



Health  
Southern NSW  
Local Health District

# HEALTH CARE SERVICES PLAN 2021 - 2026







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Aboriginal artwork, Artist: Alison Simpson

In the true spirit of Reconciliation and through embracing the values of collaboration, openness, respect and empowerment, Southern NSW Local Health District acknowledges and pays respect to the traditional custodians of the land; the Gundungurra, Ngambri, Ngarigo, Ngunnawal and Yuin peoples.

We share and celebrate the rich history of the Aboriginal culture and recognise the diverse and proud Aboriginal nations across our District.

Southern NSW Local Health District acknowledges Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to society and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

## Our Vision

The Health Care Services Plan is a five-year roadmap for the delivery of the District’s vision to be a *recognised leader in rural healthcare*.

We recognise that leading healthy lives starts well before a person enters one of our facilities. Our vision supports the NSW Health direction to *deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled*. Aligning with the NSW Health Future Health Strategy and SNSWLHD Strategic Plan, this Plan will inform the strategic directions for Southern NSW LHD clinical services.

Our strategies support four goals for excellent care that recognises our commitment to our consumers:



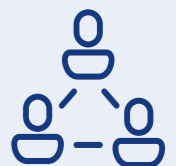
**SAFE**  
Our care will not harm you or make you worse



**APPROPRIATE & EFFECTIVE**  
We will provide you with the right care in the right way



**INDIVIDUAL**  
We will always involve you in decisions about your care by giving you information and support



**CONNECTED**  
We will provide you with care that is connected and coordinated, when you need it

Southern NSW LHD will focus on a proactive approach to keeping people well. By providing people with health information they can understand, we can give them the tools to manage their own health and wellbeing. Investing in outpatient and community care will ensure that people stay in their homes and communities for longer, and access culturally appropriate, modern models of care when they need to.

We will use population health as the base for our services, ensuring that services are provided when and where they are needed for all of our communities. By evaluating our programs regularly we can design programs that are effective, meaningful to consumers and sustainable into the future.

Partnering with other health and welfare services, we will address physical and social factors which impact on health and wellbeing, and partner with our community to ensure that patients are empowered to manage their health journey.

**“ Investing in outpatient and community care will ensure that people stay in their homes and communities for longer, and access culturally appropriate, modern models of care when they need to.”**

# Our Population and Region

## Our Community

Our community is experiencing growing social, economic and health pressures. The way our community changes helps shape our growth, and drives changes in our future models of care.

### People



**211,122**  
RESIDENTS  
IN SNSWLHD



**21.7%**  
AGED 65 AND OLDER  
(NSW 16.3%)  
**45.6**  
AVERAGE AGE  
(NSW 37.5)



PROJECTED  
POPULATION IN 2036  
**211,484**  
RESIDENTS



**5 MILLION**  
TOURISTS  
ATTRACTED TO  
THE REGION'S  
SNOWFIELDS AND  
PRISTINE COASTAL  
AREAS



**8,664**  
(4.2%) IDENTIFY AS  
ABORIGINAL  
AND/OR TORRES STRAIT  
ISLANDER  
(3.5% IN NSW)



**11,000**  
(5.5%) WERE BORN  
IN A  
NON-ENGLISH  
SPEAKING COUNTRY  
(21% IN NSW).

Our population is geographically dispersed over 44,534 square kilometres and seven local government areas (LGA). The population in each LGA is shown on page five. Traditional custodians of the land covered by the District are the Gundungurra, Ngambri, Ngarigo, Ngunnawal, and Yuin peoples.

