329 Evidence, Ms O'Loughlin, 14 July 2020, p 42.

practitioners working there, putting in MyHealth and bringing in allied services.[330] As noted in Chapter 3, some stakeholders, such as Karitane, reported seeing benefits to patients of locating primary and allied care together in this way.

5.68 Some private and community sector stakeholders see potential for more conscious planning and collaboration between their sectors in South-West Sydney. St John of God Health Care suggested that:

> While market forces have historically been the primary mechanism for private sector engagement in the health system this approach is sub-optimal to careful and deliberate health services planning that ensures services between the private and public sectors are complementary and focused on delivering the best outcomes for the community…Additionally, there are several characteristics of the populations of growth corridors including a younger average population, a higher proportion of families and a higher proportion of Culturally and Linguistically Diverse (CALD) groups that could shift the focus of the support provided by private hospitals.[331]

5.69 Some stakeholders see further potential for involving the private sector to work with public services in tertiary service provision as well. This was raised by the developer of Oran Park, who suggested that private specialists will move where there are work opportunities, and that a private hospital operator could in future be interested in managing a facility serving public patients in Oran Park.[332] Wollondilly Shire Council also raised the potential for public-private cooperation in the provision of health services in the area. Mrs Dench from Wollondilly Shire Council said there had been a lost opportunity in planning to Wollondilly Growth Area to set aside 10 hectares of land as potential floor space for the provision of health services. She suggested the site was 'a perfect opportunity to leverage private facilities, or public-private.'[333]

> We need tertiary-level services, which is a hospital—whether that be public, private or public-private partnership. We need land or something set aside to enable us to facilitate that to happen. You do not set aside land, it ain't going to happen. We need somewhere, whether that is provided by government or private providers. Again, the cost of care—if you are able to afford private care—is another big factor. But definitely we are looking at a mixture of services.[334]

5.70 Some stakeholders expressed concern about reliance on the private sector to meet gaps in public services, especially in an area where there is social disadvantage, and that has low rates of private health insurance.[335] Ms Gibbeson from Fairfield City Council suggested that many residents of Fairfield 'fall through the cracks' when it comes to accessing specialized services because they cannot navigate a complex system and cannot afford private treatment.[336] Medical practitioners in the public system report feeling ethical concerns about suggesting patients seek private care

330 Evidence, Mr Mark Perich, Director, Greenfields Development Company No. 2 Pty Ltd, 15 July 2020, p 20.

331 Submission 14, p 3.

332 Evidence, Mr Perich, 15 July 2020, pp 21-22.

333 Evidence, Mrs Dench, 15 July 2020, p 11.

334 Evidence, Mrs Dench, 15 July 2020, p 14.

335 For example, Evidence, Associate Professor Cracknell, 14 July 2020, p 10.

336 Evidence, Ms Gibbeson, 15 July 2020, p 12.

if they can afford it due to long public hospital waiting times.[337] Ms Angela Lonergan pointed to the financial burden for patients (who may be unable to work) having to pay for services privately that are not available in the local public health system.[338] The example of Oran Park has also prompted the perception that the New South Wales Government 'has a policy of shifting the costs of new health provision in suburban areas to the private sector'.[339]

5.71 Evidence to the inquiry from NSW Health noted that there are less private hospitals servicing South-West Sydney than other parts of the state,[340] and that lack of private hospital or specialist services in some areas places the public health system in those areas under particular pressure.[341]

Committee comment

5.72 South-West Sydney has a diverse population with complex needs. The region's demographics show that it has a high proportion of people at both ends of the life spectrum: the young and the old, as well as a rapidly expanding and diverse population. The needs of some key population segments are not being adequately met by the current provision of health services in the region. There are a number of issues that clearly need urgent attention, to ensure there is equity in availability of services to meet the needs of the population.

5.73 Maternal and paediatric services are a clear area of need, given the area's high birth rate, and apparent inability of existing services to keep up with demand. Immediate attention should be given to the availability and location of maternity and birthing care services within reasonable travel distance of those who need them. This requires both the infrastructure and operational funding to be in place, and also strategies to maintain skilled staff where they are needed.

5.74 The committee is concerned that the current structure of paediatric services across the greater Sydney metropolitan area disadvantages children from South-West Sydney, who are forced to travel long distances to receive care available at Randwick or Westmead. Similarly, consideration needs to be given to expanding the capacity of paediatric services in South-West Sydney, in keeping with the growing number of young families in the region. Hence the committee recommends that NSW Health immediately review the availability of maternity and paediatric services across South-West Sydney with the aim to expand and increase the availability of these services to keep up with the number of families living in the region.

Recommendation 14

That NSW Health immediately review the availability of maternity and paediatric services across South-West Sydney with the aim to expand and increase the availability of these services to keep up with the number of families living in the region.

337 Evidence, Dr Ung, 14 July 2020, p 4.

338 Evidence, Ms Angela Lonergan, 14 July 2020, p. 56.

339 Submission 6, The Hon Mark Latham MLC, p 1.

340 Evidence, Ms Pearce, 15 July 2020, p 37.

341 Evidence, Dr Lyons, 15 July 2020, p 37.

5.75 Attention must also be paid to appropriate resourcing of early intervention and parenting support, to ensure these community-based services are able to meet demand, and promote improved health and social outcomes, in particular for disadvantaged communities.

5.76 It is evident to the committee that the resourcing of mental health in the public hospital system in South-West Sydney is clearly inadequate, and that staffing levels need to be increased to cater to the level of need, and ensure both patient and staff safety. There is also a pressing need to improve planning and coordination across sectors in mental health, involving the private and community sectors, as well as the public system. Hence the committee recommends that NSW Health immediately review the inadequate number of mental health beds and staffing levels across the region with the aim to expand bed capacity as well as improving the connection between hospital and community based services.

Recommendation 15

That NSW Health immediately review the number of mental health beds and staffing levels across the region with the aim to expand bed capacity as well as improving connection between hospital and community based services for those experiencing mental health issues.

5.77 The committee also finds that more needs to be done in the area of preventive health and effective patient management in the community, to address rates of chronic disease in South-West Sydney as the population increases. While noting the current cooperation between the SWSLHD and SWSPHN on the 'integrated health neighbourhood' concept, the committee finds that more needs to be done to articulate effective models of care and involve all stakeholders in implementing a preventive health strategy. The committee therefore recommends that NSW Health develop and implement a more effective preventative health strategy to address the higher rate of chronic health diseases in South-West Sydney as the population continues to increase.

Recommendation 16

That NSW Health develop and implement a more effective preventative health strategy to address the higher rate of chronic health diseases in South-West Sydney as the population continues to increase.

Chapter 6 Planning for future health services in South-West Sydney

There was a high level of agreement from stakeholders on the scale and complexity of the health needs in South-West Sydney, and the need for significant investment from the New South Wales Government to provide for the current and future health needs of this fast-growing region. Stakeholders, however, held differing views on whether building a new hospital in South-West Sydney is the best way to meet those needs, with some suggesting that further investment in existing public hospitals is the best way forward in the context of limited public health budgets.

In regard to future planning for health services in South-West Sydney, stakeholders from government, non-government and the private sector consistently called for much closer consultation with those on the ground in planning for the region's future health needs, rather than just involving them at the implementation stage. They specifically asked for future planning to include more early intervention and preventative health services, more involvement by the private sector and community health providers, and greater coordination among government agencies.

A new hospital for South-West Sydney?

6.1 One of the key questions for this inquiry was to consider the need for a new hospital to be built in South-West Sydney, given the projected population growth in the region and the new airport to be built at Badgerys Creek. While many witnesses were emphatic in their view that more resources are required for South-West Sydney, they differed on whether a new hospital at this time was the best way to provide the health services the region needs.

6.2 A number of inquiry participants wholeheartedly supported the proposal for a new hospital near the new airport, pointing to the population projections and future employment growth as evidence of the obvious need for a new facility. Others suggested that, given the scarcity of the public health dollar, and the need for current services to catch up to the area's health needs, New South Wales Government funding would be better spent in further upgrading existing facilities and enhancing their service levels.

