

**Submission
No 33**

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

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NSW HEALTH SUBMISSION

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INTRODUCTION

NSW Health operates one part of a comprehensive health system in NSW and Australia. All parts of the health system, including general practice, private specialist care and private hospitals, play an important role in providing health services for NSW citizens. For example, Australians access general practice more often than any other area of the health system, while NSW public hospital services account for approximately a third of the health care spend in NSW. Therefore, holistic health care planning is essential.

Like many health systems around the world, NSW is responding to challenges and changing environments. Patients and the community now have greater expectations and understanding of the care that they need and what they expect from the interactions with the health system. Delivering care has become increasingly demanding and complex with growing pressures from high rates of chronic disease and an ageing population. The system is also impacted by rising health costs and rapid changes from new technologies and digital disruption.

With respect to public health services provided by NSW Health, it is an exciting and historic era of development for health services in the south-west Sydney growth region, and South Western Sydney Local Health District (SWSLHD) in particular. With almost \$3 billion committed to hospital redevelopments, plus research and innovative health care strategies, SWSLHD is well positioned to serve the health care needs of the growing community. SWSLHD is one of the largest local health districts in NSW, with an estimated population of over 1 million residents. South western Sydney communities make up approximately 12 percent of the NSW population and are as diverse as they are large, with around 51 per cent of residents speaking a language other than English at home, and over 16,000 residents identifying as Aboriginal or Torres Strait Islander.

There is substantial growth projected over the next twenty years, development of new housing estates in many parts of the LHD, urban infill in more developed local government areas as well as the strategic planning for the greenfield land around the western Sydney Aerotropolis. As a result of forecast growth in demand for a range of health services, the NSW Government has committed significant health infrastructure funding in south west Sydney. This investment and the associated redevelopments will provide opportunities to improve the quality of health services, methods of service delivery and models of care.

Developing a diverse health infrastructure portfolio in the area will position NSW Health to respond and adapt as clinical and service planning continues to evolve to include digitally-enabled care

strategies and virtual health, community based care in local health centres, greater care in people’s home , as well as care in the acute hospital setting. Capital investment will need to enable a range of care options for patients and the community – including in the home, in the community and in hospital. While physical hospitals will continue to be important for healthcare, more virtual care options will need to emerge and be supported through new technologies. The ability of the system to respond to Covid-19 has highlighted this.

A commitment to research and clinical trials will also see more innovative health care practices which will benefit the community by keeping people healthy and out of hospital as well as providing access to the most current treatments available.

Providing quality health services in the south west Sydney growth region now and into the future is a key focus for NSW Health. NSW delivers high quality care and outcomes for the people of NSW. By global standards, the NSW healthcare system delivers safe and high quality care, and our population is considered among the healthiest in the world. Australia’s health system is also one of the most efficient and equitable in the world, ranking fifth of 163 countries on Bloomberg’s 2017 Healthiest Country Index. Patient perception of healthcare in NSW is positive, with the Bureau of Health Information reporting 93 per cent of patients saying overall the care they received in hospital was ‘good’ or ‘very good’. NSW Health is committed to building on this and to improve health outcomes and experiences of patients and the community into the future.

A) AN ANALYSIS OF THE PLANNING SYSTEMS AND PROJECTIONS USED BY NSW HEALTH IN MAKING PROVISION FOR HEALTH SERVICES TO MEET THE NEEDS OF POPULATION GROWTH AND NEW SUBURBS IN THE SOUTH-WEST GROWTH REGION

Planning systems for SWSLHD are articulated through the planning principles set out in the *SWSLHD Strategic Plan 2018-2021*. The *Strategic Plan* is informed by an in-depth population health needs assessment. The needs assessment process includes modelling and forecasting activities to inform future morbidity (including prevalence and incidence) and projecting the future demand for health services. The current needs assessment can be accessed at:

<https://www.swslhd.health.nsw.gov.au/planning/swslhdcommunities.html>

Projections for the health service needs of the growing population are developed through projection tools and guidelines provided by the Ministry, combined with sources including the health needs assessment mentioned above and from population projections provided by the Department of Planning, Industry and Environment (DPIE).

The 2019 DPIE population projections predict significant growth in south western Sydney over the 15 years between 2016 and 2031. This is due to the high number of births and development of new housing estates in many parts of the LHD, urban infill in more developed LGAs, as well as the strategic planning for the greenfield land around the western Sydney Aerotropolis.

Particularly high growth is expected in the following areas:

- Camden LGA - additional 99,808 people or an increase of 124 per cent
- Liverpool LGA - additional 116,465 people or an increase of 55 per cent
- Wollondilly LGA - additional 16,528 people or an increase of 33 per cent
- Campbelltown LGA - additional 50,798 people or an increase of 31 per cent

Along with projected population growth and ageing, the activity projections provided by the Ministry are based on previous trends in activity and adjusted for recent technological innovation and clinical practice changes. In 2017, the Ministry commissioned a review to ensure methodologies employed are best practice and consistent with processes used across the NSW Health system. The review was guided by an expert advisory panel to validate the methodology employed. It confirmed that the methodology is in line with international best practice, including modelling trends in utilisation rates and applying these to population projections.

Activity projections also take into consideration statewide and District level networking of services, the role of individual facilities within clinical networks and the impact of service distribution on quality and safe health service provision for low volume or high complexity services.

When translating activity projections into a comprehensive service response, the District considers a range of service delivery options. This includes hospital based and non-hospital based services, community health, telehealth and other digitally-enabled health models of care, and networking with other providers. NSW Health strategic directions, emerging technology and models of care, changing patient and community expectations, workforce considerations, support services, partnerships, other service enablers and overall system efficiency are all factors that will inform the consideration of options and development of the comprehensive service response.

Through this process, some areas where additional capital capacity is indicated to support future service deliver may be identified. The development of a balanced investment proposal for capital funding is dependent on the thorough analysis of all potential service delivery options and factors as identified above. It will also be supported by assessment of the functionality and condition of the existing health infrastructure, alignment with policy, safety and quality standards, and consideration of opportunities for innovation and partnership.

