

Health, Aged and Community Services Sector

Economic Development Plan



*Economic Development Unit
Coffs Harbour City Council*

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Abbreviations

ACAT	Aged Care Assessment Team
ASLaRC	Aged Services Learning and Research Centre
CACP	Community Aged Care Packages
CHCC	Coffs Harbour City Council
CHEC	Coffs Harbour Education Campus
CHFDB	Coffs Harbour Future Development Board
CHHC	Coffs Harbour Health Campus
DCP	Development Control Plan
EACH	Extended Aged Care at Home
EDU	Economic Development Unit of Coffs Harbour City Council
FOA	Future of Ageing
GP	General Practitioner
GRP	Gross Regional Product
IMET	NSW Institute of Medical Education and Training
LEP	Local Environment Plan
MBS	Medicare Benefits Schedule
MNC CCO	Mid North Coast Community Care Options
MNCDGP	Mid North Coast Division of General Practice
NCAHS	North Coast Area Health Service
NCI TAFE	North Coast Institute of TAFE
NGO	Non Government Organisation
RACGP	Royal Australian College of General Practitioners
SCU	Southern Cross University
UNSW RCS	University of New South Wales Rural Clinical School

Action Plan

	Initiative	Description/Actions	Partners	Priority	Timeframe / Frequency	CHCC Resources
1	Leadership	<ul style="list-style-type: none"> Meetings held with key players. A 'Health Business Development Group' – could play an advisory role to Council. Note: this could be expanded to include Coffs Coast Councils of Nambucca and Bellingen. On-going consultation in the sector re direction of actions. 	All	1	2007 – 2010 Key Player meetings at least twice per year.	
2	'Development Friendly' Council	<ul style="list-style-type: none"> Review LEP / DCPs to reflect strategic significance of the sector for the CH community and economy. Increase working relationship between EDU and Planning and Community Services. Promote EDU as first port of call for all investment in the sector Ensure a transparent system of DAs and Dispute Resolution. 	<ul style="list-style-type: none"> CHCC Landuse Planning CHCC Economic Development Unit CHCC Community Services 	1	2007 Ongoing	
3	Events and Conferences	<ul style="list-style-type: none"> Health, Aged and Community Service related conferences, special events and professional development programs held on a regular basis. Health Promotion Activities linked to Council Events 	<ul style="list-style-type: none"> CHCC EDU MNCDGP Baringa Hospital CHHC SCU NCI TAFE UNSW RCS 	1	2007 - 2010 E.g. Quarterly Events And supporting existing Council run/supported events e.g. Food and Wine Festival.	

	Initiative	Description/Actions	Partners	Priority	Timeframe / Frequency	CHCC Resources
4	Focus on Economic Development potential of Community Services Sector	<ul style="list-style-type: none"> Quantify the size of the community services sector in terms of current and projected economic benefit to the Coffs Harbour Region. Hold a futures planning forum to agree on predicted growth and identify ways CH can capture this development. Overcome barriers. Support the initiatives identified through the Future of Ageing e.g. FOA Labourforce Working Party, IDEAS 	<ul style="list-style-type: none"> CHCC EDU CHCC Community Services Not for Profit Community Services Sector Private Community Services Sector Future of Ageing Working Parties 	1	2007 - 08	
5	Advocacy and Lobbying	<ul style="list-style-type: none"> CHCC to lobby State and Federal agencies on critical issues, based on advice from Leadership group (see #1 above). 	<ul style="list-style-type: none"> CHCC 	2	As needed	
6	Funding	<ul style="list-style-type: none"> Identification of funding opportunities relevant to the industry – especially to help NGOs and not-for-profit sector to increase the services available to the community. 	All partners to supply info to CHCC EDU who then distribute information.	2	2007- 10	
7	New Business Opportunities	<ul style="list-style-type: none"> Identify new business opportunities emerging from the ageing population markets. Expansion of the services provided by the network created by the MNCDGP in Allied Health 	<ul style="list-style-type: none"> CHCC MNCDGP Allied Health Sector 	3	2008	

Recommendations for the Action Plan

The initiatives listed below have been identified as a result of this report. These have been selected as actions which should be undertaken immediately, others can be incorporated into the action plan at a later date as things progress.

- **Linking Health related Leaders** through meetings (at least twice per year) with the key players in the Health, Aged and Community Services sector and related education and training providers as well as relevant Council departments.
- **Foster a 'Health, Aged and Community Services Development Friendly Council'**. Improved facilitation within and across council to realise the potential of Health, Aged and Community Services sector. Promote the EDU as first port of call for medical practitioners looking to invest in the area. Facilitating process with Planning and Assessment team. Increase partnerships between EDU and Community Services. Current perception of the council by medical practitioners needs to be improved by creating better awareness on both sides about the DA process and the importance of the Health Sector to the Coffs Harbour community.
- **LEP, DCP and future planning for the region reviewed** to reflect the development needs of the sector to support the growing community and allow for strategic economic development.
- **Dispute Resolution System** developed that the health industry could follow. This is a good way of avoiding costly conflicts for all parties involved and provides an open and transparent process.
- **Health Related Events / Conferences**. For example a Coffs Harbour Medical Conference to enable networking of existing doctors and specialists, to reduce leakage of referrals and chance to attract new specialists to the area. Coffs Harbour City Council to support collaborative GP and specialist education events coordinated via the MNC Division of General Practice on a regular basis (e.g. quarterly).
- **Create a Health related professionals relocation support package**. To increase the retention rate of new medical professionals and their families.
- **Advocacy and lobbying** of State and Federal governments for the allocation of sufficient funding to address the needs of the future population of Coffs Harbour.
- **Survey Community Service providers** to quantify the size of the community sector in terms of current income \$, employment provided and the potential future income available through funding sources if accommodation issues / labour issues were resolved. Within this include projections of future growth in next 10-20 years to facilitate planning of infrastructure and support from council, including accommodation options. This kind of economic modelling could be conducted by one of the partners e.g. SCU).
- **Futures Forum for Community Service providers** convene a 'future planning meeting' with relevant Council departments and the key members of the sector to agree on the predicted growth, highlight any potential barriers and identify ways to overcome them (e.g. these issues to be included in any review of LEP/DCPs, review Council's property portfolio to identify the best use of this land i.e. Proposals for shared facilities, co-locations, making available land for sale or lease to community services.)

- **Identification of funding opportunities.** Assist industry partners (especially NGOs) in identifying funding opportunities through monitoring and searching for sources of funding and supplying timely notice to NGOs. EDU could also assist in the development of funding applications where necessary.
- Development and support of **Health promotion activities in partnership with relevant agencies.** Healthy Lifestyles, Healthy Eating, Disease Prevention. A number of agencies have access to education programs that could link in with existing events e.g. Food and Wine Festival.
- **Identification of new business opportunities** emerging from the ageing population markets.
- Investigate possibility of a **network of Allied and Alternative Therapy** practitioners.

1. Introduction

One of the main strategic directions of the Coffs Harbour City Council (CHCC) is to enhance Coffs Harbour as a *Liveable City*. Being a liveable city requires having:

- a healthy population with equitable and reasonable access to healthcare services;
- a variety of healthcare options at all stages of life; and
- access to partake in health promotion activities and disease prevention measures.

Health, aged care and community services are set to become key issues in the Coffs Harbour region.

Nationally, and even internationally, there is a shortage of medical staff (GPs and Specialists and nurses), which is even more acute on a regional level such as Coffs Harbour. The doctor patient ratio in Coffs Harbour is over double that of urban centres and 50% more than a desirable level (Coffs Harbour 1: 1440). With a trend for GPs to reduce their overtime to an acceptable level, there is a need to recruit even more GPs just to retain the existing ratio, let alone improve community access to doctors.

Coffs Harbour is competing to attract medical staff, not only with our traditional rivals of Port Macquarie and Lismore, but also with any number of regional centres which are offering cash incentives for relocation¹ and even the Australian Defence Force².

The community services and aged care sectors are also essential in maintaining the health of a population and are an integral part of any *Healthy City*. This sector is a significant contributor to the gross regional product through the attraction of state and commonwealth funded programs.

In addition to this, across NSW there is a visible and increasing trend for most of the population expansion to occur along the coast rather than inland. In conjunction with this general increase in population the number of people aged 65 and over will increase.

Coffs Harbour already has an older population which is above the state average. In Coffs Harbour it is predicted that as much as 40% of the population will be over 60 years of age by 2016³.

The Health, Aged and Community Services sector is important for a number of reasons:

- The health and community services industry was the 3rd largest contributor to the gross regional product of Coffs Harbour in 2005/06⁴.
- 12.2% of the Coffs Harbour workforce is employed in the Health & Community Services sector (2001 Census)
- A good, reliable and accessible health care system will be important in attracting and retaining new residents (including medical professionals).

For these reasons, the Coffs Harbour Future Development Board has targeted the health sector as one of six focus areas (the others being Sport, Tourism, Retail, Manufacturing and Education).

¹ Ballarat Council in Vic offers \$20,000 to doctors.

² The Australian Defence Force is facing an acute shortage of doctors, with the situation grimmest for the navy where more than 40 per cent of the positions for medical officers are unfilled. Sydney Morning Herald, Feb 3-4, 2007 *Lack of doctors wounds Defence Force*.

³ ASLaRC (2006, p.ix)

⁴ Lawrence Consulting 2007

2. Development of this Document

This paper has been developed from extensive consultation with local stakeholders across all areas of the sector and backed up by desktop research.

