



## GLEN INNES SEVERN COUNCIL AND GROW GLEN INNES THINK TANK EXPRESSION OF INTEREST – ‘ATTRACT, CONNECT, STAY’ PROGRAM

**1. Context:** The Glen Innes Severn Local Government Area (LGA) is home to 8,873 residents in the township of Glen Innes and surrounding villages and hamlets. Consistent with the rising median age over the past 10 years, the LGA is projected to see a significant increase in the proportion of residents aged 65 years and over out to the year 2041, moving from 25% of the total population in 2016 to 38% by 2041. Over the same period, the working age population (residents aged 15-64) is expected to decline by almost 1,870 residents (decrease of 36%).

Simultaneously there is a sustained number of young people leaving the community for various reasons. Often, they return to the LGA to raise their family, take up local employment / start their own business or take over a family farm. Tree changes are seeking the benefits of regional and rural lifestyles through visiting rural communities in their search for ‘their’ chosen town to relocate to.

There is also a significant number and sustained out-migration of young people. Regional returners are starting to move back and raise families whilst starting businesses or taking over family farms. Tree changes are seeing the benefits of regional and rural lifestyles and are visiting more rural communities in their research for ‘their’ town. We have seen a significant increase in this due to those escaping urban environments under threat from COVID-19 lockdowns.

According to the Department of Education, Skills and Employment, healthcare is expected to be one of the fastest growing industries over the next five years. The Health Care and Social Assistance sector in Glen Innes is already a significant employer and while employment in the sector has increased, the rate of increase is below the State and Industry average.

The Healthcare industry contributes to \$40,000,000 of our Gross Regional Product (GRP) and employs 411 people. The importance of the local health care industry is likely to grow in coming years, given the forecast growth in the number and proportion of older residents in the region. Beyond employment, ensuring high quality local healthcare services can also support population growth, as these services are considered essential and important to most families when considering a regional move.

Glen Innes Hospital has a range of services. With most specialist services for acute conditions available from visiting services one (1) day a month. For a list of services available please see the following link: <https://www.hnehealth.nsw.gov.au/facilities/hospitals/glen-innes-hospital-detailed-services>. The LGA has a range of community health and mental services available via appointment, centralised intake with some located physically in the LGA. For a list of services available please see the following link: <https://www.hnehealth.nsw.gov.au/facilities/community-health-services/glen-innes-community-health-service> and [Mental Health Servicers - https://www.healthdirect.gov.au/australian-health-services/results/glen\\_innes-2370/tihcs-aht-11867/mental-health-services?undefined=&pageIndex=1&tab=SITE\\_VISIT](https://www.healthdirect.gov.au/australian-health-services/results/glen_innes-2370/tihcs-aht-11867/mental-health-services?undefined=&pageIndex=1&tab=SITE_VISIT)

Summary of approximate services with indicative figures:

| Public Hospital:  |   |   |
|---|---|---|
| Approx. 34 beds (including maternity)   | X-ray: on site 5 x day/week with emergency coverage as required       | Dental Clinic: children and low-income clinic                         |
| 4 emergency spaces  | Ultrasound: 3 x day/week with nil emergency coverage                  | Locum coverage of ED on weekdays/weekends                             |
| In reach specialists 1 per month including: paediatrician, psychiatrist, continence, podiatrist, diabetes, nurse practitioner (aged care) |   |   |
| Allied Health (Public)  |   |   |
| Social worker 1 x full time – outreaches to Emmaville/Tenterfield   | Early Childhood 1 x part time   | Physio 1 x full time (currently vacant for past 12 months)            |
| OT 1 x part time  | Dietician (in-reach 1 day/week)                                       | Child/Adolescent Mental Health Support CAMHS 1 x full time            |
| Aboriginal Health Liaison 1 x full time   | Alcohol and Drug Counsellor 1 x full time (outreaches to Tenterfield) | Sexual Assault Counsellor 1 x full time (outreaches to other centres) |
| Community Nursing 2 x full time   | Palliative Care 1 x full time   | Speech Therapy  |
| Mental Health 2-3 x full time (use of Mental Health Emergency Care – Rapid Access Program MHEC-RAP in emergency situations)               |   |   |



| Emmaville MPS                    | Private  | Aboriginal Medical Service  |
|----------------------------------|--|---|
| Aged Care beds x approx. 13 beds | Private GP Practice x 3 including 2 x RN at each.<br>Total GPs = 9 FTE (3 pending imminent retirement) | Armajun – 1- 2x GPs extended service from Inverell. Local and in-reach services plus provision of some services by out-reach to Tenterfield |
| ED space(s)                      | GP Obstetricians<br>- 2 available (1 pending retirement)   |   |
| Acute Care beds                  | GP Anaesthetics<br>- 2 available (1 pending retirement)  |   |
|                                  | Specialist services (visiting):<br>- Vascular surgeon<br>- Psychologist<br>- Counselling               |   |

Using the Australian Health Workforce Locator, Glen Innes is deemed an MM4 and Rural Zone Code 5 Area. Which captures the Glen Innes LGA combined with parts of Inverell and Tenterfield Shire LGAs. Participating in 'Attract, Connect, Stay' program would take our LGA a step closer to developing a refined, defined, written, and measurable model of care. It provides an opportunity to unpack and repack what the community needs and an opportunity to look at the system with a less traditional approach. The program creates the opportunity to incorporate nursing and midwifery led services, allied health led services (pharmacy, physio, social work, Chinese medicine), mental health services, aboriginal health services and complementary medicine to support General Practice. Using clinicians encouraged to operate to their full scope of practice and full capacity of skills to lead the delivery of healthcare. Whilst this program has a Glen Innes focus, we are aware that being successful in our EOI could benefit our region more broadly.