The planning approach addresses the needs of the growing population ensuring adequate service in all areas of health, acknowledging that responsibility for different elements of the health system is split between state and commonwealth governments. These include identification of primary care (general practice) requirements, hospital-based services by clinical stream, clinical support, community health, population health, non-clinical support and services provided by other service providers.

The *Strategic Plan* is supported by the District's Asset Strategic Plan, a comprehensive assessment of the asset needs of the District over a given timeframe. Supporting growth in south western Sydney planned precincts is priority one in the SWSLHD Asset Strategic Plan 2019. The rationale for projects proposed in the Asset Strategic Plan is outlined in the SWSLHD Care in the Community Clinical Services Plan and local clinical service plans. Significant work has been undertaken in the development of local facility clinical service plans, with extensive clinician and community representative engagement in the process.

It is noted that these processes will change from 2020 to transition to compliance with the NSW Government's Asset Management Policy (TPP19-07), with more focus on enhancing asset management capabilities towards whole-of-asset lifecycle approaches to asset planning and delivery.

B) AN ANALYSIS OF CAPITAL AND HEALTH SERVICES EXPENDITURE IN THE SOUTH-WEST SYDNEY GROWTH REGION IN COMPARISON TO POPULATION GROWTH SINCE 2011

In 2019-20, the NSW Health total budget is \$26.7 billion, including \$24 billion recurrent budget and \$2.7 billion¹ capital budget. It provides an increase of \$1 billion or 4.5 per cent growth over the previous year.

Capital expenditure

The pattern across LHDs for capital expenditure is cyclical and generally informed by a 10 year planning horizon to allow flexibility to respond to changes in how health services are provided. It therefore does not directly correlate to population growth. Capital expenditure should be analysed over a longer timeframe (10-20 years).

The population increase for SWSLHD between 2011-12 to 2018-19 was 14.28 per cent. This corresponds to an average growth rate of 1.93 per cent each year. In recognition of this growth and projected future growth in south western Sydney, major capital investment completed, in progress and announced in the region includes:

- Liverpool Hospital Redevelopment - \$397 million (completed in 2012)
- Campbelltown Redevelopment Stage 1 - \$134 million (completed in 2016)
- Bowral Hospital Redevelopment - \$124 million (first stage due for completion in 2020)
- Campbelltown Hospital Redevelopment Stage 2 - \$632 million (commenced 2019 and to be delivered in stages over a 5 year period)
- Liverpool Health and Academic Precinct - \$740 million (due for completion in 2026)
- Bankstown Hospital Redevelopment \$1.3 billion (announced in 2019)
- Liverpool, Leppington and Bonnyrigg new and expanded ambulance stations were completed under the Sydney Metropolitan Ambulance Infrastructure (SAMIS) program - \$184 million for Sydney (completed in 2018).

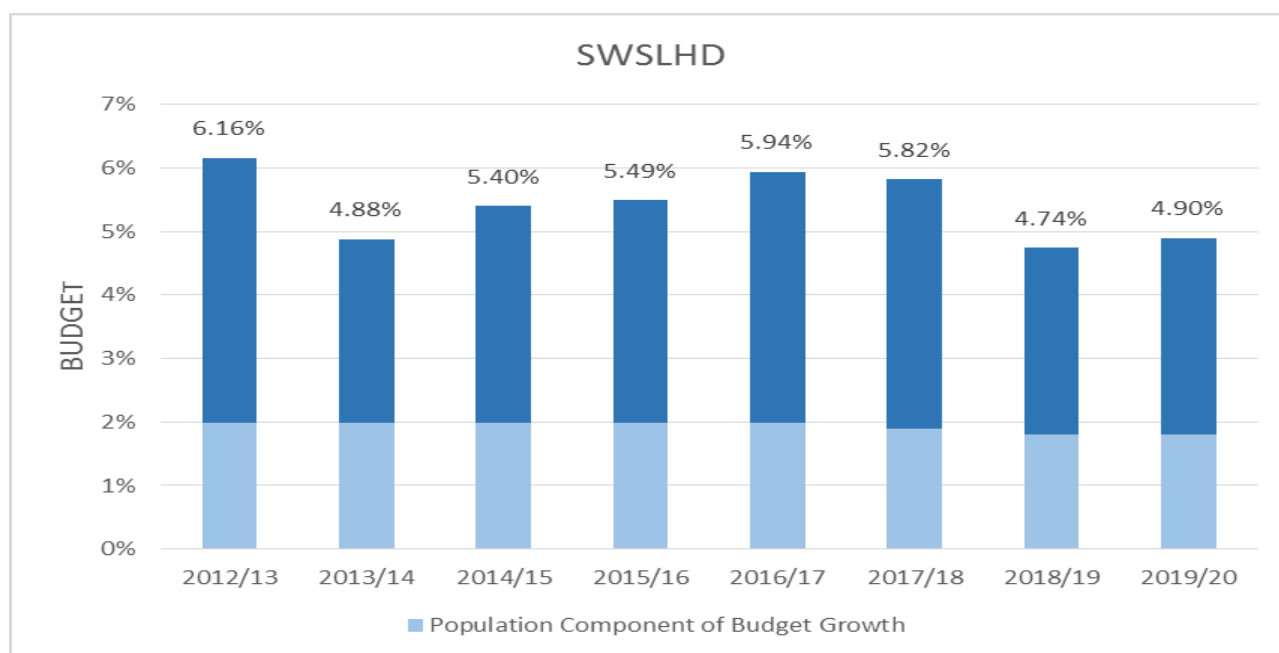
NSW citizens living within the SWSLHD catchment will also benefit from health infrastructure investment in the greater western Sydney area. This includes the more than \$1 billion committed to the Westmead Redevelopment, \$1 billion for Nepean Hospital, \$655 million for the Blacktown and

¹ This includes lease acquisitions and capital expensing from the Ministry of Health's expense budget

Mt Druitt Hospitals Redevelopment, \$619 million for Stage 2 of the Children’s Hospital Westmead, and \$300 million for Rouse Hill Health Service.

