

for Sydney South West

HEALTH SERVICE STRATEGIC PLAN
TOWARDS 2010



SYDNEY SOUTH WEST AREA HEALTH SERVICE NSW@HEALTH

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# CONTENTS

١	Chief Executive's message	3
	Vision and Goals of NSW Health	4
	Where we want to be in 2010	5
	Current pressures and future challenges	7
	Equity in the supply and delivery of health services	9
	<ol> <li>Seven Strategic Directions</li> <li>Make prevention everybody's business</li> <li>Create better experiences for people using health services</li> <li>Strengthen primary health and continuing care in the community</li> <li>Build regional and other partnerships for health</li> <li>Make smart choices about costs and benefits of health services</li> <li>Build a sustainable health workforce</li> <li>Be ready for new risks and opportunities</li> </ol>	10
	The planning process	38

# Chief Executive's message

Sydney South West Area Health Service (SSWAHS) was established in January 2005, through the amalgamation of the former Central Sydney Area Health Service and South Western Sydney Area Health Service. Since that time, considerable work has been undertaken to establish SSWAHS as a new entity, in particular with respect to reviewing and formalising corporate and clinical governance arrangements. It has been a time of significant change for the community, staff and stakeholders.

The Sydney South West Area Health Service Strategic Plan is the first such plan for SSWAHS. As the highest level plan for the organisation, it provides strategic direction for all the activities of SSWAHS over the four year period 2007 to 2010.

The Strategic Plan outlines the vision, values and objectives of SSWAHS, within the framework of the recently released NSW Health Integrated Strategic Planning Framework and the Futures Planning project. As such, it is the strategic framework that will guide further corporate and health service planning and reporting across all levels of the organisation. The Plan also reflects the priorities identified for Health in the recently released NSW Government State Plan.

The strategies in this Plan make the best use of our resources to implement the Plan by 2010. The Plan will be regularly reviewed and adjusted to ensure resources are allocated to priority areas of health care.

We will monitor our progress with a range of measures: those that appear in the NSW Government's State Plan, NSW Health's measures and others we have developed to measure local results. If necessary we will modify our targets to reflect changes in practice, policy or changes in the clinical and operational environment.

I would like to thank members of the Area Health Advisory Council, the Consumer/Community Council, the general community and staff for their input into the development of the SSWAHS Strategic Plan. It is this collaborative approach and ongoing commitment to collaboration that will enable SSWAHS to improve the health of its community and the delivery of health services.

Mike Wallace

Chief Executive

Sydney South West Area Health Service

# Vision and Goals of NSW Health

#### **Our vision:**

### **Healthy People – Now and in the Future**

NSW Health will focus its efforts on delivering high quality health services that are responsive to the needs of health consumers and the community and will ensure that its services can adapt to meet future challenges.

Our vision reflects this focus and is supported by the four goals shown below.

#### Our goals are:

To keep people healthy

To provide the health care that people need

To deliver high quality services

To manage health services well.

Seven strategic directions underpin our vision and goals.

## The Seven Strategic Directions:

- 1. Make prevention everybody's business
- 2. Create better experiences for people using health services
- 3. Strengthen primary health and continuing care in the community
- 4. Build regional and other partnerships for health
- 5. Make smart choices about the costs and benefits of health services
- 6. Build a sustainable health workforce
- 7. Be ready for new risks and opportunities

# Where we want to be in 2010

NSW Health is striving to protect, promote, maintain and improve the health of the people of NSW. What we are striving for in 2010 is a health system that:

- has a greater focus and investment in improving health and preventing illness while continuing to treat illness effectively, paying particular attention to reducing the health gap for communities that experience multiple disadvantage
- is focused on quality and safety, providing patients with ready access to safe and satisfactory journeys through NSW health services and ensures patients and their carers are informed and involved in healthcare decisions and treated with respect
- helps people to access most of the healthcare they need through an integrated network of primary and community health services across the public and private health systems
- has a greater focus on healthy ageing strategies, integrating services across different levels of government and the private sector
- engages more effectively with other government and non-government agencies, and the broader community, to provide a more integrated approach to planning, funding and delivering health services to local communities and regions
- makes the most effective use of the finite resources available and manages costs, services and infrastructure effectively to meet the State's healthcare needs while maintaining financial sustainability
- has a valued, skilled workforce that is well planned, trained, organised and deployed creatively to focus on the changing needs of health consumers, carers and the wider population
- is alert and capable of readily adapting to the changing needs of the community and is quick to anticipate and respond to new issues as they emerge.

# Sydney South West Area Health Service in 2010:

- By 2010, SSWAHS will have consolidated as an organisation, with fully integrated management and clinical systems. Care will be delivered through networked arrangements between hospitals and community services and through both formal and informal arrangements with health service partners. Community and consumers will continue to be involved in all levels of decision making, in a meaningful and productive way.
- SSWAHS will have improved its capacity to deliver services, building on the work done through the Central Sydney Area Health Service Resource Transition Program, the South Western Sydney Area Health Service planning framework, "The Way Forward" and the SSWAHS Healthcare Services Plan.
- Improvements to the current infrastructure of facilities in SSWAHS will be underway in response to the demands of population growth and ageing in the Area. Access to services across the Area will be improved through the redevelopment of health service facilities and through a range of initiatives including Clinical Redesign and sustainable access. Innovation in service delivery will continue to reflect changing community needs and expectations.
- Concurrently, the focus on population health and the prevention of illness will be strengthened, with particular attention given to reducing health disadvantage. Attention will be focussed on providing for the health needs of vulnerable populations and communities within Sydney South West. Early intervention will form an integral part of service delivery, both in terms of ensuring a healthy start to life and the early identification and treatment of illness.
- Health services will continue to be improved through the implementation and review of quality and safety

- systems and through an increased emphasis on the use of evidence based practice to maximise health outcomes and provide value for money. Consumers will actively participate in initiatives to identify needs and improve systems.
- SSWAHS will be the Area Health Service (AHS) that people want to work in and in which they can build a career. By 2010 the SSWAHS workforce will be sustainable, knowledgeable, skilled, adaptable, valued and supported and will be providing quality care that is able to respond to the changing needs and expectations of the community.
- SSWAHS will be a leader in clinical research and education, through partnerships with educational institutions and internal training schemes. The capacity of SSWAHS to undertake high quality research will be developed, particularly in the South West, through the establishment of a health research institute.
- The SSWAHS values of justice, respect, integrity, conviction, reflectiveness and flexibility will be evident in all aspects of operations and accountability will be strengthened through regular and improved performance reporting.

# Current pressures and future challenges

NSW has a good health system, with most of the population having access to high quality health care and achieving long and healthy lives.

The NSW public health system faces a number of challenges in the future. The major challenges faced by NSW Health are:

- population changes growing, ageing and distribution
- changes in lifestyle behaviour
- increasing community expectations
- technological advancements and reforms
- workforce supply and sustainability
- increasing cost pressures.

Current pressures and future challenges for Sydney South West Area Health Service include:

# Population Changes – Growth, Ageing and Distribution

SSWAHS comprises 15 local government areas which combined make up a geographic area of 6,380km². Settlements vary from the scattered rural townships of Wingecarribee and Wollondilly, through to the densely populated inner city areas.

Population projections provided by the former Department of Infrastructure, Planning and Natural Resources (DIPNR) in 2004 estimated that by 2006, SSWAHS would have a population of 1.33 million people. By 2016, DIPNR projects that SSWAHS will be home to 1.52 million people. The majority of this population growth will occur in the South West Growth Centre, which is expected to house an additional 250,000 to 300,000 people by 2025.

The projected growth will have a significant impact on demand for health services provided at existing facilities and will necessitate the development of new public and private health facilities, particularly within the South West Growth

Centre, focussing on the primary health needs of new residents.

