Health
Southern NSW
Local Health District

EUROBODALLA HEALTH SERVICE

HEALTH CARE SERVICES PLAN

2014 – 2019

Southern NSW Local Health District
Eurobodalla Health Service
Health Care Services Plan 2014-2019

Southern NSW Local Health District
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1. EXECUTIVE SUMMARY

Southern NSW Local Health District (SNSW LHD) aims to create a 'sustainable, patient-centric, efficient and effective health service where patient care is safe, holistic and connected'.

Eurobodalla Shire with a population of around 37,000 will continue to grow. It has an older population, with a median age of 50 years (NSW equals 37 years) and the older aged groups are expected to have the greatest population growth into the future. The Shire also has the largest Aboriginal population within the SNSW LHD (4.9% of total population, compared to 2.5% in NSW).

Eurobodalla population health data indicates there will be a significant growth in service demand brought about by the rise in the ageing population, general population increase and substantial seasonal tourist influx. Considering population growth alone, 16 more beds will be required by 2017 increasing to 36 by 2022. In addition, other factors are influencing demand projections including the introduction of a sub-acute rehabilitation model, a memorandum of understanding with the ACT (resulting in more local inpatient services) and a significant forecast increase for cancer and renal services.

This growth is projected to quickly outstrip what the SNSW LHD can provide within its current facilities and workforce allocation. It is acknowledged that providing acute services over two campuses results in unavoidable duplication and the long term aim (beyond this plan) is new infrastructure and services that will meet long term demand.

This Clinical Services Plan however is centred on providing services within the current physical infrastructure and the focus is to provide a quality, safe service which puts people first and provides coordinated care with seamless transitions between services. The aim is to maximise safe, effective, appropriate access over the two sites and implement models of care to allow an increase in activity targets and self-sufficiency while curtailing growing demand on acute services.

Given the challenges, SNSW LHD is reviewing how it does business. Services need to be streamlined; this has occurred within Eurobodalla maternity services allowing the maintenance of a skilled workforce and safe maternity service. The next step is to streamline all services to create a robust clinical environment that encourages skill development and attracts specialist services.

Moruya site will become the hub for the majority of services. Both sites will maintain an emergency department and surgery; however the level of services will be higher in Moruya. Moruya will provide more complex care with overnight theatre, high dependency care, maternity, inpatient rehabilitation, renal and oncology services. Batemans Bay site will work with the Moruya site to provide complimentary services. The niche service/s for Batemans Bay site will be developed in consultation with staff and the community.

Community Health services will work with acute services to provide better patient experiences and outcomes by preventing the need for admission to a hospital and in particular preventing readmissions for the same condition. The Southern NSW Local Health District Community Health Strategy 2013-17 has been developed and will be implemented alongside this plan.

Despite the changes outlined above, services will quickly outgrow the current physical infrastructure. By concentrating services and developing 'one service' for Eurobodalla, SNSW LHD will be in a better position to advocate for new infrastructure that matches the increased service provision and changed models of care.

2. POLICY CONTEXT

Southern NSW Local Health District Strategic Plan

Southern NSW Local Health District (SNSW LHD) was formed in January 2011 and has adopted the following vision, mission and strategic goals.

Vision: A healthy community

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

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

Strategic goals:

- Patient care is safe, holistic and connected
- Develop a skilled permanent workforce that can work effectively in the new health service environment
- Build financial sustainability
- Lead institutional and community change

Southern NSW Local Health District Health Care Services Plan 2013-18

The SNSW LHD Health Care Services Plan (HCSP) is a strategic planning document that identifies the priorities and key directions for clinical services for SNSW LHD for a five year period. The plan highlights four key areas in which activity will be focussed. These are:

- Develop Goulburn, Bega Valley and Eurobodalla Health Services to provide higher level services and better support smaller surrounding sites, increase mental health and rehabilitation inpatient units and provide for better flow of patients
- Increase ambulatory support services through redesigning Hospital in the Home Services, and increase enrolment in the Chronic Care Program to support the reduction of admissions to acute care that are preventable and avoidable
- Develop a robust Community Health service to better align with other agencies; disinvest in duplication; plan with Southern NSW Medicare Local (SNSW ML) to provide services from the most appropriate provider; redesign services to ensure equitable access across the District and introduce new models of care
- Further develop relations with ACT Health to provide a smoother journey to the right level of care; plan with ACT to develop models of care for service provision e.g. Renal and Cancer Network plans; improve coordination in transfer of patients back to our District and utilise facilities to the best advantage.

Southern NSW Local Health District Community Health Strategy 2013-2017

The Community Health Strategy (CHS) sets out four key action areas that will drive the development of community based services for the period of 2013-2017.

- Create a responsive organisation through a review of Community Health responsibilities, divesting in areas of duplication and implementing a clinical redesign of aged and chronic care services
- Reduce avoidable hospital admissions
- Improve access to services by developing a centralised intake across the District
- Maintain a sustainable workforce

3. LEADERSHIP

Decision making for the Local Health District is led by the Board, Chief Executive and the LHD's Executive team. The Eurobodalla Health Service General Manager leads the local service supported by managers who have responsibility for their wards and departments. The provision of local services is also supported by the SNSW LHD Directorate of Community Health and Director of Mental Health and Drug and Alcohol. The Eurobodalla Health Service General Manager is responsible for:

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

4. COMMUNITY REPRESENTATION

The Eurobodalla Health Service is committed to working together with consumers, community members and groups to build healthy communities throughout the local region.

The Local Health Advisory Committee has been updated to the Eurobodalla Health Service Community Representative Committee (EHS CRC). This Committee provides valuable input into local health services and is one of the eleven committees established in the LHD which offer an opportunity for consumers and community members to represent the interests of their community and contribute viewpoints that help shape a safe and quality health service that meets the needs of the local population. The EHS CRC meets on a regular basis and provides feedback to the health service on the needs and issues in the local community.

This plan has been widely consulted with staff and Eurobodalla residents throughout the 10 month planning process:

- August 2013 - Community invited to provide input into planning via media release
- August/September 2013 - Meetings with staff and doctors
- October 2013 - Stakeholders meeting via the Healthy Communities Forum
- November 2013 - Community forum. Open to the public with specific community groups targeted. Twenty nine participants indicated they were representing community groups.
- December 2013 – Met with Eurobodalla Koori Employment Network
- March 2014 – Draft Plan out for general consultation. Invitation to comment on draft plan was extended to many organisations within Eurobodalla, plus an invite to the general community to provide feedback.

5. EUROBODALLA REGION AT A GLANCE

Geographic region

The Eurobodalla Health Service provides services for the region covered by the Eurobodalla Local Government Area (LGA) as well as some visiting services to Bermagui. The Eurobodalla LGA covers an area of 3,422 square kilometres with a population density of 10.8 residents per square km. The LGA includes the major towns of Batemans Bay, Moruya and Narooma. The Eurobodalla adjoins Palerang LGA to the North West, Cooma-Monaro LGA to the West, Bega Valley LGA to the South and Shoalhaven LGA to the North. The Eurobodalla region of the SNSW LHD is covered by the traditional land of the Yuin Nations who have strong ties to the District, dating back over centuries.

Figure 1: Map of the Eurobodalla Local Government Area

***Source**: Eurobodalla Shire Council, 2013.*

The Eurobodalla LGA is a coastal area with the Pacific Ocean to the east and the Great Dividing Range on the west. The King's Highway is the only sealed link to inland areas. There is one airport at Moruya with scheduled flights to Merimbula and Sydney only.

Table 1. Driving distances from Eurobodalla sites

	Batemans Bay	Moruya	Narooma
Batemans Bay	-	27km (21mins)	69km (53 mins)
Nowra	118km (1hr 32 mins)	144km (1hr 42 mins)	186km (2hrs 24 mins)
Bega	149km (1hr 51 mins)	120km (1hr 27 mins)	77km (55 mins)
Goulburn	145km (1hr 50 mins)	172km (2hrs 13 mins)	214km (2hrs 44 mins)
Queanbeyan	134km (1hr 40 mins)	160km (2hrs)	202km (2hrs 30 mins)
Canberra	149km (2hrs 1 min)	172km (2hrs 16 mins)	215km (2hrs 48 mins)
Sydney	279km (3hrs 42 min)	305km (4hrs)	347km (4hrs 32 mins)
Source: Google Maps, 2013.			

Eurobodalla residents

The estimated population of the Eurobodalla shire in 2011 (36,993), is projected to increase to 40,900 by 2021. This gives the LGA the second largest population in the SNSW LHD following Queanbeyan. Similar to other regional LGAs, the Eurobodalla shire is characterised by an ageing population, with internal migration of retirees, and fewer young adults aged 20-34 years due to outward migration for education and employment.

With a median age of 50 years, Eurobodalla LGA has one of the highest proportions of older residents in NSW: 25% are aged 65 years and over, compared to 17% across the LHD and 14.5% in NSW. The proportion of working age adults 15-64 years in Eurobodalla shire (58%) is relatively lower than in the LHD (64%) and NSW (67%), as is the proportion of children aged 0-14 years (17%, 19% in the LHD and NSW). Even so, the number of people in these age groups remains the second highest in the LHD, after Queanbeyan. The most striking differences in population distribution are in the age groups of 25-34 years (7.2% vs. 14.1% in NSW), 55-64 years (17.4% vs 11.6% in NSW), 65-74 years (14% vs. 7.7% in NSW) and 75-84 years (8% vs. 4.8% in NSW).