These consultations were with representatives from:

- North Coast Area Health Service
- Private Hospital
- GPs
- Specialists
- Aged Care Providers
- Community Care Providers
- Allied Healthcare professionals
- Women's Health
- Indigenous Health
- Healthcare Education providers (UNSW, SCU, NCI TAFE)
- Department of State and Regional Development
- Coffs Harbour Future Development Board
- Coffs Harbour City Council

A full list of those who provided input into this process is included in Appendix B.

3. Action Plan Objectives

The aim of this paper is to provide a snapshot of the Health, Aged and Community Services sector of the Coffs Harbour region and identify potential initiatives that the Economic Development Unit can include in an Action Plan for the sector.

The objective of the Action Plan is to support and facilitate industry growth in the health, aged and community services sector of Coffs Harbour, such as increased number of jobs, improved access to services and increased business investment and confidence in this sector.

Coffs Harbour City Council sees its role as one of facilitation and leadership to enable partnerships to develop and deliver educational and health planning initiatives. It is envisaged that this will be in the areas such as infrastructure support, long term planning and health promotion.

It is recognised that this plan needs to link with and support other existing plans in the sector (e.g. NCAHS Clinical Services Plan, the Coffs Harbour Health Campus Master Plan, NSW University Rural Training School, SCU planning, Division of General Practice Plans, NCI TAFE etc.)

Ultimately, indicators for the success and effectiveness of the Action Plan would be:

- Increased number of GPs/Specialists (improve ratio of GP: population)
- Improved access to Health, Aged and Community services
- Improved quality and quantity of Health, Aged and Community Services sector facilities
- Strengthened local health industry (increased networking / interagency work and partnerships)

4. Action Plan Implementation

A draft version of this Plan was presented to the CHCC Executive Team and the Coffs Harbour Future Development Board (CHFDB) which supported the approach and allowed the Economic Development Unit (EDU) to progress it to the next stage of holding a workshop with the health, aged and community services sector. This workshop was held on the 27th March 2007 to gain their feedback on the plan and support for the potential initiatives. Council had allocated funds in the EDU budget for Health and these funds were used to hold the workshop.

Information from this workshop and subsequent feedback has been incorporated into this version of the Plan.

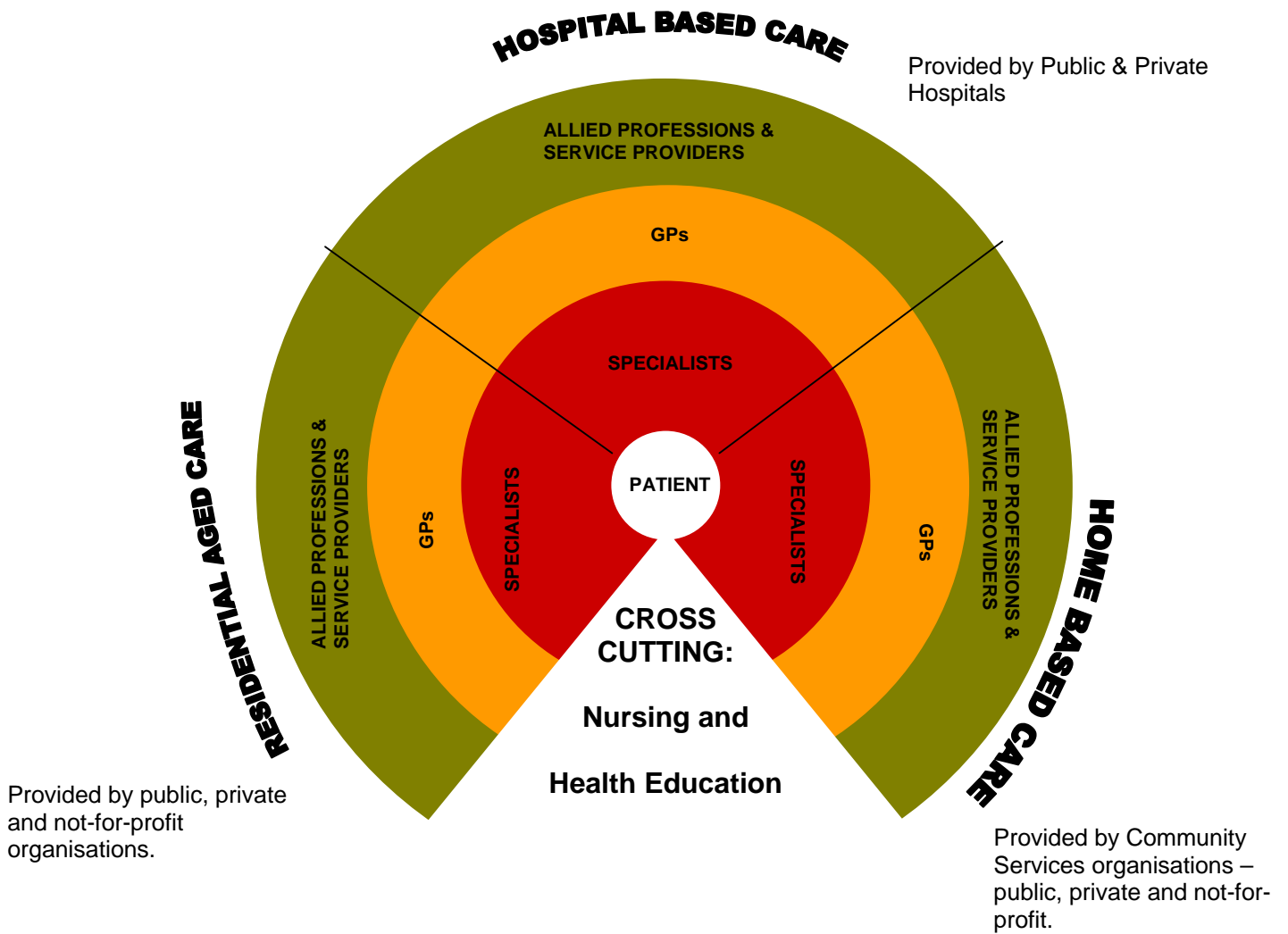
The revised Plan will be presented to the CHFDB for adoption by CHCC.

Once the plan is adopted, the EDU, in partnership with all players within the Health, Aged and Community Services Sector will facilitate the implementation of the plan.

Any projects identified in the final strategy / action plan will need to seek funding from council and other partners.

The representatives consulted for this scoping paper have reacted positively and enthusiastically to the process so far. Some, or all, could be involved in the future as part of a reference group to provide on-going advice to the Council.

5. Defining the 'Health, Aged and Community Services' Sector



Nursing

- Registered (general)
- Accident/emergency
- Aged care
- Cardiothoracic
- Community
- Critical/intensive care
- Indigenous health
- Neonatal intensive care
- Neurological
- Oncology
- Operating theatre
- Paediatric
- Palliative care
- Peri operative
- Rehabilitation
- Renal
- Registered midwife
- Mental health
- Enrolled nurse

Education

- Short Courses
- Certificate II
- Certificate III
- Certificate IV
- Diploma
- Associate Diploma
- Bachelor Degree
- Masters
- PhD
- Research
- Professional Development

Allied Professions and Service Providers

- Physiotherapists
- Chiropractors
- Massage Therapists
- Naturopaths
- Dieticians
- Health educators
- Podiatrists
- Psychologists
- Speech and language therapists
- Occupational health therapists
- Managers (General, Operations, Human Resources)
- Case Managers
- Support Workers / Personal Carers
- Diversional Therapists / Recreation Officers
- Lifestyle and leisure services
- Meals on Wheels
- Community Transport
- Grounds, Gardens and Plant Maintenance

General Practitioners

General Practitioners operating from:

- Medical Centres,
- existing residential zones (the 'local doctor'),
- commercial zones; and
- shopping complexes.

Specialists

- General Surgeons
- Paediatricians
- Gastroenterologists
- Rheumatologists
- Endocrinologists
- Plastic Surgeons
- Cardiologists
- Obstetricians
- Gynaecologists
- Psychiatrists
- Geriatrists
- Dermatologists
- Neurologists
- Pathologists
- Orthopaedic Surgeons

6. Quantifying the 'Health, Aged and Community Services' Sector

The health and community services industry was the 3rd largest contributor to the gross regional product (GRP) of Coffs Harbour in 2005/6, which is equivalent to \$162.1 million⁵. This sector has increased its contribution to the GRP by over 7% in the last 12 months.

12.2% of the Coffs Harbour workforce is employed in the Health & Community Services sector (2001 Census)

In addition, there are a range of industry sectors supporting these services e.g. administration, catering, cleaning, accounting etc.

The following section provides more detail on the three areas where health, aged and community services is administered as well as the professional services that support them.

Hospital based care

This consists of three options:

The Coffs Harbour Health Campus which incorporates the Coffs Harbour Base Hospital and Community & Allied Health Services. The Health Campus comprises 202 beds, which includes 30 inpatient Mental Health beds (with 20 additional Mental Health Rehabilitation beds currently under construction). There are 4 operating theatres including Day Surgery, a new Coronary Angiography Unit, a Renal Dialysis Unit and The Integrated Cancer Care Unit including Oncology services, Breast Screen and Radiotherapy Unit.

The Baringa Private Hospital (with 2 theatres and 80 beds), is currently in the planning stages to expand their services by 2 additional theatres.

The Coffs Harbour Day Surgery Centre located on Albany Street which offers General Surgery, Ophthalmology and Plastic Surgery.

Also all directly employ administration staff, cleaning staff, catering staff, horticultural staff, IT staff.