Health service (recurrent) expenditure

In 2019-20, the SWSLHD initial expense budget was almost \$2 billion, an increase of almost \$94 million or 4.9 per cent on the 2018-19 annualised budget. The table below shows the annual increase in SWSLHD’s expenditure budget allocation compared to SWSLHD’s annual population growth over 8 years from 2012-13 to 2019-20. For example in 2018-19, SWSLHD received a 4.74 per cent increase in expenditure funding and had a 1.81 per cent increase in population. Year on-year budget growth incorporates population growth, CPI and other escalations (e.g. award increases on salaries and wages), and other specifically funded initiatives.



In order to meet demand, recurrent funding by NSW Ambulance for service delivery in South West Sydney has risen by 79.9 per cent from \$13.3 million in 2011 to \$ 23.9 million in 2019-20.

C) THE NEED FOR AND FEASIBILITY OF A FUTURE HOSPITAL LOCATED IN THE SOUTH-WEST SYDNEY GROWTH REGION TO SERVICE THE GROWING POPULATION AS PART OF THE AEROTROPOLIS LAND USE

Current planning projections identify that the additional volume of public hospital services expected to be generated over the next 20 years does not support the development of a separate public facility. Existing acute facilities in the region are in the A1 Principal Referral (Liverpool and Nepean Hospitals) or B1 Major (Campbelltown Hospital) hospital peer groups, each providing a comprehensive range of emergency and acute healthcare services. Based on NSW Health planning projections, the substantial investment (refer to Section B, Capital expenditure) already committed to these facilities servicing the growth region will meet the growth in demand for hospital services

from the local population to approximately 2036. It is expected that any additional public sector capacity required beyond this point (or due to an uplift in the population projections) will accumulate gradually, and be more efficient if incorporated into future development at those existing facilities (Liverpool, Campbelltown and Nepean Hospitals) and through the development of alternatives to hospital based care (including integrated health neighbourhoods and digitally-enabled care). The development of another public hospital in the area could result in a relatively small facility that would require duplication of administration and support services, and only be able to maintain a limited range of services due to its relatively small volume of activity. International shortages of the relevant health professions also need to be considered in planning for the future, to ensure capital investments can be fully operationalised.

One of SWSLHD's strategies for ensuring the health and wellness of citizens in the context of the growing population, is the creation of Integrated Health Neighbourhoods (IHN). An integrated primary and community care model has long been identified as a future direction for the District. This would provide comprehensive services across primary, community, hospital and other health related services, linked along the continuum to provide seamless patient care. The IHN approach involves a shift from inpatient models to ambulatory, primary (general practice) and community models and non-hospital services to decrease admission rates and length of stay for some groups of patients as well as reduce reliance on hospitals as the major providers of health care.

A proposed feature of an IHN is the Integrated Health Hub (IHHub) which would deliver a comprehensive range of clinical services that can support 'stepped-up care' for local primary care providers and, where possible, outreach models of care for clinical services traditionally delivered from hospital sites. The IHHub approach aims to provide innovative and evidence-based care close to homes and transport links. The contemporary approach of the IHHub provides new opportunities for greater collaboration and skill enhancement of the primary care sector and will be supported by seven day per week services for patients who require frequent care. Hospital based care would remain at the nearby acute facilities (Liverpool and Campbelltown) which are undergoing significant redevelopments to expand and develop services.

A number of potential locations are proposed for IHHubs, one of which is located within the Aerotropolis Core. The Aerotropolis Core IHHub would be a hub for multidisciplinary and specialist medical ambulatory care. The IHHub could offer a mix of complex care services able to be delivered safely and effectively in a community environment. The services provided would be dependent on the needs and size of the local population but may include community health services, renal dialysis, chemotherapy chairs and cancer services, oral health, drug health, mental health and specialist clinic

outreach. A further feature of the Aerotropolis Core IHH would be linked digital health systems which will enable integration across hospital and non-hospital locations.

The preferred location for the proposed Aerotropolis Core IHHub would be a central setting, close to public transport routes, parking and other community amenities. The IHH would ideally be located in the vicinity of the Multi University Campus Western Parkland City and other community and educational services to create synergies advantaged by the closeness of these facilities.

It is noted that based on current population projections, it is likely that the Aerotropolis Core IHHub will not be required until after 2030. Other proposed SWSLHD IHHubs will be required earlier, such as the proposed IHHub at Glenfield. In terms of timeframe, it is important that health specific land is zoned within the proposed strategic centres to ensure that when services are needed, they are located accessibly for the population.

NSW Ambulance undertakes extensive demand projection modelling for emergency ambulance incidents using the same principles and data systems that inform SWSLHD planning. The level of emergency ambulance demand is projected to grow to approximately 90,000 incidents in 2031, a 50 per cent increase on approximately 60,000 incidents in 2018-19.

Under modelling that informs all ambulance infrastructure projects, capacity at Liverpool station is anticipated to be sufficient until 2031.

Future expansion and increase of stations and infrastructure is anticipated to meet the increased demand through the south west corridor. In line with NSW Government policy, NSW Ambulance has a ten year asset plan to 2030 which identifies the need for a major paramedic network station in the South West Sydney growth region. The optimal location for this will be identified based on locations of patients at the point where funding becomes available.

It is also anticipated that additional stations and ambulances will be needed in South West Sydney growth region for the Aerotropolis and will be located where they will have the greatest patient benefit.

D) AN INVESTIGATION INTO THE AVAILABILITY AND SHORTFALL OF MENTAL, COMMUNITY AND ALLIED HEALTH SERVICES

Investment in a range of community based services, including mental health, integrated care for vulnerable and at-risk populations of people with complex health and social needs, child and family services and aged care services is crucial to ensuring the delivery of services to the growing population. These services are provided in both inpatient and community settings.

Mental Health Services

The SWSLHD Mental Health Service (MHS) provides quality mental health care to residents across south western Sydney through a networked approach. The MHS provides inpatient and community mental health services for all ages across the District.

Hospital-based, adult mental health services are located at Bankstown-Lidcombe, Liverpool and Campbelltown Hospitals. Inpatient mental health care for young people between the ages of 11 to 17 years and 17 to 30 years across SWSLHD are provided from Gna Ka Lun Acute Adolescent Inpatient Unit and Birunji Youth Mental Health Unit located at Campbelltown Hospital. SWSLHD MHS has access to subacute beds for older people at Braeside, which is managed by HammondCare.