### SOUTHERN NSW LOCAL HEALTH DISTRICT

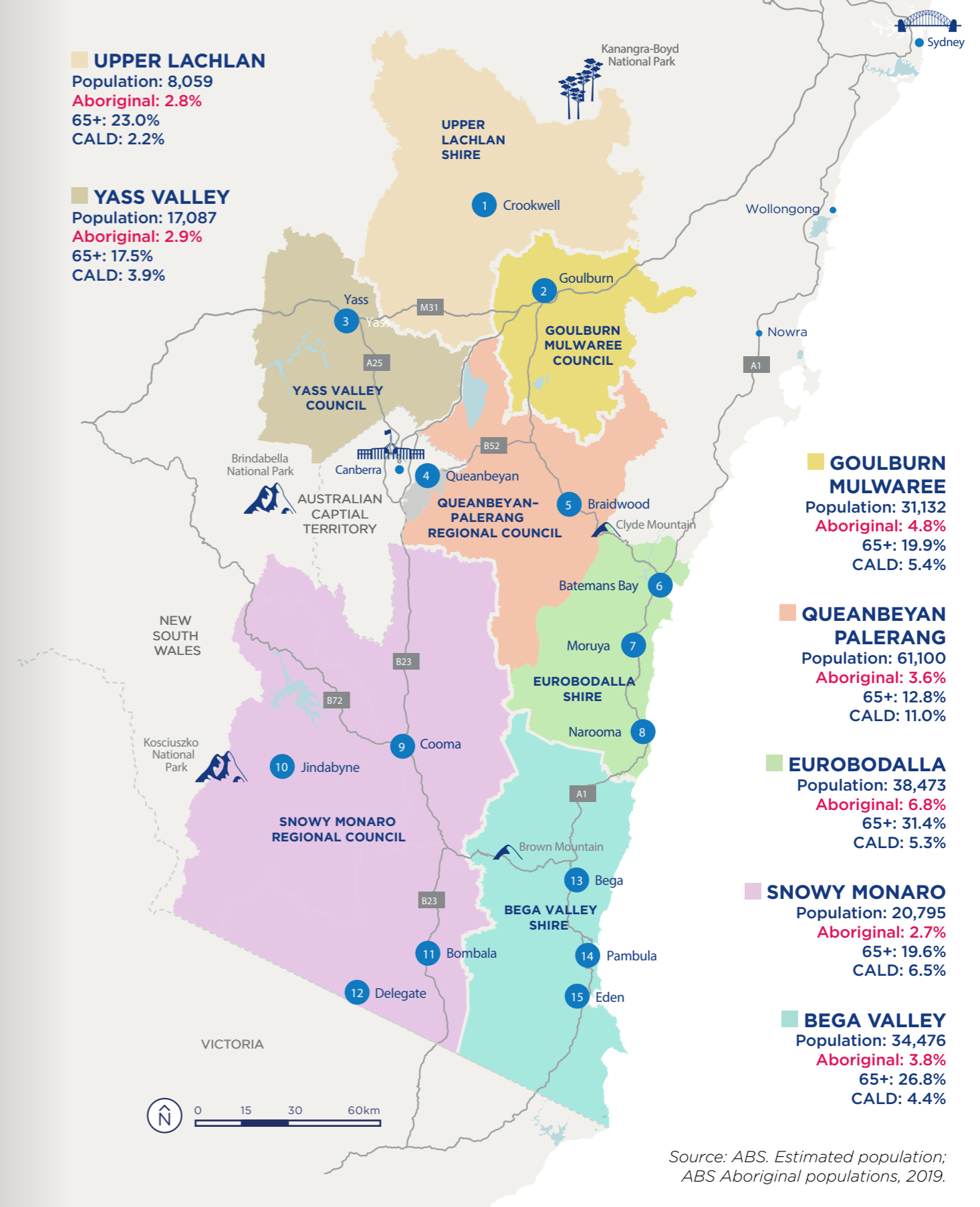
Total population: 211,122  
Aboriginal and Torres Strait Islander: 4.2% (state 3.5%)  
65+: 21.7% (state 16.3%)  
CALD: 5.5% born in NESB (state 21%)

#### UPPER LACHLAN

Population: 8,059  
Aboriginal: 2.8%  
65+: 23.0%  
CALD: 2.2%

#### YASS VALLEY

Population: 17,087  
Aboriginal: 2.9%  
65+: 17.5%  
CALD: 3.9%



Source: ABS. Estimated population; ABS Aboriginal populations, 2019.



### Our changing population



#### POPULATION PROJECTIONS

The LGAs of Queanbeyan Palerang and Goulburn Mulwaree will experience population growth over the next decade, but all other LGAs will decline or remain stable. Overall the SNSWLHD population is projected to remain relatively stable, at 211,483 people by 2036.



