



Dear Ms Watson

Bega Valley Health Services Development, Bega SSD 5729-2012

Attached to this letter is my personal response to your Department's request for comments on the proposed development of a new Level 4 Hospital at Bega. As I explained in my letter of 25 March and, as I expected, my existing commitments have precluded a visit to Sydney or to the Council Offices in Bega Shire.

As I mentioned in my earlier letter it has sometimes been difficult to respond without haven't had access to a copy of your Department's response to the initial application. I apologise if my powers of ESP have occasionally let me down.

It seems clear that the proposal has been drafted on the basis it is more efficient (cheaper) from the Department of Health's perspective if the new primary health care facility (CHC) is co-located with all other facilities in the new Hospital.

In my view the need to provide adequate and efficient Emergency Health Services to the High School and other Public Schools has not been addressed and the requirements for the communities of Bega, Tathra and Bermagui to have access to the (single) CHC would be better met if it were located close to services already provided by Bega's Doctors. Their (20) Surgeries are all located in Canning, Carp, Church and Hill Streets.

Finally I understand that there have been some queries about the authenticity of detailed comments being generated in the ACT. For over 20 years we have owned, for our own use, a house in Merimbula. At the request of the relevant Australian Authorities access to the address of this house is restricted on a 'need to know basis.

I would be happy to try to respond to any questions your Officers may wish to raise relating to the content of this submission.

Yours Sincerely

Department of Planning Received 1 6 APR 2013 Mining Room Summary of my review of the NSW Department of Planning and Infrastructure's reference Bega SSD 55729-2012

- A. A major part of the level of remoteness that characterised the Old Bega Hospital was successfully removed when it was replaced by the present Bega Hospital. Unfortunately it seems that a degree of remoteness will return when the present Hospital is replaced.
- B. The absence of any discussion of Public Transport contributes to A.
- C. Appropriate access to the Hospital, in particular the CHC, from the High School and other Public Schools seems to be of no concern to those responsible for the present proposal. They seem to be oblivious to the effectiveness of the present arrangements.
- D. Access from/to Bega by NSW Ambulance and most Private Vehicles will probably prove to be adequate.
- E. The 12% of the population of Bega who do not have a vehicle will find access very difficult when they need to attend for treatment or examination at the Hospital based CHC.
- F. The location of the Hospital based CHC is so remote from the 20 Doctor's Surgeries that it is difficult to believe that they could, when necessary, work together effectively in providing treating for a patient.
- G. The analysis of the BRCG Community interest in 2010 shows (pages C and D) a strong preference to 'Leave the Bega CHC where it is'. Acceptance of that preference would address the concerns summarised in E. and F. above.

Preamble:

To my surprise I received a number of comments on my November Submission some seeking clarification of the source of some of the material quoted. The purpose of this preamble is to try clarify some of the sources and how I came to be exposed to them.

1. Canadian Transport Commission (CTC).

The CTC was established by legislation passed by the Canadian Parliament in the last months of the Pearson Govt.

The legislation brought together a number of previously separate bodies such as the Railway Commission and added a number of new 'Research' functions.

It was already clear that there would be a federal election in 1968 and that Mr Pearson would be retiring. The Public Service Commission (PSC) suggested to the Prime Minister that perhaps it would be wiser to delay staffing the 'Research' functions until after the election. Mr Pearson accepted that advice.

In April 1968 Mr Trudeau succeeded Mr Pearson as leader of the Liberal Party and in June 1968 was elected Prime Minister. Mr Trudeau accepted the Public Service Commission's advice that it was now appropriate to staff the 'Research' functions of the CTC.

An international recruiting campaign was undertaken by the CTC assisted by the PSC. The successful candidates were both recruited from the UK.

The Director of Economics was Peter Detmold who had served as a senior member of Dr Beeching's team reviewing all aspects of Public Railways in England, Scotland and Wales. He moved to Ottawa before the end of 1968.

I was appointed Director of Science and Technology. I had been head of Advanced Systems and Research for the Bristol side of the British Aircraft Corporation since the mid 1960's. The terms of my employment contract within BAC meant that I was required to serve 3 Months notice and did not move to Ottawa until April 1969.