Inpatient mental health services will be significantly expanded as part of the \$632 million stage two redevelopment of Campbelltown Hospital. The Campbelltown Redevelopment will include a range of mental health inpatient services not previously available across the District. This includes mental health intensive care and civil secure rehabilitation for people with complex mental illness who require care in a secure environment but who are not forensic or correctional patients. There will also be an increase in acute beds to expand the current adult capacity as well as new mental health beds for older people.

The SWSLHD Mental Health Service provides a range of community mental health services in Bankstown, Liverpool/Fairfield and Macarthur/Wingecarribee. Services provided are Aboriginal MHS, Adult and Youth Services, Infant, Child and Adolescent MHS, Perinatal and Infant MHS, Older People's Mental Health Services, Community Participation and Peer Support Services, Mental Health Promotion, Eating Disorders and Gold Card Clinics and some assertive community treatment in Macarthur and Bankstown.

NSW Health services work in collaboration with a number of non-government organisations, government departments and related service providers to provide a framework for comprehensive and coordinated mental health service delivery.

A range of programs are provided to support people with severe mental illness to recover and live in the community. These programs build on the strong evidence base that integrated clinical care, psychosocial support and stable housing can facilitate a range of positive outcomes. These outcomes include reduced hospitalisations, improved physical health and mental health, increased ability to sustain tenancies, enhanced life skills, community participation, independence and relationships.

Programs provided within SWSLHD include:

- the Housing and Accommodation Support Initiative, which has provided services in the area since 2003 and supports a minimum of 131 people in SWSLHD with severe mental illness at any point in time
- the Community Living Supports program, which commenced in 2016 and supports a minimum of 95 people in SWSLHD with severe mental illness at any point in time
- the Mental Health Community Living Supports for Refugees (MH-CLSR) program, which was established in June 2019 and provides trauma-informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers who are experiencing psychological distress, mental ill health and impaired functioning. In SWSLHD, MH-CLSR supports a minimum of 20 consumers.

The Youth Community Living Support Service (YCLSS) delivered by Wellways Australia, is another example of successful government/non-government collaboration in south west Sydney. The YCLSS was established in 2015 and is a state funded program that provides community-based psychosocial support services to young people aged 16-24 years with severe and complex mental illness and their families. Local specialist mental health services work in close partnership with YCLSS staff (including peer workers) to create wrap-around care that meets the complex needs of the young person and family, and reduces time spent in hospital.

Community Health Services

As the SWSLHD grows, the development and prioritisation of community health services is essential. These services are provided through a networked approach in SWSLHD including community based prevention, early intervention, assessment, acute/post-acute treatment, health maintenance and continuing care services.

Integrated care

NSW Health is leading the response to the Premier’s Priority of improving outpatient and community care; reducing preventable hospital visits by 5 per cent through to 2023 by caring for people in the community. The Ministry is supporting six statewide integrated care initiatives to strengthen care provided in the community, improve patient experience and keep people healthy in the long term. The interventions particularly target vulnerable and at-risk populations and people with complex health and social needs. Key initiatives support people likely to be hospitalised in the next twelve months. In addition, Emergency Department to Community will support those that present to emergency departments ten or more times in a twelve month period.

SWSLHD has implemented the Emergency Department to Community initiative. This includes a local medical neighbourhood approach (SWS My Care Partners) delivered in partnership with South West Sydney Primary Health Network.

SWS My Care Partners is a tiered and tailored approach to coordinating care for low acuity patients with chronic and complex needs. The model incorporates coordination of care between the home, primary and community health services and acute care. By year five the project is projected to include 110 practices, with 4,363 patients managed through the partnership.

Vulnerable populations

A range of policies and support services have been developed to support vulnerable populations across NSW through a range of strategies. These client groups include youth and children, culturally and linguistically diverse (CALD) communities, refugees and individuals living with disability -further articulated throughout the submission.

SWSLHD ensures that consumers, their carers and their families can access professional healthcare interpreters when required and that infrastructure is in place to support efficient provision of services. As part of their orientation, Junior Medical Officers and Interns receive information about working with interpreters which is incorporated into their communications modules. All District facilities display posters in multiple locations regarding availability of health care interpreters.

Across NSW, Prevention and Response to Violence Abuse and Neglect (PARVAN) develops policy and supports services for children, young people and adults who are victims of violence, abuse or neglect. Client groups that fall within the focus of PARVAN have high representation within the SWSLHD population and include:

- Victims of domestic and family violence
- Victims of Aboriginal family violence
- Victims of adult and child sexual assault
- Victims of child physical and emotional abuse and neglect
- Adult survivors of child sexual assault
- Children and young people with problematic or harmful sexual behaviours

Paediatric and youth services

The demand for paediatric allied health services has increased, reflective of an increase of 6.8 per cent per year in birthing registrations over the last four years. Estimates indicate that up to half of these births may involve at least one measurable vulnerability, especially with regard to housing insecurity and domestic/family violence. Targeted programs are offered to deliver tailored support for families. At present there is capacity for up to 750 families to receive such support in SWSLHD. A service redesign is being implemented to increase this capacity.

The Child Developmental Assessment Service (CDAS) provides developmental and diagnostic assessments for children from across SWSLHD. In 2019, there was an increase of more than 40 per cent in the referrals to this service.

The paediatric to adult service (P2A) assists young people (aged 14 to 24 years old) with chronic and complex health care needs to transition across to adult services. This service can currently assist 40 to 50 people at a time.

There are also a range of youth health community-based services that provide specialist management of complex health care needs for young people from priority populations identified as vulnerable or facing obstacles to mainstream health services. The top five target populations requiring these services include: socioeconomic disadvantaged youth, sexuality and gender diverse young people, newly arrived/refugee/other people from CALD backgrounds.

Adult care

Overall there has been a 5.9 per cent increase annually in activity across Primary and Community Health over the last four years. Factors influencing this include increased complexity in wound management, which have resulted in a significant increase in occasions of service and Hospital in the Home (HITH) referrals.

The HITH service is based on the safe and effective provision of in hospital type care to people outside of acute settings. The care provided by HITH services range from intravenous antibiotics and medications to injections and anticoagulant (blood) management. The HITH model facilitates the earlier discharge of patients from the hospital and prevent avoidable hospital admissions.

