

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

Organisation: NSW Nurses & Midwives' Association
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Submission to Legislative Council Committee Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

MAY 2020

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RECOMMENDATIONS

1. **R1** – That all of health strategic planning be forward thinking to beyond the anticipated term of office for of government and that such planning reflects anticipated growth areas¹ and are regularly reviewed and updated on a periodical basis during the term of the plan with accountabilities for delivery against the relevant plan.
2. **R2** – That the NSW Health Strategic Plan – Towards 2021² be updated to reflect and promote forward thinking of the respective Local Health Districts.
3. **R3** – That the South Western Sydney Local Health District (SWSLHD) Strategic Plan 2018 – 2021 be updated to facilitate respective Clinical Service Plans to be reviewed and updated.
4. **R4** – That updates performed consider not only the SWSLHD Strategic Plan but also such planning websites and documents as found on the NSW Department of Planning, Industry and Environment for the Western Sydney Aerotropolis.
5. **R5** – That review of service provision for SWSLHD be conducted that reflects the needs of the growing community and that services be placed in close proximity to growth areas that allows ready access by the community that it serves.
6. **R6** – That provision be made for the care and management of patients with bariatric needs and mental health needs.
7. **R7** – That land be allocated in close proximity to the Aerotropolis for a Tertiary Referral Hospital that is serviced by road and rail networks.
8. **R8** – That the size and specialties of this facility reflect the future needs of the population to which it serves.
9. **R9** – That consideration to the provision of increased capacity of inpatient and step down beds to be placed across South West Sydney (SWS) within Hospital facilities to ensure timely service provision for comorbidities.
10. **R10** – Consideration to providing medical ward models for mental health consumers with comorbidities.
11. **R11** – Ensure that SWSLHD provides increased occupancy within its inpatient capacity for Adolescent, Aged Care and Psychiatric Intensive Care within the Local Health District (LHD) to assist with the state-wide deficit in bed capacity.

¹ <https://www.planning.nsw.gov.au/Plans-for-your-area/Priority-Growth-Areas-and-Precincts/Western-Sydney-Aerotropolis>

² <https://www.health.nsw.gov.au/statehealthplan/Pages/default.aspx>



12. **R12** – That SWSLHD engagement with young people be strengthened, in the co-design and implementation of appropriate strategies to engage young people (particularly those with lived experience of mental illness) and their carer's.
13. **R13** – That SWSLHD engagement with those identifying as LGBTQI be strengthened, in the co-design and appropriate strategies be implemented to engage people identifying as LGBTQI (particularly those with lived experience of mental illness).
14. **R14** – That the SWSLHD partner with Aboriginal people and communities to prioritise Aboriginal social and emotional wellbeing and establish an Aboriginal governance and engagement mechanism to support this.
15. **R15** – That Nurse to Patient Ratios are implemented as a staffing model as a minimum staffing requirement that will assist in creating and maintaining a safer place to work.
16. **R16** – That CEWD market their education program as part of the recruitment process and partnership with the University campuses within SWS in order to attract and retain staff who are committed to improving the quality of healthcare in order to make SWSLHD an employer of choice.
17. **R17** – The provision of ceiling lifters and special bariatric rooms in all new builds and redevelopments in SSW is recommended with reference to the Australasian Health Facility Guidelines.
18. **R18** – The continued and increased funding towards preventative health strategies including and not limited to mental health, metabolic disorders and childhood obesity is recommended across SSWLHD and indeed NSW in order to reduce the health burden on the network.

Foreword

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes: registered nurses; enrolled nurses and midwives at all levels including management and education, and assistants in nursing and midwifery.

The NSWNMA has approximately 69,800 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

NSWNMA strives to be innovative in our advocacy to promote a world class, well-funded, integrated health system by being a professional advocate for the health system and our members. We are committed to improving standards of patient care and the quality of services of all health and aged care services whilst protecting and advancing the interests of nurses and midwives and their professions.

We currently have 5937 members who work in the public sector within Sydney South Western Local Health District and a further 1018 in Aged Care and 215 in Private Health facilities in SSW who are regularly consulted with respect to matters specific to their practice.