2. CTC and BTE.

At about the same time the Australian Government decided to establish a Bureau of Transport Economics within the Transport Portfolio. Sir Frederick Wheeler, Secretary to the Treasury agreed to make Dr (later Sir) William Cole, a senior Treasury Office available on temporary transfer as the first Director of the BTE.

Late in 1969 Dr Cole visited Ottawa and Peter Detmold and I spent an afternoon reviewing with him relevant studies undertaken before we both joined the CTC and some

of the work undertaken since late 1968. Of particular interest during the conversation was a technique that tracked community preferences when preferred road and rail alignments change from time (sometimes regularly!) before a final decission is made.

In 1970 I accepted an invitation from the Minister for Transport and the Deputy Minister (Australia calls that position Secretary) to move to become Chief of Staff for the Portfolio.

In 1973 there was a Commonwealth Heads of Government meeting in Ottawa. Mr Whitlam asked me to see him and invited me to move to Ottawa as Secretary to the new Department of (Civil Aviation and Shipping and Transport) Transport

I moved to Canberra in November 1973. Dr Cole had moved back to Treasury and Dr John Taplin was the new Director of the Bureau of Transport Economics. He confirmed that Dr Cole had provided a detailed briefing on his discussions in Ottawa including the work on Road and Rail alignments.

Later in this paper one use of the technique is reported in the work of the Bega Valley Health Service Consumer Group.

1973-75

In the Transport Portfolio one of the high priority tasks identified by the Whitlam Government related to the development and early implementation of what became known as the National Highway Network Inevitably there were a large number of tasks that could not be included in the first stages of implementation and the Minister (Hon. C.K.Jones) received many representations from members of the Commonwealth and State Parliaments, Local Government and Private Sector Interests.

The Minster took the view that his Department should review a small section of these representations and report back. For whatever reason he asked me to review certain representations relating to Bega.

In view of the nature of some of the representations and after spending a weekend in the district, I decided to consult with senior colleagues in the NSW Public Service specifically Bill Henry (Treasury) and Ken Trott (Transport). In the light of my review I realised that the colocation of the (relatively new) Hospital and High School was extremely beneficial and that in 30 or 40 years time there was likely to be an economic case for building a ByPass to the West of the town. I reported my conclusions to the Minister.

3. Relevant Australian Government appointments from 1987 to 1993.

In 1987 I was undertaking some detailed studies for the Employment, Education and Training Portfolio (DEET) when I was asked if I would also take over responsibility for the Snowy Hydro in anticipation of likely negotiations with NSW and Victoria.

I agreed on the understanding that overall I would be able to spend 50% of my time on each area. This understanding continued when I was asked to undertake studies for the Treasurer.

The Central Office of Snowy Hydro is in Cooma and although its water/electricity facilities stretch as far as Talbingo the NSW Department of Health's Cooma Base Hospital is the Major Facility within the Snowy Mountains. For most of my time as Commissioner Cooma Base Hospital appeared to be semi autonomous within the Department's S.E.Region. The Snowy's Chief Pilot was a member of the local Health Board.

From my regular but strictly arms length contact with members of the Board and Medical Staff I developed some appreciation of their sense of remoteness from NSW Health's Head Office.

4. Other Government related appointments.

After retiring from the Australian Public Service I accepted invitations to be a member of the Aust. Capital Region Employment Council and the Capital Region Consultative Committee. Both reported to Australian and NSW Ministers and concentrated on issues affecting the ACT and SENSW. Through my membership of these bodies and the Balanced State Development Working Group I was exposed to a broad range of socio-economic activities including Health, Education, Employment and Communications.

In 2002/03 I accepted an invitation, at short notice, to act as Chair of the Merimbula based Skills Training Employment Program Inc. trading as Auswide Projects. The then Principal of Bega High School Pamela Welham was also a member of the Board.