Support for a new hospital near the new airport

6.3 A number of stakeholders, including unions representing healthcare workers, medical professionals and local councils, called for a new hospital to be built near the new airport. The NSW Nurses and Midwives' Association strongly supported building a new tertiary referral hospital near the new Badgerys Creek airport, and recommended that size and services of the new hospital reflect the future needs of the population it would serve.[342] They argued that a new hospital is needed because health services in South-West Sydney are already at capacity and the planned upgrades to facilities will also be at capacity by the time they are completed. [343]

342 Submission 46, NSW Nurses and Midwives' Association, p 11.

343 Submission 46, p 10.

6.4 In his appearance before the committee, Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association, argued that, at a minimum, planning should take place now to set aside land for a future hospital:

> … at the very least land should be preserved at the aerotropolis for a new tertiary level hospital. It certainly makes sense that you would look at that area for the amount of growth that is expected to come out of that new airport and then linking a new hospital that has access to airport, rail and road. [344]

6.5 Mr Holmes questioned whether the current model of regional healthcare that focuses on transporting critically ill patients to other hospitals is sustainable, or whether it would be better to invest in facilities to treat patients closer to their local areas – particularly, as in the case of South-West Sydney, when there will be such significant population growth and large numbers of workers coming into the region.[345]

6.6 Giving evidence, Mr Gerard Hayes, Secretary, Health Services Union NSW ACT QLD, was asked to clarify whether the union supported a new hospital or further investment in existing hospitals. Mr Hayes concluded that a new hospital was a 'no-brainer' in the face of current unmet needs in the region and projected growth:

> …. Campbelltown looks like it is bursting at the seams already. … Thinking of Badgerys Creek coming online at some stage, there is going to be a huge population there.….. South-western Sydney is such an important area of New South Wales and I think it is only sensible to develop that level of facility.[346]

6.7 On the question of a new hospital, or upgrades to existing infrastructure, the Western Sydney Leadership Dialogue noted that there is a strong case for starting to plan a new hospital now:

> On sheer projected population numbers there certainly is a strong case to start planning now for a whole new hospital and even entire health precinct within the SWSGR, to directly service the Aerotropolis and enhance regional strategic ballast and optionality. Existing health hubs like Campbelltown, Bankstown-Lidcombe and Liverpool Hospitals are all currently undergoing upgrades, but infrastructure can only be expanded, and their allied health services radiated outwards so far, before the cost-benefit begins to diminish.[347]

6.8 The submission from the Campbelltown and Camden Hospitals Emergency Department Executive Team expressed the view that, as hospitals close to the new airport, Campbelltown and Camden hospitals would not be able to meet the needs of the new Aerotropolis, and therefore called for a new hospital be to be built:

> Even with Stage 3 it is not possible for the expanded Campbelltown and Camden Hospitals to meet all the acute needs of the Aerotropolis and there is a ceiling beyond which building larger single hospitals introduces inefficient and unduly complex facilities.

344 Evidence, Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association, 14 July 2020, p 51.

345 Evidence, Mr Holmes, 14 July 2020, p 51.

346 Evidence, Mr Gerard Hayes, Secretary, Health Services Union NSW ACT QLD, 14 July 2020, p 51.

347 Submission 23, Western Sydney Leadership Dialogue, p 2.

> We support the building of a new hospital to meet acute needs and address some of the current mismatch between services and population.[348]

6.9 The New South Wales Branch of the Royal Australian and New Zealand College of Psychiatrists recommended that a new hospital be built in parallel with the construction of the Badgerys Creek airport. As with many other stakeholders, they called for a new hospital to be considered alongside other urgent unmet health needs, in this case through the commissioning of more mental health services:

> A new hospital itself, while critical, will not suffice to address the health needs of the community it serves. In our view, there needs to be corresponding expansion of community-based mental healthcare services in the area …[349]

Support for upgrades to existing infrastructure over a new hospital

6.10 Some local medical practitioners, however, did not support building a new hospital near the Badgerys Creek airport, instead supporting the upgrade of existing facilities. Dr Setthy Ung, Campbelltown and Camden Hospital Medical Staff Council, advised the committee of the Council's view that '…another acute hospital near the new airport is not required. A stage three development at Camden and Campbelltown hospitals nearing completion of stage two, we feel, is a more effective solution.'[350]

6.11 Dr Ung instead advocated for future health needs of the Campbelltown-Camden area to be met by upgrading Campbelltown Hospital to develop or introduce core services such as nuclear medicine, tertiary paediatric services and anatomical pathology services, as well as correcting imbalances in funding between the SWSLHD and other LHDs.[351]

6.12 In his evidence to the committee, Professor John Watson, Senior Vice-Dean, Clinical Affairs, Faculty of Medicine, University of New South Wales, told the committee that, while a new hospital would be the ideal solution in a perfect world, it would require unlimited resources to build the facilities and staffing from scratch:

> Creating a new hospital is not easy and it is not cheap, and that is just the concrete. Then there is the human resources and then there is the way of thinking …
>
> If we had unlimited resources, one could map out how to create a brand-new hospital and recreate the growth to excellence that has already happened in places like Liverpool and places like Westmead, but it would require a huge amount of resources.[352]

6.13 Professor Watson also pointed out that establishing a new hospital is not just about building the buildings and staffing them, it also requires time and investment in people to develop a work culture that can provide high quality health care.

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348 Submission 25, Campbelltown and Camden Emergency Department Executive, p 9.

349 Submission 22, Royal Australian and New Zealand College of Psychiatrists, NSW Branch, p 14.

350 Evidence, Dr Setthy Ung, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council, 14 July 2020, p 3.

351 Evidence, Dr Ung, 14 July 2020, p 3.

352 Evidence, Professor John Watson, Senior Vice-Dean, Clinical Affairs, Faculty of Medicine, University of New South Wales, 15 July 2020, p 6.

> It is actually not just the time taken for capital investment and the time taken for people investment, it is the time taken for the evolution of how people think. Teaching hospitals, which are what we are really talking about in the context of all these hospitals, deliver their health care with a way of thinking about how they deliver their health care, rather than just going through the motions. That is difficult. That is a cultural change, if you like. I am sure you appreciate fully that changing culture takes time. That is what I think I meant by talking about 'achieving excellence takes time'.[353]

6.14 Dr Keith McDonald, CEO, South Western Sydney Primary Health Network, shared Dr Ung's reservations about a new hospital, instead favouring improvements to existing services:

> Rather than focusing on capital investment in another greenfield site for a new hospital, it is our view that better value will be achieved by enabling and fast tracking the following: Predictive risk modelling and more sensitive risk stratification tools; interoperable information and communication technology to optimise clinical workflows and patient care pathways across sectors; and embedded systems and tools that support data linkage and patient tracking across sectors. [354]

6.15 Local councils agreed that the area's current health needs are not being met, but differed in their views on whether government investment should be concentrated in existing infrastructure or used to build a new hospital on a greenfield site (whether or not that new hospital was near the new Badgerys Creek Airport). The committee heard evidence from a panel of local government representatives, who put the following views to the committee:

- Campbelltown City Council – '… investment should be targeted to the existing infrastructure … significant investment in hospital infrastructure outside the existing infrastructure may dilute the impact of that investment.' [355]
- Fairfield City Council – 'I suggest that Fairfield Hospital be established as an innovative trial of a place-based hospital with high-level clinical offerings with wraparound support … to address the unique challenges of a highly disadvantaged and diverse community with poor health and low health literacy …'[356]
- Western Parkland Councils – representing eight Western Sydney councils, including five in South-West Sydney: Camden, Campbelltown, Fairfield, Liverpool and Wollondilly – when questioned on whether there was a need for a new hospital in the region as well as additional investment in existing health services, 'Yes, certainly that appears to be the evidence at the moment…'[357]
- Wollondilly Shire Council – 'We are recommending to plan for tertiary-level services: that is, a hospital for the Wilton Growth Area … we are the only LGA that does not have a public hospital, and we are going to be growing to 150,000 people.'[358]

353 Evidence, Professor Watson, 15 July 2020, p. 4.

354 Evidence, Dr Keith McDonald, CEO, South Western Sydney Primary Health Network, 14 July 2020, p 31.

355 Evidence, Ms Kate Stares, Partnerships Manager, Campbelltown City Council, 15 July 2020, p 13.

356 Evidence, Ms Susan Gibbeson, Manager, Social Planning and Community Development, City and Community Services Group, Fairfield City Council, 15 July 2020, p 12.

357 Evidence, Mrs Sue Coleman, Executive Officer, Western Parkland Councils, 15 July 2020, p 15.

358 Evidence, Mrs Ally Dench, Executive Director, Community and Corporate, Wollondilly Shire Council, 15 July 2020, p 11.

6.16 Further explaining Campbelltown City Council's support for upgrades of existing infrastructure over investing in a new hospital, Ms Kate Stares, Partnerships Manager, Campbelltown City Council, highlighted the need for further investment in Campbelltown Hospital:

> In order to maximise efficiencies of investment, we would respectfully submit that investment should be targeted to the existing infrastructure within the south-west Sydney local area health district's existing network, as these are the centres that are supported by transport, research, education, sporting facilities and other social infrastructure in accordance with the metropolitan planning I have described.[359]

> … certainly we would support further investment in Campbelltown Hospital because the stage two development that is currently underway, once completed, still will not support the demand that will be projected at the time of its completion. [360]

6.17 Fairfield City Council, represented by Ms Susan Gibbeson, Manager, Social Planning and Community Development, City and Community Services Group, supported its call for more investment in Fairfield Hospital by referring to the unique and complex needs of the Fairfield community:

> They do not need just the same level as the rest of Sydney; they need consideration of the complexity and needs of the community in the provision of services to achieve improved health outcomes. The complexity of the people needs to be considered, rather than just the number of people. [361]

6.18 Local council representatives painted a compelling picture of the need to invest in South-West Sydney now, to ensure that current services meet the scale and complexity of existing, let alone future, health needs, with Ms Gibbeson giving evidence that: '… we all know that catching up afterwards and having the ambulance at the bottom of the cliff is far more expensive than building capacity and having good health built at the top.'[362]

6.19 Regardless of stakeholders views on whether a new hospital should be built, Western Parkland Councils captured the sentiment of a number of stakeholders that addressing current unmet health needs should take priority over plans for a new hospital: 'Future planning should not take priority however, over the need to address the current deficit in established hospitals and healthcare services or the cost and service benefits of upgrading these'.[363]

Planning for future health needs

6.20 A key complaint from medical professionals, many of whom have worked in South-West Sydney for decades and are experts in their fields, is that they are not closely enough involved in planning for the region's current and future health needs. While they may be consulted on implementation, they are not at the table when the key strategic decisions are made. Local councils also called for more attention and coordination between sectors when planning decisions are made, to ensure that services can be provided as and where population growth

359 Evidence, Ms Stares, 15 July 2020, p 13.

360 Evidence, Ms Stares, 15 July 2020, p 15.

361 Evidence, Ms Gibbeson, 15 July 2020, p 12.

362 Evidence, Ms Gibbeson, 15 July 2020, p 12.

363 Submission 47, Western Parkland Councils, p 3.

occurs. Inquiry participants identified several areas that need to be given more focus at the planning stage, including early intervention and prevention, the involvement of private and community health providers, and greater coordination among government agencies.

