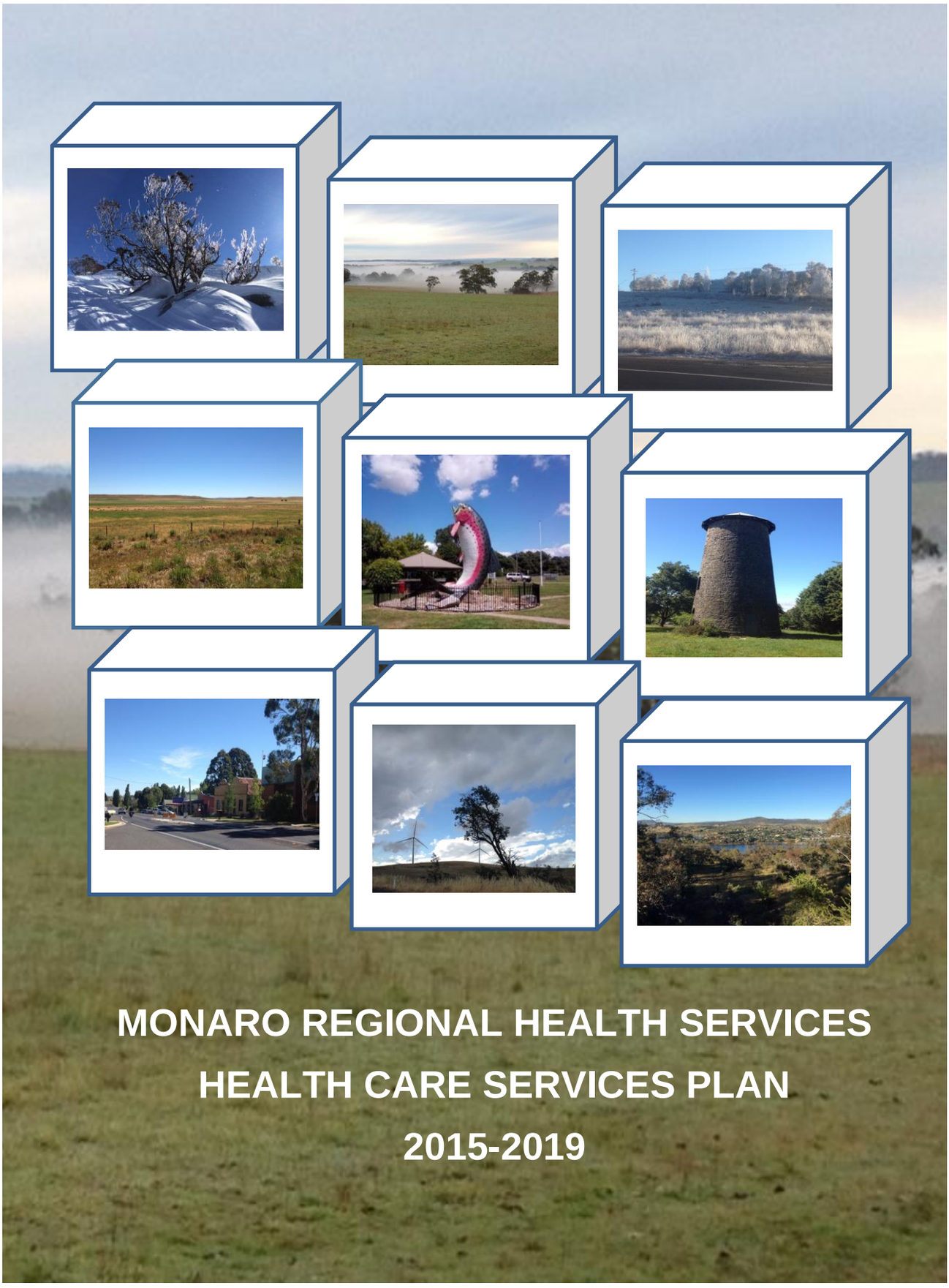
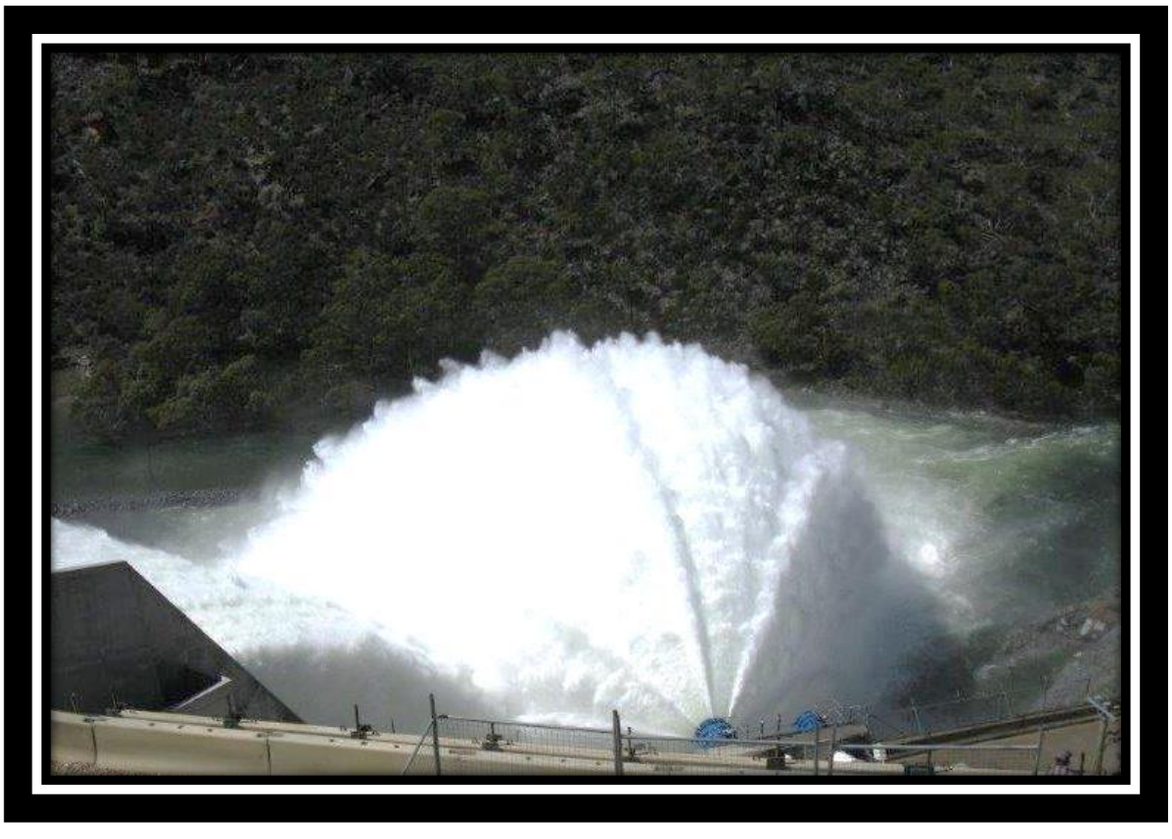


MONARO REGIONAL HEALTH SERVICES
HEALTH CARE SERVICES PLAN
2015-2019

NSW GOVERNMENT Health
Southern NSW
Local Health District

Contents



1. EXECUTIVE SUMMARY

The Southern NSW Local Health District (SNSWLHD) mission is to create a sustainable, patient-centric, efficient and effective health service.

Due to the low population numbers spread over a large distance within the SNSWLHD, the development of service networks and the formalisation of links between lower and higher level services aims to ensure that small sites are supported and provision of health care to the local community can be sustained.

The Monaro Regional Health Services (MRHS) Health Care Services Plan (HCSP) provides a framework for the delivery of health care for the next five years to the residents of the Bombala, Cooma-Monaro and Snowy River Local Government Areas. The health services within the Monaro region play an important role in delivering services to its communities. The ACT will remain the referral hospital for higher levels of service. The South East Regional Hospital will offer leadership and support for staff and services.

Monaro Population

The Monaro has an estimated resident population of 20,500 people (2012). About half live in the Cooma-Monaro LGA (10,150 people) followed by the Snowy River LGA (7,900) and Bombala LGA (2,450). During the winter ski season, there is a dramatic population increase (e.g. an extra 10,000 people in the Snowy River LGA in August 2011). Bombala LGA health services provide for a small catchment of 200 to 300 people from some small villages in Victoria. There is a small Aboriginal and Torres Strait Islander population (about 400 people) based mainly in the Cooma district.

The Monaro has a typical rural age profile, with an ageing population, “Baby Boomers” approaching retirement age and fewer younger adults compared to metropolitan areas. There is also variation within the region:

- Median ages range from 38 years in Snowy River LGA to 43 years in Cooma-Monaro LGA and 46 years in Bombala LGA (37.7 years in NSW)
- Snowy River LGA has a low proportion of older residents aged 65+ years (13%) compared to Cooma-Monaro LGA (19%) and Bombala LGA (21%) and NSW as a whole (15%)
- The proportion of children aged 0-14 years is consistent with the LHD and NSW at 18-19%
- Snowy River LGA has a higher proportion of working age adults (60% aged 20-64 years) compared to Cooma-Monaro LGA (56%) and Bombala LGA (55%) (LHD 57%, NSW 60%).Population growth in the Monaro is expected to be relatively small, with a total of 21,166 people projected by 2021. The bulk of the growth in the region is expected in the 65+ years age group, with less (or no) growth expected in the young or in working-age adults.

There is a broad spectrum of socio-economic advantage and disadvantage across the region: on *average*, residents of Bombala LGA experience more disadvantage (fewer residents with high incomes, tertiary education and skilled occupations), Cooma-Monaro LGA residents are closer to the national average, and Snowy River LGA residents experience less disadvantage than the national average.

This pattern of socio-economic disadvantage provides some context to data on risk factors, hospitalisations and deaths.

- Rates of behavioural risk factors such as smoking, and overweight and obesity are highest in residents of Bombala LGA, followed by Cooma-Monaro LGA and Snowy River LGA.
- Rates of potentially avoidable deaths (PAD) and potentially avoidable hospitalisations (PPH) in the region are highest for residents of Bombala LGA, followed by Cooma-Monaro LGA and Snowy River LGA. However all PAD rates are within the NSW average range, and PPH rates for Snowy River LGA residents are below the average.
- Rates of smoking during pregnancy in 2008-10 were up to 2.4 times the NSW average (24% in Cooma-Monaro LGA, 23% in Bombala LGA, 13% in Snowy River LGA residents, 10% in NSW).

Services in Cooma Hospital and Bombala and Delegate Multipurpose Services

Monaro acute inpatient services cater for about 54% of the inpatient hospital demand for Monaro residents.

Bombala Multipurpose Service (MPS):

- 7 medical beds,1 palliative care bed and 10 residential aged care beds
- Supplies an average 1,357 beddays of acute medical care per year with an average length of stay (ALOS) of 5.7 days. Caters mainly for Bombala LGA residents (88%) with a small proportion (7%) from Victoria(East Gippsland) and 2% from Bega Valley
- In the financial year 2012/13 there were 1,762 Emergency Department (ED) presentations, 76 of those being from the state of Victoria.
- The residential aged care beds maintain a high occupancy rate

Delegate MPS:

- 9 residential aged care beds with a high occupancy rate
- The ED is able to provide first aid and treatment prior to moving to higher level of service.

Cooma Hospital:

- 30 medical/surgical beds,7 obstetric beds
- Supplies an average 8,858 beddays per year (70% medical, 30% surgical). Caters mainly for Monaro residents (87%): Cooma-Monaro LGA residents 55%, Snowy River LGA residents 26% and 6% from Bombala LGA. Bega Valley LGA residents make up a further 2% and another 11% from Australian wide.
- The overall average length of stay for 2012/13 was 2.9 days
    - Medical has an ALOS of 3.5 days
    - 79% of surgical separations[1] are day only. With overnight ALOS being 3.0 days.
- The Hospital averages around 170 births per year.

Community Health Services

Patients can access a comprehensive range of community based services with Cooma Community Health Service providing outreach services to the Monaro region; the service includes access to community Mental Health and Drug and Alcohol services. There are two

[1] **Separation** from a **healthcare** facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer. The number of **separations** is the most commonly used measure of the utilisation of hospital services

Community Health Centres on the Monaro, at Cooma and Jindabyne. Bombala and Delegate MPSs provide Community Nursing Services and Child and Family Health Nursing.

Over the next five years the Monaro Regional Health Services will:

1. ***Develop an identity as Monaro Regional Health Services***

The health services in Bombala, Cooma-Monaro and Snowy River shires will be rebranded as a collective as Monaro Regional Health Services (MRHS). Each site will retain their individual name however the regional service will be known as Monaro Regional Health Services.

Services will be delivered as an integrated system of care that guides and tracks patient through a comprehensive array of health services both acute and community health. A Monaro Regional staff nurse bank will be developed and a voluntary rotation of staff will be introduced to help with maintenance and updating of staffing skills.

2. ***Develop a Regional Community Health Service***

In line with developing a Monaro Regional Health Services identity, the community health services will in future be known as Monaro Regional Community Health, providing services to all communities within the Monaro region. This strategy will improve access and reduce inequity across the region.

Jindabyne Community Health has received funding to develop as a HealthOne. The HealthOne Project Officer in consultation with key stakeholders and the community will work within the Monaro Regional Community Health to provide equitable access of services to the Jindabyne community and ensure issues regarding transport, aged care services and after hours medical support are integrated into future collaborative work.

3. ***Build a collaborative Maternity and Child & Family Service***

Maternity and Child and Family Health Services will collaborate to bring together all of the care provided to children and families inclusive of mothers, babies, children and families. This will ensure timely and appropriate care is provided at all stages of care.

4. ***Strengthen support for Emergency Departments***

New models of care will be introduced to the EDs to maintain safe emergency care. Delegate MPS will develop a ‘walk in service” led by trained Registered Nursing Staff. Cooma ED will introduce the Nurse Delegated Emergency Care model and be the integral link for Emergency Departments and support Bombala MPS ED through a hub and spoke model.

