SOUTHERN NSW LOCAL HEALTH DISTRICT HEALTH CARE SERVICES PLAN

A Healthy Community

The Southern NSW Local Health District Health Care Services Plan is a strategic planning document that identifies the priorities and key directions for the Local Health District for the next five years.
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Southern NSW Local Health District
Health Care Services Plan 2013-2018
Southern NSW Local Health District
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The Southern NSW Local Health District (SNSW LHD) Health Care Services Plan (HCSP) is a strategic planning document that identifies the priorities and key directions for clinical services for SNSW LHD for a five year period. The Health Care Services Plan reflects the strategic directions, mission, values and goals of the SNSW LHD Strategic Plan and is utilised to inform the Workforce, Communications, Information Services, Learning and Development, Asset and the Population Health Plans and the Site and Service Plans as they are developed.

The SNSW LHD extends from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and almost surrounds the Australian Capital Territory. There are 10 Local Government Areas (covering an area of 44,534 km), the largest being Queanbeyan (about 40,000 people) and the smallest being Bombala Shire (about 2,500 people). Much of the local industry is related to agriculture, government administration, hospitality and tourism. SNSW LHD contributes significantly to communities, employing around 1,800 full time equivalent staff.

Population ageing and growth are the main demand drivers for health services within the SNSW LHD. Our challenge is to provide for the demand that an ageing population puts on health services. The LHD has a population of approximately 196,000 (June 2011), this is expected to grow to around 245,000 by 2026. The District has a greater proportion of older adults aged over 65 years than NSW (LHD 17%, NSW 14.5%) and fewer young adults aged 15-34 years (LHD 21.6%, NSW 27.4%). Projections to 2026 indicate the fastest growing age groups will be those 65 years and over. In the 2011 Census, about 5,500 LHD residents (2.9%) identified as Aboriginal and/or Torres Strait Islander (NSW 2.5%). Nearly 25,000 LHD residents (12.6%) stated that they were born overseas, and about half of these migrants were born in a predominantly non-English speaking country (6.4% of the LHD population, 18.6% in NSW).

Southern NSW LHD faces key challenges due to its geographic positioning and the lack of a major non-metropolitan hospital or principal referral hospital within our boundaries and therefore our reliance on the ACT Government Health Directorate for many services. Much of SNSW LHD is isolated due to mountain ranges and the sea border.

Our challenge is to provide for the demand that an ageing population puts on health services. The LHD has a population of approximately 196,000 (June 2011), this is expected to grow to around 245,000 by 2026.
The population on the South Coast is spread out along a stretch of land with towns and villages dotted along the way but there is no city that draws people to one point. Queanbeyan has a large population that relates to the Australian Capital Territory (ACT) for many of its services as does Yass Valley that sits on the other side of the ACT. Tourism on the coast and in the Snowy Mountains expands our population base during summer and winter respectively. The ACT sits almost within our boundaries but being a Territory has a different governing structure.

Southern NSW LHD must meet these challenges and develop services strategically so that our communities have access to the services that are required. We must position ourselves to enable our services to grow with our population.

In Five Years We Will See:

• A Community Health service that has developed into a driving force that plays a lead role in keeping our communities healthy and out of acute care. It will have developed services that work in tandem with the acute sector, General Practitioners (GPs), Medicare Local and other agencies eventuating in the community being more supported and able to take greater control of their own health

• Consumers of health services better informed and fully involved in their care

• More people being able to be treated in the comfort of their home for services that previously required hospital stays

• A community with more access to specialist services closer to their home for both medical and surgical conditions, supported by an increase in specialists within our workforce and the use of technology

• Access to higher level services more coordinated and more seamless to the community

• SNSW LHD working with the ACT Government Health Directorate as partners; the ‘them and us’ culture will have dissolved
The Southern NSW Local Health District (SNSW LHD) Health Care Services Plan (HCSP) is a strategic planning document that identifies the priorities and key directions for clinical services for SNSW LHD for a five year period. The Health Care Services Plan reflects the strategic directions, mission, values and goals of the SNSW LHD Strategic Plan and is utilised to inform the Workforce, Communications, Information Services, Learning and Development, Asset and the Population Health Plans and will feed into the Site and Service Plans as they are developed.
**SNSW LHD Strategic Plan**

Southern NSW LHD was formed in January 2011 and has adopted the following vision, mission and strategic goals.

**Values:**
CORE (Collaboration, Openness, Respect, Empowerment)

**Vision:**
A healthy community

**Mission:**
To create a sustainable, patient-centric, efficient and effective health service

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**Strategic Goals and Statement of Intent for 2015**

- **Patient care is safe, holistic and connected:** SNSW LHD delivers reliable systems of care where error is minimised and/or eliminated in the interests of patient safety. Patient safety is centre stage in decision-making. Patients and carers are involved in improvements in care processes.

- **Develop a skilled permanent workforce that can work effectively in the new health service environment.** We have a stable, highly skilled and flexible workforce with long-term commitment to the district. Our clinical workforce is adapted to work effectively in the new health service environment.

- **Build financial sustainability:** SNSW LHD is a financially sustainable organisation, including having the flexibility to be able to invest in new technologies and respond appropriately to service needs.

- **Lead institutional and community change:** There is a shared sense of direction and enterprise by our community members. In particular our stakeholders have confidence in us, the community is engaged and responsive and our health professionals have a clear sense of direction.

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**The HCSP aligns with major National and State agreements and policies, notably:**

- National Healthcare Agreement 2011
- NSW 2021: A Plan to Make NSW Number One September 2011- Goals 11 and 12 relate to the Health system:
  - National Strategic Framework for Rural and Remote Health 2012
  - Draft National Primary Health Care Strategic Framework 2012
  - Health Professionals Workforce Plan 2012-2022
  - NSW Aboriginal Health Plan 2013-2023

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**We put patients first**

**We are accountable for health outcomes in Southern NSW**

**We insist on fairness, respect and transparency in everything we do**

**We will establish and promote well governed coordinated services**

**We encourage excellence in the acquisition and sharing of knowledge**
Local decision making is led by a Local Health District Board and the LHD’s Executive team. The Health District Board and Chief Executive are responsible for:

- Improving local patient outcomes and responding to issues as they arise
- Monitoring the performance of the Local Health District against performance measures in the LHD Service Agreement
- Delivering services and performance standards within an agreed budget, based on annual strategic and operating plans. This forms the basis of the Local Health District Service Agreement
- Ensuring services are provided efficiently and accountably
- Maintaining effective communication with local and State public health stakeholders.

“SNSW LHD is committed to working together with consumers, community members and groups to build healthy communities throughout the health service region.”
SNSW LHD is committed to working together with consumers, community members and groups to build healthy communities throughout the health service region. The LHD has created a range of ways in which consumers and community members have input into health service planning and delivery.

Community Consultation Committees are a key component of the SNSW LHD Community Engagement Strategy in supporting community representatives to contribute their knowledge of local health matters and networks to collaborate with others to build a healthy community in the local area. The eleven Community Consultation Committees established in the LHD offer an opportunity for consumers and community members to represent the interests of their community and contribute viewpoints that help shape a safe and quality health service that meets the needs of the local population.
4.1 Geographic Region

The Southern NSW Local Health District is covered by the traditional lands of four large Aboriginal Nations – the Gundugurra, Ngunawal, Ngarigo and Yuin Nations, as shown in the map (note that the map is not exact). These Nations extend beyond the LHD.

The SNSW LHD has an estimated resident population (2011) of 196,128, projected to increase to 217,000 by 2016. It covers an area of 44,534 sq/km with a population density of 4.5 residents per square km. The District encompasses the Local Government Areas of Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan and Yass Valley.

Southern NSW LHD adjoins the Western NSW LHD to the North West, Victoria to the South, South Western Sydney to the North, Illawarra/Shoalhaven LHDs to North East and the South Pacific Ocean to the East and Murrumbidgee LHD to the West.

The District almost completely surrounds The Australian Capital Territory (ACT). This proximity to the ACT has a major impact on the planning of health care services in our region.
4.2 Residents

The Estimated Resident Population at 30 June 2011 for the SNSW LHD was 196,128, with 19% aged 0-14 years and 17% aged over 65 years. Population size and age profiles vary between shires. Queanbeyan LGA has the largest population (39,826 in 2011) and a relatively high proportion of working-age people (71%), with 20% aged 0-14 years and only 10% of the population aged over 65 years. The Eurobodalla and Bega Valley coastal areas have the next largest populations, and amongst the highest proportions of older residents in NSW (25% and 21% respectively, NSW 14.5%). Despite lower proportions of younger people 0-14 years (LHD 17%, NSW 19%), both Bega Valley and Eurobodalla LGAs have higher numbers of this population compared to the rest of the District (except for Queanbeyan LGA).

The SNSW LHD is projected to grow by approximately 49,000 people from 2011 to 2026. The growth will not be evenly distributed across the LHD. Queanbeyan LGA is expected to have the highest absolute growth (approximately 17,000 people), followed by Eurobodalla (13,000) and then Bega Valley (9,000). Yass Valley and Palerang LGAs bordering the ACT currently have some of the fastest growing populations in NSW. The populations of the inland LGAs of Bombala, Cooma-Monaro, Goulburn Mulwaree and Upper Lachlan Shire are expected to remain steady or decline slightly.

Between 2011 and 2026, the fastest growing age groups in the SNSW LHD will be the 75-84 age group (LHD 91% increase, 60% in NSW), followed by the 85+ years age group (LHD 81%, NSW 57%) and the 65-74 year olds (LHD 67%, NSW 48%), all of which exceed the projected rates for NSW. The young age groups are projected to grow at or above NSW rates: 0-4 years by 15% (12% NSW) and 5-14 years by 22% (17% NSW).
The SNSW LHD population has varying levels of disadvantage, as measured by the Index of Relative Socio-economic Disadvantage (IRSD). The index allows comparison of disadvantage across areas, and provides some context to data on risk factors, hospitalisations and deaths. The average IRSD score for NSW is 1000. A lower score indicates relatively greater disadvantage for an LGA (see Table), and means there are fewer residents with high incomes, tertiary education and skilled occupations than NSW as a whole. However, it must be kept in mind that the IRSD score for an LGA is an average – within each LGA there will be regions of more advantaged and less advantaged households.

### Table 1. Index of relative socio-economic disadvantage (IRSD) by LGA, SNSW LHD, 2006

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<tr>
<td>Yass Valley (A)</td>
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</table>

Table 1. Index of relative socio-economic disadvantage (IRSD) by LGA, SNSW LHD, 2006

Source: ABS Socio-Economic Indexes for Areas (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

Aboriginal people experience significantly poorer health outcomes than other Australians. People who are Aboriginal have higher rates of chronic disease, cancers, smoking, have more low birth weight babies and have life expectancies which are significantly less than other Australians. In the 2011 Census, 5,668 SNSW LHD residents identified as Aboriginal and or Torres Strait Islander, equating to 2.9% of the total population. Nearly five percent (4.9%) of residents in the Eurobodalla LGA, and approximately 3% of residents in Queanbeyan, Bega Valley and Goulburn Mulwaree LGAs identified as Aboriginal. Within the LHD, 32% of Aboriginal residents live in the Eurobodalla LGA (1,815), 20% in Queanbeyan LGA (1,139), 16% in Bega Valley LGA (905), 14% in Goulburn Mulwaree LGA (780) and the remaining 18% between the other five LGAs.

Race and ethnic background are associated with higher levels of risk for developing chronic diseases. In particular, migrants from South Pacific and South East Asia have a higher proportion of people who have a high risk of type 2 diabetes (World Health Organisation 2004). Eighty-one percent (81%) of the residents within the LHD catchment areas are Australian born.
In the 2011 Census, 24,680 residents (12.6%) stated that they were born overseas: 55% in North-West Europe (including UK), 18% in Southern and Eastern Europe and 8% in South-East Asia. Of these migrants, about 8,500 were born in a predominantly non-English speaking country (4% of the LHD population, compared to 13% in NSW). Across the District, nearly 10% (~2,500) of all migrants have been resident in Australia for 5 years or less.