Coordination amongst governments: Planning and Health

6.21 The committee was interested to understand how the various government agencies responsible for planning coordinate to ensure that services, as well infrastructure, are available as needed in areas seeing rapid development and rapidly growing populations.

6.22 As noted in Chapter 2, South-West Sydney has several nominated 'growth areas', as well as being being impacted by plans for the Aerotropolis. Various planning authorities have an interest or role in shaping growth in these areas, including the Minister for Planning and relevant department, and the local councils.

6.23 With so many organisations involved in planning for growth in South-West Sydney, the committee was keen to understand how planning for future health needs is working. The Committee did not receive formal submissions from the Department of Planning, Industry and Environment (DPIE), the Western Parkland City Authority or the Greater Sydney Commission, though representatives of the former two organisations did appear at a public hearing. DPIE's representative stated that the NSW Health submission articulated the New South Wales Government's view.[364]

6.24 In their evidence before the hearing, the Western City and Aerotropolis Authority indicated they were focused only on the 11,200 hectares of the Aerotropolis, and its role was to look at the land use of the area, with particular attention being given to maximizing jobs and economic development.[365] Mr Sangster from the Authority told the committee:

> Primarily our focus, and our main key performance indicator, is around looking at 200,000 jobs being created across the Western Parkland City and really bringing industry to bear around that, working with Foundation Partners that we have discussed publicly. …Our work is attracting people and actually helping get that development away but we would be an applicant in the main process.[366]

6.25 Mr Whitworth, Deputy Secretary, Department of Planning, Industry and Environment, advised that land use and the infrastructure planning for the airport is being undertaken by the Western Sydney Planning Partnership. Alongside this, DPIE and the Greater Sydney Commission are talking to state agencies to inform them of development expectations in the area.[367] Mr Whitworth advised that NSW Health is not on the Western Sydney Planning Partnership, but is engaged through the 'place infrastructure compact' process led by the Greater Sydney Commission. He explained:

364 Evidence, Mr Brett Whitworth, Deputy Secretary, Greater Sydney Place and Infrastructure, Department of Planning, Industry and Environment, 15 July 2020, p 41.

365 Evidence, Mr Sam Sangster, Chief Executive Officer, Western City and Aerotropolis Authority, 15 July 2020, p 41.

366 Evidence, Mr Sangster, 15 July 2020, p 41.

367 Evidence, Mr Whitworth, 15 July 2020 p 11.

> …[NSW Health] has been engaged via the ministry level and I understand that the ministry has engaged at the local health district level, given that there are effectively two local health districts that apply within the Western Sydney Aerotropolis area.

6.26 Mr Whitworth told the committee that the planning agencies are using a 'place based' approach to identify infrastructure needs, which sets expectations for services to be delivered once population reaches certain thresholds.

> The place-based approach to the identification of infrastructure enables us to say, 'As development proceeds within certain thresholds and certain benchmarks, there is an expectation that as these benchmarks get reached that there is a delivery, whether it be roads, whether it be schools or whether it be health infrastructure and health services.' And because it is done in a coordinated, consolidated way, it is ensuring that the agencies mesh when they are planning and their provision of funding meshes together. This is an evolving process and it has been piloted both in the Greater Parramatta to Olympic Park area, as well as being piloted in the western Sydney area around the Western Sydney Aerotropolis.[368]

6.27 Asked about how health services were engaged in the planning process, Mr Whitworth said that, as a matter of protocol, DPIE would work through NSW Health, and through them the Local Health Districts. He stressed it was not the role of DPIE to manage the Local Health District, or to engage directly with health services.

> The standard process of the department is to work with the NSW Ministry of Health, and then through the Ministry of Health with the local health district, and then the local health district's managers through each network of hospitals and health services. We are flexible and adaptable depending on how the health districts want to then engage with us but obviously there is a degree of protocol. There is also the importance of working through those processes so that the NSW Ministry of Health is able to program any issues in services that might be arising out of a particular development…[369]

6.28 Several witnesses to the inquiry suggested that there is room for improvement in how planning is coordinated to factor in future needs in health, as well as other services. Western Parkland Councils called for planning for health to be done in conjunction with planning for other infrastructure, in order to maximize resources and health outcomes for the population.

> Importantly, we recommend that planning for health services needs to be done very much in conjunction with planning for other public infrastructure, whether that be transport, education and the sorts of facilities provided by local government. A very joined-up approach, we believe, is essential in order to achieve a very effective use of public resources and better health outcomes across the whole sector.[370]

6.29 Western Parkland Councils pointed to a discrepancy in the population projections and demographic data used for planning by NSW Health and other agencies, and called for robust analysis of planning systems, to ensure that a consistent set of data is used to plan for meeting community needs at local, regional and state level.[371] Mrs Coleman from Western Parkland Councils suggested that having robust population projections is critical, not just for establishing

368 Evidence, Mr Whitworth, 15 July 2020, p 43.

369 Evidence, Mr Whitworth, 15 July 2020, p 44.

370 Evidence, Mrs Coleman, 15 July 2020, p 10.

371 Submission 47, p 3.

infrastructure such as hospitals, but also for planning for preventative health programs that could ultimately improve health outcomes as well as save resources:

> …having a robust analysis of population projections and the like is really critical. But it is not just around the hospitals; it is also about then fully utilising those hospitals and facilities when they are established and also, as some have alluded to, putting in on the preventative side as well, given the number of different factors that contribute to poor health outcomes and the incidence... But from a growth point of view, yes, clearly there is going to be increased demand.[372]

6.30 The committee did hear some evidence from stakeholders about 'joined up' planning happening for the Aerotropolis area, led by the Greater Sydney Commission.

> If I might add and put in a plug for that really joined up approach to planning with greater Parramatta and the aerotropolis. The Greater Sydney Commission is leading on what is called the place-based infrastructure compact where a whole range of State agencies are at the table looking at their planning, looking at an evidence based approach, running scenarios for different growth outcomes so the development and the triggers for development can be aligned with the infrastructure delivery across a whole range of State agencies and other service providers. That is an approach that the councils would be advocating for other growth regions as well.[373]

Planning for population growth: stakeholder coordination and consultation

6.31 Stakeholders to this inquiry questioned whether NSW Health's approach to planning capital expenditure for future services is sufficiently informed by projections of population growth and evidence of likely need.

6.32 It in its submission to the inquiry, Campbelltown City Council suggested, in light of its experience, that population projections used by DPIE to inform planning are conservative. It said councils in the Macarthur area use larger forecasts (by 11 per cent) for their planning.[374] Campbelltown Council suggested NSW Health should also use these larger planning projections, to ensure future community needs are factored into service planning at all levels:

> Therefore the analysis being undertaken as part of this enquiry of the planning systems and projections used by NSW Health in making provision for health services should consider the same source data that is being used by councils within the South-West Sydney growth region. This will ensure that the anticipated needs of future communities are being consolidated at a local, regional and state level and that opportunities for multilevel government support to meet these needs are maximised.[375]

6.33 Lack of consideration of population growth in health planning was also raised as an issue by Wollondilly Shire Council. Mrs Dench, Executive Director, Community and Corporate, Wollondilly Shire Council expressed the view that various planning processes are not sufficiently linked, and the needs of newly growing areas are not being adequately factored into planning:

372 Evidence, Mrs Coleman, 15 July 2020, p 15.

373 Evidence, Mrs Coleman, 15 July 2020, p 16.

374 Submission 39, Campbelltown City Council, p 2.

375 Submission 39, p 3.

> Our issue, too, is in regards to the planning and future planning and the cumulative effect that is not taken into consideration. Growth plans, we believe, do not talk to each other. We do not believe that they are actually taking into consideration the needs in each of those areas.[376]