#### **Additional Information requested – More detail about private allied health services**

*The following list encompasses the local providers of private allied health services:*

|  |   |                                     |
|--|---|-------------------------------------|
| 1. Glen Innes Chiropractic Centre                                    | 6. Glen Innes Family and Youth Support Services | 12. Glen Innes Psychology           |
| 2. Anglicare Glen Innes  | 7. Kings Gym and Fitness                        | 13. Glen Industries                 |
| 3. CentaCare NENW  | 8. Moveology                                    | 14. FRBI Glen Innes Masonic Village |
| 4. Armajun Aboriginal Health Service                                 | 9. Glen Innes Foot Clinic                       | 15. Roseneath Nursing Home          |
| 5. Inverell & Glen Innes Homelessness Support Services (Pathfinders) | 10. OT Time Kids Therapy                        | 16. New England Care                |
|  | 11. Community Hearing Advisor                   | 17. R&R Health and Body Centre      |

#### **Additional Research Project commissioned:**

*Council have committed \$4,800 + GST to appoint a consultant to create a business case for specialist health service delivery in Glen Innes. Please see **Annexure D** for project aims, objectives and schedule of delivery completing in August 2021.*

**2. Problem definition:** There are over 586,000 registered health practitioners in Australia, including: 98,400 medical practitioners; 334,000 nurses and midwives; 20,600 dental practitioners; and 133,400 allied health professionals. The primary issue for rural health workforce in Australia is distribution rather than undersupply. Bulk of growth in the health workforce is in major capital cities and metropolitan areas. The current NSW Parliamentary Inquiry into Regional Health through its 700- submissions has uncovered critical shortages in healthcare workers in regional and remote areas which all resonate with the Glen Innes LGA. Deniliquin, a town like Glen Innes, expressed similar issues across their healthcare services which also resonate with Glen Innes including:

1. Challenges in recruitment and retention of GP's and healthcare professionals;
2. Lack of nurse practitioners willing to move to rural locations;
3. Critical levels of exhaustion of local GP's with huge waiting lists at their practices, attending to emergency services and being on-call for the hospital;
4. Scope of practice at the Hospital reducing;



## 5. Concerns about telehealth in context of an aging population

The Glen Innes LGA has, through the workshop held with Dr Cath Cosgrove and our community of healthcare services, local business, local community and GROW Glen Innes THINK TANK group have identified the main issues of: Access; Equity, Lack of patient centred approach; Lack of consistency; Limited options for patient driven health care; Lack of options for End of Life care; and Lack of options for consistent and wholistic maternity care. A doctor is not always available in the Emergency Department of the hospital. Local GP resources are stretched and if a doctor is rostered on and then sick there are not enough resources to replace locally or not enough time to organise a locum. Organised locums are regularly on duty at great cost and at times are not available.

- Limited number of GP's with nil private practice taking on new patients - patients; known 350 patient waiting list
- New residents travelling 50+ mins to other centres for basic GP care
- Appointments booking 4-6 weeks in advance
- Nil or limited availability to urgent appointments for current patients in all private practices
- Current GP's covering private practice plus ED/hospital on rostered basis
- Current GP's ageing and nearing retirement – risk of burning out with long hours and workload
- Allied health – booking well in advance, with physio position being vacant for approx. 12 months
- 50+ mins travel is required for many specialist appointments and most ultrasound and imaging needs
- 50+ mins travel is required for dialysis and chemo
- Socio economic factors limit private allied health viability
- Having to travel to Tamworth, Lismore, Toowoomba or Newcastle for specialist consultations and treatment (these are typically >3hour drive).

Unfortunately, social media is alive with reservations about moving to the LGA given the GP shortage and rhetoric about a waiting list of 200 people, with local surgeries not taking new patients. The following are two examples:

1. [Is it true GPs won't take new patients here?](#)
2. [I just rang them all. Not taking new patients or join a lengthy wait list. Hospital only has Drs on call for emergencies. STUPID.](#)

Even if you have a GP it can take more than one (1) week to see your GP. Locals who can't get 'on the books' are having to travel to neighbouring towns to see a GP. This, along with a recent article highlights this problem <https://www.theland.com.au/story/7284206/gp-raises-alarm-over-glen-innes-hospital-a-year-after-tragedy/?cs=4963>

## 3. Visioning:

Participants at the workshop delivered a common vision of: A community that thrives emotionally and physically from local healthcare services that are accessible anytime and pivots to meet the needs of the community now and in the future. A community that feels secure and confident they are safe and have peace of mind that whatever ailment they encounter they won't be also burdened with travel and cost.

*Additional information requested: How did the visioning exercise in the workshop – arrive at this? Include visioning exercise as appendix*

*The visioning activity asked participants to work in their groups to answer the following question:*

*"In an ideal situation, where health workforce shortages are no longer an issue, what could your town/LGA look like to live in and thrive?"*

*Please see **Appendix E** for each group's summary interpreted from the 'butchers paper presentations' that led to the common vision articulated above.*

**4. Broad community support:** The workshop was attended by 25 representatives from across the health sector, community, business and local government. GROW Glen Innes THINK TANK registrants are included in this number. This was the first time that all groups had come together. Why? Because no matter your role in the community there is alignment that we **MUST** do something differently to address our declining healthcare services and personnel. Evidence of this can be found in *Annexure A* and *Annexure B* in the Appendix.