The older age groups (65 years and over) are expected to have the greatest population growth. Proportions of population in the 0 to 44 age groups are expected to remain similar to now however the proportion of people aged 45-54 years is expected to decrease around 14% to about 11%.

Aboriginal population

Aboriginal people experience significantly poorer health outcomes than other Australians. People who are Aboriginal have higher rates of chronic disease, cancers, smoking, have more low birth weight babies and have life expectancies which are significantly less than other Australians. In the 2011 Census, 5,668 SNSW LHD residents identified as Aboriginal and or Torres Strait Islander, equating to 2.9% of the total population.

The Eurobodalla shire has the largest Aboriginal population in the LHD: 1,814 residents identified as Aboriginal or Torres Strait Islander in the 2011 Census. This represents 32% of the Aboriginal residents in the SNSW LHD, and 4.9% of the LGA population, compared to 2.9% in SNSW LHD and 2.5% in NSW. Nearly two-thirds (1,130) of the Aboriginal population resides in the urban centres of Batemans Bay (approximately 720 in 2011 Census), Moruya (280) and Narooma (130).

The Aboriginal population in Eurobodalla is young: nearly half (48%) are aged 0-19 years, compared to 20% of the non-Aboriginal population. Aboriginal people also have shorter life expectancies and only 9% of the population is aged over 60 years, compared to 36% of the non-Aboriginal population.

Social determinants of health/ Health inequity in the Eurobodalla

The Eurobodalla shire has varying levels of disadvantage, as measured by the socio-economic indexes for areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD). The index provides some context to data on risk factors, hospitalisations and deaths. The average IRSD score for NSW is 1,000, a lower score indicates relatively greater disadvantage, and means there are fewer residents with high incomes, tertiary education and skilled occupations than NSW as a whole. Eurobodalla shire has an IRSD score of 956, with a minimum score of 460 and a maximum score of 1,078 for neighbourhoods within the LGA. This gives Eurobodalla a rank of 74 (1 is most disadvantaged, 199 is least disadvantaged). Goulburn Mulwaree with a score of 932 has the lowest IRSD score for the District with Palerang with a score of 1,102 the highest.

The table below highlights some of the major health equity challenges present in the Eurobodalla. Many of these factors impact on health service planning and delivery through both direct and indirect ways and need to be taken into account in the way in which services are delivered.

Table 2. EUROBODALLA LOCAL GOVERNMENT AREA, NSW AND SOUTHERN NSW LHD SOCIAL HEALTH INDICATORS FROM THE SOCIAL HEALTH ATLAS 2012

Indicator	Eurobodalla	SNSW LHD	NSW
Education			
Full time participation in secondary school education at age 16 (% of 16 year olds, 2011)	77.7	79.2	80.1
Participation in vocational education and training (rate per 100 population, 2010)	14.2	na	7.8
School leaver participation in higher education (% of 17 year olds, 2011)	13.7	14.0	26.6
Children developmentally vulnerable on 2 or more domains (% of assessed 5 year olds in their first year of school, 2009)	11.8	11.3	10.3
Learning or Earning at ages 15 to 19 (%, 2011)	75.3	79.7	81.4
Families (2011)			
Single parent families (% of families with children < 15 years)	31.8	23.2	21.2
Jobless families with children aged less than 15 years (% of families with children < 15 years)	20.3	12.4	14.1
Children aged less than 15 years in jobless families (% of all children < 15 years)	21.3	12.8	14.7
Housing & transport (2011)			
Centrelink rent assistance (% of total dwellings, 2009)	21.7	14.6	16.3
Government housing (% of total dwellings)	2.9	3.1	4.4
Mortgage stress (% of mortgaged dwellings)	16.2	9.6	11.1
Rental stress (% of rented dwellings)	37.6	25.9	26.3
Dwellings with no motor vehicle (% of total dwellings)	6.2	5.8	10.4
Income support (2009)			
Age pensioners (% of 65+ years)	74.7	69.2	70.1
Disability support pensioners (% of 16 - 64 years)	10.3	6.2	5.0
Female sole parent pensioners (% of 15 - 54 years)	9.7	5.9	5.3
Unemployment benefits (% of 16 - 64 years)	8.1	4.3	4.3
• **Long term (% of 16-64 years)**	5.8	2.9	2.9
• **Young people (% of 15-24 years)**	11.5	6.1	5.4
Labour force (2011)			
Unemployment (% of labour force)	4.9	2.7	5.1
Labour force participation (% of 15+ years)	55.1	67.0	64.6
Female labour force participation (% of females 15+ years)	42.6	55.6	54.4
Community strength: Volunteering (15+ years, 2011)	21.9	22.3	16.9
Disability (2011)			
People with a profound or severe disability			
• **All ages, including in long term accomm. (% of total population)**	2,459 (6.9%)	5.1	4.9
○ **Living in the community**	1,951 (5.5%)	4.0	4.0
• **65 years and over (% of population 65+)**	1,386 (15.0%)	15.6	18.3
○ **Living in the community**	936 (10.1%)	10.6	13.1
Providing unpaid assistance to persons with a disability (% of total population)	13.0	12.1	11.4
MBS Services (2009/10)			
GP services (MBS and DVA) (rate per 100 population)	433	na	578
Private health insurance			
% of total population with PHI (2001)	34.8	40.6	48.2
Predicted rate of PHI per 100 population aged 15+ years old (2007-08)	36.9	na	48.0
Aged Care (2011)			
Residential aged care places (places per 1,000 population aged 70+)			
• **High level care**	292 (46.2)	41.2	45.2
• **Low level care**	334 (52.9)	51.1	42.3
• **Community aged care**	166 (26.3)	23.2	24.3

Source: PHIDU Social Health Atlas of Australia 2013

Our population's health

Whether people are healthy or not is determined by their genetics/family history as well as circumstances and environment. The determinants of health include: income and social status, education, employment and working conditions, the physical environment, gender and age, genetics, social support networks and culture, as well as access to and use of health services. Behavioural risk factors including the decision to

smoke tobacco, drink alcohol, the choice of foods we eat and the amount we exercise all have major implications for our health.

By comparing health data of our population against that of the NSW norm, we can identify key areas of focus for Eurobodalla and a summary of these is outlined below.

Table 3. POPULATION HEALTH ISSUES IN THE EUROBODALLA

Eurobodalla residents experience at a rate:	Population health issue	Summary of concern
greater than NSW	**Smoking during pregnancy**	Rates of smoking during pregnancy for women in Eurobodalla (25% in 2010) were 2.5 times the NSW average (10%), and even higher for pregnant Aboriginal women (62% in women accessing KMAP in 2010-11, 48% in NSW).
lower than NSW	**Antenatal care**	74% of pregnant women in Eurobodalla had their first antenatal visit before 14 weeks gestation, which is a significantly lower proportion than in NSW (79%) and SNSW LHD (82%).
greater than NSW	**Alcohol**	Rates of alcohol attributable hospitalisations were increasing steadily in Eurobodalla residents until 2008-10, and despite a recent drop to 876 / 100,000 in 2009-11, the rate remains significantly higher than the NSW average (665 / 100,000 in 2011-12).
greater than NSW	**Cancer**	The greatest increase (70%) is expected in the SNSW LHD. The number of cancer deaths in NSW is expected to increase by 13%, with the greatest increase (33%) again expected in the SNSW LHD. This is mainly due to the increasing proportion of the population aged 65 years and older, so is likely to impact the Eurobodalla shire in particular.
comparable to NSW	**Overweight and obesity**	The 2007/08 NHS of adults in Eurobodalla found that 35% of males and 24% of females were overweight, while 23% of males and 17% of females were obese - these rates were slightly higher than NSW averages
comparable to NSW	**Falls**	Similar to NSW: Between 2008-09 and 2009-10 the hospitalisation rate for Eurobodalla residents (2,995 / 100,000) was within the NSW average[1]
comparable to NSW	**Mental health**	2007/08 NHS reported that 13% of adults in Eurobodalla had experienced high or very high levels of psychological distress (K-10), compared to 12% in NSW. From the same survey, PHIDU modelling suggested that 13% of males and 14% of females in Eurobodalla experienced mental and behavioural problems, compared to 10% and 12% in NSW.
comparable to NSW	**Potentially preventable hospitalisations**	Rates have been steady over the past 15 years. Between 2009-10 and 2010-11, Eurobodalla had a PPH rate of 2,608 / 100,000, which was within the NSW average
Lower than NSW	**Potentially avoidable deaths**	The rate of potentially avoidable deaths (premature deaths that theoretically could be avoided through prevention or treatment) in Eurobodalla in 2006-2007 (169 / 100,000) was below the average range for NSW [ABS mortality data and population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health] PHIDU analysis shows that Eurobodalla had the highest number of premature deaths (before the age of 75 years) in the SNSW LHD in 2003-2007 (total 634): 40% were defined as preventable, 27% as treatable and 33% as untreatable. Of the premature deaths, 45% were due to cancer, 24% due to circulatory conditions

The SNSW ML in 2013 published 'A Population Health Sub Regional Profile' series. The Eurobodalla LGA profile identified the following:

- High overall health risk profile compared to the SNSW ML and NSW averages
- Lower participation rate for cervical cancer compared to other sub-regions across all age ranges in the SNSW ML
- Higher prevalence rate for all chronic disease compared to SNSW ML and NSW averages
- High incidence of most cancers compared to SNSW ML and NSW averages
- Higher premature mortality resulting from cancer and external causes compared to SNSW ML and NSW
- Higher rate of mortality from preventable causes compared to SNSW ML and NSW
- Second highest suicide rate in the SNSW ML

- Second lowest per capita rate of GPs in the SNSW ML
- Eurobodalla appears to be better served by all allied health services when compared to the SNSW ML with the exception of audiology, diabetes educators, dietetics and physiotherapy
- In mental health services Eurobodalla has the highest rate of mental health nurses and social workers in the SNSW ML
- Higher rate of preventable hospitalisation for ambulatory-sensitive conditions compared to SNSW ML and NSW
- Higher rates of allied health services, transport and care coordination within Home and Community Care (HACC) services compared to SNSW ML.