Further, the population profile of SSWAHS is ageing and older people are known to be significant users of the health system. The population of people aged 65 and over is projected to increase by 45% in the 15 years from 2001 to 2016, and the over 85 years population is projected to almost double over the same period.

SSWAHS is also the most ethnically diverse Area Health Service in NSW, with approximately 39% of the population speaking a language other than English at home. The limited English skills of many people in the population, and the experiences they have had prior to coming to Australia, often place unique demands on the health care system.

#### **Changes in Lifestyle Behaviours**

Changes in the way people work and live, as well as health education and promotion initiatives are resulting in changes in lifestyle behaviour. Some changes will have a positive impact on health in the future, for example reduced smoking rates. However, many of the current trends, if they continue, will have negative impacts on the health of individuals and the community. The lifestyle behaviours which pose health risks include insufficient exercise, inadequate nutritional intake, long term exposure to high stress environments and higher than optimal alcohol consumption. If these trends continue, the health system will need to respond to increased rates of both acute and chronic diseases, such as diabetes, heart disease, stroke and some cancers. Further, rates of obesity, high blood pressure and high cholesterol are likely to increase and these factors are the cause of many other health conditions and complications. A focus on prevention and early intervention is required to improve the lifestyle behaviours of the community.

# Increasing Community Expectations

Community expectations with regard to health and health care are changing. This is partly due to health information being readily available and partly because people are taking a more active interest in the quality and availability of services and in the treatment they receive. These increasing expectations place a high degree of pressure on SSWAHS to meet demands for facilities, services, innovations and information. Parallel with this is the need to keep open lines of communication between SSWAHS, other health care providers and the community, with regard to what can realistically be provided now and in the future.

# Technological Advancements and Reforms

New and emerging technologies are enabling more sophisticated diagnostic and procedural services to be provided, which may result in improved rates of early detection, improved treatment and recovery options and shorter lengths of stay. However, much of this technology is high cost and requires specialised technical support, as well as skills enhancement through training and education to ensure it is used with maximum effectiveness. The rate of technological development in health care services is rapid, and this advancement is expected to continue, placing new and unforeseen demands on the current and planned healthcare system.

#### Workforce Supply and Sustainability

Internationally, there is a shortage of medical, allied health, nursing and other expert staff. Challenges facing the supply of the health workforce include the diversity of health occupations, the declining national labour pool, the ageing of the workforce, declining participation, the increasing demand for services and the changing expectations of each workforce generation. SSWAHS must be competitive in the national environment in order to attract and retain skilled staff given these constraints.

# Equity in the supply and delivery of health services

Residents of NSW are living longer and healthier lives than ever before. Over the past 20 years, the chances of dying before we reach 70 years of age have dropped by almost 25%. However, these health gains have not been shared by everyone.

Persistent patterns of health inequality are clearly evident within the NSW population. Aboriginal people, as the most notable example, tend to have higher levels of health risk, poorer health, and a much shorter life expectancy than non-Aboriginal people. Other groups who are likely to experience consistently poorer health outcomes include many rural and remote communities, people with a mental health disorder or intellectual disability, prisoners, homeless people and refugees.

The differences between those with the best and worst health in NSW, as in all countries, is systematically linked to factors such as where we live, what we do, how much money we earn and how long we stayed at school, as well as health risk behaviours and use of preventive health services. The evidence is clear that groups with the poorest health have fewer opportunities to achieve and maintain good health. This indicates that at least some of the health inequality among NSW residents is avoidable and could be regarded as unfair.

The principle of equity in health is about ensuring fair and just access for everyone to opportunities for health. Successful strategies for promoting health equity (and reducing health inequity) have been identified through international research [Ref. NSW Health and Equity Statement, 2004]. Typically, the most effective strategies depend on well-planned, sustained, outcome-focused collaborative action by the government, community, non-government and private sectors. The NSW health system is a key stakeholder in many of these initiatives and has an important role to play.

In partnership with other services and sectors, the NSW health system must direct its efforts to reducing the avoidable

health gap between people with the best and poorest health in the state at the same time as it continues to focus on protecting, promoting, maintaining and improving everyone's health and wellbeing.

Narrowing the health gap within the NSW population will yield numerous benefits. Most importantly, it will improve the lives of the many people who have historically experienced significant and avoidable health disadvantage. It will also assist in managing and containing the escalating demand for health care which is putting increasing pressure on the health system and the finite resources available.

An equity approach to health recognises that not everyone has the same level of health or level of personal resources to deal with their health problems, and it may therefore be important to respond to people differently in order to work towards equal outcomes. In terms of health service provision, this requires a well-judged combination of —

- strong universal mainstream health services that are responsive to the special needs of specific population groups, and
- targeted health services for particular groups to meet major health issues (such as low rates of immunisation or high rates of middle ear infection in childhood)

The principle of equity in health, and the imperative to reduce health disadvantage within the population, must underpin and guide decisions and actions taken to pursue each of the seven strategic directions. This approach is consistent with the NSW Government's long-term commitment to making sure we have a fair health system and a fair society.

SSWAHS works actively with other government departments, councils, non-government organisations and the community to implement strategies aimed at reducing health disadvantage and improving equity. The SSWAHS Strategic Plan formalises this commitment.

# Seven Strategic Directions

The Strategic Directions for NSW Health mirror those developed through the 20 year Futures Planning Project. They build on work undertaken for the NSW Health Care Advisory Council and further developed at two State-wide planning forums, which involved a wide range of people including leading clinicians, academics, consumers, and government and non-government sector representatives.

The seven Strategic Directions capture NSW Health priorities over the next five years and will be reflected in all Department and Health Service planning. They acknowledge the need to align Strategic and Future Directions for NSW Health and guide the longer-term development of the NSW public health system. They form the basis of the NSW State Health Plan, A new direction for NSW - Towards 2010.

The SSWAHS Strategic Plan uses the NSW Health Seven Strategic Directions to set out strategies and measures for achieving these directions. Where relevant this document also relates closely to the NSW Government's State Plan priorities and puts forward initiatives to achieve them.

#### The Seven Strategic Directions are:

- 1. Make prevention everybody's business
- 2. Create better experiences for people using health services
- 3. Strengthen primary health and continuing care in the community
- 4. Build regional and other partnerships for health
- 5. Make smart choices about the costs and benefits of health services
- 6. Build a sustainable health workforce
- 7. Be ready for new risks and opportunities

# Taking action

We will measure our success at achieving improved health outcomes through a broad range of measures, including measures identified in the NSW State Plan, existing dashboard and other indicators at State-wide and Health Service level and reported on by NSW Health; and measures that have been specially developed to assess progress.

Work is currently underway to ensure that there are adequate measures to highlight achievements against each strategic direction.

The Plan will be reviewed annually to monitor progress against a detailed implementation plan. The implementation plan will show the linkages between the 10-20 year outlook, the five year targets and one year operational plans. State-wide programs will be articulated at a Health Service level with specific milestones and targets outlined. Linkages to the NSW State Plan will be specified.

The targets in the State Health Plan and the SSWAHS Strategic Plan will be modified as necessary in light of changes such as:

- where targets are achieved, new targets may be set
- changes in clinical treatment practices or priorities may modify, or add to, existing strategies
- changes in Commonwealth or State funding priorities or policies
- the emergence of new diseases or increased risk of known diseases.

The Seven Strategic Directions form the basis of this document and are outlined further in the SSWAHS Strategic Directions map on page 38.

# Make prevention everybody's business

The familiar saying that 'prevention is better than cure' is supported by clinical evidence. But putting prevention into practice is not easy and benefits are not always immediately apparent. Reducing risk factors such as smoking, obesity, risky alcohol use and stress requires strong will and sustained action by individuals, families, communities and governments. Similar effort is needed to increase protective factors such as good nutrition, physical activity, healthy environments and supportive relationships.