Community based care

Consists of community based health care and support services that address the health, welfare and support needs of individuals, families and communities.

The Coffs Harbour Health Campus provides services such as Carer Support, Genetic Counselling, Aged Care & Assessment, Aged Care Transitional Care service, Child & Family Counselling and Nursing Service, Chronic Care, Community Dieticians, Community Mental Health Services, Diabetes Education Services, Generalist Community Nursing, Occupational Therapy, Physiotherapy, Parenting Education, Podiatry, Speech Pathology, Continence care, Sexual Health/HIV services, Palliative Care, Oncology, Aboriginal Health and Health Promotion.

There a number of community based services that are supported through Commonwealth and State Government funded programs and are generally provided by not-for-profit organisations that provide Community Aged Care Packages (CACPs), EACH packages, COMPACKs, Neighbour-aid, Meals-on-Wheels, and a number of Home and Community Care Services funded under by Department of Ageing, Disability and Homecare.

⁵ Lawrence Consulting 2007

Without these services, many people would have to move into residential aged care facilities. These services are designed to help people to live at home for as long as it is practicable to do so.

Support services such as transport, meals on wheels etc are also available to most people in this group. They also directly employ administration staff, cleaning staff, catering staff, horticultural staff, IT staff.

Residential based care

Residential Aged Care sector, in conjunction with Disabilities services, brings in approximately \$3.5 million per annum to the Coffs Harbour LGA. This is a sector which will continue to grow in the future.

Residential based care is for older people who cannot live independently at home and require low, high or dementia care. This is provided by organisations such as:

- Bellorana
- Catholic Healthcare (St Augustine's Nursing Home, Ozanam Villa, St Joseph's)
- Church of Christ
- Coffs Harbour Nursing Centre
- Coffs Haven
- Legacy Nursing Home
- Masonic Aged Care
- Sawtell Catholic Care of the Aged

They also directly employ administration staff, cleaning staff, catering staff, horticultural staff, IT staff.

Nursing Staff

Nursing staff are an essential part of the delivery of health services across all spheres – hospital based care, community based care and residential based care. Without an appropriately qualified and skilled workforce there will be no delivery of services.

There is a predicted national workforce shortage of 40,000 nurses by 2010⁶. This is not only a national, but an international issue, which means past practices of recruiting overseas professionals is a limited solution. In addition to this, Coffs Harbour has an added disadvantage as its regional location means any national trends are magnified.

Nursing gaps indicated by the Australian Government Department of Employment and Workplace Relations national skill shortage register⁷ include:

- registered (general), accident/emergency, aged care, cardiothoracic, community, critical/intensive care, indigenous health, neonatal intensive care, neurological, oncology, operating theatre, paediatric, palliative care, peri operative, rehabilitation, and renal;
- registered midwife;
- mental health; and
- enrolled nurse.

The need to increase the supply of nurses is not only being driven by a continued growth in the demand for services but also on the supply side, due to the ageing workforce and the reduction of average hours worked as workers near retirement.

⁶ NCAHS (2005, p.6) Draft Workforce Development Plan.

⁷ www.dewr.gov.au

This issue has long been recognised by the Future of Ageing group as being critical and led to the creation of a Labour Force Working Group. This group has worked hard to create a network of organisations in the health, aged and community care sectors which have been working in partnership with local educational institutions to create a career path for nurses in Coffs Harbour. The success of this approach should be supported and expanded upon in the future.

General Practitioners

GPs are central to the health and wellbeing of Coffs Harbour. The current situation is marginal where many surgeries have their books closed and new entrants to town have difficulty accessing a family doctor⁸. Established practices have their consulting rooms full with only one space available for attracting new staff to the area.

In the past 15 years the overall number of GPs has increased only minimally (currently at around 50) despite the significant population growth. This has resulted in a doctor patient ratio of 1:1372 that is well above the workforce need status. In addition, with over 30% of Coffs Coast GPs working in excess of 40 hours per week this ratio is actually 1: 1511 when weighted to remove excess GP hours⁹.

Coffs Harbour would require approximately 10-15 new GPs to be able to achieve a desirable ratio. On top of this, with the move from practices to reduce the hours of their previously overworked GPs to a more reasonable figure, there is a need for approximately 5 more GPs just to make up the shortfall in hours.

On top of this, there is a lack of young practitioners in Coffs Harbour as they are very hard to attract out of the major cities. This is a serious issue as a number of established GPs are nearing retirement age and there is no pool of available doctors to replace them. Over 60% of Coffs Harbour GPs are aged over 45.

Of major concern are the planning restrictions that leave very few options for the location of medical practices. Due to rezoning issues arising from the LEP 2000, GPs are being forced into the commercial zones where there is little commercial advantage for them or the business surrounding them. In these areas they have to compete with other 'businesses' to obtain space at premium prices. This is having the effect of killing off the 'local' doctor and forces patients to travel unnecessarily. Effectively increasing the cost of medical services to the community.

*One GP recently relocated to the Gold Coast due to frustration and financial burden¹⁰ of attempting to comply with the zoning regulations.

General practices can also include the employment of Practice Nurses, Practice Managers and Administration staff.

Specialists

Coffs Harbour has been able to secure a number of new specialists since 2004. This has been due to a combined effort by the key players in this sector being able to offer new specialists an attractive package of work, educational and lifestyle options. There are currently 42 specialists working in the Coffs Harbour Area servicing the Coffs Coast population of approximately 100,000. *See Appendix A for a full list of specialists.*

⁸ ASLaRC (2005, p. 8) *Progress on a Joint Aged Services Learning and Research Collaboration*

⁹ Notes from meeting with MNC Division of General Practice 17th April 2007.

¹⁰ At least \$15,000 spent on unsuccessful DA process. Notes from meeting with MNC Division of General Practice

Due to the lack of suitable space, many of these new specialists have temporary arrangements for their consulting rooms, either renting on an hourly basis or sharing space with established specialists. Where this sharing is the case it is far from satisfactory, as in order to do this, the existing specialists need to vacate their rooms for the duration of the visit. This means they either stop consulting altogether or practice in other towns, resulting in a leakage of referrals.

The Mid North Coast Division of General Practice (MNCDGP) facilitates visiting specialists services to alleviate specialist workforce gaps under the Medical Specialist Outreach Assistance Program (MSOAP) which is Commonwealth funded. This program provides 2-day clinics per month for Neurology, Endocrinology, Psychiatry and Respiratory and 4-6 day clinics per month for Dermatology. The expansion of this service is restricted by the MNCDGP's ability to find affordable accommodation for more visiting specialists.

A number of specialists have long waiting lists that are impossible to reduce without attracting more specialists. In order to attract specialists it is necessary to be able to offer them both theatre time and suitable consultation rooms. The problem of accommodation for specialists is the same as encountered by GPs.

Allied Professions and Service Providers

The health sector also includes a wide range of allied health professionals and support service providers. This includes people such as:

- Radiotherapists and technicians
- Physiotherapists
- Chiropractors
- Dentists
- Massage Therapists
- Naturopaths
- Dieticians
- Health educators
- Podiatrists
- Speech and language therapists
- Occupational health therapists
- Exercise Physiologists
- Social Workers/ Psychologists / Counselors

This group of professionals is diverse and for the purpose of this report has not been quantified for the Coffs Harbour region. It is proposed that this be an area of further investigation at a later date.

A growing workforce need is in the area of psychologists; this growth will also be supported via new Medicare Benefits Scheme items. Given the high demand for mental health care on the Mid North Coast this important workforce provides ample opportunity for expansion.

Health, Aged and Community Services Education

There are three main organisations who provide education and training in the health, aged and community services sector.

North Coast Institute of TAFE through their faculty of Community Services and Health offers a range of courses in the sector which provide successful students with either Nationally Recognised Qualifications or NSW TAFE recognised qualifications, for example:

- Enrolled Nursing
- Aged Care Work
- Mental Health work
- Disability Work
- Community Services work
- Remedial massage
- Sport
- Fitness

Southern Cross University (SCU) through the Faculty of Health & Human Sciences currently provides a number of related Bachelor courses, either on campus or through distance education:

- Bachelor of Nursing
- Bachelor of Natural Therapies
- Bachelor of Health Science in Nursing
- Bachelor of Psychology with Honours

The University of New South Wales (UNSW) Rural Clinical School is funded by the Federal Department of Health and Ageing and opened in July 2001. The aim of the Rural Clinical School is to provide diversified education in rural health and medical practice. The School plays an important role in helping with the recruitment and retention of medical practitioners to work in rural and remote areas of Australia. The Rural Clinical School complements the rural commitment of UNSW which admits 25% of its first year local student intake from rural areas.

In addition to these main education providers, collaborative efforts have also been created, such as:

- The **Aged Services Learning and Research Centre (ASLaRC)** which is a joint initiative of Southern Cross University's Faculty of Health and Applied Sciences and the University of New South Wales, Faculty of Medicine, Rural Clinical School, with links to the North Coast Institute of TAFE and the Coffs Harbour Senior College. ASLaRC aims to be an internationally recognised Centre of Excellence in relation to the delivery of aged services for regional and rural communities through teaching, research, the promotion of evidence-based practice and community engagement.
- The **Mid North Coast Division of General Practice** also provides professional development to their members, for example: GP Registrars in the Mid North Coast Area meet monthly at the Division Office for training, RACGP QA & CPD activities are coordinated through the Division including satellite programs, educational evenings/workshops and refresher weekends, GPs with special health interests are supported and encouraged to pursue programs within these areas; a two page weekly newsletter called 'GP Focus' is posted to all practices, the newsletter 'Mid Coast Medico' is produced twice a year by GPs for GPs and the division also provides support to practice staff.

