Extract from *Hansard*
[ASSEMBLY — Thursday, 12 November 2020]
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Mr Shane Love; Mr Roger Cook

HEALTH SERVICES — MIDWEST

Grievance

MR R.S. LOVE (Moore — Deputy Leader of the Nationals WA) [9.50 am]: My grievance today is to the Minister for Health. It concerns issues in the midwest—mainly around Mullewa. It is clear that the midwest is an area of some need. It has 2.5 per cent of the state's population and 12 per cent of the WA Country Health Service population, and 13 per cent of the residents are Aboriginal. It has more low-income families, single-parent families and unemployed people than the WACHS average and the state average. In 2015, 6.4 per cent of women who gave birth in the midwest were under 20 years of age, in contrast with 2.8 per cent across the state; and between 2011 and 2015, 47 per cent of Aboriginal women and 12 per cent of non-Aboriginal women from the midwest who gave birth reported having smoked during pregnancy. Adults in the midwest are more likely to report high levels of drinking, high blood pressure, high cholesterol and obesity, which are all precursors to chronic disease. Suicide is the leading cause of death for those aged 15 to 24 years.

More specifically, one in five residents have high blood pressure, one in four have high cholesterol, and 35 per cent are obese. Between 2011 and 2015, there were 11 401 cases of potentially preventable hospitalisations. The hospitalisation rate for Aboriginal people was 3.1 times higher than that for non-Aboriginal people, and there were 522 avoidable deaths. Those figures are all provided in the "Midwest Health Profile 2018". As the minister can see, that is not a great report card and there are some challenges. At this point, I want to commend the past and ongoing work of the health professionals in the area. Those figures are not a reflection of their efforts and I applaud them for the work that they do.

I will talk more specifically about the health centres in Mullewa and Dongara. In the previous term of government, both sites were approved for redevelopment as primary healthcare centres, modelled on the sites in the wheatbelt in Pingelly and Cunderdin, which had been built earlier. That program saw $40 million of royalties for regions funding allocated to provide a dedicated one-stop shop for health care. It involved a potential mix of general practitioners, primary healthcare providers, emergency care, outpatient services, allied health, visiting specialists, telehealth appointments, ambulatory services and wound dressing, and population health measures such as disease control, health promotion, community mental health and, of course, aged care. Communities could opt in to the program via an expression of interest. That did not happen in the midwest. Those sites were chosen by the central health authorities without that process.

On 18 March 2016, Minister Hames and Minister Redman announced the selection of Dongara and Mullewa health services for that program. Community consultation was due to start at the end of that month—on 30 March 2016 in Mullewa and on 31 March 2016 in Dongara. Construction was expected to start in the second half of 2017. On 20 December 2016, the *Geraldton Guardian* reported that the Mullewa project was due to start in mid-2018 and be completed in mid-2019. If we fast-forward to 12 November 2020 and look at the WACHS website under the "Our building projects" tab, for both projects it states that planning for the development of the health centres in Mullewa and Dongara is continuing and that the new health centres are being built in consultation with the local community.

I was at the first community meeting that was held in Mullewa, going way back to that earlier period, and it was apparent that the changes were not very well explained to the community. The intention to discontinue aged-care services was a matter of huge concern for the people of Mullewa especially. There have been flow-on effects to services since that time. Since that meeting, I have been investigating ways to get an aged-care solution in Mullewa. I think some progress has been made and some age-appropriate housing is being built, but getting services into that area will remain a problem.

I have had a few updates through the Minister for Health's office over the years. In September 2018, the design process was complete. In June 2019, the service model and transition plan for Mullewa, which were internal documents, were completed, I believe, and construction was due to commence in mid-2020. In October 2019, the minister's office advised that the architects' drawings were to be made available to the community reference group and construction was due to commence in mid-2020 and be completed by late 2021. The budget was reported as being $6.06 million for Mullewa. The "My Healthy Midwest" Facebook page states that staff from midwest WACHS would be in Mullewa every Thursday to provide an opportunity to learn more about the exciting development in Mullewa. A lot of what I am hearing on the ground about community consultation is a bit different. The community has laid out some concerns about that. I will contrast that with the comments that the —

Mr R.H. Cook: Is that Mullewa and Dongara?

Mr R.S. LOVE: It is both, but Mullewa is the one with the biggest concern, because it lost its aged-care services. The member for Central Wheatbelt outlined the process in Pingelly and Cunderdin in her speech last night. It was a great contrast in terms of the community consultation and the discussion that has taken place with the community. It is just has not happened in Mullewa. As I said, Mullewa lost its aged-care service. There does not seem to have been any real effort to replace that with some sort of expanded home visitation service in the area.

I was up there a little while ago. The new buildings being put in place by the Midwest Employment and Economic Development Aboriginal Corporation were still empty because there were some issues about the pricing and the structure for people to go into them. Some royalties for regions–funded units were put up by a local Aboriginal corporation not that far from the health centre and could help provide a solution. In my view, active participation by WACHS is needed to make that happen.