What we are striving for in 2010 is a health system that puts greater effort and investment to improving health and preventing illness while continuing to treat illness effectively. This will require new strategies for health promotion and illness prevention, which are supported by structural changes such as legislation, regulation and environmental changes. The principle of prevention will be embedded into NSW Health's service delivery. It will be the core of the concept of "Live Life Well."

#### **State Plan priorities and targets**

- S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care
  - Reduce the number of potentially avoidable deaths for people under 75 to 150 per 100,000 population by 2016
- S3: Improved health through reduced obesity, smoking, illicit drug use and risk drinking
  - Continue to reduce smoking rates by one per cent per annum to 2010, then by 0.5 per cent per annum to 2016
  - Reduce total risk drinking to below 25 per cent by 2012
  - Hold illicit drug use in NSW below 15 per cent
  - Stop the growth in childhood obesity
- F4: Embedding prevention and early intervention into Government services
  - The Government will produce the policy framework for early intervention by the end of 2006/07 and benchmark and set targets for agency performance by no later than 2008/09
- R2: Reduced re-offending
- R3: Reduced levels of anti-social behaviour
  - Targets set by Government will be achieved by a range of contributing agencies
- E8: More people using parks, sporting and recreational facilities and participating in the arts and cultural activity
  - Increase participation in recreation, sporting, artistic and cultural activity

## What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 1a Encourage the adoption of healthy lifestyles and the development of healthy environments
- 1b Reduce health disadvantage
- 1c Improve awareness of prevention activities and services

# 1a Encourage the adoption of healthy lifestyles and the development of healthy environments

Residents in SSWAHS, along with the rest of NSW, can benefit from the adoption of healthy lifestyles and from living in supportive physical and social environments. Lifestyle improvements such as greater participation in physical activity, improved nutrition and cessation of smoking, for example, are likely to result in improved health status. Attributes of healthy environments include social cohesion, accessible public transport and community infrastructure and visual amenity. Supportive environments are integral to the adoption of healthy lifestyles and improved health status. SSWAHS will continue to be a leader in the delivery of programs and initiatives to facilitate improved physical and mental health for residents. The programs will be delivered through multi-faceted approaches incorporating outreach, group and individual activities.

State Plan Link		orograms and initiatives over the 5 years	Ме	asuring success against our Plans
F4	1a.1	Develop an evidence based SSWAHS Population Health plan to	•	SSWAHS Population Health plan completed and being implemented
S2		address issues such as socioeconomic disadvantage, healthy lifestyles, healthy environments and the needs of key population groups	•	Reduce the number of potentially avoidable deaths for people under 75 yrs of age from 175 per 100,000 population in 2003 to 150 per 100,000 population by 2016
S3			•	<ul> <li>Chronic disease risk factors (16+ years):</li> <li>Reduce smoking rates by 1% each year to 2010, then by 0.5% to 2016. We aim to exceed this target for the Aboriginal population</li> <li>Reduce risk drinking to below 25% by 2012</li> <li>Hold illicit drug use below 15%</li> </ul>
F4	1a.2	Create strategic linkages between population health and other clinical services in developing health promotion initiatives		All SSWAHS plans/strategies include actions associated with health promotion and disease prevention, developed in collaboration with Population Health

State Plan Link	Key programs and initiatives over the next 5 years		Ме	easuring success against our Plans
S3	1a.3	Implement existing health promotion plans and expand health promotion programs addressing smoking, obesity, healthy eating and drinking, food security, physical activity and falls prevention		% of actions from existing plans implemented in agreed timeframe Number of new programs developed
S3	1a.4	Develop a SSWAHS Obesity Prevention and Management Plan		Stop the growth in childhood obesity by holding it at the 2004 level of 25% by 2010. Then reduce levels to 22% by 2016
			•	Prevent further increases in adult obesity levels which are currently at 50%
S3	1a.5	Expand the Health Promoting Schools Program	•	Increased number of schools/facilities participating in Health Promoting Schools
S2	1a.6	Develop Healthy Urban Design		Role established
S3		capacity. Aim to work with planning		SSWAHS is provided with the
F4		agencies on illness prevention/urban development interface issues eg. alternative		opportunity to comment on development proposals/policies etc. and comments are acted upon
E8		transport & energy sources, community connectivity, safe communities, physical activity and environmental health	•	Increased participation and integration in community activities and increased participation in recreation, sporting, artistic and cultural activity- Targets set by Government will be achieved by a
R3			•	range of contributing agencies Reduced levels of anti-social behaviour and reduced re-offending. Targets set by Government will be achieved by a range of contributing agencies

#### 1b Reduce health disadvantage

Some residents of SSWAHS will require extra assistance to improve their health status to be equal to that of the majority of residents. These people include Aboriginal people, people on low incomes, people with a mental health issue, frail aged people, people who are refugees, people who are socially or geographically isolated, people who are carers and people with a disability.

State Plan Link		orograms and initiatives over the 5 years	Me	asuring success against our Plans
F1 F3	1b.1	In collaboration with community members and other agencies, develop and implement an Aboriginal Health plan, Multicultural Health plan, Refugee Health plan, Mental Health plan and Disability plan	•	Aboriginal Health, Multicultural Health, Refugee Health, Mental Health and Disability plans completed and being implemented

State Plan Link	Key programs and initiatives over the next 5 years		Measuring success against our Plans
F1	1b.2	Tailor health promotion programs to the needs of specific communities	<ul> <li>Positive evaluation of effectiveness of health promotion programs</li> </ul>
S8	1b.3	Recruit additional bilingual staff and strengthen the capacity of interpreter services (including sign language)	<ul> <li>Number of bilingual staff in SSWAHS</li> <li>Resources allocated to interpreter services</li> </ul>
S1	1b.4	Investigate options to provide accommodation for patients who are geographically isolated and require treatment at SSWAHS facilities	<ul> <li>Options investigated and strategies implemented</li> </ul>
	1b.5	Continue to support carers (including staff who are carers) through a range of initiatives including carer education, respite and carer coordination units	<ul> <li>Care coordination functions across SSWAHS maintained</li> <li>Number of programs and services offered</li> </ul>

#### 1c Improve awareness of prevention activities and services

Much work is required to improve the awareness of illness prevention activities and services throughout the community. This is not solely the role of health services, although SSWAHS will continue its role as a leader in the field. Effective partnerships with the other agencies and organisations are essential to promote prevention activities and services, as is the active engagement of community representatives through the Area Health Advisory Council and community networks.

State Plan Link		programs and initiatives over the 5 years	Me	asuring success against our Plans
F4	1c.1	Work closely with GPs, pharmacies and other health care service providers to implement prevention activities and services	•	Annual number of education initiatives undertaken
F5	1c.2	Maintain and establish programs to support the increased uptake of immunisation		Increase the rate of immunisation among people aged 65 years of age and over from:  • Influenza 75% to 80%  • Pneumococcal 55% to 60% Improve and maintain the rate of children fully immunised at 1 year of age above 90%
F4	1c.3	Implement the SSWAHS Falls Prevention Plan	•	Prevent further increases in hospitalisations for fall injuries among people aged 65 years and over (aged standardised rate per 100,000 population: Male, Female)
F4	1c.4	Review and further develop programs addressing communicable disease control and environmental health		Current programs evaluated, revised and implemented across the Area Additional programs developed as required

State Plan Link		programs and initiatives over the syears	Ме	asuring success against our Plans
F4	1c.5	Trial and evaluate programs to improve the awareness of oral health management during pregnancy and early life with parents and early childhood settings		Programs trialled and evaluated Plans derived to implement recommendations Increased proportion of 5 year old children without dental decay (caries free) from 70% in 2002 to 77% in 2010
F3 F4	1c.6	Further implement and evaluate prevention initiatives in Mental Health including Mind Matters, Parenting Support and Depression in Older People	•	Initiatives evaluated and recommendations implemented
	1c.7	Implement primary health care service models through existing needle syringe programs in SSWAHS		Number of clients who receive screening and Hepatitis B vaccinations
S3	1c.8	Improve access to the Perinatal and Family Drug Health Service		Number of pregnant women on methadone attending a minimum of 5 antenatal visits  Number of pregnant women on methadone assessed prior to 20 weeks gestation  Neonatal birth weight

# Create better experiences for people using health services

Creating better experiences for people using public health services is a matter of making sure that these services continue to be of high quality, appropriate, safe, available when and where needed, and coordinated to meet each individual's needs, including those from Aboriginal or other culturally and linguistically diverse backgrounds.