In addition to issues of specific interest to Auswide Projects I had the opportunity to discuss with Ms Welham a number of Health and Education issues in Bega. Ms Welham was very supportive of the close locations of the Hospital and the High School, the northerly position of the High School that minimised the number of students who had to climb up the streets on their way to School and the ready access of the Hospital (usually the CHC) from School when someone (Pupil or Staff) had an accident requiring attention

5. Planning Work on GSAHS Clusters

Soon after the turn of the Century the then Chief Executive grouped GSAHS services into 10 Clusters and initiated a series of strategic plans. One Cluster consisted of the Bega Valley Health Service and a sries of workshops were undertaken throughout the Shire.

I was able to attend some of these workshops and was impressed by the quality of the Strategic Plan - 2005/10 that was published in 2005. An important conclusion was that there was an urgent need for a new/larger Hospital in the Shire. By the start of 2006 I thought tht it was clear that there were conflicting views as to the most appropriate location for the new Hospital and the degree to which that location should be influenced by population growth and community changes within the Shire.

It was also clear that very few Shire Residents were aware of the then State Government's view that, in Shires like Bega Valley, there was a very strong argument that, for a number of economic and social issues, major capital investments by the State should be co-located in one town.

At about the same time highly relevant work was being undertaken by the Shire Council's then Strategic Planner Adrian Weedon under the supervision of Leeanne Barnes and the then General Manager David Jesson. On the basis of this work, and after relevant data from the 2006 Census was available, Council published a comprehensive socioeconomic profile of the Shire. A number of relevant tables from this profile are provided later in this submission.

By taking advantage of the Bega Health strategic plan for 2005/10 and Council's socioeconomic profile of the Shire I was able to develop some useful 'profiles'. They were based on regular conversations with a group of longer term residents in Bega Valley Shire who I knew through contacts my wife and I had developed in various locations within the Shire. The development of these 'profiles' took advantage of the socio tracking techniques that I was exposed to during my (short) time with the Canadian Transport Commission(CTC) and discussed with the BTE after I moved to Australia.

In 2008/9 Group then acting Chief Executive of the GSAHS decided that it might be useful to establish a consumer group within Bega Valley Shire. Further discussions with residents known to have a particular interest in Health Service issues confirmed her initial proposal and the 'Bega Valley Health Consumer Group' was established in September 2009.

Page A is a copy of the announcement that Ken Barnett, General Manager Eastern Section made on 25 September 2009. At the first meeting of the Group Planning Officers from the Heaalth Service confirmed that the data they were using was generally consistent with that published by Bega Valley Shire Council

GREATER SOUTHERN AREA HEALTH SERVICE BEGA VALLEY HEALTH SERVICES

MEDIA ITEM

BEGA DISTRICT NEWS

PAGE NO: &

DATE: 25/9 /09

Health service group appointed

A GROUP of community members which will assist in planning the Bega Valley Health Service has been selected and held its first meeting.

Greater Southern Area Health Service invited expressions of interest from residents living in all districts within the Bega Valley to be part of the planning process for the new health service.

General manager eastern sector Ken Barnett thanked all residents who applied and said eight members from throughout the region will assist in the planning through their input and advice.

"The first meeting for the Bega Valley Health Service Consumer Group was held on Monday, September 14," he said.

"This was an introductory workshop to cover a number of items such as how we plan for new hospitals, an overview of the new health service, the planning work completed to date and the future steps needed to be taken.

"Consumer input is an important phase of our overall planning and the group will also help to increase community knowledge and understanding of the new health service."

Mr Barnett said he was happy to announce and welcome the eight member group, and looked forward to their contributions.

Ann Mawhinney, Candelo

Ann says she has always had an interest and actively participated in activities that advocate for better health services in the communities she has lived in.

She has been involved in community groups for many years including chair of the local aged care committee and past president of Quota and a P&C committee.

Alonzo Llewellyn, Wolumla Alonzo is a strong advocate



Charles Halton (left) Ann Mawhinney, Nurse Manager Alan Birchall, Shirley Rixon, Service Planner Zoe Harris, Redevelopment Project Officer Jillian Rheinberger, Beverley Bray, Integrated Services Manager David Jeffery, Kerry McKee, Tammy Glass, Alonzo Llewellyn. Absent: Kathy Crombie.

for Indigenous and minority groups in the areas of health and employment. He has been a former president of the Merimbula Area Chamber of Commerce and a district administrator for Little League Basketball Australia. Alonzo's other community group memberships include the Bega Valley Tourism Committee and the Australian Small Business Association.