7. Key Issues: Identified through Consultations and research

HIGH PRIORITY Trends and Issues	Implications for Coffs Harbour
<p>Population Growth</p> <ul style="list-style-type: none"> • Most of the population expansion is expected to occur along the coast rather than inland. In 2026 the NSW population is projected to reach 8 million, up from 6.9 million in 2006. • At June 2006 there were 1.35 million people residing in NSW coastal LGAs. These NSW residents represented 19.7% of the state's total population. • All coastal LGAs in NSW experienced population growth between June 2005 and June 2006. In this period Coffs Harbour has grown by 1,000 people. Coffs Harbour was one of the coastal LGAs with the fastest growth (1.5%) only ranking behind the Richmond Valley (1.9%) and Tweed (1.6%)¹¹. 	<ul style="list-style-type: none"> • Increased strain on infrastructure and services. • Need to decrease GP to population ratio to 1:1000 (currently around 1:1500) • Increased need for specialist doctors and allied health professionals. • Increased need for Community based health and welfare services and suitable / affordable community support.
<p>Ageing Population</p> <ul style="list-style-type: none"> • Coffs Harbour has been highlighted as a high growth area with the elderly, with the percentage of the elderly population to be higher than the NSW state average. Predicted that over 60s will be 40% of the Coffs Harbour population by 2016. • Ageing population will cause an increase in demand for health and community services in general. With the Coffs Harbour area already under stress from high demand. • Very elderly population (over 75s) may have an increase in physical illness, disability, social isolation and mental health disorders. 	<ul style="list-style-type: none"> • Opportunity to capitalize on this resource (part-time or volunteer labour force) as well as emerging markets (affluent lifestylers) • Increased demand in Community Based Health and Community Services Sector. Greater access to GPs and bulk billing services required to ensure equity of access. • Need to lobby government to increase the ratio of residential aged care beds per population (especially respite beds) and community care packages available to the region. • Need for preventative health measures, education and promotion of healthy lifestyles and activities, including Community Falls prevention programs • Need to improve private and public transport networks • Work with and support SCU and ASLARC to look at models of aged care for the Region. Work with University of NSW Rural Clinical School to retain and attract health professionals to the Region.
<p>Staff Shortages</p>	

¹¹ Australian Bureau of Statistics (2007) 3218.0 - Regional Population Growth, Australia, 2005-06. Released at 11:30 AM (CANBERRA TIME) 27/02/2007.

- Internationally there is a shortage of medical staff (GPs and Specialists and nurses), which is even more acute on a regional level such as Coffs Harbour.
- Aged Care workers are currently difficult to recruit and the increasing elderly population predicted for the future will only exacerbate this trend. This area has begun to be addressed through the FOA Labourforce working party.
- The doctor patient ratio in Coffs Harbour is over double that of urban centres and 50% more than a desirable level.
- With a trend for GPs to reduce their normally overloaded hours to a more reasonable level there is a need to recruit even more GPs just to retain the existing ratio, let alone improve community access to doctors.
- Have recently lost at least one GP to Gold Coast due to repeated problems with DA process.

- Coffs Harbour needs to be recognised as a region of choice by the health, aged and community services sector – to attract and retain staff.
- The sector will need to develop strategies to attract and retain suitably qualified staff to all professionals and associated staff (including administrative and management positions) through salary packaging, flexible work arrangements, ongoing professional development and career opportunities.
- To attract medical staff consulting rooms need to be available for new doctors.
- Staff need a support system to help their transition to living in Coffs Harbour (increase retention of staff)
- Increase links between health, aged and community services sector and education institutions so that workforce has the right skills.
- Support and grow the existing work done by the FOA Labourforce Working Party.
- That the health, aged and community services workforce has the opportunity to continue to update their skills and knowledge locally.
- Need to provide opportunity for spouses and partners to have access to employment opportunities.

<p>Consulting Space</p> <ul style="list-style-type: none"> Existing consulting spaces for GPs and Specialists is practically fully occupied. Restricted options for new developments or expansion due to LEP. Corporate Medical Centres have started to buy out existing practices and then hire the doctors on an employee basis. This creates the case of some doctors in these practices that are unhappy with the 'corporate' arrangement who need to leave the practice and find consulting space elsewhere. Problem of no available space. This is also a significant issue for the Community Services Sector with lack of accommodation and affordable accommodation (see below - Infrastructure costs for Community Services). 	<ul style="list-style-type: none"> Need to provide <i>viable</i> options for GPs and Specialists rooms through the LEP/DCPs or other mechanisms otherwise will result in loss of existing medical practitioners and zero growth in this sector. Possible flow on effects, if reduction in medical staff gets below critical mass, and cause a major health care crisis. LEP revised to enable the establishment of medical practices. Need to look at affordable accommodation for not-for-profit and other Community Services Sector.
<p>Perception of Council</p> <ul style="list-style-type: none"> Council is perceived to be a significant partner in the development of health services through projects like; <ul style="list-style-type: none"> Provision of land for Integrated Cancer Care Building Provision of land for the NSW University Rural Health School Provision of land for the Patients and Carers Accommodation at CHHC The development of the Community Village Previous Auspice of the Future of Ageing Strategy Some in the medical professionals perceive that Coffs Harbour City Council is obstructive and contradictory in its response to the healthcare needs of the region. Council is not seen as supportive of existing and new doctors and specialists trying to establish practices in Coffs Harbour. 	<ul style="list-style-type: none"> Council to recognise the valuable contribution doctors provide to the infrastructure of Coffs Harbour. Need to improve facilitation of DA process and other areas of council contact to reduce negative impressions that have wide ranging impact. Bad experiences will be expressed to peers and the press that will prevent further investment in the area. If not rectified medical practitioners will retire or relocate to more user-friendly locations (e.g. Port Macquarie, Gold Coast). Council to continue to recognise opportunities for partnerships in health infrastructure development and expansion.
<p>Infrastructure costs for Community Services</p> <ul style="list-style-type: none"> Opportunities exist for not-for-profit organisations to apply for funding to increase the available community services but are restricted by lack of available infrastructure (accommodation) and the cost of this accommodation. Funding is only available to provide the services (to cover labour and admin costs) but not for developing property. 	<ul style="list-style-type: none"> Council to recognise the valuable contribution Community Services provide to the infrastructure of Coffs Harbour as well as a major employer. Recognition that the planning issues affecting consulting space (see above) also affect the Aged and Community Services Sector. Current requirements for these services to occupy commercially zoned land are problematic, such as land is scarce, cost-prohibitive (especially for

the not-for-profit organisations) and often in inappropriate locations for community access.

- Opportunity lost for large amount of State and Federal funding dollars due to lack of infrastructure.
- Opportunity to find creative ways to house Community Service providers so that they can expand in the future.

MEDIUM PRIORITY Trends and Issues	Implications for Coffs Harbour
Retention of youth <ul style="list-style-type: none"> Traditionally the demographics of Coffs Harbour have a low percentage of people between the ages of 15-34. This impacts on the availability of a young workforce. 	<ul style="list-style-type: none"> Need to increase job opportunities for youth. Create stronger pathways from school to work / training to keep them in the region. Continued support required, and possible expansion of existing initiatives such as Careerlink and the Regional Industry Carer Advisor.
Higher Expectations and Demands <ul style="list-style-type: none"> More affluent ageing population, and those relocating from metropolitan centres will have a higher expectation of service and access to healthcare (e.g. specialists). 	<ul style="list-style-type: none"> Increase the range of specialists available to support the work of GPs. Opportunity to capitalise on wide range of new business opportunities e.g. health, leisure and lifestyle services, catering, gardening and transport.
Health Inequalities <ul style="list-style-type: none"> Some groups in society continue to experience greater health risks and poorer health. These groups include Aboriginal people, people on lower incomes and some people living in non-metropolitan locations. 	<ul style="list-style-type: none"> Evidence based prevention Use of new communication technologies Integrated patient transport arrangements. Need to improve public transport options available.

LOW PRIORITY Trends and Issues	Implications for Coffs Harbour
<p>Changes in Lifestyle Behaviours</p> <ul style="list-style-type: none"> • Lifestyle behaviours will have an increasing impact on the health of the Coffs Harbour community, given their link to obesity, high blood pressure and high blood cholesterol which are risk factors for diabetes, heart disease, stroke and some cancers. • Preventable chronic conditions such as diabetes and heart disease arising from lifestyle choices will draw a wider, younger group of people into high health risk and health need categories, placing further demands on health services. 	<ul style="list-style-type: none"> • Increased community awareness and participation in preventative health and active lifestyle choices. These need to be targeted towards the specific socio-economic and demographic mix of Coffs Harbour (see also Social and Community Strategic Plan) • Further expansion of smoke free places in Council controlled spaces. • Working in Partnership with NCAHS and its Health Promotion Plan • Encourage new ways of patient care and preventative health education programs. E.g. Proposed Diabetes Centre.
<p>Matching services to needs</p> <ul style="list-style-type: none"> • Changes in the population, family structures and living arrangements, expectations, patterns of health and illness and technology will lead to different health sector needs. 	<ul style="list-style-type: none"> • New ways of providing health services need to be developed (focus on illness prevention, early intervention, primary health and continuing care, and community-based services. Good start in life and healthy ageing. • Greater focus on the promotion of preventative health and active lifestyles.
<p>New technologies</p> <ul style="list-style-type: none"> • New medical, information and communication technologies will continue to expand the range of options for prevention, diagnosis and treatment of disease and disability. 	<ul style="list-style-type: none"> • Need to stay up to date with medical and technological advances

8. Scenario Planning for the Future

Scenario A: Business as Usual - What is the cost of doing nothing?