We welcome the opportunity to provide a submission to this Inquiry.

This response is authorised by the Elected Officers of the New South Wales Nurses and Midwives' Association.

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SWSLHD Overview

SWSLHD encompasses five areas of service provision in a hub and spoke model with Liverpool Hospital as the LHD central hub as the primary principal referral hospital and trauma service –

- Liverpool Hospital – A1 Principal Referral
- Bankstown – Lidcombe Hospital – A1 Principal Referral
- Bowral and District Hospital - C1 District Group 1
- Macarthur Health Services
Campbelltown – B1 Major Hospitals Group
Camden Hospitals – D1b Community Hospital without surgery
- Fairfield Hospital - B1 Major Hospitals Group

South Western Sydney is experiencing ongoing population growth and is one of the fastest growing regions in NSW. The most notable growth projected into the future will occur in Camden and Liverpool Local Government Areas – LGA, with further growth anticipated in the southern parts of the District, including Wingecarribee LGA.

Urban growth is being driven by urban consolidation and new greenfield developments with more affordable housing. In the decade to 2021, NSW Department of Planning and Environment projected a 21% increase in the population with 1.06 million people living in the District.

South Western Sydney is characterised by considerable diversity in many aspects including³:

- a relatively young profile compared to the NSW population as a whole. 2016 statistics demonstrate there were 110,255 people aged over 65 years (12.2% of the population), with the largest proportion of older people in Wingecarribee LGA with 23.3% of residents aged 65+ years.
- Liverpool, Campbelltown, Camden, Wollondilly, Fairfield and Bankstown LGAs all having relatively small populations of residents in this age group. Of those aged 85+ years, only Wingecarribee (2.8%) and Bankstown LGAs (2.2%) exceed the NSW average (2.1%).
- NSW Department of Planning and Environment projected that by 2021, 14.6% of the population will be aged over 65 years, with projected growth greatest in those aged 70-74 years and 80+ years. Further, in the twenty years to 2031, it is projected that the number of those aged over 85 years will have increased by 155%.
- pockets of disadvantage residents measured by factors such as income, employment and educational status are demonstrated particularly in Fairfield, Bankstown, Campbelltown and

³ <https://www.swsld.health.nsw.gov.au/pdfs/HIPCYPF.pdf>



Liverpool LGAs (four of the ten most disadvantaged LGAs in metropolitan Sydney). At a local level, Claymore, Airds, Miller, Cartwright and Villawood are in the twenty five most disadvantaged suburbs in NSW.

- public and private housing is demonstrated in all LGAs, with social housing predominantly in Bankstown, Campbelltown, Liverpool and Fairfield LGAs. There are multiple residential aged care facilities that are kept at capacity levels due to demand, with 5,769 residential aged care places (2012), with 51% located in Bankstown and Fairfield LGAs.
- some of the largest Aboriginal communities in metropolitan Sydney are within the SWS catchment, with over 16,000⁴ residents identifying as Aboriginal and Torres Strait Islander peoples in 2016. The largest communities are in Campbelltown and Liverpool LGAs.
- SWS also has a number of rural communities including people in outlying towns and properties in Camden, Wollondilly and Wingecarribee LGAs. These communities have fewer services available within their locality.
- A large culturally and linguistically diverse communities (CALD) are within the SWSLHD catchment. SWSLHD with 51% speak a language other than English at home - Arabic and Vietnamese being the most commonly spoken languages.⁵ SWSLHD provide an exemplary interpreter service for a wide range of languages.⁶
- a large refugee population is also found in SWS, with over 9,200 humanitarian entrants settled locally in 2010 - 2014 i.e. 41 % of all humanitarian settlers to NSW.
- almost 48,000 local residents report a profound or severe disability requiring assistance with at least three core activities. Disabilities include intellectual or physical issues, may be congenital or acquired, and may be the result of a long term health issue or ageing.
- one in 5 residents will be affected by a mental health condition at some stage.
- over 77,000 local residents provide unpaid care to people with disabilities, chronic health problems or age related frailty.