5. ***Improve access to Mental Health and Drug and Alcohol services***

In line with state and national trends, the mental health service will increasingly focus on providing specialist treatment for acute and complex episodes of major mental illness. Partnerships with primary care services and NGOs will be strengthened. The Drug and Alcohol service will continue to operate under a harm minimisation philosophy.

6. Enhance Medical/Surgical Services

To strengthen and enhance inpatient services the MRHS will review/introduce new models for medical stroke rehabilitation, inpatient rehabilitation, cardiac and pulmonary rehab programs and address lengths of stay that are above the state average. The service will also undertake a cost/needs analysis to investigate the potential to increase elective surgery.

7. Enhance services for Oncology and Renal Patients

Telehealth will be utilised to link specialists with patients further reducing the number of trips for clients to Canberra.

SNSWLHD will work with the ACT Renal Specialists to increase the number of visits to Cooma and links with Bega Valley services will provide support for renal clinics and outreach services.

8. Develop working links with South East Regional Hospital

The South East Regional Hospital will be well placed to partner with the Monaro Regional Health Service offering leadership and support for staff and services.

9. Integrate with other healthcare services

The Monaro Regional Health Services will move to a whole of system approach that looks at developing teams that work across settings and developing strong relationships with other stakeholders. Linkages will be strengthened between Community Health, Emergency Department, Mental Health and Drug and Alcohol and Inpatient services with staff providing the pathway as opposed to the patient finding their way. The MRHS will build and strengthen working relations with all service providers in the region and formalise working arrangements rather than the current 'good will' arrangements.

Links with Residential Aged Care Facilities in Cooma and Berridale will be strengthened and strategies developed to reduce the need for Residential Aged care clients being transferred to an ED or to hospital.

10. Improve engagement and communications with staff and the community

The Monaro Regional Health Services has four Community Consultation Committees (CCCs) which meet monthly and these committees are seen as the first port of call in the engagement of the community. To further endorse Monaro Regional Health Services the Monaro Health Service Manager will attend Bombala and Delegate CCC meetings as is the current practice for Cooma and Jindabyne CCCs and combined meetings for the four CCC will be undertaken once or twice per year.

Volunteers and Auxiliaries are seen as invaluable asset to the health service and strategies will be developed to further engage with the community and provide opportunities for the community to be involved in quality activities.

The Monaro Regional Health Services will review current strategies for community and staff engagement, with the aim of improving dissemination of information to staff and the community.

2. POLICY CONTEXT

Southern NSW Local Health District Strategic Plan

Southern NSW Local Health District (SNSWLHD) 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 SNSWLHD Health Care Services Plan (HCSP) is a strategic planning document that identifies the priorities and key directions for clinical services for SNSWLHD 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; avoid 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 SNSWLHD is led by the Board, Chief Executive and the LHD's Executive team. The Cooma Health Service Manager oversees the SNSWLHD Health Services in the Monaro Region and reports to the Executive Director of Clinical Operations. Cooma Health Service is supported by managers who oversee wards and clinical unit areas. Bombala Multipurpose Service (MPS) and Delegate MPS are supported by a manager overseeing both services. The provision of local services is supported by District teams and program managers for Community Health, with Mental Health, Drug and Alcohol services provided through a separate operational stream within a District Directorate.

The Cooma Health Service Manager is responsible for:

- Ensuring equity and access to services for the communities of the Monaro region
- Ensuring the services meet national standards and accreditation and that good quality and governance systems are in place
- Actively managing health services against performance measures in the SNSWLHD Performance Agreement with the Ministry of Health
- Leading and promoting the SNSWLHD strategic directions at a local level and within the local communities
- Working collaboratively with community members, government and non-government organisations to implement innovative models of care, address issues in local communities and support feedback and participation in health service delivery and planning.

4. COMMUNITY REPRESENTATION

The Health Services in the Monaro are committed to working together with consumers, community members and groups to build healthy communities throughout the local region.

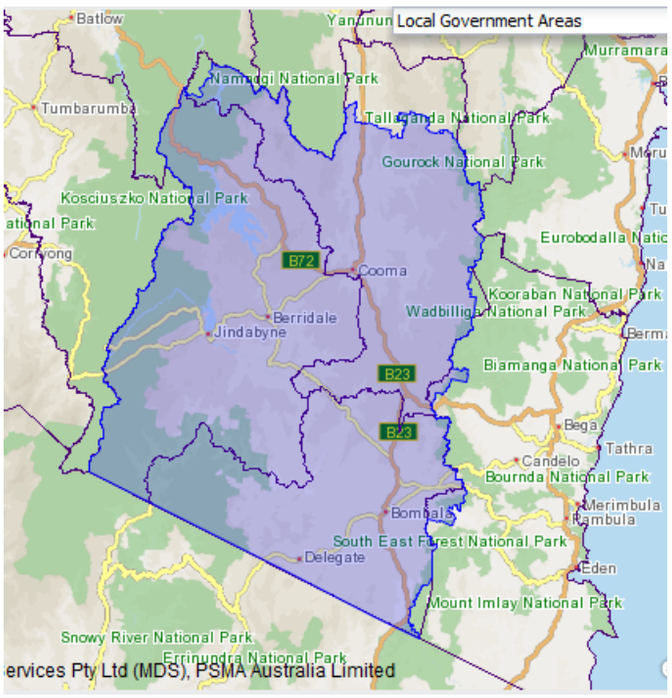
The Community Consultation Committees (CCC) offer an opportunity for consumers and community members to represent the interests of their communities and contribute viewpoints that help shape a quality health service that meets the needs of the local population. Members of the CCC are appointed to represent the interests of their community in relation to health service planning and delivery and to play a key role in working with others to build the health of the local community. There are four CCCs in the Monaro Region: Jindabyne, Cooma, Bombala and Delegate.

The following consultation was undertaken in 2014 for the development of this Plan:

- Chairs from two of the CCCs were members of the Steering Committee
- June -Consultation with the CCCs in Cooma, Jindabyne and Bombala/Delegate
- June -Met with staff in all facilities
- June -Public meetings held in Jindabyne and Cooma
- June -The Cooma Health Service Manager addressed a number of community groups
- June to September - Written input invited at all stages of the process
- November - Community consultation in Snowy River, Cooma-Monaro and Bombala Shires to test the validity of the recommendations
- Draft plan out to the public for community comment January/February 2015

5. MONARO REGION AT A GLANCE

Figure 1. Geographic region



- The Monaro region covers the Bombala, Cooma-Monaro and Snowy River Local Government Areas (LGAs). Data for this plan are drawn from these LGAs, or from the ABS "Snowy Mountains SA3 region" that shares similar borders (blue shaded area on map).
- The Monaro covers an area of approximately 15,000 square kilometres. It borders the ACT, Queanbeyan and Palerang LGA to the north, the Bega Valley to the east, the Snowy Mountains to the west and Victoria to the south.
- The major towns are Cooma, Jindabyne, Bombala, and the villages of Berridale, Thredbo, Delegate, Adaminaby, Nimmitabel, Numeralla, Bredbo and Michelago, with a number of other smaller communities, and a combined population density of 1.4 residents per square km.

Table 1. OVERVIEW OF MONARO POPULATION

	Bombala LGA	Snowy River LGA	Cooma-Monaro LGA
Population (30 June 2012)	2,424	7,917	10,164
Area (sq km)	3946.6	6030.4	5184.5
Population density (residents / sq km)	0.61	1.31	1.96

Table 2. DRIVING DISTANCES – MONARO REGION

	Town	km	Time
Delegate	Orbost	126	2hr 18m
	Bombala	35	36m
	Pambula	114	1hr 43m
	Bega	116	1hr 51m
	Cooma	123	1hr 35m
	ACT Woden Valley	231	2hr 50 m
	Queanbeyan	230	2hr 47m
Bombala	Pambula	78	1hr 17m
	Bega	81	1hr 14m
	Cooma	88	58m
	ACT Woden Valley	196	2hr 14m
	Queanbeyan	195	2hr 11m
Cooma	Bega	112	1hr 20m
	ACT Woden Valley	108	1hr 17m
	Queanbeyan	107	1h 13m
Jindabyne	Cooma	63	44m
	ACT Woden Valley	170	2hr 1m
	Queanbeyan	170	1hr 57m

Source: Google maps

5.1. MONARO RESIDENTS

At 30 June 2012, the Monaro had an estimated resident population of 20,505 people (ABS). Half of the population lives in the Cooma-Monaro LGA (10,164) followed by the Snowy River (7,917) and Bombala (2,424) LGAs. However, nearly 18,000 people were recorded in the Snowy River LGA on Census night (9 August 2011), giving an indication of the dramatic population increase during the winter ski season.

Bombala LGA health services also provide for a small catchment of about 200 to 300 people from some small villages in Victoria.

The population age profile varies across the region; the median ages are 38 years in Snowy River LGA, 43 years in Cooma-Monaro LGA and 46 years in Bombala LGA (37.7 years in NSW, 2011 Census). The proportion of children aged 0-14 years in the region is consistent with the LHD and NSW at 18-19%, but the Snowy River LGA has a low proportion of older residents aged 65 years and over (13%) compared to Cooma-Monaro LGA (19%) and Bombala LGA (21%) and NSW as a whole (15%). It follows that Snowy River LGA has a higher proportion of working age adults (60% aged 20-64 years) compared to Cooma-Monaro LGA (56%) and Bombala LGA (55%) (LHD 57%, NSW 60%).

The most notable features that may have an impact on health care demand and workforce include:

- The number of infants and children remains relatively stable in Cooma-Monaro and Snowy River, but is declining in Bombala LGA
- Fewer people aged 20-39 years, partly due to outward migration for education and employment (although the number of young adults in the Snowy River LGA does not decline as dramatically as in other rural areas)
- “Baby boomers” (50-65 years old) are approaching retirement age
- An ageing population

A significant proportion of the Monaro population do not live in the regional centres. Approximately one third of Cooma-Monaro LGA residents live outside Cooma, two thirds of Snowy River LGA residents live outside Jindabyne, and half the Bombala LGA population lives outside Bombala Township.

Table 3 shows the proportion of residents in each age group in the main towns and surrounding regions. The distribution of age groups varies between the three LGAs. Overall, smaller towns tend to have older populations (e.g., Nimmitabel, Adaminaby, Delegate) and the more rural surrounding areas have a higher proportion of people aged 45-64 years.

Table 3. PROPORTION OF USUAL RESIDENTS IN MONARO LGA LOCALITIES BY AGE GROUP (ABS 2011 CENSUS).

LGA	Town	Age group (years)						
		0-4	5-19	20-44	45-64	65-84	85+	Total
Cooma-Monaro	Cooma	7%	18%	29%	27%	16%	3%	100%
	Nimmitabel	6%	19%	20%	31%	22%	1%	100%
	Surrounding region	5%	22%	23%	35%	14%	1%	100%
Snowy River	Jindabyne	7%	22%	39%	23%	7%	1%	100%
	Berridale	8%	21%	29%	27%	14%	2%	100%
	Thredbo & Perisher	8%	20%	38%	28%	5%	1%	100%
	Adaminaby	4%	14%	26%	30%	24%	1%	100%
	Surrounding region	5%	20%	28%	32%	14%	1%	100%

LGA	Town	Age group (years)						
		0-4	5-19	20-44	45-64	65-84	85+	Total
Bombala	Bombala	7%	18%	26%	29%	16%	4%	100%
	Delegate	3%	18%	22%	32%	21%	4%	100%
	Surrounding region	5%	20%	21%	37%	15%	3%	100%

5.2. ABORIGINAL POPULATION

The Cooma-Monaro shire has the largest Aboriginal population in the Monaro region, mostly living in Cooma, although the population can be highly transient. In the 2011 census, 267 LGA residents identified as Aboriginal or Torres Strait Islander. This represents 2.6% of the LGA population (a similar proportion to NSW 2.5%, LHD 2.9%) and nearly 5% of Aboriginal residents in the LHD. The Snowy River and Bombala LGAs have small Aboriginal populations of 76 and 46 people respectively.

Table 4. Aboriginal residents in the Monaro LGAs, 2011 **(Census)**

Age group (years)	Number	Proportion (%)
0-9	74	19%
10-19	105	27%
20-29	48	12%
30-39	53	14%
40-49	53	14%
50-59	42	11%
60+	17	4%
Total	392	100

Across the Monaro (Table 4), the Aboriginal population is young: nearly half (46%) are aged 0-19 years, compared to 26% of the non-Aboriginal population. Aboriginal people also have shorter life expectancies and only 4% of the population are aged over 60 years, compared to 23% of the non-Aboriginal population (this age distribution may also reflect population movements to other areas).

5.3. PEOPLE BORN OVERSEAS

The 2011 Census reports that the most common ancestries in the Snowy Mountains SA3 region are Australian 30%, English 29%, Irish 9%, Scottish 8% and German 4%. Of the remaining 20%, there were 7.3% “not stated”, 4% “other” (not in the top 30 countries) and around 9% with low numbers e.g. Italian, Dutch, New Zealand, Chinese, Welsh Polish, Greek, Lebanese.

In the SA3 region, 87% of people only speak English at home. Other languages spoken at home include German 1.1%, Italian 0.5%, French 0.3%, Arabic 0.3% and Dutch 0.2%.

5.4. POPULATION GROWTH PROJECTIONS

Projected population growth across the Monaro region is shown in the tables below. The bulk of the growth in the Monaro is expected in the 65+ age group, with less (or no) growth expected in the young and in working-age adults, compared to NSW and the LHD.