Beverley Bray, Bermagui

Beverley says she's always been involved in a wide range of community projects and has been a keen supporter of medical recruitment to rural and regional areas. She has hosted a group of postgraduate medical students from the Australian National University to assist recruitment. Beverley is a member of the Bermagui Community Garden Group, has been a member of the Bermagui Chamber of Commerce and on the Steering Committee of Sapphire Coast Tourism.

Charles Halton, Merimbula

Charles comes to the Consumer Group with extensive experience in the public service both nationally and internationally. He is a strong advocate for rural, regional and remote communities and helped establish a group lobbying for improved services. Charles has a wealth of experience on committees and has taken a keen interest in health related issues in the Bega Valley for many years.

Tammy Glass, Kalaru

Tammy is an advocate for maternity services in the Bega Valley. She's given birth to four children at the Bega District Hospital and has a strong interest in the development of the new health service.

Tammy is a member of the Maternity Advisory Group and is president of BirthCentral. She has worked on various school committees and has been a fundraiser co-ordinator for the Tathra Pre-school.

Kathy Crombie, Bega

Kathy is a captain with the Salvation Army which provides her with insight and understanding into the plight of homeless people and minority groups in the region. She has previously worked in community health and through her work both past and present has had and continues to have involvement with committees.

Shirley Rixon, Merimbula

Shirley has lived in both metropolitan and rural areas and has first-hand experience in health in both settings. Shirley has professional experience in health and has worked as an enrolled nurse in the local district and as a pathology courier. She has been involved with a wide range of community organisations and committees which resulted in her receiving the Bega Valley Shire Community Service Medallion.

Kerry McKee, Tathra

Kerry is interested in representing the Bega Valley Shire and has had a wide range of experience with community groups and committees. She is a member of the Tathra Amateur Fishing Club, she's been on the Bega Valley Shire Council Planning Committee and the Australian National University Rural Health Community Committee and has been secretary of the Tathra Beach District Chamber of Commerce.

The Bega Valley Health Service Consumer Group is chaired by Jillian Rheinberger, Redevelopment Project Officer, Greater Southern Area Health Service. Page B provides copies of two slides that formed part of the briefing used at the Group's first meeting. The proposal in the Overview slide that the intention was to 'Amalgamate two separate health facilities, subsequently integrating services to one campus' (eden community health will remain open)

lead to members to seek clarification as to whether this meant that the number of Community Health Centres in Bega Valley Shire would reduce from 3 to 2.

This issue was finally resolved when Commonwealth and State Ministers made announcements relating to the decision to proceed with a new Bega Hospital

In April 2010 the Bega Valley Health Service Consumer Group was asked, at short notice to provide 'Community Interest' data relating specifically to Bega.

The attached minute dated 3 May 2010 copied on Pages C and D was provided as a response to that request.

It needs to be understood that the request related specifically to Bega and linkages to Bermagui and Tathra were not to be covered. Similarly the Group was asked not to deal with linkages such as those between Health and Public Education and Public Transport.

It must be mentioned that some members of th Consumer Group were aware that, during the then NSW Government's consideration of the 'Coastal Corridor' north from Bega Vally Shire and the 'Canberra to Sydney Corridor' the then Planning Minister Frank Sartor had argued that when changes in 'say' Health lead to changes in 'Public Education' then that portfolio's additional costs should be reimbursed by the lead portfolio.

For example if the suggestion that the new Bega CHC be located in the new Hospital is adopted the costs incurred by NSW Education inusing the new CHC are much greater than the present arrangement - the High School is immediately below the CHC.

Similarly the present location of the CHC allows the Public Transport requirements to be met by 3 daily trips from/to Carp Street. If the new Bega CHC is located with the Hospital then a Bus Service from Carp Street to meet the requirements of patients from Bega, Bermagui and Tathra would be similar to the regular 5 times a day service from Eden's CHC to Pambulas.