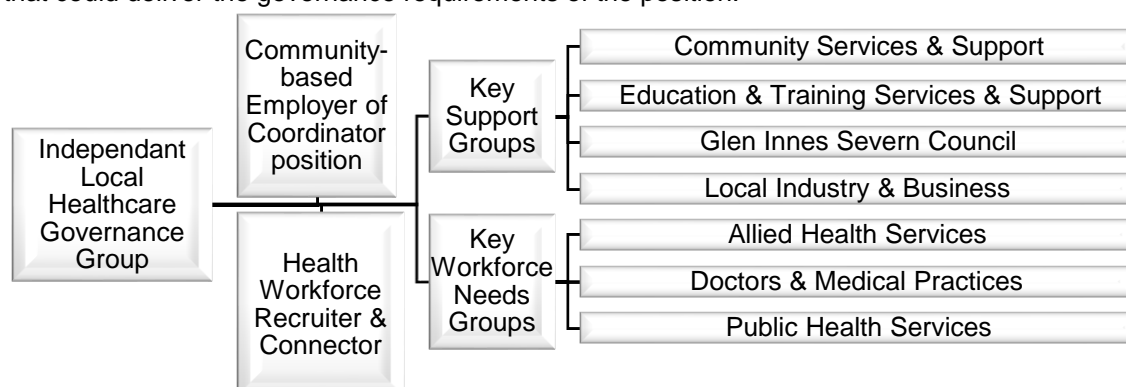
Community consultation for the Economic Development Strategy 2020-2040 and Action Plan 2020-2025 (EDS&AP) identified 'More health care services' as a top five (5) priority that need to be addressed. The EDS&AP has a



strategic pillar to 'Develop local assets and improve liveability' with a one (1) of the three (3) priorities being the much-needed improvement of healthcare and social assistance services and growth.

The key objective of the EDS&AP is to elevate socio-economic prosperity and status for our community to thrive. It is clearly evidenced that social determinants of health are shaped by the distribution of money, power and resources at global, national and local levels. It is essential that healthcare is recognised as a local service required for a healthy community to assist with the improved socio-economic prosperity of our residents. See *Annexure C* in the Appendix.

**5. Management structure.** The workshop uncovered a common theme regarding the position of a Health Force Recruiter & Connector (HRC) being overseen by an independent local group of advocates to govern and support the position. It was preferred that the direct employer of the position was not Council and instead a community-based employer that could deliver the governance requirements of the position.



The role of the **Independent Local Healthcare Governance Group (ILHGG)** would be to:

1. Ensure continual funding of the position for the long-term
2. Ensure that the HRC had the flexibility, resources, connections and support required by the project
3. Ensure that the remuneration of the position was regularly reviewed to ensure job satisfaction and consistency
4. Provide support to the HRC where requested to enable the project to be successful
5. Replace the Local Health Advisory Group
6. Lobby and Liaise with State and Federal Government to achieve better local healthcare outcomes across services and human capital

The role of the **Community-based Employer** would be to:

1. Provide the Employment Contract to the HRC
2. Draw from the funding solutions to remunerate the HRC ensuring that all contractual obligations are met
3. Provide the technology and physical space in an appropriate location as well as remote-working access

The role of **Healthcare Recruiter & Connector** would be to:

1. The role would be clearly defined by the program in collaboration with Cath and the community ILHGG, LSG and KWNG's
2. Provide a quarterly progress report to the ILHGG

The role of **Key Support Groups (KSG)** would be to:

1. Provide in-kind and financial support for the RHC position
2. Assist the RHC to create connections in the community that benefit the program's delivery and success

The role of **Key Workforce Needs Groups (KWNG)** would be to:

1. Provide the workforce needs and continually collaborate directly to the HRC



**6. Funding:** Glen Innes Severn Council and participants of the workshop from across the industry and community were all supportive of the EOI moving forward and the following outcomes were achieved based on \$50,000 for salary and expenses for a part-time flexible position:

| In-kind Support pledged  | Financial Support pledged  |
|--|--|
| Glen Innes Severn Council – staff time and resources. Drafting & Submission of EOI and on-going work to establish funding.   | Glen Innes Severn Council: \$25,000 following Council Report and approved Resolution at August 2021 Ordinary Council meeting for Year 1 from the 2021-2022 Operating Budget &/or Local Economic Development Support Fund Policy.<br><br>Year 2, 3 and onwards – An Annual Operational Plan and Budget allocation approved annually via Council resolution. |
| Community Centre – office space & equipment – valued at \$180/week   | East Avenue Medical Centre – current allocation for recruitment – 50% current allocation for recruitment - \$TBA   |
| GROW Glen Innes THINK TANK & community Advocate  | Community Advocate: Rob Banham - \$1,000 annually for 3 years<br>Community Development Fund - \$24,000   |
| Glen Innes Public School – time and support  | Hunter New England Health – have been approached by Mayor Carol Sparks - Micheal deRienzo and Susan Hayman. Unfortunately, communications with the Glen Innes Hospital didn't produce any response despite assurances a person in the performance area would provide the information and potential LOS and financial contribution.                         |
| Karen Munster – “I personally would be happy to start the Coordinator position as an ‘intern’ or unpaid volunteer for the first 6 months while funding is organised or should another more suitable Co-ordinator be chosen, assist them as an unpaid volunteer.” |  |

### Schedule to secure funding Year 1

The below would be completed in collaboration with Dr Cath Cosgrave and under the guidance and stewardship of the program and ensuring the pilot program was set up for success to role out to other communities in need.

|           |  |
|-----------|--|
| June      | 1. Determination of EOI success  |
| July      | 1. Council Report to Council to endorse 50% funding of \$25,000<br>2. Launch ‘ <b>Community Development Fund</b> ’ to local industry, businesses and community. Increase support to expected \$50,000/annum from Yr2 onwards |
| August    | 3. Governance Group formed<br>4. All funding secured<br>5. Employer confirmed, job description and remuneration package agreed   |
| September | 6. Recruitment process commences and appointment made by October 2021.   |

**Additional information requested: Please provide more detail about how the community Fund will work?**

A Community Fund crowd-sourcing site will be set up by Council and that the new Governance Group will manage once formed and distribute to the nominated employer of the position.