The key health issues in Eurobodalla in the table above and highlighted in the SNSW ML Population Health Sub Regional Profile, reflect the higher levels of social disadvantage and the higher proportion of older residents in the region compared to NSW as a whole. These are issues that relevant services / program areas will work to address over the next 5 years.

6. KEY SERVICE PARTNERSHIPS

It is acknowledged that the Eurobodalla Health Service is only one part of many services relating to health operating in the Eurobodalla Shire. The SNSW LHD does not try to be all to everyone (health-wise) but specialises in specific services. We will not attempt to list all services relating to health operating within Eurobodalla as we would no doubt, unintentionally, miss important groups.

Southern NSW LHD has key service partnerships with the Southern NSW Medicare Local, Katungul Aboriginal Medical Service, General Practitioners, Universities, Eurobodalla Shire Council (including Healthy Communities), Ambulance Service NSW, ACT Health and ACT Cancer and Renal Services. These partnerships play a vital role in providing services to the community.

Non-government agencies and not for profit organisations are key players in health service delivery also, especially in the provision of services to older people and people with a disability living in the community. There is considerable reform being driven by the Commonwealth and the NSW Ministry of Health in this field which heightens the need for the Eurobodalla Health Service to maintain good working relationships with current partner agencies, as well as strengthen ties with agencies where relationships are newly formed.

7. CURRENT SNSW LHD EUROBODALLA HEALTH SERVICES

The community of the Eurobodalla can access a range of health services, depending on their health care needs, from the Eurobodalla Health Service. The Service is a regional networked service with two hospitals and a community health team encompassing a range of allied health, nursing services and mental health services. Clients can be seen across a number of settings, such as in Community Health centres, in hospital or their homes as required.

Residents, through choice or circumstance, also access health services from General Practitioners (GPs) and government and non-government organisations in the local district as well as from neighbouring networks and other local health districts and territories.

The Eurobodalla Health Service is led by a team of managers who provide support and direction for the clinicians and services within the Eurobodalla Health Service. The service has a General Manager responsible for all services except mental health, drug and alcohol, Aboriginal health, maintenance, cooking and cleaning. Reporting to the General Manager, community health services (providing both in-reach into the hospitals and community based services) is managed by an Allied Health Manager and a Nurse Manager while the two hospitals have a Director of Nursing and Midwifery. The Director of Medical Services, shared with the Bega Valley, provides medical leadership and advises the General Manager. There are a range of service managers or department heads reporting to the managers.

Community based health services

Patients can access a comprehensive range of community based services across the Eurobodalla. These are provided to the patient in the most appropriate setting. All community based allied health services work across both the hospital and community setting and are currently managed by the Allied Health Manager based in community health. The ratio of time between inpatients and the community setting differs depending on the discipline.

There are three Community Health Centres across Eurobodalla in Narooma, Moruya and Batemans Bay. The service is an integrated service across the three sites.

Table 4. CURRENT COMMUNITY BASED SERVICES

Allied Health	Nursing
Sexual assault service	Generalist and Palliative Community Nursing
Child protection counselling service	Child & Family Nursing
Dietetics	Sexual Health
Physiotherapy	Cancer Care
Occupational Therapy	Oncology
Speech Pathology	Aged Care Assessment Team
Social work	Continence Clinical Nurse Consultant (Home and Community Care)
Transitional Aged Care Program	Women's Health
Dental service	Diabetes Educator
Community Health Renal	Breast Care
Connecting Care (chronic disease management)	
Geriatrician Service	

Inpatient and acute services

There are two hospitals within the Eurobodalla providing inpatient services: Batemans Bay Hospital (37 beds) and Moruya Hospital (47 beds). These hospitals operate at a Level 2 and 3 role delineation[1], respectively. Both provide urgent, medical and surgical services. Moruya hospital also provides maternity, High Dependency care, renal and oncology services to the region.

Patients can access emergency care at both Batemans Bay and Moruya Hospital. Telehealth medicine is utilised by both emergency departments for patients presenting with acute mental health issues. This service links patients and staff to specialist mental health emergency staff who make patient assessment and recommendations for their treatment.

Critical Care Telehealth is also available in the resuscitation areas of both hospitals. This links to The Canberra Hospital emergency department and Snowy Hydro South Care. A retrieval consultant is available to advise and assess any critically ill patient by video link. NSW Newborn and Paediatric Emergency Transport Services (NETS) is currently being added to the system.

Surgical services are provided from both Eurobodalla hospitals, with Batemans Bay providing minimal overnight surgery. Both provide general surgery and endoscopy. Moruya provides the more complex procedures requiring overnight stay and gynaecology. Batemans Bay provides same day orthopaedics, and ophthalmology and its urology service provides some procedures which require an overnight stay. Moruya provides the emergency surgery theatre for the Eurobodalla.

Child and family services

Eurobodalla Health Service provides a number of services for children. These include universal assessment, coordinated care and home visiting for all parents expecting or caring for a baby; The NSW Statewide Infant Screening – Hearing (SWISH) and Statewide Eyesight Preschooler Screening (StEPS); services improving mental health outcomes for parents and infants (Safe Start); childhood and school based immunisations and a number of childhood intervention specialties e.g. early intervention clinic (0-3 years), speech

[1] Role Delineation is a process which determines that support services, staff profile, minimum safety standards and other requirements are provided to ensure that clinical services are provided safely and appropriately supported. The role level of a service describes the complexity of the clinical activity undertaken by that service. Level 1 being the least complex, Level 6 the most complex.

pathology (0-8 years), occupational therapy (0-8 years), physiotherapy (0-8 years), Building Strong Foundations and a visiting Child, Infant and Family Tertiary Service (CIFTS) paediatric assessment team.

Pregnant women have several options for antenatal care. This includes specialised services for: Aboriginal and Torres Strait Islander mothers (Aboriginal Maternal and Infant Health Service [AMIHS] or Koori Maternity Access Program [KMAP]); adolescent mothers (aged 12-20 years of age); multidisciplinary care for mothers with complex needs and shared antenatal care between mother, GP and midwives.

Children presenting to Batemans Bay or Moruya emergency departments who require a straightforward admission, may be admitted for short stays. Specialist consultations are required for complex presentations and admissions longer than 24 hours. Children are transferred to more specialised services in Bega, Shoalhaven or the ACT, depending on circumstances and treatment required.

Mental health and drug and alcohol services

People with a mental illness, their families and health professionals who work in the field can access a wide range of diagnostic and therapeutic services, including: Assessment of persons with suspected mental health problems; Case management and other therapeutic interventions; Assistance/support to families and carers; Assistance/support to other health professionals (including inpatient staff, GPs, allied health); Specialist services including crisis assessment and intervention, Dementia Behaviour Assessment and Management Service (DBAMS); Specialist services for children, adolescents and older people; Liaison between services (inpatient Mental Health, general hospital, GPs, government and non-government organisations) and Drug and Alcohol Services including an Opioid Treatment Program.

People in the Eurobodalla Shire requiring Mental Health acute inpatient services are transferred to the Chisholm Ross Centre in Goulburn (32 beds) or to Bega Hospital (6 beds). Inpatient rehabilitation services (22 beds) and inpatient psychogeriatric services (32 beds) are provided at Kenmore Hospital Goulburn.

Aboriginal Health services

Aboriginal people are able to access a range of Aboriginal specific services through the Aboriginal Health Unit including services to address the Aboriginal Maternal Infant Health Strategy, Building Strong Foundations and the Chronic Care 48 hour follow up.

The Aboriginal Health Education Liaison Officers work closely with mainstream workers and agencies to provide appropriate emotional, social and welfare support for inpatients and their families and liaise with and coordinate services for Aboriginal people in the community. They also provide health promotion and education which assists in bringing about quality health outcomes. Their role extends to supporting mainstream health providers to provide culturally appropriate services.