- With the high GP to Patient ratio, GPs are over booked and working excessive hours to meet current demand. GPs are stressed due to overwork.
- Because of the lack of a network of local specialists available for referrals, GPs are forced to practice outside their safety zone. This causes doctors increased stress and anxiety. Lack of a network of specialists is also a deterrent for new young doctors to relocate to the area.
- GPs have to refer patients to other metropolitan areas for specialist treatment. Patients end up travelling for a minimum of one night with at least one other person and spend money in outside areas on accommodation, food, travel and other consumer items.
- Some of the existing local GPs are close to retirement. In 5-10 years their exit from the profession will leave a huge gap in service and put even more strain on remaining services.
- Any GPs or specialists that do wish to relocate to Coffs Harbour currently do not have easy access to consulting rooms, if the process of setting up rooms becomes too difficult they will seek alternative accommodation in areas that are more supportive.
- Cost of services increases due to high demand and restricted supply as well as the high infrastructure costs.
- Patients are angry, frustrated and suffering a decline in their health due to lack of timely access to family doctors and/or specialists.
- Increased wait for Emergency Department of hospital due to its increasing use by patients as a general practice surgery.
- Community Health and Services Sector that cannot meet the current demands of the population resulting in inappropriate and/or early admission to residential care.
- Coffs Harbour City Council loses the confidence of the medical profession and community in its capacity to maintain a healthy liveable city.

Scenario B: Proactive on Health, Aged and Community Services.

Opportunity for Council to turn this scenario into one where:

- GPs and specialists are spreading the news to their peers about how proactive Coffs Harbour Council is with regards to the health sector which increases the number of medical practitioners interested in relocating to Coffs Harbour.
- With a solid network of specialists to work with, GPs are starting to return to Coffs Harbour. These are young generation X and Y doctors wishing to have a better quality of life than they can have in the big cities.
- GPs are more aware of the wide range of top quality specialists located in Coffs Harbour and are keeping their referrals within the region.
- Coffs Harbour is recognised as a Regional Centre for Health and numerous patients are being referred to the region for specialist treatment. This spawns the development of a 'health tourism industry' to support the patients and their families travelling here from long distances for treatment and recovery.
- Coffs Harbour is recognised as a regional centre of excellence in Health, Aged and Community Services related Education and Training and is attracting students not only from the region but interstate and internationally.
- Coffs Harbour residents are enjoying a healthier more relaxed lifestyle due to the increased access to timely medical treatment and lifestyle education programs.
- Coffs Harbour residents are living longer and better in their accommodation of choice.

9. Opportunities

Discussions with key players in the sector have identified four main areas of opportunity:

- **Regional Centre of Excellence – Health, Aged and Community Services**
- **Regional Centre of Excellence - Education and Training for the Health, Aged and Community Services sector**
- **Regional Centre for Allied and Alternative Therapies**
- **Harnessing the benefits of an ageing population**

These four areas are discussed in more detail below.

1. Regional Centre of Excellence - Health, Aged and Community Services

Opportunity to position Coffs Harbour as the Regional Centre for this sector. In particular, as a tertiary referral centre which has a full range of specialists available. This should aim to serve not only the Coffs Harbour LGA but also draw in referrals from GPs in the surrounding catchment (Armidale, Dorrigo, Bellingen, Grafton, Maclean).

The existing Base Hospital, Baringa Private Hospital, Rural Clinical School, Radiotherapy Unit and Coronary Angiography Unit are the foundations for this medical hub and provide the initial infrastructure to draw in specialists and allied professionals. Baringa Hospital (Ramsay Health) is currently planning the upgrade and expansion of their theatres, which will double the current capacity, going from 2 to 4¹².

This leads to the question of what makes a Centre of Excellence and how do we get there?

This question needs to be explored further in industry workshops but it would most likely be dependent on improving several factors such as:

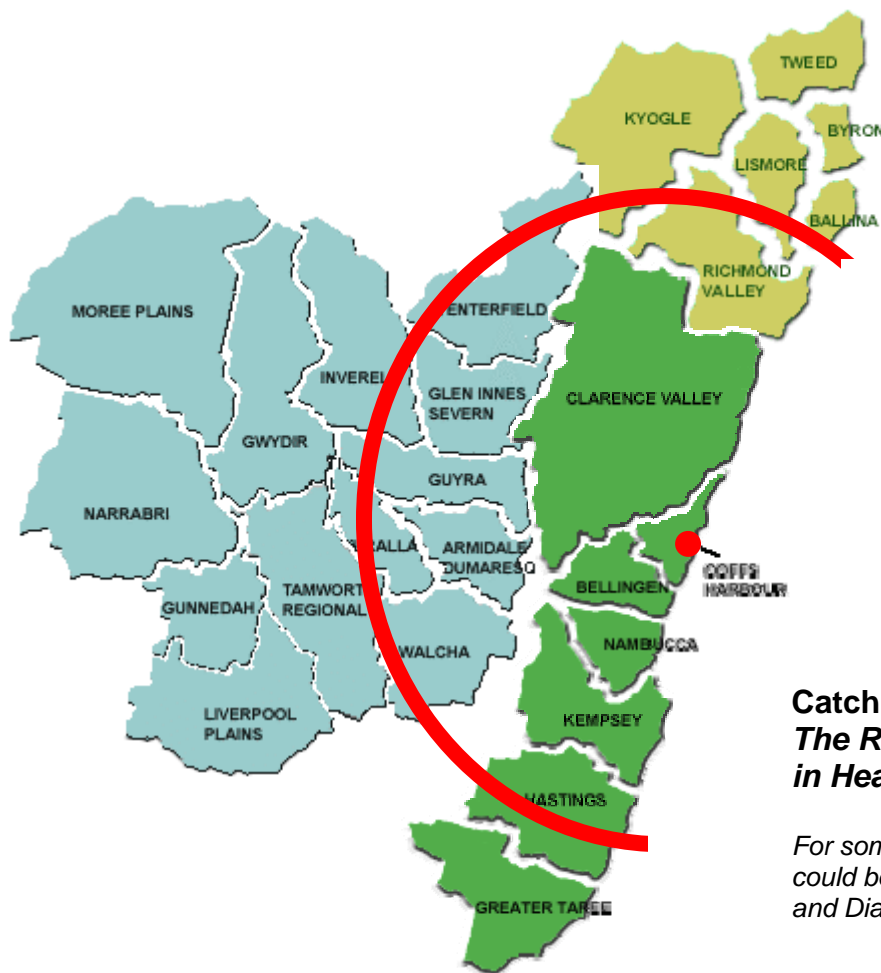
- **Leadership** and agreed **vision** for the future. There are many different groups and representatives from the health, aged and community services sector individually trying to attract new investment/services but all those consulted expressed a strong need for a coordinated approach to avoid duplication, provide strength in numbers and deliver co-ordinated messages.
- Recruitment and retention of **GPs and Specialists**¹³
- **Available Labour force** – nurses, administration etc.
- Community access to **Allied health** professionals
- Availability of readily **accessible consultation rooms** (infrastructure).
- **Reduced leakage** of health services to other areas (e.g. referrals to other cities)
- Equitable access to services – i.e. suitable **transport**
- **Strengthening of existing medical networks** to capitalise on partnership opportunities
- **Improved coordination** of existing services – especially Community Care.
- **Improved communication across the sector** and celebration of successes to date and recognition of the innovative approach to the future of health care in Coffs Harbour.

¹² Pers Comm G.Jenke 5th Jan 07

¹³ Any recruitment of specialists will clearly need to be in line with priorities of the health service if it is expected they will have appointments at the public hospitals. Also it must be recognised that recruitment of a specialist is not an end in itself but there will be an expectation of infrastructure for that sub-speciality in allied health or community programmes which will need to be confirmed as part of plan- Feedback CHHC 3rd April 2007.

Education and Training needs should also be strategically aligned to this vision. The UNSW Rural Clinical School, SCU and TAFE provide nursing and aged care training which form the foundations for educational needs of the region. See also #3 below.

