



## Special Commission of Inquiry into Healthcare Funding

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**Name:** Northern NSW Local Health District Board  
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Mr Richard Beasley SC  
The Special Commission of Inquiry into Healthcare Funding  
Email: [submissions.hfi@specialcommission.nsw.gov.au](mailto:submissions.hfi@specialcommission.nsw.gov.au)

Dear Mr Beasley SC,

### **The Special Commission of Inquiry into Healthcare Funding**

Please find herewith a preliminary submission to The Special Commission of Inquiry into Healthcare Funding from the Board of the Northern New South Wales Local Health District (NNSWLHD), which I have the honour to Chair.

The NNSWLHD Board intends to make a fuller submission in due course addressing a wider range of matters related to the Commission's Terms of Reference.

It is the view of the Board that the NSW Ministry of Health provides high quality and safe healthcare services to the people of NSW. One of the main strengths of NSW Health is its decentralised structure which provides significant independence to LHDs to deliver services that are cognisant of local conditions and populations. This was no more evident than during the COVID crisis. Our Health District, for example, was able to respond immediately to low vaccination rates in Aboriginal communities by partnering with local Aboriginal Medical Services (Bullinah, Rekindle the Spirit and Bulgarr), Police Local Command and the Australian Defence Force to commission mobile, culturally appropriate vaccination clinics to visit Aboriginal communities.

Vaccination rates rose quickly as a result and were soon comparable to the vaccination rates for the non-Aboriginal population. This demonstrates the value of decentralisation in healthcare governance, management and delivery and it reflects national and international evidence that better outcomes are achieved for Aboriginal peoples when Aboriginal people participate in leading and managing services ("nothing about us without us").

Ultimately it is the Board who are responsible for every aspect of the delivery of health services to the people of our District and the Board must provide leadership and governance for all aspects of this. Our Board has decided, in addition, to sharpen our focus on a small number of what we, at any particular time, regard as the most pressing matters before us. Currently, our focus is on:

- Aboriginal Health
- Workforce and Culture
- Patient Flow
- Environmental Sustainability and Healthcare

We propose, in a future broader submission to your Inquiry to address all of these priorities as well as other matters. For the time being, however, may we respectfully introduce you to the first of these priorities, as we see it.

The world's oldest continent is a product of the Dreamtime when the ancients known as the First Peoples travelled across the great southern land of Bandaiyan, creating and naming as they went. The Dreaming, as it is known, is the origin of spiritual values and reverence for country (kuntri).

There were many different Indigenous groups in Australia, perhaps 600 of them, each with its own individual culture, beliefs, and language. These cultures overlapped and evolved over time.

The Rainbow Serpent (known as Ngalyod by the Gunwinggu and Borlung by the Miali) is a major Ancestral being for Aboriginal people across Australia. The Ancestral beings formed the song lines that cross the continent from north to south and east to west.



One version of the Dreaming story is:

*The whole world was asleep. Everything was quiet, nothing moved, nothing grew. The animals slept under the earth. One day the rainbow snake woke up and crawled to the surface of the earth. She pushed everything aside that was in her way. She wandered through the whole country and when she was tired, she coiled up and slept. So, she left her tracks. After she had been everywhere she went back and called the frogs. When they came out their tubby stomachs were full of water. The rainbow snake tickled them and the frogs laughed. The water poured out of their mouths and filled the tracks of the rainbow snake. That's how rivers and lakes were created. Then grass and trees began to grow and the earth filled with life.*



The respective relationships with the land, of Indigenous and non-Indigenous Australians, are epitomized in a line from a Paul Kelly song in which the non-Indigenous line is 'this land is mine' and the Indigenous line is 'this land is me'.

The complex and diverse Indigenous cultures of Australia are the oldest living cultural history in the world, going back at least 50,000 years, perhaps 65,000 years. At the time of first European contact, it is estimated that around 750,000 people lived in Australia.

You can imagine what the introduction of British colonists – and them being largely sailors and convicts - did to this ancient, rich, beautiful and fragile pattern!

The 'First Fleet', comprising eleven ships, sailed into Botany Bay and 'Sydney' bringing with them around 780 British convicts. This was on January 26, 1788, now celebrated as Australia Day, but labelled 'Invasion Day' by many Indigenous peoples who see this landing as no cause for celebration. Two more convict fleets arrived shortly after.

This settlement brought with it all manner of destruction for the local Aboriginal peoples, not least of which was a wave of Old World epidemic diseases. Smallpox alone quickly killed more than 50% of the Aboriginal population, who lacked immunity. Then followed the appropriation of native land and water resources. The combination of disease, loss of land, social and cultural disruption and violence reduced the Aboriginal population in settled areas by an estimated 90% within 12 years of white settlement.

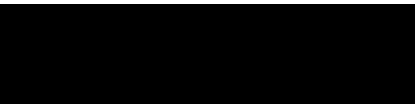
Today, still, as a group, Aboriginal Australians have one of the lowest life expectancy rates in the nation. Today that life expectancy is on average 10 years less than for non-Aboriginal Australians. A large part of this is due to chronic diseases such as cardiovascular disease, diabetes, cancer, respiratory disease and kidney disease. Many of these have common risk factors, including smoking, poor nutrition and lack of exercise.

The Northern NSW Local Health District has a higher proportion of Aboriginal people than anywhere else in the State and, as mentioned, the LHD Board has identified Aboriginal Health as one of its current top four priorities. We are working closely with the Ministry's and our own Aboriginal health directorates to ensure that we are embedding strategies to improve and extend our partnerships and increase our Aboriginal workforce. This will allow our organisation to grow with a better understanding of the importance of cultural considerations and ensure Aboriginal people feel safe when accessing our services. Better health outcomes will follow.

As a Board we commend the Ministry on its statewide efforts to improve Aboriginal Health outcomes and we anticipate continued efforts in this regard. We also believe that this improvement is more likely to be achieved with a continuing focus on the planning and delivery of services through decentralised local health districts who are able to then network to ensure achievements are shared.

Yours sincerely

Peter Carter  
Chair  
Northern New South Wales Local Health District Board (on behalf of the Board)



The following sources were consulted in compiling this document.

- *Australian Museum Online: [www.dreamtime.net.au](http://www.dreamtime.net.au)*
- *Australian Government Culture and Recreation Portal: [www.culture.gov.au](http://www.culture.gov.au)*
- *[www.en.wikipedia.org](http://www.en.wikipedia.org)*
- *Webster Online: [www.webster.com](http://www.webster.com)*
- *National Museum of Australia: [www.nma.gov.au](http://www.nma.gov.au)*
- *[www.funsocialstudies.learninghaven.com/articles/natives2.htm](http://www.funsocialstudies.learninghaven.com/articles/natives2.htm)*