Population growth in South Western Sydney is largely shaped by development in South-West Priority Growth Centres and extensive in-fill development. In 2031, a significantly increased population of 1,284,600 is expected to live in SWSLHD. This population growth will create increased demand for health care services across the LHD. The increased demand will have a particular impact on Camden & Campbelltown and Liverpool Hospitals due to their proximity to the Priority Growth Centres.

All LGAs across South Western Sydney will experience population growth over the next fifteen years. The Macarthur region which includes Camden, Campbelltown and Wollondilly LGAs will experience the most rapid population growth of 58% by 2031, mainly in greenfield areas.

⁴ <https://www.swslhd.health.nsw.gov.au/pdfs/2018-StratPlan.pdf>

⁵ <https://www.swslhd.health.nsw.gov.au/pdfs/2018-StratPlan.pdf>

⁶ <https://www.swslhd.health.nsw.gov.au/services/Interpreter/interpreting.html>



TERMS OF REFERENCE COMMENT

- 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 Sydney Growth Region;**

South Western Sydney Local Health District - SWSLHD Planning Unit have a suite of documents created by sub specialties to support the SWSLHD Strategic Plan 2018 – 2021.⁷ As found in other Local Health District's - LHD, SWSLHD has number of tools and associated links are available for the creation of supporting documents for managers to develop service plans to support the Clinical Services Framework. Most of the SWSLHD supporting plans are due for revision in 2021 along with the Strategic Plan.

Historically, projections of growth within the SWSLHD catchment have been exceeded by the population growth in excess of expectations. Future planning and should consider all foreseeable future expansion and associated risks and opportunities. This is exemplified below in the review of the SWSLHD Mental Health Plan that although it be an extended plan, it shows no evidence of review, accountability or update.

Recommendations:

R1 – That all of health strategic planning be forward thinking to beyond the anticipated term of office for of government and that such planning reflects anticipated growth areas⁸ and are regularly reviewed and updated on a periodical basis during the term of the plan with accountabilities for delivery against the relevant plan.

R2 – That the NSW Health Strategic Plan – Towards 2021⁹ be updated to reflect and promote forward thinking of the respective Local Health Districts.

R3 – That the SWSLHD Strategic Plan 2018 – 2021 be updated to facilitate respective Clinical Service Plans to be reviewed and updated.

R4 – That updates performed consider not only the SWSLHD Strategic Plan but also such planning websites and documents as found on the NSW Department of Planning, Industry and Environment for the Western Sydney Aerotropolis.

- b. an analysis of capital and health services expenditure in the South-West Sydney Growth Region in comparison to population growth since 2011;**

SWSLHD had been forgotten for an extended period with respect to redevelopment. In the last 15 years Liverpool Hospital saw major redevelopment that commenced in 2008 and occupied in 2010

⁷ <https://www.swslhd.health.nsw.gov.au/planning/>

⁸ <https://www.planning.nsw.gov.au/Plans-for-your-area/Priority-Growth-Areas-and-Precincts/Western-Sydney-Aerotropolis>

⁹ <https://www.health.nsw.gov.au/statehealthplan/Pages/default.aspx>

to the Clinical Services Building with Stage 1 completed in 2012. Stage 1 was scoped to future proof service provision but was soon at capacity. Some upgrades have occurred to Cancer Services at Campbelltown and Liverpool and Bowral Hospital has also had some upgrades to bring some of the facility up to current standards.

Current works at Bowral¹⁰ and Campbelltown¹¹ to increase capacity are underway along with the next stage of redevelopment and refurbishment about to commence at Liverpool¹² that are well overdue. Camden, Bankstown¹³ and Fairfield¹⁴ ¹⁵are all in urgent need of upgrades and refurbishment to bring these facilities up to current standards as per Health Facility Guidelines¹⁶. Promises have been made however the needs of SWS are not being met with the impact of population growth and needs of the community.

Most facilities are land locked in their current locations. Future expansion of Bankstown in particular may require consideration of a greenfield project.