What we are striving for in 2010 is a health system that provides patients of NSW Health with ready access to satisfactory journeys through health services and ensures patients and their carers are informed and involved in health care decisions and treated with respect.

#### **State Plan priorities and targets**

S1: Improved access to quality health care

- Achieve national benchmarks for timely access to emergency departments and surgical treatment by 2008 and maintain them to 2016 in the face of increasing demand
- Reduce 'sentinel' events from the current low level of one per 70,300 procedures in NSW public hospitals

S8: Increased customer satisfaction with Government services

Measure, report and improve customer satisfaction with Government services

F5: Reduced avoidable hospital admissions

 Reduce by 15 per cent over five years hospital admissions for people who should not need to come to hospital

### What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 2a Utilise collaborative processes involving consumer feedback and information from health care reporting systems to continuously improve the quality and safety of health services
- 2b Improve service access, efficiency and effectiveness
- 2c Provide integrated and networked care across the whole of SSWAHS

# 2a Utilise collaborative processes involving consumer feedback and information from health care reporting systems to continuously improve the quality and safety of health services

SSWAHS is committed to the provision of high quality clinical services in all settings. Collaborative mechanisms ensure this high quality of care is maintained and, where necessary, improved upon. Clinical governance systems are being developed across the Area to build on existing quality initiatives.

Clinical governance is concerned with managing consumer safety and quality and in monitoring the development and delivery of services to ensure quality standards are met. Inherent in this role is the need for ongoing communication between SSWAHS and care recipients, in order to understand the needs and capacities of both the care recipient and the health service.

State Plan Link		programs and initiatives over the years	Ме	easuring success against our Plans
S8	2a.1	Measure health service satisfaction		Standardised measures of patient experience following treatment Measure, report and improve customer satisfaction through annual patient satisfaction surveys
S1 F5	2a.2	Review and further develop quality systems through a Patient Safety and Quality Plan		Patient Safety and Quality plan developed and being implemented Develop the means to track and reduce falls in hospitals Reduce unplanned/unexpected readmissions within 28 days of separation – all admissions (%) Reduce the proportion of wrong patient, site, procedures, incidents (%) Root cause analysis (RCA):  Completed on time Recommendations implemented within stated timeframe Reduce 'sentinel' events from the current low level of one per 70,300 procedures undertaken in NSW public hospitals (Sentinel events are system
				failures that could potentially or actually lead to serious harm)
S1	2a.3	Participate in external accreditation schemes and quality processes	•	Successful outcome of external accreditation and recommendations acted upon
S1 S8	2a.4	Seek recognition for performance in quality and safety initiatives	•	Annual number of projects submitted for annual health awards – success rate

#### 2b Improve service access, efficiency and effectiveness

Within SSWAHS many initiatives are being undertaken with the aim of improving access to services and/or the efficiency and effectiveness of existing services. The implementation of Sustainable Access Plans has seen improved access to medical and surgical services, including emergency services. This work has been expanded through the Clinical Redesign program, a collaborative process of reviewing current systems and practices, in the context of changing environments and redesigning these systems to better respond to community needs. Clinical Redesign programs have a strong focus on the patient journey and experience and on building organisational capacity through the development of skills and management of knowledge.

State Plan Link	Key programs and initiatives over the next 5 years		Ме	asuring success against our Plans
S1	2b.1	Develop and implement a Sustainable Access Plan		Sustainable Access Plan developed and implemented Outcomes of Plan monitored
S1	2b.2	Continually monitor and refine initiatives aimed at improving patient access and patient flow, with particular attention to Emergency Departments (EDs) to achieve national benchmarks for timely access to EDs and surgical treatment		Strive to increase the proportion of patients transferred from ambulance stretcher to ED within 30 minutes from 76% to 90%  Emergency Department cases treated within benchmark times (%)  Triage 1 – 100% within 2 minutes Triage 2 – 80% within 10 minutes Triage 3 – 75% within 30 minutes Triage 4 – 70% within 60 minutes Triage 5 – 70% within 120 minutes Strive to increase the proportion of patients admitted from ED to a ward, intensive care unit or operating theatre within 8 hours from 75% to 80%: overall, mental health Emergency Department Patient Flow project (3,2,1 Process) implemented across all SSWAHS EDs
S1	2b.3	Through the Clinical Redesign process, improve management of demand for planned surgery	•	Booked medical and surgical patients, number waiting:  Long waits > 12 months  Overdue> 30 days  Planned surgery – cancellations on the day of surgery (%)
	2b.4	Expand the capacity of SSWAHS to undertake Clinical Redesign (CR) initiatives		Number of people trained in CR Number of CR projects successfully undertaken
	2b.5	Develop networks of services to support increased access for residents to health services e.g. the provision of outreach clinics		Self sufficiency Number of new services established Number of HealthOne NSW services in targeted areas

NSW Health will develop a measure for cancellations of planned surgery. This will enable tracking of cancellations not due to clinical or patient related reasons.

#### 2c Provide integrated and networked care across the whole of SSWAHS

SSWAHS has been developing the concept of networked hospitals and services, which aims to ensure that the community has access to the full range of health services within the Area. To successfully implement such an arrangement requires the development of sophisticated systems to ensure the timely transfer of patients and information to enable high quality care to be provided in all settings.

State Plan Link		Key programs and initiatives over the next 5 years		asuring success against our Plans
S1 P2	2c.1	Enhance and expand SSWAHS service networks informed by the Area Healthcare Services Plan	•	Service networks implemented
S1	2c.2	Develop a SSWAHS Transport for Health Plan to improve access to and between SSWAHS facilities in conjunction with stakeholders		SSWAHS Transport for Health Plan developed and being implemented
F1 F5	2c.3	Implement Electronic Discharge Summaries at all hospitals to improve post discharge care and reduce unnecessary readmissions	•	Electronic Discharge Summaries implemented
S1	2c.4	Expand the use of Telehealth services across the Area	•	Increased number of Telehealth programs operating across the Area
	2c.5	Implement actions identified in the Framework for Integrated Support and Management of Older People in the NSW Health System	•	Number of actions implemented
P2	2c.6	Undertake planning for the development of integrated primary health and community care centres and seek capital works funding	•	Planning work completed and sufficient to inform investment proposals

# Strengthen primary health and continuing care in the community

Primary health services include general practice, community health centres and community nursing services, youth health services, pharmacies, allied health services, Aboriginal health and multicultural services. They are provided in both public and private settings and by specific non-government organisations. For most people they may be the first point of contact with the health system. They are also the services people tend to use most.

What we are striving for in 2010 is a health system that helps people to access most of the health care they need through a network of primary health and community care services across the public and private health systems. These community based services will be linked to and backed up by hospital services as needed, enabling people to access Commonwealth and State health programs. Early intervention principles will be embedded into NSW Health's service delivery. Early intervention will lead to improved health outcomes and reduced avoidable hospital admissions.

#### **State Plan priorities and targets**

F1: Improved health and education for Aboriginal people

Targets set by Government will be met by a range of contributing agencies

F3: Improved outcomes in mental health

Reduce readmissions to mental health facilities

F4: Embedding prevention and early intervention into Government services

The Government will produce the policy framework for early intervention by the end of 2006/07 and benchmark and set targets for agency performance by no later than 2008/09

F5: Reduced avoidable hospital admissions

Reduce by 15 per cent over five years hospital admissions for people who should not need to come to hospital

F6: Increased proportion of children with skills for life and learning at school entry

The Government will set targets for school readiness by 2008

F7: Reduced rates of child abuse and neglect

Reduce rates of child abuse and neglect in NSW

R1: Reduced rates of crime, particularly violent crime

Targets set by Government will be met by a range of contributing agencies

# What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 3a Expand the range of services available in the community and domiciliary setting
- 3b Increase the focus of SSWAHS activities on early intervention

# 3a Expand the range of services available in the community and domiciliary setting

Residents of SSWAHS require access to a wide range of services and facilities across the Area. Whilst historically there has been a strong focus on the development of hospital facilities, it is equally important to ensure that community based and domiciliary services are provided which are more appropriate to the needs of people with chronic or non-acute health needs and are more accessible to communities.

State Plan Link	Key programs and initiatives over the next 5 years		Me	asuring success against our Plans
	3a.1	Develop a Community Health Plan to provide strategic direction for the development of community health services and facilities in SSWAHS	•	Community Health Plan developed and being implemented
F5	3a.2	Expand the current range of services available in the community, including outreach services, which reduce demand on acute services		<ul> <li>Reduce potentially avoidable hospital admissions by 15% within 5 years for:</li> <li>Vaccine preventable conditions, including measles, pertussis &amp; influenza, community acquired pneumonia</li> <li>Acute conditions, including dental conditions, ENT &amp; kidney infections, cellulitis, urinary tract infections</li> <li>Chronic conditions, including angina, diabetes complications &amp; COPD, bronchitis and asthma</li> <li>Total: Aboriginal, non Aboriginal</li> </ul>
F5	3a.3	Develop programs to support residential aged care providers to appropriately manage the health of residents	•	Programs developed, implemented and evaluated
F5	3a.4	Provide patients with chronic and complex care needs and their primary health care providers with individualised Care Plans on discharge from hospital		Chronic care patients – discharged with acceptance to commence rehabilitation program % of Care Plans implemented
F1	3a.5	Continue to implement the NSW Aboriginal Chronic Conditions AHS Standards	•	Standards implemented in required timeframe

State Plan Link	Key programs and initiatives over the next 5 years	Measuring success against our Plans		
F5	3a.6 Expand the availability of post acute and transitional care services across the Area eg. ComPacks and Transitional Aged Care Packages	<ul> <li>Public hospital beds occupied by patients waiting for other care or accommodation</li> <li>% of ComPacks places occupied</li> <li>% of Transitional Aged Care places occupied</li> </ul>		
F4	3a.7 Continue to administer funding to non-government organisations (NGOs) which provide services in SSWAHS and strengthen program links	<ul> <li>% of NGOs improving performance</li> <li>Consolidation of strategic links with Health funded NGOs</li> </ul>		
F3	3a.8 Improve access to mental health services	Mental health clinical quality:  Acute adult readmission within 28 days to same facility  Reduce suspected suicides of patients in hospital or within 7 days of contact with a mental health service (number)  Ambulatory contacts ('000)  Completed clinical outcome measures for mental health clients (%)  Housing & Accommodation Support Initiative (HASI) – places filled (%)		

#### 3b Increase the focus of SSWAHS activities on early intervention

Following on from the need to 'make prevention everybody's business' is the need to focus on early intervention services, which will ultimately result in a lower demand for acute and chronic health services. Early intervention encompasses improving the circumstances of children in the early years of life and also ensuring early diagnosis and treatment of disease to minimise its potential impacts.

State Plan Link	Key p next 5	rograms and initiatives over the years	Measuring success against our Plans
F4	3b.1	Support the provision of universal health home visits on postnatal discharge from hospital	<ul> <li>Postnatal Families First universal health home visits - % of families:</li> <li>Offered a visit</li> <li>Receiving a visit within the first 2 weeks after birth</li> </ul>
F1 F4	3b.2	Expand Families First initiatives, particularly sustained home visiting program for vulnerable families	<ul> <li>Reduce % of low birth weight (less than 2,500g) Aboriginal babies</li> <li>Maintain % of low birthweight non-Aboriginal babies</li> <li>Sustained home visiting program operational across the Area</li> <li>% of eligible families receiving a sustained home visiting service</li> </ul>

State Plan Link	Key p next 5	rograms and initiatives over the years	Ме	asuring success against our Plans
F4	3b.3	In collaboration with GPs, develop services and systems which will improve uptake of antenatal services/education and early referral to health services	•	Increase proportion of mothers starting ante-natal care before 20 weeks gestation (Aboriginal and non- Aboriginal)
	3b.4	Expand evidence based cancer screening services across SSWAHS	•	Two yearly participation rate of women aged 50-69 years in Breastscreen Program (%)
			•	Additional cancer screening services delivered as appropriate eg. bowel cancer screening
			•	Increased proportion of target group(s) screened at intervals recommended by agreed guidelines
	3b.5	Further develop the SSWAHS genetics service		Increased service capacity
	3b.6	Actively participate in the Families First, Better Futures and Aboriginal Child, Youth and Family Strategy		Health issues incorporated into relevant plans SSWAHS responsibilities identified in
F6		initiatives to improve the health and wellbeing of young people and families and reduce child abuse		relevant plans are actioned Increase the proportion of children with skills for life and learning at school entry
F7		and neglect		(with other agencies) – targets to be agreed across Government
R1			•	Reduce underlying rates of child abuse and neglect (with other agencies)- targets to be agreed across Government
			•	Reduced rates of crime, particularly violent crime. Targets set by Government will be achieved by a range of contributing agencies
F3	3b.7	Strengthen relationships between services to identify and provide programs to children and young people in need of mental health services	•	Referrals to perinatal Mental Health Programs and youth orientated mental health services
F4	3b.8	Expand the oral health outreach special care service across the whole of SSWAHS for people living in supported accommodation	:	Program available across SSWAHS % of facilities participating in program Completed courses of care

STRATEGIC DIRECTION

4

# Build regional and other partnerships for health

The health and wellbeing of local communities depends on much more than health services, but access to quality health care makes a significant difference. Current arrangements for funding, organisation and delivery of human services involve three levels of government and a broad range of other agencies. Inevitably these complex arrangements lead to gaps in services and duplication. It will be vital to work collaboratively within and beyond the health system to better link and coordinate services and bridge the gaps.

What we are striving for in 2010 is a health system that engages more effectively with other government and non-government agencies, and with clinicians and the broader community, to provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions. Particular attention will be paid to reducing the health gap for communities that experience multiple disadvantage such as Aboriginal communities, refugees and those of lower socio-economic status.