Promotion of the Community Fund will be executed through all available channels to notify the community of why this fund exists and why the whole community needs to support and fund this position. A request to pledge what you can afford - \$5, \$10 or \$20 and (other) will be available options so that we benefit from behavioural selling techniques that are achievable for households and individuals.

Direct conversations and communications will be sent to local businesses and associations to support the project and pledge their support to encourage others to contribute to their networks.

There were many people who registered their interest in the project workshop but could not make the final time that the workshop was held showing wider support and acknowledgment of the project. These people will be enlisted to promote the Community Fund in the first instance.



**7. Measures of success:** Describe the community's measures of success for the Health Workforce Recruiter & Connector?

|                    |  |
|--------------------|--|
| Year 1             | <ol style="list-style-type: none"> <li>1. Recruitment and Appointment of HRC aligned to the program objectives and insights with clear and flexible job description.</li> <li>2. Identification of workforce needs across the healthcare sector with KWNG and reported to first quarterly ILHGG meeting</li> <li>3. Commence attraction of required healthcare professionals</li> <li>4. Secured healthcare professionals supported in their transition</li> </ol>   |
| Year 2             | <ol style="list-style-type: none"> <li>1. Continual Identification of workforce needs across the healthcare sector with KWNG and reported to first quarterly ILHGG meeting</li> <li>2. A 20% reduction in needs of the healthcare workforce</li> <li>3. Secured healthcare professionals supported in their transition</li> <li>4. Continual optimisation of the approach from annual learnings as reported and discussed at the last quarterly ILHGG meeting.</li> <li>5. Annual survey of residents to determine impact on resident population</li> </ol>  |
| Year 3 and onwards | <ol style="list-style-type: none"> <li>1. Continual Identification of workforce needs across the healthcare sector with KWNG and reported to first quarterly ILHGG meeting</li> <li>2. No vacant positions at the medical practice and a 10% annual uplift in needs of the healthcare workforce being met.</li> <li>3. Secured healthcare professionals supported in their transition</li> <li>4. Continual optimisation of the approach from annual learnings as reported and discussed at the last quarterly ILHGG meeting.</li> <li>5. Annual survey of residents to determine impact on resident population</li> </ol> |

**8. Sustainability:** If successful, what measures would be taken by the community for the sustainability of the position after the three-year pilot?

A **Memorandum of Understanding (MOU)** would be developed across the pilot period to ensure the future funding of the position based on the learnings and experiences during the first 3-year period. The MOU would see a further 3-year funding commitment from industry, business and community. The MOU would secure the guaranteed fund necessary for the position to continue. We would also be looking at longer-term financial commitment from New England Hunter Health based on savings from the costs of locums.

A **'Community Development Fund'** would be launched in Year 1 and continue to provide financial security to the project on an annual basis. This will allow the position to potentially evolve to a full-time position with increased scope as identified by the learnings of the pilot program. This would also enable community funds accessible on an annual basis, for instance 'The White rock Windfarm' to allocate annually as per the community funding program policies.

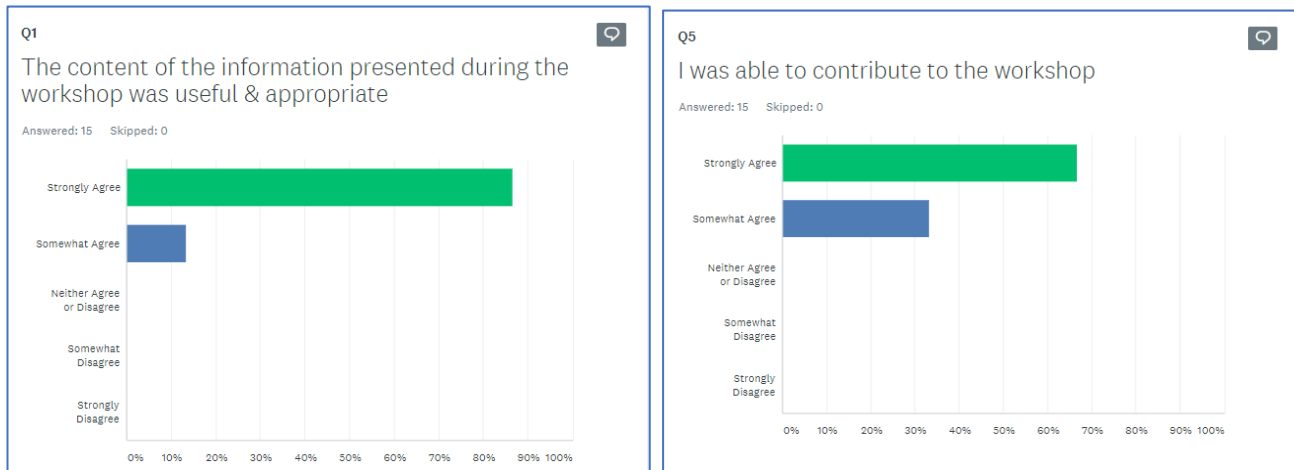
## APPENDIX

|  |                |
|--|----------------|
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## **Annexure A – Workshop Attendance Evidence to support project**

The post-workshop survey produced the following results with zero people disagreeing to the program and all agreeing they were able to contribute.



Actual comments from the survey indicated the workshop was a positive step forward for finding healthcare solutions and bringing the community together to take a positive step forward in addressing those issues – clearly more work to be done.