#### AGEING

The portion of people over 65 will increase significantly from 21% to 30% by 2036 (45,813 to 62,860 people). Ageing portions will be highest in Eurobodalla and Bega Valley, both now and into the future but Queanbeyan Palerang LGA will have the greatest number of individuals over 65 by 2036.



#### ABORIGINAL POPULATION

Unlike the rest of the District, our Aboriginal population is younger and growing more quickly.



#### BIRTHS

The number of births in Queanbeyan Palerang LGA have increased over the last decade due to population growth. All other regions have had stable birth rates. Fertility rates (number of babies per family) are also stable across the District.

### Priority populations for clinical service planning



#### Ageing population

Anticipated higher demand for ageing services, cancer care, palliative care, dementia care and falls prevention.



#### High socioeconomic disadvantage

These groups experience lower health literacy levels, financially distressed families and social and welfare concerns. Most disadvantaged areas are Goulburn, Eurobodalla and Bega Valley with pockets of disadvantage throughout all other LGAs.



#### Aboriginal population

The disparity between health outcomes and life expectancy for our Aboriginal and non-Aboriginal communities remains significant. Our largest Aboriginal populations are found in the Bega Valley, Eurobodalla, and Goulburn-Mulwaree LGAs.



#### Children aged 0-15 years

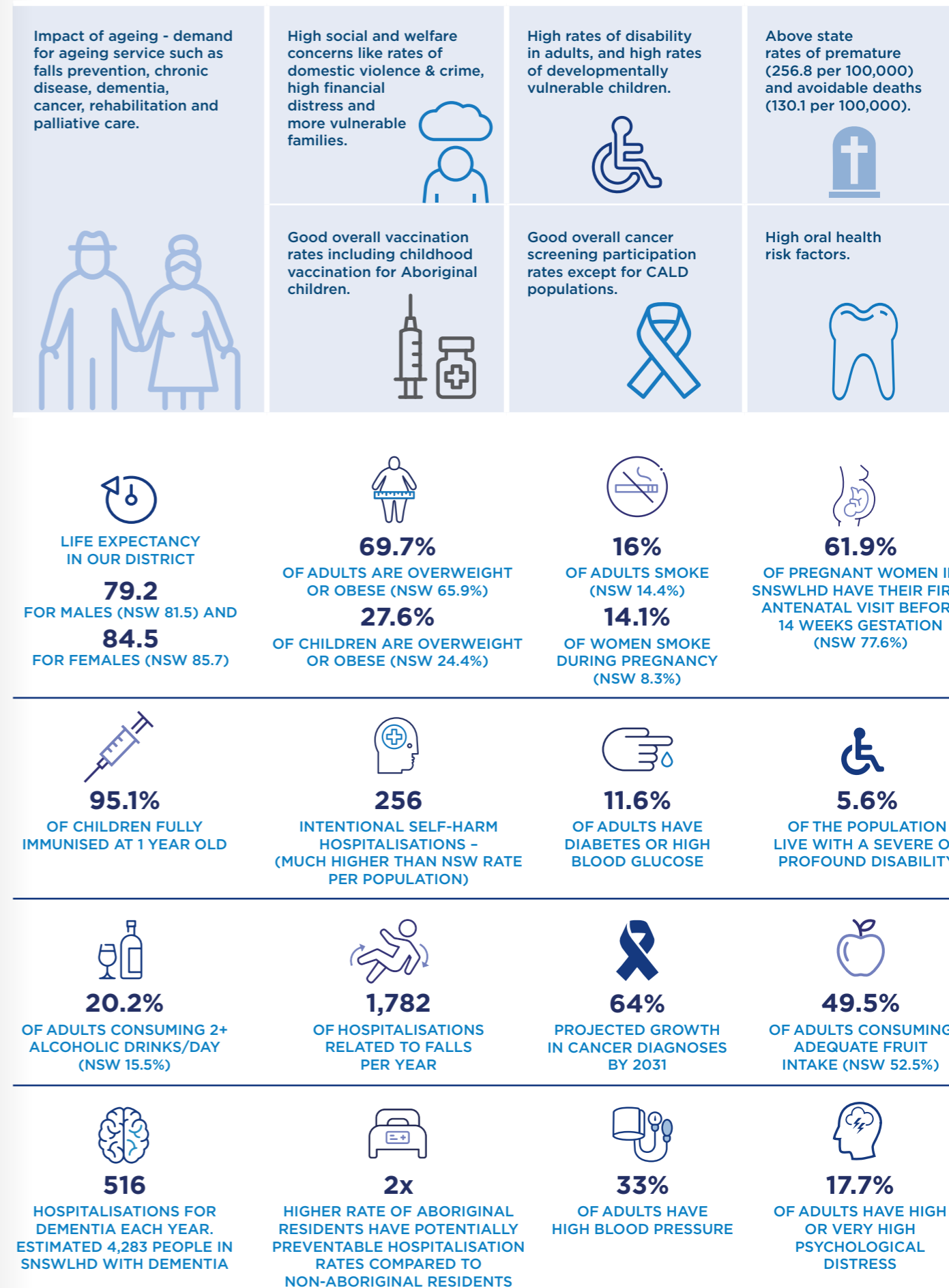
The health of babies and children is a key determinant of subsequent social, physical and emotional health and wellbeing, and the impact on a person's overall quality of life.