#### State Plan priorities and targets

F1: Improved health and education for Aboriginal people

Targets set by Government will be met by a range of contributing agencies

F2: Increased employment and community participation for people with disabilities

Increase community participation for people with a disability

F3: Improved outcomes in mental health

Increase community participation rates of people with a mental illness by 40% by 2016

R4: Increased participation and integration in community activities

Increase participation in volunteering, sports, cultural and artistic activity especially for people from low income, non-English speaking and Aboriginal communities

## What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 4a Actively participate in and develop appropriate forums to build the capacity of the region to respond to current and anticipated health issues
- 4b Engage and involve stakeholders in the development of SSWAHS policies, plans and initiatives

# 4a Actively participate in and develop appropriate forums to build the capacity of the region to respond to current and anticipated health issues

Planning and development at a regional level recognises the importance of the context in which people live and work. Regional collaboration allows for the sharing of resources, the development of partnerships to enable effective and efficient service provision and improved coordination between agencies and services. Further, comprehensive planning undertaken at a regional level allows for the setting of priorities for investment, thereby creating efficiency with respect to competition for scarce resources.

State Plan Link	Key programs and initiatives over the next 5 years		Measuring success against our Plans
F4 R4	4a.1	Participate in existing regional forums (eg. Regional Coordination Management Group, Senior Officers Groups) to raise the profile of health issues across government agencies	<ul> <li>Membership on regional forums</li> <li>Implementation of strategies arising from regional forum initiatives</li> </ul>
	4a.2	Participate in community renewal activities across SSWAHS including those for:  Redfern/Waterloo Macquarie Fields Bonnyrigg Miller Riverwood Cabramatta	<ul> <li>Health issues incorporated into community renewal projects/plans</li> <li>Health actions from relevant plans completed (%)</li> </ul>
F4	4a.3	Actively participate in the Sydney Metropolitan Strategy Health Impact Assessment project reference group	<ul> <li>Ongoing membership on reference group</li> </ul>
F1	4a.4	Enhance and strengthen partnerships with Aboriginal people and other key groups to achieve measurable health improvements for Aboriginal people	<ul> <li>Increase screening for Otitis Media in Aboriginal children (0-6 years) to 85%</li> </ul>

State Plan Link	Key programs and initiatives over the next 5 years		Measuring success against our Plans	
	4a.5	Engage external agencies in disaster planning initiatives		Ongoing attendance of SSWAHS staff at District Emergency Management Committees (DEMC) Ongoing attendance of DEMC representatives at SSWAHS Area Disaster Committee DEMC involved in annual disaster planning exercises

# 4b Engage and involve stakeholders in the development of SSWAHS policies, plans and initiatives

SSWAHS cannot develop policies, plans and initiatives in isolation from the communities we serve, nor from the broad range of staff within the Area who have significant expertise to contribute. SSWAHS is committed to implementing a collaborative approach to the development of plans, policies and initiatives in order to ensure that they meet the needs of the community, are flexible and responsive, reflect best practice and are financially sustainable. This collaborative approach builds upon the work already undertaken in the former South Western Sydney Area Health Service Community Participation Framework, a Baxter Health Award winning project.

State Plan Link		programs and initiatives over the years	Ме	asuring success against our Plans
R4	4b.1	Review and evaluate the SSWAHS Community Participation Framework		University of NSW research project on consumer participation mechanisms complete
	4b.2	Support the Area Health Advisory Council (AHAC) to participate in the development of SSWAHS plans/policies and initiatives		At least 8 AHAC meetings held annually Process developed and used to enable AHAC members to contribute the development of plans/policies/ initiatives Biannual Business Plan developed addressing areas of influence eg. the development of service networks
	4b.3	Expand community involvement in the Consumer/Community Council and local networks		Number of members on the Consumer/ Community Council and involved in local networks
S8	4b.4	Utilise the Guidelines for Collaboration in Delivering Human Services in NSW when working with partner organisations		Guidelines utilised when working with partnership organisations Improved collaboration
S1	4b.5	Establish and facilitate regional networks for dementia to reduce service fragmentation between acute, community and residential settings	•	Number of agencies/ organisations participating in the dementia networks
S1	4b.6	Establish a Transport for Health Implementation Group (THIG), which includes a reference group consisting of a range of stakeholders	:	THIG established Collaborative implementation of strategies from the Transport for Health plan

# Make smart choices about the costs and benefits of health services

As the costs of health care continue to rise, consuming a growing share of Government and consumer resources, greater rigour, broader community participation, stronger accountability and a solid evidence base are required to decide how available funds should be spent.

What we are striving for in 2010 is a health system that makes the most effective use of the finite resources available and manages costs effectively to ensure financial sustainability. Services and infrastructure provided to meet the State's health care needs must be carefully planned with community and clinician input. They must also be managed efficiently based on solid evidence of effectiveness and health impact. Resources will need to be shifted to support early intervention and prevention programs.

#### **State Plan priorities and targets**

F4: Embedding prevention and early intervention into Government services

The Government will produce the policy framework for early intervention by the end of 2006/07 and benchmark and set targets for agency performance by no later than 2008/09

P2: Maintain and invest in infrastructure

Develop and report measures of maintenance effectiveness

### What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

5a Strengthen the financial sustainability of SSWAHS

5b Provide the information necessary to support decision making

#### 5a Strengthen the financial sustainability of SSWAHS

SSWAHS is a \$1.8 billion organisation which receives revenue from a variety of different government and non-government sources, including direct patient contributions. Strengthening the financial sustainability of SSWAHS will enable the optimal use of resources to deliver health care and to manage our broad asset base, both human and physical.

State Plan Link		programs and initiatives over the 5 years	Ме	asuring success against our Plans
P2	5a.1	Continue to develop and implement the Area Financial Management Plan		Financial Management Plan developed and being implemented Increase efficiency of financial management by tracking:  Net cost of service, general fund (general),  Variance against budget (%)  Creditors > Benchmark - (\$000)  Major & minor works - variance against BP4 capital allocation (%)
F4			•	Increase the share of the health budget allocated to prevention and early intervention
	5a.2	Identify and pursue revenue generating opportunities	-	Percentage growth in revenue
S1	5a.3	Increase the number of clinical staff employed to provide direct service to clients	•	Proportion of total staff (%) that are "clinical", i.e. medical, nursing, allied health professionals, and dental clinicians (%)
P2	5a.4	Participate in integrating corporate services to deliver savings for reinvestment in frontline health services through participation in HealthSupport shared services initiatives		Increase investment of savings achieved from reform of backroom processes and support services in frontline clinical health services  Participation in shared services reform including payroll, linen, food and other non clinical services

#### 5b Provide the information necessary to support decision-making

Within the dynamic environment of health and health service delivery, it is necessary to ensure that accurate and up to date information is available to support decision making, both at a strategic and operational level. Having a clear, identified direction in the way in which clinical streams and services will need to develop to meet future demand is vital. Further it is essential to have sound information systems at a local level to monitor progress towards these strategic goals and to support decisions with regard to the effectiveness and efficiency of services.

State Plan Link		programs and initiatives over the 5 years	Ме	easuring success against our Plans
S8	5b.1	SSWAHS health profile available to inform managers, clinicians and the community	•	SSWAHS health profile accessible via SSWAHS website
	5b.2	Prepare strategic clinical service and/or clinical stream plans/strategies as required to support the allocation of resources		Resource allocation is subject to agreed plans/strategies Increase the effectiveness of resource allocation through the continuum of care
S1 F5	5b.3	Develop new performance indicators which are based on client outcomes, in order to measure the effectiveness of services		New performance indicators developed and integrated into management processes
S1	5b.4	Develop a performance framework promoting evidence based management and continuous improvement		Performance dashboards developed and integrated into management processes
	5b.5	All units develop Business or Operational Plans consistent with the Strategic Plan to strengthen strategic decision making and planned, progressive improvement		Business or Operational Plans developed based on the SSWAHS Strategic Plan
	5b.6	Develop a knowledge management role within SSWAHS	•	Knowledge management strategy developed
P2	5b.7	Implement the SSWAHS Information Management & Technology (IM&T) Strategy	•	SSWAHS IM&T Strategy implemented Invest in electronic information systems to support clinicians delivering improved clinical outcomes (waiting times for operating theatres, waiting times for initial diagnoses)
	5b.8	Implement an Electronic Health Record, allowing integration between facilities and settings	•	Electronic Health Records are used in all SSWAHS facilities

Further work is being undertaken to develop measures and targets in relation to this strategic direction.