The geographical distribution of migrants from non-English speaking countries varies between the different LGA’s, the majority are located in the larger urban centres of Queanbeyan, Eurobodalla, Bega Valley and Goulburn. The top ten countries where migrants from non-English speaking countries came from are: Germany, Netherlands, Italy, India, Philippines, Former Yugoslav Republic of Macedonia, Croatia, China, Greece and Poland.

Nearly 11,000 LHD residents (5.4%) reported speaking a language other than English at home (13% in Queanbeyan LGA, 21% in NSW). Less than 1% of LHD residents reported poor proficiency in English (1.3% in Queanbeyan LGA, 3% in NSW).
4.4 Our Population’s Health

Whether people are healthy or not is determined by their genetics/family history as well as circumstances and environment. The determinants of health include: income and social status, education, employment and working conditions, the physical environment, gender and age, genetics, social support networks and culture, as well as access to and use of health services. Behavioural risk factors including the decision to smoke tobacco, drink alcohol, the choice of foods we eat and the amount we exercise all have major implications for our health.

By comparing health data of our population against that of the NSW norm, we can identify key areas of focus for our District. In considering the information available, (as outlined below) SNSW LHD will implement strategies (Section 10 and 11) to improve the health of our Community.

Smoking

In 2011, the LHD had higher overall rates of smoking than NSW (18.8% vs 14.8%). Unlike the stable trend in NSW, the LHD has seen an increase in smoking-attributable hospitalisations of females. Of further concern, rates of smoking during pregnancy for non-Aboriginal women in the LHD (19% in 2010) were double the NSW average (10%), and even higher for pregnant Aboriginal women (47% in LHD, 48% in NSW).

First antenatal visit

In 2010, 92% of pregnant women in the LHD had their first antenatal visit before 20 weeks gestation (85% in Aboriginal LHD residents, 92% in NSW), and 82% before 14 weeks gestation (70% in Aboriginal LHD residents, 79% in NSW). In 2007-2009, the proportion of first antenatal visits before 20 weeks gestation ranged from 80% in Palerang LGA to 97% in Cooma-Monaro and Snowy River LGAs. A baby’s birth weight is an important outcome measure of the health of the mother and her care during pregnancy. In 2010 in NSW, the average rate of low birth weight was 6%, with the lowest rate (4%) in the SNSW LHD (NSW Perinatal Data Collection).
Overweight and obesity
Overweight and obesity rates in 2011 were higher than
the NSW average (60% vs 52.6%). High Body Mass
Index (BMI)-attributable hospitalisations were higher
than the NSW average in the Bombala, Queanbeyan,
Cooma-Monaro, Goulburn Mulwaree, Palerang and Upper
Lachlan shires.

Alcohol related
Survey data suggest risk drinking in females (18.4%) has remained stable since 2002, and appears to be
decreasing in males (31.2%). Rates of alcohol-attributable hospitalisations were increasing steadily across the
LHD until 2008-10, but recently appear to have begun to decline.

Falls
Fall related injury hospitalisations in people age 65 years
and over continue to increase across NSW. In 2010-11,
the LHD rate (2992.6 / 100,000) was lower than the NSW
average (3,129.2 / 100,000), mainly due to a lower rate in
male residents of the LHD. The rate of hospitalisation for
falls in older people between 2008-09 and 2009-10 was
within the NSW average for most LGAs in the District;
Palerang LGA had a lower rate (1883.5 / 100,000),
Bega Valley LGA a higher rate (3482.4 / 100,000) [NSW
Admitted Patient Data Collection and ABS population
estimates].

Adult immunisation
Survey data from 2011 show that 75% of LHD residents
(72.8% NSW) aged over 65 years were immunised
against influenza in the previous 12 months and 59.9%
of LHD residents (57.2% NSW) were immunised against
pneumococcal disease in the last 5 years (NSW Adult
Population Health Survey).

Cancer
In the LHD, the age-standardised incidence rate of cancer
has been rising in older age groups, particularly those 65+
and 80+ years. However, mortality rates have remained
stable in all age groups except 80+ years, where rates are
increasing. The most common cancers diagnosed in the
LHD in 2008 were: prostate (19.3% of cancer diagnoses),
breast (11.4%), colon (9.9%), melanoma (9.4%) and lung
(9.2%). The most common cancers causing death in the
LHD in 2008 were: lung (22.5% of cancer deaths), colon
(11.1%) and prostate (7.9%). The incidence of cancer
in NSW is projected to increase by 44% between 2006
and 2021 (Cancer Institute NSW, 2010). The greatest
increase (70%) is expected in the SNSW LHD. The
number of cancer deaths in NSW is expected to increase
by 13%, with the greatest increase (33%) again expected
in the SNSW LHD. This is mainly due to the increasing
proportion of the population aged 65 years and older. The
two-yearly rate for breast cancer screening in women
aged 50-69 years in the LHD was 46% (2009-2010)
compared to 53% across NSW, with a target of 70%
(BreastScreen NSW and ABS population estimates).
Mental Health

In 2011 in both NSW and SNSW LHD, 10% of people aged 16 years and over had experienced high or very high levels of psychological distress (NSW Population Health Survey). In 2010-11, the LHD had a higher rate of hospitalisations where self-harm was identified, particularly for females aged 15-24 years, a group that has seen increasing rates of hospitalisation.

Potentially preventable hospitalisations

In 2010-2011, despite the lowest rates of hospitalisation from all causes in NSW, SNSW LHD had a significantly higher rate of potentially preventable hospitalisations (PPH) compared to NSW, and Aboriginal LHD residents had a rate three times that of non-Aboriginal residents. In 2010-11, there were 5,609 PPH in the LHD, 8.3% of all hospitalisations, at a significantly higher rate (2,497 / 100,000) than for NSW (2,346 / 100,000). The 281 PPH of Aboriginal residents in the LHD represent a significantly higher rate (7,512 / 100,000) than for non-Aboriginal LHD residents (2,355 / 100,000) and Aboriginal people across NSW (5,771 / 100,000). The most common PPH conditions for SNSW LHD residents include: dehydration and gastroenteritis, chronic obstructive pulmonary disease, urinary tract infections and pyelonephritis, congestive heart failure, and diabetes complications.

Potentially avoidable deaths

The rates of potentially avoidable deaths (premature deaths that theoretically could be avoided through prevention or treatment) in SNSW LHD are within the average range for NSW. However, some LGAs within the District experience significantly higher rates of potentially avoidable deaths from certain causes, compared to NSW. For example, rates of cardiovascular disease deaths per 100,000 population are higher in Goulburn Mulwaree (77) and Upper Lachlan (79) LGAs (47 in NSW), colorectal cancer deaths are higher in Upper Lachlan (31), Palerang (23) and Goulburn Mulwaree (18) LGAs (11 in NSW), and respiratory disease deaths are higher in Goulburn Mulwaree (23) and Queanbeyan (17) LGAs (10 in NSW).
There are 14 Hospitals, including 3 Multipurpose Services (MPS), within the LHD boundaries: Batemans Bay, Bega, Bombala MPS, Braidwood MPS, Cooma, Crookwell, Delegate MPS, Goulburn, Bourke Street Health Service (in Goulburn), Moruya, Pambula, Queanbeyan, Yass and Kenmore Psychiatric. Community Health services are provided from various locations within the District.

The District hospitals, MPSs and Community Health services provide a range of services including emergency, intensive care, coronary care, maternity, acute medical and surgical services and primary and community services. Mental Health services include acute, non-acute, child and adolescent and specialist mental health services for older people. The Multipurpose Services provide integrated acute and sub-acute inpatient services, residential aged care along with a range of community health services. Bourke Street Health Service provides a range of sub-acute services.

Telehealth systems are developing rapidly but are still embryonic compared with possibilities. SNSW LHD has a well-developed Emergency Department system for mental health patients (MHECs) and projects have been established for Emergency Department support (through the ACT) and subacute/rehabilitation remote consultations. Over time Telehealth will support existing services with remote expertise and be part of the service provision continuum.

### Table 1: Sites & Services

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<th>Level</th>
<th>Peer Group</th>
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</table>

Note: Full role delineation levels and peer group definitions are available in the compendium.

# = Short stay only; P = pending  
Southern NSW LHD officially reports on 724 beds (as at March 2012).
The general role delineation level and services offered at each facility is outlined in Table 1: (The role delineation is a process which determines the support services, staff profile, minimum safety standards and other requirements to ensure that clinical services are provided safely and are appropriately supported. The role delineation level of a service describes the complexity of the clinical activity undertaken by that service.)

Table 2: Average Available Beds (March 2012)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Dedicated</th>
<th>Overnight</th>
<th>Dedicated</th>
<th>Same Day</th>
<th>Other e.g. HITH, TransCare</th>
<th>Renal chairs</th>
<th>Mental Health</th>
<th>T Basis Unit</th>
<th>Residential Aged Care</th>
<th>Emergency Department</th>
<th>Delivery</th>
<th>Bassinets</th>
<th>Operating</th>
<th>Theatres</th>
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</tbody>
</table>

Source: Performance Analysis Unit- November 2012

Surgical services are provided from seven sites as outlined below:
Current District Services

Mental Health acute inpatient services are provided at the Chisholm Ross Centre in Goulburn (20 beds, increasing to 32 in early 2013) and at Bega Hospital (6 beds). Inpatient rehabilitation services (22 beds) and inpatient psychogeriatric services (32 beds) are provided at Kenmore Hospital Goulburn. Community Mental Health services are provided across the District by teams based in Goulburn, Queanbeyan, Yass, Cooma, Pambula and the Eurobodalla.

A comprehensive range of community health services are provided to the SNSW LHD community. There are Community Health Centres in Eden, Pambula, Bega, Narooma, Moruya, Batemans Bay, Braidwood, Bungendore, Queanbeyan, Karabar, Jerrabomberra, Yass, Goulburn, Crookwell, Gunning, Marulan, Delegate, Bombala, Cooma and Jindabyne. Services are provided from these centres as well as in the community and in people’s homes. The services include community nursing, child and family nursing, immunisation, women’s health services, counseling, occupational therapy, dietetics, social work, physiotherapy, speech therapy and audiometric services.

The District provides a range of Aboriginal specific services for the Aboriginal community through the Aboriginal Health unit. The Katungul Aboriginal Medical Service in Narooma, the Winnunga Nimmityjah Aboriginal Health Service in the ACT and the Ngunnawal Aboriginal Corporation in Yass provide a range of services to the Aboriginal population of SNSW LHD.

Health Protection is responsible for: communicable disease control, immunisation coordination, Human Immunodeficiency Virus (HIV) and related programs, environmental health/tobacco regulation and tuberculosis service coordination. It also has a role in emergency management and bio-preparedness. Health promotion in the District is directed by the NSW State plan which articulates key priorities and targets smoking, overweight and obesity, and falls prevention in the elderly.

Table 3: Surgical Services

<table>
<thead>
<tr>
<th>Site</th>
<th># Theatres</th>
<th># Surgeons</th>
<th># Anaesth</th>
<th>Days/ Month</th>
<th>Endoscopy</th>
<th>Ear Nose</th>
<th>Throat</th>
<th>General</th>
<th>Gyna</th>
<th>Ophthalm</th>
<th>Ortho</th>
<th>Urology</th>
<th>Vascular</th>
<th>Dental</th>
<th>Sterils</th>
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<tr>
<td>Pambula</td>
<td>1</td>
<td>1xlocal GP</td>
<td>2xGP</td>
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<td></td>
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<td></td>
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<td>1</td>
</tr>
<tr>
<td>Cooma</td>
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<td>10xvisit</td>
<td>6xGP</td>
<td>11</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td>Batemans Bay</td>
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<td>5xlocal GP</td>
<td>5xGP</td>
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<td>x</td>
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</tr>
<tr>
<td>Moruya</td>
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<td>4xlocal</td>
<td>3xGP 2xvisit GP</td>
<td>18</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<td>Queanbeyan</td>
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<td>4xlocal GP</td>
<td>15</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>Bega</td>
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<td>6xlocal 1xvisit</td>
<td>3xGP 1xspec.</td>
<td>daily</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>X Incl Joint</td>
<td>x</td>
<td></td>
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<td></td>
<td>4</td>
</tr>
<tr>
<td>Goulburn</td>
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<td>1xlocal 2xlocum</td>
<td>daily</td>
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<td>X Incl Joint</td>
<td>x</td>
<td>x</td>
<td>Soluscopex3</td>
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</table>

Source: Perioperative Clinical Nurse Consultant SNSW LHD
SNSW LHD employs approximately 1,840 Full Time Equivalent (FTE) staff per year, comprised of approximately 945 full-time, 745 part-time, 100 casuals and 50 agency staff. Approximately 56% of the FTE are Nursing, 11% Allied Health and 4% Medical. Corporate and Hospital Support accounts for 18%, Hotel Services and Maintenance and Trades 6%, Oral Health Practitioners & support workers 1%, Other Professionals and Para Professionals & support staff 4% and Scientific & Technical Clinical Support Staff 2%.