#### Culturally and linguistically diverse population

The majority of people from a non-English speaking background reside in Queanbeyan. Cancer screening and health literacy levels for this group are below state rates.

### Health and wellbeing





## Community Expressed Needs

The development of the Health Care Services Plan included the collation and analysis of population health priorities, service activity usage and demand, and consultation with over 2,200 community members, staff and partners. Information from these sources were aligned, and key themes and priorities were identified.

The main health issues which people see in their local communities include:



The most common services which our communities would like to have provided locally include:



The most significant service gaps identified were:

- Community health and allied health services.
- Specialist care (e.g. Geriatric, Paediatric, and Psychology).
- Aged Care programs (including Cancer, Palliative and Rehabilitation).
- Oral health services.
- Culturally specific programs for Aboriginal residents.
- Mental health support programs.
- Transport options to access health services.

Consultation also identified that:

- there is a strong appetite for telehealth options for maximising access to specialist care, where culturally appropriate and delivered with systems that work in rural communities.
- the District needs to include patients in the decision making process and communicate using plain English.
- communities experience burden related to travel, and distance to health services.
- there is a consistent priority for preventative health program investment; keeping people well.



**I really appreciate the local staff at my service”**

- Female aged 45-64, Bega Valley

**Mental health services are important for my community”**

- Female aged 16-44, Goulburn-Mulwaree

**Early referrals and easy access to specialists is important to me”**

- Female aged 65-75, Eurobodalla





## Our Challenges

Our health services face a number of challenges in providing care to our residents, and over 5 million tourists who visit the region each year:

- Providing care within an integrated/connected healthcare system, across multiple settings.
- Providing people-focussed, quality services within limited resources.
- Demand on acute, community based and critical services is increasing, in line with an ageing population, and high rates of chronic disease within our communities.
- There are workforce capacity issues across primary, acute and tertiary care sectors.
- Distance from and reliance on out of area higher level care
- Providing high quality specialist services to a regional population with a population density of 4 people per square km, compared to ACT (180/Sq Km) and Sydney (430/Sq Km).
- Low private health insurance rates.

In south east NSW, our residents face a number of challenges which are linked not only to health services, but also a number of social and environmental factors. Our residents told us that their access to healthcare is impacted by:

- Geographical isolation.
- Lack of public and/or private transport to and from health facilities. Up to 7% of residents don't have access to their own vehicle.
- Lack of integration between primary, acute and tertiary providers.
- Inability to find information on available services and care options. This is compounded for people who have multiple health conditions, and for people with a disability.
- Level of social support networks.
- Limited internet and mobile phone connectivity. 18% of homes have no internet access, and others have variable connectivity and poor mobile coverage.
- Disparity in health between population groups, particularly Aboriginal and non-Aboriginal people.
- Availability of culturally specific programs.
- Age, and the need to access more complex health services as they get older.
- Affordability of health services.
- Extra burden on rural residents including time and inconvenience of out of area care. Many rural communities are up to 3.5hrs drive from a tertiary facility.