Recommendation:

R5 – That review of service provision for SWSLHD be conducted that reflects the needs of the growing community and that services be placed in close proximity to growth areas that allows ready access by the community that it serves.

R6 – That provision be made for the care and management of patients with bariatric needs and mental health needs.

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 plan;

The future growth of the Aerotropolis¹⁷ will coexist with industrial and residential areas in close proximity. Urbanisation will occur along a corridor from Mulgoa to Buxton and extend towards Bowral. Growth in population, housing and employment is anticipated. The current services within SWSLHD are at capacity. As previously demonstrated at Liverpool, by the time of completion of the current projects being undertaken or soon after these facilities will be at capacity.

A Hospital in close proximity to the Aerotropolis would be an asset to all facilities across the state. The provision of an A1 Tertiary Referral Hospital that can receive transfers from across the state via the airport that is open 24/7. This facility could also provide specialty services lacking in the SSW such as Paediatrics and also provide increased Mental Health capacity for the state.

¹⁰ <https://www.swslhd.health.nsw.gov.au/bowral/redevelopment.html>

¹¹ [http://www.campbelltownredevelopment.health.nsw.gov.au/projects/campbelltown-hospital-redevelopment-stage-2-\(1\)](http://www.campbelltownredevelopment.health.nsw.gov.au/projects/campbelltown-hospital-redevelopment-stage-2-(1))

¹² <http://www.lhap.health.nsw.gov.au/>

¹³ <https://infrastructurepipeline.org/project/bankstown-lidcombe-hospital/>

¹⁴ <https://www.parliament.nsw.gov.au/la/papers/Pages/qanda-tracking-details.aspx?pk=203817>

¹⁵ <https://estimateone.com/project/fairfield-hospital-emergency-department-redevelopment/>

¹⁶ <https://healthfacilityguidelines.com.au/>

¹⁷ <https://www.planning.nsw.gov.au/Plans-for-your-area/Priority-Growth-Areas-and-Precincts/Western-Sydney-Aerotropolis>



The Aerotropolis will be serviced by road and rail infrastructure and a working population that would service this health facility. If the facility is given a specialty / tertiary referral status it will draw expertise that will support the provision of care.

Recommendation:

R7 – That land be allocated in close proximity to the Aerotropolis for a Tertiary Referral Hospital that is serviced by road and rail networks.

R8 – That the size and specialties of this facility reflect the future needs of the population to which it serves.

d. an investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region;

The Productivity Commission has recently conducted an inquiry into Mental Health¹⁸. The findings of the Inquiry are yet to be released as a final report however the interim report has major elements to be considered. I implore you to review these reports and urge you to consider listening to the podcast from Monday 25 November 2019 especially the podcast from Dr Allen and Dr Virgona representing the Royal Australian and New Zealand College of Psychiatrists as the third and fourth speakers in the morning from 1hr 15min in the youtube link¹⁹.

Both these doctors speak from learned experience, Dr Allen having worked in SWSLHD, of the constraints of the Mental Health system to deliver safe patient care. Other speakers support their concerns and may inform of learned experiences where bed block and staffing constraints result in poor patient outcomes.

Staffing models must ensure safety of staff and maintenance of safe patient care.²⁰ Nurse to patient Ratios²¹ must be implemented as a minimum standard as benchmarked in Queensland and Victoria Health. Adequate skill mix²² must be maintained to ensure the safety of staff and patients. The supervision of consumers in acute mental health settings must be performed by nursing staff with the skills in patient assessment. A holistic evidence based model of care that provides early interventions that includes perinatal and school based mental health services is recommended to be implemented²³

In review of the SWSLHD Mental Health Strategic Plan it has been developed as a 10 year plan in 2014²⁴. This review references to the Living Well: Strategic plan for Mental Health NSW 2014 – 2024²⁵. Most of these statistics as sourced and described have been exceeded however modelling

¹⁸ <https://www.pc.gov.au/inquiries/current/mental-health/public-hearings>

¹⁹ <https://www.youtube.com/watch?v=3tGekTmP0XI>

²⁰ <http://www.nswnma.asn.au/wp-content/uploads/2018/03/Appendix-2-Ratios-A-claim-to-put-patient-safety-first-2017.pdf>

²¹ <https://www.nswnma.asn.au/ratioslifeordeath/about/>

²² <https://www.nswnma.asn.au/wp-content/uploads/2018/03/NSWNMA-Submission-Review-of-Seclusion-Restraint-and-Observation-of-Patients-with-Mental-Illness-in-NSW-Health-Facilities-July-2017.pdf>

²³ https://www.pc.gov.au/data/assets/pdf_file/0009/248256/20191118-melbourne-mental-health-transcript.pdf

²⁴ https://www.sswslhd.health.nsw.gov.au/pdfs/SWSLHD_MentalHealth_StrategicPlan2015-2024.pdf

²⁵ [https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)



of care delivery is focused on the plan as described in 2014 without revision and update on a periodical basis.

The Mental Health Plan for SWSLHD has seen changes in the way SWS delivers mental health however over the period of the plan the capacity of the service has seen little increase. Staff are continually asked to create efficiencies of service Consumer participation in co-design models is evident however consultation with nurses and their representatives is often lacking. Nursing staff regularly contact the Association with concerns for their safety in Mental Health settings. Concerns consistently relate to inadequate design, in adequate staffing and skill mix for the management of patient acuity. This occurs due to lack of adequate risk assessment and inflexible staffing models and associated funding for the provision of safe patient care. The key features identified in the 2014 plan of the characteristics that demonstrate multiple areas of diversity of the SWS community are:

- In 2014, an estimated 921,718 people lived in the District. By 2021 it is projected that this will increase to 1.25 million people.
- Most population growth will occur in Liverpool, Campbelltown and Camden LGAs.
- South Western Sydney has a relatively young population and a higher than state average fertility rate.
- The District's population is however ageing rapidly, with a 50% increase in the number of people aged over 70 years during the period 2011 and 2021.
- Aboriginal people make up 1.6% of the District's population.
- A third of the District's residents were born overseas.
- Between 2008 and 2012, 8,000 people who were humanitarian arrivals settled in south western Sydney (39% of humanitarian entrants to NSW).
- Other than English, the most commonly spoken language in the District is Arabic, followed by Vietnamese and Cantonese.
- Residents experience a high level of socioeconomic disadvantage compared to other urban areas. Fairfield, Bankstown, Liverpool and Campbelltown are among the ten most disadvantaged LGAs in NSW.
- Some residents experience geographic isolation and transport disadvantage, particularly those residing in the Wingecarribee and Wollondilly LGAs.
- Residents in Bankstown, Fairfield and Campbelltown typically have a lower than state average income.
- 41% of residents have year 10 or equivalent as their highest educational qualification.
- There is a significant concentration of social housing, with 26,244 social housing dwellings across the District.

- There are an estimated 2,000 people who are homeless or living in insecure housing across the District.
- There are around 2,000 children living in out of home care arrangements.
- Around 50,000 local residents describe themselves as having a disability and over 77,000 people describe themselves as carers of people with a disability.
- A higher proportion of south western Sydney residents report high or very high levels of psychological distress compared with the rest of NSW, with women reporting higher levels of distress than men.
- On a typical day SWSLHD Emergency Departments respond to the needs of 27 people with a mental health issue and community based Mental Health Services provide 974 occasions of service to existing consumers.

The Mental Health facilities provided at Bankstown, Liverpool and Campbelltown were predominantly built in the 70's with little refurbishment in that time. Some additional capacity has been provided at Liverpool Hospital and new wards will be provide as part of the Campbelltown Hospital however demand for service has led to bed block due to capacity not only in SSW but across NSW.

The inpatient Mental Health system across the state is plagued by similar constraints of antiquated facilities and insufficient bed capacity and availability of step down community spaces. The cuts to Community Mental Health and move to privatisation of some of these services has led to patients of higher acuity mental health conditions and minority groups rebounding to the public system with regularity. The need for the implementing step down community service models is apparent as is catering for the diversity of population with SSW. Implementation of inpatient medical ward models as practiced at Westmead Hospital is recommended to assist in the care of mental health consumers with comorbidities.