# Build a sustainable health workforce

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the current shortfall in the supply of health professionals is one of our key priorities for the future. A shortage of staff or uneven distribution of staff will limit consumer access to the health care needed.

What we are striving for in 2010 is a health system that values its workforce as a vital resource and treats staff fairly and with respect. The health workforce needed for 2010 will be increased, trained, organised and deployed creatively and intelligently to focus on the changing needs of health consumers, carers and the wider population.

#### State Plan priorities and targets

P4: More people participating in education and training throughout their life

Increase participation in vocational education and training

P7: Better access to training in rural and regional NSW to support local economies

Increase regional participation in vocational education and training

## What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 6a Ensure SSWAHS is the Area Health Service in which people want to work in and in which they can build a career
- 6b Ensure our workforce profile is matched to the needs of our community, both in terms of numbers and skills

# 6a Ensure SSWAHS is the Area Health Service in which people want to work in and in which they can build a career

SSWAHS is competing in both the local and global market to attract a diminishing pool of skilled staff. In order to be competitive in this market, SSWAHS must ensure that it is able to offer existing and potential staff unique and satisfying work opportunities and a supportive work environment.

State Plan Link	Key programs and initiatives over the next 5 years		Measuring success against our Plans
	6a.1	Refine recruitment processes through the establishment of centralised, coordinated systems and migration of processes on-line	<ul> <li>An updated, centralised SSWAHS recruitment service is established</li> </ul>
	6a.2	Ensure all staff are provided with a comprehensive orientation program	<ul> <li>All new employees attend an orientation program</li> <li>Feedback received on the orientation experience through the completion of a first 100 day survey</li> </ul>
P4	6a.3	Promote career and employment opportunities (including school based traineeships) to the local community through a range of mechanisms	<ul> <li>Attendance at career expos</li> <li>Health careers information program established in local schools</li> <li>Number of students commencing/completing traineeships</li> </ul>
P7	6a.4	Deliver in-house workforce development programs through the SSWAHS Centre for Education and Workforce Development and undertake program evaluation	<ul> <li>Programs reviewed against         Development Frameworks and incorporation of results in new versions     </li> <li>Participation of staff in programs</li> </ul>
	6a.5	Expand the provision of more flexible delivery methods eg. Elearning	<ul><li>Number of programs offered annually</li><li>Participation of staff in programs</li></ul>
	6a.6	Provide career and study pathways through nationally recognised on the job training	<ul> <li>Maintain the status of SSWAHS as a delivery site of the NSW Health Registered Training Organisation</li> <li>Number of courses successfully completed</li> <li>Traineeships offered to existing staff</li> </ul>
F1	6a.7	Implement key findings of the Aboriginal and Torres Strait Islander Workforce Development Program project	<ul> <li>All participating staff have a Personal Development Plan - % of actions completed within timeframe</li> <li>Cadetships/traineeships to increase numbers of Aboriginal staff in mainstream roles</li> </ul>
	6a.8	Promote occupational health and safety in the workplace	<ul><li>Reduce the incidence of workplace injuries (%)</li><li>Claim rate [claims / 100 FTE]</li></ul>
	6a.9	Investigate opportunities to continually improve the work environment, including work-life balance, recognising performance and supporting staff through employee assistance and health living programs	<ul> <li>Reduce staff turnover in line with industry best practice— permanent staff separation rate (%)</li> <li>Reduce paid sick leave hours taken per year by FTEs by 5% each year until 2009 and sustain improvement</li> </ul>

# 6b Ensure our workforce profile is matched to the needs of our community, in terms of numbers and skills

SSWAHS is committed to maintaining and developing a health workforce which is sustainable, knowledgeable, skilled and adaptable and is seeking creative opportunities to ensure this can be achieved. Further, SSWAHS is focussed on ensuring that a capable workforce is able to meet the needs of the population and that emerging trends in the community are identified early, so that the workforce can be developed to respond to these needs in a timely manner.

State Plan Link	next 5 years		Mea	asuring success against our Plans
S1	6b.1	Develop and implement the SSWAHS Workforce Strategic Plan to guide workforce planning and management in SSWAHS linked to the Area Healthcare Services Plan		SSWAHS Workforce Strategic Plan developed and being implemented Proportion of actions completed according to timeframe Increase in job redesign changes related to different models of care
	6b.2	Prepare a monthly workforce profile to document changes in the SSWAHS workforce over time. Expand the capability of the profile to include qualitative measures	•	Monthly workforce profile prepared
	6b.3	Develop workforce performance indicators to measure the success of our workforce strategies		Workforce performance indicators developed and reported on
	6b.4	Work with tertiary institutions to develop workforce capabilities in identified areas and to ensure the provision of high quality clinical placements	•	Number of students in annual intakes
F1	6b.5	Expand the Aboriginal Health workforce to ensure representation of Aboriginal people across all key clinical and non-clinical areas		Increase the proportion and distribution of Aboriginal staff to meet the demand for services  Number of traineeships and cadetships offered and completed % of actions from Personal Development Program completed within timeframe
	6b.6	Build the capacity of the workforce to provide clinical supervision, with an initial focus on nursing		Number of staff successfully completing nursing and midwifery program Number of professional groups to which the program is available Increase the proportion and distribution of clinical staff in order to meet the demand for services
	6b.7	Develop the skills and capacity of the SSWAHS workforce in specialty nursing areas through the continued provision of internal Graduate Certificate in Specialty Nursing programs and through the development of additional accredited higher education programs		Number of nursing staff working in specialty areas % of courses successfully completed

State Plan Link		orograms and initiatives over the years	Mea	suring success against our Plans
S2 F4	6b.8	Implement education programs for staff and General Practitioners (GPs) to increase the capacity of health services to respond to the needs of people who are refugees		Education program implemented and evaluated Annual number of participants

Further work is being undertaken to develop measures and targets that reflect improvement in the education and training of the health workforce.

STRATEGIC DIRECTION 7

# Be ready for new risks and opportunities

The NSW health system is a large, complex system that must continually adapt in a dynamic environment to meet the community's changing health needs. The system's capacity to be ready to respond strategically to all situations, both predicted and unexpected, cannot be taken for granted.

What we are striving for in 2010 is a health system that is alert to the changes in the world around it as well as quick to anticipate and respond to new issues as they emerge. It must be flexible enough to adapt to new circumstances and robust enough to sustain itself in the face of external pressures.

#### State Plan priorities and targets

E3: Cleaner air and progress on greenhouse gas reductions

- Meet national air quality goals in NSW
- Contribute to cutting greenhouse emissions by 60% by 2050

### What we will do

The following objectives, strategies and measures focus on what we will do at SSWAHS to meet the NSW State Plan and State Health Plan priorities and targets, addressing our particular population needs and circumstances.

Our measures of success include the State Plan and State Health Plan targets.

#### **SSWAHS** objectives

- 7a Build the capacity and reputation of SSWAHS as a leader in health research and education
- 7b Respond to changes in the operating environment of SSWAHS in a timely manner

# 7a Build the capacity and reputation of SSWAHS as a leader in health research and education

SSWAHS already makes a significant contribution to research and education in health at a variety of levels. SSWAHS has close relationships with numerous tertiary institutions in relation to the development of clinical and research skills.