1. *A united community desire to search for solutions and not dwell on problems resulting from the centralization of health care.*
2. *Diverse mix of participants, factual - not anecdotal - information presented for discussion*
3. *It was fantastic to learn about the Marathon project. Having attended the workshop, I can now clearly see how it could be implemented for the great benefit of the whole of the Glen Innes community.*
4. *Professionals and community members sharing actuals, ideas and experience*
5. *Understanding the process*
6. *Engagement of everyone.*
7. *A group of community members all wanting to help with the towns need for more health services (no negative comments but hoping to help find solutions)*
8. *Connecting with other community members to create a shared vision for Glen Innes.*
9. *provided information that we needed to know*
10. *I was most interested to learn about what a "Recruiter" does and what the possibilities are for Glen Innes*
11. *Insights from the Doctor and the Health Workforce Recruiter*
12. *Too little time was spent on the "pull factors" which encourage doctors to live and work regionally. More time needed on identifying the type of person who is best suited to produce the maximum enhancement of the identified "pull factors". My preference would be to employ a retired local doctor who is familiar with the region and recruitment challenges. Until above factors are resolved it is possibly premature to quantify public financial support prior to Council declaring its position.*
13. *It was amazing how similar the visions of the various groups were. Well run and well done!*
14. *Slightly more time in the workshop. A 2nd workshop to flesh out the current issues with the community health and barriers to recruiting which may give insights into issues that the Health Workforce Recruiter once employed could use.*
15. *Try to connect with Business and Younger people*

See attachment: 25 attendees for the workshop held on 9 June 2021 and all committed to assisting in some way with the program.



## **Annexure B – Letters of Support**

### **GLEN INNES SEVERN COUNCIL – MAYOR AND GENERAL MANAGER**



Council Ref: AW/md

Dr Cath Cosgrave  
Cath Cosgrave Consulting

17 June 2021

Dear Ms Cosgrave

#### **RE: LETTER OF SUPPORT – “ATTRACT, CONNECT, STAY” PILOT PROJECT**

Glen Innes Severn Council would like to convey its support and commitment to the Expression of Interest (EOI) put forward in consultation with our community to be a part of the “Attract, Connect, Stay Project”.

The project funded under the Foundation for Rural Regional Renewal and in partnership with SARRAH and Cath Cosgrave Consulting would be welcomed to address our critical healthcare workforce shortages.

Our Local Government Area has, through the workshop held with Dr Cath Cosgrave and our community of healthcare services, local business, local community and the GROW Glen Innes THINK TANK group, identified the main issues of: access; equity, lack of patient centred approach; lack of consistency; limited options for patient driven health care; lack of options for end of life care; and lack of options for consistent and wholistic maternity care.

Council is in full support of the project, should the EOI be successful, and commit to contributing in-kind and financially to the establishment of a Local Healthforce Recruiter and Connector, part-time flexible position.

Council also wishes to convey its flexibility in working with the community to establish a governance group to oversee the intended outcomes of the position, providing support where needed to ensure that the position has the resources and connections they need.

Yours sincerely

**Cr Carol Sparks  
MAYOR**

**Anna Watt  
ACTING GENERAL MANAGER**





## COMMUNITY ADVOCATE & FORMER NURSE

Carol Sparks, Registered Nurse (non-practicing) - Aged Care, Palliative Care, Infection Control, Foot Care & Massage specialities.

"I became very concerned about the health services in Glen Innes when I couldn't get a doctor to attend to their clients at Roseneath Aged Care Centre (<https://roseneath.net.au/>) when they needed hospital admission for clinical care after falls or developing chest infections in the nursing home.

The reasons were mostly that they couldn't attend because they were away or that they were too busy. This was very troubling and I mostly called an ambulance as a backup to acute care and the person was transported to hospital either in Glen Innes or Armidale.

Doctors have always had to admit aged care residents to the nursing home and there is always a problem of a doctor taking on new patients. This does not help a nursing home wanting to provide aged care services and not able to fill beds.

So, the doctor shortage is also negatively affecting the nursing home business in our town. In Glen Innes this has become a crisis.

I can't see my doctor because he/she is away and has no locum and I cannot have not had the COVID-19 immunisation because my doctor does not provide it so I am on a list at another doctor's surgery who I believe has a huge waiting list also.

The culture at our local health service is not healthy. Whereby nurses have told me about being discriminated against because they aren't local people, are coloured or other reasons I have been the recipient of this at the hospital. Nurses are afraid to speak out in fear of losing their jobs.

There is not enough nursing professionals and shortages in all healthcare positions such as physio therapy, midwifery, dieticians, women's health, dentists, general practitioners, psychology, psychiatry and other specialists is at an all time low.

This town needs help and a new system that will attract these professionals to Glen Innes. Glen Innes hospital was allocated \$20million dollars to upgrade the hospital wouldn't some of the money be better used to employ this recruiting person and retain them to do this work."

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## COMMUNITY ADVOCATE & RETIRED GP

55 Wentworth St  
Glen Innes 2370  
Mob 0438243885

15 June 2021

To Whom It May Concern,

I am fully supportive of the Attract, Connect, Stay Project and feel that it is vitally important for the Glen Innes community to have a Rural Health Workforce Co-ordinator.

I would like to offer my time and expertise to the project in kind.

I am now a retired GP but I worked in the Queensland Public Hospital system in Mackay, Gladstone and the Redlands at the start of career. I have owned my own GP practice in the past and was responsible for recruitment and retention of staff.

I have also subsequently worked for GP owned and corporate owned practices and I fully understand the importance of feeling welcome and comfortable in the work environment and in the community. This is especially important in smaller communities like Glen Innes.

We have only moved to Glen Innes recently but I have been following the community activities for the last 2 years.



My husband and I are passionate about Glen Innes and we are here to stay (and would ultimately like to have our own GPs' here in Glen Innes).

I personally would be happy to start the Coordinator position as an 'intern' or unpaid volunteer for the first 6 months while funding is organised or should another more suitable Co-ordinator be chosen, assist them as an unpaid volunteer.

Ultimately adequate funding is important to the long-term success of the position and to be able to attract a successor in the future but as we have a very short time line to organise funding I am hoping my offer of initial inkind expertise will help to secure Glen Innes' position in the Pilot program.