Oral health

Eligible adults and all children under 18 years of age can access general dental services through the 4 chair community dental clinic based in Moruya. The service provides general dental treatment, referrals to specialist services in Queanbeyan or Westmead, as appropriate. Some general dental and all denture related services for eligible clients are outsourced to private providers through the NSW Oral Health Fee for Service Scheme. Residents of the SNSW LHD can access dental services through the Oral Health Intake Service, which is a telephone triage and patient scheduling system, operating across the District. Chair side and community health promotion is also undertaken by the Eurobodalla Community Dental Service.

Aged care and rehabilitation services

Southern NSW Local Health District provides a range of services and programs to older people, aimed at enabling people to stay in their homes longer, live independently, improve health outcomes and reduce avoidable and preventable admissions to hospital and presentation to emergency departments.

Chronic disease programs

People with chronic diseases often have multiple medications, conditions and complex needs which result in a need for care from multiple services. In the Eurobodalla, there are a range of services which are designed for those with chronic conditions, to meet their specific health care needs. These services include:

Connecting Care in the Community, a patient centric multidisciplinary case management service for patients over 16 years of age who have more than one chronic condition; Acute to Aged-Related Care Service to avoid non-medical delays to discharging older people from hospital; Aged Care services in Emergency teams (ASET) aimed at reducing hospitalisation and representation rates of older people to emergency departments; ComPacks providing time limited, non-clinical case managed community care post discharge and Transitional Aged Care Program providing short-term restorative care to optimise the functioning and independence of older people after a hospital stay.

Palliative care services

The Eurobodalla Health Service provides an enhanced primary health care model of palliative care. Community nurses provide in-home palliative care and work closely with the GP to support clients and their families with the aim of managing symptoms and maintaining quality of life. A Clinical Nurse Specialist provides assistance with complex symptom management and specialist advice and a district Clinical Nurse Consultant assists with education and complex symptom management.

The Medicare Local has funding for a visiting palliative care specialist for Eurobodalla and the Eurobodalla Health Service has a team of allied health professionals who prioritise support for palliative clients. There is also a team of volunteers who are trained in this role to support palliative clients.

Moruya Hospital is currently piloting an End of Life Care Plan which will guide appropriate, evidence based care in the last days/hours of life.

There are a number of NSW and national palliative care initiatives which will benefit the residents in Eurobodalla e.g.

- A statewide After Hours Palliative Care Phone Advisory service (scheduled to commence operations mid 2014)
- The End of Life Care Packages Program which provides for 48hrs of care in the home in the last days of life for registered palliative patients
- Development of a Statewide Palliative Care and End of Life Model of Care
- The implementation of *MOH Advance Planning for Quality Care at End of Life Action Plan 2013-2018*
- National Standards Assessment Program that will enable services to engage in continuous quality improvement through self-assessment against the National Palliative Care Standards.

Eurobodalla renal service

The Renal Service provides multi-disciplinary care to patients with Chronic Kidney disease. This includes centre based satellite haemodialysis, home based dialysis services, renal outreach services and patient education and support. The Renal Service operates an inpatient service – a 7 chair haemodialysis unit in Moruya. Patients receive approximately 5 hour treatments in the unit which is staffed for two 8 hour shifts on three days, and one 8 hour shift on the other three days the unit is open. The service also operates an outpatient service which includes an outreach support nurse, renal social worker and renal dietician.

Cancer care

The Eurobodalla Oncology clinic has six treatment spaces (five chemotherapy chairs and one procedure bed) and operates on business days from 8.00am to 4.30pm. Cancer care services work from Community Health centres in Batemans Bay, Moruya and Narooma. The service includes a Cancer Care Coordinator, McGrath Breast Care Nurse and Cancer Care Social Worker with visiting oncologists and haematologists.

Specialist medical care

The SNSW LHD receives funding from the Commonwealth to deliver a range of services within our region. Services provided under this program in the Eurobodalla shire include: community midwifery service for pregnant adolescent women, visiting geriatrician, addiction medicine specialist, rehabilitation physician and genetics physician and the Indigenous Chronic Disease Aunty Jeans program.

Programs for the whole of population (Health Promotion)

Health promotion priority programs are implemented by health promotion staff located at SNSW LHD sites. There is extensive community engagement through preschool and school settings and community settings through Falls Prevention, Tai Chi programs and Tobacco Reduction strategies. Contracted services include the Go4Fun program. The "Stepping On" falls prevention program is run regularly. Falls prevention strategies are linked to acute care service provision. Epidemiological services are provided for the LHD. Key relationships include SNSW ML.

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

8. WORKFORCE

The Eurobodalla Health Service employs approximately 267.50 full time equivalent staff (2012). This includes nursing, allied health and administrative staff.

The medical workforce is made up of General Practitioners (GPs) as Visiting Medical Officers (VMOs) providing care to inpatients and emergency department patients. There are also GP Proceduralists in Anaesthetics, Obstetrics and Surgery (GP who have a special interest and training in anaesthetics/obstetrics/surgery and are credentialed to work on the anaesthetics/obstetrics/surgical rosters). There is a range of specialist VMOs in general surgery, obstetrics/gynaecology, urology, ophthalmology and orthopaedics (day only procedures) and a registrar in surgery on rotation from The Canberra Hospital. The service depends on locums to fill shifts when VMOs are not available.

Batemans Bay has 6 GP/VMOs (plus some locum GP/VMO). Three are GP anaesthetists. In addition one anaesthetist and two GP do anaesthetics/ED shifts only (no inpatient work).

Moruya has 11 GP/VMOs. Of the 11, two are GP anaesthetists: three are GP obstetricians working with the specialist Obstetrician/Gynaecologist providing perinatal care for women (another is awaiting credentialing) and one is a GP Proceduralist and has a theatre list each month.

Specialists include:

- 1 Obstetrician/Gynaecologist, plus locum for emergencies
- 3 General Surgeons (2 based in Eurobodalla full time and 1 visiting one week in each 8 week cycle) plus locum
- 1 Urologist, visiting once per month
- 1 Ophthalmologist, 2 lists per month
- 1 Orthopaedic Surgeon, day procedures once per month, visiting from Bega.

The emergency departments at both sites are mainly staffed by locums. Recruitment for an ED Director is taking place during the development of this plan.

Gaps identified in the workforce include the small number of allied health professionals as against the growing need for these services and the gaps in the medical workforce that are currently filled by locums.

9. TRENDS AND PROJECTIONS

Demand for inpatient services by Eurobodalla residents

Between 2009/10 and 2011/12 there was on average per year 14,537 hospital admissions to public and private NSW facilities for Eurobodalla Shire residents. The majority of separations (85%) were in public hospitals with about 15% being provided in private facilities. Admissions are gradually increasing each year from 13,848 in 2009/10 to 15,193 in 2011/12. Sixty per cent (60%) of this increase is an increase to Private facilities with 20% of the increase at Eurobodalla facilities. (It should be noted that ACT Private Hospital data is limited, data is not available for private free standing day facilities within the ACT).

Supply of inpatient services by Eurobodalla hospitals

For three years from 2009/10 to 2011/12, the Eurobodalla Health Service supplied on average 10,302 episodes of inpatient care per year, with an average of 26,798 bed days per year.

National Weighted Activity Unit (NWAU) or Price Weight is 'the 'currency' that expresses relative resource use for services funded on an activity basis. It provides a way of comparing and valuing public hospital admissions, emergency department or non-admitted events'[2]. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.

For year to date December 2013/14, the average NWAU excluding renal dialysis, chemotherapy and unqualified neonates was 0.68 for Batemans Bay hospital and 0.97 for Moruya hospital, indicating the higher level of service provided at Moruya.

Sixty eight per cent (68%) of the separations were medical (excludes renal dialysis, chemotherapy and unqualified neonates). Moruya Hospital provides slightly more than half (51.3%) of the medical care with an average length of stay (ALOS) of 3.1 days: Batemans Bay's hospital medical ALOS is 3.0 days. The top Service Related Groups (SRGs) requiring a medical admission to Batemans Bay are cardiology, gastroenterology and respiratory medicine. The top medical SRGs for Moruya hospital are cardiology, non-subspecialty medicine and obstetrics. The SRGs for Batemans Bay requiring the most bed days are rehabilitation, respiratory medicine and cardiology. For Moruya: non-subspecialty medicine, cardiology and respiratory medicine.

Over a three year period (2009/10 to 2011/12) the number of births to Eurobodalla women has remained constant, around 350 per year. Only about 8% of these births take place outside of the Eurobodalla. Births in Moruya Hospital remain stable with 322 in 2009/10 to 296 in 2011/12.

Surgery at Batemans Bay is mostly day only and they provide about 62% of episodes of care with an ALOS of 1.1days. Moruya Hospital's surgical ALOS is closer to 2.4 days indicating the more complex type of surgery undertaken. The top surgical/procedural SRGs for Batemans Bay hospital are diagnostic GI endoscopy, ophthalmology and gastroenterology. The top SRGs for Moruya are gynaecology, non-subspecialty surgery and colorectal surgery.

Eighty eight per cent (88%) of hospital separations to Eurobodalla hospitals over the past three years were by residents of the Eurobodalla Shire. At both hospitals, the next most common areas of residence of patients were from the Bega Valley 3.6% and Illawarra 2.3%.