Page E provides a 'street map' of the Bega CBD. The Princess Highway/Newtown Road/Gipps Street forms the 'Spine' with the highest point at St Patrick's. Roads to the west of the 'spine' drop away to the west and the (fewer) Roads to the east of the 'spine' drop away (more sharply) to the east.





Bega Redevelopment Consumer Group - Community Interest

The purpose of this note is to respond to your request of 30 April.

You will recall that when we first discussed the BRCG concept in Aug/Sep 2009 1 mentioned that, after I read the invitation for 'EOI to Landowners in the South Bega zone' in January 2009, I reopened the file in which I had previously noted comments on the Bega Cluster since the StratPlan was published in Sep. 2005.

What follows is based on entries since then with a couple of exceptions.

Since we bought a house in Merimbula I had got to know two long term residents of Bega who died in 07/08. Both held strong views on the then Bega Cluster, as members of the community, and from their own experiences at Bega Hospital and CHC. They are included in this analysis.

The analysis is, with the exception of group 6, based on loose groupings of issues:

- 1. 1.1 Who chooses the site is access to public transport a consideration
 - 1.2 Site selection is taking far too long already more than 15 months.
 - 1.3 The existing Bega CHC is too far out of town. Why not follow the example of Eden and look for space in Carp or Church Streets.
 - 1.4 Leave Bega CHC where it is.

2.

- 1.5 Has the position on Bulk Billing changed.
- 2.1 Did the change from 10 Clusters to 3 Sections slow things down
 - 2.2 Why haven't there been any details published since the Merimbula meeting at the end of 2006.
 - 2.3 Is there still going to be accommodation for the Tertiary Education Faculty.

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2.4 Is anything happening on Mental Health.



- 3.1 Will major cases still transfer to Canberra. We don't want to use Sydney.
 - 3.2 How many years before the first major redevelopment. How long will the new Hospital last. Old Bega Hospital 70 years, Bega Hospital 60
 - 3.3 Where will the Consulting Rooms be located at the hospital or in town.
 - 3.4 Will Pambula Hospital be sold or demolished.
- 4.1 Why is there no reference to Bega, Eden or Pambula CHCs.
 - 4.2 What happens to equipment/facilities provided by Auxiliaries to Pambula Hospital/CHC and Bega Hospital.
- 5.1 Does GSAHS ever talk to BVSC.
 - 5.2 If the new Hospital could cost \$100M what about local content. Lessons from Eden Wharf.
- 6. These questions have all arisen during April:
 - 6.1 Is the April COAG likely to change anything.
 - 6.2 Is Kerrison Lane really being considered (Neil Rainbow MNW) it is too far out.
 - 6.3 Is the Government only prepared to spend \$1M on the site (BDN)

Of these 20 questions/topics of interest the ones that have been raised most frequently are 1.2. 1.4, 2.2, 3.4, 4.1, 5.2.

They can roughly be ranked (1) 1.4, (2) 2.2, (equal 3) 4.1 and 5.2, (5) 3.4 and (6) 1.2.

Kegards

3

4.

5



Although it is inevitable that a discussion on the new Bega Hospital will focus on the Socio Economic features of Bega the needs of Bermagui and Tathra must not be overlooked.

Bega, Bermagui and Tathra are probably best addressed as a Troika:

Population - Bega 4500, Bermagui 1300, Tathra 1600 Medium Household weekly income - Bega \$635, Bermagui \$562, Tathra \$743 Households with no vehicle - Bega 12%, Bermagui 10%, Tathra 6% % of the population needing assistance because of disability-

Bega 7.6%, Bermagui 6.5%, Tathra 4.3%

The population of Aboriginal and Torres Straight Islander Indigenous People needs to be addressed separately, particularly as at one stage the Clinical Service Plan BVHS for November 2011 suggested that the Shire's Indigenous Population were reasonably evenly distributed among the larger communities. In fact th 2006 Census reported that there were 816 Indigenous Aboriginal and Torres Islanders living in the Shire, 2.6% of the total population:

250 or 5.5% of Bega's total population

206 or 6.9% of Eden's total population

and 36 or 3.1% of Pambula's total population

For completeness Pages F,G and H provide a Socio Economic overview of the Shire.