Yours faithfully  
Karen Munster

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#### **COMMUNITY ADVOCATE AND RESISTERED COUNCILLOR CANDIDATE FOR 2021 COUNCIL ELECTIONS**

15<sup>th</sup> June 2021.

To Whom It May Concern.

I am writing to show support for the Expression of Interest that is being lodged by Glen Innes for the Healthcare - Attract, Connect, Stay Pilot Program. As Chairman of the Local Health Advisory Committee (LHAC) for Emmaville Hospital I know how hard it is to attract not only Doctors but all Allied staff and wish to show myself and my wife's support for the program that we are willing to contribute to the funding of the role whereby we will give \$1000 per year for 3 years as a sign of support.

Regards,

Robert Banham, Wattle Hill Partnership

PO Box 1.

Emmaville. N.S.W. 2371

Email: [rob@wattlehill.farm](mailto:rob@wattlehill.farm) Mobile: 0419643449

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## PRACTICE MANAGER, EAST AVE MEDICAL CENTRE

### EAST AVE MEDICAL CENTRE

EAST AVE GLEN INNES NSW 2370

PHONE: (02) 67322511

Fax: (02) 67321388

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To Whom It May Concern

21/6/2021

As Practice Manager at East Ave Medical Centre Glen Innes , I fully support our towns submission to be included in the Pilot Program to attract Medical Workforce to Glen Innes.

The majority of the current Doctor's in Glen Innes are looking at retirement in the very near future. This is going to be a very serious situation with only 1 younger Doctor living and working in Glen Innes.

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The decline in medical workforce has a huge flow on effect for the entire town. If Doctors are not able to take on **nursing home patients** ( due to their already fully booked schedules), then the Nursing home are not able to accept new residents. This then leads to Nursing homes with empty beds, less other staff required at the facility due to not working to capacity.

Doctor's books closed and unable to see any more patients which leads to decline in new people coming to town ( because they cannot get into a doctor ).Less young family's and professional people coming to Glen Innes as they have no access to a family doctor. This then leads to Glen Innes having problems with filling other professional positions like School teachers, Nursing Staff , Paramedics, Police Officers etc all because of Medical workforce shortages.

East Ave Medical Centre has been trying to attract additional Doctor's for many years now without success.

A Co-ordinator to look at what our town needs in the medical workforce would be very very beneficial for the entire town.

I believe that Glen Innes **needs** to be included in this Pilot Program for our towns survival we must have adequate medical services now and into the future.

Jare Cooke

Practice Manager @ East Ave Medical Centre Glen Innes



EAST AVE MEDICAL CENTRE GENERAL PRACTICIONER

**East Avenue Medical Centre  
39 East Avenue, Glen Innes NSW 2370**

**ph (02) 6732 2511**

**fax (02) 6732 1388**

Dr James White 510528EL  
B.Med., B.Rur.Sci (Hons)

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Monday, 21 June 2021

To Whom It May Concern:

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**Re: 'ATTRACT, CONNECT, STAY' PROGRAM - Glen Innes EOJ**

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Glen Innes is a beautiful rural town that we have been priveleged to serve for the last 4 years.

My family have valued how we have been welcomed into this unique community. We have actively sought to bring health professionals to the region and have helped people with accommodation and tours of our town.

We feel that others of both medical and allied health training could benefit from a more formal approach to recruiting and retaining them in Glen Innes.

We welcome the thought of Glen Innes being part of the Attract, Connect and Stay Program pilot. We feel that it could greatly help alleviate some of the strain that exists due to the rural medical/health professional shortage.

We would be willing to support the proposed program in both financial and in-kind measures as required.

Yours sincerely

A handwritten signature in black ink that reads "James White".

Dr James, Miriam, Eleanore, Reuben and Lachlan White



## GLEN INNES FAMILY & YOUTH SUPPORT SERVICE INC.



### Glen Innes Family & Youth Support Service Inc.

200 Bourke Street, Glen Innes NSW 2370.

Postal Address: PO Box 568, Glen Innes NSW 2370

Phone/Fax: 02 67323073.

Email: gifyss@bigpond.com

17<sup>th</sup> June 2021

Support for the Attract, Connect, Stay Project

To whom it may concern

I am writing this support letter on behalf of the Glen Innes Family & Youth Support Service Inc. for the Attract, Connect, Stay Project that will increase the amount of Allied Health professionals servicing the Glen Innes Severn Area. We strongly support this application and the focus on reducing health disparities among rural communities using evidence-based interventions.

I have been a Coordinator for Glen Innes Family & Youth Support Service Inc and a Social Worker working in Glen Innes for 20 years. During this time, I have seen many other Allied Health professionals come and leave quickly and I have witnessed their lack of connectedness to our community. I feel this project would make a significant difference to attracting and keeping health professionals in our town.

This project has great potential to make a significant difference to the welfare and well-being of the community members living in the Glen Innes Severn Area and the prosperity of the town.

We fully embrace this project and look forward to working towards eliminating health disparities in our community and achieving health equity.

Yours sincerely

Danielle Lightfoot (BSW, MSSc)  
Coordinator/Social Worker



## COMMUNITY ADVOCATE AND POTENTIAL COUNCILLOR CANDIDATE FOR 2021 COUNCIL ELECTIONS

To Whom it May Concern

RE: NSW Attract, Connect, Stay

Health Workforce Recruitment & Retention Connector

I write in support of the Expression of Interest forwarded on behalf of the community of Glen Innes Severn Shire, for consideration as a pilot town to establish a Health Workforce Recruitment & Retention Connector.

I write as a member of the local community, currently languishing on a waiting list of over 300 people seeking the services of a local General Practitioner. Having direct personal experience of this diabolical situation, I am acutely aware of the level of uncertainty and stress this places on individuals living in Glen Innes. I am deeply concerned about the impact this situation has on individuals considering moving to our town and the longer term impacts on the health outcomes of our population.