Table 5. EXPECTED POPULATION GROWTH WITHIN MONARO REGION

LGA / SLA label	2011 ERP	2016	2021	2026	2031
Bombala (A)	2,484	2,418	2,352	2,286	2,212
Cooma-Monaro (A)	10,131	10,348	10,528	10,658	10,729
Snowy River (A)	7,771	8,059	8,287	8,476	8,630
Monaro Total	**20,386**	**20,825**	**21,166**	**21,420**	**21,571**

Source: New South Wales State and Local Government Area Population Projections: 2014 Final

5.5. Social determinants of health/ Health inequity in the Monaro

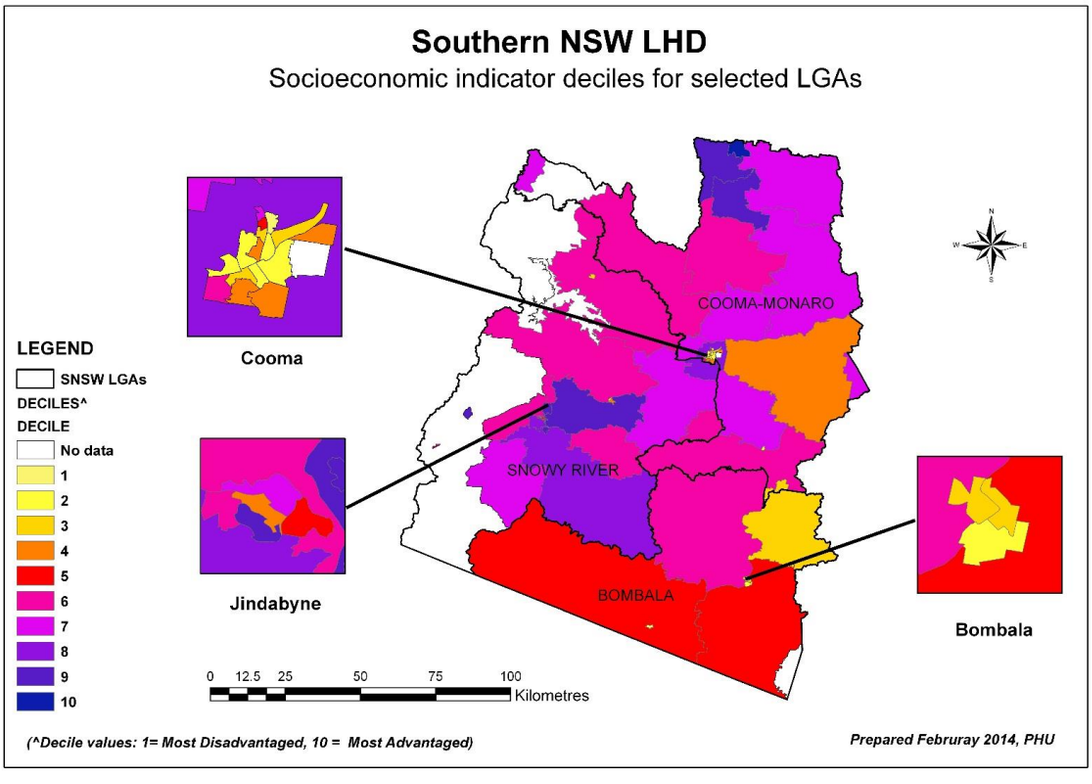
The Monaro region has varying levels of disadvantage, as measured by the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). The index provides some context to data on risk factors, hospitalisations and deaths. The average IRSAD score for NSW is 1,000, a lower score indicates relatively more disadvantage, and means there are fewer residents with high incomes, tertiary education and skilled occupations than NSW as a whole. The IRSAD scores for the Monaro region LGAs are listed in the table below. These scores are an average and therefore only indicative of disadvantage in a region; the table and map give a more detailed picture of differences within LGAs, towns and across rural areas.

Table 6. Index of Relative Socio-economic Advantage and Disadvantage by LGA, 2011.

LGA name	IRSAD score	Minimum SA1 score	Maximum SA1 score	Rank in NSW LGAs (out of 151, 1 = most disadvantaged)	Decile in NSW	Decile in Australia
Cooma-Monaro	976	865	1156	95	7	6
Snowy River	1031	920	1097	123	8	9
Bombala	936	836	1012	45	3	3

The ABS has divided the country into SA1 areas representing 200 to 800 people. All areas are ordered from lowest to highest IRSAD score, the lowest 10% of areas are given a decile number of 1, the next lowest 10% of areas are decile 2 and so on, up to the highest 10% of areas which have a decile number 10.

Figure 2. Index of Relative Socio-economic Advantage and Disadvantage by SA1 region (200-800 people), 2011



5.6. MONARO 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 the Monaro.

The number of people diagnosed with cancer directly correlates with the growing NSW population, particularly in the older age groups 65+ and 85+ years. By 2021, cancer incidence in SNSWLHD is expected to increase by 70%, and cancer deaths in SNSWLHD are expected to increase by 33%, mainly due to the increasing proportion of the population aged 65 years and over.

Table 7. POPULATION HEALTH ISSUES IN THE MONARO

Population health issue	Cooma-Monaro residents experience at a rate:	Summary of concern
Smoking during pregnancy	Greater than NSW	Rates of smoking during pregnancy (24% in 2008-10) were 2.4 times the NSW average (10%). In SNSWLHD, rates are even higher for pregnant Aboriginal women (49%, 48% in NSW).
High body mass	Comparable to NSW	In 2007/08, 37% of males and 24% of females were overweight, while 20% of males and 17% of females were obese. These rates were similar to the NSW average. High BMI-related hospitalisations are within the NSW average.
Physical inactivity	Comparable to NSW	In 07/08, 34% of people aged 15+ did not meet physical activity guidelines, similar to the NSW average (35%).
Alcohol	Comparable to NSW	The rate of alcohol attributable hospitalisations (6.1 / 1,000 population in 2010-12) is similar to the NSW average (6.6 / 1,000). The rate of alcohol attributed injury hospitalisations (2.5 / 1,000) is significantly lower than across NSW (3.2 / 1,000).
Cancer	Comparable or lower than NSW	In 2004-2008, the rates of new cancer cases and cancer deaths were similar to the NSW average. The rate of new lung cancer cases was significantly lower than NSW.
Mental Health	Comparable to NSW	In 2007/08, 10.5% of adults reported high or very high psychological stress in the 4 weeks prior to being surveyed (NSW 12.1%).
Falls	Comparable to NSW	Fall-related injury hospitalisations (overnight stay) rate in 2010-12 was 3,346/100,000, within the NSW average range.
Potentially preventable hospitalisations	Comparable to NSW	In 2010-12 there were 280 PPH per year. The rate (2,535/100,000) was similar to the NSW average.
Potentially avoidable deaths - **Preventable** - **Treatable**	Comparable to NSW	Deaths that could theoretically have been avoided through prevention or treatment (2006-2007): - 9 preventable deaths / year, 83/100,000 within NSW average - 8 treatable deaths / year, 69/100,000 rate within NSW average
Population health issue	Snowy River residents experience at a rate:	Summary of concern
Smoking during pregnancy	Greater than NSW	Rates of smoking during pregnancy (13% in 2008-10) were 1.3 times the NSW average (10%).
High body mass	Comparable or lower than NSW	In 2007/08, 29% of males and 23% of females were overweight, while 20% of males and 14% of females were obese. The overweight rates were similar to the NSW average, the obesity rates were lower. High BMI-related hospitalisations are significantly lower than the NSW average.
Physical inactivity	Comparable to NSW	In 07/08, 41% of people aged 15+ did not meet physical activity guidelines, slightly higher than the 35% in NSW.
Mental Health	Comparable to NSW	In 2007/08, 10.3% of adults reported high or very high psychological stress in the 4 weeks prior to being surveyed (NSW 12.1%).

Population health issue	Snowy River residents experience at a rate:	Summary of concern
Alcohol	Lower than NSW	The rate of alcohol attributable hospitalisations (5.0 / 1,000 population in 2010-12) is significantly lower than the NSW average (6.6 / 1,000). The rate of alcohol attributed injury hospitalisations (2.3 / 1,000) is significantly lower than across NSW (3.2 / 1,000).
Cancer	Lower than NSW	In 2004-2008, the rates of new cancer cases and cancer deaths were significantly lower than the NSW average
Falls	Lower than NSW	Fall-related injury hospitalisations (overnight stay) rate in 2010-12 was 2,560/100,000, significantly lower than NSW.
Potentially preventable hospitalisations	Lower than NSW	In 2010-12 there were 118 PPH per year. The rate (1,690/100,000) were significantly lower than the NSW average.
Potentially avoidable deaths - **Preventable** - **Treatable**	Comparable to NSW	Deaths that could theoretically have been avoided through prevention or treatment (2006-2007): - 5 preventable deaths / year, 68/100,000 within NSW average - 5 treatable deaths / year, 73 /100,000 within NSW average

Population health issue	Bombala LGA residents experience at a rate:	Summary of concern
Smoking during pregnancy	Greater than NSW	Rates of smoking during pregnancy (23% in 2008-10) were 2.3 times the NSW average (10%).
High body mass	Comparable or greater than NSW	In 2007/08, 36% of males and 24% of females were overweight, while 25% of males and 17% of females were obese. The rate of male obesity was higher than the NSW average, the other rates were similar to NSW. High BMI-related hospitalisations are within the NSW average.
Physical inactivity	Greater than NSW	In 07/08, 48% of people aged 15+ did not meet physical activity guidelines, significantly higher than the 35% in NSW.
Alcohol	Comparable to NSW	The rate of alcohol attributable hospitalisations (7.3 / 1,000 population in 2010-12) is at the higher end of the NSW average (6.6 / 1,000). The rate of alcohol attributed injury hospitalisations (3.1 / 1,000) is similar to NSW (3.2 / 1,000).
Cancer	Comparable to NSW	In 2004-2008, the rates of new cancer cases and cancer deaths were similar to the NSW average.
Mental Health	Comparable to NSW	In 2007/08, 11.2% of adults reported high or very high psychological stress in the 4 weeks prior to being surveyed (NSW 12.1%).
Falls	Comparable to NSW	Fall-related injury hospitalisations (overnight stay) rate in 2010-12 was 3,346/100,000, within the NSW average range.
Potentially preventable hospitalisations	Comparable to NSW	In 2010-12 there were 77 PPH per year. The rate (2,646/100,000) was similar to the NSW average.
Potentially avoidable deaths - **Preventable** - **Treatable**	Comparable to NSW	Deaths that could theoretically have been avoided through prevention or treatment (2006-2007): - 3 preventable deaths / year, 108/100,000 within NSW average - 2 treatable deaths / year, 79/100,000 within NSW average

6. KEY SERVICE PARTNERSHIPS

It is acknowledged that the SNSWLHD Health Services are only one part of many services relating to health operating in the three Shires. The SNSWLHD does not try to be all to everyone (health wise) but specialises in specific services.

The Health Service recognises and acknowledges that non-government agencies and not for profit organisations are key partners in health care delivery 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 SNSWLHD Health Services in Monaro to maintain good working relationships with current partner agencies, as well as strengthen ties with agencies where relationships are newly formed.

The Health Services in Monaro have key service partnerships with:

- Australian National University
- Local Shire Councils
- General Practises within Monaro
- Former SNSW Medicare Local
- NSW Ambulance
- ACT Health, ACT Cancer and Renal services
- Orbost Regional Health
- Southern Cross Care – Currawarna
- Bombala Council Community Services team
- Community Consultation Committees - Cooma, Jindabyne, Bombala and Delegate
- Volunteers and community members including hospital auxiliary, Pink ladies, Monaro Committee for Cancer Research, Renal stakeholder group and Lions club.

The Community Health team attend and partner with a number of agencies:

- Disability and Aged Care Services
- Keeping Them Safe - Promotes child health and wellbeing
- Family Case Management - client focused for vulnerable families
- Families NSW local service network

AMBULANCE

The NSW Ambulance provides high quality clinical care and health related transport services to people within the Monaro region. Currently there are three (3) ambulance stations; Cooma, Bombala and Jindabyne. During the winter, ambulance stations are also set up in Perisher Valley, with an increase in Paramedics in Jindabyne for the winter snow season, to cope with increased workloads.

Perisher Valley Ambulance Station is staffed by specially trained Paramedics who have skills in snow/cold weather rescue, driving special over snow vehicles and working in very cold weather conditions.

There is an increase in visitors to the snowfields at Perisher Valley and Thredbo which in turn adds to the ambulance workload over the winter months. The workload in the rest of the year remains constant due to the number of visitors enjoying bushwalking, mountain bike riding, camping, etc.

- Bombala Ambulance Station is part of the Bombala MPS and has five (5) Paramedics and two (2) frontline ambulances
- Cooma Ambulance Station is located in the grounds of Cooma Hospital but is separate and has no attachment to the hospital. Cooma station has a compliment of seven (7) Paramedics and four (4) frontline ambulances.
- Jindabyne Ambulance Station has five (5) Paramedics and two (2) frontline ambulances.

NSW Ambulance and the ACT Ambulance Service have a Cross Border Agreement that results in both organisations assisting each other when required and allows Paramedics to work under their respective protocols when treating patients.

NSW Ambulance has a variety of Paramedics including Intensive Care Paramedics, Advance Life Support Paramedics, P1 Paramedics and Paramedics who are completing their training. All the Paramedics attached to the three ambulance stations are also trained to

administer Pre Hospital Thrombolysis (PHT) to patients who have had a heart attack and meet the NSW Ambulance PHT criteria. The patients from the three stations will either be taken to their local hospital or direct to The Canberra Hospital for further treatment.

All the stations are covered by aeromedical support by either NSW Ambulance Helicopters or by Southcare from Canberra. The Canberra Hospital is the major trauma and retrieval hospital for all patients.

GENERAL PRACTITIONERS

There are eight (8) Medical Practices within the Monaro region. Thredbo Medical Centre, Snowy River Health Centre (Jindabyne), Berridale Surgery (Berridale), Bombala Street Surgery, Sharp Street Medical Practice, Cooma Correctional Centre (Cooma), Bombala Medical Practice and Delegate MPS. Many are supported by registrars, registered nurses and allied health practitioners. Medical students are also based in Cooma.

