

## Healthy regions for healthy communities

Brendon Grylls<sup>1</sup>

<sup>1</sup>Western Australian Minister for Regional Development



Making regional Western Australia a better place to live, work and invest is the driving philosophy behind the Hon Brendon Grylls, Minister for Regional Development; Lands.

In November 2001, Mr Grylls was elected to State Parliament when he won a by-election for the seat of Merredin. In 2005 the young man from Corrigin was elected leader of the Nationals WA and in three short years led the party to a power broking deal with the Liberals following the 2008 election.

Born on 5 June 1973, Brendon was educated first at Corrigin Primary School and then boarding school at Wesley College. After completing a year of law at the University of Western Australia, Brendon moved back to the farm in Corrigin to work in the family business. At aged 20 he started his own business using wheat from the family farm to establish Windmill Flour. The business went on to receive an Innovation in Agriculture Award for Excellence and was selected to showcase its products at various expos in Sydney, Melbourne and London.

Brendon met his wife Susan at university. They married in 2000 and have two sons, Thomas and Oliver.

In 2001 Brendon entered the world of politics at the age of 28.

Leading up to the September 2008 election, Brendon and The Nationals WA rolled out the Royalties for Regions plan, which captured the imagination of regional WA and now underpins the Nationals-Liberal Party alliance in government.

Through this historic agreement, the equivalent of 25 per cent of the State's mining and petroleum royalty revenue (up to a maximum of \$1billion) will be reinvested in regional Western Australia's infrastructure, services and community projects.

The Royalties for Regions initiative has already delivered more than \$300 million back to regional Western Australia and Brendon's goal now is to ensure that the program remains a fundamental objective of both the current and future governments.

Thank you, and it's great to have such a wonderful crowd. I think this is the biggest audience that I've ever had so I hope I'm not terribly disappointing. If anyone needs to leave to go to the bathroom, please, the person sitting next to them, don't do that at the same time otherwise I could lose my nerve up here. Could I acknowledge the traditional owners on whose beautiful land we meet today, the Noongar people, and give my commitment to continue to partner with the first Australians to deliver better outcomes in all aspects of their lives.

I've been asked to come and talk to you today about "healthy regions for healthy communities" and there are many factors that make for healthy communities, and today I'll outline how we are working towards that vision and how we've found ourselves in quite a privileged position of being able to deliver that. But, before I start, a small anecdote: The phone rings at a small farm outside of a country community and the person on the end of the phone is an old lady feeling very unwell, quite distressed, needs to go to the doctor. The person at the end of the phone has a big day planned on the farm, important work to be done. Often in farming it's time-sensitive about getting the cattle ready for sale or spraying that important crop. But everything is dropped. The 50k trip into that small country town is made by the wife of the farmer to pick up old lady from the retirement village in the small town.

They then embark on the hour and a half drive to the regional centre where you can actually get a doctor's appointment, because there's actually no doctor in this small country town. So after that distressing decision to actually call the daughter-in-law to get the trip to the hospital, it's three hours before they actually get to the down where the doctor is able to be accessed. They have the doctor's appointment. The prescription is given. Some relief ensues. They then make the hour and a half trip back to the retirement village in the small country town, and then the daughter-in-law, after dropping that person off, makes the half hour trip back to the farm and gets on with what was going to be a day's work. It's now half past 4. The kids are, you know, ready for care from their mum, and what was going to take place actually doesn't take place—a stressed, agitated, older lady in the community; a stressed and agitated daughter-in-law at losing the day but, obviously, prioritising what's most important.

This story is being rolled out across the length and breadth of not just regional WA, I assume—the length and breadth of Australia. You can't put a value on it. You can't put a cost on it. But you know about it because people have told you about it. I know about it because that's my grandma. That happens all the time, and that's why it's so great to see so many of you here trying to have a go at solving some of these problems that don't seem to have solutions. But I know, from my point of view, when my grandma gets me on the phone and says, "It can't be that bloody important if there's no doctor in Corrigin, Brendon," that hits pretty hard. She bragged for a while about having this important grandson that could make anything happen and took full community credit for everything that we'd done. She said, "I don't go down the main street any more, Brendon, because a few people want to talk to me about this."