Selection of Glen Innes as a pilot town would provide an opportunity for the community for work together in resolving this critical problem from a place based perspective and using the lived experience of the local community. As a deeply embedded member of the local community, I know the strength that we bring when we work together for our common good. As a member of the Grow Glen Innes Think Tank championing this project, I am confident that the Glen Innes community will embrace the opportunity presented and will deliver a robust and meaningful outcome.

Yours sincerely

Sheryn E Nourse

0408 682 802

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### CHAIRPERSON, GLEN INNES & DISTRICT COMMUNITY CENTRE INC

To whom it may concern

18.06.2021

It is with pleasure that I advise you of the enthusiastic support of the Glen Innes and District Community Centre Inc for this EOI and the Project to attract and retain health professionals in the Glen Innes area.

As you would be aware, many local residents, and people travelling through, call into the Centre to seek advice and information about the availability of local services, including doctors and allied health professionals.

It is always disappointing to have to advise them of the limitations on the provision of such services or their non-availability.

We are of the firm belief that a co-ordinated and focussed program to attract, embed and retain such professionals would be of great assistance in addressing the current shortages and non-availability of services.

As I have previously indicated the Community Centre is willing to provide in-kind support by making office space and internet access available for the person employed to run the project for the duration of the project. The monetary value of this support is in the order of \$180 - \$200 per week.

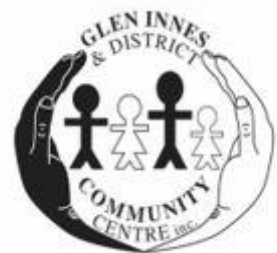
Regards and best wishes

Michael

**Michael McNamara JP**

**Chairperson, Glen Innes & District Community Centre Inc**

**M: 0418 195 258**





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## COMMUNITY ADVOCATE, SECRETARY OF GLEN INNES SHOW COMMITTEE

Neale Royal  
169 Macquarie St  
Glen Innes NSW 2370  
Mob 0438 766 074

18 June 2021

To Whom it May Concern

I would like to register my support for the *Attract, Connect, Stay Project*, and I feel it is absolutely necessary for the Glen Innes district to have a Rural Health Workforce Co-ordinator as an ongoing role.

I am currently the Secretary of the Glen Innes Show Society and, as such, have continual interaction with our 1400+ members across all walks of life and levels of involvement in the Show. The one continual thread of concern with many in our community is the direct lack of access to GP's on a regular basis, and health care across the district, in general. It is getting to the point that many people, the elderly especially, are making appointments 2 – 3 weeks in advance, "just in case" they get sick. This in turn is negating any chance that people who are genuinely unwell can get an appointment with a GP when required.

We need more General Practitioners and Allied Health Professionals to support our growing population, and the possibility we could have a dedicated position solely for attracting, and engaging, people to fill these roles is a must for our region.

I would like to offer my in-kind support for this project, hoping to secure Glen Innes a position in this Pilot Program.

Kind Regards  
Neale Royal

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## COMMUNITY ADVOCATE, LOCAL VOLUNTEER, TREECHANGER

20<sup>th</sup> June 2021

To Whom It May Concern

I am writing to show support for the Expression of Interest that is being lodged. I am a full-time employed tree-changer who moved to Glen Innes 14 years ago. Adequate medical support is not just nice to have but is an essential requirement that has life and death consequences for each of our 8,873 residents.

I would be willing to provide in-kind support by providing my time to one of the support groups for this position as detailed in the Management structure.

Yours Faithfully  
Tony Brown

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## **MANAGER ECONOMIC DEVELOPMENT, GLEN INNES SEVERN COUNCIL**

Dear Cath,

I am writing as the key organiser for this Expression of Interest (EOI) and in my position at Glen Innes Severn Council to express my support and gratitude for your time and guidance throughout this process.

I am confident we can raise the necessary funding for this critical role in our community with more time and by following the above program to ensure the position is not only funded but well supported and expanded into the future.

Healthcare is one of the biggest barriers to our local community's health and wellbeing given access and workforce has continued to decline. We are at the point now of being on the brink of serious failure in the safety and resilience of our community and their socio-economic prosperity.

On top of this the lack of doctors, nurses, specialists and allied healthcare businesses and services our community is unlikely to be able to grow our population, in fact it will critically decline and the problem will become worse with our over-indexed aging population.

This EOI has been written in good faith and with unwavering commitment and dedication to ensuring that this key pillar of 'liveability' is solved for Glen Innes, but also for other communities who are in much the same situation.

To be a part of this program would align to our regional ambition for better healthcare outcomes for our community, regional neighbours and across regional Australia.

Kind regards,

Margot Davis

Manager Economic Development

Glen Innes Severn Council

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## Annexure C – Economic Development Strategy 2020 – 2040

### ECONOMIC DEVELOPMENT FRAMEWORK & STRATEGY

The Glen Innes Highlands Economic Development Strategy provides a clear pathway for Council and community to foster local socio-economic prosperity and growth through the four key pillars of Partnerships, People, Place and Prosperity.

#### PLACE-BASED ECONOMIC DEVELOPMENT

The new paradigm of local and regional development emphasises the identification and mobilisation of endogenous potential, that is, the ability of places to grow drawing on their own resources, notably their human capital and innovative capacities. To tap into unused economic potential that tackle questions of sustainable development and human wellbeing into the future.



## Annexure D – Business Case for Specialist Health Service Delivery in Glen Innes – Project details

Investigate, develop, and deliver feasibility, business case, stakeholder group map, and project outline exploring the opportunity for the delivery of a successful specialist health service located in Glen Innes combined with accommodation and housing solutions.