PRIMARY CARE NETWORKS

Primary Care Networks are being developed across Australia to replace the Medical Locals. Southern NSW Medicare Local will be joining with Illawarra Medicare Local to form a Network in July 2015. It is not known at this time the impact this will have on services. Currently (2014) Southern NSW Medicare Local supports the following services in the Monaro region:

- Mental health
  - Access to Adult Psychological services (ATAPS) outreach to Cooma and Bombala
  - Partners in recovery (PIR) in partnership with Schizophrenia Fellowship
- Health Promotion in the three shires
  - Healthy Eating and Active Lifestyle Program (HEAL)
  - Walking Groups
  - Pedometer Library Loan
  - Health checks at major events
- Youth services
  - dedicated youth health team 'South Youth' who support the region's young people in accessing health care services
  - Youth worker located in Cooma works collaboratively with youth services in Cooma-Monaro, Snowy River and Bombala Shires
- Aboriginal health services
  - Aboriginal health team working with local GPs, schools, SNSWLHD and the Aboriginal community in Cooma on Closing the Gap health programs.

7. CURRENT SNSWLHD HEALTH SERVICES IN THE MONARO

PATIENT BASED CARE CHALLENGE

Southern NSW LHD is committed to improving people's experiences in health care and putting people first.

There are a range of strategies to meet this challenge including: leadership commitment; communication of the mission; engaging patients, family and carers; supporting engagement of patients, family and carers to transform care; use of patient feedback to drive change; focus on work environment; building staff capacity by supporting a learning organisation culture and accountability.

ROLE DELINEATION

Cooma Hospital operates at a role delineation level 3 and Bombala MPS 1-2. The role delineation guide is a tool that is utilised to ensure safe services across NSW. The guide sets out service scope, service requirements, workforce and minimum core services for each service (i.e. pathology, pharmacy, radiology, anaesthesia and recovery and operating suite). Level 1 being the least complex, Level 6 the most complex.

The guide is currently under review by NSW Health and all services within SNSWLHD will be reviewed against the new guide in 2015. Services are required to operate within the guidelines and relevant policies to ensure quality and safe services are provided to the public.

BED ALLOCATION ACROSS THE MONARO REGION

Table 8. BED ALLOCATION

	Bombala MPS	Cooma Hospital	Delegate MPS
Bed Unit type			
01 General - Mixed	7	30	4 (not admitted to)
49 Obstetric		7	
03 Palliative Care	1		
81 Same Day Surgical		4	
14 Residential Aged Care - High Care (Nursing Home)	10		9
Total available beds	**18**	**41**	**9**
58 Emergency Department spaces	2	6	2
66 Delivery rooms		2	
67 Operating theatres		1	
67 Recovery spaces		3	

SOURCE: SNSWLHD PERFORMANCE ANALYSIS UNIT

7.1. INPATIENT AND ACUTE SERVICES

EMERGENCY SERVICES

Cooma Hospital has a 24 hour Emergency Department and is the referral centre for the three shires. The unit consists of 6 beds including 1 resuscitation bed and has access to a

consulting room. There are 17 Visiting Medical Officers (VMOs), one part time Career Medical Officer (CMO) and 2 Registrars that provide cover for this service.

There were 8,251 presentations in 2012/13; almost half of the presentations were for triage 5. (A number is allocated to each patient level of care required between 1 and 5, with one being the most urgent, and 5 being non urgent[2]). Achievement of the National Emergency Access Targets (NEAT) is within that of the National average.

Referrals for higher acuity medical treatment are sent to Canberra Hospital, with major trauma being sent to St George Hospital or Canberra Hospital.

The ED utilises the Ambulance Clinical Emergency Response System program and Telehealth has been introduced into the department and has linkages with Canberra Hospital ED, Snowy Hydro retrieval service and State wide retrieval services.

The Mental Health Emergency Care Service (MHECS) is available to provide timely safe and comprehensive mental health assessments via video conferencing.

Analysis of Cooma ED data shows that there is a spike in services with the onset of summer which then remains fairly constant till the end of winter with a dip in attendance in the spring months. In the winter months there is a marked increase in people attending who are visitors to the area; however this seems to be counterbalanced by a dip in attendance by locals in this period. There is an increase in attendances on the weekend, reflecting the closure of GP medical practices.

Bombala MPS has a 24 hour Emergency Department with limited VMO coverage after hours. **I**f no VMO is available, patients are triaged, assessed and transferred to Cooma or Bega Hospital should they require medical assistance, or they are advised to return to the Bombala MPS the next day to be reviewed. Mental Health Emergency Care Service is also available in Bombala MPS ED.

Delegate MPS Emergency Department is currently looking at a new model of care, as the MPS has no on site VMO coverage. The provision of a 'walk in' service enables care to be delivered by the nursing staff to patients who present without notice with minor injuries and illnesses. Nursing staff within the MPS will be supported in their role through protocols, Telehealth and an education program.

SURGICAL

The operating suite in Cooma Hospital has 13 operating days per month. On-call is provided for maternity services and minor orthopaedic and general surgery. Specialists provide common and intermediate procedures on good or moderate risk patients as per the role delineation level 3 of the surgical services. Specialities include orthopaedics, gynaecology, general surgery, caesarean sections and endoscopies.

Cooma is well supported by surgeons from Bega Hospital, offering surgical advice and accepting referrals.

[2] See appendix for full explanation of triage categories

MEDICAL

Visiting Medical Officers (VMOs) provide inpatient medical coverage for acute and chronic conditions. Medical inpatient services are available at both Cooma Hospital and Bombala MPS; the acuity of the patient and the role delineation level of the site will determine where the patient is treated, or transferred as necessary, to another facility.

Cooma Hospital inpatient rehabilitation is included within the general ward and physiotherapy/ rehabilitation department. Meetings occur once per week to develop rehabilitation plans, including occupational therapy, physiotherapy, speech pathology and social work. A rehabilitation nurse assists with carrying out rehabilitation plans. A physiotherapist works with orthopaedic clients. The rehabilitation clients also utilise the hydrotherapy pool.

Cooma Hospital has no designated paediatric beds. The role delineation level of Cooma Hospital along with policies allow paediatric clients to be observed closely for 24 hours within the general ward, with consultation occurring between GPs and a paediatrician. Referral for paediatrics is the Canberra Hospital.

MATERNITY

The maternity unit at Cooma Hospital consists of a 7 bed unit with two labour wards which are fully compliant with water submersion labours and has a Level 2 nursery. Antenatal classes offer information to women and partners and a variety of options for labour and delivery are provided.

The service has a community midwifery service providing outreach services in Bombala, Delegate, Cooma and Jindabyne and small surrounding communities. All antenatal care is provided by GP Obstetric VMOs in the GP rooms, sharing care with midwives employed by the GPs.

The service has a woman centred focus on safe birthing with 55% of women having spontaneous vaginal births with no medical intervention required (ObstetriX database 2013/14 statistics). Medical support consists of 4 General Practitioners (Obstetricians) and a monthly visiting Obstetrician/ gynaecologist from Sydney. Caesarean sections are provided as needed. The service also utilises the Newborn and paediatric Emergency Transport Service (NETS).

Telehealth services are available and are connected with NETS and the Canberra Hospital. Clinical supervision is provided by the Canberra Hospital (Centenary Hospital for Women & Children), the primary referral facility.

A visiting Obstetrician and Neonatologist from ACT Canberra Hospital provide education and clinical review to ensure safe governance for the maternity service.

7.2. MULTIPURPOSE SERVICES - RESIDENTIAL AGED CARE AND HOME PACKAGES

Bombala MPS has ten (10) residential high care places and Delegate MPS has nine (9). Both services provide respite care. Four Community Aged Care Packages have been brokered to Currawarna (the hostel in Bombala) for the delivery of community services.

7.3. COMMUNITY BASED HEALTH SERVICES

Patients can access a comprehensive range of community based services across the Monaro provided to the patient in the most appropriate setting.

All community based allied health services provide work across both the Cooma Hospital and community setting. They also provide specific outreach services to Bombala and Delegate MPSs, and the Jindabyne Community Health Centre. The allied health services are managed by the Cooma Community Health Allied Health Manager. The ratio of time between inpatients and the community setting fluctuates depending on need and the discipline.

Cooma Community Nursing Services also provide specific skills, assessment, consultation, and education requirements to Cooma Hospital and outreach centres. These services are managed by the Community Health Nurse Unit Manager.

There are two Community Health Centres on the Monaro at Cooma and Jindabyne. Bombala and Delegate MPSs provide Community Nursing Services and Child and Family Health Nursing.

CURRENT COOMA COMMUNITY BASED SERVICES

The following tables outline the community based health services available in the Monaro and where they can be accessed.

Table 9. COOMA COMMUNITY BASED SERVICES AND OUTREACH

Nursing	Cooma	Bombala	Delegate	Jindabyne	Service Provided
Generalist Community Nursing and DVA Nursing contract	✓	Local service	Local service	✓	A range of Nursing Services provided in home or clinic e.g. post-acute care, wound care, post chemotherapy follow-up, chronic disease management, palliative care, cancer care support, DVA for eligible clients.
Home and Community Care Nursing	✓	Local service	Local service	✓	Support to frail older people, younger people with a disability and their carers.
Childhood immunisation and school based immunisation program	✓	Local service	Local service	✓	Childhood Immunisation program and school based immunisation program as per National schedule
Child and Family Nursing	✓	Local service	Local service	✓	Universal home visits for all new babies, follow-up visits if needed in home or clinic. Family First Safe Start program for vulnerable mothers and babies. Breast feeding, sleep and settling advice. Child health checks as per the blue book.
Continence Nurse	✓	Access to Cooma Clinic	Access to Cooma Clinic	✓	Assessment, practical assistance, referral, education for clients to self-manage. Education to staff.
Stoma Therapy	✓	Access to Cooma site	Access to Cooma	✓	Pre-op assessment, post-op management and client education to self-manage their

Nursing	Cooma	Bombala	Delegate	Jindabyne	Service Provided
			site		care. Education to staff.
Wound Clinic	✓	Access to Cooma Clinic	Access to Cooma Clinic	✓	Wound assessment, management, advice, referral and education. Service provided according to the Australian Wound Management standards.
Diabetes Educator	✓	✓	✓	✓	Education to newly diagnosed diabetics, gestational diabetes, insulin management, referral, support and follow-up as required. Education to staff.
Palliative Care Nurse	✓	✓	✓	✓	Assessment, care planning, symptom relief and support as consulted with client, family and GP. Assist in maintaining quality of life and end of life dignity. Provides a Palliative Care support group and education to staff.
McGrath Breast Care Nurse	✓	✓	✓	✓	Pre and post op breast care support. Men and women.
Cancer Care	✓	✓	✓	✓	Pre and post op support to people with a cancer diagnosis. Link between local and tertiary care centres to maintain continuity of care.
Women's Health	✓	✓	✓	✓	Women's Health checks, pap tests, breast checks, follow-up of pathology, referral. Service targeting outreach areas, and Aboriginal access and health. Provides education.
Foot care	✓	No	No	✓	Provided to older people following a foot assessment to identify if the client has any at risk health issues requiring a podiatry service. Access is for clients who have an impairment that prevents them from maintain good foot care.
Audiometry	✓	✓	No	No	Hearing test for children and adults.
Oncology	✓	Access to Cooma Clinic	Access to Cooma Clinic	Access to Cooma Clinic	Administer client chemotherapy and other forms of treatment as per individual plan.
TB services	✓	✓	✓	✓	As per the NSW Public Health Act 2010 provide tuberculosis screening, contact tracing/ follow-up and implement treatment plans as required.
Aged Care Assessment Team	✓	✓	✓	✓	Assessment for older people requiring residential care, respite care, home care packages level 1, 2, 3, 4 and to the restorative Transitional Care Program post discharge from Hospital.

✓ Denotes Cooma Services and type of outreach service provided from Cooma to other Centres

Table 10. COOMA COMMUNITY BASED SERVICES AND OUTREACH (ALLIED HEALTH)

Allied Health	Cooma	Bombala	Delegate	Jindabyne	Service provided
Sexual Assault service	✓	✓	✓	✓	Prioritised according to SAS triage. Medium to long term service working with victims, non-offending carers and families.
Child Protection counselling	✓	✓	✓	✓	Work with vulnerable children and carers at 'risk of significant harm' referred on by FACS Community Services.

Allied Health	Cooma	Bombala	Delegate	Jindabyne	Service provided
Dietetics	✓	✓	✓	✓	Addressing a range of dietary issues for inpatients and community clients. Also involved in health promotion.
Physiotherapy	✓	✓	Access to Bombala or Cooma sites	Access to Cooma Site	Assessment and treatment of adult musculoskeletal, neurological and orthopaedic problems. Treatment for children with orthopaedic disabilities.
Occupational Therapy	✓	✓	✓	✓	Service includes: home assessment and modifications, equipment prescription, education.
Speech Therapy	✓	✓	✓	✓	Assessment and management of communication disorders and related learning problems in children. Adult inpatients & follow-up.
Transitional Aged Care Program	✓	✓	✓	✓	For eligible older people, provides short term restorative care to optimise their functioning and independence after a hospital admission.
Dental Services	✓	Access to Cooma Clinic	Access to Cooma Clinic	Access to Cooma Clinic	Eligible adults and all children under 18 years of age can access general dental services. Appointments via 1800450046
Chronic and Connecting Care	✓	✓	✓	✓	Provides client centred integrated plans of care and case management for people with a chronic health condition.
Podiatry (home and community care) and Chronic at risk podiatry	✓	✓	✓	✓	Services provided to people who receive the aged care pension, frail older people, people with a disability who have a health care card or people assessed as having at risk feet due to their health condition.