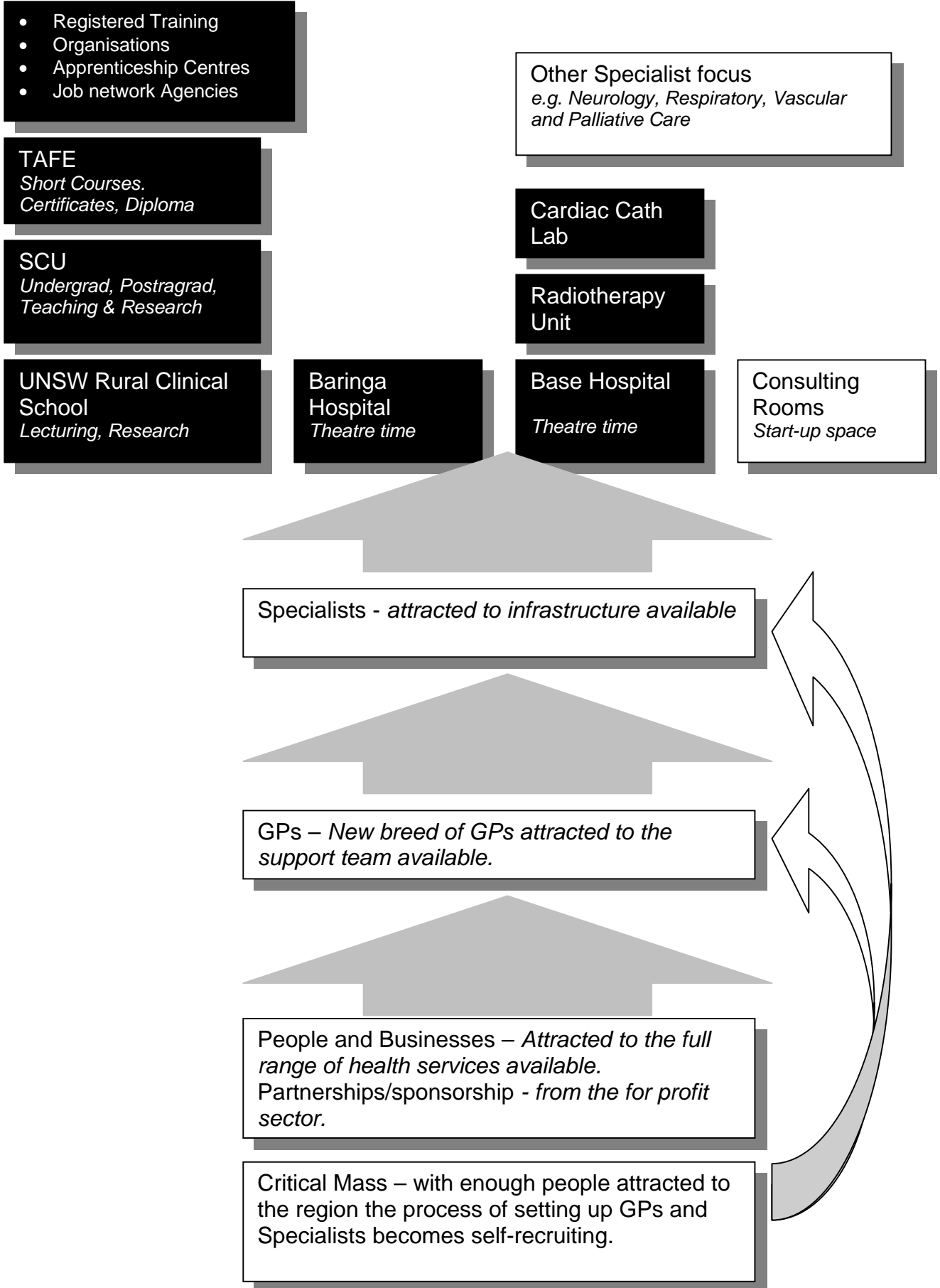
Port Macquarie and Lismore could be seen to be the closest regional threat to this vision.



**Catchment Area for Coffs Harbour
The Regional Centre of Excellence
in Health and Ageing**

For some specialist services the catchment could be even greater, e.g. Endocrinology and Diabetes

Existing and Required Infrastructure for a Regional Centre of Excellence in Health, Aged and Community Services



Existing Infrastructure

Required Infrastructure

2. Regional Centre of Excellence - Education and Training for the Health, Aged and Community Services Sector

Coffs Harbour Education Campus is a tri-sectorial campus (secondary school, VET and Higher Education), which is uniquely positioned to provide a one-stop-shop for education and training needs. Coffs Harbour also has a rich source of education and training providers throughout all levels, from primary, secondary, tertiary and vocational that have also begun to tap into the seniors market.

In conjunction with this, the Mid North Coast Division of General Practice maintains a very successful and accredited continuing professional development program for GPs, practice staff and practice nurses. This is done through partnerships with SCU, North Coast GP training, RACGP, AGPN, ANSWD, UNSW Rural Clinical School and ASLaRC). It also has in the past and will continue to facilitate the delivery of education and training to the residential aged care sector.

It is this depth of educational opportunities that needs to be presented to prospective residents when they are thinking of relocation – either through their contact with the Council or other avenues such as during the recruitment process. It is also important to emphasise to potential residents the range of work opportunities provided by the education and training sector.

Developing a Centre of Excellence in Healthcare education and training has already been identified as a priority for the Coffs Harbour Education Campus. The campus recently submitted an application for funding along these lines that was unfortunately unsuccessful at this stage. This is an avenue that could be pursued further as it could be successful in the future through increased local support and partnerships.

Increasingly the trend is reflecting a move away from a focus on 'illness' and to look at the issue of 'wellness'. How to achieve wellness and keep it for as long as possible are the key targets. Within Coffs Harbour, the Health and Fitness industry is a relatively untapped market and there are opportunities to provide education and training options in these fields. Currently there is a gap in the market with students needing to travel to Port Macquarie or Lismore for training.

By providing a range of educational pathways into working in the Health, Aged and Community Services sector, Coffs Harbour will be more likely to retain the young workforce which it needs to redress the ageing population and influx of over 50s.

This leads to the question of what makes a Centre of Excellence in Education and Training and how do we get there?

This question needs to be explored further in industry workshops but it would most likely be dependent on improving several factors such as:

- **Leadership** and agreed **vision** for the future.
- **Focus on gaps in labour force** – nurses, allied health, administration etc.
- **Review Allied health** professionals required.
- **Strengthening of existing networks** to capitalise on partnership opportunities
- **Improved collaboration** of existing services especially between industry and education providers to ensure that the training provided meets the needs of the sector.

3. Harnessing the Benefits of an Ageing Population

There is a growing population of retirees in the region and more will be coming in the future. While the population is increasing, a considerable challenge (or opportunity) also arises from the ageing of the population.

Over the next 25 years the median age is expected to increase from 41 in 2001 to 50 in 2031, and the population 65 years and over will more than double¹⁴. At the same time the ageing demographic in Coffs Harbour is compounded by a decline in the proportion of children under 15 and an exodus of 20-30 year olds¹⁵ as they leave to seek further study and work experiences unavailable in the region.

It has been projected that, by as early as 2016, over 40% of the Coffs Harbour population will be 60 or over¹⁶. This is well over the projected statewide average of around 20% of the total population of NSW in 2026¹⁷.

As this shift in demographics is inevitable, due to the effect of the baby boom generation and high levels of post war immigration, Coffs Harbour should embrace this and explore the benefits and new opportunities that will emerge. There will be a whole range of new services required as Australia's largest ever generation of retirees approaches the age when they have the time, the money and the experience to play an active and important role in our community.

Health

Contrary to popular belief, an ageing population does not necessarily mean a sicker population burdening the country with large medical and social care costs. In fact, the baby boomer generation is projected to be healthier, more active and more productive than preceding generations¹⁸.

On average, over one-quarter of all health care costs over a lifetime are attributable to the last year of life but the cost of this last year does not rise with age; if anything it appears to fall. The most costly patients are those who die young while health costs associated with the last year of life may actually be less in older age groups because elderly people are treated less extensively¹⁹. It should be noted however, that although those in their 60-70s will have better health than in previous decades there will be a corresponding increase in the very elderly who are likely to have a high level of chronic diseases²⁰.

Wealth

The baby boomer generation is wealthier than previous generations of retirees. Independent analysts, Macroplan, have predicted that two distinct types of retirees will drive the Australian retirement living market in the next few decades²¹. The new groups are 'lifestylers' (55-75 year age bracket) and 'seniors' (75 years and over).

- **Seniors** are the traditional retirement market where they move to retirement villages (or are cared for at home or in nursing home situation). These are not large spenders on consumer goods and will seek support networks and proximity to care.
- **Lifestylers** are made up of *Wealthy Lifestylers* who are 30-40% of the age group and *Welfare Lifestylers* who will be 30-50% of the group who will need public housing
- **Wealthy Lifestylers** are where the new opportunities lie, they will do one of 3 things:
 - Stay in family home and continue to spend as previously
 - Move to lifestyle destination such as Coffs Harbour

14 NSW Government Department of Planning (2007, p6) Draft Mid North Coast Regional Strategy 2006-2031.

15 ASLaRC (2005, p4) Progress on a Joint Aged Services Learning and Research Collaboration at Coffs Harbour

16 ASLaRC (2006) Investigating Models of Affordable Housing for Older People and People with Disabilities in the Mid North Coast Region of NSW. Projections based on ABS Census data.

17 Health NSW (2006,p11) Fit for the Future

18 The Australia Institute (2004, p.vii) The benefits of an ageing population

19 The Australia Institute (2004, pvii) The benefits of an ageing population

²⁰ Dr. David Ellis. Pers comm 27th March 2007.

21 Macroplan (2006) Waves, Cycles and Fundamentals for the Retirement Industry

- Cash out – sell the family home and seek cheaper dwellings in regional areas (also possibly Coffs Harbour)

The ageing consumer market will change the emphasis on the types of goods and services required (e.g. a shift from surfboards to golf clubs). Trends suggest that the mature consumer will spend less on luxury goods and more on grandchildren, leisure and recreation²². This will affect needs in terms of housing, transport, the urban environment and new technologies such as motorised wheel chairs.

Work

Many workers currently contemplating early retirement will find it difficult to fund several more decades at the expected comfortable standard of living and it is likely that given the right incentives, many older people will choose to go on working for longer. Mature age workers today have a greater capacity than previous generations to work beyond retirement age of 60-64, as they are healthier and better educated and the nature of work is less physically demanding.

There is a considerable pool of talent to be tapped into as it has been shown that age does not seriously deplete workers cognitive, perceptual or psychomotor abilities.

Far from being net receivers of help and support, older people are, in fact, net providers, at least up to the age of 75 years. They provide childcare, financial, practical and emotional assistance to family members including helping people outside the household with the tasks of daily living.

Aged Care

As the health of the ageing population is maintained at higher levels than previously, the trends indicate that more people are seeking out Community Based care options in their 'senior' years rather than opting for nursing homes. This means the needs for those in high care residential situations is increasingly being focused on dementia patients, as others are staying in their homes for longer periods.

Aged Care needs will have to be matched to the population growth trends and the needs of these target market. There is constant pressure on the current supply of residential aged care beds with different categories of beds in high demand at various times. There is a significant lack of beds available for respite care and those people with challenging behaviours. Council needs to take an active lobbying role in bringing addition beds and residential providers to the Region.

*This leads to many questions, especially of **how** do we harness the benefits of ageing?* This question needs to be explored further in industry workshops but it would most likely be dependent on improving several factors such as:

- Identify **new business opportunities** arising out of new market segments from the ageing population and convey this information to existing local service providers and use it to attract new investors to the region.
- Set up a forum to consider ways to improve the **coordination of community care** and home based services.
- Forum could also consider new needs arising from increased use of residential aged care by people with **dementia**.
- **Lobby state and federal governments** to allocate sufficient beds for residential aged care and community care packages to address the future demographics of Coffs Harbour.
- Council to link with **Future of Ageing** committee to ensure issues and outcomes are supported.
- Council to link with **Division of General Practice** to support future and existing programs.

²² Access Economics (2001)

4. Regional Centre for Allied and Alternative Therapies

Opportunity to promote Coffs Harbour as a Regional Centre for Allied and Alternative Therapies.

The School of Natural and Complementary Medicine at Southern Cross University combined with the Community Services and Health Faculty at the North Coast Institute of TAFE provide the central focus and initial infrastructure for this process.

There is an opportunity to strengthen and promote the region's capabilities in terms of allied and alternative therapies. This would be both to existing residents, future residents and the tourism market. Potential to focus Coffs Harbour as a Health Retreat Haven which complements the perfect climate and natural beauty of the region.

By linking in with the education campus, Coffs Harbour could also be a training ground for Allied and Alternative therapists.

There is also an emerging opportunity to strengthen the local allied health workforce, including mental health through the recent changes to the Commonwealth Government Medicare Benefits Schedule. These changes support registered private allied health practitioners. Provision of infrastructure and practice support will make the area more attractive to private allied health providers (e.g. allied health centre) who would be more inclined to bulk bill or bill at affordable rates (minimal gap). Referrals to these services rely on GP team care and care planning, which can become onerous and very bureaucratic. If an appropriate system can be developed to facilitate the ease of referral and integrated care then these barriers may be overcome and enable a growth in this sector. This system could be developed through partnerships, for example with the Division of General Practice, SCU Information Management School, and service providers.

There is already a range of services being provided in the Coffs Harbour region, for example: physiotherapy, chiropractic, remedial massage, osteopathy, acupuncture, reflexology, yoga, tai chi, pilates.

A healthy city not only requires medical services but it should also focus on preventative measures, such as promoting active people (mentally and physically) as well as healthy lifestyles (consumption education).

Creation of Regional Centre for Allied and Alternative Therapies would involve:

- **Leadership** and agreed vision for the future. Coordinated approach to branding the allied and alternative therapies.
- **Collective promotion** of services and creation of a network of service providers.
- **Research into local gaps in provision and training**
- **Coordination of preventable health messages** and activities.
- **Promotion of active lifestyles.**
- **Community access** to all services and activities.

10. Lessons learnt from other Local Government Areas

Coffs Harbour is competing with other regional centres to attract nurses, doctors, specialists and other related staff. Whilst the region has number of lifestyle factors (proximity to beaches, national parks and recreational facilities, no traffic congestion etc) which may entice people to consider relocating we are not unique in offering these, and they alone will not be sufficient.

The private business community has recognised this as a barrier and has countered it by providing individual incentives to staff over recent years. Whilst the details of these incentives are confidential we can look to what other Councils are doing as an indication of the kind of competition the Coffs Harbour region faces and learn from these examples.

Council Support of Medical and Related Health Services²³

In 2004 the Shires Association conducted a research project on council involvement in medical and related health services in rural and remote communities, to quantify levels of activity and financial support.

In total 85 councils responded to the survey, this represents over 80% of all members at the time.

The most significant efforts of responding councils in providing medical and health related services in rural and remote communities are as follows:

- 30 councils provide 45 centres for 59 doctors at an annual cost of \$465,065
- 26 councils provide 48 houses for 53 doctors at an annual cost of 4541,528
- 12 councils provide 13 centres for 13 dentists at an annual cost of \$228,800
- 10 councils provide equipment for 18 doctors at an annual cost of \$63,500

The most significant efforts of responding councils in supporting medical and related health services run by others in rural and remote communities are as follows:

- 11 councils subsidise 17 houses for 14 doctors at an annual cost of \$106,414
- 9 councils subsidise 11 centres for 14 doctors at an annual cost of \$85,247
- 8 councils subsidise pre-service training for GPs through scholarships and bursaries to 9 people at an annual cost of \$27,350
- 4 councils subsidise equipment for 8 doctors at an annual cost of \$37,000
- 3 councils provide salary subsidies for doctors at an annual cost of \$89,098

The data from this survey confirmed that, due to a market failure in the supply of skilled labour, rural NSW councils are facilitating, providing and supporting medical and health related services.

Doctor Relocation to Outer- Metropolitan areas

In the past, under the relocation incentive provided by the Dept of Health and Ageing, doctors in inner-metropolitan areas could apply for a grant of up to \$20,000 to move to an existing practice, or \$30,000 to if they were establishing a new practice in an outer metropolitan area.

Port Macquarie Hastings Council

Council has established a Significant Projects Facilitation Group comprising the General Manager, Director of Development and Environment Services and Economic Development Manager to respond rapidly to enquiries from investors and to facilitate a clear way forward to the development

²³ Local Government Association of NSW and Shires Association of NSW (2005, p.9)

assessment stage. The Significant Projects Facilitation Group also has the responsibility of advising Council about projects that may require the provision of individually tailored incentives and/or justify modifications with existing policies and procedures.

A Significant Project will:

- typically be of a manufacturing, secondary processing or tradeable service nature, including tourism projects and regional head offices, and generally excluding retail and residential development unless in an area of established need
- provide net positive, sustainable, economic and social impacts for Port Macquarie-Hastings.

Ballina and Lismore Councils

Ballina and Lismore Councils have assisted in the establishment of GP services in a number of small community centres. The GP entity project was a result of a collaborative partnership between the Northern Rivers Division of General Practice, Northern Rivers Area Health Service, Ballina and Lismore Councils and the local communities²⁴. The program aims to provide multi-purpose outposts that incorporate the ability to provide a general practice service. For example:

- Lismore Council has assisted in providing medical infrastructure to Nimbin by subsidising accommodation for GPs wishing to practice in the area.
- Ballina Council is a joint partner in providing free rental premises for GPs in a pilot project at Wardell.

Ballarat City Council

Council provides several incentives to attract people to relocate:

Funding incentive of \$20,000 for new resident doctors.

New Residents Welcome Package - My Choice for Living

Discount vouchers valued at over \$20,000 when you make Ballarat your permanent residence. The 'My Choice for Living' incentive package is available and welcomes all new Ballarat residents.

²⁴ Northern Rivers Division of General Practice (June 2003, p.1)

11. Proposed Initiatives

The following range of initiatives has resulted from the consultations with key industry players and addresses the key issues. They are based around the four opportunities identified previously.

1. Regional Centre of Excellence in Health, Aged and Community Services

a) Leadership and Facilitation

- **Linking Health related leaders.** The creation of a forum or focus group where the health, aged and community service industry leaders and community builders can share a vision for the future, identify areas for partnerships and be a source of communication and networking between attendees. This type of forum is happening in the Aged Care sector (through the ASLaRC, FOA) but this should be broadened to include all aspects of the health, aged and community services sector, as well as possible links to other areas such as planning, transport and housing. See Box A
- **Improved facilitation within and across Council** of investment opportunities provided by medical practitioners. Current perception of the council by medical practitioners needs to be improved by creating better awareness on both sides about the DA process and the importance of the Health, Aged and Community Services Sector to the Coffs Harbour community.
- **Dispute Resolution System** developed that the health industry could follow. This is a good way of avoiding costly conflicts for all parties involved and provide an open and transparent process.
- **“Coffs Harbour Medical Conference”.** Create a program to enable the networking of local GPs and Specialists to stop the leakage of external referrals and also support the on-going professional development of medical practitioners. This could include sessions by local and visiting specialists and networking time. Option for a part of this to also be open to the public to enable them to understand what is available locally in terms of healthcare. Possible partners include: Baringa, NCAHS, MNC Div GP, Economic Development Unit, The Professional Centre and UNSW Rural Clinical School.
- **Celebration of Success.** Raise the profile of achievements to date and the planning process for the sector to create an identity and help create ownership and responsibility for any initiatives. Assist NGOs in identifying funding opportunities.
- **Aged Care and Community Services Coordination.** An opportunity exists to better plan for the future needs of Coffs Harbour in terms of Community Services. Coffs Harbour City Council needs to recognise and acknowledge the role of community services and their contribution to the economic prosperity of the region. For Example, support the fast tracking of the construction of the allocated aged care beds (by Domain). This will create employment in building industry during the development stage and approx 100 people on an ongoing basis within the centre

Box A: Linking Healthcare Leaders

- 6 monthly meetings – or a forum sustainable over long term
- Interagency representation (Public/Private Hospitals, UNSW, SCU, TAFE, MNC Div GP, Aged Care reps, Community Care reps)
- Attendees are of high enough rank to be able to commit to outcomes identified.
- Need to ensure that the process is sustainable despite any changes in representatives.
- Have clear outcomes planned from the start.
- Provide high-level trusted intelligence eg. Demographics, growth rates etc that all agree on
- Sharing of snapshot of where the sector is at moment
- Sharing of snapshot of what each have planned in future (to address demographics)
- Outcomes – ID of partnership potentials, recommendations for Futures Board, list of initiatives, networking and communication between agencies.
- Recognition of achievements to date.