Flows for inpatient services

'Out flows for inpatient services' looks at where Eurobodalla residents receive inpatient services if not in Eurobodalla hospitals.

Eurobodalla Hospitals cater for about 62% of the inpatient hospital demand for the Eurobodalla shire residents. Private facilities provide about 15% of demand, ACT public 12% and Bega Hospital 3%. This compares favourably with peer groups of hospitals e.g. Deniliquin 60% self-sufficient, Kempsey 56%, Cowra 51%, Young 48%, Cooma 51% and Moree 50%.

Flows to private facilities account for 15% of demand and the top Enhanced Service Related Groups (ESRGs) provided for Eurobodalla residents are colonoscopy, gastroscopy and skin, subcutaneous tissue and breast procedures.

Flows to public ACT facilities account for 12% of demand and the top ESRGs provided for Eurobodalla residents are invasive cardiac investigation procedures, other orthopaedics-surgical and other vascular surgery procedures.

[2] page 2 of A Practical Guide to the NSW Funding Model 2013/14, Activity Based Funding Taskforce: North Sydney

Inpatient psychiatric

Over the past three years, approximately 75% of the psychiatric inpatient demand from Eurobodalla residents has been met by SNSW LHD. A further 19% has been met annually by other private providers. ACT (public services) and other LHDs within NSW cater for only a small amount of demand for these services.

Projections

On analysis of the projected base case scenario (that is if we continue to do everything the same) the following observations/comments are provided.

General inpatient acute

The need for acute services and subsequently the need for overnight and day only beds within Eurobodalla will increase. Of the additional bed days required, older people will account for the biggest growth. Of the expected 10,288 extra bed days (28 beds @100% occupancy) required in the Eurobodalla between 2011 and 2017, 8,093 (22 beds) will be for the age group 70 years and over. Of the 10,288 extra bed days, the majority, 9,131 (25 beds) will be for medical services; 7,324 of these bed days(20 of the 25 beds) will be for people aged 70 years and older, reflecting the pattern of disease experienced with ageing. As at 2014 the Eurobodalla is operating with 94 beds and 6 Hospital In The Home places (with a current trial of 2 additional places).

Table 5. **PROJECTED INPATIENT ACTIVITY**

	2011		2017		2022	
Hospital	**Bdays**	**beds@75% occ.**	**Bdays**	**beds@75% occ**	**Bdays**	**beds@75% occ**
Batemans Bay	9,338	34	14,130	52	16,039	59
Moruya	12,178	44	17,674	65	19,599	72
Grand Total	21,516	79	31,804	116	35,638	130

Source: AIM2012 v2.1
Less Chemotherapy, renal dialysis and unqualified neonates

The top five service related groups and enhanced service related groups, which are projected to account for the biggest growth in bed days between 2011 and 2022 are non-sub specialty medicine, cellulitis and surgery. Gastroscopy, respiratory infections/inflammations, chronic obstructive airways disease and cellulitis are the enhanced service related groups responsible for the projected greatest increase in bed between 2011 and 2022.

There are only two service related groups which are expected to decrease in the number of bed days between 2011 and 2022: These are breast surgery (decreasing from 144 to 124 bed days (<1bed)) and Gynaecology (decreasing from 717 to 692).

Acute services can expect more admissions of elderly patients who have a different pattern of disease and different response to treatment than younger patients. As stated in the previous commentary hospital avoidance strategies concentrating on chronic disease management and community health strategies will need to be targeted, including continuing health promotion programs and strategies.

Sub-acute services

Projections for inpatient palliative care indicate that there will be a doubling of demand for palliative care, from 679 bed days in 2011 to 1,414 in 2017 (1.8 to 3.8 beds). However the preferred model is to provide more palliative supportive care within the home.

Eurobodalla has a need for 20 rehabilitation beds and this is projected to increase significantly due mainly to the ageing population. The need is being addressed with the building of a 20 bed sub-acute rehabilitation unit at Moruya Hospital due to open late 2014. It is anticipated that the unit will operate with two general streams of care: fast stream rehabilitation for patients including post orthopaedic surgery and amputations; and slow stream/ Geriatric Evaluation and Management (GEM) which include medical assessment needs, stroke and chronic and degenerative diseases.

There is a projected increase in the need to provide for maintenance care within inpatient acute facilities, from 693 bed days in 2011 to 1624 by 2017 (1.9 to 4.4 beds). However, SNSW LHD has good working relations with the many residential aged care facilities and continues to quickly move people to more appropriate care. With the expected increase in community based packages being funded by the Commonwealth, it is anticipated that more of our community will be able to return to their homes after acute episodes in hospital. Our staff will need to work closely with a range of home based providers to ensure timely transition to home.

Renal disease

In SNSW LHD, there are no statistics available in relation to the number of clients diagnosed with Chronic Kidney Disease (CKD) but the incidence of clients requiring renal replacement therapies has increased. The Kidney Health Australian (2009) prevalence from 1999-2000 AusDiab survey states that for Stages 1-2 CKD the Australian Prevalence (adults 25+) is 5.8% and for stages 3-4 CKD the prevalence is 8.4%. The NSW Health Revised Projections of Demand for Renal Dialysis Services in NSW to 2021 projected an average annual 5% increase in the number of persons receiving dialysis at a given date.

Oncology services

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

Mental health and drug and alcohol support

The NSW Population Health Survey 2010 found that in both NSW and SNSW LHD, 11% of people aged 16 years and over experienced high or very high levels of psychological distress in the month prior to being surveyed. In SNSW LHD in 2010-11 there were 317 hospitalisations (121 males, 196 females) where self-harm was identified (a rate of 175/100,000 population, compared to the state-wide rate of 127/100,000). The self-harm rate for females aged 15-24 years is higher and has been increasing since the mid-1990s (488/100,000 in SNSW LHD; 352/100,000 in NSW).

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

Mental health services are now delivered primarily in community settings compared to the historical reliance on inpatient services. It is predicted that there will be continued growth in demand for both community mental health and primary health mental health care services.

Community based health services

There is currently no methodology available to predict demand for community based health services; therefore, recent activity is used to demonstrate emerging trends. The occasions of service vary only slightly (~76,500/year) and are more dependent on the number of full time equivalent people offering services than the actual demand. The areas of rehabilitation and extended care (~30,000/year) and outpatient services (~22,000/year) have the greatest level of activity.

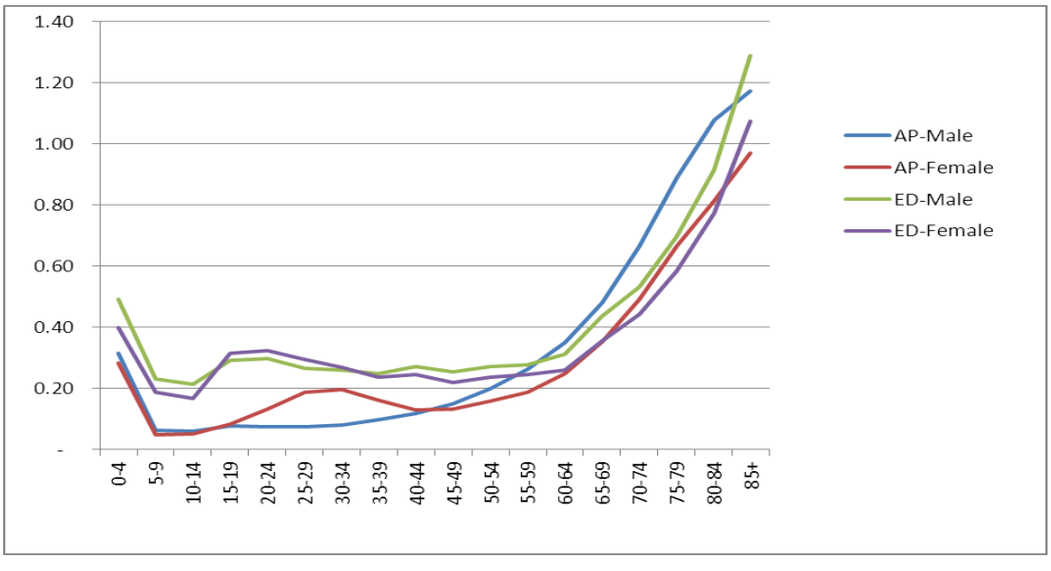
Despite lack of demand projections, SNSW LHD is committed to changing models of care to increase care for the individual within the community and thereby decrease the need for people to be admitted to hospital.

10. THE FUTURE

This Clinical Services Plan is based on providing services within the current infrastructure. It is acknowledged that providing acute services over two campuses results in a certain amount of duplication that cannot be avoided. Our aim for the future (beyond this plan) is to plan for new infrastructure and services that will meet the demand placed on the Eurobodalla services by the growing ageing population.

All the projections for Eurobodalla indicate there will be a massive growth in the demand for services brought about partly by the growth in population but more specifically by the growth and the ageing of the population. Eurobodalla has one of the highest proportions of older residents in NSW. Many studies outline the increased expenditure in health care in the older age groups. One such study 'The Lifetime distribution of Health Care Costs' Alemayehu and Warner June 2004 estimates that about 36% of health care cost occurs in older senior years (85+) and around 24% in senior years (65-84). The graph below outlining the relative utilisation of services for NSW is in line with this study. With nearly 25% of the population aged over 64 in Eurobodalla and this cohort expecting a growth of around 70% over the next 12 years the demand on health services will be astronomical if we continue to work in the same way.