CHILD AND FAMILY SERVICES

The SNSWLHD 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); Safe Start model of care improving mental health outcomes for parents and infants; and childhood and school based immunisations programs. Speciality visits are provided from the Child, Infant and Family Tertiary Genetic Service (CIFTS), based in Goulburn for developmental and behaviour issues. There are networks with other government and non-government agencies to provide integrated and coordinated models of care such as Family Case Management which brings multiple agencies together to provide a planned and coordinated approach that best meets the needs of families.

PALLIATIVE CARE

Community Health Nurses work closely with the local Palliative Care Clinical Nurse Specialist, District Clinical Nurse Consultant and the multidisciplinary team providing palliation across all three shires to inpatients and outpatients. NSW Ministry of Health and national initiatives will introduce new models of care such as the Ambulance afterhours Authorised Palliative Care Plan, Hammond care packages and a state-wide After Hours Palliative Care Phone Advisory Service. These services in collaboration with primary care providers and GPs will provide further support and care for palliative care patients and their families in meeting the needs of patients who wish to live out the remainder of their life in the comfort of their home.

AGED CARE, REHABILITATION AND CHRONIC DISEASE SERVICES

Southern NSW LHD provides a range of services and programs that aim to enable older people, people with chronic health conditions and those requiring rehabilitation to maximise their independence, dignity and wellness. Services available in the Monaro region include:

- Aged Care Assessment Team- The primary role of ACAT is to comprehensively assess the physical, medical, psychological and social needs of frail older people and to assist them and their carers to access the most appropriate service available in the community that will meet their care needs.
- Transitional Aged Care Program (TACP) - Provides short term restorative care to optimise the functioning and independence of older people after a hospital stay.
- Care Navigator – provides a short-term care coordination service, in both the acute and community, for older people with complex presentations and those with chronic disease.
- ComPacks - is a case-managed package of care for up to 6 weeks after discharge from hospital. This service has been established for people who need two or more community services to ensure they can return home safely with appropriate care in place.
- Continence Advisory Service - offers continence assessment, practical assistance and education to patients to enable them to self-manage.
- Home and Community Care (HACC) services (Community nursing and podiatry) provide support to frail older people, younger people with a disability and their carers.
- Community nursing (DVA) – Community nursing service available to eligible Veterans.
- Hydrotherapy pool - available for inpatient and outpatient rehabilitation.
- Cardiac rehabilitation - providing cardiac rehabilitation following a cardiac event or cardiac surgery.
- Pulmonary rehabilitation - a program of exercise, education, and support to help clients learn to breathe and function at the highest level possible.

7.4. ABORIGINAL HEALTH SERVICES

Due to the relatively small number of Aboriginal people living in the Monaro region, services are provided through mainstream services to the Aboriginal and Torres Strait Islander population in collaboration with other services within the region and the SNSWLHD Aboriginal Health Service Manager.

7.5. ORAL HEALTH

Eligible adults (holders and dependants of a Pensioner Health Benefit Card or a Health Care Card) and all children under 18 years of age can access general dental services through the community dental clinic based in Cooma. 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 SNSWLHD 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 Cooma Community Dental Service.

7.6. PROGRAMS FOR THE WHOLE OF POPULATION (HEALTH PROMOTION)

Health promotion priority programs are implemented by a member of the health promotion team. There is extensive community engagement through preschool and school settings and community settings to deliver the Healthy Children Initiative and community settings to deliver Falls Prevention, Tai Chi programs and tobacco reduction strategies. The 'Stepping On' falls prevention program and coordinating falls prevention strategies are linked to acute care service provision.

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.

7.7. MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES

The Cooma specialist community Mental Health Drug and Alcohol service (Cooma MHDA) is based at the Cooma Hospital Campus and operates between the hours of 8.30am and 5pm Monday to Friday. The team provides services across the lifespan with staff specialising in Child and Adolescent, Adult and Older Persons Mental Health as well as Drug and Alcohol treatment. The service offers crisis intervention, assessment, case management, treatment and consultation with a focus on assertive treatment for serious mental illness. Although based in Cooma, outreach clinics are conducted regularly in the Bombala and Jindabyne health centres. The service offers home visits to all areas of the region.

The service can be accessed by contacting the 24 hour NSW Mental Health Line on 1800 011 511.

The Mental Health Emergency Care Service is a 24 hour-7 day service available in the Emergency Departments at Cooma hospital and Bombala and Delegate MPSs. The Mental Health Emergency Care Service (MHECS) provides comprehensive mental health assessment via high resolution video-link as well as telephone support to the ED and ward staff.

Inpatient care for mental health and drug and alcohol issues is provided locally at Cooma hospital and Bombala MPS for low complexity and low risk voluntary admissions, with support from the Cooma MHDA. Admissions with higher complexity and risk, and involuntary admissions under the NSW Mental Act (2007) are available at Goulburn and Bega. Specialist child and adolescent inpatient services are available at Campbelltown, Orange and Shellharbour.

7.8. RENAL SERVICE

There is a self-care unit within the Cooma Hospital which consists of two chairs for carers and clients to utilise. This facility will remain in Cooma Hospital to be utilised by the Monaro community.

A renal dialysis unit (4 chair satellite unit) opened in August 2014. The service will operate one shift, 6 days per week. A renal outreach service will also be provided from Bega Valley Health Service.

SNSWLHD has a renal agreement with ACT Health, which provides for a renal specialist from the ACT to visit Cooma every 2 months.

7.9. CANCER CARE

Oncology Unit: An oncology service has been established in Cooma. The unit has 5 chairs and operates 3 days per week. The pilot model was designed to support an identified community need. The unit provides access for clients to services that are closer to home, provides chemotherapy treatment and ensures optimal patient care and health outcomes. A partnership of shared care between oncologists in the ACT and local rural GPs and nursing staff is being utilised in this service. Clients have their own oncologist in Canberra and are referred privately to the service. Technology is also utilised to enhance client care, with Skype being available in the unit. Services provided include: Oncology haematology; delivery of chemotherapy and immunoglobulins; immunology; dermatology and rheumatology.

All outpatient medications are provided through the Pharmaceutical Benefits Scheme (PBS), the clinics are private and all medications are sourced through a third party provider. SNSWLHD provides the nursing resource for the outpatient clinics and oncology units and travel expenses for the Specialist Medical Staff.

Cancer services provided include:

- McGrath Breast Care Nurse supporting men and women with breast cancer, 3 days a week
- Cancer Care Coordinator supporting people living with cancer,1 day per week
- Visiting Oncology Social Worker, 1 day a fortnight
- Palliative Care Clinical Nurse Specialist, 9 days a fortnight
- Community Nursing service and Community Health Services

The Cancer services are supported by the Monaro Committee Cancer Research, NSW Cancer Council, Home Living Support Services, Home Care and Community Transport.

8. WORKFORCE

Monaro Health Services recognise the role of all members of the workforce including health professionals, support staff and volunteers in supplying safe, efficient, sustainable services across the region. The SNSWLHD Health Services in the Monaro employ approximately 243 full-time equivalent staff (May 2014).This includes nursing, allied health and administrative staff.

To grow a sustainable workforce (attracting and retaining) is a priority for the Monaro services. A number of strategies are in place to address the shortage:

- Increasing student clinical placements
- Increasing the number of new graduate nurses employed, including a metro/rural rotation in partnership with Royal North Shore Hospital for 2015 intake
- Significant improvements have been made to staff accommodation through Health Workforce Australia funding and the generosity of the Cooma Lions Club.
- The Delegate Auxiliary have recently updated the accommodation at Delegate MPS

- The newly formed Monaro Regional Health Services will develop a nurse bank as an option for staff who wish to rotate between sites. Rotation to other hospitals will be encouraged to support further enhancement of knowledge and skills.

The Medical Workforce consists of 19 General Practitioners (GPs) as Visiting Medical Officers (VMOs) providing care to inpatients and Emergency Department patients. This includes 6 GP Anaesthetists and 4 GP Obstetricians as well as a range of specialist VMOs in General Surgery, Obstetrics, Gynaecology, Orthopaedics, Gerontology and Psychiatry. A specialist Obstetrician/Gynaecologist provides a monthly service. A specialist anaesthetist provides a support role for education and clinical support.

Bombala MPS and Delegate MPS have two GP VMOs who provide services to the communities.

VISITING SPECIALIST MEDICAL CARE

Specialists visiting Cooma:

- Geriatrician-from Canberra, monthly
- Psychiatrist-from Canberra, weekly
- Orthopaedic Surgeon-from Bega, quarterly
- Gastroenterologist-from Canberra, three surgeons, every 5 months
- General Surgeon- from Canberra monthly and from Bega monthly
- Obstetrician/ gynaecologist- from Sydney, monthly
- Australian Hearing Service-from Canberra, monthly
- Child Infant and family Tertiary Service-from Goulburn, every 2 months (includes paediatrician, occupational therapist, speech pathologist and psychologist)
- Bloom Hearing Specialist-from Canberra, fortnightly
- Canberra Eye Hospital-ophthalmologist and nurse, quarterly

Specialists visiting Bombala MPS:

- Optometrist-three times a year
- Massage therapist-monthly
- Sapphire Coast Physiotherapy–(private physio) weekly
- Audio Clinic – private, monthly

Gaps identified in the workforce include allied health professionals and nursing across the region and medical workforce in Bombala and Delegate. The lack of an available pool of casual nurses is a gap limiting the services ability to increase bed capacity.

9. TRENDS AND PROJECTIONS

9.1. DEMAND FOR INPATIENT SERVICES BY MONARO RESIDENTS

The demand for inpatient services has remained stable over three years, in line with the small growth in population. (Inpatient services exclude chemotherapy, renal dialysis and unqualified neonates). Between 2010/11 and 2012/13 there was on average per year, 5,300 hospital admissions to public and NSW private facilities for Monaro residents. (Admissions to private facilities in ACT are not available at time of writing).

Monaro acute inpatient services cater for about 54% of the inpatient hospital demand for Monaro residents. This compares favourably with peer groups of hospitals e.g. Young 48%, Cowra 51%. ACT public facilities provide about 25% of inpatient demand, NSW private facilities 8% and Bega 5%.

- Bombala LGA residents receive about 47% of inpatient care in Monaro hospitals (23% in Bombala MPS and 24% in Cooma Hospital), 21% flow to the ACT, 10% to NSW private facilities and 14% to Bega Hospital.
- Cooma-Monaro LGA residents receive about 59% of inpatient care in Cooma Hospital, 24% flow to the ACT, 5% to NSW private facilities and 4% to Bega Hospital.
- Snowy River LGA residents receive about 50% of inpatient care in Cooma Hospital, 24% flow to the ACT, 13% to NSW private facilities and 3% to Bega Hospital.

(It should be noted that the ACT private hospital data is not available at time of writing. There is a flow to private facilities in the ACT which accounts for about another 12% of flows).

Of the 5,300 hospital admissions about 7% are acute psychiatric and sub-acute admissions. Monaro facilities provides for about 38% of these admissions (49% of acute psychiatric, 23% of rehabilitation, 70% of palliative care and 40% of maintenance care) with other SNSWLHD facilities providing a further 21% and about 24% being provided in ACT public facilities.

9.2. SUPPLY OF INPATIENT SERVICES BY MONARO HOSPITALS

For the three years 20010/11 to 2012/13, Bombala MPS and Cooma Hospital supplied on average 3,300 episodes of inpatient care per year, with an average of 9,880 beddays per year.

Bombala MPS:

- Supplied an average of 238 separations[3] and 1,357 beddays per year.
- Average length of stay (ALOS) was 5.7 days
- The top Service Related Groups (SRGs) are Respiratory Medicine, Cardiology and Gastroenterology, which is in keeping with the role delineation level of the MPS
- Eighty eight percent (88%) of hospital separations in 2012/13 were for Bombala LGA residents, 7% were from Victoria (East Gippsland) and 2% from Bega Valley.

[3] **Separation** from a **healthcare** facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer. The number of **separations** is the most commonly used measure of the utilisation of hospital services

- In the financial year 2012/13 there were 1,762 ED presentations, 76 of those being from the state of Victoria.

Delegate MPS:

- The Emergency Department is operating at level one (able to provide first aid and treatment prior to moving to higher level of service). In the financial year 2012/13 there were 302 presentations (56 of these were Victorians). There is very limited VMO coverage (maximum of 2 half days per week). The ambulance is on bypass for Delegate MPS.

Cooma Hospital:

- Supplied an average of 3,085 separations and 8,858 beddays per year.
- In 2012/13 seventy percent (70%) of the separations were medical (excludes chemotherapy, renal dialysis and unqualified neonates). Thirty percent (30%) surgical and procedural separations.
- The overall average length of stay for 2012/13 was 2.9 days
    - Medical separations have an average length of 3.5 days
    - Seventy nine percent (79%) of surgical separations are day only. With overnight ALOS being 3.0 days.
- The top Service Related Groups (SRGs) for medical services are Cardiology, Non Subspecialty Medicine, Respiratory Medicine, Gastroenterology, Obstetrics and Orthopaedics.
- The top Service Related Groups (SRGs) for surgical services are Diagnostic GI Endoscopy, Orthopaedics, Gynaecology, Gastroenterology and Obstetrics.
- Over the three year period (2010/11 to 2012/13) the number of births at the Cooma Hospital has dropped slightly but with small numbers this many not be of significance. The Hospital averages around 170 births per year with 55% of women having spontaneous vaginal births with no medical intervention required. In 2012/13 vaginal births had an ALOS of 3.3 days whereas caesarean births averaged 5.0 days.
- Of the average 190 births to Monaro women per year about 81% are birthed in Cooma Hospital with a further 12% birthing in ACT public facilities, and a further 7% choose private facilities.
- Fifty five percent (55%) of hospital separations in 2012/13 were for Cooma-Monaro LGA residents, 26% from Snowy River, 6% from Bombala LGA, (87% for Monaro residents), 2% from Bega Valley and another 11% from Australian wide.

COOMA HOSPITAL INPATIENTS – WINTER SPIKE

There is a dip in separations in summer that could relate to the theatre closures over Christmas (usually between 2 and 4 weeks). Autumn and spring are fairly steady. There is a spike in winter, on average the season has about 28% of the inpatient activity but is up only about 100 episodes for the season (about 1 a day) compared to the other seasons.

Urgency of Admission: Overall the site has more emergency admissions than obstetric and planned admissions. There is a spike in winter emergency admissions, although in 2012/13 there wasn't such a spike compared to other years.

Emergency Service Related Groups (SRGs): Looking at the top 10 emergency admissions, there are spikes in the orthopaedic SRGs in winter (with the exception of 2012/13). The winter spikes are also in cardiology (except for 2012/13 with a spike in respiratory

medicine). Interesting to note that the winter spikes in emergency SRGs relate more to medical rather than surgical. There are small numbers but a definite spike in winter emergency neurosurgery compared to other seasons.

9.3. PROJECTIONS

GENERAL INPATIENT ACUTE

The need for acute services and subsequently the need for overnight and day only beds within Monaro is projected to be a slow growth only. The current bed stock is sufficient for Monaro to beyond 2022, with the current bed stock of 37 beds and 4 surgical day only at Cooma Hospital (total 41) and 8 medical acute beds in Bombala MPS.

- Bombala MPS has an average of 238 acute separations per year. Bombala MPS activity is expected to grow slowly to about 290 separations, (1,421 beddays) equating to the need for 5 beds at 75% occupancy.
- Cooma Hospital has an average of 3,085 separations. This is projected to rise slowly over the next 8 years in Cooma hospital to about 3,531 separations or 10,668 beddays equating to the need for 39 beds at 75% occupancy.
- Included in the above:
    - Maternity which shows no projected growth. Showing a need for 3 beds at 75% occupancy (currently 7 beds).
    - Surgical will grow slowly with a projected need for 3 day only beds and 2 overnight at 75% occupancy (currently 4 day only beds)

RENAL DISEASE

In SNSWLHD, 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 Australia (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.

The *Revised Projections of Demand for Renal Dialysis Services in NSW to 2021 p*rojected that the Monaro region (which includes the Monaro region plus Queanbeyan and Palerang LGAs) would have 42 renal patients requiring dialysis by 2016 and 52 by 2021 with an average annual percent increase of 6.7%.

The (4) chair satellite dialysis unit in Cooma will originally be staffed and funded to accommodate 8 patients. The shifts and staffing will be monitored and adjusted according to demand.

ONCOLOGY SERVICES

Southern NSW LHD has a high proportion of people 65+ years with 17% of the population being in this age group. Southern NSW LHD is predicted to have a 70% increase in cancer diagnoses by 2021 mainly due to the increase in the number of patients aged 65 or older. 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.

Table 11. PROJECTED NEW CANCER CASES BY LOCAL GOVERNMENT AREA:

Local Government Area	2011	2016	2021
Bombala	18	19	19
Cooma Monaro	64	71	78
Snowy River	35	44	53

**NSW Population projections for cancer by Local Government Area and year of diagnosis*

The Cancer Institute NSW (2011) expects there to be a 13% increase in the number of cancer deaths between 2006 and 2021. The number of projected deaths is expected to increase by 33% in SNSWLHD. The variations are due to:

- Age specific death rates by cancer site
- The proportion of the population of the LHD that is over 65 years of age
- The expected increase in the projected population, particularly in people aged 65+ years
- Cancer represents a significant burden of disease, with SNSWLHD having a higher burden than the National average

MENTAL HEALTH AND DRUG AND ALCOHOL SUPPORT

The NSW Population Health Survey 2011 found that in both NSW and SNSWLHD, 10% of people aged 16 years and over experienced high or very high levels of psychological distress in the month prior to being surveyed. In SNSWLHD in 2011-12 there were 360 hospitalisations (124 males, 236 females) where self-harm was identified (a rate of 204/100,000 population, compared to the state-wide rate of 130/100,000). The self-harm rate for females aged 15-24 years is higher and has been increasing since the mid-1990s (619/100,000 in SNSWLHD; 415/100,000 in NSW).

Suicide rates have been dropping in NSW since 1997; 592 people died by suicide in 2011 of whom 76% were males. In SNSWLHD, there was an annual average of 22 deaths from suicide in 2007-2011.

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. Over a three year period the non inpatient occasions of service have remained steady, with around 36,280 Non-Admitted Patient Occasions of Service (NAPOOS) per year for the Monaro region. It has been identified that perhaps not all data has been reported and the data will be further analysed over the next two years.

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

10. SNSWLHD STRATEGIC DIRECTIONS

Southern NSW LHD plans and budgets as a whole District. Due to the low population numbers spread out over a large distance, the development of service networks and the formalisation of links between lower and higher level services aims to ensure that small sites are supported and provision of health care to the local community can be sustained.

The networks are developed around hubs in Bega Valley, Goulburn and Eurobodalla. In the smaller hospitals and MPSs standards are maintained appropriate to the role delineation levels.

The health services within the Monaro region play an important role in delivering secondary level services to its communities. The ACT will remain the main tertiary referral service. The South East Regional Hospital (SERH) will be developed to provide a higher level service than Cooma Hospital, but not to a tertiary level service. As SERH recruits specialists, there may be opportunities for people to receive care in the Bega Valley with less waiting times than in the ACT.

As there is little growth predicted for the Monaro region over the next 5 years, this Monaro Regional Health Services Plan does not advocate for any major increases in services but rather looks at how best to continue to provide safe, efficient services focusing on identified areas of need. Due to travel distances to the ACT, Queanbeyan and Bega Valley by Snowy River and Bombala Shire residents (2 hours or more) the plan advocates that current acute services continue to be supported.

11. BLOCK FUNDING MODEL

The SNSWLHD Health Services in the Monaro are block funded on historical allocations. At present in order for facilities/services to be funded via the Activity Based Funding model[4] the activity needs to be around 3,500 National Weighted Activity Units (NWAUs); Cooma Hospital's activity is around 1,880 NWAUs.

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'[5]. 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.

Block funded sites have an escalation pricing built in, based on the Consumer Price Index. As there is little growth projected for the communities within the Monaro, the services will not see any major increase in funding under block funding over the life of this plan.

The Ministry of Health is considering changing the funding model, from block funding to ABF, for District hospitals i.e. hospitals the size of Cooma hospital. If or when this could happen is not known at this time and therefore this plan is based on the assumption that block funding will continue. However it would be remiss of SNSWLHD not to flag the possible challenges the move to an ABF model could pose for Cooma Hospital. The table below presents a possible scenario of the difference in funding allocation between block funding and ABF for

[4] See appendix for explanation of Activity Based Funding Model

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

admitted inpatients in Cooma Hospital. It is an estimate only, but demonstrates (for inpatient services) that the facility could have a $671K expenditure deficit under ABF funding.

If Cooma Health Service is funded in the future under an ABF model, the staff will be provided with an extensive education process to prepare for the change.

Table 12. ESTIMATE OF VARIANCE – BLOCK FUNDING VS. ABF

	NWAUs	Funding Price	ABF Allocation	Actual Running Cost / NWAU	Actual Cost	Variance
Acute (inc new renal NWAUs)	1978	$4,583	$9,065,174	$4,827	$9,547,806	-$482,632
Sub-Acute	101.48	$4,583	$465,060	$4,827	$489,820	-$24,760
ED	670.35	$4,583	$3,072,214	$4,827	$3,235,779	-$163,565
Total			**$12,602,448**		**$13,273,405**	**-$670,957**

Source: Performance and Analysis Unit SNSWLHD

Although Cooma Hospital is not funded under Activity Based Funding model, activity is provided as a comparison to other District Hospitals. The average NWAU (excluding renal dialysis, chemotherapy and unqualified neonates), for a six month period June-December 2013, was 0.63 for Cooma Hospital, 0.68 for Batemans Bay hospital and 0.97 for Moruya hospital, indicating the higher level of service provided at Moruya and Batemans Bay.

The Grattan Institute in March 2014 released the paper 'Controlling costly care: a billion-dollar hospital opportunity' developed by Stephen Duckett and Peter Breadon. It states that public hospital spending is the fastest-growing area of government expenditure and that one billion dollars is 'simply being spent inefficiently and could be better spent'. Avoidable costs are due to many reasons, a few identified are: length of patient hospital stays; readmissions in 28 days; ED re-presentation; prices of supplies; number of tests per patient; amount of medication per patient; number of staff per patient and staffing of 'empty beds'.

Cooma Hospital and Community Health Services have developed strategies to align budget with expenditure and it will be imperative that the service continues to monitor and look to ways to control any avoidable costs and maximise revenue.

In order to make the most of budget dollars and provide safe effective health services, Monaro Health Services need to decrease the number of unplanned readmissions by increasing the focus on discharge planning, 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.

12. THE FUTURE

The Monaro Regional Health Services aim to:

- Provide a tailored service to clients with emphasis on clients, family and carers having a greater say in their health care
- Increase productivity and enhance service quality
- Integrate with other health service providers

Monaro Regional health staff will work together across all services looking at new ways to work as teams and deliver services that allow the patient to navigate services smoothly and easily.

12.1. DEVELOP AN IDENTITY AS MONARO REGIONAL HEALTH SERVICES

The health services in Bombala, Cooma-Monaro and Snowy River shires will be rebranded as a collective as Monaro Regional Health Services (MRHS). Each site will retain their individual name however the regional service will be known as Monaro Regional Health Services. In order to achieve this there will need to be a change in culture, recognising the region as a whole and not as single sites.

1. Develop an identity as Monaro Regional Health Services
Key Actions: **a) Planning for services to consider the needs of communities within the Monaro collectively** **b) Develop a common overview for Monaro Regional Health Services** **c) Monaro Regional Health Services to be referred to throughout all documentation** **d) Develop a staff nurse bank for Monaro Regional Health Services** **e) Introduce a voluntary rotation of staff through the service to maintain and update skills** **f) Develop a Rural Clinical School in conjunction with Charles Sturt University, University of Wollongong, Cooma University Centre and the Australian National University to provide academic support, clinical supervision and research opportunities for staff and students**

12.2. DEVELOP A REGIONAL COMMUNITY HEALTH SERVICE

In line with developing a Monaro Regional Health Services identity, the community health services will in future be known as Monaro Regional Community Health, providing services to all communities within the Monaro region. Providing the services as one will allow for a more equitable distribution of service provision, delivering the services where most needed to support people to live well and independently in the community, avoiding unnecessary hospital admissions.

At present Cooma Community Health provides services for Cooma-Monaro residents with outreach services to Jindabyne and some outreach to Bombala LGA. These services are outlined in Table 9 (Section 7), they include child and family services as well as adult services.

The Community Health team provide a very high level of service and programs that are assisting in reducing the need for hospital admission and enabling earlier discharge from

hospital. The services and programs aim to keep people healthy, provide support to self-manage chronic health conditions, provide restorative care and manage appropriately assessed acute care in the community.

Data analysis does not support the need for a funded Hospital in The Home program at this time. The needs of the community are being met with Community Health and acute services working closely and providing appropriate acute care to patients in the community as required.

The NSW Ambulance and SNSWLHD are working closely to develop strategies and models to avoid unnecessary transfers/admissions to hospital. The Paramedic Connect Program gives paramedics the skills to expand patient treatment options and is based on local needs with a goal to enhance local health care services in communities where services may be limited.

Bombala MPS and Delegate MPSs provide services to support people both in the home and within the MPSs. The community health model supports clients to live independently in their chosen environment. The Delegate MPS has a service agreement with Orbost Regional Health to provide services outside the LHD to the communities of Tubbut, Bendoc and Bonang. Both Bombala MPS and Delegate MPS conduct a Wellness clinic that enables community members to seek advice and receive treatment for non-urgent conditions on a short term basis.

SNSWLHD Community Health Directorate has strategic and leadership responsibility for community based health services. In mid-2014, the Directorate, with local managers began a process of identifying the priorities and core business of community health services. This process is designed to gain an understanding of what core services could look like, where there are service overlaps with other service providers and what is the potential for service collaboration, integration and service partnership, internal and external to keep people well and living independently in the community. (See section 12.9 for integration strategies)

There will be a number of changes in Palliative Care across the SNSWLHD over the next several years, which will help to inform changes that will occur in the Monaro region. Participation in the National Standards Assessment Program is one of the main drivers of change which will include structured self-assessment and development of an action plan to address identified gaps.

2. Develop a regional Community Health Service

Key Actions:

a) **Develop one Community Health Service across the Monaro-to be referred to as the Monaro Regional Community Health Service. Bombala and Delegate Community Health Services to become part of the Monaro Regional Community Health Services.**
b) **Review service provision across the Monaro region using an equity lens[6]**

[6] Equity can be considered as being equal access to services for equal need, equal utilisation of services for equal need and equal quality of care or services for all. Central to this is the recognition that not everyone has the same level of health or capacity to deal with their health problems, and it may therefore be important to deal with people differently in order to work towards equal outcomes

2. Develop a regional Community Health Service

c) Respond to and adapt the service to the priorities outlined by the Community Health Directorate Community Health priorities review (expected late 2014)

d) Monaro Regional Health Services will respond to the changes in the Home and Community Care program as determined by the State.

e) Strengthen hospital avoidance strategies

- **Provide up skilling and education to staff to aide in developing models of care catering for Monaro residents**

f) Work with NSW Ambulance to develop joint plans that address avoidable transfers/admissions to hospital and enhance community health services.

g) Review the Monaro regional palliative care service against the NSW Palliative Care Strategic Framework, and align the service with this policy

h) Develop strategies to promote Advance Care planning and communication of end of life preferences across health care settings

JINDABYNE HEALTHONE

The only area that is showing growth in the Monaro is the Snowy River Shire with an expected growth from 7,900 people to about 8,300 people by 2021. There is an influx of population in the snow season and with the promotion of the Snowy Area as a summer destination, we can expect to see this influx spread to other seasons as well. Around half of the population of the Snowy River live in the villages, with the largest village being Jindabyne with around 2,500 people.