Happy to say that, at great expense to the State, Corrigin has now got an interim doctor solution and we're looking at more long-term doctor solutions into the future. But that's my story. You would all have that and I daresay you can't meet anyone that doesn't have a similar story, which is why this issue is so important. It has me think that, as the Commonwealth have waged an argument across the nation for the last year or so about a Commonwealth takeover of hospitals, wouldn't it be great if they just did the bit that they've already got charge of, which is primary health. And maybe if they did primary health right and we didn't have that sort of story that I just outlined to you, the argument about greater Commonwealth control of hospitals would be a stronger one.

At the moment it doesn't fill me with great confidence, given that they're in charge of primary health, how it would go if they were in charge of not just the doctor situation in Corrigin but the hospital as well because, as you would well know, with no doctor admitting patients, the hospital doesn't get used very much. If the hospital doesn't get used very much, it adds up to a bed average that has Treasury bureaucrats saying, "Gee, that hospital is not being used very much. What are we funding it for?" And the local pharmacy down the road in Corrigin actually started laying off staff in the four months that they didn't have a doctor, because everyone was getting their prescriptions in Narrogin when they went to the doctor there. And that pharmacy in Corrigin supplied the three surrounding towns and so hence the flow-on effects occur.

So have we got a big problem? The biggest—the biggest, as I see it, and we are determined to do something about it. It is the Commonwealth's challenge, primary health. The State is in charge of providing the hospitals but, again, if I want my grandma to talk to me, I assume that it means that the State has to start to play a role in this area and, hopefully, the Commonwealth, in recognising the State are playing a role, will be interested in that partnership, rather than saying, "Thank God we've managed to cost-shift that back to the States and they can be in charge of it from now on."

In the lead-up to the 2008 State election, my little political party, the Nationals, promised country people that, if we won the balance of power, we would guarantee that the equivalent of 25 per cent of all the mining royalties that flowed into the State government's budget would be reinvested in rural and regional communities over and above current budgeted expenditure. Royalties for Regions, I'm very happy, is now part of the vernacular. Country people love it and I hope they continue to do so. By the time of the next election in 2013, the program will have spent almost \$4.8 billion into projects that otherwise wouldn't have happened. And those projects aren't just in the area of regional development. The vast majority of them are happening in the health portfolio, the education portfolio, transport, community services and the like.

In the 2010/11 financial year, it was 993 million. The Royalties for Regions Act has now been proclaimed, ensuring the equivalent of 25 per cent of the total royalties is preserved in a special fund every year. This equates to just under 4 per cent of the State's budget. The program has been rolled out to every corner of regional Western Australia and targets the 25 per cent of the State's population that live outside the boundaries of the metropolitan area.

For those in the audience from the eastern States, don't continue to be told, if you're from the regions, that it can't be done because it can be done because we did it. And I hope that your communities and your local political leaders and your State political leaders and your Federal political leaders are also looking at trying to end this constant drain from regional areas to the capital cities. And it takes political will to do. There are some Independents over in Canberra now trying to change that paradigm as well; I wish them all the best. But at a State level it can be done and it can be done while still delivering a strong focus on budget bottom line and accountability.

I'll take the opportunity to explain more about our key Royalties for Regions project shortly and give you a sense of how this policy is underpinning the sustainability of regional communities; how Royalties for Regions has reshaped thought processes among Minister and bureaucrats who otherwise, in the past, may not have looked beyond the Darling Scarp—and for those not from here, the Darling Scarp is that range of hills you can see if you look out of your hotel window this afternoon. We thought there for a while that most of the people in the metropolitan area thought that the State finished about there. Now we think we've turned that around because there's a funding mechanism that has those Ministers and head bureaucrats actually looking at what are the possibilities for delivery into areas that are a bit further away than normal.

It's been possible to turn the Pilbara around and lay the foundation for cities of 50,000 people in Karratha and Port Hedland. Again, for the people from the eastern States, the reason that the Australian economy is strong is because we export a lot of iron ore and a lot of natural gas out of the Pilbara. It's probably one of the most important economic regions, not just in Western Australia and not just in Australia, but in the world. Our Premier just got back from Korea and Japan and the only thing that those countries wanted to talk about was ensuring a regular flow of iron ore and natural gas from the Pilbara. We are now planning on building functional, viable cities in the Pilbara rather than the donga camps that existed there before we started.