## The Case for Change

The challenge for SNSWLHD will be to meet the growing demand for health services into the future.

Due to the combined impacts of ageing and increasing chronic disease, there has been a significant increase in demand for health services in the District, far beyond the population growth. The pressure for services is being felt across the health system to meet the higher volumes and complexity of care in emergency departments, hospitals, and outpatient services. This creates an opportunity for the District to re-imagine health care to be more focussed on supporting people to remain healthy in their communities, and manage their own care effectively.

- Total hospital admissions increased from 31,705 to 38,294 episodes per annum between 2013/14 and 2018/19 (3.85% CAGR).
- Total emergency department presentations have increased from 103,024 to 119,981 between 2013/14 and 2018/19 (3.09% CAGR).

The rates of diabetes or high blood glucose have been increasing in SNSWLHD, from 7.7% in 2002 to 11.6% (3 year average 2017-19).

The incidence of cancer in SNSWLHD is projected to increase by 64% between 2011 (1,282 new cases) and 2031 (2,098 new cases).

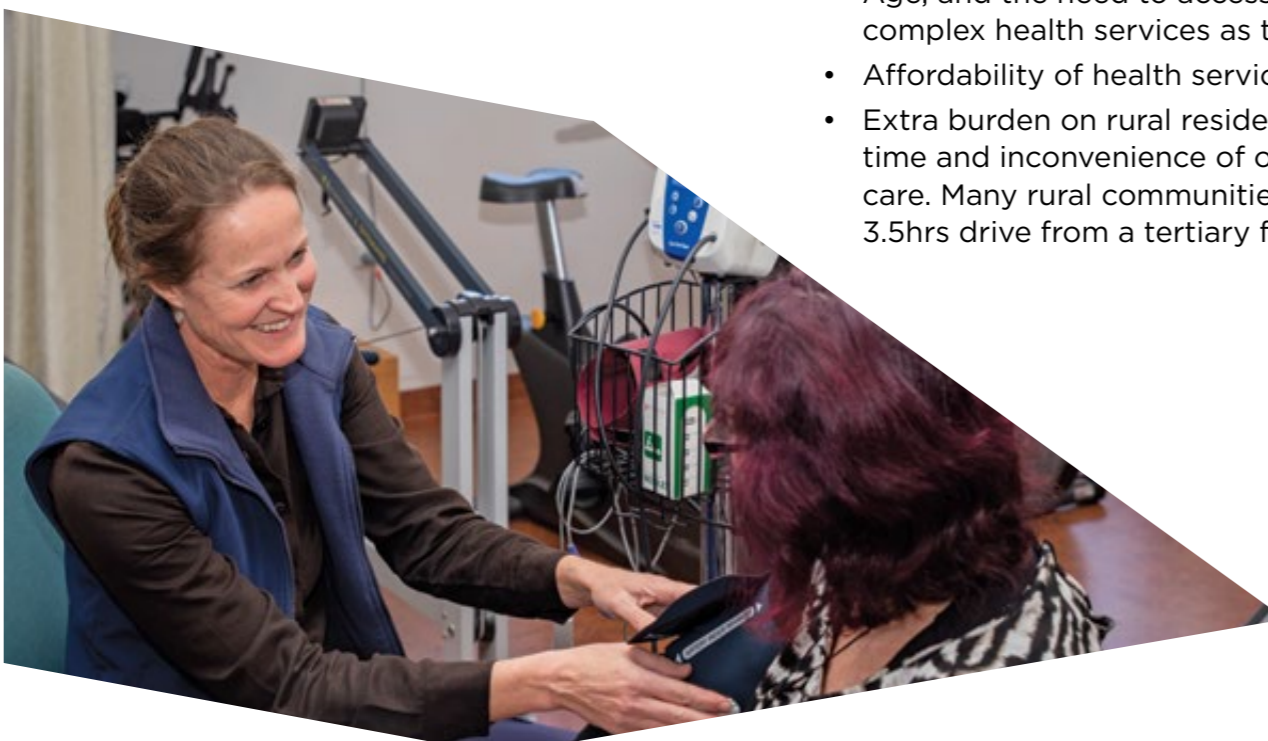
Estimates also indicate the number of people with dementia will increase from 4,283 to 6,286 by 2036.

If the growth in services we have seen over the last five years continues at the same rate, we will expect to see:

- Hospital admissions will nearly double to 75,569 episodes per annum by 2036.
- Emergency department presentations will also increase significantly to 207,496 in 2036.

The unhealthy lifestyle patterns of smoking, risky alcohol consumption, overweight and obesity (low physical activity rates and poor diet) all lead to higher risk of developing chronic diseases (like cancer, diabetes, heart disease) into the future.

- Smoking rates have been steadily improving.
- Alcohol consumption remains stable.
- Overweight and obesity is a growing concern with 2 out of every 3 adults above a healthy weight.







Partnering with other health and welfare services, we will address physical and social factors which impact on health and wellbeing, and partner with our community to ensure that patients are empowered to manage their health journey.”



## Our Future Health System

The District’s Vision is to be a *recognised leader in rural healthcare*. This vision is underpinned by our goals for excellent care that recognises that our commitment to our consumers for quality care: Safe, Appropriate and Effective, Connected, Individual.

This will require the District to shift toward a proactive approach to keeping people well and out of hospital. This will also require a concerted effort to challenge the current status quo in how we deliver health services, embracing innovative models of care and technology.

Our vision for clinical services into the future can be summarised into six key strategies, each with a number of objectives for the District to achieve. Strategies outline the way forward over the next five years. These strategies are underpinned by enablers for change.

Over the next five years, the District will evaluate actions, and build on successes, while being flexible and adaptive to try

new ideas. An implementation plan will be developed to turn these strategies into what we do each day, and actions will be incorporated into operational plans to ensure that every team works toward our Vision.

Actions will focus first on what we are already doing well, to set the foundation for change. The District will also look to how we build on this foundation in the coming years. To futureproof our health system, the District will consider the health needs of our communities to develop services now and into the future.

The Health Care Services Plan is a living document that will be reviewed frequently and adjusted according to medical and technological advances and new models of care, as well as changes to population distribution and health behaviours in a post-covid environment. This will ensure that the Plan remains meaningful for the District. A comprehensive review will be conducted in 2023.



To futureproof our health system, the District will consider the health needs of our communities to develop services now and into the future.”





# Our Strategy








 <b>Our Future</b> A recognised leader in rural healthcare	 <b>Our Purpose</b> To improve the wellbeing of the community we serve	 <b>Our Values</b> Collaboration, Openness, Respect, Empowerment
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OUR WHY			
Safe	Appropriate & Effective	Connected	Individual

GUIDING PRINCIPLES FOR CLINICAL SERVICES				
Put people at the centre of care 	Services are based on the health needs of our community 	Deliver culturally appropriate care for our diverse communities 	Ongoing review to ensure programs are working 	High quality, safe and financially sustainable services 

<b>Health services meet the changing health needs of the community</b>	<ul style="list-style-type: none"> <li>provide appropriate and equitable services maintain safe and sustainable health services and hospitals</li> <li>ensure services to meet the mental health and ageing needs of communities into the future.</li> </ul>
<b>Invest in modern programs that are proven to work</b>	<ul style="list-style-type: none"> <li>implement best practice and evidenced based models of care</li> <li>use data and analytics to inform evaluation and change</li> <li>explore virtual options for models of care</li> <li>enhance access to specialist care.</li> </ul>
<b>Prevent and manage ongoing health needs</b>	<ul style="list-style-type: none"> <li>integrate health promotion programs into the whole of the patient journey</li> <li>embed prevention as core business across the District</li> <li>ensure allied health components are included in core care team</li> </ul>
<b>Reduce demand on hospital services through enhanced care in the community</b>	<ul style="list-style-type: none"> <li>think beyond our hospitals to strengthen out of hospital care</li> <li>invest in hospital avoidance programs</li> <li>delivering services at home, or as close to home as possible</li> <li>invest in non-infrastructure projects to support care close in the community</li> </ul>
<b>Provide healthcare in partnership with services across the community</b>	<ul style="list-style-type: none"> <li>engage our communities as partners to educate and improve health literacy</li> <li>engage our staff</li> <li>collaborate with our health and welfare partners to improve health outcomes</li> <li>embed integration and communication across the health system</li> </ul>
<b>Foster a learning environment</b>	<ul style="list-style-type: none"> <li>build a culture of innovation across all services.</li> <li>support research opportunities for all staff and students</li> <li>research and education inform service design, delivery and evaluation.</li> </ul>

**Enablers for strategies**

 Use technology to support services	 Fit for purpose infrastructure	 Use of data	 A skilled workforce	 Ability to adapt to change
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# Services to support our vision

## Leadership and Governance

The District will implement a new organisational hierarchy based on clinical streams, to ensure strong governance of models of care and clinical practice across all facilities. Our new leaders will have clear roles and responsibilities for clinical services and collaboration.

## Clinical Streams

Planning for the new clinical streams will be supported by the hierarchy of plans, which outlines how strategies and directions cascade across the District. Thirteen core clinical streams have been formed to lead the strategic direction, models of care, and

outcomes for our clinical services across the District. Under the guidance of medical and nursing leadership, five year plans will be developed for each stream, in alignment with the strategies and enablers to achieve the vision for clinical services.

Each clinical stream will align with the vision of the District and the focus areas of this Plan, and planning will be completed for each of these streams in the coming five years. In the post-COVID environment, planning for and implementation of integrated and technology enabled services will be key to achieving our success.

Clinical stream planning will be governed by the guiding principles, and underpinned by the enablers for planning clinical services.



## Infrastructure

We are committed to updating infrastructure to meet national guidelines for healthcare services. Infrastructure that meets the health needs of local communities will require ongoing investment into physical spaces and equipment to provide evidence-based, patient-centred care.

Facilities will support changes in community demand, technologies and models of care in flexible, multi-use spaces that encourage cultural connection and collaboration.

Acute care facilities and hospitals will remain as the foundation for the acute, trauma and specialty services that we provide.

## Community-based Care

Community health and ambulatory models of care will supplement care in contemporary settings to support patients close to home and overcome access issues. We will focus on health promotion and prevention of ongoing health issues, to help communities lead healthy lives.

## Collaboration

The District will continue to collaborate with primary, acute and tertiary partners to enable an integrated journey across health services. Services will be networked with other facilities and Districts to ensure that we provide equitable access for communities in a sustainable way. Best practice models of care and investment in virtual healthcare will enable access to specialised care from across our District.