Recommendations:

R9 – That consideration to the provision of increased capacity of inpatient and step down beds to be placed across SSW within Hospital facilities to ensure timely service provision for comorbidities.

R10 – Consideration to providing medical ward models for mental health consumers with comorbidities.

R11 – Ensure that SWSLHD provides increased occupancy within its inpatient capacity for Adolescent, Aged Care and Psychiatric Intensive Care within the LHD to assist with the state-wide deficit in bed capacity,

R12 – That SWSLHD engagement with young people be strengthened, in the co-design and implementation of appropriate strategies to engage young people (particularly those with lived experience of mental illness) and their carers.

R13 – That SWSLHD engagement with those identifying as LGBTQI be strengthened, in the co-design and appropriate strategies be implemented to engage people identifying as LGBTQI (particularly those with lived experience of mental illness).

R14 – That the SWSLHD partner with Aboriginal people and communities to prioritise Aboriginal social and emotional wellbeing and establish an Aboriginal governance and engagement mechanism to support this.

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;*

The Association does not have access to any data in order to provide comment on this element with the exception to note the reliance that services have on patients declaring if they have private health insurance in order to boost income. The demographic of the community to which SWSLHD serves will have a lower number of population with private insurance than found in inner city hospitals.

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;*

Staffing models must ensure safety of staff and maintenance of safe patient care.²⁶ Nurse to patient Ratios²⁷ must be implemented as a minimum standard as benchmarked in Queensland and Victoria Health. Adequate skill mix²⁸ must be maintained to ensure the safety of staff and patients.

Not unlike other facilities across SWSLHD has multiple vacancies open with inability to fill positions. This is in part a failure to attract staff to the facilities in SSW.

Recommendations:

R15 – That Nurse to Patient Ratios are implemented as a staffing model as a minimum staffing requirement that will assist in creating and maintaining a safer place to work.

²⁶ <http://www.nswnma.asn.au/wp-content/uploads/2018/03/Appendix-2-Ratios-A-claim-to-put-patient-safety-first-2017.pdf>

²⁷ <https://www.nswnma.asn.au/ratioslifeordeath/about/>

²⁸ <https://www.nswnma.asn.au/wp-content/uploads/2018/03/NSWNMA-Submission-Review-of-Seclusion-Restraint-and-Observation-of-Patients-with-Mental-Illness-in-NSW-Health-Facilities-July-2017.pdf>

g. an investigation into the health workforce planning needs of the South-West Sydney Growth Region to accommodate population growth to 2050;

SSWLHD has a Workforce Strategic Plan 2014 – 2021²⁹ that has a four priority areas for action:

1. Plan for Change: Meeting Future Health Needs
2. Plan for Growth: Build a Sustainable and Capable Workforce
3. Become an Employer of Choice
4. Develop Future Leaders, both Clinical and Corporate

SSWLHD Centre for Workforce Education – CEWD has a long history of the provision of training and development of staff with a focus on preceptorship and mentoring of staff and the delivery of accredited training. A proactive initiative that has been running in SWSLHD since 2003 is its Graduate Health Management Program - GHMP. The aim of the GHMP is to deliver a program which will best provide the organisation with capable and effective managers who hold a strong commitment to the organisation and health system.

The two year program commences in February each year and provides on the job training and experience combined with either of the following degrees (University of Tasmania)(UTAS) as a Masters in Health Service Management or Masters in Health Information Management.. Each graduate is mentored and receives support from other graduands throughout the LHD and executive staff.

These programs have produced a number of leaders in healthcare however the retention of the graduates is not well demonstrated. Many have moved to positions at other facilities some as Directors in their specialty or as General Managers and Chief Executive in other LHD's.

The LHD also offers education in Nursing, through the Assistant In Nursing Program (Vocational Education Training, VET, in Schools) and the Diploma of Nursing Programs. In addition, there are scholarship programs for staff to undertake SWSLHD-supported education programs.