HITH has continued to grow across the service over the five years of operation. The Rosemeadow service in the Macarthur region has seen the most significant growth over that time, and consistently receives approximately 45 per cent of all HITH referrals. Liverpool Community Health has also seen consistent growth over this time, however at a lower rate than Rosemeadow. Fairfield and Bankstown remain more constant. At the same time the presentation rate to emergency departments for HITH consumers has remained low and most often for unavoidable reasons including clinical deterioration.

SWSLHD has consistently used Community Packages (ComPacks). This program was developed to facilitate safe and early discharge of eligible patients from public hospitals by providing access to short-term packages of home supports designed to help patients gain independence and prevent re-admission. In 2018-19, a total of 1,939 patients received a ComPacks package in SWSLHD.

In addition to ComPacks, NSW Health has funded the Safe and Supported at Home (SASH) program. The program delivers non-clinical home supports to clients that are under 65 years old who have not been accepted for participation by the NDIS but have conditions or disabilities that impact their day to day functioning. The program aims to support people in their homes and to prevent avoidable hospital admissions. Since the beginning of the program in October 2018 to February 2020, a total of 533 package (6 weeks) episodes have been delivered to clients in SWSLHD.

It is noted that the majority of services in the community for older persons are funded by the Commonwealth Government. Given the lack of community based services for this cohort, a number of patients require hospital admission to access care.

Allied Health Services

A wide range of allied health services are provided to patients across all age ranges and diagnostic - groups in SWSLHD in outpatient, inpatient and community – based settings. Allied Health Services are person-centred, and where appropriate, the services work in collaboration with a range of disciplines and external providers to provide coordinated multidisciplinary care. These services include physiotherapy, occupational therapy, social work, speech pathology, dietetics, psychology,

podiatry, exercise physiology, diversional therapy and orthoptics. Pharmacy and Radiology are provided at hospital facilities.

Within the south west Sydney region, there is a significant growth in current and projected demand for both public and private allied health services due to ageing populations, high birth rate, socio-economic and changes in service delivery models. There is also increasing community advocacy and expectation to improve access and availability of public allied health services. This is particularly for people who are frail or have chronic disease to prevent hospitalisation.

External factors are also increasing current and projected demand for SWSLHD allied health services including changes in disability care and the need for NDIS assessment and comprehensive care planning, aged care reforms and outcomes from the Aged Care Royal Commission. There are also low rates of private health insurance and a relatively small private allied health workforce which places demand on public services.

Advances in healthcare, such as genomics and radiation medical sciences has also significantly increased demand for smaller allied health professions (e.g. genetic counsellors and radiation medical scientists) and this demand is projected to rise. The current and projected population growth and ageing population has also increased demand for allied health services to manage chronic disease such as diabetes and dementia.

With SWSLHD, alternative models of care to reduce unnecessary hospital admission and ED presentations necessitate a responsive 7 days a week and extended hours service for allied health professions. This is to support discharges and reduce unplanned readmission with an increased focus on inpatient patient flow and community-based services.

E) A COMPARISON OF THE PER CAPITA OPERATIONAL EXPENDITURE ALLOCATED FOR THE HEALTH SERVICES AND HOSPITALS BETWEEN THE SOUTH-WEST SYDNEY GROWTH REGION AND OTHER LOCAL HEALTH DISTRICTS ACROSS METROPOLITAN SYDNEY SINCE 2011

NSW Health funds LHDs through both an Activity Based Funding (ABF) methodology and Block Funding where ABF is not appropriate. ABF represents approximately 85 percent of SWSLHD's annual recurrent budget.

ABF funding is determined on a 'provider' basis (i.e. the facility where the activity is actually undertaken rather than where the patient resides) and not on a population or 'per capita' basis. For example, many patients from within SWSLHD are treated in adjoining Local Health Districts, while SWSLHD provides services for patients residing outside their area.

The NSW Health Purchasing Framework incorporates an **Adjusted Relative Utilisation or 'Equity' component** to account for demographic differences between populations and also to recognise the total existing service capacity provided to a population, i.e. the availability and use of Private Hospital providers by the population for each Local Health District.

For example, North Sydney LHD, South Eastern Sydney LHD and Western Sydney LHD have 49 per cent, 40 per cent and 30 per cent respectively of their total Acute (Inpatient) service activity treated in Private Hospitals and thus require less NSW Health funding per capita. This compares to SWSLHD at 22.7 per cent which is the lowest of all the metro LHDs. (*Data Source: Service Agreement Activity Spreadsheet 2020/21 - NSW Health System Information and Analytics Branch*).

Sub-acute (Inpatient) services have a similar trend with North Sydney LHD, South Eastern Sydney LHD and Western Sydney LHD having 67 per cent, 41 per cent and 41 per cent respectively of their activity treated in a Private Hospital. This compares to SWSLHD at 24.3 per cent which is the lowest of the all the metro LHDs.

On average, approximately 75 per cent of expenditure at public hospitals is spent on acute and sub-acute inpatient services.

F) A COMPARISON OF THE STAFFING ALLOCATIONS AT HEALTH SERVICES AND HOSPITALS BETWEEN THE SOUTH-WEST SYDNEY GROWTH REGION AND OTHER LOCAL HEALTH DISTRICTS ACROSS METROPOLITAN SYDNEY SINCE 2011

Since 2011, the NSW Health workforce has increased significantly. From March 2011 to June 2019:

- the nursing workforce increased by 8,700 full time equivalents (FTE) (22 percent)
- the medical workforce increased by 3,500 FTE (40 per cent)
- the number of intern positions has increased by 257 (33 per cent)
- the number of paramedics increased by 706 (22 per cent).

Over the next four years (2019-20 to 2022-23), a total of 8,300 more frontline health staff will be recruited, including 5,000 nurses and midwives, 1,060 doctors and 880 allied health staff.

SWSLHD has shared in this significant investment in additional frontline health personnel. The table below indicates a 16 per cent increase in FTE employed by SWSLHD over the four year period, June 2015 and June 2019.