Workforce planning is a key component to delivering healthcare services. The strategies for the Health Professionals Workforce Plan 2012-2022 have been developed in response to the demands that continue to be placed on the health system and the changes in models of care required to meet the needs and expectations of the community. The workforce plan recognises the importance of integrating workforce planning with local service and facility planning.
In 2010/11 there were about 62,000 hospital inpatient admissions (separations) to public and private NSW facilities for SNSW LHD residents across NSW and interstate (of these 55,800 were acute admissions). The majority, 81%, were in public hospitals with about 19% being provided in private NSW facilities.

There were about 62,000 hospital inpatient admissions (separations) to public & private NSW facilities for SNSW LHD residents

SNSW LHD provides about 55% of inpatient services for its residents
On average SNSW LHD hospitals provide about 55% of hospital inpatient services for its residents. In 2010/11 SNSW LHD hospitals supplied 37,959 separations (inpatient admissions) with 135,482 beddays (excludes well babies, renal dialysis and chemotherapy activity). The acute inpatient admissions accounted for 33,947 with 90,736 beddays with an average length of stay of 2.6 days. It is observed that the number of separations has risen gradually (8%) over a three year period from 35,124 (31,854 acute) separations however the number of beddays has remained constant. Of the total 2010/11 inpatient admissions, 3,379 or 9% were provided for people who live outside of SNSW LHD.

Goulburn Base Hospital accounts for about 20% of the District's acute inpatient stays followed by Bega Hospital at 18%. However, Bega Valley inpatient services are provided across two hospital sites, Bega and Pambula Hospitals, and together these account for 24% of the inpatient activity supplied by SNSW LHD. Similarly, Eurobodalla (Moruya and Batemans Bay Hospitals) account for 28% of SNSW LHD admissions.

Cardiology, Gastroenterology and Diagnostic GI Endoscopy are the top requiring admission to a SNSW LHD hospital. Respiratory Medicine, Non-subspecialty Medicine and Cardiology account for the highest number of beddays.

Inpatient stays at Bourke Street Health Service (sub-acute care) have gradually decreased from 470 episodes of care in 2008/09 (12,650 beddays) to 445 in 2010/11 (11,547 beddays).

Admissions to Kenmore (psychiatric and psychogeriatric non-acute care) have remained constant over a three year period with 333 episodes of care each year and around 10,000 beddays.

The three Multipurpose Services have a consistent high occupancy rate for residential aged care, with an average occupancy of 96% over the past two years at Braidwood MPS, 92% at Bombala MPS and 85% at Delegate MPS.
'Out flows for inpatient services' looks at where SNSW LHD residents receive inpatient services if not in SNSW LHD local services.

In 2010/11 about 44% of the total resident demand for public hospital and private NSW inpatient health activity or 27,454 inpatient episodes of care were provided by non SNSW LHD hospitals (24,853 acute inpatient episodes). It is observed that residents living closest to the ACT tend to utilise the ACT public hospitals to a greater degree than those living further away from these services. For example about 10% of Bega Valley and Goulburn residents flow to the ACT for public hospital care whereas about 40% of Yass Valley and Queanbeyan residents flow to the ACT for public hospital care.

Flows to ACT public hospitals account for 20% of SNSW LHD resident demand and the top 5 Enhanced Service Related Groups (ESRGs) provided for SNSW LHD residents are Orthopaedics, Invasive Cardiac Invest Procedure, Vaginal Delivery, Other Neurology and other Gastroenterology.

Flows to private NSW hospitals account for 19% of demand with the top 5 Service Related Groups (SRGs) being Orthopaedics, Diagnostic GI Endoscopy, Ophthalmology, Rehabilitation and Urology.

Separate data for ACT private hospitals indicates that about 6,500 separations for SNSW LHD residents flowed to ACT private hospitals in 2010/11. The top Service Related Groups (SRGs) being Orthopaedics, non-acute, urology, ENT, GIT Endoscopy and Chemotherapy & Radiotherapy. As with the public ACT hospitals, it is apparent from the data that the closer people are to the ACT the greater the use of ACT hospitals.

Flows of people into SNSW LHD, from other Health Districts, States or Territories, for hospital services (3,379 in 2010/11) comprise about 9% of the District's hospital separations. Non-subspecialty Surgery, Orthopaedics, Gastroenterology, Cardiology and Psychiatry Acute account for the top 5 SRGs that flow into SNSW LHD. The main flows are, not surprisingly, from areas surrounding SNSW LHD; with flows from the ACT accounting for 29%, Victoria 15%, Murrumbidgee 12%, South Western Sydney 11% and Illawarra/Shoalhaven 9%.
Figure 1: SNSWLHD resident flows to SNSWLHD, Public ACT and Private NSW Hospitals, by LGA, 2010/11. Source FlowInfo v11.2
Growth is expected in almost all services within SNSW LHD reflecting the increase in population, ageing and chronicity. To provide for the expected growth SNSW LHD plans to streamline and redesign the way it currently does business in order to provide more appropriate, safe and high quality services in a financially sustainable manner.

- Emphasis will be on redesign and development of services to reduce hospital admissions and provide more services within the home e.g. Hospital In The Home
- With the development of the new South East Regional Hospital (SERH), services provided in the Bega Valley will move from level three to level four role delineation levels. There is clear intention to reverse surgical flows through increased theatre capacity. Funding received through Health and Hospital Funding and the State Government ($170M) has recognised the need to expand services within the Bega Valley Shire. The project is expected to be completed by 2016 and will realise a new 152 bed facility, which includes increased inpatient mental health services and a new rehabilitation centre along with increased service provision in ambulatory community health services.
- Goulburn Base (already operating at level four in most services) will build on what is in place and ensure that all services continue to satisfy level 4 requirements
- The District will partner with other health providers and/or devolve some services to the most appropriate providers in order to provide better services, avoid duplications and create more certainty around where to obtain services
- The SNSW LHD Asset Plan which is informed by health service planning outlines the District’s priority projects that require capital solutions to provide for contemporary service models. Funding will be sought for new and redevelopment of infrastructure to accommodate the expected growth.
Acute Inpatient Service

The need for acute services and subsequently the need for overnight and day only beds within SNSW LHD will increase from 296 (overnight and day only) beds in 2011 (at 75-80% occupancy) to 376 beds in 2017. However, as these projections are based on a base case scenario (service models and activity to 2010) a more rigorous analysis will need to be undertaken over time for individual services to model the impact of recently introduced or proposed hospital avoidance strategies, new service models and any other initiatives that will have an impact on inpatient service delivery. The increase in population demand may also be addressed in part through increased investment in primary and community health services and health promotion strategies; hospital in the home; increased utilisation of Telehealth strategies and so on.

On analysis of the projected base case scenario the following observations/comments are provided:

- The greatest growth is projected for the coast within the Eurobodalla Shire, and Bega Valley Shire 45% and 22% respectively of the total growth in beddays for SNSW LHD.
- The majority of growth will be in acute medical services (61,673 beddays in 2011 to increase to 81,140 by 2017) and in an older population group. In 2011, 48.1% of bed days were provided for the age group 70 and over by 2017 this is projected to increase to 56.6%. Acute services can expect more admissions of elderly patients who have a different pattern of disease and different response to treatment than younger patients. As stated in the previous commentary hospital avoidance strategies concentrating on chronic disease management and community health strategies will need to be targeted, including continuing health promotion programs and strategies.
With the growth in an elderly population we can expect to see more people with dementia accessing our services.

The increasing demand for services in Bega Valley and surrounds will be met by the South East Regional Hospital that is currently being planned and will provide for projected future growth beyond 2021. Interim strategies to reduce length of stay and reduce hospital readmissions will be developed to provide for the anticipated increase in demand for services while awaiting the completion of the hospital’s capital redevelopment which will enable service expansion with enhanced role delineation.

One of the biggest challenges will be in Eurobodalla with an expected growth of 52% in acute inpatient demand over the next 5 years (potentially a need for an extra 38 beds). With two small hospitals 20 minutes apart, the District together with the Community will develop a service plan to manage and provide best practice service delivery models that provide sustainable, safe and quality services for the catchment population. There is capacity in Moruya facility for 10 acute inpatient beds to be staffed if required and the development of the 20-bed rehabilitation unit may improve occupancy of the current bed stock.

Goulburn Base Hospital is not projected to require an increase in bed capacity for inpatient acute care over the next 5 years, but due to the age of the building and layout of the infrastructure, the Hospital will struggle to provide contemporary health services efficiently within the old design. Capital funding has been provided for the development of a sub-acute unit and expansion of mental health beds. Concept papers are being developed to guide development of the site as monies become available. The Emergency Department is currently struggling to meet national emergency access targets (NEAT). There is a planned increase in the footprint to 9 spaces but will need to increase to 13 spaces, based on a planning ratio of 1 space per 1,460 attendances (18,785 attendances in 2011/12).

Within the District the small health service sites, including the MPS services and Queanbeyan, Crookwell, Yass and Cooma health services, all have the physical capacity to absorb projected future growth over the next five years. Services over the next five years will be planned to address best practice models, safety, efficiency and workforce issues.

The reliance on inpatient services outside of the District will also continue to grow by about 15% over the next 5 years. The flow to public NSW facilities will remain constant with flows to interstate public hospitals (mainly ACT) expected to grow by 17%. (It should be noted that the ACT Clinical Service Plan assumes that the percentage of NSW residents using the ACT’s hospital service will remain stable.)

The projections also assume growth (approximately 17%) in flows to NSW Private facilities, except in Goulburn where the flows to private facilities are expected to remain constant.
Inpatient sub-acute services

- Projections for inpatient palliative care indicate that there will be adequate inpatient capacity within the District health services to provide for this need for the next 5 to 10 years. All sites currently have palliative care suites. However, the requirement for community palliative care services will increase and the District will be working with appropriate service providers to enhance these much needed services.
- There is a small projected increase in the need to provide for maintenance care within inpatient acute facilities. However SNSW LHD has good working relations with the many residential aged care facilities and continues to quickly move people to more appropriate care. With the expected increase in community based packages being funded by the Commonwealth, it is anticipated that more of our community will be able to return to their homes after acute episodes in hospital. Our staff will need to work closely with a range of home based providers to ensure timely transition to home.
- Rehabilitation projections show a need for sub-acute rehabilitation centres around the District. By 2017, Eurobodalla is projected to require 20 beds, Bega Valley 14 and Goulburn 16. This increasing service need is being addressed with the building of three sub-acute units (each of 20 beds) over the next 5 years as a result of enhancements received through the Commonwealth Government.
7.4 Projections

Renal Services

Estimating the incidence and prevalence of Chronic Kidney Disease (CKD) and all its stages in Australia is difficult because it often goes undetected until the late stages. CKD is preventable in many cases, with the most modifiable risk factors being tobacco smoking, overweight and obesity, high blood pressure and diabetes:

- Men have higher total incidence rates than women
- Aboriginal and Torres Strait islander people have much higher rates compared to the rest of the population
- Incidence rates increased with age with a sharp increase from 70 years. (Aboriginal and Torres Strait Islander people at 50 years of age)
- The total incidence of End Stage Kidney Disease (ESKD) (where death will occur unless dialysis or kidney transplants are available) differs by remoteness and socioeconomic status with rates higher in remote and disadvantaged areas.