There is a Community Health Centre in Jindabyne offering outreach services from Cooma. The Snowy River Health Centre houses a Medical Practice, pathology, radiology, a pharmacy dispensary, physiotherapy and a number of allied health services.

To date identified gaps in service provision have focused on aged related services e.g. dementia and occupational therapy, however, looking at the population demographics and the number of families within the region, child and family services may also need to change.

The Jindabyne Community Consultative Committee, Jindabyne GPs, Medicare Local and SNSWLHD have consistently worked together to address areas of concern for the community which are outside the service agreement between the MoH and SNSWLHD i.e. timely transport to care; cost of ambulance services; residential aged care services and after-hours medical support.

SNSWLHD has received HealthOne capital funding to co-locate community health services with the Snowy River Health Centre. The co-location will aid the development of multidisciplinary team care for the community. The key features of HealthOne NSW services that distinguish them from other primary and community health services are:

- Integrated care provided by general practice and community health services
- Organised multidisciplinary team care
- Care across a spectrum from prevention to continuing care
- Client and community involvement

In addition to capital funding, Cooma Health Service receives HealthOne funding for a HealthOne project officer to be employed at Jindabyne. The role of the project officer is to develop and maintain a HealthOne model of care in Jindabyne to meet the growing needs of

the community. To execute an integrated service model, current relationships will be enhanced with key stakeholders, particularly with the GPs. Collaboration will assist in streamlining services, reducing duplication, creating systems to support a teamwork approach and provide a clear and seamless continuum of care.

As part of the HealthOne development a communication plan has been developed, ensuring the community and other stakeholders are informed throughout the building construction process and service model development.

Develop a regional Community Health Service
Key Actions: (Jindabyne HealthOne) **i) The Jindabyne HealthOne Project Officer in consultation with key stakeholders and the community will:** • **Conduct a service provision gap analysis** • **Develop a HealthOne model of care by June 2015** • **Work within the Monaro Regional Community Health to provide equitable access of services to the Jindabyne community** • **Ensure issues regarding transport, aged care services and after hours medical support are integrated into future collaborative work.**

Inpatient Services in Jindabyne

The Ministry of Health does not support the development of an MPS in Jindabyne at this time. The MPS model was developed to attract Commonwealth funding for small towns with a separate acute care facility and often failing separate or non-existent residential aged care facilities. The MPS program is about transitioning existing small facilities to the MPS model. It was never intended as a program to provide acute services in all towns or to replace non-government residential aged care facilities.

The Ministry of Health no longer support the development of low care residential aged care places within new 'transitioning' MPSs, meaning any development in Jindabyne would be for a small facility of approximately 14 residential aged care beds (high care). Running a small service is not cost efficient and would prove difficult to staff.

Providing safe and sustainable services in rural areas is proving difficult across the state. One effective measure to counteract this is to concentrate services wherever possible in a central location, as is the case with the concentration of services within the Cooma Hospital as the hub for the region. MPSs are usually built with a small number of sub-acute beds, adding more 'beds' to the region will take away from the hub (Cooma Hospital) and could affect what is possible to sustain within the Cooma Hospital for the Monaro region.

The Commonwealth funds residential aged care along with community packages. The Commonwealth uses the number of people aged 70 years and over as an initial means of determining need within an area (the number of beds within a region are also taken into account and an in-depth analysis would be required before applying for funding). Using the formula, based on the Census 2011 data, there would appear to be a need of around 9 residential high care aged care beds for the Jindabyne area. Taking the Berridale and surrounding area into account and assuming approximately half may flow to Jindabyne for care, then it could be roughly estimated that Jindabyne could support 14 residential aged care beds (high care). Private providers, the usual providers of residential aged care, are finding that facilities of around 70 beds and more are required in order to be cost efficient.

12.3. Build a collaborative Maternity and Child & Family Service

To provide a collaborative service, Maternity and Child and Family Health Services will collaborate to bring together all of the care provided to children and families inclusive of mothers, babies, children and families. The stream will include nursing, midwifery, allied, medical and key support staff. The service will include antenatal care, maternity and birthing service, obstetrics, post natal, early childhood, and adolescent care with links to Mental Health and Drug and Alcohol, the District Aboriginal Maternal Infant Health Service (AMIHS) Aboriginal and GPs.

The maternity service at Cooma Hospital is held in high esteem in the community. Of the 189 births to Monaro women in 2013, 153 were born in Cooma Hospital. The 81% of women choosing to birth in Cooma is indicative of the high regard for the service. About 12% of women give birth in ACT public facilities and the further 7% choose private facilities.

The women are risk assessed during their pregnancy by the GP and by the midwife when booking in. The Cooma maternity service has strict criteria of who can birth in Cooma for safety reasons, ie, single babies over 37 weeks gestation. Consultations and referrals for women with risks are made to the appropriate service in the ACT. Mothers and babies are transferred to higher levels of care as required under the Role Delineation but once birthed may return for postnatal care at Cooma so they can be close to their family and friends.

The maternity service has an ageing but committed workforce with GP Obstetricians and midwives. General Practitioners are recognised as the main providers of pre-pregnancy care and support. The future workforce is actively being developed by providing support for clinical placements for nursing/midwifery and medical students. Future changes to the current model of care need to reflect contemporary maternity care as per 'Maternity - Towards a Normal Birth in NSW Policy Directive 2010_045' to encourage the new graduate clinicians to remain employed at Cooma.

The Monaro Regional Health Services will review how community midwifery and early childhood nursing services are provided so that early discharge is promoted and supported and the continuity of care is enhanced.

Although birthing numbers are low for a maternity service (165 in 2012/13), the geography of the region and weather conditions in winter make it imperative to retain the service in Cooma Hospital. Without it, people from Snowy River, Cooma-Monaro and Bombala shires would need to seek this service either in Queanbeyan, ACT or Bega Valley, resulting in a two-hour journey for people in Delegate/Bombala and Jindabyne.

3. Build a collaborative Maternity and Child & Family Service

Key Actions:

a) **Implement strategies to reduce smoking in pregnancy**
b) **Reconfigure maternity care in line with '*Towards a Normal Birth*' which includes from prenatal care to postnatal care supported through a multidisciplinary team including Child and Family nurses.**
c) **Work with the Aboriginal Maternal Infant Health Service to further develop culturally appropriate care for Aboriginal women**

3. Build a collaborative Maternity and Child & Family Service

d) Conduct a review of the community midwifery services to ensure timely and appropriate referrals are made to the Child and Family Health Service

e) Work towards developing a collaborative model of Maternity and Child and Family Health services.

12.4. Strengthen support for Emergency Departments

Delegate MPS is moving towards the implementation of a 'walk in service' which will enable care to be delivered to patients who present with minor injuries and illnesses to the MPS without notice. Patients who present will be managed by nursing staff trained to deliver care within treatment protocols. In the instance of a triage 1 or 2 presenting (i.e. with life threatening conditions[7]) the patient will be managed at Delegate until the ambulance retrieval is coordinated.

Cooma's ED is currently in the early stages of implementing the Emergency Care Institute's Nurse Delegated Emergency Care (NDEC) model of care. Patients of low acuity are assessed against strict inclusion criteria and if they can be managed under the NDEC model then the Registered Nurse may provide nursing interventions to manage symptom relief. The patient may then be discharged with specific follow up instructions. If the patient's symptom/s are outside of the protocol/criteria that the Registered Nurse can manage then a medical review with a Doctor must be sought.

Cooma Hospital Emergency Department VMOs give direct case by case phone support to Bombala and Delegate MPSs.

4. Strengthen support for Emergency Departments

Key Actions:

a) Delegate MPS will develop a 'walk in service" led by trained Registered Nursing Staff

b) Cooma ED will:

- **Introduce the Nurse Delegated Emergency Care model**
- **Be the integral link for Emergency Departments and support Bombala MPS ED through a hub and spoke model**

c) Utilise Telehealth initiative with ACT to assist in the care of critically ill patients in all of the Monaro Region EDs.

12.5. Improve access to Mental Health and Drug and Alcohol services

In line with state and national trends, the mental health service will increasingly focus on providing specialist treatment for acute and complex episodes of major mental illness. Partnerships with primary care services and NGOs will be strengthened as these other agencies become increasingly responsible for providing treatment and support for less complex and lower acuity mental illness.

[7] See appendix for full explanation for triage categories

The increasingly specialised nature of the service will require greater integration between service units and also with other service streams, as consumers with complex mental illness are more likely to have significant comorbidities. The service will aim to ensure a holistic approach to the psychiatric and physical care of mental health consumers through a continuum of care that effectively integrates all aspects of health service delivery.

The links between community and inpatient mental health services and the Emergency Departments will be strengthened, as will the availability of timely transport services to facilitate transfers to inpatient mental health services.

The Drug and Alcohol service will continue to operate under a harm minimisation philosophy, aiming to reduce the harm caused by the use of alcohol and other drugs by responding to all kinds of use and patterns of harm using a range of approaches. The service will strengthen the provision of evidence-based interventions for acute and complex drug and alcohol issues including withdrawal services, opioid substitution treatments, and consultation liaison support to general hospital patients. The service will develop more effective integration with the Emergency Department and the medical wards.

5. Improve access to Mental Health and Drug and Alcohol Services

Key Actions:

a) **Provide more timely and closer to home access to inpatient care with referrals to the MH inpatient unit in the South East Regional Hospital**
b) **Review and reconfigure community MHDA services within funding and current staff allocation to:**
   - **Improve outreach services from Cooma, treating people in their community as much as possible e.g. increase hours in Jindabyne**
   - **Strengthen relationship with our partners, NGOs and GPs**
   - **Expand Drug and Alcohol service by establishing outreach clinics in Bombala/Delegate and Jindabyne**
   - **Strengthen clinical governance and links to District-wide resources for services across the lifespan**
c) **Improve mental health services provided within the Cooma ED by further strengthening the MHECS service, improving transport to inpatient units, and declaring the ED under the NSW Mental Health Act (2007)**
d) **Develop a safe ED assessment and treatment room at Cooma Hospital and revise policies and guidelines to support this**

12.6. MAINTAIN SAFE AND SUSTAINABLE INPATIENT CARE

SURGICAL SERVICES

Ninety-seven percent (97%) of surgical services provided at Cooma Hospital is elective surgery. The type and number of surgical procedures is carefully planned within an allocated budget. Any increase would require a cost analysis/business case to be developed and funding would need to be sourced from the MoH before the increase could be implemented.

6. Maintain safe and sustainable inpatient care

Key Actions: (Surgical)

a) **Undertake a cost/needs analysis for possible increased elective surgery**

MEDICAL SERVICES

The medical services in Cooma Hospital will be enhanced by further collaborating with the Agency of Clinical Innovation (ACI) and SNSWLHD Clinical Nurse Consultants to ensure safe and efficient contemporary models of care are developed to address the major Service Related Groups i.e. Cardiology, Non subspecialty medicine and respiratory medicine.

Services will be delivered across the care continuum with Community Health and Acute services working together as an integrated team. (Section 12.2)

Maintain safe and sustainable inpatient care
Key Actions: (Medical) **b) Investigate the introduction of a medical stroke rehabilitation model in line with Agency of Clinical Innovation model** **c) Review cardiac and pulmonary rehabilitation programs** **d) Review and implement a rehabilitation program for inpatients** **e) Continue to improve the falls prevention program**

MULTIPURPOSE SERVICES

Bombala MPS and Delegate MPS are required by the Commonwealth to develop Service Statements every three years. These statements (April 2014) have set the direction for the two MPSs for the next 3 years and are an addendum to this plan.

The Community of Bombala LGA will continue to receive the majority of their inpatient care at Cooma Hospital, although as the SERH services come on line it is predicted that some of the community may wish to flow to the Bega Valley for some of the care previously provided in Cooma and in the ACT.

Maintain safe and sustainable inpatient care
Key Actions: (MPSs) **f) To reduce Length of Stay (LOS) of acute patients in Bombala MPS** • **In line with developing Monaro Regional Community Health review allied health hours delivered to Bombala Shire. E.g. Increase in physiotherapy and social work hours has the potential to reduce acute LOS** **g) Provide education to GPs on the benefits of changing care types. As Bombala and Delegate MPSs provide Residential Aged Care there are benefits in changing the patient from 'acute' to residential aged care, or providing an earlier discharge**

12.7. ENHANCE SERVICES FOR ONCOLOGY AND RENAL PATIENTS

ONCOLOGY AND RENAL

SNSWLHD is proposing a District wide approach for provision of cancer services with the ACT including funding arrangements. The negotiations are in early stages with no suggested outcomes available at the writing of this plan.

The Cooma Oncology service was developed under a 'shared care' model of service that provided access to treatment closer to home for patients but identified and addressed specialist medical workforce issues which limited the opening of more satellite centres. Patients visit their oncologist in Canberra and receive their treatment in Cooma under the direction of their oncologist and their GP.

The opening of the renal dialysis unit in 2014 has provided services closer to home for those requiring renal dialysis.

7. Enhance services for Oncology and Renal patients

Key Actions:

a) **Develop a shared care Telehealth Oncology model of care – patient and GP connecting with Oncologist in the ACT via Telehealth, to further reduce the number of trips for clients to Canberra**
b) **Work with the ACT Renal Specialists to increase the number of visits to Cooma**
c) **Pilot a Telehealth renal model of care as an adjunct to the visiting clinic. A nurse led model linking the ACT Specialist and patient**
d) **Link with Bega Valley to provide support for renal clinics and outreach services**
e) **Further develop the renal self-care unit as a training and support unit for people home dialysing**

12.8. DEVELOP WORKING LINKS WITH SOUTH EAST REGIONAL HOSPITAL

Cooma Hospital will remain a level 3 hospital and Bombala and Delegate MPSs level 1 to 2. The ACT will continue to be the tertiary referral service for the majority of care required for the Monaro community. The new South East Regional Hospital (due to come on line in 2016) will see higher level of services gradually introduced in the Bega Valley going from a level 3 service to level 4.