LHD Group	LHD	June 2015	June 2016	June 2017	June 2018	June 2019
Metropolitan	SYDLHD	8,931	9,057	9,407	9,529	9,833
	SWSLHD	9,412	9,642	10,066	10,593	10,917
	SESLHD	9,464	9,549	9,762	10,095	10,256
	WSLHD	9,543	9,963	10,372	10,155	10,546
	NSLHD*	8,544	9,049	8,947	8,718	7,931
	SCHN	4,197	4,231	4,380	4,516	4,708
Metropolitan Total		50,091	51,490	52,935	53,605	54,191

Source: Ministry of Health Annual Report data collection

Note: FTE is productive and non-productive only. Overtime FTE is not included

* NSLHD FTE decrease is due to staff transfer to Northern Beaches Hospital

G) AN INVESTIGATION INTO THE HEALTH WORKFORCE PLANNING NEEDS OF THE SOUTH-WEST SYDNEY GROWTH REGION TO ACCOMMODATE POPULATION GROWTH TO 2050

Workforce predictions are reflective of projected population growth, service growth and redevelopments, up to 2031.

To respond to the growing healthcare needs of the south west growth region, a *Workforce Strategic Plan* was developed for 2014-2021. The *Plan* is currently under review, in line with the significant redevelopments, service planning and contemporary models of care. The review is also informed by NSW Health's Health Workforce Plan Refresh 2019.

Key achievements to date under the *Workforce Strategic Plan 2014-21* include:

- Sustainable growth in FTE per annum
- The development of a leadership strategy and leadership development programs for the District's current and emerging leaders
- The development of relationships with partner universities
- The development of an Education and Training Strategic Plan 2015-21 to guide further development of workforce capability and meet identified needs

An agile approach to workforce planning is required, with both ongoing reviews and long-term planning. Current workforce planning is informed by the NSW Health Professionals Workforce Plan Refresh 2019 and large scale consultation with a wide range of stakeholders including planners, clinicians, recruitment experts and consultants, line managers and industry partners.

In recognition of the critical need for workforce planning to accommodate population growth, a SWSLHD Workforce Planning Framework was developed in October 2018. The process involved the expertise of an external consultant, and recruitment is currently underway for a Director of Workforce Planning, with a fulltime appointment to this role expected later in 2020. The initial focus of this role will be on workforce planning for the District's redevelopments through to 2031, followed by longer term planning. This has created opportunities to analyse the current workforce against projected future demand, to ensure SWSLHD continues to service the needs of the community.

All areas of the workforce are being analysed systematically, in line with the redevelopment schedule. Due to open late 2020, the Bowral and District Hospital has undergone a review from HealthShare on the General Services Workforce. The Allied Health, Nursing and Midwifery workforces are currently being analysed with an independent Medical workforce review to commence in April 2020. This process of a systematic review of each of the professional groups will continue across SWSLHD in line with the redevelopment schedule and growth projections. Opportunities to improve delivery with technology and contemporary models of care are being incorporated and where appropriate, creating a multi-disciplinary team approach. Workforce growth will be aligned with community growth and expected health care needs.

Local workforce planning is informed by the NSW Health Workforce Planning Advisory Group. The output of this group, which is a workforce planning model, is expected to be implemented in 2020. This will guide workforce planning for the future health workforce. The creation of local workforce plans to support redevelopments is a focus for facilities and services. Workforce plans created for ongoing redevelopments have been supported by external consultants. Building SWSLHD's own capability in workforce planning is a critical focus, as demonstrated with the imminent appointment of a Director of Workforce Planning.

Multifaceted impacts on workforce planning such as health and population demographics, new and emerging technologies, changing models of care and research and education support the accurate long term projections. NSW Health is responsive to the needs of the communities serviced by LHDs in the consideration of workforce planning. For SWSLHD, this includes consideration of culturally and linguistically diverse groups, the ageing population and low-socioeconomic groups and specific service needs.

Despite the significance of the ageing population, south west Sydney has a relatively young population profile, with 21 per cent of residents under 15 years of age and a further 14 per cent in the 15-24 year age range. This creates an opportunity to attract local residents for the future workforce of the District. SWSLHD has established strong relationships with a number of universities to assist in the development of the future and current health workforce. The partnerships include student placements, teaching and research arrangements, scholarship agreements and collaboration with professional colleges and accreditation bodies. The District is further involved in the development of university curricular. Such partnerships not only ensure the future workforce develops the required skills and knowledge; but also assists in recruitment activities.

The strength of such partnerships was evident in 2019, with over 700 new graduate nurses preferring SWSLHD as their first choice of graduate employer. This was the highest number of first preference among any LHD.

SWSLHD continues to invest significantly in training and development of the current workforce, both through its Centre for Education and Workforce Development (CEWD) and through locally based programs. Partnerships with industry partners will play an important role in the District's redevelopment projects, with significant advancements in research and teaching expected from Liverpool Health and Academic Precinct.

Emerging technologies and their prominence in the delivery of health services will also impact the future workforce, requiring new skills and capabilities. Advances in digitally-enabled care to support community based care will see the application of new technologies to health care practice. This will positively impact labour demands. Examples of such advances include:

- Asynchronous visits (clinical/patient interactions that occur at different times)
- Patient management, navigation, monitoring, alerts, adherence, self-management
- Digitally-enabled consults involving the multidisciplinary team
- Digitally-enabled training and education
- Wearable health monitoring devices.

Additionally, SWSLHD has launched a cultural competency training program to promote and improve cultural responsiveness of the current workforce.

Leadership capability has been identified as a critical capability in leading safe, quality, consistent and sustainable care. The development of current and future leaders is a key focus of the District's local *Transforming Your Experience* strategy. In addition to local programs and strategies, the District continues to work with NSW Health in the development of a talent strategy, to identify and develop senior leaders equipped to lead the future health workforce.

H) A REVIEW OF PREVENTATIVE HEALTH STRATEGIES AND THEIR EFFECTIVENESS IN THE SOUTH-WEST SYDNEY GROWTH REGION SINCE 2011 AND THE REQUIRED INCREASE IN FUNDING TO DEAL WITH CHILDHOOD OBESITY

Prevention plays a key role in keeping people healthy and out of hospital. Investment in public health programs that support people to live healthier, more active lives that reduce the burden of chronic disease is critically important. The significant economic burden associated with preventable disease provides an economic rationale for action to reduce the prevalence of lifestyle-related risk factors.