### Project aims and objectives

- Desktop, interviews, and consultation to research and investigate specialist regional public and private health service and health market delivery opportunities
- Identify existing business models that have successfully illustrated a decentralised regional specialist and delivery model that can be duplicated/replicated in Glen Innes.
- Canvass business cases and outline steps to deliver an IM (Investment Memorandum) around point of differences distinguishable from services available Armadale and Inverell and surrounds.
- Desktop investigation of currently available grant application opportunities including Local, State, Federal and RDA

### Deliverables and Schedule: Regional Health Renewal

| Item   | Week |
|--|------|
| <b>Week 1 – w/c 12 July 2021</b>                   |      |
| Delivery of full project schedule and deliverables | 1    |
| Local health service stakeholders mapping          | 1    |
| Target map of stakeholders and interview schedule  | 1    |

|   |   |
|---|---|
| Weekly report   | 1 |
| <b>Week 2 - w/c 19 July 2021</b>  |   |
| Interviews and consultation   | 2 |
| Desktop research into existing decentralised health delivery models and stakeholder interviews    | 2 |
| Weekly report   | 2 |
| <b>Week 3 - w/c 26 July 2021</b>  |   |
| Interviews and consultation   | 3 |
| Desktop research into existing decentralised health delivery models and stakeholder interviews    | 3 |
| Investigation of local point of difference health service opportunities                           | 3 |
| Grant Ecosystem Investigation   |   |
| Weekly report   | 3 |
| <b>Week 4 - w/c 2 August 2021</b>   |   |
| Preliminary Health Service Ecosystem Analysis   | 4 |
| Grant Ecosystem Investigation continued   | 4 |
| Weekly report   | 4 |
| <b>Week 5 - w/c 9 August 2021</b>   |   |
| Draft Report: Existing case studies and replaceable business models                               | 5 |
| <b>Week 6 - w/c 16 August 2021</b>  |   |
| Final Report, Business Case Investigations, Examples, Outcomes, Opportunities and Recommendations | 6 |

#### **Annexure E – Visioning Exercise ‘Butchers Paper’ write up**

Table 1&2:

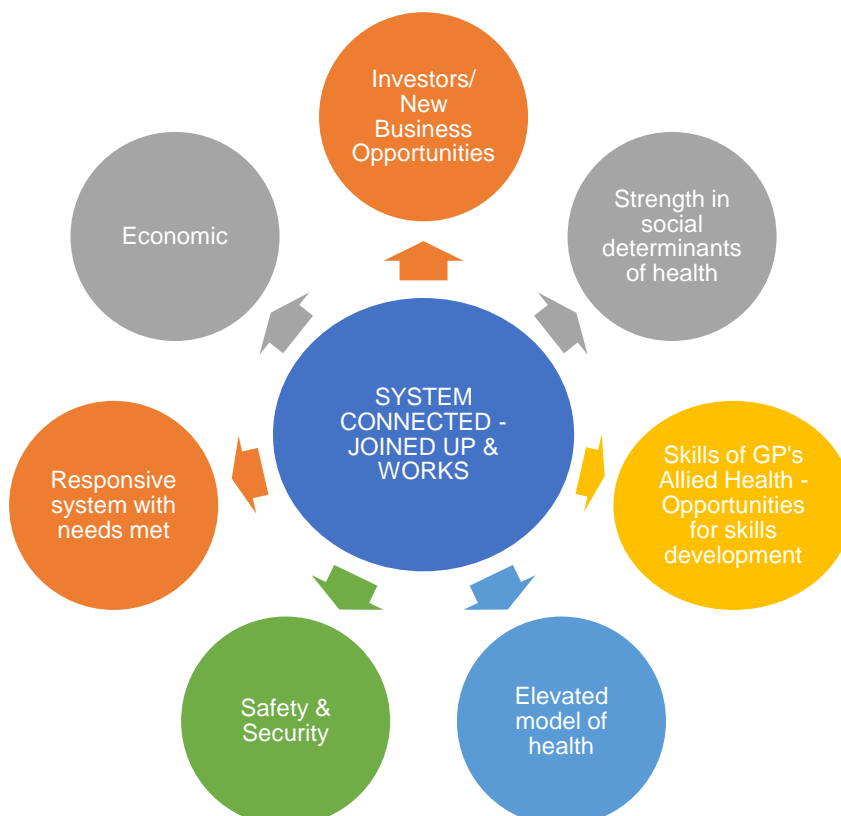




Table 3:

| IMPROVED ACCESS TO SERVICES  | SOCIO-ECONOMIC PROSPERITY  | FAMILY BENEFITS   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• GP appointments available when you need them</li> <li>• GP's on sit at Hospital 24/7</li> <li>• Local access to medical services</li> <li>• Less travel for x-ray, ultrasound etc</li> <li>• All specialist accessible</li> </ul> | <ul style="list-style-type: none"> <li>• More people move to Glen Innes</li> <li>• Additional employment - aged care</li> <li>• Mentally healthy &amp; happy community - linked to more allied health</li> <li>• Population increase driving social &amp; cultural benefits</li> </ul> | <ul style="list-style-type: none"> <li>• Pediatrics available for children</li> <li>• More aged care beds/facilities</li> </ul> |

Table 4:

| IMPROVED ACCESS TO SERVICES  | ECONOMIC GROWTH   | SOCIAL BENEFITS  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Acceptable time frames</li> <li>• Reduced travel &amp; costs</li> <li>• More local specialist services</li> </ul> | <ul style="list-style-type: none"> <li>• Increase in population</li> <li>• Accessible &amp; affordable housing</li> <li>• Reinvestment back into community</li> </ul> | <ul style="list-style-type: none"> <li>• Reduction in escalation of issues</li> <li>• Increased 'energy': motivation, creativity, cohesiveness, sport, recreation, confidence</li> </ul> |

Table 5:

