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Special Commission of Inquiry into Healthcare Funding

Statement of Counsellor Jarrod Marsden

Name: Councillor Jarrod Marsden
Professional address: 36 Linsley Street Cobar NSW 2835
Occupation: Mayor of Cobar Shire Council

1. This statement contains evidence that I am willing to give as a witness to the Special Commission of Inquiry into Healthcare Funding. The content of this statement is true to the best of my knowledge and belief.
- A. Role** [Attachment A – please include a copy of your CV or one-page bio]
2. I am the Mayor of Cobar Shire Council ('the Council'). I was first elected to the Council in September 2006, and have been Mayor since October 2023.
 3. Cobar Shire Council is located in the centre of New South Wales and covers an area of 45,620 square kilometres. It encompasses the main town of Cobar along with smaller towns of Canbelego, Nymagee, Mount Hope, Euabalong and Euabalong West.
 4. The population within the Cobar Local Government Area is approximately 4,060 people, 3,603 of whom live in Cobar. 14.3% of the population identify as Indigenous.
 5. The main employment opportunities in the region are centred around copper and gold mining industries.
- B. Lilliane Brady Village in Cobar Shire Council**
6. The Council owns and operates a 44-bed residential aged care facility called Lilliane Brady Village ('LBV') in Cobar.
 7. LBV was opened on 21 August 1982. The construction of LBV was largely funded by contributions from the community.
 8. LBV is a co-located hostel and nursing home. It is supported by the LBV Pink Ladies, who provide valuable volunteer recreation and social support, and conduct much-needed fundraising activities.

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9. Several years ago, the Council approached multiple aged care providers, who declined to run the service based on its size.
10. As a result, the LBV has always been operated by the Council since it first opened.
11. Whilst the provision of aged care services is not regarded as falling within the usual business of Councils, our community expects the Council to facilitate the ongoing provision of healthcare services for its aging residents within the community. If those services were not available in the community, residents would need to travel long distances away (300km plus) from the Cobar Shire to access the care they need, often away from their families. That situation would also impact significantly on our indigenous community, who have a strong connection to their country.
12. The Council receives funding from the Commonwealth in relation to the aged care services provided at the LBV. However, the funding received from the Commonwealth does not sufficiently cover its operating costs. Currently, the Council projects that there will be a deficit of \$1,300,000 in the operation of the LBV for the 2023-2024 financial year.
13. The audited Annual Financial Return Income and Expenditure of the residential aged care facility for the 2023 Financial Year, including the funding received from the Federal Government is in Attachment B.
14. The Council faces significant challenges in attracting and retaining staff, particularly in delivering its aged care services. The importance of attracting grants to supplement the many services that the Council provides to its communities is critical. However, the Council is unable to offer similar incentives to attract nurses and medical workforce that are offered by NSW Health. The Rural Health Workforce Incentives Scheme (RHWIS) offers select staff in addition to standard employment entitlements, an incentives package of up to AUD\$20,000 in value (depending on the position and location) is available for some roles in particular locations across NSW.

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- An incentives package might include financial and non-financial support in the form of:
 - professional development
 - accommodation assistance and help with relocation costs.
 - additional personal leave
 - family travel assistance
 - a rural or regional allowance or bonus, if relevant to the advertised role.
15. In an effort to attract and retain nursing staff and to lessen the need to rely on a high-cost agency workforce, the Council signed up to the National Aged Care Labour Agreement, to facilitate the attraction of Assistant-in-Nursing staff to the region to work in the Council-run facilities. While the Council is unable to match the incentives on offer from the State government, such as sign-on bonuses, under this program, the Council can support migration aspirations and upskilling costs for the incoming staff as incentives.
16. The Council has also applied for a \$10,000,000 grant from the Commonwealth to fund the building of accommodation for LBV staff. The Council hopes that by providing accommodation for staff, it will be in a better position to attract and retain a long-term workforce in the community.

C. Cobar Health Service

17. The Cobar Health Service comprises a small rural hospital with the following services:
- a. 24-hour emergency department;
 - b. Inpatient beds including general medicine, rehabilitation, respite and palliative care;
 - c. A range of primary and community health care and outpatient services;
 - d. A renal specialist clinic and
 - e. Medical imaging.
18. The LBV is attached to the Cobar Health Service hospital by an adjoining corridor. However, these two facilities are run entirely independently from each other. This separation can

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produce strange results, including an aged care resident being taken by Ambulance around the corner to the entrance of the hospital if unwell rather than utilising the adjoining corridor. I would like to see some of the barriers between the operations of the Cobar Health Service and LBV reduced.

19. I am aware that there are some limitations in the nature of services that can be provided through the Cobar Health Service. The community of the Cobar Shire does not expect the Cobar Health Service to provide complex services or surgeries. However, I have been made aware of instances of residents being transferred to Dubbo for stitches or for fracture plastering.
20. Community members have also expressed their frustrations to me about needing to self-fund their return to Cobar after being transferred to Dubbo, sometimes to receive a relatively simple service or minor procedure that are not available locally. The transport costs involved in transferring patients to Dubbo, and returning home can be significant.
21. In my experience, there is little consultation between the Council and Western New South Wales Local Health District ('WNSWLHD') in relation to the delivery of healthcare within the Shire. For example, there are no mechanisms in place currently to meet regularly with the senior management of WNSWLHD to discuss the provision of services or planning. However, in making that observation I wish to acknowledge that in my experience, there has been a good level of communication between the Council and the Cobar Health Service Manager, Mrs Mary Urquhart.

D. Cobar Primary Health Care Medical Centre

22. In 2002, the Council built the Cobar Primary Health Care Medical Centre in Cobar, which is leased to the NSW Outback Division of General Practice ('NSWODGP').

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23. This medical centre has treatment rooms for up to five doctors. Currently, two General Practitioners ('GPs') operate on a time-share basis, as do consulting specialist doctors who provide specialist care to the community on rotation.
24. The Council has leased the medical centre at below commercial rent in an effort to attract and retain clinicians within the region.
25. To incentivise and service the workforce, the Council provides free accommodation to the medical centre's medical staff.

E. Challenges facing Cobar Shire Council

26. The Council has also had to manage the costs of operating the LBV and providing incentives through to clinicians through subsidised rent in the Medical Centre and accommodation set out above.
27. However, the costs of operating the aged care facility through LBV compared to the funding received from the Commonwealth Government and the lack of funding grants from the State Government amplify the financial strain on the Council.
28. In my view, there is little recognition across other levels of government of the role played by councils in supporting the delivery of health care services and the cost to the local communities.
29. It is not the intention of the Council to make money from these services or its activities in supporting the delivery of healthcare in the region. Rather, the Council would like to break even.
30. I would like to see the State Government acknowledge that local governments like Cobar Shire Council are providing aged care services to their community in circumstances where market failure has arisen and supporting the recruitment and retention of a medical workforce. The best way for the State Government to acknowledge this is to provide additional funds for the services that Council provides which is not provided by the State and

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Commonwealth Government currently. Those activities are funded by the Council and, ultimately, its ratepayers.

Signed:



Name & Role:

Counsellor Jarrod Marsden, Mayor of Cobar Shire Council

Date:

21 May 2024

Attachment B

ACFR 2023 Submitted for Cobar Shire Council — 1247

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