Population Health services in SWSLHD aim to protect and promote the health of the local population. This is through collaboration with partners to deliver a comprehensive range of high quality, evidence-based health services. Population Health is a multidisciplinary service of six units: BreastScreen, Health Promotion Service, Healthy People and Places Unit, Public Health Unit, NSW Refugee Health Service (statewide service) and Centre for Health Equity Training, Research and Evaluation (CHETRE - UNSW affiliated associated service).

Childhood overweight and obesity

In NSW in 2018, more than 1 in 5 children (24 per cent) aged 5–16 years were overweight or obese, of whom 75 per cent were overweight and 25 per cent were obese (estimate not available at an LHD level). Between 1985 and 2004, the rate of childhood overweight and obesity more than doubled from 11 per cent to 25 per cent. Since 2007, the rate of childhood overweight and obesity has been stable in NSW – a pattern that has been found in three independent surveys over the last decade. While rates of childhood overweight and obesity are stable, they remain high with overweight and obesity continuing to be a serious public health issue.

In 2018, 58.8 per cent of adults aged 16 years and over in SWSLHD were overweight or obese. This rate has been relatively stable over the past 10 years with 56.4 per cent of adults in SWSLHD overweight or obese in 2009.

The NSW approach to healthy eating and active living is evidence-based, comprehensive and sustained. Programs are delivered across the life stages from early childhood to older adults. Programs are delivered at scale to meet state and local needs. Our programs are effective and monitoring and evaluation assess the impact of services to adapt and respond to community needs.

Food and physical activity environments are being changed to support people to make healthier choices. There will also be an increasing role for clinicians to include training and engaging with health professionals to provide advice for families with children who have health and weight issues. Social marketing strategies support community behaviour change.

During the term of the Premier’s priority on childhood obesity (2015-2019), the SWSLHD became a focus area for intensified program delivery. SWSLHD was selected due to its high burden of overweight and obesity, rapidly growing population and demographics (including low socio-economic status, high Aboriginal population and culturally diverse communities).

Addressing overweight and obesity requires a population approach, focusing on preventing unhealthy weight gain through healthy eating and adequate physical activity. The local comprehensive, integrated and inter-sectoral approach adopted by SWSLHD is strongly aligned to complement the broader healthy eating, active living approach being delivered state-wide. This is aligned with the additional aim of developing new, locally relevant, community-based initiatives. The local responses are Growing Healthy Kids in South Western Sydney (GHK-SWS) and Campbelltown – Changing our Future projects. NSW Health funds the Campbelltown – Changing our Future project through the Translational Research Grants Scheme.

Growing Healthy Kids in South Western Sydney is a regional multi-component whole-of-government approach to childhood overweight and obesity which focuses on early childhood and school settings, community-based programs, routine screening and assessment. In keeping with the evidence, a systematic, sustained, comprehensive portfolio of cumulative initiatives, delivered at scale, is likely to be the only effective way of tackling overweight and obesity.

NSW Health supports SWSLHD with the design, implementation and evaluation of the GHK-SWS action plan. Physical Activity, Nutrition and Obesity Research Group (PANORG) at the University of Sydney is also providing ongoing support to SWSLHD for the evaluation of GHK-SWS.

SWSLHD’s approach to implementing state-wide childhood overweight and obesity programs has been consistent and comprehensive. The NSW Healthy Children Initiative delivers evidence-based programs across a range of children’s settings, including in childcare (Munch & Move), primary schools (Live Life Well @ School), a community treatment program (Go4Fun - for children above a healthy weight and their families) and junior community sports (Finish with the Right Stuff). These programs positively influence the food and physical activity environments in early childhood services, primary schools and the community.

The Healthy Children Initiative programs have strong reach and sustained impact in the SWSLHD, with 89 per cent of centre-based childcare services and 42 per cent of family day care service providers in SWS having participated in Munch and Move training and 80 per cent of primary schools participating in Live Life Well @ School.

In south west Sydney, a total of 2,553 children and families have participated in the Go4Fun program to support them to adopt a healthy lifestyle. Programs are adapted to respond to community needs. Go4Fun online has been developed to facilitate access for families who are unable to attend a face to face version of the program. There are 39 families from SWSLHD that have participated in this online program. A culturally adapted Go4Fun program has been developed for Aboriginal families. There have been 78 local Aboriginal children and families that have participated in this program in SWSLHD.

In 2016, the Get Healthy Information and Coaching Service[®] was enhanced to include Get Healthy in Pregnancy to support women in achieving a healthy gestational weight. Get Healthy in Pregnancy is available statewide in all 74 public maternity sites and 47 Aboriginal Maternal Infant Health Services and Building Strong Foundation sites in NSW. In SWSLHD, a total of 2,015 women have been referred to Get Healthy in Pregnancy in 2019-20.

All children who come into contact with NSW Health facilities should have their growth assessed routinely as part of good clinical care. Implementation of routine growth assessments is strongly supported in the SWSLHD. A dedicated Clinical Nurse Specialist has been appointed to support the implementation of growth assessments for children. Those who are reaching above or below a healthy weight range are given appropriate care and referrals.

Online and face to face training has been provided to SWSLHD staff to measure children's growth accurately and provide the most appropriate support following a growth assessment. Since the project started in June 2017, a total of 1,098 staff have completed the Weight4KIDS online modules and 302 staff have completed face to face training.

From 1 July 2018 to 31 December 2019, the proportion of children who had their growth assessed in SWSLHD increased from 52 per cent to 67 per cent. In SWSLHD paediatric inpatient wards, the proportion of children with growth assessed increased from 51 per cent to 81 per cent.

For children aged 7 to 13 years who have had their growth assessed and are above a healthy weight, clinicians are recommended to offer a referral to the Go4Fun program. In SWSLHD, from 1 July 2018 to 31 December 2019, a total of 195 health professional referrals were made to Go4Fun. In 2019, the

Growing Healthy Kids Weight Management Service was established. This service provides community based clinical care and treatment for children who are well above a healthy weight and their families.