The Australian Diabetes, Obesity and Lifestyle (AusDiab) study 1999-2000, found that a total of 16% of participants had at least one indicator of kidney damage. Over 1 in 7 (13.4%) Australians aged 25 years or over had some degree of CKD and more than half of these were in stages 3–5. Thirty percent (30%) of those aged over 65 years had CKD stages 3–5.

The incidence of treated ESKD is projected to continue to rise over the next decade; increasing by nearly 80% between 2009 and 2020. The proportion of those commencing ESKD treatment with diabetes is also expected to increase from 45% in 2009 to 64% in 2020.

In SNSW LHD, there are no statistics available in relation to the number of clients diagnosed with CKD but the incidence of clients requiring renal replacement therapies has increased. The NSW Health Revised Projections of Demand for Renal Dialysis Services in NSW to 2021 projected an average annual 5% increase in the number of persons receiving dialysis at a given date.

SNSW LHD will provide education and programs (through population health initiatives) to help prevent Chronic Kidney Disease. For those at high risk of developing CKD we will provide early identification, assessment and treatment. For clients with progressive CKD we will ensure they receive appropriate and timely education and preparation for stage 5 CKD including providing clinically appropriate treatment preferable in the client’s home in line with the NSW Renal dialysis Service Plan to 2011(2007) benchmarks of 50% dialyse in facility based services (20% hospital & 30% satellite) and 50% dialyse at home (30% peritoneal dialysis and 20% home haemodialysis).
Oncology Services

The Cancer Institute NSW predicts that the incidence of cancer will increase overall in NSW by 44% between 2007 and 2021: the major reason for the rise in incidence is due to increasing population (Cancer Institute NSW 2011a).

Southern NSW LHD is predicted to have a 70% increase in cancer diagnoses by 2021 mainly due to the increase in the number of patients aged 65 or older. This is of particular concern in communities such as the Eurobodalla and Bega Valley LGAs, where there is a higher proportion of older people, and will therefore experience a higher incidence of ‘all cancers.’ The Cancer Institute data indicate that the greatest increases in cancer rates will be in the clinical groupings of bowel, urogenital and lympho-haematopoietic/myelodysplastic across the LHD.

It is vital, therefore that access to cancer treatment and associated services are planned accordingly. Attracting and retaining an appropriately skilled workforce is likely to provide the greatest challenge as SNSW LHD strives to provide medical consultancy and chemotherapy services locally. Revision of current models of care will be essential in meeting the future requirements of patients with cancer. Collaborating with the ACT Government Health Directorate to build a strong regional cancer services network is a high priority.
Mental Health and Drug and Alcohol
The NSW Population Health Survey 2010 found that in both NSW and SNSW LHD, 11% of people aged 16 years and over experienced high or very high levels of psychological distress in the month prior to being surveyed. In SNSW LHD in 2010-11 there were 317 hospitalisations (121 males, 196 females) where self-harm was identified (a rate of 175/100,000 population, compared to the state-wide rate of 127/100,000). The self-harm rate for females aged 15-24 years is higher and has been increasing since the mid-1990s. (488/100,000 in SNSW; 352/100,000 in NSW).

Suicide rates have been dropping in NSW since 1997; 541 people died by suicide in 2007 of whom 76% were males. In SNSW LHD there was an annual average of 14 deaths from suicide in 2003-2007, compared to 24 deaths in the previous five years (1998-2002).

Mental Health services are now delivered primarily in community settings compared to the historical reliance on inpatient services. In 1993, only 29% of state and territory mental health spending was dedicated to caring for people in the community; by 2007 this had increased to 53% (Commonwealth of Australia 2009). Access to mental health care in primary care settings has also been substantially increased as a result of changes to the Medicare Benefits Schedule at the end of 2006. It is predicted that there will be continued growth in demand for both community mental health and primary health mental health care services.
Community Health Services

The provision of community health services is undergoing significant structural reform informed by the National Health Reform Agreement (NHRA) 2011 and more recently the National Primary Health Care Strategic Framework (Framework) 2011. The Framework continues the work of the National Primary Health Care Strategy (Strategy) 2010 and requires that by July 2013 that the Commonwealth and the States develop bi-lateral state-specific plans for primary health care services that address the following strategic outcomes:

- Build a consumer-focused integrated primary health care system
- Improve access and reduce inequity
- Increase the focus on prevention, screening and early intervention
- Improve quality, safety, performance and accountability

The Framework acknowledges the significant international evidence supporting the role of primary and community health services as the most effective way to prevent hospital admissions (p9). The Framework also describes the need for improved integration between Commonwealth, state/public and private services and notes the remit of the Medicare Locals (the primary health care organisation created in accordance with the Agreement) in leading the integration of all primary health care providers; general practitioners, non-government organisations, private providers, Aboriginal Medical Services and state and territory funded community health services.

Against this backdrop of reform the SNSW LHD has developed its own Community Health Strategy (CHS) to guide the direction of service provision over the next 5 years. The SNSW CHS notes the need for consistency in community health service provision and the need to investigate if some services may be better provided from other agencies. The SNSW CHS also describes the in-progress aged services and chronic care redesign project which aims to address internal program service and role duplication.
To ensure readiness for the changing primary and community health landscape a joint Southern NSW Medical Local and SNSW LHD planning day commenced with identifying key action areas to inform a joint work plan.

Despite the emergence of Medicare Locals, it is anticipated that community health services will continue to provide critical roles in integrated hospital and community health services with a strong emphasis on chronic disease; hospital in the home; violence prevention and care, child youth and family; Aboriginal health; oral health; palliative care and aged care and rehabilitation: activity that in 2011/2012 was reflected in 489,862 non-admitted occasions of service.

The SNSW CHS notes the need for consistency in Community Health Service provision and the need to investigate if some services may be better provided from other agencies.
Southern NSW LHD works with many organisations to provide health services to its community, for example the ACT Government Health Directorate, the Ambulance Service NSW, Aboriginal Medical Services, Non-Government organisation, Universities, Residential Aged Care Facilities and Local Government to name a few.

There is one private hospital in the Health District, located in Bega. Utilisation data from the Clinical Excellence Commission suggests we have a lower than average rate of population intervention for common conditions such as cataract surgery, and this may reflect the limited service options for our population, as the choice is either the SNSW LHD public sector or referral to the private and public sector in the ACT.

Public tertiary services located in the ACT are geographically closer to many residents of SNSW LHD than other sites in NSW. This flow of residents to the ACT for these services is significant. Limited service and activity data can be obtained regarding services provided in ACT private hospitals, however they remain important partners to consider in strategic planning.

The groundwork has been laid for improved coordination of services between the ACT and SNSW LHD. In 2011 the NSW Minister for Health, Jillian Skinner MP, and the ACT Minister for Health, Katy Gallagher MLA, made a public commitment that the jurisdictions will work together to develop an action plan to improve health service coordination.

Subsequent to this, the NSW Premier, Barry O’Farrell MP, and the ACT Chief Minister, Katy Gallagher MLA, signed a Memorandum of Understanding for Regional Collaboration, in which the health sector is noted as a priority area.
In early 2012 the NSW Government also appointed the first Cross Border Commissioner. The new Commissioner, Mr Steve Toms, commenced his two-year appointment in March 2012, and has been asked to:

- Provide an advocate for the concerns of cross-border communities
- Review existing cross-border governance and management arrangements
- Develop strategies to optimise the delivery of services to these communities.
- The Executives of SNSW LHD and the ACT Government Health Directorate meet bi-monthly to discuss regional service delivery and identify and resolve barriers to coordinated health service delivery.
- Improvement in the coordination of services and partnerships between the two entities is already evident and will be built upon. Examples so far:
  - The ACT Critical Care Telehealth Service Memorandum of Understanding sets out the understanding between the Territory and NSW Health in regards to implementing Telehealth equipment in 10 NSW and Territory sites. Two hubs (in the Territory) will support 8 spoke sites in the Territory and SNSW LHD.
  - A HealthOne is under development for Yass, a crucial aspect of the HealthOne model, as adapted for Yass, will be to ensure that care is coordinated and ‘seamless’ between hospital stays in Canberra and follow-up by a GP and community health team when a patient returns home to Yass.
  - The development of a Renal Service Agreement signed in early 2013 sets the scene for a Renal Network across the ACT and SNSW LHD. A joint renal services plan will be developed.
  - A working group of senior staff from both SNSW LHD and the ACT are working to address barriers to smooth and timely transfer of patients from the ACT back to care in SNSW LHD (to SNSW LHD hospital or community based care).
  - Establishment of a cardiac reperfusion system that allows NSW ambulances within an hour of the ACT to bypass their local hospital and attend the Canberra Hospital directly for patients requiring reperfusion (the restoration of blood flow to an organ or to tissue).
  - The development of sustainable cancer services from an ACT hub is a high priority for SNSW LHD. The ACT Government Health Directorate is leading a cancer services planning process in 2013 and SNSW LHD will participate in the planning.
The Southern NSW Medicare Local (SNSW ML) is a primary health care organisation working to keep people well and out of hospital. One of 61 Medicare Locals nationwide, SNSW ML plays a critical role in the planning and delivery of the region’s primary health care services, including:

- Addressing primary health care service gaps with local solutions
- Supporting primary health care practitioners to provide integrated and coordinated care for their patients
- Supporting primary care practitioners and their staff in a range of practical ways including professional development and hands-on support in eHealth and Telehealth implementation
- Identifying gaps and actively recruits medical professionals for the region, as well as providing recruitment support and guidance for practices and applicants.
- Facilitation of GP after hours services

Figure 2: Overview of Organisational Structure – SNSW ML
Additionally, SNSW ML provides mental health and Aboriginal health services direct to the community from small teams located throughout the region, as well as offering small scale allied health services and health promotion activities where funding and workforce allow.

SNSW ML supports the primary health care needs of the same catchment as SNSW LHD. Four regional hubs provide clinical service delivery as well as practice support and integration functions in Moruya (head office), Bega, Goulburn, and Queanbeyan.

As detailed in Figure 2, the organisational structure, the Medicare Local features three clinical teams; providing allied, mental and Aboriginal health service, plus a network and business services team that drives eHealth, after hours reform, primary health workforce development and education. The education program delivers continuing professional development (CPD) opportunities to the GP and primary health sector.

In addition to employing staff, the Medicare Local contracts other organisations and individuals in the region to deliver clinical services as outlined in the compendium. SNSW ML is a private company limited by guarantee governed by a Board of Directors primarily elected from the membership. Members are organisations in the business of supporting or providing primary health care. The SNSW LHD is a member of SNSW ML.
SNSW ML Mission
The object of the Company is to provide and support locally responsive, integrated primary health services to the Southeast New South Wales communities.

SNSW LHD works closely with the SNSW ML in planning and delivering services to our community. An initial forum in November 2012 outlined key initiatives to be undertaken in partnership. Subsequent to this, a joint committee was established with key staff from both organisations. The joint committee provides a forum for executive oversight of projects and processes aiming to address the efficiency and patient experience of health service delivery through improved integration between the SNSW LHD and SNSW ML.

The committee is currently developing a 2013/14 integrated work plan that aims to provide a strong, responsive and sustainable primary health care system that improves health care for south east NSW communities, by keeping people healthy, preventing illness, reducing the need for hospital services and improving management of chronic conditions. Key to the development of this activity is developing a united response in advocating for primary health care. The SNSW LHD and SNSWML are currently working together on a range of primary health care initiatives and this is expected to grow as activities in the work plan are implemented.