B2 Socio Economic Information on Bega Valley Shire (BVS)

At the time of the 2006 Census:

The estimated resident population of BVS was 32 429, an increase of 1 726, or 4.4%, from the figure at the time of the 2001 Census^{\ddagger}

The median age for the population of BVS was 45, the comparable figure for the population of NSW was 37.

The census reports on the age of the population in 5 year increments, for the 45-49 age group, and all older groups, the percentages in BVS are higher than for NSW.

The median household weekly income in BVS was \$697, the comparable figure for all of NSW was \$1036.

In the 2006 Census, people were asked how they travelled to work on Tuesday 8 August. In Bega Valley 77% of the 12 466 employed residents travelled to work that day, with 12 % not going to work, and 9% working from home; some did not say.

In Bega Valley, 76% of travellers drove to work in 2006, compared to 68% for the whole of NSW.

In Bega Valley, 1.6% of workers used a bus to get to work, compared to 9.7% for the whole of NSW.

6% of BVS households had no vehicles. The equivalent figure for NSW households is 12%.

As mentioned previously 5.1% of the population of BVS needed assistance because of disability. The equivalent figure for NSW was 4.6%. In BVS 13% of residents 15+ gave unpaid care to another needing assistance, 1.3% higher than for the whole of NSW.

* The net population increase in BVS is, of course, made up of movements of people into the Shire, together with births during the five years, balanced against deaths and movements out of the Shire.

Of the usual residents at the time of the 2006 Census some 75% were in the Shire in 2001 as well (55% were at the same address and another 20% at a different address elsewhere in the Shire).

Over 30% of the usual residents in the 25-34 age group at the time of the 2006 Census had arrived in the previous five years. Over 20% of the pre-retiree (55-64 age group) had arrived in the previous five years.



B 3 Socio Economic Information on eight communities within Bega Valley Shire

Although a somewhat different selection of communities was mentioned in the draft of the BVS three year management plan the eight that have been analysed are Bega, Bermagui (Brmgi), Eden, Merimbula (Mrmbla), Pambula (Pmbla), Pambula Beach (Pmbla Bh), Tathra (Tthra) and Tura Beach (Tura Bh).

Although these communities highlight the markedly wide range of Socio Economic characteristics present on the Shire they do not necessarily provide a 'balanced' cross section of all Shire communities.

For example some 18 800 Shire residents live in these eight and 13 400 elsewhere.

However within the Shire there are 474 preschool students, 2 755 at primary school and 2 370 at high school. The eight communities account for 278 at preschool, 1 575 at primary school and 1 200 at high school; leaving 196 preschool students, 1 180 primary school and 1 170 living elsewhere in the Shire.

Similarly from within the Shire there are 2 944 disability care givers, 1 697 live in the eight communities and 1 247 elsewhere.

Unless otherwise stated all the data provided below has been derived from the 2006 Census.

Population

Bega 4 500, Mrmbla 3 850, Eden 3 000, Tura Bh 2 750, Tthra 1 600, Brmgi 1 300, Pmbla 1 150, Pmbla Bh 650.

Median Age

Tura Bh 53, Brmgi 51, Mrmbla 48, Pambla Bh 48, Tihra 45, Eden 43 Pmbla 42, Bega 40

Median Household weekly income

Pmbla Bh \$810, Tura Bh \$783, Tihra \$743, Pmbla \$666, Mrmbla \$664 Eden \$653, Bega \$635, Brmgi \$562

Households with no vehicles

Bega 12%, Eden 11%, Brmgi 10%, Mrmbla 10%, Pmbla 6%, Tthra 6%, Tura Bh 2%, Pmbla Bh 2%

of population needing assistance because of disability

Pmbla 8.6%, Bega 7.6%, Brmgi 6.5%, Mrmbla 5.7%, Eden 5.3%, Tura Bh 4.6%, Tthra 4.3%, Pmbla Bh 2.7%

% of residents aged 15+ who gave care to another needing assistance

Brmgi 14%, Tthra 13%, Bega 13%, Mrmbla 12%, Eden 12% Pmbla 11%, Pmbla Bh 11%, Tura Bh 10%