- **Advocacy and lobbying** of State and Federal governments for the allocation of sufficient funding to address the needs of the future population of Coffs Harbour.
-

b) Recruitment and Retention.

- **Strategic recruitment** – coordinated support for health organisations wishing to recruit professionals and their families, providing all the information to answer the questions from prospective in-migrants. Specific attention could be placed on information for overseas trained GPs relocating to the area as they will probably be the largest percentage of new recruits. For example this could include targeted initiatives to promote the region to GPs from target overseas locations (i.e. UK, NZ, Canada etc).
An option is to develop a specialised medical recruitment agency, established and supported by key health related industry and council partners. A good base for this would be the existing GP and Practice Nurse workforce recruitment/support program run by the MNCDGP.
 - **Creation of a ‘One-stop-shop’** for all information required for those interested in relocating to the Coffs Harbour region. Providing up-to-date and realistic picture of the region and its services.
 - **Retention of (health related) professionals.** Provision of support (possible communication hub) to assist professionals and their families to quickly integrate and develop roots in Coffs Harbour (e.g. partners needing to find suitable work / become self-employed, child care and school education, links to further education opportunities – lecturing, researching). In terms of GPs, specific attention could be placed on support for overseas trained GPs relocating to the area as they will probably be the largest percentage of new recruits.
 - **Business Support** – Mentoring and other services to ensure best practice, improved service and long-term sustainability of health related professionals and organisations.
 - **Raise the Allied Health Sector profile.** Create a profile for the allied health services to help strengthen existing network and recruit new investment / professionals in the region. Expand the education and training pathways available in the Allied Health sector.
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c) Infrastructure

- **Consultation rooms** required by doctors and specialists (as well as other professionals) should be supported by Council.
- Currently a large amount of State and Federal funding is being passed up due to lack of suitable infrastructure to support Community Service providers. CHCC could play an important role in co-ordinating a more forward-looking approach to dealing with this issue so that providers can confidently apply for future funding.
- **Transport systems** are a key part of providing equitable access to health services. Improvements in general transport availability also enables people to access the community and remain living independently in their own homes longer. The health, aged and community sector should be kept informed of what future planning is going on in the region.

2. Centre of Excellence – Education and Training for the Health, Aged and Community Services Sector

- a) **A co-ordinated marketing campaign** for all the large organisations looking for staff so that a professional couple can relocate to Coffs together. Support this by ensuring potential staff are aware of the employment and/or professional development opportunities provided by the CHEC – always looking for staff that can teach if they have degrees e.g. accounting etc. and also providing range of study options for people to develop new skills.
 - o Opportunity to provide some kind of package to the HR dept of these kinds of places for when they are recruiting – give them some kind of network to link into before they even arrive so that they are comfortable to make the decision to move.
- b) **A network / forum of health industry representatives and education providers** to help identify emerging trends and gaps in delivery for the region .e.g.
 - o Allied Health education and training expansion. Strengthen the links and form new partnerships between SCU, UNSW and TAFE.
 - o Increase training of technicians in fields in which Coffs Harbour has equipment e.g. radiology and cardiac cath lab.
 - o Group of industry reps responsible for professional development link to 'education cluster' to identify specific training needs or gaps.
- c) **Network of ex-residents** (particularly those in the 17-25 age bracket) to keep them up to date with what is 'happening' in Coffs Harbour so as to provide a consistent link to the region and hopefully lure them back later on in life – online group, blog.
- d) **Create a profile for Allied services** (podiatry, physio, cardio, radiology, pathology etc). Expand the education and training pathways available in the Allied health sector. Develop partnerships between SCU, UNSW and TAFE to expand the opportunities in this sector. Council to work with the MNC Division of GP to support and promote the recently established online directory of allied health services.

3. Harnessing the Benefits of the Ageing Population

- a) **Identify new business opportunities** arising out of new market segments from the ageing population and convey this information to existing local service providers and use it to attract new investors to the region.
- b) **Council to link with Future of Ageing** committee to ensure issues and outcomes are supported.

4. Regional Centre of Allied and Alternative Therapies

- a) Investigate the potential for a **network of Allied and Alternative Therapy practitioners**.
- b) **Promote the services available to the community** – e.g. through a directory of therapies and practitioners, forum, or expo.
- c) **Research into gaps in provision and training**. Work with TAFE and SCU to facilitate the development of relevant courses.
- d) Well-being of Coffs Harbour residents should be approached **holistically** and should be **addressed in more preventative ways** – promoting active lifestyles, healthy eating etc. These are linked to several sections of council responsibility such as improved public transport options, cycleways, pathways and other activities. See also 'Social and Community Strategic Plan 2006-2010' for linkages.
- e) Develop a strategy to **increase the access to health information by the community**. This strategy needs to take into account all the segments of the population and develop creative ways to reach these people. Information should be in regards to preventative health measures and activities as well as aged care/community care options.

Appendix A: Full Time Specialists²⁵

	Coffs Harbour	Port Macquarie	Lismore
Cardiology	1	3	3
ENT	2	1	1
Endocrinology	1	0	1
Gastroenterologist	1	2	5
Geriatric Medicine	1	1	1
Nephrologist	1	1	1
Obstetrics / Gynaecology	3	4	4
Oncology / Haematology	2	1	5
Radiation Oncology	1 Shared with Port		0
Radiologist	4	6	8
Ophthalmology	4	4	4
Oral and Maxillofacial Surgeon	0	1	1
Orthopaedic	4	5	7
Paediatrics	2	2	3
Pathologist	1	3	5
Plastic and Cosmetic	1	1	0
Physician	2	2	4
Psychiatry	3	2	3
Rheumatologist	1	2	2
Vascular Surgeon	0	2	2
Surgery	5	5	4
Urology	1	3	2
Neurology	0	0	1
Palliative Care	0	0	1
Dermatology	0	1	2
Rehabilitation Physician	1	0	0
Anaesthetists	7	9	N/A

²⁵ Table obtained from Mid North Coast Division of General Practice with amendments provided by Greg Jenke, Ramsay Health Care.

Appendix B: List of People Consulted

Hospitals

Baringa Private Hospital

Greg Jenke, General Manager

Coffs Harbour Health Campus

Margaret Bennett, General Manager
Geoff Hampton, Network Manager Business and Corporate Services
Stephen Rodwell, Director of Nursing

Doctors

Dr. Anard Naidoo, Paediatrician
Dr. Azeem Abdul-Razak, Kidney Specialist
Dr. Bill Ross, General Surgeon
Dr. Chandran Arianayagam, Plastic Surgeon
Dr. David Ellis, General Practitioner
Dr. Hanish Bagga, Rheumatologist,
Dr. John Wenman, Physician-Gastroenterologist
Dr. Jon Waites, Consultant Cardiologist
Dr. Sobhann Arianayagam, Pathologist
Dr. Sultan Linjawi, Endocrinologist

Mid North Coast Division of General Practice

Peter Spence, Executive Officer

Womens Health Centre

Bronwyn Chalmers, Manager

Galambila, Aboriginal Health Service Inc.

David Kennedy, Executive Officer

Education

Coffs Harbour Education Campus

Bob Prater, Executive Director

UNSW Rural Clinical School

A/Prof James Curran

Southern Cross University

Professor Colleen Cartwright, Head of ASLaRC
Wendy Hampshire, Course Coordinator Bachelor of Nursing, Department of Nursing & Health Care Practices

North Coast Institute of TAFE

Karyn O'Rielly, Head Teacher of Nursing / Aged Care / First Aid

Aged / Community Care

FOA representatives

Kath Brewster, Future of Ageing/President COTA NSW
Deb Kuhn, Future of Ageing/ NSW DoH

Residential Aged Care / Community Care

Tim Allsopp, GM North Coast Region, Catholic HealthCare
Jan Johnson, Sawtell Catholic Care of the Aged

Community Care

Angela Vaughn, Mid North Coast Community Care Options
Nicole Jut, Mid North Coast Community Care Options

Associated and Allied Services

The Professional Centre

Linda Ward

Council

Landuse Planning

Clyde Treadwell, Manager
Tim Cotsell, Chair of Technical Liaison Committee
Mark Salter, Director of Landuse and Planning

Community Services

Jenni Eakins, Manager

Others

Coffs Harbour Future Development Board

Steve Gooley, Warren Grimshaw, Greg Jenke
Dennis Martin, Phillip Neuss, Ian Ovens, James Parker, Keith Rhoades, Stephen Sawtell, Leigh Sellers.

Australian Government

Department of Health and Ageing
Dr. Graham Hill, Indigenous Coordination Centre

Appendix C: References

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