SNSW Medicare Local Objectives
- Improving the patient journey through developing integrated and coordinated services.
- Provide support to clinicians and service providers to improve patient care.
- Identification of the health needs of local areas and development of locally focused and responsive services.
- Facilitation of the implementation and successful performance of primary health care initiatives and programs.
- Be efficient and accountable with strong governance and effective management.
8.3 NSW Ambulance Service

SNSW LHD and the Ambulance Service NSW have a strong relationship and a history of collaboration in service planning. The Ambulance Service will remain a key stakeholder when detailed planning is considered for a range of service improvements, such as collocation in new capital developments, establishing new models of emergency care, streamlining patient flow between SNSW LHD and the ACT and improving transfer of care from ambulances to emergency departments.
Southern NSW LHD faces the same challenges that most rural Districts face when planning and delivering services. As stated in the National Strategic Framework for Rural and Remote Health.

‘The combined impact of fewer resources, poorer access to services, limited availability of key health professionals, poorer health status, lower socioeconomic status, distance and travel… (means) small rural health facilities and service providers can find it harder to maintain their viability, and may struggle to continue providing the services their communities need.

The challenge then, is to design, deliver and support rural and remote health services using more flexible, innovative, and locally appropriate solutions, without compromising the quality and safety of care. This also requires due consideration to issues associated with low patient volumes, which can impact both the viability and the quality and safety of services’.

We are faced with a growing and ageing population which brings with it an increase in demand for services which needs to be set against the supply of health care workers.
A key challenge, unique to SNSW LHD, is the lack of a major non metropolitan hospital or a principal referral hospital within our boundaries and therefore our reliance on the ACT Government Heath Directorate for many services. We rely heavily on the Canberra Hospital as our principal referral hospital, and ACT hospitals provide acute services for Yass Valley and Queanbeyan residents. We also rely on specialists from the ACT for clinical leadership, for example cancer and renal services. We also have the least Mental Health beds per population in the State and have no Child and Adolescent Mental Health Acute Inpatient Beds.

We are faced with a growing and ageing population which brings with it an increase in demand for services which needs to be set against the supply of health care workers.

The physical geography of SNSW LHD is a challenge in itself. The mountain ranges virtually split the District in half, isolating the two sides. Being a long thin LHD with the ACT borders provides on one hand an opportunity to access higher and tertiary services and specialists but on the other hand, the ACT being a Territory with different governance, adds a layer of complexity to both accessing and managing services.

Travel distances to access health services (up to 4 hours for some services) infrastructure limitations, such as lack of transport options and poor internet coverage all add to the complexity of providing health services to the community.

Transport for communities to health services is always raised as an issue in rural communities where public transport and taxi services are not optimal. Transport for Health provides a range of transport and travel assistance to people who cannot use or have difficulty using public and/or private transport or who are disadvantaged by distance. Transport for Health includes the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

The move to Activity Based Funding (ABF) for our larger sites and the high fixed costs of running a number of small rural hospitals will require considerable effort to embed the new funding system into a rural setting. This along with balancing the need for investing in acute services, health promotion and community health services is a major challenge.

Matching community expectations with financial sustainability is an area that we will continue to strive to achieve. We are endeavouring to develop strong community input and consultation mechanisms along with providing education and information to the community.

With the projected growth in need for services as outlined in Section 7, our challenge will be to provide for this growth within the current infrastructure in particular at Goulburn and Eurobodalla.
The vision of NSW Health is to keep people healthy, avoiding unnecessary hospitalisations, providing access to timely, quality health care when needed. New models of care will mean more people being treated out of hospital, in their homes and community settings. It will mean health professionals will work more in teams, collaboratively and undertaking new roles in a much more flexible fashion.

In line with the strategic goal of putting patients first, SNSW LHD recognises that patients, carers as partners in care and significant others are an important part of the health care team and is committed to ensuring that patient centred models and approaches are at the heart of all clinical care. This will mean a greater focus on consumer needs at every point along their health care journey by ensuring individual preferences and concerns are fully considered. This patient-focused approach means that care is safer and of a higher quality resulting in improved patient experiences and increased levels of satisfaction. All clinical care in SNSW LHD is and will be underpinned by this approach. The LHD is therefore committed to building the skills and capacity of the workforce to more effectively engage patients and consumers both at individual and LHD level improvements.

Southern NSW LHD aims to deliver the highest quality primary and secondary health care services to the people of South Eastern NSW. We aim to improve our health services and the health care outcomes of our community by supporting cooperative work between our clinicians, patients and communities to deliver safe and effective care.

A key driver for change in all our services is the need to provide for the growth in the overall population along with the significant growth in the population aged 75 and over. With this growth we will also see an increase in the number of people with dementia, chronic illness and a dependence on carers for many of the elderly.

Over the next five years we will focus on improved patient flow by:

- Developing regional networks across the District
- Increasing ambulatory support services
- Further developing relations with ACT Government Health Directorate
- Developing a robust Community Health service
- Planning for a sustainable workforce.
Southern NSW LHD has a set of largely stand alone health facilities providing a range of community focused, General Practitioner (GP) level medical services. Specialist level services (mainly Visiting Medical Officers) are only on site at Goulburn, Bega Valley and Eurobodalla.

The development of service networks and the formalisation of links between lower and higher level services aims to ensure that small sites are supported and provision of health care to the local community can be sustained. The development of escalation policies to manage emergency care and care outside the capability of the lower level site aims to ensure that people receive appropriate care. By concentrating higher level services within regional centres, SNSW LHD will be able to increase the level of service and expand specialities at the core sites.

Our networks will be developed around regional centres in Bega Valley, Goulburn and Eurobodalla. It is envisaged that our acute services for the next five years will remain primarily secondary care, but looking beyond the five year period to gradually build up some tertiary services in selected areas. Strengthening our regional centres and networks will allow the LHD to work towards increasing self-sufficiency and mitigating patient flows to the ACT by increasing the type and level of services provided locally.

In our smaller hospitals and MPSs we will ensure standards are maintained, appropriate to the role delineation levels, to provide appropriate levels of care and enhance and consolidate higher levels of services at our larger sites in Bega Valley, Eurobodalla and Goulburn. Escalation plans will be developed for small sites to enable patients to be quickly transferred to higher levels of service as required. Medical specialists within our regional centres will provide expert support for GP VMOs within the smaller sites.

The model will improve patient flow within the networks and the District. We will implement the use of the Patient Flow Portal to monitor and manage the patient’s journey from admission to discharge. The aim is to ensure that acute services are provided as quickly and with the shortest length of stay as is clinically appropriate and to make sure that ambulatory services are in place to support this process.

Most of our Community Health services currently work on a regional network model and this will be further developed.

It is recognised that Canberra hospitals will play the role of regional centre for Queanbeyan, Yass Valley and to some extent the Monaro region (although the South East Regional Hospital is also expected to attract Monaro residents once it is commissioned).
In SNSW LHD regional centres:

- Goulburn Base hospital will build on what is in place and ensure that all services continue to satisfy level 4 role delineation requirements.
- With the development of South East Regional Hospital, services provided in the Bega Valley will move from level 3 to level 4 role delineation levels, increasing local self-sufficiency.
- Support services at Moruya Hospital will be provided to ensure a level 3 role delineation in all services is maintained.
- The move to some tertiary provision of services within the regional centres will be explored, with potential to further increase local self-sufficiency and mitigate flows to other LHDs and the ACT.
- The establishment of stroke units across SNSW LHD will be investigated.
- Expand and provide more access to surgical specialities in the regional centres.
- A 20 bed rehabilitation unit will be situated at each regional centre and an ambulatory rehabilitation model will be developed and rolled out from each centre.
- Technologies will be utilised to deliver and support services remotely e.g. Telehealth, transfer of digital images, to reduce the requirement for travel out of District and to the ACT.
An increase in ambulatory support services will not only provide better outcomes for our consumers but will help to address the expected rise of general medical care required due mainly to the increase in our population and significant growth in the population aged 75 and over. There are a multitude of studies that indicate the shorter the stay in hospital the better the outcomes for the patient. People recover better in their own environment and are less exposed to infections.

10.2 Ambulatory Support Services

- Hospital In The Home (HITH) will be redesigned and the capacity increased across the District.
- Our Chronic Care program will be developed to provide client centred coordinated care to encourage client self-management and promote shared care plans with GPs and service providers. The aim of the Chronic Care program is to maintain people’s health through increased functional capacity and control of their life by improving their understanding of their disease and its management.
- Community Health services will support the reduction of admission to acute care that are preventable and avoidable.
10.3 Relations with ACT Government Health Directorate

The Canberra Hospital will remain our main tertiary referral service. The hospitals in the northern end of the District will continue to refer to teaching hospitals in Southern Sydney when necessary or more appropriate (Nepean, Liverpool and Prince of Wales hospitals). Links with Sydney will be maintained for specialised services according to Ministry of Health policy directives e.g. Heart and Lung, Pancreas, Blood and Marrow and Liver transplantations, severe burns, neonatal intensive care, trauma services, radiotherapy, spinal cord injury.

To provide a smoother journey to the right level of care for our community we will build stronger strategic and clinician relationships with the ACT Government Health Directorate.
10.4 Robust Community Health Service

As our aim mirrors that of NSW Health vision and best practice, to keep people healthy and out of hospital, Community Health will redesign and realign community services and work with other agencies to provide services that help people remain healthy and prevent the need for hospitalisations.

- The HealthOne model (a model that sees GPs and Community Health workers working as a team) will be implemented at Yass and the model will be considered for other sites.
- We will disinvest in services that are duplicated and are provided through other providers and will plan with and alongside the Southern NSW Medicare Local to enable us to make the most of our health dollars by providing services from the most appropriate provider.
- We will redesign Community Health Services to ensure that access is equitable across the District and services support integrated and seamless care of clients and carers across acute and community health settings.
As our services are interdependent on staffing; SNSW LHD will develop a workforce plan to address the strategies within this plan and to meet the requirements of the NSW Health Professional Workforce Plan 2012-2022.

A Medical Workforce Plan has been developed and is being implemented as a planned approach to recruitment, and deployment is required to create a stronger sustainable medical workforce. The current Medical workforce does not adequately meet the clinical service needs: workforce requirements are not clearly defined and staffing levels not consistently met. The high dependency on contracted agency (locum) doctors has impacted upon patient continuity of care.

Extended scope of practice roles for nursing, nurse practitioners and allied health professionals will be developed to augment the medical model of care where appropriate.
Intensive Care/High Dependency services

Across SNSW LHD there are 16 Intensive Care/High Dependency (ICU/HDU) beds. Goulburn Base and Bega Hospital each with 2 general ICU and 4 HDU beds and Moruya with 4 HDU beds, supported by a mix of GP VMOs and Anaesthetists (no Intensivists). Batemans Bay and Queanbeyan Hospitals each have 4 monitored beds supported by general nurses. The critical care service is dependent on air retrieval from ACT.

Southern NSW LHD will ensure that maximal possible services and skills are available in our ICUs at Goulburn and Bega to retain patients when appropriate, so they may be managed close to home near their families. Patients needing a higher level of care will be recognised early and transferred to facilities appropriate for their care. The more critical patients in our smaller facilities may flow to the ACT, Goulburn, Bega, or the Southern Sydney Teaching hospitals depending on bed availability and the condition of the patient.

There is a lack of specialist support and education for generalist staff across the District. The aim is to ensure all sites are supported at a local level while ensuring district-wide medical administration and policy requirements are enacted.

Emergency Services

All SNSW LHD hospitals provide emergency services. SNSW LHD has a larger ED presentations to population ratio than other LHDs, with over 100,000 presentations per year. In our smaller sites the presentations are predominately GP type presentations and continue to rely on GP VMOs for ED. The VMOs are supported by training from the ACT and Critical Care Telehealth is being rolled out around the District. Emergency Clinical Nurse Consultants (CNCs) provide support to staff across the district.

The National Emergency Access Target (NEAT) agreed by the Council of Australian Governments, to be phased in over a five year period, aims to have 90% of patients presenting to a public hospital emergency department either admitted to hospital, referred for treatment, or discharged at the end of treatment within four hours, where it is clinically appropriate to do so. One of the main reasons stated for not meeting targets is that patients are unable to leave the ED due to lack of available and appropriate inpatient beds.