Other areas of focus in SWSLHD:

Smoking and tobacco control: Programs focus on populations with higher smoking prevalence including Aboriginal and some cultural groups, smoking in pregnancy for women having Aboriginal babies, Aboriginal tobacco use and a Vietnamese Tobacco Project, compliance with public health legislation that regulates the sale of tobacco products and exposure to smoking.

Physical activity and healthy eating: Programs include walking groups, falls prevention programs, water promotion campaigns, Arabic healthy lifestyle project and food security programs including school breakfast clubs and community kitchens.

Mental wellbeing: Actions focus on improving mental health literacy and resilience both in adults and children/young people and promoting social inclusion.

HIV and blood borne viruses: Programs focus on preventing and reducing sexually transmitted infections, Hepatitis B and C transmission, needle and syringe exchange, promoting diagnosis and treatment uptake and services for priority populations.

High school immunisation with HPV and DPT: Providing immunisation services for human papillomavirus (HPV), diphtheria, pertussis (whooping cough) and tetanus (DPT) and other priority vaccines best delivered to an adolescent age group.

Surveillance and control of notified infectious diseases: including response to whooping cough, measles, influenza, and emerging threats such as COVID-19.

Healthy places: Working collaboratively with local government and other partners to develop joint initiatives and quality planning including access to open space, physical connectivity, access to healthy food, social cohesion.

BreastScreen NSW: providing free screening mammograms for the early detection of breast cancer in south western Sydney. The program provides a service to asymptomatic women aged 50 to 74 on a two-yearly basis. Screening is provided through four fixed sites in Bankstown, Liverpool, Campbelltown and Bowral and mobile screening units.

Refugee health: Providing navigation, health promotion and health services to, and increasing health literacy of, NSW Refugees (many of whom settle in south west Sydney).

I) A COMPARISON OF CLINICAL OUTCOMES FOR PATIENTS IN THE SOUTH-WEST SYDNEY GROWTH REGION COMPARED TO OTHER LOCAL HEALTH DISTRICTS ACROSS METROPOLITAN SYDNEY SINCE 2011

The delivery of the highest quality and safe care is a key priority of the SWSLHD Board and Executive. This is demonstrated through the introduction of *Transforming Your Experience (TYE)* in 2017. *TYE* empowers staff through the provision of a range of tools and strategies with a focus in:

- The implementation of patient care boards in all inpatient unit
- The roll out of follow up phone calls for high risk patient
- The implementation of a range of management tools including Executive Leader Rounding, Leader Rounding, CORE Chat and TYE Leadership programs and
- The implementation of My Experience Matters, a patient experience survey which provides timely patient experience data.

Elective surgery and emergency department performance

There were over 229,000 admissions from the elective surgery waiting list in NSW public hospitals during 2018-19. The percentage of patients who receive their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery) and 96 per cent for category 3 (non-urgent surgery).

South Western Sydney LHD Access and Performance 2011-12 to 2018-19

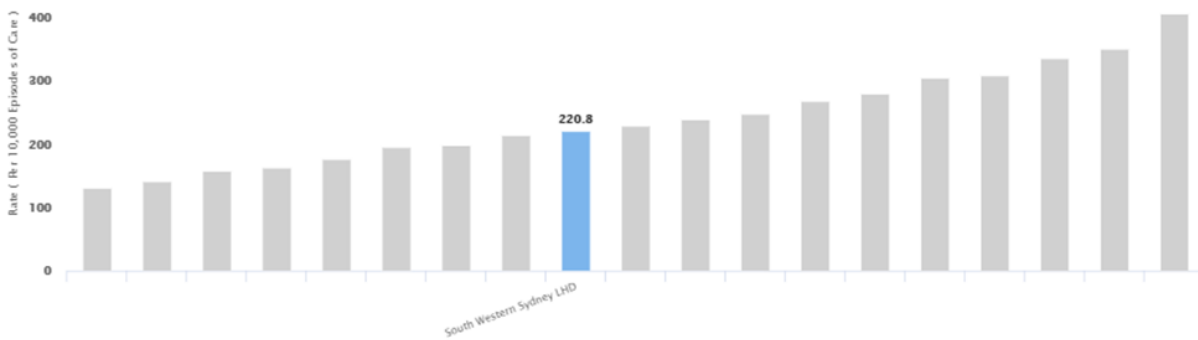
	Elective Surgery		Emergency Department		
	Elective Surgery Volume	% Admitted in Clinically Recommended Time	Total ED Attendances	% Treatment Completed within 4 Hours	% Treatment Commenced in Clinical Benchmark Time
2011-12	21,380	90.5%	231,438	48.0%	78%
2012-13	21,408	93.6%	237,603	56.5%	80%
2013-14	21,702	98.5%	249,769	66.3%	82%
2014-15	21,231	98.7%	257,860	68.4%	80%
2015-16	21,872	97.1%	267,177	68.0%	83%
2016-17	22,621	98.5%	271,025	67.7%	83%
2017-18	22,857	98.7%	284,379	64.1%	81%
2018-19	23,215	98.5%	300,867	61.1%	79%

In SWSLHD, there were over 23,000 admissions from the elective surgery waiting list during 2018-19, an increase of 8.6 per cent since 2011-12. Despite this increase, the LHD has improved the percentage of patients admitted for elective surgery within clinical benchmark times by 8 percentage points to 98.5 per cent.

There were over 300,000 attendances at emergency departments in SWSLHD in 2018-19, an increase of almost 70,000 since 2011-12, up by 30 per cent. The performance of emergency departments in the LHD has improved, with the percentage of patients with treatment completed within four hours increasing from 48 per cent in 2011-12 up to 61.1 per cent in 2018-19. The percentage of patients commencing treatment in clinical benchmark time has also improved up from 78 per cent to 79 per cent.

Hospital acquired complications

SWSLHD performs well across all hospital acquired complications in comparison to other local health districts and speciality health networks within NSW. With an overall HAC rate of 220.8 per 10,000 episodes of care. The diagram below is reflective of the rate per 10,000 episodes of care across all hospital acquired complications, and indicates SWSLHD’s performance in comparison to other LHDs in NSW.



(Data 12 months to date March 2020 source CEC QIDS)