Royalties for Regions is a discrete budget fund of close to \$1 billion a year which is used to prioritise regional projects that otherwise would have languished. It's being used to kick-start new community projects, partnered with local government and the Commonwealth and the private sector, where appropriate. It is being used to revive regional communities, enhance social amenities, improve government services and deliver a social dividend to those people that choose to live in the regions.

A healthy community is not just a doctor and a hospital, although they certainly help. A healthy community means sustainability, available and affordable housing, economic opportunity, community amenity like parks, cafe and shops, and adequate services close to home, be it healthcare or education. It's being able to enjoy where you live. Our aim is to ensure country Western Australia is a good place to live, work and invest and we are working hard to make that vision a reality.

We began in the area of greatest need, the north-west, investing hundreds of millions of dollars in the Ord-East Kimberley irrigation expansion. We partnered with the Commonwealth to deliver this partnership, \$400 million into the East Kimberley, building not just new irrigation infrastructure but a new hospital, a new school, new airport, new port facilities, to allow that area to take its place as a strong economic driver in the region.

We focus next on the Pilbara cities, a vision to create vibrant, prosperous cities in the north-west, with community amenity that attracted families and individuals that wanted to live in those communities rather than fly in, fly out. Over the next five years we will spend more than \$1 billion in the Pilbara alone, including \$150 million to build a brand new Karratha health campus. In the meantime, we've partnered with industry to invest \$35 million in the Pilbara Health Partnership and invested \$10 million to upgrade obstetric services and staff accommodation at the existing Nichol Bay Hospital. We had the ridiculous situation less than two years ago where the economic powerhouse town of Australia was sending just about all of their mums away to have a baby—not exactly a good way to attract the young workforce that is needed to drive those mines and those resource projects.

We are funding an indigenous employment program to recruit 100 new Aboriginal staff over the next four years to work in the health system, as well as committing to increasing the number of Aboriginal liaison officers in the Pilbara hospitals. We have committed more than \$300 million to upgrading or building new hospitals and health campuses in regional Western Australia. The need to upgrade regional health infrastructure was recognised by successive governments, but the challenge was ensuring that there was enough money to actually get the project from the drawing board to reality. We have used Royalties for Regions funding to make up the shortfall and ensure that not only was the project talked about and maybe planned, but actually they poured a concrete pad and started to build it.

Karratha, as I said, is getting a brand new 150-million health campus. We've already upgraded the existing Nichol Bay Hospital. In Albany, 60 million is being committed towards the Albany Hospital facility; in Busselton, a recent announcement—\$40 million towards that \$117-million hospital; in Kalgoorlie, a project that languished for eight years on the drawing board for the want of \$15 million, and now the Kalgoorlie community and the Goldfields region is very excited about having a state-of-the-art facility being put in place;

and the same in Esperance, Exmouth and Carnarvon. And in my job there are many people that suggest that their hospital should be next on the list and, well, they should because, just like I'm pretty committed to a doctor in Corrigin and a hospital in Corrigin for my grandmother, the people that talk to me all the time have got their grandmother in exactly the same situation in a different part of the State, and they have every right to continue to drive for that investment.

The Country Local Government Fund is a funding partnership with the local governments, and many of those local governments are putting their available funds into health facilities. A week ago I opened the new Koorda Medical Centre which is providing a space for the doctor and allied health delivery. This Friday we're in Wyalkatchem doing the same thing, that is local government—again, local government are pretty sure that building a health infrastructure wasn't part of their remit. They're pretty sure it belongs to the Commonwealth and the State governments, but local governments in regional communities are determined that, with the funding support that they're getting, they will put in place better infrastructure.

The Regional Grants Scheme, through the Regional Development Commissions in Western Australia, are also prioritising health projects through their contestable funding rounds. Through the Regional Grants Scheme, funding has been used to run numerous health programs, including Ngala Online, bringing information on young families to people through the community resource centres across the State; Aboriginal dental and oral health; youth drug and alcohol misuse programs; mental health; and the establishment of men's sheds and new CT scanners in Esperance and Karratha.

And it's not all just about building hospitals. We've upgraded airstrips so that the Royal Flying Doctor Service can actually land—no point having an emergency and calling the RFDS if they can't land anywhere. We've funded a Patient-Assisted Transport Scheme, the PAT Scheme—an extra \$50 million over the four years, and the Health Minister tells me he is the envy of every Health Minister in the nation that we've got such a comprehensive plan to assist people that have to travel to access specialist medical care to give some assistance to do that. And we've pioneered the Country Aged Pension Fuel Card—a \$500 fuel card for people that live away from access to free public transport—so that they can make the decision that they can afford to actually travel to their doctor's appointment. And it's fairly confronting when we live in such a prosperous and wonderful State when you sit down with a disability pensioner and they tell you that, because they now have a fuel card, when they need to visit medical health, they actually make the decision that they can afford to do so rather than not making that decision because they couldn't afford to drive.