The District is working firstly with the Activity Based Funded sites at Bega, Goulburn, Moruya and Batemans Bay (and Queanbeyan from June 2013) to meet triage 1 and 2 targets and the 4 hour rule. A redesign
methodology has been utilised and will move to a whole of systems approach of patient flow where access block and length of stay in hospital inpatient beds are part of the journey and not addressed as a separate issue. Protocols will be developed for patients presenting to EDs that do not have on site medical presence and Critical Care Telehealth will be available in all Emergency Departments across the District.

Key Actions

To ensure people receive the best care

- Develop regional service centres for Emergency and High Dependency Services by enhancing services in Bega Valley, Eurobodalla and Goulburn Base Hospital and ensure base line competencies are in place at our smaller sites.

- Continue to work with ACT Government Health Directorate to rollout Critical Care Telehealth availability to all Emergency Departments and Intensive Care Units in SNSW LHD and assist in seeking further funding.

- Work with the ACT Single Point of Contact Working Party, NSW Health and internally within the District to ensure protocols and escalation programs for rapid and appropriate transfer of acutely ill patients who are deteriorating or have the potential to deteriorate.

- Work with staff in all levels of hospitals to ensure effective use of Non Invasive Ventilation Techniques and support and educate staff in the Goulburn and Bega ICUs to keep up to date with the protocols and procedures which need to be carried out in those departments.

- Assist, educate and encourage staff in all wards and facilities to become educated in the recognition and early management of
  - Sepsis in accordance with the staged rollout program of the Clinical Excellence Commission.
  - Delirium in line with Delirium Care Pathways and the Agency for Clinical Innovation (ACI) Confused Hospital Person project.

- Introduce early management of acute coronary syndrome and stroke, with an emphasis on optimal early management of these conditions to reduce death and ongoing morbidity.

- Explore/adopt models e.g. GRACE Geriatric Rapid Acute Care Evaluation model to avoid hospital admission for older people.

Southern NSW LHD experiences a level of difficulty of providing specialist services for our Generalist GPs and struggles with specialist support for our small services. The physical capacity within our major centres at Bega, Goulburn and Moruya EDs is a major challenge and we will continue to apply for funding to expand the units in Goulburn and Moruya.
11.1 Critical Care

To ensure support for our smaller sites

- Introduce low complexity, low urgency and low acuity patient protocols for patients presenting to Emergency Departments that do not have on site medical presence.
- Establish and deliver education and clinician credentialing for low complexity, low urgency and low acuity presentations using agreed protocols for nursing staff and undertake consultation with local medical officers.
- Introduce nurse-initiated X-ray programs, Point-of-Care testing, education programs and other models of care into emergency areas to aid early clinical decision-making.
- Assist to develop and introduce a program of recognition and early management of acute coronary syndrome in all facilities.
- Continue networking with ACT Government Health Directorate for patients who are eligible for Percutaneous Coronary Intervention (PCI) or have out-of-hospital thrombolysis.
- Embed ECG reading service in facilities that may not have a continuous medical presence.
- Ensure that protocols and procedures for early management of stroke are appropriate for the hospital, location and available services.
- Continue to roll out the DETECT program, (Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams) DETECT Junior and monitor the effective use of colour-coded observation charts to ensure rapid detection, management and referral of deteriorating patients.

To provide care in the most appropriate setting

- Work with SNSW Medicare Local to increase after-hours access to GPs within our communities.
Southern NSW LHD has seven sites that provide general surgical services; the bulk of surgery is performed in the sites at Bega, Goulburn and Moruya theatres (Table 4). There are 34 dedicated same day surgical beds across the District, with Bega and Goulburn the only sites with dedicated overnight surgical beds (22 in Goulburn, 18 in Bega), the other sites utilise the general-mixed beds for surgical patients.

There are a number of sub specialist surgical services across the sites but they are not evenly distributed across the District. With the exception of Goulburn Base Hospital, anaesthetics are provided across the District from GP VMO anaesthetists with a lack of specialists within the District. We are heavily reliant on the ACT for secondary level, more complex and sub specialties and access to these services at times can be problematic.

There is an expected 12% increase in day surgery procedures and 13% increase in overnight stays in SNSW LHD that can be accommodated within the LHD. There is capacity to increase services in both Cooma and Queanbeyan with minimal increase available in Goulburn, Eurobodalla and Bega.

The objective of the National Elective Surgery Target (NEST) is to progressively increase the number of elective surgeries performed, so that 100% of patients receive their elective surgery within the clinically recommended time by 2016. To receive annual reward payments from the Commonwealth, NSW must achieve all the “% treated on time targets” in each category for the calendar year. SNSW LHD targets are set yearly in the Service Agreement with the Ministry of Health.

The distribution of specialist services in the District is poor and dependent on where the specialist surgeon lives or will travel to. The availability of affordable access to some disciplines is very limited e.g. urology, plastics and ENT.
Key Actions:

To maximise operating theatre efficiency, capacity and improve patient outcomes.

- Improve preadmission processes in all perioperative sites to meet the NSW Health guidelines; ensure adequate clinical risk screening of patients prior to surgery (includes standardised documentation across all sites); reduce day of surgery cancellations by ensure optimal processes are in place for preadmission assessment by a multidisciplinary team for patients and careers.

- Review, assess and plan services to ensure timely emergency surgery/procedures and improve patient outcomes and operating suite utilisation and throughput by implementing:
  - The Emergency Surgery Guidelines within Goulburn, Moruya and Bega’s perioperative environments.
  - The principles of High Volume Short Stay Surgical Model (NSW Health) across all perioperative sites.
  - The framework outlined in The Rural Surgery Futures document (NSW Health).
  - ACI Orthogeriatric Model of Care

To increase local access

- Develop District surgical regional centres at Bega, Goulburn and Moruya hospitals with the potential to expand sub specialties within our District.

- Better integrate our services with the ACT Government Health Directorate develop business cases to increase local provision e.g. orthopaedic service in Queanbeyan Hospital.
11.3 General Medical Care

Approximately 240 beds are used for general medical care within the District. The service is supported with a mix of General Physicians and GP VMOs. There is a lack of specialist support across the District. All medical wards are generalist with patients being transferred to the ACT for higher level services.

With the majority of growth projected to be in the acute medical services a number of strategies will be put in place to reduce the reliance on acute inpatient beds. The growth is aligned with the ageing population.

The transfer of patients to Nursing Homes from our acute medical facilities is largely dependent on the access to Nursing Home beds at any one time. At present Goulburn struggles to place people within a reasonable time, due to high occupancy of local Nursing Home, however this can change at any time. There is a need for a District wide strategy for the placement of patients to Nursing Homes so that family and carers are aware of the pathway and can be proactive in the process.

Key Actions:

To address issues pertaining to the growth in our older population

- Develop a Geriatric specialty within the district to address health issues pertaining to the growth in the older population. Utilise Telehealth for geriatric consultations.
- Implement the delirium model of care using the Acute Care of the Elderly model
- Investigate the establishment of stroke units across SNSW LHD.
- Replicate the Hospital Volunteer Program which aims to enhance emotional care and security of hospital patients with cognitive impairment (or who have identified delirium risk factors) and reduce their risk of adverse outcomes.
- Actively participate in the ACI further roll out of the Confused Hospital Older Person Program (CHOPS)
- Promote and support education on ‘positive approaches to care of the older person in acute care’
To reduce length of stay

- Develop and implement across the District comprehensive and reliable discharge plans and introduce criteria based discharge where appropriate to expedite discharges.
- Form strong relationships and partnerships with other government and non-government community organisations to provide support to people returning home from hospital.
- Develop a consistent SNSW LHD pathway for the placement of people to Nursing Homes.

To reduce the need for bed based care and improve outcomes for our patients

- Standardize and increase the capacity of the Hospital in the Home program.
- Improve integration of acute, sub-acute and community health services to support the reduction in avoidable admissions.
- Develop and implement strategies to ensure patients understand their diagnoses and medication requirements so that patients and carers can fully participate in their care during and after hospital stays.
- Implement the Clinical Excellence Commission Top 5 initiative to improve inpatient care for patients with dementia.

To ensure our smaller sites are well supported

- Seek to employ medical specialists within our larger facilities to provide expert care and provide support for GP VMOs within the smaller sites.
There are ‘birthing units’ at five sites (Bega, Moruya, Goulburn, Queanbeyan and Cooma) that offer a range of maternity care and birthing options for low to moderate risk pregnancies, including pregnancy care, labour and birth and postnatal care as well as home postnatal visits. Women at risk of complicated pregnancy and birth are referred to the Canberra Hospital.

Most sites have outreach midwifery pregnancy care clinics and may include postnatal home visits. There are weekly outreach clinics at Eden, Pambula, Narooma, Batemans Bay and Yass; Jindabyne and Bombala have fortnightly booking clinics. In addition a specific adolescent service is provided fortnightly at either Narooma or Batemans Bay.

The maternity service is supported mainly by Specialist Obstetricians (Goulburn, Moruya and Bega), GP VMOs and locum Specialist Obstetricians. Specialist Paediatricians support the Goulburn special care nursery. The service is also supported by Clinical Midwifery Consultants.

The Local Health District is working toward contemporary and evidence-based maternity services across the District that meet targets and KPIs within policies and directives. However although we meet our targets for first home visits, the provision of the service is not evenly distributed and there are gaps in service to some outlying areas such as Gunning, Crookwell and Braidwood.

The District has an opportunity to increase choices of care for labouring women to meet the policy requirements that include the use of water immersion in labour and birth (Step 5 of ‘Towards Normal Birth’ 100% requirement by 2015) as infrastructure at all sites (except Bega) allows for water immersion. As infrastructure is upgraded this will be addressed.
Key Actions:

To support women to have a positive experience of pregnancy and birth and be better prepared for birth and early parenting.

- Implement the SAFE START model which incorporates psychosocial factors and depression screening into the assessment process for all pregnant and postnatal women.
- Work with community based programs to promote positive pregnancy, child birth and parenting experiences and the advancement of young people’s health.
- Improve the current very low rates of continuity of carer programs by utilising a redesign process (women have care provided by midwives). Target is 35% women being on a continuity of carer program by 2015.
- Develop and roll out collaborative models of care across the District.
- Develop and implement strategies to increase the vaginal birth rate and decrease the caesarean section operation rate as per ‘Maternity-Towards Normal Birth in NSW’.
- Reduce the use of unnecessary interventions that women experience in labour, particularly augmentation of labour, analgesia, routine episiotomies and electronic fetal monitoring.
- Provide universal interventions to reduce smoking in pregnancy and decrease low birth weights of babies for Aboriginal and non-Aboriginal women.
Goulburn Base and Bega Hospitals both have dedicated paediatric inpatient beds (7 beds in Goulburn, 7 in Bega) and provide for both medical and minor elective surgery and selected moderate procedures for children over 12 months of age. The MPSs do not admit children and the other sites admit for minor medical ailments for 24-48 hours only, and then transfer to higher level facility or home. Goulburn Base is the only site with a paediatrician specialist position. In order to continue admissions to the smaller sites, staff are required to be trained and maintain their training and skills in paediatric care.

Support for paediatric services in the community is mostly provided through allied health. There is a District wide paediatric CNC. There is a need to increase the level of specialist support through visiting specialists and Telehealth, and a requirement for an overarching policy on child transfer to be implemented and actioned, to avoid unnecessary delay in the transfer of children to appropriate levels of care.

Paediatric admission will only be available in sites where staff have maintained the necessary skill base and where the level of care required is appropriate to the site. The transfer of children to appropriate paediatric units either within the networks or to Canberra or Sydney is of paramount importance.
Key Actions:

To provide safe and timely care for children

- Ensure staff meet paediatric training requirements appropriate to facility.
- Utilise the expertise throughout the Child Health network to provide the highest quality paediatric health care services in the most appropriate location.
- Develop protocols regarding consulting Paediatricians and the use of NETS for advice and transfer.
- Ensure the Paediatric Acute Clinical Practice Guidelines are actioned to standardise care in Emergency Departments.
- Ensure guidelines are followed to provide safe and timely transfer of children and adolescents whose medical condition requires care at a different level from that of the presenting hospital.

