



Keeping People Healthy: Prevention Strategy to 2028



Foreword

Empowering the people of south western Sydney to live as long and healthy lives as possible is the goal of the South Western Sydney Local Health District Prevention Strategy. To achieve this, we need to act early to protect and promote the health of populations across our region. When people are well, they are able to participate fully in their family, community, workplace and other settings. At South Western Sydney Local Health District we aim to be a leader in prevention in NSW.

Preventing ill health and injury and promoting healthy lifestyles supports our community to achieve a high quality of life over many years. Many factors influence health. Lifestyle such as diet and fitness, socioeconomic factors such as income and education, and environmental factors such as the settings in which we live, work and learn, all play a role. As a health service, we have the opportunity to influence each of these.

Keeping People Healthy is a bold strategy encompassing a holistic approach that considers the distinct needs and circumstances of communities in south west Sydney.

In our health settings, we address more than a person's immediate health needs, we have the opportunity to support them to maintain their health and prevent future ill health or injury.

Embedding prevention approaches within our services will identify and manage potential health risks earlier and improve health equity. This will include enhancing access to screening services, adjusting referral pathways and reviewing models of care.

We will continue to work collaboratively with our partners to address policies and settings that influence health and environments. Our work will address the specific social, cultural and economic determinants of health. Strengthening partnerships outside of health including local community members, groups, and other government agencies will support this work.

We thank all District staff, our partner organisations and communities for their contribution to this strategy and look forward to continuing to work with you for the benefit of all of south west Sydney.



Mr Sam Haddad
Board Chair, SWSLHD



Sonia Marshall,
Acting Chief Executive,
SWSLHD



Mandy Williams
Director, Population Health










Summary and strategy on a page

The South Western Sydney Local Health District (SWSLHD) has a strong commitment to prevention, and a range of existing plans already incorporate prevention to

- address behavioural risks and address priority health issues,
- improve the health of priority populations, and
- create environments that support the health of our communities.

Keeping People Healthy: SWSLHD Prevention Strategy 2028 (the Prevention Strategy) seeks to build on, but not duplicate this work. The Prevention Strategy sets out three change priorities that will add value to current work, build innovation and cement the District as a leader in prevention.

Actions and activities are informed by practice principles, which have been drawn from the literature to ensure actions and activities are embedded in good practice.

Prevention Strategy: Change priorities and practice principles		
Change priority 1: Embed prevention in clinical service		Establish the mandate and organisational environment for preventive care
		Partner with clinicians, patients and community to co-design models of care
		Build internal capability and support systems
Change Priority 2: Make equity and diversity central		Integrate equity in local health district policies and plans and adapt services to meet level of need
		Involve communities in decisions that affect their health and health care
		Partner with stakeholders to address determinants and policies that create the conditions for health
Change Priority 3: Use data, evidence and research to drive innovation and value		Generate high quality prevention research
		Use evidence to inform high value prevention
		Build capacity and capability for prevention research

The SWSLHD Strategic Plan 2023–2028, provides the overarching framework for the Prevention Strategy, which specifically relates to the strategic direction to ‘strengthen and promote healthier communities.’ This plan also aligns with the SWSLHD Transforming Your Experience Strategy which supports the delivery of safe quality care and positive experiences for consumers, communities and our partners.

SWSLHD Prevention Strategy on a Page		
Our vision	Leading safe, sustainable care for a healthier community	
Our Values	Collaboration, Openness, Respect, and Empowerment	
Our objective	To strengthen and promote healthier communities	
Change priority	Actions	What success looks like
1. Embed prevention in clinical services	1.1 Establish a new antenatal model of care 1.2 Optimise preventive health brief intervention and referral 1.3 Increase patient preventive health messaging 1.4 Apply lessons from antenatal redesign to other priorities 1.5 Trial innovative approaches to support healthy ageing	<ul style="list-style-type: none"> Enhanced consumer focused referral pathways to services to improve health and wellbeing are embedded in the health system and monitored for use and impact Referrals from clinical services to other clinicians and programs are embedded in PowerChart SWSLHD achieves population health KPIs and improvement measures
2. Make equity and diversity central	2.1 Optimise the delivery of state-wide programs to meet local needs 2.2 Partner to address the social and environmental determinants of health 2.3 Improve health literacy 2.4 Engage consumers in prevention 2.5 Systematise making equity and diversity central	<ul style="list-style-type: none"> Priority populations have more equitable outcomes and access to preventive care Consumer representatives provide perspectives in the co-design and implementation of prevention interventions SWSLHD works collaboratively with other agencies to improve health, social and environmental outcomes Our workforce meets the future needs of community and reflects its diversity
3. Use data, evidence and research to drive innovation and value	3.1 Support the generation and use of practice relevant research 3.2 Build research and evaluation culture capacity and capability 3.3 Involve consumers in research 3.4 Advance SWSLHD prevention research 3.5 Increase the accessibility of data to inform local prevention practice	<ul style="list-style-type: none"> There is an increased number of and income from successful competitive grants There is an increase in translation of research into evidence-informed prevention interventions

Strong leadership, collective commitment and accountability will create momentum, drive the implementation of the Prevention Strategy and sustain change. A mid-point review will be undertaken to inform ongoing implementation and the final evaluation will inform future prevention plans.

Setting the scene

The central role of prevention in South Western Sydney Local Health District

SWSLHD has a proud history of prevention and working in partnership to address the determinants of health. We are committed to our responsibility under the Health Services Act 1997 to promote, protect and maintain the health of our community and understand the benefits of prevention for individuals, our communities, our health service and our region.

“Prevention should be part of our DNA, part of the work ethic...it’s not something we should do separately” SWSLHD Consumer

There are good reasons to prioritise prevention

- While Australians are living longer, we also have the third highest number of years spent in ill health compared to other high-income countries.¹
- More than a third of Australia’s burden of disease is potentially preventable.²
- Prevention has positive health, social and economic benefits and can contribute to a sustainable health system.³
- Prevention is supported by our community.⁴

The COVID-19 pandemic reminds us of the fundamental importance of a healthy community. People with chronic conditions were more likely to have severe illness from coronavirus, some people experienced negative impacts on wellbeing, and the pandemic impacted preventive care (e.g., decreased cancer screening). Lockdown restrictions and social distancing in SWSLHD also brought into sharp focus the need for deep engagement with our communities and the role of equity in health outcomes. Although the pandemic created strain

on the local health district, it was agile and adaptive in its response. As we move into the next phase of the pandemic it will be important to learn from this experience and recover lost ground in prevention.

“Take into consideration the effects of COVID, for example... kids aren’t coming back to sports as parents enjoy having the weekend back”

SWSLHD Consumer

Many Australians support prevention

There is strong and continued support among the Australian community for government-led intervention to stem the rising tide of chronic disease.⁴

When asked to choose between a series of health initiatives, community members often believed that prevention actions would make the most difference to community health. For example, 70% thought setting limits of salt in processed foods would make more difference than subsidising drugs that lower blood pressure.

In developing the Prevention Strategy, South Western Sydney Primary Health Network (SWSPHN) facilitated consumer engagement which confirmed that the overwhelming majority of respondents agreed SWSLHD has a role to play in prevention, for both physical and mental health.⁶

1 Productivity Commission, Shifting the Dial: 5 Year Productivity Review, Inquiry Report

2 Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018. Australian Burden of Disease Study series no. 23. Cat. no. BOD 29. Canberra: AIHW.

3 Howse, E, Crosland, P, Rychetnik, L, Wilson, A. The value of prevention: An Evidence Check rapid review brokered by the Sax Institute for the Centre for Population Health, NSW Ministry of Health. Sydney, Australia: The Australian Prevention Partnership Centre, 2021

4 Grunseit, A. AUSPOPS 2016–2021: Third national report. The Australian Prevention Partnership Centre, June 2021.

5 SWSPHN. Primary Health Network Program Needs Assessment Reporting Template. February 2022. Accessed 17/11/2022

6 SWSPHN Health Chat survey, December 2022; unpublished data

What is prevention?

In the context of health, prevention includes taking measures to keep people healthy and well and to avoid the onset of disease or injury. The goal of prevention is to maintain and improve the health and wellbeing of the entire population while simultaneously reducing health disparities between priority population groups and the general population. There are several types of prevention which are categorised based on the stage of health at which they are implemented. They include:

1. Primordial prevention focuses on addressing the broader determinants of health by reducing the environmental factors, hazards and social factors that negatively impact health.
2. Primary prevention focusses on reducing risk factors to prevent disease, this can include behaviour changes, biomedical factors and protective factors.
3. Secondary prevention focuses on the early detection and best practice management of a disease or disorder to reduce deterioration and long-term effects.
4. Tertiary prevention focuses on reducing harms in people with a disease or disorder and minimising their functional impairment and improving quality of life.



Prevention efforts can focus on the whole population. They can also be effective when they are targeted to different sub-populations or communities based on need.

- Universal prevention is a broad approach for the entire population e.g., fluoridated water.
- Selective prevention focuses on people with a greater risk of developing a disease or disorder, e.g., breast cancer screening for females between 50-74 years of age.
- Indicated prevention targets people at high risk, e.g., injecting drug users or prisoners.

Prevention is a local, state and national priority

Strengthening and promoting healthier communities is one of five strategic directions outlined in the SWSLHD Strategic Plan 2023-2028.

This commitment is also reflected in state and national plans. At a state level, Future Health: Guiding the next decade of care in NSW 2022-2032 describes the NSW Health system as benefitting from a stronger focus on prevention and the National Preventive Health Strategy 2021-2030 provides the overarching framework for national action in prevention (Figure 1).



Figure 1: Objectives relating to the NSW Future Health Strategy strategic outcome ‘people are healthy and well’ and the National Preventive Health Strategy framework for action

South Western Sydney Local Health District is a diverse and changing region

<p>SWSLHD is culturally diverse</p>	<p>Around 43% of the population were born overseas compared with 36% for NSW. In Fairfield local government area (LGA), 75% of residents speak a language other than English at home, followed by Bankstown and Liverpool LGAs where 62% and 59% of residents speak a language other than English at home, respectively.</p> <p>Around 10% of the population identify they speak English ‘not well or not at all’ which is almost more than double the state average (4.5%). In Fairfield, 20% of people have little or no English language proficiency.</p> <p>Most humanitarian entrants who arrive in NSW settled in SWS, predominantly in Fairfield and Liverpool LGAs. In 2016, around 20,000 people in SWS identified as Aboriginal and/or Torres Strait Islander (2% of the total population).</p>
<p>SWSLHD is large and geographically diverse</p>	<p>Over a million people live in SWSLHD accounting for 12.5% of the NSW population. The region spans 6,243 square kilometres and includes urban, rural and semirural areas and significant national park and conservation areas.</p>
<p>SWSLHD is one of the fastest growing regions in the state</p>	<p>Substantial population growth is projected over the next 15 years, ranging from 7.3% in Fairfield LGA and 58% in the Macarthur region, driven by high fertility rates and urban development.</p> <p>The South West Growth Area is one of three growth areas in SWS. It adjoins the Western Sydney Aerotropolis, the Glenfield to Macarthur and the Sydenham to Bankstown Urban Renewal Corridors.</p> <p>The other growth areas are Wilton and Greater Macarthur.</p>
<p>SWSLHD is an area with significant social and economic disadvantage</p>	<p>Seventy percent of the population live in areas of relative socioeconomic disadvantage; six suburbs within the LHD were ranked among the most disadvantaged in NSW. A high proportion of the NSW population living in severely crowded dwellings reside in SWSLHD.</p> <p>Around 61,000 people in the region have a profound or severe disability.⁶</p>
<p>SWSLHD is young but also has a growing older population</p>	<p>SWSLHD has a relatively young population, with 21% of residents under 15 years of age and a further 14% in the 15–24-year age range.⁷</p> <p>The number of older people aged 65 years and over is expected to grow by 74% to 221,000 people by 2031.</p>

Figure 2: Regional snapshot

⁶ NSW Department of Planning and Environment. South West Growth Area. Accessed 31/10/22

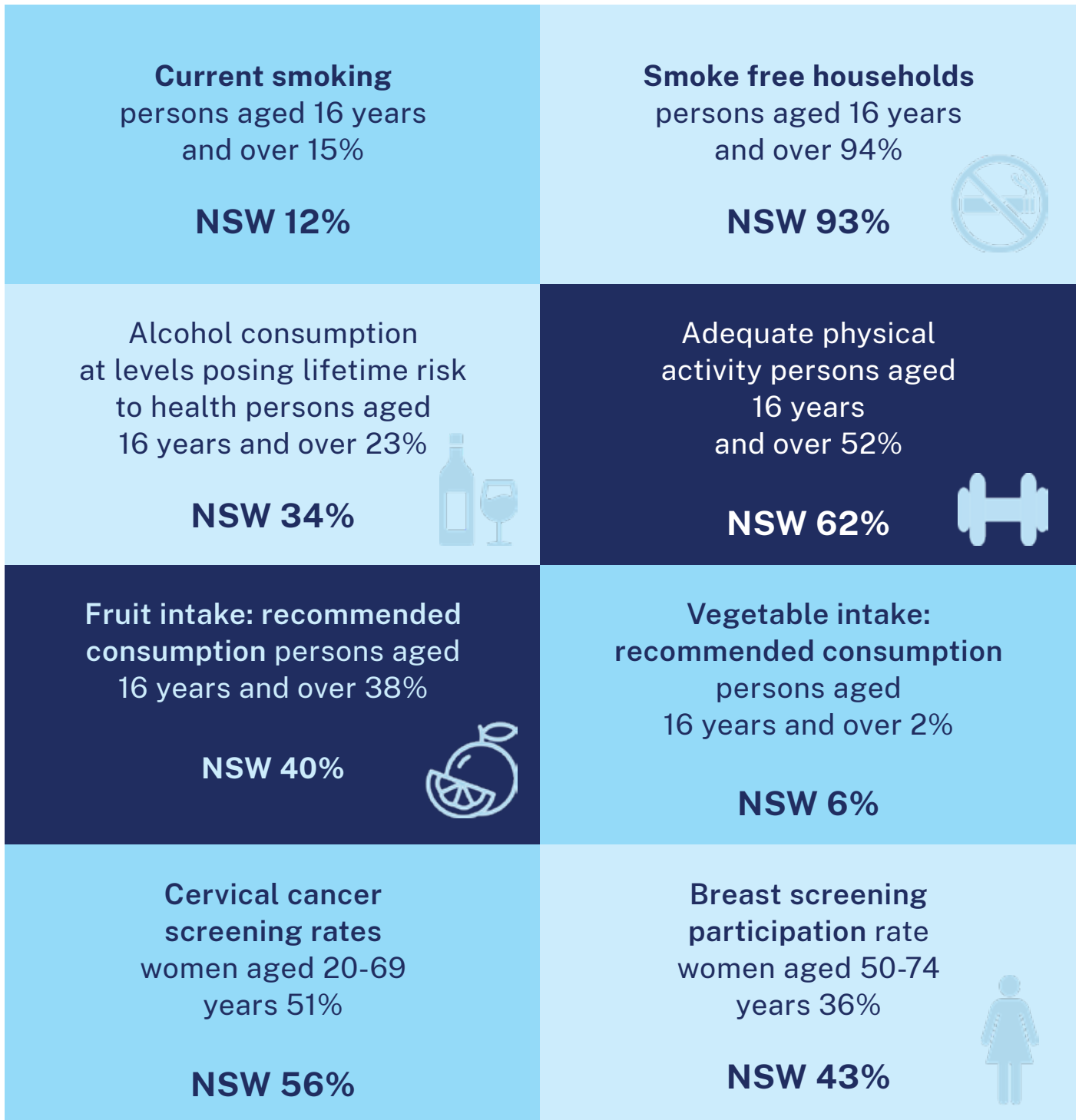
⁷ SWSPHN. South West Sydney: Our health. An in depth study of the population now and into the future. 2018. Access 22/11/2022

⁸ SWSPHN. Primary Health Network Program Needs Assessment Reporting Template. February 2022. Accessed 17/11/2022

Responding to the health challenges of our community

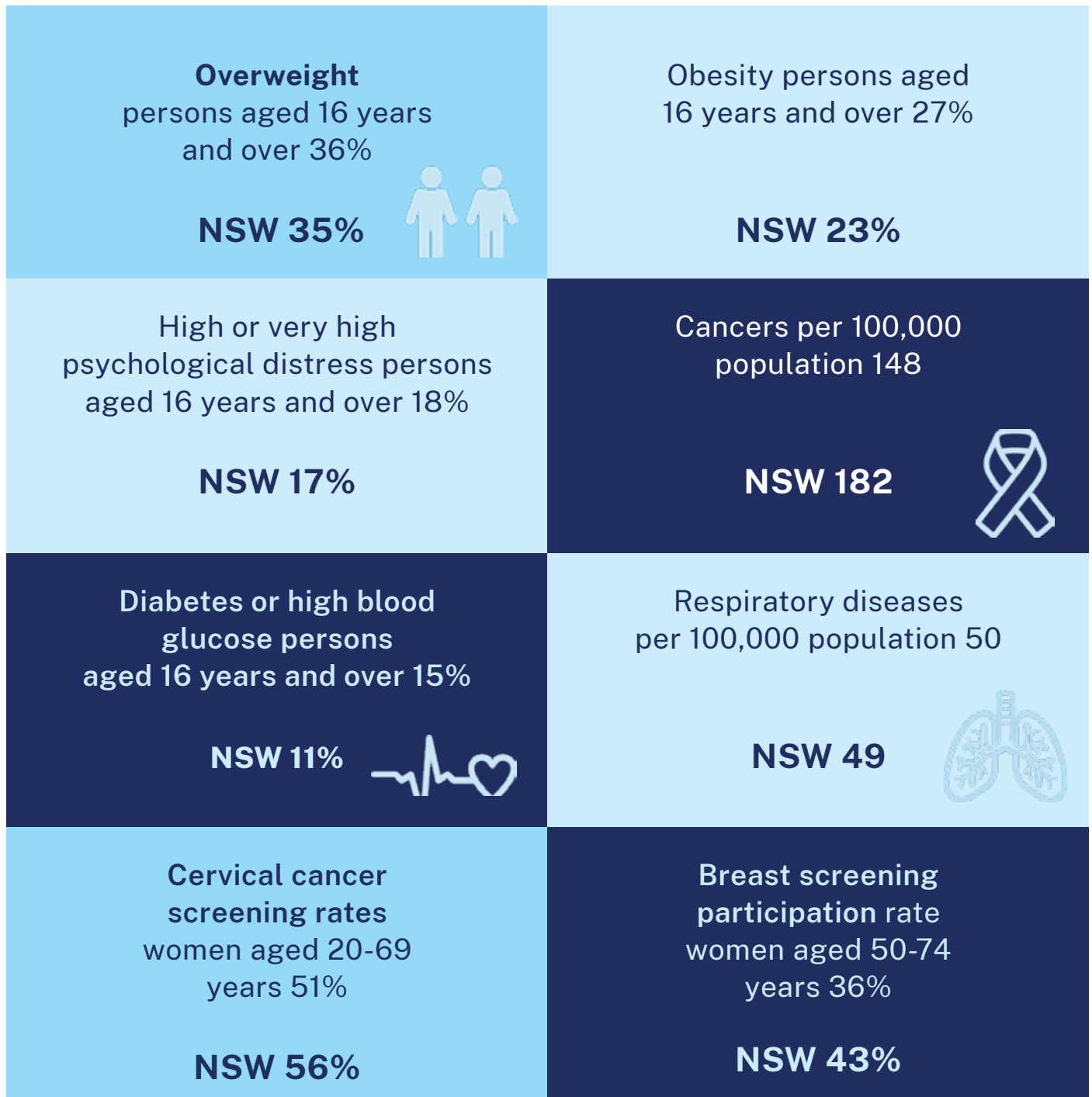
The SWSLHD Snapshot 2022 provides a high-level overview of health behaviours and health status for the region and is replicated here. More detailed information is available in the SWSPHN Program Needs Assessment.⁹

Our Health Behaviours

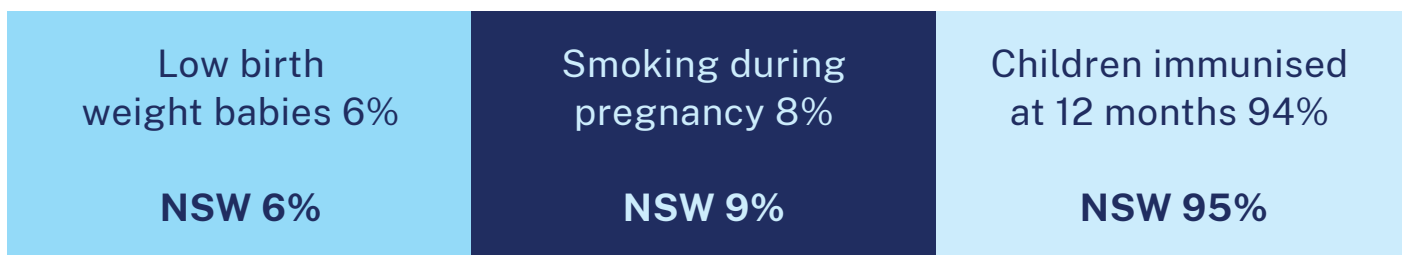


⁹ SWSPHN. Primary Health Network Program Needs Assessment Reporting Template. February 2022. Accessed 17/11/2022

Our Health Status



Pregnancy and Children



Supporting our community through prevention in partnership

Health and wellbeing are not just about personal choice—we know that many of the root causes of health lie outside the control of individuals and the health sector. These wider determinants of health are the fundamental drivers of health inequities, can have both protective and adverse impacts and include social, environmental, structural, economic, cultural, biomedical, commercial and technological factors. Examples include family situation, impact of extreme weather events, income, cultural identity, genetics, marketing and advertising and access to digital platforms.¹⁰

Systems thinking in action

Change4Campbelltown aimed to build capacity among key leaders and the broader community to use systems thinking methods to develop community-led actions that address childhood obesity.

The project involved the development of a stakeholder-informed causal loop diagram, a locally tailored action plan, formation of key stakeholder and community working groups to prioritise and implement actions, and continuous monitoring of intervention actions.

Four hundred and fifteen community members, school stakeholders and community leaders were engaged, leading to 69 community-led actions active in the community.

Encouraging people to adopt a healthy lifestyle is not enough to create long lasting change.

To address complex health problems, we must focus on those things that help or get in the way of healthy behaviours, including changes to the social, commercial and physical environments within which we live. Systems thinking is a way of looking at the bigger picture; to understand issues from multiple perspectives, identify parts of the system that impact health, the interconnections between them and those places where we can get most leverage from our actions.¹¹

“Think about prevention and where it happens....it can happen everywhere. Urban planning, trees, it’s all part of prevention...you need to make the intersectoral conversations happen” SWSLHD Academic Partner

Partnerships increase access to preventive care

The Aboriginal Metabolic Clinic at Tharawal Aboriginal Medical Services provides a chronic care program, including access to the Camden Hospital metabolic clinic. Patients can access a psychologist, dietitian, endocrinologist, a gym and a support group.

Patients report positive experiences, including feeling comfortable at the service and being supported to make change, and clinicians note that because the clinic is in a location that is familiar, they have seen much higher attendance among Aboriginal clients than at the hospital.

Research is being conducted to evaluate the model including health and social outcomes, client experience and scalability of the approach.

The initiative is a partnership between Tharawal Aboriginal Medical Service, SWSLHD Aboriginal Health and Camden Hospital.

There is no silver bullet to prevent ill health or protect health. Solutions need a long term focus, multiple actions and partnerships with multiple stakeholders, including individuals, communities, non-government organisations (NGOs), the health system and other government agencies.

Working in partnership is the bedrock of prevention. Partnerships with our communities, within our health services, with other state government agencies, local councils and businesses are important, particularly as we seek to address the underlying causes of ill health and work collaboratively to address personal health and create conditions that enable health to flourish.

¹⁰ Australian Government. National Preventive Health Strategy 2021-2030

¹¹ WHO Regional Office for Europe. Systems thinking for noncommunicable disease prevention policy. 2022

Partnerships with universities are also important to help progress our local research agenda and to ensure teaching programs support our workforce needs.

The Prevention Strategy recognises that SWSLHD is part of a wider prevention system and the interconnection between local, state and national policies and programs (Figure 3).

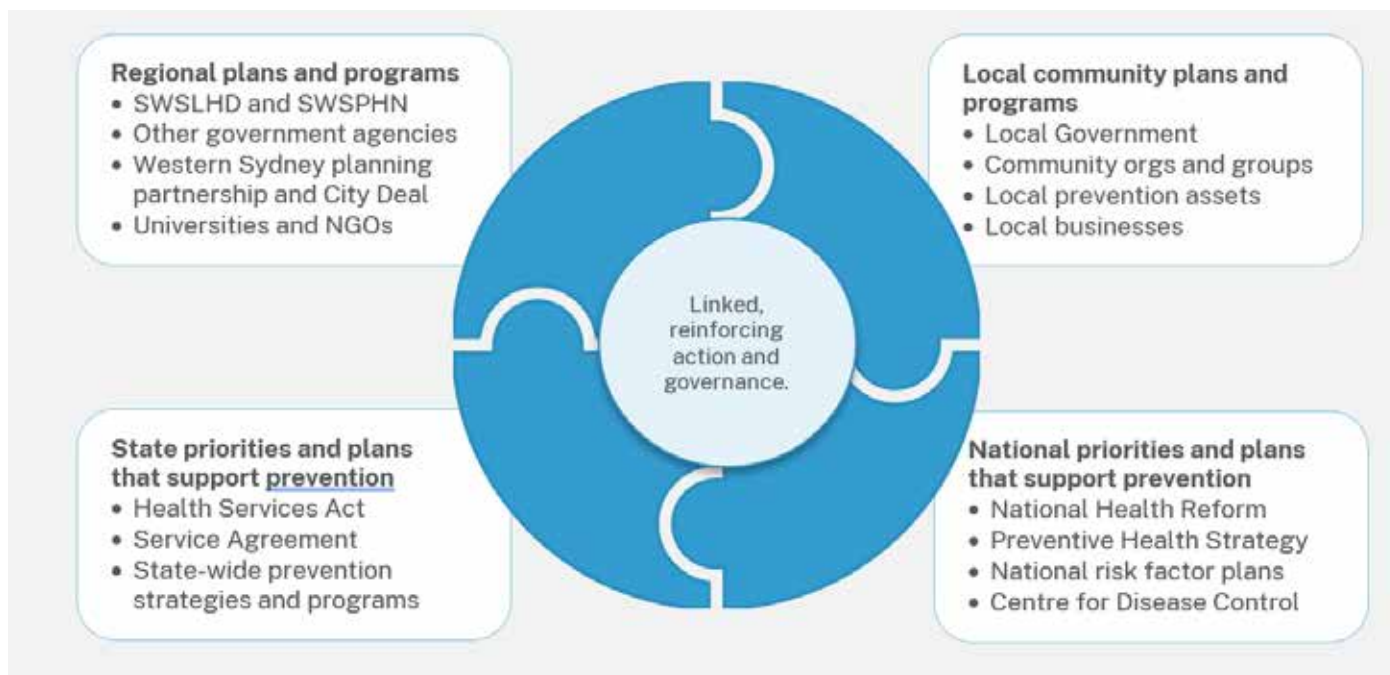


Figure 3: SWSLHD is one of many partners in prevention

We need local health districts and primary health networks to collaborate with councils...most of the health issues we face as a community are right in front of us ... fast food outlets screaming out at you... how do we promote active living... are free screening days openly promoted so everyone can take advantage of them? SWSLHD Consumer

Overarching framework

The SWSLHD Strategic Plan 2023–2028 provides the overarching framework for the Prevention Strategy. (Figure 4).

<p>SWSLHD Strategic Plan Vision</p> <ul style="list-style-type: none"> • Leading safe, sustainable care for a healthier community <p>SWSLHD Strategic Plan Mission</p> <ul style="list-style-type: none"> • Our mission is to deliver safe, consistent, timely and high-quality health services of value to all in our communities. • Our partnerships with communities promote, protect and maintain health and wellbeing. • Our service delivery is culturally responsive and shaped by innovation, continuous improvement, sustainability and translational research. 	<p>SWSHD Strategic Plan Objectives</p> <ul style="list-style-type: none"> • Deliver safe, quality care and positive experiences • Strengthen and promote healthier communities • Support and develop our people • Lead research and innovation • Build a sustainable future
--	---

Figure 4: SWSLHD Strategic Plan vision, mission and objectives

The Prevention Strategy specifically addresses the objective ‘strengthen and promote healthier communities’ and will support existing SWSLHD plans that include a focus on prevention. The focus of the Prevention Strategy is three change priorities (Figure 5). These change priorities aim to add value to current work, build innovation and cement the District as a leader in prevention.

<p>SWSHD Prevention Strategy Change Priorities</p> <p>Change priority 1</p> <ul style="list-style-type: none"> • Embed prevention in clinical services <p>Change priority 2</p> <ul style="list-style-type: none"> • Make equity and diversity central <p>Change priority 3</p> <ul style="list-style-type: none"> • Use data, evidence and research to drive innovation and value SWSLHD plans that include prevention 	<p>SWSLHD plans that include prevention</p> <p>Condition focus plans</p> <ul style="list-style-type: none"> • Diabetes, cancer, mental health <p>Population focus</p> <ul style="list-style-type: none"> • Aboriginal health; multicultural health <p>Life stage focus</p> <ul style="list-style-type: none"> • First 2000 days, child, young people and families; older people <p>Other related plans</p> <ul style="list-style-type: none"> • Healthy (built and natural) environments, health literacy
---	--

Figure 5: SWSLHD Prevention Strategy change priorities and links to existing SWSLHD plans

The Prevention Strategy will be implemented over two time periods: horizon 1 (to 2025); and horizon 2 (to 2028). While some actions activities have been identified for time horizon 2, the planned mid-term review will be used to further refine these.

Prevention change priorities

Our commitment to prevention is described in existing plans (Appendix 1) and there is significant action across environments, behavioural risk factors, population groups and health issues (Figure 6). The Prevention Strategy seeks to build on, but not duplicate this platform.

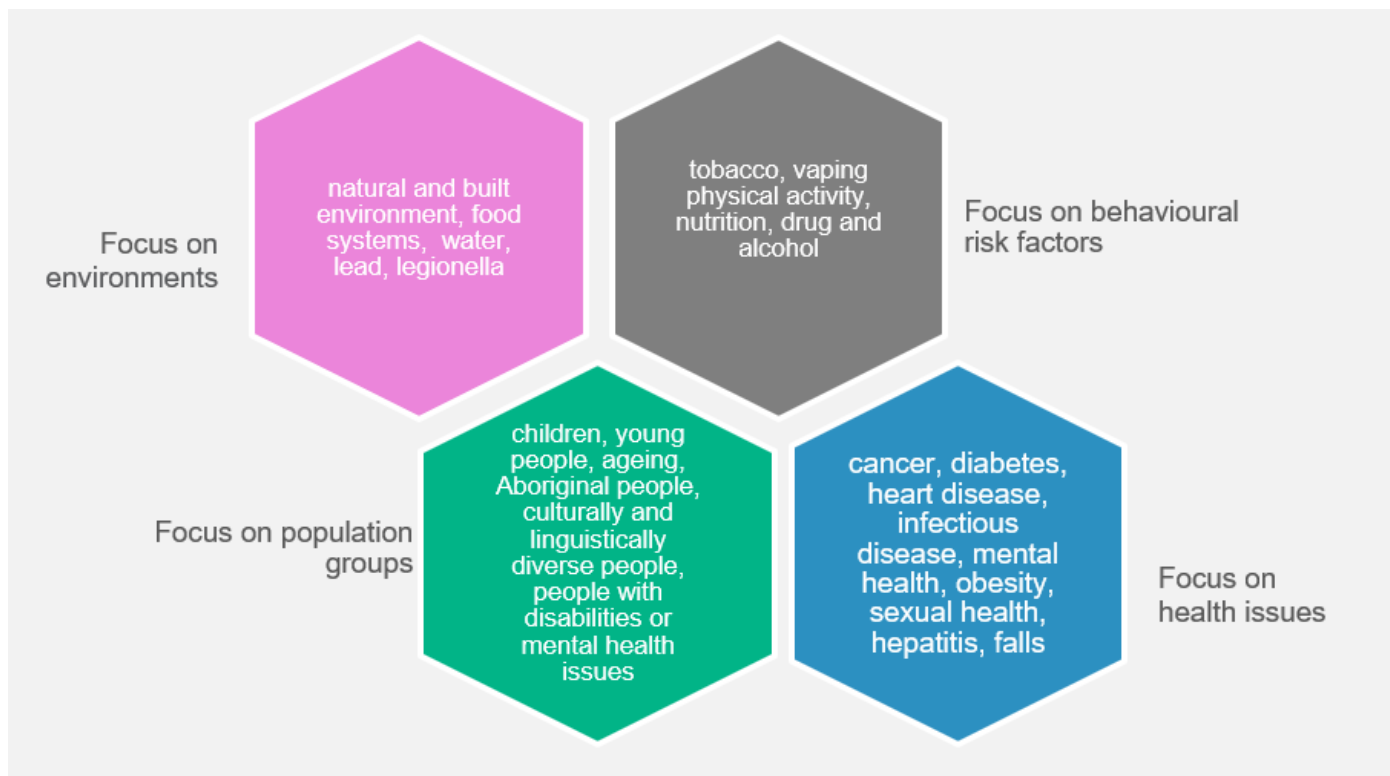


Figure 6: Existing SWSLHD prevention activities focus on environments, risk factors, population groups and health issues

In the following pages we use these icons to how the change priorities relate to the focus of existing SWSLHD plans.



We have identified three prevention change priorities to add value to current work, build innovation and cement the district as a leader in prevention. The prevention change priorities are areas of strategic focus that can establish new foundations, add value to existing prevention activity and have the potential to influence multiple prevention objectives. They are to:

- embed prevention in clinical services,
- make equity and diversity central, and
- use data, evidence and research to drive innovation and value.

Each prevention change priority includes actions and activities that will contribute to its achievement. Actions and activities are identified over two time periods: horizon 1 (2023-2025); and horizon 2 (2026-2028). Success factors have been drawn from the NSW Future Health Strategy, the SWSLHD-Ministry of Health Service Agreement and other relevant sources, as indicated.

Change priority 1: Embed prevention in clinical services

The role of health services in prevention has been acknowledged for many years¹² and the National Preventive Health Strategy reiterates the health system as a prevention system enabler.

Why this is important

The Prevention Strategy identifies clinical services as an important setting for prevention because:

- many people interact with SWSLHD, including approximately 4,000 planned appointments and 120 operations every day and around 11,000 babies born each year.¹³ This provides many opportunities to deliver preventive care,
- health professionals are a trusted source of advice, and people can be more receptive to preventive health messages when attending a health service,
- identifying risk factors, brief intervention and referral to behaviour modification services is good clinical practice,¹⁴
- there are cost-effective interventions¹⁵, and
- supporting prevention can provide greater professional satisfaction for clinicians.¹⁶

Supporting prevention in clinical settings

NSW Health has guidelines on routine height and weight measurements and associated dietary advice for children.

SWSLHD Oral Health Services developed tailored approaches to support local implementation of the guideline. Actions were co-developed with clinicians and parents and included an evidence summary and training for oral health staff, information for parents and referral pathways and performance reporting. A tool was developed to measure impact and initial findings show promising improvements in self-reported behaviours.

While many health care professionals recognise its value, integrating prevention in clinical care remains a challenge. Leadership is required from clinical services given their busy day to day functions, with capability and skill development supported by prevention experts. Factors that support integration of prevention in clinical services include having a shared vision and mandate, supportive governance, patient-centred care, systemic support for innovation, champions and connectors, and funding and finance systems.¹⁷

The actions and activities in this Prevention Strategy will focus on the practice principles of establishing the organisational environment, partnering with clinicians, patients and other stakeholders, and building internal capability for prevention in clinical settings (Figure 7).

12 World Health Organization. Ottawa Charter for Health Promotion. 1987

13 SWSLHD Leading Care, Healthier Communities. About Us Brochure. Accessed Nov 2022

14 National Vascular Disease Prevention Alliance. Guidelines for the management of absolute cardiovascular disease risk. 2012

15 Washington State Institute for Public Policy. Interventions to Promote Health and Increase Health Care Efficiency: A Review of the Evidence. 2014.

16 Australian Government, National Preventive Health Strategy 2021–2030.

17 The Australian Prevention Partnership Centre. How the Queensland Health system can embed and support prevention. 2020

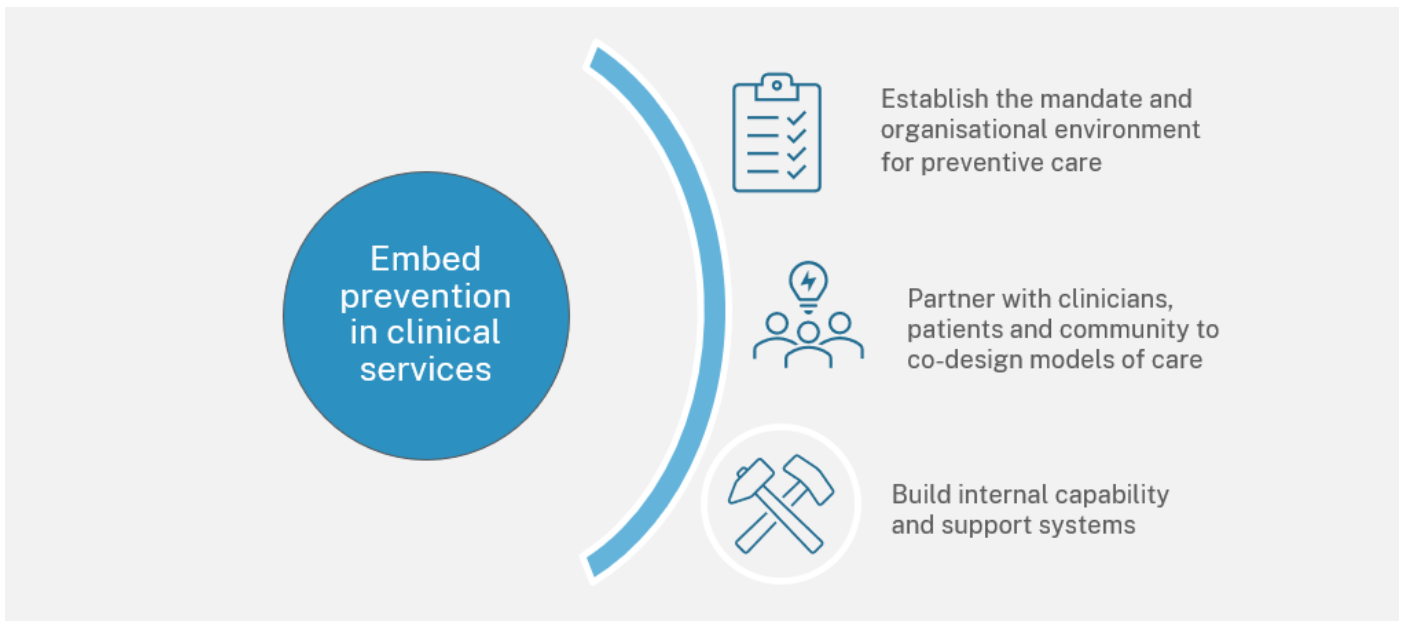


Figure 7: Embed prevention in clinical services – practice principles

This change priority particularly relates to SWSLHD behavioural risk factor and health issue plans.

 Risk factors
  Health issues

What’s already happening

A range of services undertake screening, brief intervention and referral to prevention services. Some examples of prevention in clinical services include:

- smoking cessation in cancer services and maternity services,
- patient referral to the Get Healthy Information and Coaching Service,
- children’s growth assessment and referral to community weight management programs,
- falls risk assessment and referral for people over 65 who present to emergency departments,
- routine immunisation status checks and opportunistic immunisation, and
- cancer screening services.

The opportunity

There is good evidence for screening, early intervention and health coaching. Many clinical guidelines promote behavioural risk factor modification as a part of treatment. However, in practice, screening, brief intervention and referral is not always systematic.

Factors that could support comprehensive practice include co-design of services between clinicians and patients, ensuring referral and feedback processes link to medical records, and targeted and tailored programs (within SWSLHD and in the community) with multiple delivery methods to better meet people’s needs. Providing training and support for clinicians to have difficult conversations (for example raising healthy weight) and best practice approaches to systematic and mindful brief intervention and facilitated referral to prevention services can further support this work. There is also an opportunity to leverage NSW prevention assets including the Get Healthy Service, Quitline and community weight management programs to better support our local community.

“our remit is to work at the pointy end, so it’s important we know we can refer to the community and have confidence that this can happen ... we can’t do everything, we have to do it in partnership”
 SWSLHD Clinician

Actions, activities and responsibility

Change priority 1: Embed prevention in clinical services		
Actions	Activities	Responsibility
Horizon 1 (to 2025)		
1.1 Establish a new antenatal model of care	1.1.1 Partner with SWS consumers, clinicians and the Ministry of Health to redesign antenatal care including integration of prevention in clinical care	Women's Health
	1.1.2 Evaluate the new model of care for behavioural and clinical impacts	
	1.1.3 Embed the new model of care subject to successful trial	
1.2 Optimise preventive health brief intervention and referral	1.2.1 Re-focus routine measurement of child height and weight and referral to community treatment programs in paediatric and oral health services	Paediatrics & Neonatology, Oral Health
	1.2.2 Partner with the Ministry of Health to tailor community obesity prevention and treatment programs to better meet the needs of our diverse community	Population Health, Clinical Services, Allied Health
	1.2.3 Scale up referral of cancer patients to quit services and appropriate physical activity opportunities	Cancer Services
	1.2.4 Embed requirements for clinical prevention into systems that support data-driven health and digital enablement	Digital Health
	1.2.5 Strengthen clinical and primary care multi-risk factor assessment and referrals to state-wide and local preventive health services	Clinical services, Allied Health, Population Health
	1.2.6 Build capability for prevention through training, tools and resources	Population Health
1.3 Increase patient preventive health messaging	1.3.1 Investigate opportunities to increase preventive health messages for those on waiting lists and post-care	Clinical Streams, Oral Health, Allied Health & Community
Horizon 2 (to 2028) Note: actions and activities will be refined after the mid-term review		
1.4 Apply lessons from antenatal redesign to other priorities	1.4.1 Partner with SWS consumers, clinicians, SWSPHN and the Ministry of Health to develop a new model of care for chronic disease prevention, for example diabetes or cardiovascular disease	Internal Medicine
1.5 Trial innovative approaches to support healthy ageing	1.5.1 Explore the opportunity to develop and test social prescribing in aged care services, in partnership with SWSPHN, and Fairfield and Wollondilly Health Alliance	Aged Care and Rehabilitation
What does success look like?		Success factor source
Enhanced consumer focused referral pathways to services to improve health and wellbeing are embedded in the health system and monitored for use and impact		National Preventive Health Strategy
Referrals from clinical services to other clinicians and programs are embedded in PowerChart		SWSLHD
SWSLHD achieves population health KPIs and improvement measures relating to growth assessment, smoking during pregnancy and referral to Get Healthy Service		SWSLHD-Ministry Service Agreement 2022-23
How will we measure success?		
Referral to Get Healthy Information and Coaching Service		Meet Service Level Agreement target
Pregnant women who quit during second half of their pregnancy		Meet Service Level Agreement target
Smoking during pregnancy – at any time: Aboriginal Women		Meet Service Level Agreement target
Childhood Obesity -Children with height and weight/length recorded (%)		Meet Service Level Agreement target
Carbon monoxide (CO) monitoring is to be offered to all women before asking about smoking status: • at first pregnancy visit		80%

Change Priority 2: Make equity and diversity central

Our region is characterised by high levels of cultural diversity, areas of low income, social housing, areas with concentrated disadvantage, and significant numbers of newly arrived refugees and asylum seekers. We recognise that groups within communities are not homogenous, and that individuals, and their health, are shaped by multidimensional and overlapping factors. These can include age, sex, gender, education, culture, religion, disability, income, geographic location, generational change as well as prior and current experiences.^{18,19}

Why this is important

The Prevention Strategy makes equity and diversity central because:

- the burden of ill-health is not shared equally amongst people in our communities,

- there is strong evidence that factors outside the control of individuals (such as employment, housing, the urban environment, childhood experiences, education and social support) impact individual and population health,
- the health system can influence health inequities through access to culturally acceptable and disability accessible services without discrimination, and
- the health system can partner with others to address the social, environmental and commercial determinants of health and health equity.

The actions and activities in this Prevention Strategy will focus on the practice principles of integration, adapting programs, addressing the determinants and involving communities to make equity and diversity central to prevention (Figure 8).

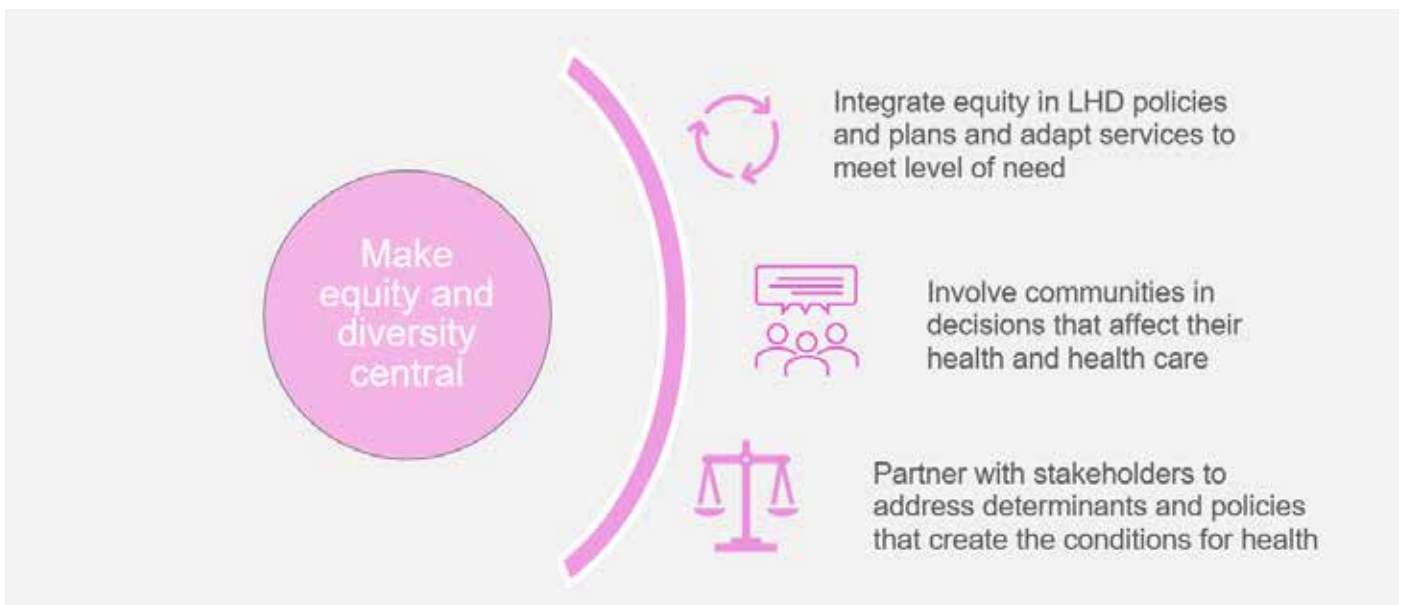



Figure 8: Make equity and diversity central –practice principles

This change priority particularly relates to SWSLHD environment and population group plans.

 Environments

 Population groups

¹⁸ NSW LGBTIQ+ Health Strategy 2022-2027

¹⁹ SWSLHD Aboriginal Health Plan 2017-2018

What's already happening

SWSLHD staff understand the importance of health equity - describing access, equal outcomes, fairness, inclusivity and addressing the social determinants as fundamental to equity.²⁰

Leadership in equity

Families at risk of poorer maternal and child health development outcomes have benefited from the Maternal Early Childhood Sustained Home Visiting Program (MESCH). Developed in SWSLHD in 2003, the program now operates around Australia and the world, including the United Kingdom, United States and Korea.

SWSLHD social media strategy during the COVID-19 pandemic supported communication across more than 20 communities in real time. Community leaders were supported to disseminate NSW Health messages in culturally and linguistically appropriate ways. Better access to information increased compliance with health advice, has built trust and led to ongoing partnerships.

Some examples of equity in practice include:

- tailored services and programs, e.g., the Refugee Health Service,
- multiagency healthy urban partnerships in Campbelltown, Fairfield, Liverpool and Wollondilly including a focus on urban planning, placemaking and active transport,
- training and capability building, e.g., using health impact assessment, tools for improving equity through policy, planning and decision making, and
- the SWSLHD Equity framework and toolkit.

The opportunity

The diversity of our district, our skilled and passionate staff, our partnerships and academic links uniquely position SWSLHD as a centre of excellence in equity-focused prevention.

We have an opportunity to (i) take a lead role in partnering with the Ministry of Health to tailor NSW prevention assets including the Get Healthy Service, Quitline and community weight management programs so they are designed to better support our diverse communities, and (ii) tailor and target program local delivery to meet our community needs.

“The equity lens. This is an area where SWS has demonstrated leadership, and there is an opportunity to build on this” SWSLHD Academic Partner.

20 SWSLHD Fair Health Matters: Equity Framework to 2025.

Actions, activities and responsibility

Change Priority 2: Make equity and diversity central		
Actions	Activities	Responsibility
Horizon 1 (to 2025)		
2.1 Optimise the delivery of state-wide programs to meet local needs	2.1.1 Adapt delivery models of existing prevention programs and services to support healthy eating and active living in childcare and schools to enable more intensive and tailored support for communities with higher need	Population Health
	2.1.2 Partner with the Ministry of Health as an innovation site to inform tailoring of state-wide programs and services, including digital and other forms of delivery	
2.2 Partner to address the social and environmental determinants of health	2.2.1 Leverage the Fairfield, Wollondilly and Western Sydney Health Alliances, Health in Planning Partnerships with Councils and partnerships with the Department of Communities and Justice, Department of Education, SWSPHN and other structures to guide high priority focus areas and support realisation of cross-agency benefits	Population Health Aboriginal Health
	2.2.2 Support wide application of the SWSLHD equity framework and toolkit	
	2.2.3 Develop a SWSLHD approach to address the health impacts of climate change	Executive Leadership Team
2.3 Improve health literacy	2.3.1 Update and apply the SWSLHD Health Literacy Framework	Multicultural Health
2.4 Engage consumers in prevention	2.4.1 Initiate and support opportunities to co-design strategies, programs and interventions with communities and consumers and promote instances of good practice	Planning Unit
	2.4.2 Use patient and consumer experience through My Experience Matters to inform good practice and positive experiences	Executive Leadership Team
Horizon 2 (to 2028) Note: actions and activities will be refined after the mid-term review		
2.5 Systematise making equity and diversity central	2.5.1 Establish processes to ensure early application of an equity lens to new prevention initiatives, including the interplay between targeted and population-wide approaches	Population Health
	2.5.2 Explore opportunities to develop Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) in prevention	
What does success look like?		Success factor source
Priority populations have increasingly more equitable outcomes and access to preventive care		NSW Future Health Strategy
Consumer representatives provide perspectives in the co-design and implementation of prevention interventions		NSW Future Health Strategy
SWSLHD works collaboratively with other agencies to improve health, social and environmental outcomes		NSW Future Health Strategy
Our workforce meets the future needs of our community and reflects its diversity		SWSLHD Workforce Plan
How will we measure success?		
Healthy Children Initiative – Children’s Healthy Eating and physical Activity Program – Disadvantaged sites achieving agreed proportion (80%) of Munch & Move practices (% cumulative)		Service Level Agreement target
First antenatal visit at less than 14 weeks: Public hospitals (most disadvantaged quintile)		5% improvement from baseline
At least 50% of Aboriginal women have a routine screening mammogram through BreastScreen		50% of eligible population
100% of referrals to the Aboriginal Health Housing Pathway are resolved within 12 months		100%
My Experience Matters		No significant difference between experience of Non-CALD, CALD and Aboriginal responses

Change Priority 3: Use data, evidence and research for innovation and value

Research and innovation have the potential to transform health and the delivery of prevention policy and programs. In addition to investigating and analysing the factors that influence health status, research can test and evaluate interventions to improve the health of communities.²¹ Prevention research uses a range of evidence and methods to answer diverse policy and practice questions using qualitative and quantitative methods.²² Implementation science is an important and emerging approach to improve translation of evidence into routine practice and maximise intervention impact.²³

- research and innovation develops and builds on current evidence about what works and creates new opportunities for prevention,²⁴
- evaluation can determine whether programs and services are implemented as intended, if they achieve their intended outcomes and provide a net benefit to the community,²⁵ and
- robust monitoring and surveillance systems can drive improvements in prevention through identifying areas for additional focus and providing information on longer term impacts.²⁶

Why this is important

The Prevention Strategy promotes the use of a range data, evidence and research for innovation and value because:

The actions and activities in this Prevention Strategy will focus on the practice principles of generating, using and building capacity and capability for prevention research (Figure 9).

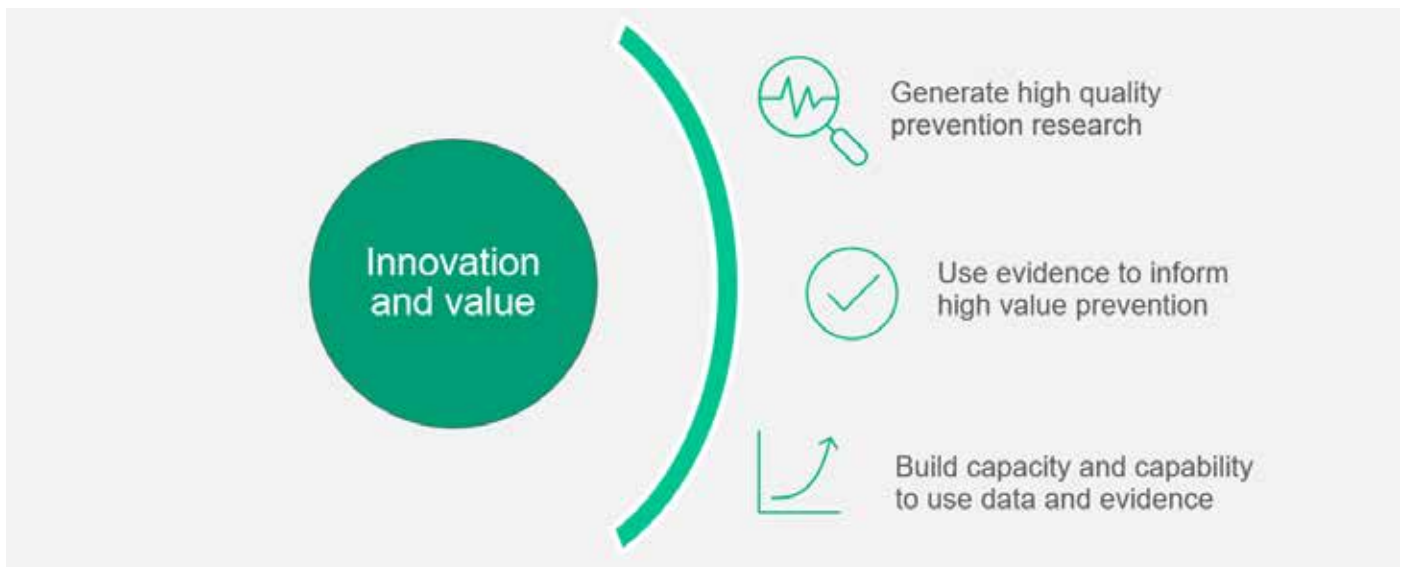
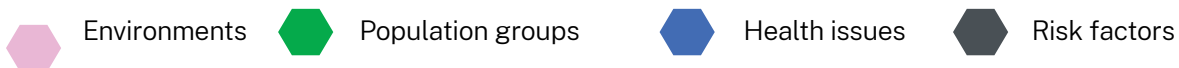


Figure 9: Research and innovation – principles for action

This change priority relates to all SWSLHD prevention-related plans.



The knowledge and experience of community and health service staff are also valuable sources of evidence, particularly where data and formal evidence is lacking.

21 NSW Health. Population Health Research Strategy 2018-2022

22 Sax Institute. Translational Research Framework; testing innovation in policy programs and service delivery. 2016.

23 Wolfenden et al. A call to action: More collaborative implementation research is needed to prevent chronic disease. ANZ Journal of Public Health: 45(5)549-553

24 NSW Health Future Health: Guiding the next decade of care in NSW 2022-2032

25 NSW Treasury. Treasury Circular TC18-03 Program Evaluation.

26 Australian Government, National Preventive Health Strategy 2021-2030.

What's already happening

We have strong relationships with a range of academic partners, including the Ingham Medical Research Institute and the Universities of NSW, Sydney, Western Sydney, Wollongong and UTS. These partnerships include collaborative and commissioned research and conjoint positions. Many staff are also enrolled in higher degrees.

Some examples of prevention research in SWSLHD includes:

- National Health and Medical Research Centre funded research, e.g., Pasifika Preventing Diabetes Programme, Evaluating Systems Change for Health Equity
- NSW Translational Research Grants: Tharawal Holistic Indigenous Metabolic Clinic
- Formal academic partnerships, e.g., Centre for Health Equity Training and Research
- Partnership research, e.g., citizen science to engage the public in breastfeeding research.

Leveraging Australian Government research funding

Professor David Simmons, head of Campbelltown Hospital Endocrinology Department, is leading the Pasifika Preventing Diabetes Programme. The randomised controlled trial received funding of \$1.4 million and will test the delivery of a risk factor program delivered through 48 Sydney Pacific Churches.

The study builds on a pilot program with three Samoan Churches that demonstrated community-based solutions led to improvements in physical activity and healthy eating.

The opportunity

The NSW Ministry of Health has significant investments in policy relevant research (Figure 10) and the district's substantial research capability and academic partnerships can be leveraged to support prevention research.

- **Research assets:** Centre for Health Record Linkage; HealthStatsNSW; Secure Analytics for Population Health Research and Analytics (SAPHaRI); NSW Health Statewide Biobank
- **Priority research partnerships:** Physical Activity, Nutrition and Obesity Research Group; BBV and STI Research, Intervention and Strategic Evaluation Program
- **Competitive funding schemes** Translational Research Grants, Early-Mid Career Fellowships; Prevention Research Support Program; Alcohol and Other Drug Early Intervention Innovation Grants
- **Other funded research centres:** funding partner of The Australian Prevention Partnership Centre; core funding for the Sax Institute
- **Enablers:** NSW Health population health training programs and networks

Figure 10: NSW Ministry of Health Prevention Research Investments

Actions, activities and responsibility

Change principle 3: Use data, evidence and research for innovation and value		
Actions	Activities	Responsibility
Horizon 1 (to 2025)		
3.1 Support the generation and use of practice-relevant research	3.1.1 Plan and undertake implementation research to test innovative approaches to prevention, including digital methods	Population Health
	3.1.2 Establish and communicate SWSLHD prevention research priorities to academic and other relevant stakeholders	
	3.1.3 Support academic partner research funding applications and knowledge translation when aligned to local priorities	
	3.1.4 Identify flagship prevention programs and initiatives for evaluation and use evaluation findings to improve and scale	Executive Leadership Team
3.2 Build research and evaluation culture, capacity and capability	3.2.1 Support staff participation in research training and development, including opportunities through NSW Health traineeships, scholarships and funded research organisations	Research Directorate
	3.2.2 Host local research seminars and exchanges with academic partners and stakeholders	Population Health
3.3 Involve consumers in research Research Directorate	3.3.1 Involve consumers in identifying research priorities, co-designing and conducting, and translating results of, research projects	Strategy and Partnerships (Consumer Participation Unit)
	3.3.2 Promote case studies of consumer involvement in research	Strategic Coms and Media
3.4 Advance SWSLHD prevention research	3.4.1 Develop a SWSLHD prevention research strategy, including identifying research priorities	Population Health
	3.4.2 Explore the opportunity to establish a prevention research and innovation unit and a conjoint academic role	
3.5 Increase the accessibility of local data to inform prevention practice	3.5.1 Work with the Ministry of Health and other partners to explore opportunities to enhance data collection and reporting for disadvantaged groups	Population Health
	3.5.2 Explore opportunities to support prevention through CEDRIC* and other data systems and facilitate data access through promotion and training	Executive Leadership Team
	3.5.6 Apply the NSW Health data literacy framework to improve use of data, enhanced capability and strengthened data culture	Executive Leadership Team
Horizon 2 (to 2028) Note: additional actions and activities will be identified as part of the mid-term review		
What does success look like?		Success factor source
There is an increased number of and income from successful competitive grants		NSW Population Health Research Strategy
There is an increase in translation of research into evidence-informed prevention interventions		NSW Future Health Strategy
How will we measure success?		
Increased number of research grant applications submitted		15% improvement from baseline by Dec 2025
Increased number of successful competitive grants		5% improvement from baseline by Dec 2025
Increase research publications		15% improvement from baseline by Dec 2025

* Comprehensive Epidemiological Dataset for Research, Innovation and Collaboration

“because of the diversity, the growing population, South Western Sydney offers so much opportunity to develop innovative research that comes from the ground up...it’s a great opportunity for South Western Sydney to lead” SWSLHD Academic Partner.

Enabling implementation through governance and leadership

While our ultimate aims are to improve health, reduce inequity and improve service quality, effectiveness and efficiency, we recognise that we must establish an organisational culture, structures and processes that support and reinforce prevention.

Our district has robust governance systems in place covering corporate and clinical governance. Section 2 of the [NSW Corporate Governance Accountability Compendium](#) outlines elements of effective governance (strategic planning, workforce and employment, clinical governance, stakeholder engagement, finance and performance management, audit and risk management) within broader legal and policy requirements, governance standards and accountabilities and ethical requirements.

Why this is important

Strong leadership, collective commitment and accountability will create momentum and drive the implementation of the Prevention Strategy and sustain change. Focusing on governance to boost delivery and outcomes will:

- demonstrate legitimacy and build the authorising environment for prevention,²⁷
- set expectations and accountabilities to support achievement of our aims,²⁸ and
- measure and report progress to identify impediments to progress and opportunities to adapt and improve implementation.²⁹

“we need a structure and system to support the elevation of prevention across portfolios”

SWSLHD Service Director

District-wide planning, implementation, and review

Governance and leadership will strengthen the organisational environment for prevention which in turn will boost delivery and impact of actions and activities in this Prevention Strategy and the prevention elements of existing SWSLHD plans (Appendix 1).

An implementation framework will be developed to drive action, including:

- identifying shared objectives and understanding of roles, responsibilities and accountabilities for implementation of the Prevention Strategy,
- establishing prevention in relevant operational plans and/or specific delivery plans
- building commitment to and support for prevention through celebrating good practice and outcomes and amplifying patient and health professional and consumer stories about the benefits of prevention,
- monitoring program and services to track impact and adapt responses, including processes to review current programs and adapting to respond to new state and national strategies, emerging evidence and local evidence of impact,
- Investigating mechanisms to demonstrate program and service impacts to build confidence in prevention responses, including use of dashboards, and
- Undertaking a mid-point review to inform ongoing implementation and an end-point review to describe impact and lessons learnt to inform future plans.

27 ANZSOG. What is public value? Public admin explainer. 2017.

28 NSW Health Corporate Governance and Accountability Compendium. 2019.

29 NSW Audit Office. Progress and measurement of the Premier's Priorities. 2018

Success will be dependent on all parts of our health service taking ownership for prevention. This includes:

- leads identified in the Prevention Strategy taking responsibility for ensuring their actions and activities are planned, implemented, evaluated, embedded and communicated,
- SWSLHD existing plan owners and partners continuing to progress commitments and to review and adapt actions and activities overtime to ensure best value,
- the Executive Leadership Team, General Managers, Service Directors and Clinical Stream Directors championing elements of the plan within their span of control,
- the Population Health Division taking primary ownership of the Prevention Strategy, including monitoring implementation and mid-term and final reviews, and
- the Board actively monitoring progress on key outcomes and challenging the district to be the state leader in safe, sustainable, equitable and innovative prevention for a healthier community.

What does success look like?

- Accountability for prevention across the health system is managed through SWSLHD governance and performance frameworks.
- Leadership for prevention is diversified across the organisation.

Appendix 1: Prevention commitments in existing plans

This section maps the prevention-related commitments in existing plans against the SWSLHD Strategic Plan 2023–2028 strategic direction ‘strengthen and promote healthier communities.’ It also refers to established goals and targets in state-wide plans or the Service agreement between the District and Ministry of Health. The NSW Refugee Health Strategy has been included as a SWSLHD plan given the district’s leadership and state-wide role in refugee health.

Close the gap for Aboriginal people, communities and organisations to improve equity of outcomes		
Focus area	Commitments	SWSLHD Plan
Tobacco control	Reduce smoking related harm including in pregnancy	Aboriginal Health; Drug Health; Population Health
	Increase brief smoking interventions and referrals to Quitline	Aboriginal Health
Blood borne viruses and STIs	Increase testing, treatment and prevention	Aboriginal Health; Population Health
	Implement Deadly Liver Mob program	Aboriginal Health
	Pilot dedicated Aboriginal Sexual Health clinic	Aboriginal Health
Mental health	Develop and implement a range of mental wellbeing programs across the lifespan	Aboriginal Health
Chronic disease pre-vention	Promote physical activity, healthy eating and healthy weight in the Aboriginal population	Aboriginal Health; Population Health; Diabetes
	Develop and implement a Diabetes Prevention Strategy	Aboriginal Health
	Deliver targeted programs to increase the acceptability and accessibility of breast, bowel and cervical cancer screening services	Aboriginal Health
First 2000 Days	Provide sustainable support programs including antenatal care, lactation support, transition to kindergarten, Aboriginal Sustained Home Visiting, audiometry, and early childhood services	Aboriginal Health; First 2000 Days
Food Security	Develop food security programs to provide access to quality nutritious food	Aboriginal Health
Aged care	Improve access to appropriate aged care services	
Service access	Increase availability of oral health services; improve access to culturally safe drug health services	

Related state goals and targets	
Decrease the rate of Aboriginal women who smoke during pregnancy to 37% by 2023.	NSW Tobacco Strategy
Reduce the smoking rate among Aboriginal people aged 18 or older to 40% by 2023	
SWSLHD targets	
Unplanned readmissions within 28 days of separation (%)	SWSLHD-Ministry of Health Service Level Agreement
KPI: Smoking during pregnancy (%) Aboriginal and non-Aboriginal women	
KPI: Pregnant women quitting smoking by the second half of pregnancy	
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	
Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	
Employment of Aboriginal Health Practitioners (Number)	
Reduce the smoking rate among Aboriginal people aged 18 or older to 40% by 2023	

Improve equity of outcomes for all priority populations including our culturally and linguistically diverse communities		
Focus area	Commitments	SWSLHD Plan
Refugee health	Co-design and provision of culturally responsive health promotion and health education programs (vaccination, oral health, tobacco control, women’s health, nutrition, disability support)	Refugee Health; Population Health
CALD communities	Support people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health	Multicultural Services; Health Literacy Roadmap; Refugee Health
	Understand the needs, experiences, and identities of our culturally and linguistically diverse communities	Multicultural Services
Equity	Embed equity, use data and evidence, build capacity and develop skills, partner with our communities and collaborators	Equity Framework
Related state goals and targets		
Reduce the time between arrival in Australia and HIV diagnosis for overseas-born MSM in cases where infection was probably acquired overseas		NSW HIV Strategy

Build capability in our communities and partner to create social and physical environments that promote health and wellbeing		
Focus area	Commitments	SWSLHD Plan
Wayfinding	Partner with consumers to design and evaluate strategies to improve access, navigation and wayfinding in facilities.	Healthy Literacy Roadmap; Refugee Health
Neighbourhoods	Integrate health and wellbeing outcomes into planning	Healthy Environments
	Increase utilisation of local open spaces and public facilities	Healthy Environments
Transport	Increase safe and active transport	Healthy Environments; Cancer; Diabetes
Natural environments	Reduce exposure to environmental hazards and adaptive responses to climate change through planning, policy and collaborative projects	Healthy Environments
Healthy food environments	Increase access to community food infrastructure and affordable local food options	Healthy Environments; Diabetes
	Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework	Healthy Eating Active Living
Healthy housing	Reduce inequities in health and wellbeing outcomes in planning, design and build processes	Healthy Environments
SWSLHD targets		
Number of food audits undertaken to check compliance with the NSW healthy food program		SWSLHD Corporate KPI Report

Engage our community in prevention, screening and early intervention programs		
Focus area	Commitments	SWSLHD Plan
Tobacco control	Develop implement and evaluate sustainable tobacco control programs for Aboriginal people, CALD communities, pregnant women and mental health consumers	Population Health; Cancer; Refugee Health; Drug Health
	Increase knowledge of the impacts of vaping	Population Health
	Provide support for organisations and businesses within the local community to implement and enforce smoke-free environments	Population Health; Cancer; Drug Health
	Continue to implement the Smoke Free Health Care Policy across all SWSLHD facilities	
	Tobacco regulatory compliance monitoring, including e-cigarettes	Population Health
Related state goals and targets		
Reduce the daily national smoking rate among Australian adults (aged 18 years or older) from 19.1% (age-standardised) in 2007-08 to 10% by 2018		NSW Tobacco Strategy Workplan 2019-2021
Halve the daily national smoking rate among Aboriginal adults (aged 18 years or older) from 44.8% (age-standardised) by 2018		
Decrease the rate of Aboriginal women who smoke during pregnancy to 37% by 2023		
Reduce the smoking rate among Aboriginal people aged 18 or older to 40% by 2023.		
SWSLHD targets		
KPI: Smoking during pregnancy (%) Aboriginal and non-Aboriginal women		Service Agreement
KPI: Pregnant women quitting smoking by the second half of pregnancy		
IM: Tobacco Compliance Monitoring: compliance with the smoke-free Health Care Policy (including e-cigarettes)		

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
Alcohol and other drugs	Develop an integrated network of drug and alcohol treatment and intervention services in SWS to reduce the harm from substance use and increase access to treatment	SWSLHD Cancer Plan; Drug Health
	Continue to increase access to sterile injecting equipment and to minimise risk behaviours that have the potential to transmit infection	
	Integrate drug health and harm minimisation education in schools	Aboriginal Health
Related state goals and targets		
20% or lower reported receptive syringe sharing among people who inject drug		NSW Hepatitis C Strategy 2022-2025
10% increase in the distribution of sterile needles and syringes		

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
Nutrition, physical activity and obesity prevention	Implement and evaluate programs for children in early childhood settings and schools	Cancer; Diabetes; Population Health; Refugee Health; Multicultural Health
	Develop and/or implement evidence-based programs to promote healthy weight in communities at high risk of overweight and obesity	
	Extend, implement and evaluate programs to increase physical activity and/or reduce time spent in sedentary behaviour	Population Health; Cancer; and Older Persons plans
	Promote healthy eating and special nutritional requirements to older persons living in the community	Older Persons plan
Related state goals and targets		
Reduce overweight and obesity in children and young people by 5% by 2030		NSW HEAL Strategy 2022-2032
Related state goals and targets		
SWSLHD targets		
KPI: Childhood Obesity -Children with height and weight/length recorded (%)		SWSLHD-Ministry of Health Service Level Agreement
IM: Children's Healthy Eating and Physical Activity Program (Early Childhood Services) -Sites achieving agreed proportion (80%) –early childhood and primary schools		
IM: Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) –enrolments and completed program		
KPI: Get Healthy Information and Coaching Service-Get Health in Pregnancy Referrals (% increase)		
IM: Get Healthy Information and Coaching Service-Health Professional Referrals (% increase)		

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
Public health	Disease notification and outbreak management and preparedness	Population Health
	Surveillance, regulatory compliance (water, legionella, lead, mosquito)	
	Deliver immunisation programs and vaccine safety (cold chain management)	
Related state goals and targets		
KPI: All children fully immunised at 1 year of age (%)		SWSLHD-Ministry of Health Service Level Agreement
IM: Aboriginal and non-Aboriginal children fully immunised at 4 years of age (%)		
IM: Human Papillomavirus (HPV) vaccine -Year 7 students receiving the second dose through the NSW Adolescent Vaccination Program (%)		
IM: Meningococcal Vaccination -Coverage in Year 10 for serogroups A, C, W, Y (%)		
Engage our community in prevention, screening and early intervention programs (continued)		

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
Screening	Undertake and/or support others to undertake opportunistic screening for diabetes in community setting	Diabetes
	Increase participation in breast, cervical and bowel screening programs	Cancer; Aboriginal Health; Refugee Health
SWSLHD targets		
KPI: Breast Screen Participation Rate –All women aged 50-69 and 70-74 (%)		SWSLHD-Ministry of Health Service Level Agreement

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
STIs and blood borne viruses	Test, treat and prevent HIV, Hepatitis B and C and provide education to the community on the importance of immunisation, incl. hepatitis B and HPV	Cancer; Population Health; Refugee Health

Engage our community in prevention, screening and early intervention programs (continued)		
Related state goals and targets (outcome and high level impact measures)		
50% reduction in hepatitis C attributable mortality		NSW Hepatitis C Strategy 2022-2025
60% reduction in the number of new hepatitis C infections		
65% cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment		
95% or higher hepatitis B childhood vaccination coverage including birth dose		NSW Hepatitis B Strategy 2023-2026
100% pregnant women are screened for hepatitis B		
100% of infants born to hepatitis B positive mothers receive immunoglobulin within 12 hours of birth		
100% of pregnant women with a high viral load* are offered treatment in their third trimester.		
90% of people living with hepatitis B are diagnosed		
Less than 10% of late diagnosis** among people presenting with liver failure or liver cancer.		
90% reduction in the rate of preventable HIV infection relative to a baseline of 2008-2012.		NSW HIV Strategy 2021-2025
95% of people living with HIV in NSW are diagnosed		
90% of people newly diagnosed with HIV initiate treatment within two weeks of diagnosis		
90% of men who have sex with male casual partners report at least one form of HIV prevention		
SWSLHD targets		
KPI: Hep C Antiviral Treatment Initiation -Direct acting -by LHD residents (% variance to target)		SWSLHD-Ministry of Health Service Level Agreement
IM: HIV Testing -Within publicly funded HIV and sexual health services		

Engage our community in prevention, screening and early intervention programs (continued)		
Focus area	Commitments	SWSLHD Plan
Sun protection	Promote Skin Cancer Prevention campaign messages and use of the Cancer Council NSW Sun Smart app by staff and the community	Cancer Plan
	Incorporate shade in outside areas at all health facilities	
SWSLHD targets		
KPI: Breast Screen Participation Rate – All women aged 50-69 and 70-74 (%)		SWSLHD-Ministry of Health Service Level Agreement

Enhance mental health and wellbeing of individuals and the community		
Focus area	Commitments	SWSLHD Plan
Mental health promotion	Deliver collaborative, evidence-based initiatives and programs to improve mental health and wellbeing	Mental Health
	Deliver mental health literacy training to staff in public, private and community managed sectors	
	Pilot the use of Wellbeing Impact Assessments on local projects	
	Implement and evaluate programs which promote community participation for people with a mental health issue	
	Review existing self-management tools to identify high quality resources and implement a communication strategy to promote across the district	
	Develop systematic approaches to enable mental health consumers to manage their own health	
Physical health for mental health service consumers	Develop and implement Health Pathways between SWSLHD services, General Practitioners and community managed organisations which include lifestyle interventions and monitoring programs	Mental Health
	Provide lifestyle programs to mental health consumers and carers which address key issues including nutrition, exercise, smoking, drug and alcohol use, immunisation, screening and use of health services	
	Expand access to exercise facilities and exercise physiology support for mental health consumers through shared use of existing facilities, use of private facilities and exercise physiology student placements within mental health services	
	Develop and evaluate metabolic screening, assessment and management clinics in community settings in partnership with relevant SWSLHD clinical services and General Practitioners	
Suicide prevention	Deliver community based suicide prevention and postvention initiatives to support the early identification of people at risk in partnership, including schools and education settings and training for GPs	Mental Health Regional Mental Health
	Develop a community-based model of care, which includes education and training, to support consumers who self-harm and/or are at risk of suicide and their families	Mental Health
	Identify and address gaps and issues in the suicide aftercare pathway	Regional Mental Health
	Promote and circulate resources designed for families, carers and loved ones of an individual who has attempted suicide	
	Scope and implement Aboriginal emotional & social well-being programs to reduce the prevalence of self-harm and suicidal behaviour in Aboriginal men	Mental Health; Regional Mental Health
	Pilot a Community Suicide Postvention Response Project in one local government area and then if successful roll out across SWSLHD	
Related state goals and targets		
Better physical health and living longer Less avoidable harm Healthy start to life Good mental health and wellbeing		NSW Strategic Framework for Mental Health
Towards zero suicides		NSW Premier's Priority

Support people of all ages to live a meaningful and functional life, ensuring the best start in life and promoting healthy ageing		
Focus area	Commitments	SWSLHD Plan
Preconception health, pregnancy and wellbeing	Provide high quality comprehensive antenatal care	First 2000 Days
	Identify early, potential risk factors and vulnerabilities and ensure that those families who need additional help, receive intervention and support at the right time and in the right place	First 2000 Days
	Lactation support in hospital and the community	First 2000 Days
	Mother and child early developmental and mental health checks	First 2000 Days
	Early identification of developmental delay and care access navigation	First 2000 Days
Healthy ageing	Integrate frailty assessment and management into older persons care and develop community-based services to identify and support people who are identified pre-frail or at risk of frailty	Older Persons
	Encourage physical activity and restorative approaches and programs in the community	Older Persons Population Health
	Promote healthy eating and special nutritional requirements to older persons living in the community	Older Persons
	Develop and promote a District wide falls prevention guide	Older Persons
	Strengthen discharge planning to avoid medication related harm	Older Persons
Related state goals and targets		
Delivery of the 1-4-week health check (%)	Sustaining NSW Families Programs: Families enrolled and continuing in the program (%)	SWSLHD-Ministry of Health Service Level Agreement
Sustaining NSW Families Programs: Families completing the program when child reached 2 (%)		

Appendix 2: References

NSW Plans

Mental Health Commission of NSW (2020). Living Well in Focus: 2020-2024. State of NSW 2020, https://www.nswmentalhealthcommission.com.au/sites/default/files/old/documents/living_well_in_focus_2020-2024.pdf

Mental Health Commission of NSW Shifting the Landscape for Suicide Prevention in NSW: A whole-of-government Strategic Framework for a whole-of-community response 2022-2027. State of NSW 2022, https://www.nswmentalhealthcommission.com.au/sites/default/files/2022-10/The%20Framework%20-%20Shifting%20the%20Landscape%20for%20Suicide%20Prevention%20in%20NSW%202022-2027_0.PDF

NSW Ministry of Health 2017, Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework (Healthy choices in health facilities), ISBN: 978-1-76000-635-8 (print); 978-1-76000-636-5 (online), <https://www.health.nsw.gov.au/heal/Pages/healthy-food-framework.aspx>

NSW Ministry of Health 2018, NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022, A Framework and Workforce Plan for NSW Health Services, ISBN: 978-1-76000-940-3, <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/mh-strategic-framework.aspx>

NSW Ministry of Health 2019, The First 2000 Days Framework (PD2019_008), ISBN: 978-1-7600-904-5 (print) and 978-1-76000-905-92 (online), <https://www.health.nsw.gov.au/kidsfamilies/programs/Pages/first-2000-days.aspx>

NSW Ministry of Health July 2019, NSW Tobacco Strategy 2019 – 2021, ISBN: 978-1-76081-199-0, <https://www.health.nsw.gov.au/tobacco/Pages/tobacco-strategy-1221.aspx>

NSW Ministry of Health 2020, NSW HIV Strategy 2021 – 2025, ISBN: 978-1-76081-537-0 (online) and 978-1-76081-536-3 (print), <https://www.health.nsw.gov.au/endinghiv/Pages/nsw-hiv-strategy-2021-2025.aspx>

NSW Ministry of Health June 2022, NSW Hepatitis C Strategy 2022-2025, ISBN: 978-1-76023-026-5, <https://www.health.nsw.gov.au/hepatitis/Pages/hepatitiscstrategy.aspx>

NSW Ministry of Health 2022, NSW Healthy Eating and Active Living Strategy 2022 – 2032, ISBN: 978-1-76023-242-9 <https://www.health.nsw.gov.au/heal/Pages/nsw-healthy-eating-strategy.aspx>

NSW Ministry of Health 2022, NSW Refugee Health Plan 2022 – 2027, ISBN: 978-1-76023-298-6, <https://www.health.nsw.gov.au/multicultural/Pages/refugee-health-plan.aspx>

NSW Ministry of Health 2023, NSW Hepatitis B Strategy 2023 – 2026, ISBN: 978-1-76023-368-6, <https://www.health.nsw.gov.au/hepatitis/Pages/hepatitisbstrategy.aspx>

NSW Ministry of Health, Towards Zero Suicides, <https://www.health.nsw.gov.au/towardszerosuicides/Pages/default.aspx>

SWSLHD Plans

SWSLHD July 2015, SWSLHD Mental Health Strategic Plan 2015 –2024, ISBN: 978 1 74079 187 8, https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD_MentalHealth_StrategicPlan2015-2024.pdf

SWSLHD Oct 2017, SWSLHD Cancer Plan 2018 –2023, ISBN: 978 1 74079 2271, <https://www.swslhd.health.nsw.gov.au/pdfs/2023-CancerPlan.pdf>

SWSLHD Sept 2019, SWSLHD Health Literacy RoadMap 2019 –2021, ISBN: 978 1 74079 215 8, September 2019 https://www.swslhd.health.nsw.gov.au/ccp/pdf/health_literacy_roadmap.pdf

SWSLHD Population Health March 2020, SWSLHD Fair Health Matters Equity Framework to 2025, ISBN: 978 1 74079 220 2, <https://www.swslhd.health.nsw.gov.au/pdfs/SWSLHD-EquityFramework-2025.pdf>

SWSLHD and SWSPHN June 2020, South Western Sydney Diabetes Framework to 2026, ISBN: 987 1 74079 236 3, <https://www.swslhd.health.nsw.gov.au/pdfs/diabetesframework.pdf>

SWSLHD and SWSPHN July 2020, South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2025, ISBN: 978 1 74079 237 0, https://www.swslhd.health.nsw.gov.au/pdfs/Mental_Health_and_Suicide_Prevention_Plan.pdf

SWSLHD Sept 2020, Draft Older Person's & Rehabilitation Plan – Discussion Paper, <https://www.swslhd.health.nsw.gov.au/planning/ClinicalStrategies.html>

SWSLHD Multicultural Services Implementation Plan 2021 –2024 <https://www.swslhd.health.nsw.gov.au/planning/pdf/MulticulturalServicesImplementationPlan.pdf>

SWSLHD Aboriginal Health Plan to 2027, April 2023 (Final Draft)

SWSLHD Healthy Environments A Strategy for SWSLHD 2022 –2027

Operational Plans

SWSLHD Population Health Operational Plan <https://www.swslhd.health.nsw.gov.au/pdfs/planning/Population%20HS%20Operational%20Plan%202020-2022%20Final.pdf>

SWSLHD Mental Health Operational Plan <https://www.swslhd.health.nsw.gov.au/pdfs/planning/Mental%20HS%20Operational%20Plan%202020-2022%20Final.pdf>

SWSLHD Drug Health Operational Plan <https://www.swslhd.health.nsw.gov.au/pdfs/planning/Drug%20HS%20Operational%20Plan%202020%202022%20Final.pdf>

Service Agreement 2022 –2023 – An agreement between the Secretary, NSW Health and SWSLHD for the period 1 July 2022 –30 June 2023 <https://www.swslhd.health.nsw.gov.au/pdfs/ServiceAgreement-2022-2023.pdf>

Want to learn more?

To learn more about South Western Sydney Local Health District and our plans for the future, go to the SWSLHD website:

www.swslhd.nsw.gov.au

South Western Sydney Local Health District

Liverpool Hospital Eastern Campus
Locked Mail Bag 7279
Liverpool BC NSW 1871

Tel. (612) 8738 6000

 /SWSLHD

 /swslhd

 /SWSHealth