State Plan Link	Key programs and initiatives over the next 5 years		Ме	easuring success against our Plans
P2	7a.1	Develop a Research and Teaching Plan for SSWAHS	-	Research and Teaching plan developed and being implemented Assess research outputs to ensure they are driven by health priorities and policies
S1	7a.2	Develop a Research Institute for the South West based at Liverpool Hospital	•	Research Institute established in purpose built facility
	7a.3	Build effective academic partnerships through the appointment of academic leaders		Percentage increase in academic appointments across SSWAHS
P2	7a.4	Increase the number of grants and fund raising activities	•	Annual number of research grants generated
	7a.5	Improve the profile of research activities within SSWAHS	•	Annual number of publications generated by SSWAHS staff in peer reviewed journals
P4 P7	7a.6	Develop a teaching relationship with the University of Western Sydney Medical School		Number of medical students from University of Western Sydney linked with SSWAHS facilities Number of clinical appointments associated with the University of Western Sydney

# 7b Respond to changes in the operating environment of SSWAHS in a timely manner

The environment in which SSWAHS functions is constantly changing. SSWAHS is experiencing rapid population growth and population ageing. Combined, these phenomena will result in a significant increased demand for the full range of health services over the next ten to twenty years. Being prepared through undertaking rigorous planning and having strong corporate governance will enable SSWAHS to consistently respond to the changing needs and expectations of the community.

State Plan Link		rograms and initiatives over the years	Measuring success against our Plans	
S8	7b.1	Undertake an environmental scanning and health service forecast process with a 10 year timeframe consistent with the Area Healthcare Services Plan (AHSP)	•	Environmental scan and health service forecast reviewed every 5 years
	7b.2	Develop a process to update and implement the AHSP	•	Implementation of the AHSP monitored and plan updated every 5 years
P2	7b.3	Continue to implement existing Asset Plans whilst developing and undertaking staged implementation of a SSWAHS Asset Strategic Plan		SSWAHS Asset Strategic Plan developed Implementation in accordance with funding allocations, including:  Liverpool Hospital Redevelopment  Concord Mental Health Development (Relocation of Rozelle Hospital)  Royal Prince Alfred Hospital Stage 2 Redevelopment (laboratories)  Planning for Redfern Community Health Centre
F4 E3	7b.4	Participate in Health Impact Assessment (HIA) projects	•	HIA process piloted on the Liverpool Hospital redevelopment
	7b.5	Develop a Risk Management Plan	•	Risk Management Plan developed and being implemented
	7b.6	Develop a Disaster Plan and associated supporting plans eg. pandemic influenza		Disaster Plan and associated supporting plans developed and response systems in place Continually update disaster response capability Review adequacy of population health surveillance and early warning systems Influenza pandemic bio-preparedness checklist items fulfilled (weighted score)
	7b.7	Develop an annual Operational Plan	•	Annual Operational Plan developed, implemented and evaluated
E3	7b.8	Develop mechanisms to respond to environmental risks including climate change, air, water and noise pollution	•	Implement through Risk Management to meet Government targets

Further measures are under development.

# The planning process

Since 2005, NSW Health has been developing an Integrated Strategic Planning Framework to provide a consistent approach to strategic planning and service delivery priorities across all areas of NSW Health.

The framework establishes an aligned set of planning documents, with defined and coherent links between strategic planning, service and operational plans, budgets and other resource accountabilities, and strategy implementation. It links operational, strategic and futures planning at system and local levels. It outlines the range of plans and supporting documents that comprise the strategic and service priorities for NSW Health over the next five years, and through to a 20 year horizon.

A key feature of the planning process at state and local levels has been extensive consultation with the community, patients and carers, stakeholders, managers and staff. Area Health Advisory Councils, Health Priority Taskforces and special working groups have contributed to these activities, resulting in a rigorous and comprehensive framework that will focus NSW Health's priorities for the future.

NSW Health's futures planning involved state-wide consultation and participation in Futures Forums held in each area, resulting in *Fit for the future: Future directions for health in NSW – Towards 2025.*<sup>1</sup>

A new direction for NSW: State Health Plan towards 2010<sup>2</sup> outlines NSW Health's corporate priorities for the next five years. It forms the model for local strategic plans, to ensure core Government policy commitments are met, and to promote a common approach to performance measurement and reporting.

The NSW State Plan, A new direction for NSW sits over NSW Health's plans and includes key priorities and targets for health, to which NSW Health has committed over the next ten years.

Since its establishment in January 2005, SSWAHS has been through a rigorous process of review and planning, in order to facilitate the amalgamation of the two former Area Health Services and to set a strategic direction to meet current and future needs. In developing the SSWAHS Strategic Plan, input has been reviewed and synthesised, in order to be consistent with the Seven Strategic Directions. A strategic corporate planning workshop was held on the 13 July 2006, involving community, senior clinicians, nurses, allied health professionals, GPs and Area Health Service managers. The purpose of the workshop was to discuss objectives and initiatives under each strategic direction. A second draft of the SSWAHS Strategic Plan was developed as a result of this workshop and targeted consultation. Version Two was circulated to the Area Health Advisory Council in July 2006.

Building on the direction outlined in the Strategic Plan, SSWAHS will develop an annual Operations or Business Plan, which will identify priorities for action over the next financial year. The implementation of the Operations/Business Plan against the Strategic Plan will be monitored by the Area's Performance Monitoring, Analysis and Clinical Redesign Unit and reported annually. Further, relevant units of SSWAHS will also develop Operational/Business Plans in this format to ensure the whole organisation is focussed on achieving the shared SSWAHS and NSW Health vision of Healthy People - Now and in the Future.

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<sup>&</sup>lt;sup>1</sup> www.health.nsw.gov.au March 2007

<sup>&</sup>lt;sup>2</sup> www.health.nsw.gov.au March 2007

#### SSWAHS STRATEGIC DIRECTIONS MAP 2006 - 2010 Strategic Direction 2 Strategic Direction 1 Create better experiences for people using health Make prevention everybody's business services SSWAHS Objectives SSWAHS Objectives Encourage the adoption of healthy lifestyles and the Utilise collaborative processes involving consumer feedback & information from health care reporting development of healthy environments systems to continuously improve the quality & safety Reduce health disadvantage of health services Improve awareness of prevention activities and Improve service access, efficiency & effectiveness services Provide integrated & networked care across the whole of SSWAHS GOALS 1. To keep people healthy Strategic Direction 3 Strategic Direction 7 To provide the health care people need Strengthen primary health and continuing care in the Be ready for new risks and opportunities 3. To deliver high quality health services community 4. To manage health services well SSWAHS Objectives SSWAHS Objectives **NSW HEALTH VISION** Build the capacity and reputation of SSWAHS as a Expand the range of services available in the Healthy People - Now and in the Future leader in health research and education community and domiciliary setting Respond to changes in the operating environment SSWAHS VISION Increase the focus of SSWAHS activities on early of SSWAHS in a timely manner For our Communities intervention Vibrant communities who enjoy & value good health & who work with us to improve health for everyone For our Organisation & Staff An energetic & progressive team delivering innovative health care and inspiring pride & Strategic Direction 4 Strategic Direction 6 confidence through a determined pursuit of Build regional and other partnerships for health Build a sustainable health workforce excellence SSWAHS VALUES SSWAHS Objectives SSWAHS Objectives Justice Respect Reflectiveness Actively participate in and develop appropriate forums • Ensure SSWAHS is the Area Health Service in which Integrity Flexibility Conviction to build the capacity of the region to respond to people want to work in and in which they can build a current and anticipated health issues Ensure our workforce profile is matched to the needs Engage and involve stakeholders in the development of SSWAHS policies, plans and initiatives of our community, in terms of numbers and skills Strategic Direction 5 Make smart choices about the costs & benefits of health & health support services SSWAHS Objectives Strengthen the financial sustainability of SSWAHS Provide the information necessary to support decision making