To provide an appropriate environment/family centred

- Provide basic equipment for children to allow age appropriate play.
- Involve parents /carers in direct care and decision making. Encourage primary carers to stay with their child throughout the admission.

Paediatric admission will only be available in sites where staff have maintained the necessary skill base and where the level of care required is appropriate to the site.
There are 4 satellite haemodialysis units (Bega, Moruya, Goulburn, Queanbeyan) across the District. There is a Clinical Nurse Educator (CNE) at each unit and one renal outreach Clinical Nurse Specialist (CNS) for the District. Goulburn, Moruya, Queanbeyan units have renal dietician and renal social work positions. A renal Clinical Nurse Consultant provides education and clinical leadership. A private renal physician has admitting rights in all units and provides private clinic consultation at Bega/Moruya and Canberra. Cooma has a self-care unit with plans in place to develop a 4 chair satellite unit.

Renal units at Bega, Moruya, Goulburn, Queanbeyan and one under construction in Cooma have been developed strategically within the District to minimise geographic disparity. The level of activity in the renal units will be monitored and plans will be developed to provide for growth within the current units as required. Home dialysis will be encouraged wherever possible, delivering a better lifestyle for the recipient. However, when centre based dialysis is required, patients will be placed within the closest renal unit and transport options will be explored on a case by case basis.
Key Actions:

To ensure local access and choice of care for SNSW LHD residents

- Partner with the ACT to develop a renal network.
- Support primary screening for patients at high risk of developing chronic kidney disease (CKD) for early identification, assessment and treatment by initiating screening of inpatients ‘Kidney Health Check’ and support forums for GPs and practice nurses for education on primary screening of patients.
- Provide timely access to nephrologist services in renal clinics in key areas in SNSW LHD (determined by Renal Agreement with Canberra Hospital Renal services).
- Investigate the implementation of nurse practitioner led services and Telehealth services.
- Assist clients to make informed treatment choices and increase uptake for home based dialysis to meet NSW Health benchmarks by providing access to clinically appropriate forms of treatment preferably in the client's home or self-care facility/outreach based models of care as a first treatment option.
- Increase the current Outreach Service and develop pathways to provide primary case management to clients who choose to dialyse at home.
- Develop clinical care pathways for conservative care/ end of life pathways, working in partnership with key stakeholders for end of life management (including local palliative care and GP services).
- Develop interdisciplinary care pathways for CKD stages 4-5 working collaboratively with allied health, medical and nursing services across SNSW LHD and Canberra Hospital renal services.
There are 4 oncology units across the District at Bega, Moruya, Goulburn and Cooma, averaging about 275 chemotherapy treatments per month. The service is supported by Cancer Care Coordinators, Breast Care Nurses and Oncology Social Workers. An Oncology Clinical Nurse Consultant provides education and clinical leadership. All units operate as privately referred outpatient clinics. Medical Oncologist and haematologists visit Moruya, Goulburn and Bega at least monthly. Radiation oncologists visit Bega and Goulburn monthly to 6 weekly.

BreastScreen has set up a screening and assessment unit in Queanbeyan Hospital, two private screening units in Bega and Moruya and has a mobile van travelling around the SNSW LHD providing the latest in digital technology screening services in Goulburn, Crookwell, Yass, Jindabyne, Cooma and Bombala. BreastScreen has increased the participation rate since July 2011 and will continue to improve as equitable access to screening services is delivered throughout the SNSW LHD.

There is currently no clear national recommendation to support screening of asymptomatic men for prostate cancer. The National Health and Medical Research Council has established an Expert Advisory Group to assist reviewing the evidence in this regard. A local response can be considered once the National Health and Medical Research Council has provided clear guidelines on screening of the asymptomatic population.

Most types of outpatient chemotherapy can be administered within SNSW LHD; however some drugs with a short expiry date cannot be administered locally. Inpatient chemotherapy cannot be administered within SNSW LHD hospitals and patients requiring such treatment travel to either Canberra or Sydney. Surgery for some types of cancer are performed with SNSW LHD hospitals e.g. breast, bowel, prostate and minor gynaecological surgery. Surgery for lung, bone, brain and major gynaecological or gastrointestinal cancers are performed either in Canberra or Sydney. All patients who require radiotherapy are required to travel either to Canberra, Wollongong, Nowra or to Sydney.
Key Actions:

To ensure access to prevention and screening programs

- Continue our focus on reducing tobacco use (refer to section Population Health).
- Provide accredited breast screening and assessment services up to and including diagnosis of breast cancer for eligible women in the District.
- Work in partnership with Medicare Local to develop a whole of District cancer screening model.

To maximize access to services and ensure clients receive appropriate treatment

- Formalise the relationship with the Capital Region Cancer Service (develop Memorandum Of Understanding)
  - To ensure the ongoing provision of outreach clinics.
  - To explore the option of conjoint appointments to ensure a sustainable medical workforce.
  - To develop innovative models of managing patients on new treatments and clinical trials to allow treatment to be delivered closer to home.
- Explore the potential for linking with other LHD and interstate services, where geographically appropriate, to ensure adequate access to services e.g. Shoalhaven Regional Cancer Care Centre.
- Review current referral pathways into and out of LHD oncology units to ensure patients receive appropriate treatment within the defined best-practice timelines.
- Ensure that adequate access to Telehealth facilities is available onsite in the Oncology units to aid linking with specialists and for patient review.
- Actively seek additional funding opportunities to continue and enhance supportive care services e.g. McGrath Foundation, Prostate Cancer Foundation of Australia.
- Establish a formal network with relevant services including palliative care and allied and community health to ensure adequate access to supportive care services are available.
Bourke Street Health Service (25 beds) located in Goulburn is the only sub-acute unit within SNSW LHD. It provides a slow stream (long term) rehabilitation service mainly to the residents of Goulburn. Rehabilitation services within the rest of the District are ad hoc with little access to specialist services and no dedicated rehabilitation teams.

Three new 20-bed inpatient rehabilitation centres will be built across the District; in the South East Regional Hospital (2016), Moruya Hospital (2014) and Goulburn Base Hospital (2013). The NSW rehabilitation model of care (developed in line with the Council of Australian Governments objective to enhance the provision of subacute services) will be introduced across different care settings; acute inpatient, sub-acute inpatient ambulatory care, ambulatory care outpatients and home based service and outreach from the specialised rehabilitation units.

Key Actions:

To introduce a rehabilitation model of care across the District

- Construct and establish three sub-acute units in Bega Valley, Eurobodalla and Goulburn (currently in planning or construction phase).
- Implement the NSW rehabilitation model of service across different care settings; acute inpatient, sub-acute inpatient ambulatory care, ambulatory outpatients and home base, and outreach from the specialised rehabilitation units.
- Review cross border linkages e.g. access to thrombolysis and stroke units / support for amputees.
- Establish a rehabilitation clinical network to inform education requirements and provide a forum for clinical support and sharing of ideas e.g. intranet site established with models of care, E-learning, pathways and management plans.
- Develop a District wide pathway for stroke.
- Implement findings from the The Agency for Clinical Innovation audit of stroke patient journey (Bega, Eurobodalla).
Mental Health acute inpatient services are provided at the Chisholm Ross Centre in Goulburn (20 beds), and at Bega Hospital (6 beds). Inpatient rehabilitation services (22 beds) and inpatient psychogeriatric services (32 beds) are provided at Kenmore Hospital Goulburn. Transitional Behavioural Assessment and Intervention Services for the behavioural and psychological symptoms of dementia are provided at Giles Court on the Bourke St campus in Goulburn (16 beds). Community Mental Health services are provided across the District by teams based in Goulburn, Queanbeyan/Yass, Cooma, Pambula and the Eurobodalla.

A lack of staff specialist psychiatrists is a major gap in the service. However, the service is supported by a team of VMO psychiatrists, including psychiatrists with sub-specialties in child and adolescent, adult and aged psychiatry.

The service contracts non-government organisation to provide Housing Accommodation and Support (HASI), Personal Helpers & Mentors (PHaMs) and Resource & Recovery services across the District. The Mental Health AccessLine service is provided under contract by Medibank Health Solutions Pty Ltd.

As the District has a low mental health bed base relative to the rest of NSW, acute Adult Mental Health beds will be expanded. Chisholm Ross at Goulburn will expand to 32 beds and the new South Eastern Regional Hospital will see 20 Mental Health beds developed in the Southern end of the District. While the District does not have any specialist Child and Adolescent Mental Health Beds it will continue to strengthen pathways for the admission of children and adolescents to tertiary specialist catchment units in Shellharbour, Orange and tertiary units in Sydney. The majority of Mental Health services will continue to be delivered via community mental health services, with assertive community based care and short length of inpatient stay.

Mental Health services aim to promote the mental health of the local population, preventing where possible the onset of mental illness, and where it does occur reducing the impact of mental illness on individuals, families and the community.
Key Actions:

To provide age appropriate, consumer centred and recovery focussed mental health care seamlessly integrated with primary care and general health services.

- Develop a sustainable model of care for mental health crisis response that is functionally integrated with emergency departments, the mental health and drug & alcohol intake service, and Community Mental Health and Drug & Alcohol teams and includes the review of the current Mental Health Emergency Care Service (MHECS).
- Enhance the acute inpatient journey for mental health consumers focusing upon: improved referral pathways and assessment processes; greater family and carer involvement; use of contemporary treatments guided by Clinical Practice Guidelines; and better planning and coordination for transfer of care.
- Reduce the need for hospitalisation and provide more intensive support to high risk Child and Adolescent Mental Health Service (CAMHS) consumers in the community through implementation of the Assertive CAMHS Team.
- Explore opportunities for cooperative and innovative service models to better meet the needs of young people with emerging or first episode psychosis.
- Improve the ease of transitioning between service settings for young people (i.e. between child and adolescent and adult services).
- Implement the NSW Mental Health Services Competency Framework (in draft); the NSW Child and Adolescent Mental Health Services Competency Framework; Specialist Mental Health Services for Older People Competencies for Beginning Practitioners and other relevant competency frameworks.
- Strengthen partnerships with the Southern NSW Medicare Local and other non-government organisations involved in the delivery of care to mental health consumers via programs such as the Partners in Recovery Initiative.
- Reduce the disproportionately high rate of adverse physical health outcomes for people with mental illness by implementing targeted strategies in collaboration with other key stakeholders that address the high incidence of cardiovascular disease, cancer, respiratory disease and metabolic disease. The possibility of strengthening links with existing chronic care programs and aged care services will be explored.
- Further develop the competencies of the mental health workforce to deliver effective care to consumers in collaboration with other key service providers.
The Drug and Alcohol service operates under a harm minimisation philosophy. The service aims to reduce the harm caused by the use of alcohol and other drugs by responding to all kinds of use and patterns of harm using a wide range of approaches. The services provided are evidence-based in line with current best practice and include community counselling and psychosocial interventions, withdrawal management, opioid treatments including methadone and buprenorphine, other pharmacological treatments, court diversion programs, and community education and health promotion.

The service in-reaches to the hospitals in the District to support planned hospital based withdrawal as well as unplanned withdrawal among medical and surgical patients.

Services are provided across the District by teams based in Goulburn, Queanbeyan/Yass, Cooma, Bega Valley and the Eurobodalla.