Graph 1: NSW - Age Sex Specific Service Utilisation Ratios for Admitted Patient, ED and Non-admitted Patient



Source MOH Health System Information and Performance Reporting (Dec 13)

With a current bed stock of 94 plus 6 HITH places and a projected need for 116 beds by 2017 (a gap of 16 beds), there will be considerable pressure placed on the inpatient services over the next few years.

The *NSW Demand Management Strategy for Southern NSW Local Health District (2013)* acknowledges that there is scope for SNSW LHD to grow non-tertiary services and states that sub-speciality surgical services within Eurobodalla should be further developed, with a focus on Orthopaedics, and that an Intensive Care Unit should be established at Moruya Hospital to increase local management of complex medical patients as well as increase capacity for secondary elective surgery on complex patients. The Demand Strategy is just the beginning of a process to relieve the pressure on the ACT and to grow our own services. It is not possible to state how much or what this growth will look like over the coming years as it is a work in progress but we must factor in this growth when considering the future of Eurobodalla services.

To increase Eurobodalla self-sufficiency (in selected services where evidence supports an increase in self-sufficiency) we firstly need to ensure that we have the appropriate staff in place to meet the current role delineation levels and work to increase the complexity of activity that can be safely undertaken. The aim is to increase Eurobodalla Health Service from a level 2/3 service to a level 4. The role delineation levels range from level one (the most basic) to level 6 the most complicated. Batemans Bay Hospital is deemed a level 2 facility and Moruya Hospital a level 3 facility. In order to operate as a level 4 service we will need to satisfy the Role Delineation guidelines in regards to staffing and clinical support services to ensure we can offer a

safe service. There is no set process for this development, it will be up to us to develop a plan to upgrade our support services and employ the necessary staffing. 'The role level of a service describes the complexity of the clinical activity undertaken by that service, and is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care'[3].

Our aim for this plan is to maximise safe, effective, appropriate access to services over the two sites by streamlining where services are provided and implementing models of care that will allow us to increase the activity targets in Eurobodalla and therefore increase Eurobodalla self-sufficiency and at the same time endeavour to curtail some of the growing demand on the acute services.

We acknowledge that there is a limitation to the increase in services that can be provided from the current physical infrastructure and with demand for services continuing to grow, over the next five years we will concentrate on developing new models that put us in a good position to advocate for improved infrastructure to match the growth and increase in acuity of activity.

The Moruya site will be developed to provide the more complex care for the community along with the sub-acute, renal and oncology services. Batemans Bay will continue to play a vital role in the delivery of services however what is provided at which site will change to enable the strengthening of services within the Eurobodalla. We need to maximise critical mass of services by concentrating particular services at one site only, this will allow staff to be skilled up and retain their skills; staff will have the option of working between sites. Batemans Bay site will work with Moruya site to provide a complimentary service (avoiding duplications as much as possible).

The Ministry of Health is developing a Framework for purchasing activity (draft principles are shown below). In order to make the most of our purchasing power and provide safe effective health services we need to excel within these principles i.e. decrease the number of unplanned readmissions by increasing the focus on the safe transfer of care, coordinated care in the community and early intervention; reduce potentially preventable hospitalisations by increasing the provision of appropriate non-hospital health services and improve the effectiveness of Emergency Department care by continuing to meet the National Emergency Access Targets and provide adequate and proper follow up in primary care.

Table 6. ACTIVITY TARGETS MODEL DOCUMENTATION

Principles of the Purchasing Framework

Principles	Applying to Purchasing Framework
Effective health system that meets the health needs of the community	• Activity reflects population growth and historical activity trends • Adjust for age, sex and socio-economic factors
High quality health care and better outcomes	• Adjust for unplanned readmissions / representations • Adjust for hospital acquired conditions or other safety and outcome indicators (under development) • Purchasing decisions guided by best practice models of care (e.g. Cancer Institute / ACI advice on low volume, complex cancer procedures)
Equitable access to services, including for people living in regional and remote areas; promote social inclusion and reduce disadvantage	• Adjust for relative service utilisation versus health need indices • Taking into account local service models and inter-district patient flows
Coordination between hospital, GP and primary health care and aged care	• Adjust for potentially preventable hospitalisations
Support diversity and innovation in the health system	• Activity targets set at aggregate service levels, allowing LHD/SHN discretion and local decision making • Specify services outputs and (increasingly) outcomes rather than inputs and processes • Ability to reallocate activity between service stream and clinical setting (e.g. HITH, increased use of Non Admitted services)

Source: MOH Source MOH Health System Information and Performance Reporting (Dec 13)

[3] NSW Health - Guide to the Role Delineation of Health Services - Third Edition 2002

In order to decrease the activity within our EDs and acute facilities there will be an emphasis on community based services and the models of care within these services. The *SNSW LHD Community Health Strategy 2013-2017* has been developed and will be implemented alongside this plan.

11. THE WAY FORWARD IN EUROBODALLA

Over the next five years, the goal of the Eurobodalla Health Service is to ensure that patient care is safe, holistic and connected. Patients, regardless of which service they require, or at what point their healthcare journey begins, experience safe, high quality and appropriate services. For patients who require care from multiple services, our goal is to ensure that they experience coordinated and multidisciplinary care with seamless transitions between services.

In the Eurobodalla, we will work in ways that put people first. The Eurobodalla Health Service will make changes to current practices, behaviour and organisational structures, which will focus on:

- Providing excellent interdepartmental, multidisciplinary, integrated care, across multiple settings
- Improving coordination for patients who have complex health care needs
- Collecting and using, timely and accurate service utilisation data
- Providing services to meet gaps and ceasing services provided elsewhere
- Developing new and innovative ways of addressing patients' needs.

The design and implementation of proposed changes will be in consultation with staff, medical practitioners, consumers, community and other appropriate organisations.

Our actions will be influenced by the issues that people of this region face: ageing population, fewer resources, poorer access to services, limited availability of key health professionals, lower ratio of GPs to population than city counterparts, lower socioeconomic status, distance to higher level care, lack of public transport, lack of a major non metropolitan hospital or referral hospital and mental health inpatient beds.

Our challenge is to continue to provide a quality safe service to our community, while acknowledging these limitations.

Redesigning our services to benefit the community

Eurobodalla Health Service will:

- **Build on our people focused approach and further improve the care provided to the Eurobodalla people**
- **Further develop and introduce services that offer the best and safest care in the best setting for community members and as close to home as possible**
- **Build on the strong relationships and partnership with government and non-government organisations to enable the community to have access to required services**
- **Operate as one Health Service with a 'long corridor' (Princes Highway) until such time that we are in a position to change the current infrastructure**
- **Make the most effective use of the finite resources available and manage costs to maintain financial sustainability**

Growth is expected in almost all services within Eurobodalla reflecting the increase in population, ageing and chronicity. Our aim is to design a flexible, innovative, local solution that meets the needs of our people in the community and aligns with the key directions for SNSW LHD.

The role and function of community health has changed considerably since services were established. The increase in the chronicity of clients has seen a growing demand for services within the acute setting and allied health disciplines have become increasingly involved in other areas of service provision, such as palliative care. Community health is an integral part of the health care team; providing services to patients in many settings, and providing a critical part to improving patient outcomes, facilitating transition back to home and preventing readmission to hospital.

The increase in chronicity and increase in population has placed great pressure on services, many of which are at capacity in the Eurobodalla. This pressure means that all disciplines need to re-evaluate their roles

and key business and implement strategies to prioritise their workload. This may involve making difficult decisions about services which we need to devolve to other organisations.

To meet the growth, over the next 5 years there will be:

- Greater emphasis on redesign and development of services to reduce hospital admissions and provide more services within the home e.g. Hospital In The Home, Connecting Care program
- More emphasis on partnerships with other health providers and/or devolving some services to the most appropriate providers in order to provide better services, avoid duplications and create more certainty around where to obtain services
- Greater emphasis on primary and community health services and health promotion strategies and working with SNSW ML, Eurobodalla Shire Council and other government and non-government organisations
- Increased utilisation of Telehealth strategies
- Development of a 20 bed sub-acute rehabilitation unit – due to open mid-2014.

By redesigning the health service models Eurobodalla Health Service will be better placed to:

- Decrease the need for patients to go out of the Shire for services. We will strengthen the services which can be safely provided locally and thus increase our self-sufficiency
- Provide access to a number of higher level services closer to home. We will network closely with the new South East Regional Hospital (SERH)
- Provide the best care, in the best environment, provided by the best people. We will blur the lines between CH and hospital services
- Reduce hospital admission and representations to the ED
- Provide a smoother journey to and from the ACT services. We will as one entity reduce the lines of communication and thus smooth the journey.
- Provide better access to health services. We will work with SNSW ML and other health providers in the Shire and disinvest in services that are a duplicate and/or can be better provided by other organisations.

Many socio-economic factors impact on people's health and their ability to access services. We need to be mindful of our target audience when developing services. For example:

- Scheduling of appointments/ attendance to appointments to cater for single parent families
- Ensure staff are aware and responsive to increased psychological distress from financial stress (jobless, limited income, mortgage/ rental stress)
- Provide services which effectively engage with carers and family, especially taking into account the high number of disability support pensioners in the area
- Awareness that reduced access to GP services may contribute to less early intervention and increased presentations to emergency departments. This may in turn see sicker patients presenting to hospital and increased rates of potentially avoidable admissions to hospital
- Acknowledge that the lower rates of school education may affect health literacy levels. As more than half of the Australian population (aged 15-69 years) has a reading comprehension level below Year 8, we need to be mindful of our use of language when developing health information.
- The higher rates of homes without motor vehicles may affect failure to attend rates or increase the need for home visiting or outreach services
- The high rate of aged care places in the Eurobodalla makes the residential aged care sector a major and important partner for the Eurobodalla Health Service.

Operate One Health Service with a 'long corridor' (within the current infrastructure)

Eurobodalla Health Service is operated as one unit; however there remains further activity to strengthen this identity both within the SNSW LHD and with key external partners.

1. Eurobodalla Health Service will ensure people receive safe, quality and seamless care regardless of their acuity or where the person enters the health system

Key Actions:

To enable the establishment of one Eurobodalla Health Service unit:

a) **Develop a priority/intake criteria tool for patients seeking to access the services, regardless of where they enter or exit the service to better align the capacity of the services to the demand**
b) **Ensure intake systems have up to date knowledge about alternative options for clients seeking treatment by services at capacity/not on priority list**
c) **Further develop the inter hospital transfer between the two sites**
d) **In partnership with the Eurobodalla Community Representative Committee investigate ways to improve profile and communication with the community (e.g. Spotlight on ….)**
e) **Ensure the management structure supports the concept of one Health Service with the aim of developing better links and integration between all members of staff.**
f) **Reach agreement on terminology for Eurobodalla sites and services; review and amend branding of services, staff titles, signage and team organisation to ensure consistent language is used**
g) **Develop one point of contact for bed management across the Eurobodalla. Community Health already has one intake**

Partnerships to benefit our patients

The Eurobodalla Health Service plays an important role in helping to keep the community healthy. However, it is important that the community recognises, and that we ourselves do not try to be everything (health-wise) to all. There are many organisations providing services that can be accessed by or impact on the health of the community. Eurobodalla Health Service must further develop and excel at services that are seen as the 'core business' of the Health District and Ministry of Health and work with other agencies to enable the community to have access to a broad range of services.

2. Eurobodalla Health Service will partner and work with other organisations to ensure the community has access to required services.

Key Actions:

a) **Continue and grow the partnership with SNSW Medicare Local and Katungul**
b) **Foster partnerships which have a direct positive impact on people's health outcomes e.g. Eurobodalla Shire Council**
c) **Work with agencies who have not traditionally been our partners**

People focused

'Patient or consumer centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers…'. Key principles of patient centred approaches (which will be implemented in the Eurobodalla) include:

- Treating patients, consumers, carers and families with dignity and respect
- Encouraging and supporting participation in decision making by patients, consumers, carers and families
- Communicating and sharing information with patients, consumers, carers and families
- Fostering collaboration with patients, consumers, carers, families and health professionals in program and policy development, and in health service design, delivery and evaluation.

Patient or consumer centred care is increasingly being recognised as a dimension of high quality health care in its own right, and there is strong evidence that a patient centred focus can lead to improvements in health care quality and outcomes by increasing safety, cost effectiveness and patient, family and staff satisfaction.'[4]

[4] Australian Commission on Safety and Quality in Health Care: http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

3. Eurobodalla Health Service will build on work already in place to deliver patient centred care.

Key Actions:

To ensure that people, carers and family are the focus of our efforts, we will:

a) **Implement strategies under the Patient Based Care Challenge to focus on improving patient-based care**
b) **Further develop the involvement of consumers and community in planning, delivery and evaluation of services**
c) **Explore opportunities to increase the role volunteers can have in Eurobodalla Health Service**

People requiring urgent care

Currently, patients can access two emergency departments. Limited GP access is seeing more and more people present to ED for GP consultation type visits. Due to the large number of these presentations, the waiting times for the less urgent presentations can be quite onerous for the patient and family/carer.

In September 2013 the Grattan Institute released a report[5] on access to GPs within Australia. It states 'When people can't see a GP, they get sick with conditions that could be prevented.' Seven rural areas were identified with the worst shortages of GP services in Australia. Eurobodalla is part of one of those areas.

Emergency departments assess patients who arrive at the departments according to the urgency of the health condition or symptoms they are experiencing. This is called triage. A number is allocated to each patient between 1 and 5, with one being the most urgent, and 5 being non-urgent. Between 2010/11 and 2012/13, most presentations were categorised as being in the least urgent triage category. This pattern of presentation suggests that there is scope to provide different models of care in emergency departments to better meet the needs of patients presenting. The most common method of arrival at both emergency departments is by private transport (86%) followed by ambulance at 13**%.**

The National Emergency Access Target (NEAT) is a component of the National Partnership Agreement (NPA) on Improving Public Hospital Services. The aim of the target is that by 2015, 90% of all patients presenting to a public hospital ED will either physically leave the ED for admission to hospital, be referred to another hospital for treatment or be discharged home within 4 hours. The objective of the National Emergency Access Target is to progressively increase the percentage of patients whose total time in the ED is within 4 hours to ensure safe, quality and timely care for patients.

4. Eurobodalla Health Service will ensure patient care is timely and appropriate and in the best setting for the best outcome

Key Actions:

a) **Work with SNSW ML to develop an after-hours Urgent Care Centre in Batemans Bay township so that patients with less urgent conditions are seen more quickly by a Doctor**
b) **Assess outcomes of current project, whereby aged care residents are triaged BEFORE they leave the nursing home. If the outcomes are positive increase the project across the Shire.**
c) **Work with GPs and Ambulance to enable people to be taken directly to the site most appropriate to the patient's condition in order to prevent delays in critical care. Trial options for stroke and cardiac conditions.**
d) **Consider expanding the scope of practice for Nursing Staff to enable the provision of urgent care by readily available staff**
e) **Strengthen the capacity at Moruya to respond to higher acuity presentations**
f) **Pursue opportunities to upgrade the ED infrastructure at Moruya – required for higher acuity including improved access to medical iImaging modalities and infrastructure including CT and Ultrasound on site**
g) **Develop and strengthen the HDU service and infrastructure in Moruya site. Look to provide staffing (nursing and medical) to provide consistency with care and appropriate medical governance**
h) **Long term: seek funding to increase the level of care provided in the HDU at Moruya.**

[5] Duckett, S., Breadon, P.and Ginnivan, L., 2013, Access all areas: new solutions for GP shortages in rural Australia, Grattan Institute, Melbourne

People requiring medical and surgical care

Currently patients can access medical and surgical services from two separate hospitals and a community health service which operates from three sites. In order to allow our services to grow (within our current infrastructure) to meet the demand of our community, all services need to work together as one entity. To be able to have the critical mass to provide safe and efficient services locally and avoid travel to other locations (e.g. ACT) the Moruya site will be further developed to take on a higher level of care role, along with the sub-acute, renal and oncology services and a niche will be developed for Batemans Bay in consultation with staff and the community.

The fact that the two sites are in close proximity has allowed some specialisation to have already been introduced e.g. Maternity and HDU only at Moruya and minimal overnight surgery at Batemans Bay. We need to build on this to allow expansion of new models of care and allow our staff to develop and practice skills in specialised areas. This would allow more of certain conditions and procedures to be treated locally, reducing the need for patients to travel or be transferred outside the Eurobodalla.

The Eurobodalla Health Service is happy to support private theatre lists and has provided relevant information to interested VMOs. The onus is now on the VMOs to set up an entity to enable leasing of the public facility.

Each service has separate intake processes, admission and discharge forms and program criteria and a recent review of the program has highlighted the need for change.