**We will focus on health promotion and prevention of ongoing health issues, to help communities lead healthy lives.”**





## Strategies to support our vision

<p><b>Health services meet the changing health needs of the community</b></p> 	<p>To meet the needs of our communities now and into the future, the District will use population demographics and health outcomes to develop services appropriate for our population. Maintaining safe and sustainable health services and hospitals is our priority, and we will invest in new models of care to meet demand for out of hospital care.</p> <p>We will provide services that are welcoming and easily accessible by our priority populations; ageing communities, Aboriginal and Torres Strait Islander people, socially disadvantaged communities and culturally and linguistically diverse communities. We will listen to and involve our communities in decision making and offer choice of appropriate health pathways.</p>
<p><b>Invest in modern programs that are proven to work</b></p> 	<p>We will research, review, evaluate and document models of care across emergency, inpatient, outpatient and community health services. This will ensure that we provide evidenced based, safe and sustainable healthcare services.</p> <p>We will regularly review and evaluate our program outcomes to inform the evaluation and change cycle.</p> <p>We will enhance access to specialist and higher level care by reviewing and adapting pathways for internal and external services, and enable communities to access treatment close to home.</p> <p>Technology will be key to redesigning services with a virtual-first approach to new and existing services.</p>
<p><b>Prevent and manage ongoing health needs</b></p> 	<p>We will integrate health promotion programs into the whole of the patient journey. We will strengthen identification and screening for early intervention pathways. We will educate communities to stay well in their own homes and communities, and empower them with the tools and knowledge needed to manage their health journey.</p> <p>We will focus on ensuring allied health services are included as a core part of care teams, to close gaps in service delivery for acute and outpatient care.</p> <p>We will collaborate with primary, acute and tertiary healthcare providers to support health promotion across the health system.</p>
<p><b>Reduce demand on hospital services through enhanced care in the community</b></p> 	<p>Continuing the current growth for acute services is not sustainable. We will think beyond our hospitals to strengthen out of hospital care, with a focus on the recruitment and retention of skilled community and allied health staff at all facilities.</p> <p>We will invest in non-infrastructure projects and programs to support out of hospital care, close to our communities.</p> <p>We will invest in hospital avoidance programs, to ensure that our communities can stay at home for longer, and ensure the sustainability of our hospitals into the future.</p> <p>We will adopt a community-first approach. Services will be delivered at home, or as close to home as possible, to reduce the burden of travel for our regional and rural communities.</p>
<p><b>Provide health in partnership with services across the community</b></p> 	<p>We will partner with our communities and staff to design services that put the person at the centre of their health journey, including person centred care, co-design and evaluation of services.</p> <p>We will partner with health and welfare partners to consider and provide services that meet the social needs of our communities. When needed, we will enable easier access to specialist care to manage complex health conditions.</p> <p>We will communicate across services, ensuring health issues and planning is consistently managed by our services and facilities. Robust communication with patients, partners and staff during patient journeys and after discharge will ensure that patients experience continuity of care, no matter which facility they go to, within or outside of the District.</p> <p>Improving health literacy will enable communities to find how to access services and health information, and empower them to make healthy choices and manage their own health and wellbeing.</p>
<p><b>Foster a learning environment</b></p> 	<p>We will support opportunities for all staff to undertake research to enhance clinical service delivery. We will build a culture of innovation across all services, with education for clinical and non-clinical staff.</p> <p>We will strengthen relationships with university partners, to increase opportunities for students to do research programs. We will maximise opportunities for student placements and grow our capacity as teaching hospitals</p>

## Enablers to support our strategies

There are a number of key concepts that can support the District to achieve these strategies. These enablers help align priorities and shape the way in which we achieve them. In addition to the strategies, the District will also invest in achieving a number of key items to support our future vision.

<p><b>Use technology to support services</b></p> 	<ul style="list-style-type: none"> <li>• Adopting a technology-first approach to redesigning clinical services.</li> <li>• Transforming patient journeys with the use of safe and appropriate technology to provide services close to home.</li> <li>• Integration across systems and service providers to ensure seamless patient journeys.</li> </ul>
<p><b>Fit for purpose infrastructure</b></p> 	<ul style="list-style-type: none"> <li>• Review of current acute and outpatient infrastructure with infrastructure planning for safe and sustainable buildings.</li> <li>• Infrastructure will be flexible and multi-purpose to enable redesign of modalities of care into the future.</li> </ul>
<p><b>Use of data</b></p> 	<ul style="list-style-type: none"> <li>• Use data and analytics to understand our population and their health needs.</li> <li>• Ongoing analysis of data to inform service design and innovation.</li> <li>• Review and evaluation of programs to ensure they continue to meet the health needs of the population.</li> </ul>
<p><b>A skilled workforce</b></p> 	<ul style="list-style-type: none"> <li>• We will invest in the right staff, with the right skills, in the right place</li> <li>• We will invest in training and education for staff at all levels of the organisation</li> <li>• We will support our leaders to make decision</li> </ul>
<p><b>Ability to adapt to change</b></p> 	<ul style="list-style-type: none"> <li>• Our teams will be flexible and adaptable to changing needs of the community</li> <li>• We will empower our staff and leaders to make change</li> <li>• Change will be made in a consistent, process-driven way</li> </ul>






**We will integrate health promotion programs into the whole of the patient journey. We will strengthen identification and screening for early intervention pathways. We will educate communities to stay well in their own homes and communities, and empower them with the tools and knowledge needed to manage their health journey.”**



# HEALTH CARE SERVICES PLAN 2021 – 2026

SOUTHERN NSW LOCAL HEALTH DISTRICT

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