There are no specialist inpatient detoxification services or residential drug and alcohol rehabilitation programs within SNSW LHD, clients are referred to the Australian Capital Territory and other centres in NSW when specialised services are required.
Key Actions:

- Expand coverage and uptake of the RU Over It Campaign via strategies such as the development of a smart phone application.
- In partnership with NSW Department of Primary Industries, NSW Transport Roads and Maritime Service explore opportunities to increase the scope of the Drink Drive Prevention Program to include drink driving/drink boating among fishermen and water users.
- Ensure that all Drug and Alcohol clinicians are competent to deliver at least one evidence based psychosocial intervention (i.e. motivational interviewing).
- Facilitate access to a greater range of treatment options for opioid dependent consumers via strategies that strengthen clinical pathways, improve collaboration with private pharmacies, and better support consumer treatment goals (including implementing relevant changes identified in the review of the Opioid Treatment Program).
- Further strengthen the relationship between Drug and Alcohol Clinicians and their local hospitals to improve the capacity of hospital staff to identify and deal effectively with Drug and Alcohol issues, including improving withdrawal management.
- Review the implementation of the Clinical Guidelines for the Care of Persons with Comorbid Mental Illness and Substance Use Disorders across the LHD and develop a coordinated communication and implementation strategy to re-invigorate uptake of the guidelines.
- Implement the recommendations from the Consumer Engagement in NSW Drug and Alcohol Treatment Report to increase opportunities for consumer and carer input into service planning, development and improvement processes.
A range of Community Health Services are provided across the District, both centre based and on an outreach basis. Models of service delivery include a mix of generalist, specialist and program funded services including Aboriginal health, chronic disease management, aged services, wound care, cardiac and pulmonary rehabilitation, palliative care, diabetes education, tuberculosis, cancer care, palliative care, women’s health (cervical screening and breast care) sexual assault services, child protection counselling, dental, child and family nursing, immunisation, infant hearing and preschool sight tests.

All allied health services (allied health assistants, audiology, dietetics, occupational therapy, physiotherapy, psychology, social work and speech pathology) continue to provide a mix of hospital in-reach and community based services.

Mapping of services has revealed an inequitable access to services within the LHD due mainly to the historical approach to service provision in the past. There are gaps in services for carers, targeted youth health services and an absence of Hospital in The Home services in the Queanbeyan region. It has also been identified that the lack of a coordinated intake services across all sites adds to the difficulty of people accessing the services. Gaps in allied health service provision capacity are compounded by the significant hospital in reach role – this is most apparent in the provision of generalist child and youth health services. Social work services however have limited hospital in-reach due to historic minimal staffing levels.

The national health reforms will continue to inform Community Health’s development of service priorities that reflect its historical role in prevention and early intervention as well as its emerging role in hospital demand management for people with chronic and complex health conditions.

Where prescribed and where clinically appropriate, services and costs will be transferred to external agencies such as the Southern NSW Medicare Local and nominated non-government organisations. Services that have been provided to clients who clearly meet the eligibility criteria for assistance through other government departments such as NSW Family and Community Services, Ageing Disability and Home Care or the Commonwealth Department of Health and Ageing will also be re-directed. Consideration will also need to be given to community health’s continued participation in the delivery of Home and Community Care (HACC) funded services, with the commencement of an open tender process for social support services from July 2013.
11.10 Community Health Services

Key Actions:

To develop models of care that support integrated and seamless care for clients and carers across acute and community health settings

- Develop a community health service strategy that reflects changes prescribed by both the National Health Reform Agreement (NHRA) and the National Primary Health Care Strategic Framework and clearly states community health service priorities.
- Work to achieve the NHRA prescribed service integration with GP Aboriginal Medical Services, non-government organisations and private primary health providers.
- Through the governance of the SNSW LHD and SNSW ML Operational Meeting, formalise service collaboration with the SNSW ML, implement agreed service redesign and where clinically appropriate, service redirection to the SNSW ML.
- Redesign the delivery of community health aged care, chronic disease care programs, Hospital in the Home (HITH), Transitional Aged Care Packages (TACP), Aged Service Emergency Team (ASET) and Aged to Acute Rehabilitation Care (AARC) to ensure internal service integration and remove program and service silos.
- Develop strategies to ensure the Chronic Care Program targets are met.
- Support the reduction in avoidable admissions through improved integration of chronic disease, aged care and rehabilitation services.
- Enhance the competencies of nursing, allied health, Aboriginal health and oral health clinicians through improved engagement with Clinical Nurse Consultants, Allied Health Educator and Allied Health Advisors.
To provide appropriate assessment, early intervention and support for families and their children

- Work with SNSW ML to improve services for young people.
- Provide an integrated service to vulnerable children, young people and families by working collaboratively and in partnership with government and non-government agencies/workers as well as across the Violence Prevention and Care programs and other District services.
- Target violence prevention, child protection and wellbeing education to meet the needs of staff across the District in accordance with the child protection training strategy.
- Continue to implement the “Model Pathway for the Comprehensive Health and Developmental Assessments for all Children and Young People entering Out of Home Care” 2010-2011. The implementation of this model pathway being guided by the “Clinical Practice Guidelines for the Health Assessment of Children and Young People in Out of Home Care”.
- Work collaboratively with the other Joint Investigative Response Team (JIRT) agency partners and with District services to reduce the emotional trauma for children, young people and their families in matters where there is a criminal investigation of child abuse.

To improve access to Community Health services

- Redesign the community health organisation structure so that it clearly describes service outreach and clinical support responsibilities from small to large sites.
- Develop a single intake service to improve access to community health services.
- Work in partnership with information management and information technology to ensure readiness for the anticipated roll out of the electronic community health medical record.
- Explore opportunities to improve access to community health services through changed service hours and the utilisation of Telehealth technology.
Aboriginal Health Education Officer/Aboriginal Hospital Liaison Officers (AHEO/AHLO) undertake health education addressing illness prevention and promotion of healthy lifestyles; hospital consultations for inpatients and post discharge follow up to ensure that all their needs are being met and to give support as needed to patient and family; and facilitate a range of community based health programs.

There are three main programs:

- **KMAP (Koori Maternity Access Program)** – an outreach program from Queanbeyan, Moruya and Bega (Bega managed by Katungul Aboriginal Medical Service, funded by SNSW LHD) that supports Aboriginal women to receive antenatal and postnatal services to improve Aboriginal perinatal outcomes.

- **Building Strong Foundations at Batemans Bay** provides culturally appropriate child and family primary health services to Aboriginal children from birth to school age and their families including prevention, health education and promotion, community development or well-being issues affecting the child or parents/ capacity to provide a safe, nurturing and stimulating environment for the child.

- **MSOAP ICD (Medical Specialist Outreach Access Program for Indigenous Chronic Disease)** - (Aunty Jeans) facilitated from community settings with strong partnerships with non-government service providers. The program provides exercise, dietary education and food preparation to address diabetes and heart disease, diabetic education, social work support for carers and clients and those identifying mental health issues.

**Key Actions:**

- Provide opportunities for staff to engage in professional development, education and training to ensure that all employees have the skills and competencies to undertake all duties as per contracts.
To address gaps identified within the service

• Work with Connecting Care Program to ensure engagement of Aboriginal clients with chronic disease.
• Continue to screen Aboriginal children for Otitis Media and refer to clinics. Train additional staff in Otitis Media screening to meet the screening needs of the Aboriginal communities across the LHD.
• Investigate provision of ENT surgery locally for those identified by otitis media screening
• Work with local sites to establish appropriate information to undertake face to face training in Cultural competencies.
• Implement Quite For New Life to reduce rates of smoking during pregnancy.
Oral Health services are managed as a clinical network across Southern NSW and Murrumbidgee LHDs. The service is supported across both LHDs by an Oral Health Manager, Clinical Director, an oral health promotion/development officer and an oral health IT system. There is one intake service for the two Districts.

To be eligible for adult services clients must normally reside within the District, be eligible for Medicare, be 18 years or over and hold (or be listed as dependent) a Health Care, Pensioner concession or Commonwealth Seniors Health Care. To be eligible for children’s services, the child must normally reside in the District, be eligible for Medicare and be less than 18 years old. The services target emergency situations, those in most need, dental education and oral health promotional services.

In SNSW LHD there are 6 Oral Health Clinics, at Yass, Queanbeyan, Pambula, Moruya, Goulburn and Cooma, providing both Adult and Children’s Oral Health Services (0 to 17 years). The majority of adult services are provided by Dental Officers, with the majority of Children’s services by Dental Therapists. Services are supported by the Oral Health Fee for Service Scheme (vouchers) which enables eligible patients to access services via participating private practice providers in their local areas. Oral Surgery is provided at Queanbeyan Hospital with an oral Surgeon twice a month and Paediatric Dental Specialist provided quarterly.

The National Partnership Agreement for adult public dental services will see more funding from July 2014 to allow the public system to reduce waiting times and move away from the focus on emergency cries management to prevention and oral health promotion. Under the Flexible grant program there will be funding to upgrade dental infrastructure.
Key Actions:

- **Establish, in partnership with the Centre for Oral Health Strategy, additional dental and oral health therapist positions, supported with appropriate infrastructure and improve the distribution and skill mix in the public sector workforce.**
- **Continue to work with local governments to introduce fluoride into local water supplies and implement strategies to provide fluoride into communities where water fluoridation is not feasible, especially Aboriginal communities.**
- **Implement an integrated risk factor approach to oral health promotion that capitalises on key initiatives such as the Healthy Children Initiative.**
- **Provide support to other health promotion campaigns that include common messages around alcohol, smoking, consumption and reduction of sugary drink and food.**
- **Continue to support parents/carers to implement good oral health practices with their children through the Early Childhood Oral health program.**
- **Integrate oral health promotion within existing early childhood and out of home care programs and ensure integrated oral health promotion programs are appropriately tailored to those with special needs, Aboriginal and Torres Strait Island People and older people.**
- **Work with the Centre for Oral Health Strategy to identify and address inadequacies in existing models of care and incorporate an evidence-based preventive and therapeutic approach to service provision.**
- **Investigate ‘hub and spoke’ model as a model for Queanbeyan to deliver outreach services to Cooma and/or Yass and/or Goulburn.**
- **Encourage greater participation by private sector dentists in the treatment of public clients.**
- **Establish targeted models of care for identified groups which encourage client centric service provision and prevention and integration with other healthcare and community services.**
Population health services are provided through either the Public Health or Health Promotion function.

Health promotion priority programs are implemented by health promotion staff located at SNSW LHD sites. Key relationships include SNSW ML; extensive involvement with preschool and school settings; communities and volunteers through the Falls Prevention Program and acute setting working parties. Contracted services deliver the Go4Fun program. Gaps identified in the service include actions to support the Aboriginal Tobacco Control program and the recruitment actions to ensure participation in the Go4Fun program.

The public health service is managed as a shared service hosted by Murrumbidgee Local Health District and provides Health Protection Services. Staff are geographically located across both LHD’s. In the context of this health care services plan, public health operations include; Infectious diseases surveillance and response, immunisation, environmental health, public health emergency management and HIV and related programs.
Key Actions:

**Health Promotion will continue implementing priority programs**

- Healthy Weight programs focusing on the early childhood and primary school settings. Munch & Move, Live Life Well @ School, Crunch & Sip, Fresh Tastes @ School and a community based program Go4Fun.
- Falls Prevention programs focusing within the community, acute and sub-acute settings offering low to high risk programs for people over the age of 65 years. Physical Activity Leader Network, Tai Chi, Stepping on, case finding and hospital avoidance, targeted interventions such as Quickscreen, post-fall care and falls risk screening.
- Tobacco programs focusing within the community and acute setting. Priority strategies for aboriginal communities, groups with high smoking prevalence and reducing second hand smoke.

**Public Health**

- Infectious diseases surveillance and response: control spread of significant infectious diseases in the community by responding to notifiable diseases in accordance with protocols, investigating outbreaks and answering enquiries.
- Immunisation: provide support (technical advice) to immunisation activities undertaken in hospital and community-based health care settings; coordinate the school-based adolescent vaccination program in accordance with NSW Health protocols.
- Environmental health: undertake regulatory work and provide education/information in relation to the enforcement of the Public Health Act, Public Health (Tobacco) Act and Smoke-free Environment Act; respond to enquiries in collaboration with local government; review health risk assessment and provide health advice in relation to contaminated sites.
- Public health emergency management: provide the public health component of emergency management at local level and participate in state-wide or multi-area responses as required by the state public health controller.
- HIV and Related Programs: Oversee the governance and clinical supervision of sexual health program delivery, including sexual health clinics, sexual health promotion, hepatitis C treatment services and blood borne virus prevention (needle syringe exchange) program.