Recommendations:

R16 – That CEWD market their education program as part of the recruitment process and partnership with the University campuses within SWS in order to attract and retain staff who are committed to improving the quality of healthcare in order to make SWSLHD an employer of choice

²⁹ https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_Workforce_Strategic_Plan_2014-2021.pdf

h. a review of preventative health strategies and their effectiveness South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity;

The obesity epidemic³⁰ is well documented. The rising prevalence of childhood obesity has the potential to place a staggering burden of disease in individuals and healthcare systems in the decades to come. Studies have demonstrated the increased prevalence of obesity in SSW³¹.

Camden Hospital has a metabolic clinic³² provides rehabilitation programs as a treatment option for patients with severe obesity and either diabetes mellitus or fatty liver disease. Dr Nic Kormis has seen success with numerous patient some of which have weighed in excess of 240kg³³ and as much as 469kg³⁴.

Ceiling lifters and special bariatric rooms have been placed to new builds and redevelopments in Liverpool and Campbelltown.

Preventative health strategies including and not limited to mental health, metabolic disorders and childhood obesity should continue across SSWLHD and indeed NSW in order to reduce the health burden on the network.

Recommendations:

R17 – The provision of ceiling lifters and special bariatric rooms in all new builds and redevelopments in SSW is recommended with reference to the Australasian Health Facility Guidelines.

R18 – The continued and increased funding towards preventative health strategies including and not limited to mental health, metabolic disorders and childhood obesity is recommended across SSWLHD and indeed NSW in order to reduce the health burden on the network.

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, and;

The Association does not have access to any data in order to provide comment on clinical outcomes. SSWLHD does however have a range of surgical specialties³⁵. Liverpool Hospital is a leading trauma service with two helipads in use. Surgical specialties include orthopaedic surgery, plastic surgery, hand surgery, neurosurgery, ophthalmology and Ear, Nose and Throat (ENT) alongside interventional cardiology, cancer/oncology services and radiation therapy.

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4859313/>

³¹ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7936-1>

³² <http://gpvoice.com.au/index.php/camden-hospital-metabolic-rehabilitation-program/>

³³ <https://southwestvoice.com.au/how-camden-hospital-team-helped-kelvin-lose-more-than-100kg/>

³⁴ <https://au.news.yahoo.com/i-was-eating-myself-to-death-27776106.html>

³⁵ <https://www.swslhd.health.nsw.gov.au/pdfs/CSP/Surgical%20Specialties%202018%20-%202020%20FINAL.pdf>

SSWLHD has established collaborative links for research and with Universities and the Ingham Institute³⁶ that must be maintained in order to attract clinicians and continue to strive for better health outcomes.

j. any other related matters.

Infrastructure to support the growth of services around the Aerotropolis must be put in place and be prioritised to be completed prior to the airport being ready for service. Such infrastructure as planned of the M12 Motorway and rail network must also service the healthcare network and the needs of the community. This infrastructure must enable easy access, entry and exit for emergency vehicles and workers alike.

Consideration must be given to the impact of the Moorbank Intermodal and methods of supply of aviation fuel³⁷ that may impact on SWS and the surrounding districts and indeed Sydney as a whole.

Conclusion

Staffing and skill mix is crucial – the Government must adopt nurse-to-patient ratios to provide appropriate staffing levels for patient numbers. In this way NSW Health can contribute to ensuring patient and staff safety within its services.

This will not only benefit staff and patients, but also the broader community by providing better patient outcomes. It is critical that access to treatment and support services is available to people who need it, in a timely manner. Access to free, publically funded services that provide evidence based care is crucial to ensure equitable access.

The provision of Hospital Services must also be adequately supported by Community Health Care Centres and Aged Care facilities to ensure the adequate provision of a holistic healthcare system for now and the future.

³⁶ <https://inghaminstitute.org.au/>

³⁷ <https://www.transport.nsw.gov.au/projects/current-projects/western-sydney-fuel-pipeline>



Submission to Legislative Council Committee Inquiry into the current and future provision of health services in the South-West Sydney Growth Region

MAY 2020



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