Treating people close to home is an admirable goal, but people who live in the regions are realistic. They don't expect a specialist in every town, but they do expect to have a right to access medical services, emergency services and community health. This means that we are supporting vital services like the Royal Flying Doctor. The RFDS has been allocated \$35 million to purchase three new turbo-prop aircraft to increase the delivery of services across the region, and the State has also underwritten the first aero-medical jet available to the public in Western Australia over the next three years. In a State as big as Western Australia, to drop that travel time from the Pilbara or Kimberley down to around three hours is a very, very important part of delivering viable healthcare to the people that choose to live in the remote community.

And in some of the area where our challenge is greatest, in the indigenous health area, we've committed \$22 million to open up six new remote indigenous health clinics in the Kimberley region and beyond. We've got a cardio-vision program focusing on that important area in the Pilbara, extra funding for St John Ambulance—and I understand this morning you heard a story about someone that couldn't get the ambulance to turn up on time because they were doing a patient transfer, and so then you have someone that very unfortunately lost their life because an ambulance wasn't available. These are all things that government can try and do better in. Will we be perfect? Probably not. Should we be trying harder? Absolutely. And in mental health, a key issue, we continue to drive that funding.

Aged care in the regions is another very important part of delivering a health community. Why shouldn't the elder statesmen of our communities be able to age close to home next to family and friends? Back to my grandma, the amount of support she gets from the local community in Corrigin that's there visiting her every other day making sure she's all right, half the time taking her to that appointment in Narrogin an hour and a half away—the cost to the community if you lose that because we've picked my grandmother up and shifted her to another town means that someone has to pick up the pieces, be that in mental health, be that in hospital treatment. Absolutely vital that we harness the great spirit of our country communities to delivery in

aged care and, again, an area where the Commonwealth have a primary focus to fund but it seems that the State is being increasingly asked to try and deal with those challenges.

Can I finish by saying that I can stand up here and talk to you about all of the different funding streams that we've got? That's a unique situation to be in where we have the funding mechanism. But that still has to be delivered. It still has to attract the workforce that wants to do it. It still has to be embraced by the local community. And it still needs to actually happen rather than be talked about. The next few years, as I see it, are absolutely vital because now we're putting funding in place that's been argued for over 10 and 20 years. It means that the net result of that funding is going to be judged and if we don't get the outcomes from that, it will never happen again.

And so the role that you all play being involved in that sector is absolutely vital. We need to make good use of those funds. We need to be innovative in the way that we do it. We need to continue to have a workforce that is engaged and passionate about delivering on those outcomes and, again, we need to look at locally-based solutions for what are national problems. Thinking that the bureaucracy in Canberra or even the bureaucracy in Perth can solve the problems of small country communities to me is highly unlikely. They haven't done it for the last 100 years so, unless there's going to be a great turn around in the next few months and I doubt that will continue. But locals have got good ideas about how this can be better and, most importantly, if you get the locals' idea and put it in place, invariably those locals are heavily into volunteering and supporting that system, and you can't put a value on that.

So the challenge is before is in the health industry to make sure we do well with that funding mechanism, to make sure that we drive innovation, to make sure that we find a way to partner with the Commonwealth rather than argue with them incessantly, and to make sure that people like my grandmother who helped build the little town like Corrigin actually ends up getting primary care when she needs it, that she's got a hospital to go to when she needs it, and a supportive community to support her as she enters her older years.

It's a very interesting scenario to be in my position and have that type of issue play out in my own family, and I use that every day as we try and harness what is a big challenge in delivering good government for Western Australia. So Ma Grylls, if she was listening, would be very happy that she's made it to a big health conference like this, and I tell her, if she's ever feeling a little bit unwell, she should book into the Corrigin Hospital because I know that those Treasury bureaucrats are keeping a close eye on that bed average and it doesn't hurt to keep that bumped up. We are very much focused on delivering good innovation and we'll continue to do so.

Thank you.