6.34 Wollondilly Shire Council argued that the projected growth numbers across the Campbelltown, Camden and Wollondilly areas used by State government departments are grossly underestimated to what is expected on the ground, and that the projections only include part of the growth expected for the Wollondilly and Campbelltown Local Government Areas'.[377] Mrs Dench called for alignment of planning assumptions across state agencies, and for the assumptions used in planning documents to be current:

> …Wollondilly Shire Council would like to emphasise the need to ensure planning assumptions used are aligned across all State agencies, because quite often there are different planning assumptions and different numbers, which are very confusing. Often those planning assumptions in planning documents are quite outdated. The cumulative effect needs to be taken into account not just in growth areas, but also in infill and on the planning proposals. [378]

6.35 The Campbelltown and Campbelltown Emergency Department Executive pointed out the need to factor growth projections into both capital development and operational funding for hospitals. The submission provided population projection estimates by LGA, showing South-West Sydney growing by 72 per cent compared with 37 per cent growth across the whole of New South Wales. The submission observes that Campbelltown Hospital currently services all the acute health care needs for Campbelltown, Wollondilly and Camden LGAs, with a population projected to grow from 291,684 in 2016 to 639,502 by 2041.[379] Based on these figures, the submission suggests that existing capital investment is only geared to meet existing need, and not to cater for anticipated future demand. [380]

6.36 A further example of planning processes not fully considering population projections and evidence of likely needs arising was provided by the Campbelltown and Camden Emergency Department Executive. They argued that Campbelltown Hospital's Stage 2 redevelopment was based on unrealistic assumptions that underestimated the number of emergency presentations as the population grew. The submission provided data showing a widening gap between the projected number of emergency presentations (which informed the redevelopment) and the actual numbers that have been seen since 2016.[381] The assumptions that underpinned the planning for the new emergency department were described as 'wishful thinking' rather than being based on evidence.[382]

6.37 The NSW Nurses and Midwives' Association also highlighted the importance of factoring growth projections in South-West Sydney into health service planning. The submission noted

376 Evidence, Mrs Dench, 15 July 2020, p 11.

377 Submission 24, Wollondilly Shire Council, p 24.

378 Evidence, Mrs Dench, 15 July 2020, p 12.

379 Submission 25, p 7.

380 Submission 25, p 7.

381 Submission 25, p 6.

382 Evidence, Associate Professor Richard Cracknell, Director, Campbelltown and Camden Emergency, 14 July 2020, p 9.

that population growth, shaped by development in the South-West Priority Growth Centres and extensive in-fill development, will create increased demand for health services across the SWSLHD. In particular, 'the increased demand will have a particular impact on Camden and Campbelltown and Liverpool Hospitals due to their proximity to the Priority Growth Centres'.[383] It noted that, in planning for health services, staffing and skill mix is crucial, to ensure patient and staff safety.[384]

6.38 Mental health advocates also suggested that New South Wales does not have a planning model that links what is known about population needs with service provision. The RANZCP pointed to an opportunity, by planning appropriately from the start, to ensure that services are available where and when the population needs them, which can both improve health outcomes for individuals, and also save resources in other parts of the health system:

> NSW does not systematically apply a planning model that links service responses to prevalence of mental health problems across defined areas. Nor do we currently link benchmarked levels of provision to expected benefits at a population level. This results in some unevenness in service capacity across the state, particularly for certain outer suburban and rural areas. It also results in many people falling through gaps between services.[385]

6.39 The RANZCP highlighted the importance of workforce planning for mental health, pointing out that targeted strategies are needed to meet future demand by recruiting and retaining the required workforce, as well as filling current gaps.[386] This also applies to other categories of the health workforce. Several submissions pointed to gaps in the allied health workforce in South-West Sydney,[387] low numbers of general practitioners,[388] and low numbers of specialists generally.[389] The Health Services Union NSW ACT QLD suggested that until current staffing gaps are met, 'NSW Health cannot be in a position to assess the emerging needs of the South Western Sydney Growth Region'.[390]

6.40 With respect to general practitioners, the South Western Sydney Primary Health Network argued that better planning is needed, as currently, like in other metropolitan areas, 'general practice delivery in South-Western Sydney is at a critical tipping point'.[391] The submission noted that, without targeted interventions to attract general practitioners to the area, market dynamics alone will not ensure sufficient general practice supply to respond organically to the projected population growth in the region, posing a risk to the whole health system.[392]

6.41 The South Western Sydney Primary Health Network also noted that South-West Sydney is projected to grow in population by a third between 2016 and 2031, and predicts this will require

383 Submission 46, p 7.
384 Submission 46, p 17.
385 Submission 22, p 1.
386 Submission 22, pp 5-6.
387 For example, submission 6.
388 For example, submission 36, submission 25 attachment 1.
389 For example, submission 25 attachment 1.
390 Submission 52, Health Services Union NSW ACT QLD, p 6.
391 Submission 36, South Western Sydney Primary Health Network, p 7.
392 Submission 36, pp 8-9.

an extra capacity of 316 inpatient hospital beds on any one day. The submission noted that the challenge is not just providing facilities, but is about (ongoing) operational investment, both in workforce development and developing models of care.

> The real challenge however will be operational investment. There are two fundamental and inter-related issues to be addressed:
>
> - First, how to attract, train, retain and adequately resource the sufficient numbers and mix of required personnel to meet this growth?
> - Second, how to devise systems and innovative models of care that will bend the supply curve necessary to meet need should the rapid population growth continue at its rate beyond 2031?[393]

6.42 Another issue raised in submissions was the call for improved consultation with local consumers and communities in the planning of health services, noting that investment needs to be made in building capacity of community groups and members to voice their concerns and participate meaningfully in consultation.[394]

6.43 Further submissions stressed the need for health planning to go beyond a health sector 'silo' mindset focusing only on clinical services, to ensure opportunities for planning for health in new greenfield developments are not lost. The Western Sydney Leadership Dialogue submitted that:

> Much of the SWSGR remains 'green field' and sparsely populated. This presents accessibility and community serviceability challenges but also offers an opportunity for fully integrated 'planned-in health care'. It's increasingly recognised that planning decisions which maximise active transport options, green open space, blue infrastructure, sustainable building design, connectivity at the human scale and so on, are key components of strategic health care. Given that the endeavour being embarked upon in the region is effectively the creation of an entire new city from scratch, 'building in' health care as a defining planning parameter is not an unrealistic ambition. The Dialogue urges the inquiry to resist any 'silo' mindset that continues to regard health care only as clinically reactive 'provision after failure'. [395]

6.44 Arguing that traditional approaches to health care planning have left South-West Sydney residents at a disadvantage, the submission called for more holistic planning that considers transport, education, employment and social infrastructure, and calls for planners to seize the opportunity for preventive health care planning in the region.

> This traditional approach has left GWS populations typically at a starting-point disadvantage, in comparison to regions which have natural preventative health care advantages. Multiple studies and clinical experience in GWS have demonstrated that the region's most serious health issues (and thus care needs) are as much a consequence of transport, education, employment and social infrastructure planning factors as medical or clinical ones. Prevention being preferable to cure, this inquiry must seize the opportunity to 'plan in' preventative health care equity for the region at long last.[396]

393 Submission 36, p 4.

394 Submission 50, Health Consumers NSW.

395 Submission 23, p 2.

396 Submission 23, p 2.

Committee comment

6.45 A key question for this inquiry is whether a new hospital on a greenfield site should be built near the new Badgerys Creek Airport. Some inquiry participants argued strongly in favour of a new hospital, while others saw greater merit in investing in existing facilities. On balance, the committee does not support building a new hospital immediately. This conclusion is based on the evidence of medical professionals who outlined the significant investment that would be needed not only in bricks and mortar, but also in staff recruitment and retention, over decades, in order to build from the ground up the service excellence that would be required.

6.46 However, it is the view of the committee that the New South Wales Government must place itself on the front foot with respect to making sure land is secured for a strategic site to accommodate a future health facility near the new Badgerys Creek Airport. To this end the committee recommends that the New South Wales Government, as part of its planning for the new Aerotropolis, identify the most strategic site for a new hospital near the Western Sydney Airport, and preserve land in the event that a new hospital needs to be built in the future.

Recommendation 17

That the New South Wales Government secure land within the Aerotropolis precinct for a future health facility that could expand children's services to meet the needs of South-West Sydney, including the projected population in and around this precinct.

6.47 Planning for the health needs of the South-West Sydney area needs to be much better. It seems that the current and future health needs are not receiving the priority that they deserve. This is exemplified by the omission of NSW Health from the Western Sydney Planning Partnership, the key body responsible for land use and infrastructure planning for the Aerotropolis. The committee is concerned that this has the potential to continue the tendency for population growth to occur before infrastructure, in particular health infrastructure, is built and fully resourced.