I ask the minister: Who in the community has been consulted? What planning has been done to provide those aged-care services? It is apparent from community consultation that the City of Greater Geraldton has done work independent of this process and tried to involve the local agencies. Mental health is seen as the big issue. What is being done for mental health? What communication has happened with the City of Greater Geraldton? What communication has happened with the local doctors and the local service providers in the area? We do not want to have competing services. We want services that complement and work hand in hand with the private practitioners who are already there rather than duplicating them. We have big needs in mental health and in all the other issues I outlined. Mullewa has an especially high population of Aboriginal folk and they need attention from the minister's department.

MR R.H. COOK (Kwinana — Minister for Health) [9.57 am]: I thank the member very much for his grievance today. It is an issue about which he has been active for some time. I appreciate him bringing these issues to this place once again. I might answer the member's concerns in two ways. I can provide him with an update on what is happening in the region. As to the specific questions about the level and style of consultation with the community, I might write to him separately, if that is all right, because I do not have that information with me today.

The development of health services within the midwest region is being driven by the "WACHS Strategic Plan 2019–2024", which sets out how WACHS will continue to improve the health and wellbeing of Western Australians in our rural and regional communities. Obviously, they are very diverse communities. I thank the member for the details that he provided of the demographic breakdown, particularly in an area like Mullewa where there is a larger population of Aboriginal people. In itself, that creates challenges for the provision of health care, particularly for chronic disease management. I draw the chamber's attention to the fact that we are doing a big redevelopment at Geraldton Hospital. I know that is not specifically the area that the member is concerned with, but it demonstrates our commitment to continue to improve health services in the region.

I refer to the Dongara Health Service redevelopment. Tenders closed yesterday and an assessment will be made prior to Christmas. A contractor will be engaged in early 2021 if a favourable tender result is received. This is a $7.56 million redevelopment for an extra six aged-care beds. The redevelopment includes a new palliative care suite adjoining the living area where family can stay close. These additions reflect the priority for improved palliative and end-of-life care across the health system.

The design and development report drawings for Mullewa have been completed and it is anticipated that tenders will be called for in the second quarter of 2021, or in the first half of next year. This might be a good opportunity for me to double-check that we have consulted with and reached out to the community to ensure that those co-design elements are in place. It is anticipated that construction will take place over about 12 months.

In relation to other aspects of the midwest health facilities, the hospital maintenance blitz would have seen a range of opportunities take place in Geraldton, Northam, Northampton and Sandstone. The midwest received $945 000 for capital works for the Stop the Violence campaign, which essentially went to accommodation, CCTV and lighting upgrades, and that included work at the Dongara and Mullewa health centres.

I want to talk briefly about the expansion of telehealth services, which will obviously become a feature of the new Mullewa and Dongara facilities. We continue to expand the reach and scope of telehealth services, including emergency telehealth services and telemental health, as well as the rollout of inpatient telehealth services, which has allowed a significant number of patients to be seen at a country health facility rather than having to travel to a larger or more acute setting in Perth. We cannot underestimate the revolution that is going on at the moment inside the WA Country Health Service in terms of its capacity to embrace innovation and new ways of delivering health care. This is one of the principles of the seven strategic priorities that have been identified around the themes of caring for patients, addressing disadvantage and inequity, delivering value and sustainability, leading in innovation and technology, building healthy and thriving communities, enabling staff and collaborating with partners. To the extent that we see that happening, the expansion of telehealth has been a significant contributor to the way that we continue to evolve and deliver health services.

I want to turn briefly to issues around mental health. Reform of the Midwest Mental Health and Community Alcohol and Drug Service has been in place and ongoing since February 2018. Its recurrent funding has increased to $2.5 million a year and the service has engaged the Aboriginal population. Pleasingly, 31 per cent of its service clients in Geraldton are Aboriginal and up to 74 per cent of its clients in the Murchison are Aboriginal. I was particularly pleased to see the expansion of Aboriginal health services for chronic disease management, in particular the work with the Geraldton Regional Aboriginal Medical Service on diabetes education and a campaign—the notes of which

seem to be eluding me at the moment—on smoking cessation strategies for the Aboriginal community. As we all know, the root of a lot of chronic disease is essentially long-term smoking.

I appreciate that WACHS and other parts of the health system are often keen to get on and do things and that sometimes these things take place to the detriment of the consultation process. I will undertake to make some inquiries on behalf of the member and to write to him separately just to detail all that consultation process, particularly with Mullewa, where we might have that opportunity to do some final consultation before we move forward with the redevelopment of the health centre.

Mr R.S. Love: Especially with that aged-care space.

Mr R.H. COOK: Yes, that is right—particularly in aged care.