5. Eurobodalla Health Service will deliver specialised care provided by the best team in the best setting.

Key Actions:

a) **To minimise duplication within the current infrastructure, and provide critical mass to maintain and increase complexity of service provision, specialise (streamline) service provision between the two sites.**
b) **Develop and expand on models that provide for a better experience for the patient e.g. AIN led program; The Hospital Volunteer Program which aims to enhance emotional care and security of hospital patients with cognitive impairment (or who have identified delirium risk facts) and reduce their risk of adverse outcomes**
c) **Develop and expand on models that provide alternative care to inpatient care e.g. HITH**
d) **Develop processes that streamline the discharging of patients to allow a better work flow e.g. criteria led discharge, time of discharge, options for transport of frail elderly to home**

To deliver surgical procedures as close to home as safety permits

e) **Clearly document the theatre procedures that will be provided in Batemans Bay and Moruya theatres dependent on the role delineation level and nurse and allied health experience**
f) **Provide education for staff to increase confidence and excel in what is provided**
g) **Explore options to increase services where need can be demonstrated and sites can provide safely**

To prevent patients from returning unnecessarily to hospital and to emergency departments we will:

h) **Form strong relationships and partnership with other government and non-government community organisations to provide support to people returning home from hospital**
i) **Strengthen relationships, develop partnerships and implement triage protocols with nursing homes to reduce the need for residents to come into hospital**
j) **Build and expand on the Transition Aged Care Program**
k) **Implement at a local level the integrated Aged, Chronic and Complex Care team**
l) **Develop one referral to the aged chronic and complex care team, with specified service criteria for each program (The development of a SNSW LHD central intake may link with this action)**
m) **Improve communication with GPs regarding admission, review and discharge from aged chronic and complex services**

To improve end of life care

a) **Actively participate with other stakeholders in the implementation of the MoH Advance Care Planning and Quality Care at End of Life Action Plan. Monitor and evaluate documentation of and adherence to Advance Care Directives for palliative patients.**
b) **Increase awareness of and promote services provided by the Eurobodalla Palliative Care Clinical**

5. Eurobodalla Health Service will deliver specialised care provided by the best team in the best setting.

Nurse Specialist in collaboration with the visiting Calvary Health Care Sydney palliative care specialist

c) Roll out a more comprehensive and organised palliative care education program utilising the newly created Clinical Nurse Educator position

d) Roll out the End of Life Care Packages Program in collaboration with HammondCare

e) Evaluate the End of Life Care Plan pilot at Moruya Hospital and develop a user friendly tool

Women accessing maternity care

A range of services for expectant mothers and their families are available in the Eurobodalla across the antenatal, labour, birth and post natal period.

Birthing facilities are available in Moruya Hospital. There are 7 maternity beds and 2 birthing rooms. Surgical facilities are available for caesarean operations if deemed medically appropriate. A follow up midwifery service is provided up to 10 days post discharge before home visiting and support services commence by Child and Family Nurses.

The number of births in Eurobodalla is not projected to increase significantly. Of the 962 births in Moruya hospital over the past three years, 74% of the births in this period were vaginal births. An upwards trend of vaginal births over the next few years will see the Eurobodalla meet the 'Towards Normal Birth' policy directive target 80% by 2015. The current vaginal births rate is higher than the state rate of 57.7% recorded in 2010 (Mothers and Babies Report, 2012).

6. Eurobodalla Health Service will support women to have healthy pregnancies, natural births with minimal intervention and to establish healthy habits in the post natal period.

Key Actions

a) Implement programs to reduce smoking during pregnancy (links with action 10c)

b) Investigate the implementation of a midwifery antenatal model of care[6]

c) Work towards achieving Baby Friendly Health Initiative accreditation by 2019. This implementation should include specific community based lactation support

d) Work with local service providers to increase the number of early referrals to increase the proportion of women accessing antenatal care before 14 weeks gestation

People undergoing rehabilitation

At present there are no rehabilitation/ sub-acute beds within the Eurobodalla. The absence of these means patients from the Eurobodalla travel to Nowra, the ACT or Sydney to access rehabilitation services. There are limited rehabilitation services provided to admitted patients in Eurobodalla Health Service. Sub-acute ambulatory services include cardiac and pulmonary rehabilitation, physiotherapy and Transitional Aged Care Program.

7. Eurobodalla Health Service will increase local access to high quality, specialised rehabilitation services.

Key Actions:

a) Design and implement a rehabilitation service in Eurobodalla Health Service

b) Develop models of care to complement the opening of a 20 bed sub-acute ward at Moruya site

c) Develop models, appropriate to role delineation, to manage stroke patients and slow patient deconditioning

d) Investigate models of care to be implemented which include allied health coverage over weekends and after hours

[6] Midwifery led model of care, is woman centred, with a midwife providing care to a pregnant woman through her pregnancy, labour and birth and post natal period.

People requiring cancer care

A Eurobodalla Cancer Care Services Plan was developed in 2012. The plan identified the projected increase in cancer for Eurobodalla in the order of 390 cases in 2016 and to 452 cases in 2021; the projected rate of increase in incidence between 2006 and 2021 is 67%. This is one of the highest increases in the state of NSW. 42% of people with cancer can be expected to have chemotherapy treatment. To meet this demand, there is a need for additional treatments spaces within the oncology unit into the future.

8. Eurobodalla Health Service will increase the range of cancer care services available for patients locally.

Key Actions:

To ensure continued access to specialist treatment

a) **Develop a Cancer Service Agreement with the ACT**

To enhance patient and carer access to community support volunteer services

b) **Further enhance Eurobodalla models of care to systematise referrals to, and promotion of, volunteer /support services**

To ensure Eurobodalla Cancer Care services are appropriate and accessible for Aboriginal people

c) **Promote cancer awareness and access to cancer care services by Aboriginal people**

d) **Appropriately consult with Aboriginal community regarding cancer care services**

e) **Ensure cultural appropriateness of the cancer service**

To ensure capacity for cancer treatment services

f) **Use a redesign process, or similar, to explore changes to work practices to improve capacity**

g) **Plan for an increase in the number of treatment spaces in partnership with the Moruya Cancer Carers group**

People accessing renal services

The renal service currently operates Mon/Wed/Fri two shifts per day and Tues/Thurs/Sat one shift per day accommodating 21 permanent patients. There are a number of known patients that will need to utilise the service in the near future. Moruya has always been a popular spot for holiday dialysis however Moruya cannot offer holiday or respite dialysis currently. Bega satellite dialysis unit are also at capacity and cannot expand until the new hospital is completed.

The renal service operates in partnership with the ACT under a renal agreement with Canberra Hospital Renal services.

9. Eurobodalla Health Service will improve renal care choices through patient education and service development

Key Actions:

Increase the proportion of patients on home haemodialysis (50% home based)

a) **Pursue and implement a rural training program for home peritoneal and haemodialysis in the Eurobodalla as part of the renal agreement with ACT Health and the NSW Health Renal Dialysis Service Plan 2011**

b) **Investigate community options for the placement of a self-care dialysis unit in the Eurobodalla. This investigation will need to consider and report on the implications for renal outreach support**

Ensure better access to timely, appropriate care

c) **Review the renal outreach nursing service in line with the new renal agreement with ACT**

d) **Investigate new models and ways of funding additional renal allied health staffing**

e) **Plan for an expansion of the renal treatment spaces**

f) **Explore with ACT the option of developing a renal clinic hub in Batemans Bay**

People accessing Aboriginal health services

Aboriginal people have access to all services provided by the Eurobodalla Health Service, as well as specialised services and programs developed and delivered specifically for the Aboriginal community, by the Aboriginal Health team in Eurobodalla and the SNSW LHD. The local Aboriginal Health team also works with the local community to assist in accessing mainstream services, where appropriate.

Aboriginal Health is managed at a District level. While this provides support for the small group there is room to improve the integration with mainstream services so that Aboriginal people are aware of services available to them and allow Aboriginal people to make informed decisions about their health care.

As well as being part of the District team, the local Aboriginal Health team work closely with Katungul, the Aboriginal Medical Service based in the Eurobodalla.

10. Eurobodalla Health Service will ensure Aboriginal people can access timely and culturally appropriate services in the Eurobodalla.

Key Actions

Increase Aboriginal Otitis Media screening rates

- **a) Work with partners to increase reach of program and provide training in hearing health screening for Aboriginal Health Workers**

Reduce the high rate of smoking in pregnancy

- **b) Implement Quit For New Life in the Eurobodalla to reduce rates of smoking during pregnancy**

Enable better understanding and integration with mainstream services and other Aboriginal services

- **c) Continue to enhance the working relations and partnerships with Katungul and SNSW ML services**
- **d) Investigate best options for local line management of Aboriginal Health staff**

People accessing mental health and drug and alcohol support

The local mental health and drug and alcohol service is accessible to the community during business hours, 7 days/week, with after-hours telephone support available via the free call telephone Mental Health Line.

The emergency department is impacted by the lack of acute mental health services within Eurobodalla, as patients frequently stay in the emergency department while waiting for a transport option to be available.

11. Eurobodalla Health Service will provide a better experience and outcome for patients requiring mental health and drug and alcohol support.

Key Actions:

- **a) Provide training and upskilling of staff in managing patients with mental health issues within the acute wards (acute presentations not Mental Health issues)**
- **b) Investigate and implement ways of improving the transfer of mental health patients, especially to inpatient facilities. This may include the use of different staff for patient escorts. (Suggested a District retrieval team)**
- **c) Deliver training for hospital staff on managing and responding to issues encountered in community detoxification**
- **d) Implement appropriate and multidisciplinary systems to support home detoxification**
- **e) Visiting specialist provide up skilling on contemporary clinical management techniques**
- **f) Strengthen links between mental health and aged care and related services.**

12. ACTION PLAN

It is not possible to forecast all changes that may be necessary to introduce within the Eurobodalla Health Service over the next five years. The Health Service will continue to provide a vast range of services to the community and continue to advocate for the best and safest services to be provided as close to where people live as possible. This will include advocating for retention of time limited funded programs and the need for updated infrastructure.

The plan should not be viewed as a static plan, it will be reviewed frequently and actions updated as necessary.

The Eurobodalla Health Service Health Care Services Plan 2014-2019 will involve a considerable amount of work to implement and actions will be implemented incrementally over the five year period. Once the plan is endorsed by the Southern NSW Board, detailed action plans will be developed in consultation with staff, medical practitioners, consumers and the community.