6.48 The committee acknowledges the evidence from the Department of Planning, Industry and Environment that its standard process is to consult with the New South Wales Ministry of Health on the health needs of an area. However, the committee was disappointed to learn that this consultation does not necessarily extend to medical professionals on the ground. There needs to be a much greater level of dialogue between experts and planners, if health needs are truly to be part of a joined-up approach to planning. The health community should not be consulted only when the New South Wales Government needs to know how to implement one of its decisions. They should be a key stakeholder from the start, with a seat at the table regarding high-level decision making. Disappointingly, it seemed from the evidence of the New South Wales Government's planning officials that health needs are not front and centre of their minds, noting that they did not appear to have any knowledge of gaps in existing health services – a significant oversight, given there is so much catch-up to be done to ensure that current let alone future health needs of this diverse and growing region are met.

6.49 In summary, it is evident that there needs to be greater coordination of the various planning agencies involved in South-West Sydney and the health sector around planning the infrastructure requirements of the health system as the population grows. There also needs to

be greater consultation and coordination with the various stakeholders in the health system, including local councils, health service providers and community and consumer representatives.

Appendix 1 Submissions

No.	Author
1	Dr Mike Freelander MP
2	Name suppressed
3	Confidential
4	Name suppressed
5	Mr Greg Warren MP
6	The Hon Mark Latham
7	Confidential
8	Confidential
9	Dr Neil Shaba
10	Liverpool Hospital Medical Staff Council
11	Mr Colin Jackson
12	The Royal Society for the Welfare of Mothers & Babies - trading as Tresillian
13	South Western Sydney Local Health District Cancer Services
14	St John of God Health Care
15	Confidential
16	Miracle Babies Foundation
17	Western Sydney University
18	Macarthur Cancer Therapy Centre - Campbelltown Hospital
19	Confidential
20	Name suppressed
21	Medical Paediatrics - Campbelltown Hospital
22	The Royal Australian and New Zealand College of Psychiatrists
23	Western Sydney Leadership Dialogue
24	Wollondilly Shire Council
25	Campbelltown and Camden Emergency Department Executive
26	Campbelltown and Camden (Macarthur) Medical Staff Council
27	Carers NSW Australia
28	Greenfields Development Company No.2 Pty Ltd
29	Rehabilitation Medicine Service - Campbelltown & Camden
30	Australasian College for Emergency Medicine (ACEM)
31	Australian and New Zealand College of Anaesthetists (ANZCA)

No.	Author
32	Karitane
33	NSW Health
34	ACON
35	Dietitians Association of Australia (DAA)
36	South Western Sydney Primary Health Network (SWSPHN)
37	Fairfield Hospital Medical Staff Council
38	Bankstown Lidcombe Hospital Medical Staff Council
39	Campbelltown City Council
40	Family Planning NSW
41	Older Women's Network NSW Inc
42	Ms Angela Lonergan
43	Western Sydney Business Chamber
44	GROW Australia
45	Southern Highlands Bereavement Care Service
46	NSW Nurses & Midwives' Association
47	Western Parkland Councils
48	HammondCare
49	Ingham Institute for Applied Medical Research
50	Health Consumers NSW
51	Fairfield City Council
52	Health Services Union NSW ACT QLD
53	Woodville Alliance
54	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
55	UNSW Sydney
56	Thalassaemia & Sickle Cell Society of NSW

Appendix 2 Witnesses at hearings

Date	Name	Position and Organisation
Tuesday 14 July 2020 **Macquarie Room** **Parliament House, Sydney**	Dr Setthy Ung	Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council
	Dr Karuna Keat	Deputy Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council
	Associate Professor Richard Cracknell	Director, Emergency Department, Campbelltown and Camden Emergency
	Dr Garry A Helprin	Head of Department of Medicine, Fairfield Hospital
	Associate Professor Miriam Levy	Chair, Liverpool Hospital Medical Staff Council
	Ms Amy Lawton	Author, 'Condition Critical', Western Sydney Regional Information and Research Service (WESTIR)
	Dr Choong-Siew Yong	NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists
	Ms Pam Batkin	Chief Executive Officer, Woodville Alliance
	Ms Ruth Callaghan	General Manager - Community Initiatives, Woodville Alliance
	Dr Keith McDonald	CEO, South Western Sydney Primary Health Network
	Dr Matthew Gray	Chairman, South Western Sydney Primary Health Network (GP representative)
	Ms Kristen Short	Director of Innovation and Partnerships, South Western Sydney Primary Health Network
	Ms Grainne O'Loughlin	CEO, Karitane
	Mr Jorge Aroche	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Date	Name	Position and Organisation
	Associate Professor Friedbert Kohler OAM	Director of Medical Services, HammondCare Health
	Mr Brett Holmes	General Secretary, NSW Nurses and Midwives' Association
	Mr Leslie Gibbs	WHS Professional Officer, NSW Nurses and Midwives' Association
	Mr Gerard Hayes	Secretary, Health Services Union NSW ACT QLD
	Dr Anthony Brown	CEO, Health Consumers NSW
	Mr George Houssos	Board member, Health Consumers NSW, and Chair, Thalassaemia and Sickle Cell Society of NSW
	Ms Angela Lonergan	Cancer patient
Thursday 15 July 2020 **Macquarie Room** **Parliament House, Sydney**	Professor John Watson AM	Senior Vice Dean - Clinical Affairs, UNSW Medicine, UNSW Sydney
	Professor Les Bokey	Institute Director, Ingham Institute for Applied Medical Research
	Distinguished Professor Annemarie Hennessy AM	Dean, School of Medicine, Western Sydney University
	Mrs Ally Dench	Executive Director Community and Corporate, Wollondilly Shire Council
	Ms Susan Gibbeson	Manager Social Planning & Community Development City and Community Services Group, Fairfield City Council
	Ms Kate Stares	Strategic Partnerships Manager, Campbelltown City Council
	Mrs Sue Coleman	Executive Officer, Western Parkland Councils
	Mr Timothy Bryan	Chief Executive Officer, Greenfields Development Company No. 2 Pty Ltd
	Mr Mark Perich	Director, Greenfields Development Company No. 2 Pty Ltd
	Dr Nigel Lyons	Deputy Secretary, Health System Strategy and Planning

Date	Name	Position and Organisation
	Ms Susan Pearce	Deputy Secretary, Patient Experience and System Performance
	Ms Amanda Larkin	Chief Executive, South Western Sydney Local Health District
	Mr Sam Sangster	CEO, Western City and Aerotropolis Authority
	Mr Brett Whitworth	Deputy Secretary, Greater Sydney Place and Infrastructure, Department of Planning, Industry and Environment

Appendix 3 Minutes

Minutes no. 14
Wednesday 5 February 2020
Portfolio Committee No.2 - Health
Room 1136, Parliament House, Sydney at 3.05 pm

1. Members present
Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*
Mr Amato *(via teleconference)*
Ms Faehrmann
Mr Fang
Mr Farlow *(substituting for Mrs Maclaren-Jones)*
Mr Secord

2. ***

3. Correspondence
The Committee noted the following items of correspondence:

Received

- ***
- 3 February 2020 – Letter from the Hon Emma Hurst, the Hon Walt Secord and the Hon Greg Donnelly proposing a self-reference for the committee to inquire into health services in the South-West Sydney Growth Region.
- ***

Sent

- ***

4. ***

5. ***

6. Inquiry into the into the current and future provision of health services in the South-West Sydney Growth Region

6.1 Consideration of terms of reference
Resolved, on the motion of Mr Secord: That the committee adopt the terms of reference as drafted.

1. That Portfolio Committee No. 2 – Health inquire and report into the current and future provision of health services in the South-West Sydney Growth Region, and in particular:

   (a) an analysis of the planning systems and projections used by NSW Health in making provision for health services to meet the needs of population growth and new suburbs in the South-West Sydney Growth Region;

   (b) an analysis of capital and health services expenditure in the South-West Sydney Growth Region in comparison to population growth since 2011;

(c) the need for and feasibility of a future hospital located in the South-West Sydney Growth Region to service the growing population as part of the Aerotropolis land use plan;

(d) an investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region with particular reference to disadvantaged communities since 2011;

(e) a comparison of the per capita operational expenditure allocated for health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;

(f) a comparison of the staffing allocations at health services and hospitals between the South-West Sydney Growth Region and other local health districts across metropolitan Sydney since 2011;

(g) an investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050;

(h) a review of preventative health strategies and their effectiveness in the South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity;

(i) a comparison of clinical outcomes for patients in the South-West Sydney Growth Region compared to other local health districts across metropolitan Sydney since 2011; and

(j) any other related matters.

6.2 Conduct of the inquiry

Proposed timeline

Resolved, on the motion of Ms Hurst: That the committee adopt the following timeline for the administration of the inquiry:

- Submission closing date: Sunday 22 March 2020
- Hearings: 3 days in April/May 2020 with 2 in South West, 1 in Parliament
- Report deliberative: Late July 2020
- Table report: By end July 2020.

Stakeholder list

Resolved, on the motion of Mr Fang: That the secretariat circulate to members the Chair's proposed list of stakeholders to provide them with the opportunity to amend the list or nominate additional stakeholders, and that the committee agree to the stakeholder list by email, unless a meeting of the committee is required to resolve any disagreement.

Advertising

The committee noted that the inquiry will be advertised via Twitter, Facebook, stakeholder letters and a media release distributed to all media outlets in New South Wales.

7. ***

8. Adjournment

The committee adjourned at 3.52pm, until Thursday 5 March 2020 (Budget Estimates hearing).

Anthony Hanna/Stewart Smith
Committee Clerk

Minutes no. 19
Wednesday 10 June 2020
Portfolio Committee No. 2 - Health
Virtual hearing, Webex, 9.35 am

1. Members present

Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*
Ms Faehrmann
Mr Fang
Mrs Maclaren-Jones
Mr Martin *(substituting for Mr Amato for the duration of the air quality inquiry)*
Mr Secord

2. Previous minutes

Resolved, on the motion of Mr Fang: That draft minutes no. 18 be confirmed.

3. ***

4. Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

4.1 Inquiry activities

The committee noted that in light of the COVID-19 pandemic the committee resolved via email to:

- postpone its hearings, originally scheduled for 28 April and 11 May 2020
- conduct a second call for submissions closing Friday 29 May 2020
- invite submissions from an additional list of stakeholders.

The committee noted that the Chair proposed to reschedule hearings after those for the air quality inquiry, with a revised reporting date to be proposed once hearings are scheduled.

4.2 Public submissions

The committee noted that the following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submission nos. 1, 5, 6, 9-14, 16-18, 21-33.

4.3 Partially confidential submissions

The committee noted that the following submissions were partially published by the committee clerk under the authorisation of the resolution appointing the committee: submission nos. 2, 4 and 20.

Resolved, on the motion of Mr Fang: That the committee keep the following information confidential, as per the request of the author: names and/or identifying and sensitive information in submissions nos. 2, 4 and 20.

4.4 Confidential submissions

Resolved on the motion of Mr Fang: That the committee keep submission nos 3, 7, 8, 15 and 19 confidential, as per the request of the author, as they contain identifying and/or sensitive information.

4.5 Confidential attachment to submission

Resolved on the motion of Mr Fang: That the committee keep attachment 1 to submission 19 confidential, as per the request of the author, as it contains identifying and/or sensitive information.

5. ***

6. Adjournment

The committee adjourned at 2.35 pm until Friday 12 June 2020, 9.45 am, via Webex (virtual public hearing).

Merrin Thompson
Committee Clerk

Minutes no. 20
Friday 12 June 2020
Portfolio Committee No. 2 - Health
Virtual hearing, Webex, 9.46 am

1. Members present
Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*
Ms Faehrmann
Mr Fang
Mrs Maclaren-Jones
Mr Martin
Mr Secord

2. Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

2.1 Inquiry activities
The committee noted that the Chair had confirmed via email 14 and 15 July 2020 as hearing dates.

Resolved, on the motion of Mr Secord: That the hearings of 14 and 15 July 2020 be conducted in person, socially distanced.

3. ***

4. Adjournment
The committee adjourned at 3.01 pm until Friday 14 July 2020, 9.00 am, Macquarie Room, Parliament of New South Wales.

Merrin Thompson
Committee Clerk

Minutes no. 21
Tuesday 14 July 2020
Portfolio Committee No. 2 - Health
Macquarie Room, Parliament House, 9.04 am

1. Members present
Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*
Mr Amato *via teleconference*
Ms Faehrmann
Mr Fang *via teleconference*
Mrs Maclaren-Jones
Mr Secord

2. Correspondence
The committee noted the following items of correspondence:

Received

- 8 July 2020 – Email from Mr Adam Leto, Executive Director, Western Sydney Leadership Dialogue, declining the witness invitation for the South West Sydney health services hearing

- 13 July 2020 – Email from Mr George Houssos, Board Member, Health Consumers NSW, and Chair, Thalassaemia and Sickle Cell Society of NSW, seeking permission to take photos and/or short videos of his appearance before the committee.

Sent

- ***

3. Camera operator arrangements for committee hearings
Members noted the new camera operator arrangements for committee hearings.

4. ***

5. Inquiry into the current and future provision of health services in the South-West Growth Region

5.1 Public submissions
The committee noted that following submissions were published by the committee clerk under the authorisation of the resolution establishing the committee: submission nos. 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54 and 55.

5.2 Publication of attachment 1 to submission no. 25
Resolved, on the motion of Mr Secord: That the committee publish attachment 1 to submission no. 25, a report of the Western Sydney Regional Information and Research Service (WESTIR) entitled 'Condition critical'.

5.3 Witness' request to film and photograph the hearing
Resolved, on the motion of Mr Secord: That the committee agree to the request of Mr George Houssos, Board Member, Health Consumers NSW, and Chair, Thalassaemia and Sickle Cell Society of NSW for taking photos and/or short videos from a phone during his appearance before the Committee for the purpose of highlighting his evidence on the organisation's social media platforms.

Mr Amato left the meeting and participated via teleconference.

5.4 Public hearing
Witnesses, the public and the media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witnesses were sworn and examined:
- Dr Setthy Ung, Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council
- Dr Karuna Keat, Deputy Chair, Campbelltown and Camden (Macarthur) Hospital Medical Staff Council
- A/Prof Richard Cracknell, Director, Emergency Department Campbelltown and Camden Emergency.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:
- Dr Garry A Helprin, Head of Department of Medicine, Fairfield Hospital
- A/Professor Miriam Levy, Chair, Liverpool Hospital Medical Staff Council
- Ms Amy Lawton, Author, 'Condition Critical', Western Sydney Regional Information and Research Service (WESTIR).

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:
- Dr Choong-Siew Yong, NSW Branch Committee Member, The Royal Australian and New Zealand College of Psychiatrists
- Ms Pam Batkin, Chief Executive Officer, Woodville Alliance
- Ms Ruth Callaghan, General Manager - Community Initiatives, Woodville Alliance.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Dr Keith McDonald, CEO, South Western Sydney Primary Health Network
- Dr Matthew Gray, Chairman, South Western Sydney Primary Health Network
- Ms Kristen Short, Director of Innovation and Partnerships, South Western Sydney Primary Health Network.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Grainne O'Loughlin, CEO, Karitane
- Mr Jorge Aroche, CEO, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
- Associate Professor Friedbert Kohler OAM, Director of Medical Services, HammondCare Health.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Brett Holmes, General Secretary, NSW Nurses and Midwives' Association
- Mr Leslie Gibbs, WHS Professional Officer, NSW Nurses and Midwives' Association
- Mr Gerard Hayes, Secretary, Health Services Union NSW ACT QLD.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Dr Anthony Brown, CEO, Health Consumers NSW
- Mr George Houssos, Board member, Health Consumers NSW, and Chair, Thalassaemia and Sickle Cell Society of NSW
- Ms Angela Lonergan, cancer patient *via teleconference*

The evidence concluded and the witnesses withdrew.

The public and the media withdrew.

The public hearing concluded at 4.59 pm.

6. Adjournment

The committee adjourned at 4.59 pm until Wednesday 15 July 2020, 9.30 am, Macquarie Room, Parliament House.

Shu-fang Wei/Shaza Barbar
Committee Clerk

Minutes no. 22

Thursday 15 July 2020
Portfolio Committee No. 2 - Health
Macquarie Room, Parliament House, 9.31 am

1. Members present

Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*

Mr Amato *via teleconference until 3.40 pm*
Ms Faehrmann
Mr Fang *via teleconference*
Mrs Maclaren-Jones
Mr Martin *via teleconference from 4.10 pm*
Mr Secord

2. Inquiry into the current and future provision of health services in the South-West Growth Region

2.1 Public hearing

Witnesses, the public and the media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witnesses were sworn and examined:

- Professor John Watson AM, Senior Vice Dean - Clinical Affairs, UNSW Medicine, UNSW Sydney
- Professor Les Bokey, Institute Director, Ingham Institute for Applied Medical Research
- Distinguished Professor Annemarie Hennessy AM, Dean, School of Medicine, Western Sydney University.

Professor Hennessy tendered a booklet providing information about the Macarthur Medical Research Centre.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mrs Ally Dench, Executive Director Community and Corporate, Wollondilly Shire Council
- Ms Susan Gibbeson, Manager Social Planning & Community Development City and Community Services Group, Fairfield City Council
- Ms Kate Stares, Strategic Partnerships Manager, Campbelltown City Council
- Mrs Sue Coleman, Executive Officer, Western Parkland Councils.

Mr Amato declared that he had previously served with Mrs Dench as a Councillor with Wollondilly Shire Council.

The following witnesses were sworn and examined:

- Mr Timothy Bryan, Chief Executive Officer, Greenfields Development Company No. 2 Pty Ltd
- Mr Mark Perich, Director, Greenfields Development Company No. 2 Pty Ltd.

Mr Bryan tender a report entitled 'Oran Park Town: High-level strategic health services needs assessment summary report', dated March 2020.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning
- Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance
- Ms Amanda Larkin, Chief Executive, South Western Sydney Local Health District

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Sam Sangster, CEO, Western City and Aerotropolis Authority
- Mr Brett Whitworth, Deputy Secretary, Greater Sydney Place and Infrastructure, Department of Planning, Industry and Environment *via teleconference*

The evidence concluded and the witnesses withdrew.

The public hearing concluded at 3.50 pm.

2.2 Tabled documents

Resolved on the motion of Mr Secord: That the committee accept and publish the following documents tendered during the public hearing:

- a booklet providing information about the Macarthur Medical Research Centre, tendered by Professor Hennessy, and
- a report entitled 'Oran Park Town: High-level strategic health services needs assessment summary report', tendered by Mr Bryan.

Ms Hurst declared that she had served on an animal research review panel with Distinguished Professor Hennessy.

Mr Secord declared that Ms Pam Batkin, who gave evidence on 14 July 2020, was a previous colleague of his.

3. ***

4. Adjournment

The committee adjourned at 5.06 pm until Thursday 10 September 2020, 10.00 am, Room 1254, Parliament House (air quality report deliberative).

Merrin Thompson/Shu-fang Wei
Committee Clerk

Minutes no. 24

Thursday 10 September 2020
Portfolio Committee No. 2 - Health
Room 1043, Parliament House Sydney, 10.03 am

1. Members present

Mr Donnelly, *Chair*
Ms Hurst, *Deputy Chair*
Ms Faehrmann
Mr Fang *(left at 11.13 am)*
Mrs Maclaren-Jones
Mr Martin
Mr Secord

2. Previous minutes

Resolved, on the motion of Ms Hurst: That draft minutes nos. 19, 20, 21, 22 and 23 be confirmed.

3. Correspondence

The Committee noted the following items of correspondence:

Received

- ***

- 15 July 2020 – Email from Mr Ken Barnard to the Committee, attaching a document outlining issues relating to the post-discharge care for mental health patients in Southwest Sydney region, relevant to the inquiry into the current and future provision of health services in the South-West Growth region
- 27 July 2020 – Correspondence from Mr Leslie Gibbs, WHS Professional Officer, Professional Services, New South Wales Nurses and Midwives' Association, to committee, providing statistics relating to Urgency Disposition Groups as referred to during his evidence at the hearing on 14 July 2020, relevant to the inquiry into the current and future provision of health services in the South-West Growth region.

Resolved, on the motion of Mr Secord: That the committee authorise the publication of correspondence received from NSW Nurses and Midwives' Association, dated 27 July 2020.

Sent:

- ***

4. ***

5. Inquiry into the current and future provision of health services in the South-West Growth region

5.1 Answers to questions on notice and supplementary questions

The committee noted that the following answers to questions on notice were published by the committee clerk under the authorisation of the resolution appointing the committee:

- answers to supplementary questions from Fairfield Hospital, received 28 July 2020
- answers to a question on notice from Greenfields Development Company No. 2 Pty Ltd, received 3 August 2020
- answers to supplementary questions from South Western Sydney Primary Health Network, received 10 August 2020
- answers to questions on notice from Macarthur Palliative Care Services, received 13 August 2020
- answers to supplementary questions from HammondCare, received 17 August 2020
- answers to questions on notice and supplementary questions from Liverpool Hospital Medical Staff, received 19 August 2020
- answers to supplementary questions from Ingham Institute for Applied Medical Research, received 19 August 2020
- answers to a question on notice from Health Consumers NSW, received 20 August 2020
- answers to questions on notice and supplementary questions from NSW Health, received 20 August 2020.

6. ***

7. Adjournment

The committee adjourned at 11.56 am.

Helen Hong /Tina Higgins
Committee Clerk

Draft minutes no. 25

Monday 23 November 2020
Portfolio Committee No. 2 - Health
Room 814/815, Parliament House Sydney, 10.02 am

1. Members present

Mr Donnelly, *Chair*

Ms Hurst, *Deputy Chair*
Mr Amato*, via videoconference*
Ms Faehrmann*, via videoconference*
Mr Fang
Mrs Maclaren-Jones*, via videoconference*
Mr Secord

2. Previous minutes

Resolved, on the motion of Ms Hurst: That draft minutes no. 24 be confirmed.

3. Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

3.1 Public submission

The committee noted that the following submission was published by the committee clerk under the authorisation of the resolution appointing the committee: Submission no. 56.

3.2 Answers to questions on notice and supplementary questions

The committee noted that the following answers to questions on notice were published by the committee clerk under the authorisation of the resolution appointing the committee:

- Answers to supplementary questions from Prof Hennessy AM, received 25 August 2020
- Answers to questions on notice and supplementary questions from Professor Watson AM, received 26 August 2020
- Answers to questions on notice from Dr Helprin, received 28 July 2020.

3.3 Consideration of Chair's draft report

The chair submitted his draft report, entitled '*Current and future provision of health services in the South-West Sydney Growth Region*', which, having been previously circulated, was taken as being read.

Resolved, on the motion of Mrs Maclaren-Jones: That the following new paragraph be inserted after paragraph 3.7:

> 'NSW Health outlined funding is provided through both an Activities Based Funding (ABF) methodology and Block Funding where ABF is not appropriate.
>
> ABF funding is determined on a 'provider' basis (i.e. the facility where the activity is actually undertaken rather than where the patient resides) and not on a population or 'per capita' basis. For example, many patients from within SWSLHD are treated in adjoining Local Health Districts.
>
> Currently ABF represents 85% of SWSLHD' (*Source: Submission 33, NSW Health, p 17)*

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 3.18 be amended by inserting after the first sentence, 'The yearly budget growth incorporates population growth, CPI and other escalations such as award increases on salaries.' (*Source: Submission 33, NSW Health, p 17.)*

Resolved, on the motion of Mrs Maclaren-Jones: That the following new paragraph be inserted after 3.47:

'From March 2011 to June 2019, the NSW Health workforce has increased:

- nursing workforce increased by 8,700 (22%)
- medical workforce increased by 3,500 (40%)
- intern positions increased by 257 (33%)
- paramedics increased by 709 (22%)

Over the next four years (2019-23), a total of 8,300 more frontline health staff will be recruited, including 5,000 nurses and midwives, 1,060 doctors and 880 allied health staff. The table below shows the significant increase in staff in SWSLHD compared to other LHD. From June 2015 to June 2019 SWSLHD had a 16% increase in staff.'

LHD Group	LHD	June 2015	June 2016	June 2017	June 2018	June 2019
Metropolitan	SYDLHD	8,931	9,057	9,407	9,529	9,833
	SWSLHD	9,412	9,642	10,066	10,593	10,917
	SESLHD	9,464	9,549	9,762	10,095	10,256
	WSLHD	9,543	9,963	10,372	10,155	10,546
	NSLHD*	8,544	9,049	8,947	8,718	7,931
	SCHN	4,197	4,231	4,380	4,516	4,708
Metropolitan Total		**50,091**	**51,490**	**52,935**	**53,605**	**54,191**

(*Source: Submission 33, NSW Health, p. 18)*

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 3.81 be amended by:

a) omitting the following quote: 'Our local Emergency Department, for example, is under increasing pressure. The NSW Government's decision to close the co-located after-hours GP Clinic at Campbelltown Hospital undoubtedly put strain on our already over-burdened ED. The freezing of Medicare rebates means that many people cannot accord to see a GP, and this leads to increasing pressures on emergency departments.'
b) inserting paragraph 3.82 at the end of 3.81, and
c) inserting a new paragraph after 3.81 as follows:
'The 24 Hour GP clinic located at Campbelltown Hospital was administered by South Western Sydney Primary Health Network (SWSPHN) and primary health care is the responsibility of the Commonwealth Government. The decision to close the clinic was made by the SWSPHN.' (*Source: Daily Telegraph December 8 2017)*

Resolved, on the motion of Mrs Maclaren-Jones: That the following new paragraph be inserted after 3.82:

'The Campbelltown Hospital Redevelopment Stage 2 project is a $632 million project which will see an increase in the number of emergency department treatment spaces and a greater range of surgical, medical, ambulatory and outpatient services.' *(Source: NSW Health, Campbelltown hospital website, http://www.campbelltownredevelopment.health.nsw.gov.au/default.aspx).*

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 3.83 be amended by omitting 'has never been as established or as resourced as the eastern and northern parts of Sydney', and inserting instead 'has been historically underfunded'.

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 3.85 be amended by omitting 'is concerned that recurrent spending on health has not been adequate, and recognises stakeholder concerns about inequity of' and inserting instead 'notes stakeholders' concerns regarding'.

Mrs Maclaren-Jones moved: That 3.85 be amended by omitting 'a fairer allocation of resources so that growth areas like South-West Sydney receive adequate', and omitting 'that'.

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Mrs Maclaren-Jones moved: That Recommendation 1 be amended by omitting 'ensure fairer allocation of resource to growth areas like South-West Sydney. The funding methodology should'.

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 3.87, which reads 'The committee shares stakeholder concerns about the funding and capacity pressures facing health facilities such as the Campbelltown Hospital emergency department and local general practitioner clinics. Hence the committee recommends that NSW Health examine reinstating the 24 hour GP clinic located at Campbelltown Hospital to help alleviate these pressures.' be omitted and the following paragraph be inserted instead:

> 'The committee notes stakeholder concerns about the funding and capacity pressures facing health facilities such as the Campbelltown Hospital emergency department and local general practitioner clinics. The committee notes the Campbelltown Hospital Redevelopment Stage 2 project includes additional emergency department treatment spaces. The committee recommends that SWSPHN examine reinstating the 24 hour GP clinic to help alleviate these pressures.'

Resolved, on the motion of Mrs Maclaren-Jones: That Recommendation 3, which reads 'That NSW Health consider reinstating the 24 hour GP clinic located at Campbelltown Hospital in order to reduce pressure on the Emergency Department and local General Practitioner clinics' be omitted.

Resolved, on the motion of Mr Secord, that the following new Recommendation 3 be inserted:

> 'That the NSW Government work with the South Western Sydney Primary Health Network and the Commonwealth Government to reinstate a 24 hour GP clinic in order to reduce pressures on the emergency department and local GP clinics.'

Resolved, on the motion of Mrs Maclaren-Jones: That Recommendation 6, which reads ' That NSW Health urgently review existing outpatient services across South-West Sydney, to ensure sufficient, quality services are available to this rapidly growing community with a higher risk profile' be omitted and the following Recommendation inserted instead:

> 'That NSW Health urgently review the outpatient services currently provided and planned for South-West Sydney, to ensure services meet the needs of this rapidly growing community with a higher risk profile.'

Resolved, on the motion of Mr Secord: That paragraph 4.1 be amended by deleting 'compared to population' and inserting 'per capita'.

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 4.21 be amended by inserting 'Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery) and 96 per cent for category 3 (non-urgent surgery)' after the words '365 days' and footnoted to NSW Health, Submission 33.

Resolved, on the motion of Mrs Maclaren-Jones: That paragraph 4.21 be amended by inserting the SWSLHD graph on access and performance for surgery and emergency departments on page 27 of the NSW Health submission.

Mrs Maclaren-Jones moved: That paragraph 4.50, which reads 'As an issue of equity, it is not acceptable to this committee that patients in South-West Sydney face much longer waiting times for essential operations, or are forced to travel long distances to access care that could, and should, be provided within their Local Health District. While noting that some people may 'choose' to use private services, or use services that are some distance from home, this is not a choice if it is forced on the patient because the local hospital cannot provide a quality or timely service.', be omitted.

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Resolved, on the motion of Mrs Maclaren-Jones: That the words 'In order to meet demand, recurrent funding by NSW Ambulance for service delivery in South-West Sydney has risen by 79.9 per cent from $13.3 million in 2011 to $ 23.9 million in 2019-20' be inserted after 'services as paramedics', and that the word 'Hence' be omitted after this new sentence.

Resolved, on the motion of Ms Faerhmann: That the secretariat draft a new paragraph to be inserted after 4.16, setting out evidence on paramedics and ambulance services from the Health Services Union, and a second new paragraph to be inserted after that covering evidence from NSW Health Submission pages 8 and 10 on projections for ambulance service demand.

Mrs Maclaren-Jones moved: That paragraph 4.52 be amended by inserting the following words:

'The committee notes that from June 2015 to June 2019 SWSLHD had a 16% increase in staff and SWSLHD and WSLHD have seen the highest investment in additional frontline health staff. Furthermore, from March 2011 to June 2019, the NSW Health workforce has increased:

- nursing workforce increased by 8,700 (22%)
- medical workforce increased by 3,500 (40%)
- intern positions increased by 257 (33%)
- paramedics increased by 709 (22%)

Over the next four years (2019-23), a total of 8,300 more frontline health staff will be recruited, including 5,000 nurses and midwives, 1,060 doctors and 880 allied health staff.'

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Resolved, on the motion of Mrs Maclaren-Jones, that Recommendation 12 be amended by omitting the words 'ensure the cancer clinic is built to accommodate future needs given the expected 60 per cent increase in cancer diagnoses in the South Western Sydney Local Health District over the next 15 years', and be reframed as a single sentence.

Mrs Maclaren-Jones moved: That paragraph 5.73 be amended by inserting the following text:

The committee notes that SWSLHD provides targeted programs to deliver tailored support for families. At present there is capacity for up to 750 families to receive such support in the region and a service redesign is being implemented to increase this capacity.'

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Mrs Maclaren-Jones moved: That paragraph 5.75 be amended by adding: 'Inpatient mental health services will be significantly expanded as part of the $632 million stage two redevelopment of Campbelltown Hospital and include a range of services not previously available across the District'.

Question put.

The committee divided:

Ayes: Mr Amato, Mr Fang, Mrs Maclaren-Jones

Noes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord.

Question resolved in the negative.

Resolved, on the motion of Ms Hurst: That the secretariat draft a new paragraph after 3.7 referencing evidence of people from South-West Sydney having to leave the SWSLHD for treatment. Evidence to be referenced includes Submission 26, Submission 56, and transcript of evidence 14 July p.15.

Ms Faerhmann moved: That the following Finding be inserted after paragraph 3.85 in Chapter 3: 'Health and hospital services in South-West Sydney have experienced historic underfunding from successive governments.'

Question put.

The committee divided:

Ayes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord

Noes: Mr Amato, Mr Fang, Mrs Maclaren-Jones.

Question resolved in the affirmative.

Mr Secord moved: That the following Recommendation be inserted after paragraph 3.85 in Chapter 3, 'That the New South Wales government address without delay the historical under-funding of health and hospital services in South-West Sydney'.

Question put.

The committee divided:

Ayes: Mr Donnelly, Ms Faehrmann, Ms Hurst, Mr Secord

Noes: Mr Amato, Mr Fang, Mrs Maclaren-Jones.

Question resolved in the affirmative.

Resolved, on the motion of Mr Secord: That:

- the draft report as amended be the report of the committee and that the committee present the report to the House;
- the transcripts of evidence, submissions, tabled documents, answers to questions on notice and supplementary questions, and correspondence relating to the inquiry be tabled in the House with the report;
- upon tabling, all unpublished attachments to submissions be kept confidential by the committee;
- upon tabling, all unpublished transcripts of evidence, submissions, tabled documents, answers to questions on notice and supplementary questions, and correspondence relating to the inquiry, be published by the committee, except for those documents kept confidential by resolution of the committee;
- the committee secretariat correct any typographical, grammatical and formatting errors prior to tabling;

- the committee secretariat be authorised to update any committee comments where necessary to reflect changes to recommendations or new recommendations resolved by the committee;
- dissenting statements be provided to the secretariat within 24 hours after receipt of the draft minutes of the meeting;
- the secretariat table the report on 30 November 2020;
- the Chair to advise the secretariat and members if they intend to hold a press conference, and if so, the date and time.

4. Adjournment

The committee adjourned at 11.44 am.

Peta Leemen
Committee Clerk

Appendix 4 Dissenting statement

The Hon Natasha Maclaren-Jones MLC, Liberal Party
The Hon Wes Fang MLC, National Party
The Hon Lou Amato MLC, Liberal Party

We disagree with the premise that the NSW Government is not funding health services in South Western Sydney fairly and investment is not equitable. Furthermore, since the NSW Liberals and Nationals were elected to government in March 2011, they have been addressing the historic under-funding of health and hospital services in South-West Sydney.

Since 2011, funding to the South Western Sydney Local Health District (SWSLHD) has increased annually, as has investment in health infrastructure, and frontline health staff including doctors, nurses and allied health. In fact, South Western Sydney and Western Sydney Local Health Districts have seen the highest investment in additional frontline health staff and from June 2015 to June 2019, SWSLHD had a 16% increase in staff.

To support paediatric allied health services in South Western Sydney, the NSW Government is providing targeted programs to deliver tailored support for families. At present, there is capacity for up to 750 families to receive such support in the region and a service redesign is being implemented to increase this capacity. Services include the Child Developmental Assessment Service (CDAS) which provides developmental and diagnostic assessments for children, the paediatric to adult service (P2A) to assists young people with chronic and complex health care needs to transition across to adult services. As well as a range of youth health community-based services that provide specialist health care needs for young people from priority populations identified as vulnerable.

The SWSLHD Mental Health Service (MHS) provides inpatient and community mental health services for all ages across the District. Hospital-based, adult mental health services are located at Bankstown-Lidcombe, Liverpool and Campbelltown Hospitals. Inpatient mental health care for young people between the ages of 11 to 17 years and 17 to 30 years across SWSLHD are provided from Gna Ka Lun Acute Adolescent Inpatient Unit and Birunji Youth Mental Health Unit located at Campbelltown Hospital. Furthermore, inpatient mental health services will be significantly expanded as part of the $632 million stage two redevelopment of Campbelltown Hospital. The Campbelltown Redevelopment will include a range of mental health inpatient services not previously available across the District, including secure intensive care beds and rehabilitation for people with complex mental illness as well as an increase in acute beds to expand the current adult capacity and new mental health beds for older people.

Furthermore, investment in the Greater Western Sydney area includes more than $1 billion committed to the Westmead Redevelopment, $1 billion for Nepean Hospital, $655 million for the Blacktown and Mt Druitt Hospitals Redevelopment, $619 million for Stage 2 of the Children's Hospital Westmead, and $300 million for Rouse Hill Health Service.