It is not the intention of this plan to change where people wish to receive their hospital care. Those seeking care in the ACT and in private facilities can and will continue to do so. As SERH recruits specialists, there will be opportunities for Monaro residents to receive care in the Bega Valley. One example will be inpatient mental health services, bed numbers in the Bega Valley will increase from 6 Mental Health beds to 20 which will mean more people can be accommodated in Bega rather than in Goulburn. Another service will be the rehabilitation model with 20 acute rehabilitation beds coming on line. Opportunities may also exist in surgical procedures.

Once the SERH is fully operational, the service will be well placed to partner with the Monaro Regional Health Service offering leadership and support for staff and services.

8. Develop working links with South East Regional Hospital

Key Actions:

a) **Work with the ACT and retrieval services to provide smoother deteriorating patient transfers (look at appropriate redirects to SERH)**
b) **The Bega Valley Health Services will work closely with the Monaro Regional Health Services:**
    - **Offering leadership and support for staff and services**
    - **Supporting strategies enabling the community to obtain services as close to home as possible and within an appropriate time frame.**

12.9. INTEGRATE WITH OTHER HEALTHCARE SERVICES

NSW Health services are moving to a Whole of System approach that looks at what happens within the hospital, hospital avoidance programs, post discharge care and community linkages. It looks at developing teams that work across settings and developing strong relationships with other stakeholders. The NSW Government has committed $120 million over four years from 2014 to 2017 to implement new, innovative locally-led models of integrated care across the state. "NSW must transform the health system to a more patient-centred integrated health system, with connected service provision across different healthcare providers and greater emphasis on community-based services that better supports people with long term conditions, and is financially sustainable in the long run"[8]. With this direction in mind the Monaro Regional Health Services will move to a whole of system approach.

9. Integrate with other healthcare services

Key Actions:

a) Develop an integrated model of care for Monaro Regional Health Services to include:

- **Seamless transition from inpatient to outpatient services - Strengthen linkages between Community Health, Emergency Department, Mental Health and Drug and Alcohol and Inpatient services with staff providing the pathway as opposed to the patient finding their way**
- **Strengthen links with Clinical District staff to ensure the District strategic view is incorporated into all decisions for the Monaro Regional Health Services**
- **Increase interaction with the Monaro Interagency Group to build and strengthen working relations with all service providers in the region**
- **Strengthen links with other service providers – formalise working arrangements rather than the current 'good will' arrangements**
- **Strengthen links with Residential Aged Care Facilities in Cooma and Berridale**
- **Develop strategies to reduce the need for Residential Aged Care clients to be transferred to an ED or Hospital e.g. GRACE[9] model**

12.10. IMPROVE ENGAGEMENT AND COMMUNICATIONS WITH THE COMMUNITY

ENGAGE WITH THE COMMUNITY

The Consumer and Community engagement policy states:

'Southern NSW Local Health District (SNSWLHD) will incorporate

- The views and needs of consumers and the community when planning, delivering, improving and evaluating health care
- Improved quality of SNSWLHD service delivery through consumer engagement in planning, delivery and evaluation of health care
- Increased consumer satisfaction with SNSWLHD services
- Improved provision of culturally appropriate health care

[8] Integrated Care- Info Summary www.health.nsw.gov.au 2014

[9] Under GRACE, hospital staff work in collaboration with general practitioners (GPs) and aged care facility staff to provide enhanced care "at home" for aged care facility residents.

- Training, support and education provided to consumers to enable their participation in health care planning and delivery.'

The Monaro Regional Health Services has four Community Consultation Committees (CCCs) which meet monthly and these committees are seen as the first port of call in the engagement of the community.

10. Improve engagement and communications with the Community

Key Actions:

a) To further endorse Monaro Regional Health Services:
- **The Monaro Regional Health Services will have combined meeting of the CCCs, once or twice per year**
- **The Manager of the Monaro Regional Health Services will attend Bombala and Delegate CCC meetings as is the current practice for Cooma and Jindabyne CCCs**

b) Volunteers and Auxiliaries are seen as invaluable asset to the health service.
- **To further engage with the community, volunteers will be invited to be involved in quality activities**

IMPROVE COMMUNICATION WITH STAFF AND THE COMMUNITY

Communication with staff and the community has been identified in community consultations as not being optimal. The Monaro Regional Health Services will seek to address these issues and review current strategies for community and staff engagement, with the aim of improving dissemination of information to staff and the community.

Improve engagement and communications with the Community

Key Actions:

c) Increase education to ensure staff are aware of and understand all aspects of the service and have correct information available to direct consumers into the right care

d) Work with the CCCs to develop the best means to promote and distribute information to the communities.

13. INFRASTRUCTURE INEFFICIENCIES

During the development of this Service Plan a number of inefficiencies have been identified within the Cooma Hospital which require infrastructure changes to address. While it is not the role of a Service Plan to make recommendations regarding infrastructure, the following are noted, as they impact on the provision of services within the facility:

- The maternity unit (7 beds) is too large for the number of births creating resourcing inefficiencies. Being located on a separate floor creates security and compliance issues around staff working in isolation. The isolation does not allow for the sharing of resources or easy access to the theatre and the clinical support services.
- The community health centre is overcrowded with little opportunity to introduce new models of care that support hospital substitution. By developing an Ambulatory Care Centre in close proximity to the ED and acute wards, the ability to provide a continuous model of care service to the clients would be greatly enhanced.

- The ED requires reconfiguration to enhance the work flow; there is no designated triage or clerical work area. To improve work flows, clinical support services should be placed near the ED.
- Expansion of the medical records and collocation with the ED would enable timely and accessible medical records.
- The radiology department is undersized for the expanded service and activity.

APPENDIX: ROLE DELINEATION

	Bega Hospital	Bombala MPS	Cooma Hospital	Delegate MPS	Pambula Hospital
	District Group 1	Multi-Purpose Services	District Group 2	Multi-Purpose Services	Community Acute With Surgery
Pathology	4	1	3	1	3
Pharmacy	4	2	3	2	3
Diagnostic Imaging	4	1	4	0	3
Nuclear Medicine	3	3	3	3	3
Anaesthetics	4	1	3	0	2
ICU	4	0	3	0	2
CCU	3	1	3	0	1
Operating Suite	5	0	3	0	2
Emergency	3	2	3	1	2
General Medicine	3	2	3	0	2
Cardiology	3	2	3	0	2
Dermatology	3	2	3	0	2
Endocrinology	3	2	3	0	2
Gastroenterology	3	2	3	0	2
Haematology	3	2	3	0	2
Immunology	3	2	3	0	2
Infectious Diseases	3	2	3	0	2
Neurology	3	2	3	0	2
Oncology - Medical	3	2	3	0	2
Oncology - Radiation	4	0	0	0	0
Renal	3	2	3	0	2
Respiratory	3	2	3	0	2
Rheumatology	3	2	3	0	2
General Surgery	4	1	3	0	2
Burns	3	0	2	0	2
Cardiothoracic Surgery	1	0	0	0	1
Day Surgery	4	0	3	0	3
Ear,Nose & Throat	3	0	0	0	1
Gynaecology	4	0	3	0	2
Neurosurgery	3	0	0	0	1
Ophthalmology	1	0	0	0	1
Orthopaedics	4	0	3	0	2
Plastic Surgery	3	0	1	0	1
Urology	4	0	1	0	1
Vascular Surgery	3	0	1	0	1
Maternity	3	0	3	0	1
Neonatology	3	0	2	0	1
Paediatric Medicine	3	1	2	0	2
Paediatric Surgery	3	0	1	0	1
Family & Child Health	3	2	3	1	2
Adolescents	3	1	2	1	2
Adult Mental health IP	3	1	1	0	1
Adult Mental Health CC	3	1	3	1	3
ChildAdol Mental Health IP	2	0	1	0	1
ChildAdol Mental Health CC	3	1	3	1	3
Older Adult Mental Health IP	2	1	1	0	1
Older Adult Mental Health CC	3	1	2	1	3
Child Protection Services	3	1	3	1	1
Drug & Alcohol Services	3	2	3	0	3
Geriatrics	4	2	3	0	2

	Bega Hospital	Bombala MPS	Cooma Hospital	Delegate MPS	Pambula Hospital
	District Group 1	Multi-Purpose Services	District Group 2	Multi-Purpose Services	Community Acute With Surgery
Health Promotion	2	2	4	2	4
HIV/AIDS	3	2	2	0	2
Palliative Care	3	2	2	0	3
Rehabilitation	4	0	3	0	3
Sexual Assault Services	4	1	3	1	4
Aboriginal Health	5	1	1	1	5
Community Health - General	4	2	4	1	4
Community Nursing	5	2	4	2	5
Oral Health	1	0	2	0	2
Multicultural Health	2	1	1	1	2
Sexual Health Services	2	1	1	1	2
Women's Health	3	2	3	2	3
Genetics	1	1	1	1	1

APPENDIX: THE FIVE TRIAGE CATEGORIES

Triage category	Description
1	People who need to have treatment immediately or within **two minutes** are categorised as having an **immediately life-threatening** condition. People in this group are critically ill and require immediate attention. Most would have arrived in Emergency Department by Ambulance. They would probably be suffering from a critical injury or cardiac arrest.
2	People who need to have treatment within **10 minutes** are categorised as having an **imminently life-threatening** condition. People in this group suffer from a critical illness or are in very severe pain. People with serious chest pains, difficulty in breathing and severe fractures are included in this group.
3	People who need to have treatment within **30 minutes** are categorised as having a **potentially life-threatening** condition. People in this group suffer from severe illness, bleed heavily from cuts, have major fractures, or be dehydrated.
4	People who need to have treatment within **one hour** are categorised as having a **potentially serious** condition. People in this group have less severe symptoms or injuries, such as a foreign body in the eye, sprained ankle, migraine or earache.
5	People who need to have treatment within **two hour**s are categorised as having a **less urgent** condition. People in this group have minor illnesses or symptoms that may have been present for more than a week, such as rashes or minor aches and pains.

APPENDIX: AGE PROFILES

LGA / SLA label	Age	2011 ERP	2016	2021	2026	2031
Bombala (A)	0-4	136	139	135	132	126
	10-14	170	152	137	138	134
	15-19	144	146	130	118	117
	20-24	85	114	109	94	86
	25-29	120	99	115	107	94
	30-34	107	124	108	116	107
	35-39	130	110	125	112	115
	40-44	163	130	112	125	114
	45-49	182	157	128	111	123
	50-54	208	174	152	126	111
	55-59	192	198	168	148	125
	5-9	160	140	142	138	134
	60-64	202	182	188	161	144
	65-69	148	186	169	176	153
	70-74	102	134	170	155	163
	75-79	76	88	116	149	138
	80-84	65	60	71	95	123
	85+	94	85	78	83	106
Bombala (A) Total		2,484	2,418	2,352	2,286	2,212
Cooma-Monaro (A)	0-4	625	610	612	595	569
	10-14	726	647	722	717	722
	15-19	676	640	575	624	617
	20-24	480	454	413	367	378
	25-29	433	484	451	412	379
	30-34	507	527	557	519	482
	35-39	635	587	620	641	602
	40-44	690	670	625	666	684
	45-49	779	694	671	629	674
	50-54	828	755	680	657	620
	55-59	678	821	756	692	672
	5-9	590	680	670	673	659
	60-64	678	692	828	772	718
	65-69	558	655	672	799	752
	70-74	433	503	594	613	728
	75-79	315	376	442	526	548
	80-84	250	258	313	374	452
	85+	250	296	326	385	472
Cooma-Monaro (A) Total		10,131	10,348	10,528	10,658	10,729
Snowy River (A)	0-4	505	414	393	383	375
	10-14	513	540	573	527	521
	15-19	573	514	528	554	528

	20-24	486	497	454	451	460
	25-29	491	466	451	419	407
	30-34	440	478	464	443	416
	35-39	558	476	516	511	488
	40-44	621	596	530	578	578
	45-49	625	670	646	591	646
	50-54	607	661	699	678	632
	55-59	490	624	670	703	687
	5-9	496	531	466	455	448
	60-64	452	486	604	644	673
	65-69	359	408	438	541	574
	70-74	224	298	340	367	454
	75-79	156	181	244	280	305
	80-84	99	121	142	194	227
	85+	76	99	127	157	211
Snowy River (A) Total		7,771	8,059	8,287	8,476	8,630
Monaro Total		**20,386**	**20,825**	**21,166**	**21,420**	**21,571**

APPENDIX: COMMUNITY HEALTH ACTIVITY

Facility Name	Financial Program	2010/11	2011/12	2012/13
Bombala Health Service	1 - Population Health Services	78	119	80
	2 - Primary and Community Based Services	326.1	582.9	509.4
	3 - Outpatient Care Services	1871	2347	2019
	4 - Emergency Care Services	2228	1958	1931
	9 - Rehabilitation and Extended Care Services	436.6	164.7	389.2
	TOTAL	**4939.7**	**5171.6**	**4928.6**
Cooma Health Service	1 - Population Health Services	1911.1	1510.1	729.2
	2 - Primary and Community Based Services	5343.6	5454.2	6602.6
	2F - Drug and Alcohol	1574	2067	1165
	2G - Dental - Adult	355	319.2	512.3
	2H - Dental - Child	201	281.1	595.9
	3 - Outpatient Care Services	8875.7	9064	9844.5
	4 - Emergency Care Services	12343	15022	12391
	8B - Mental Health - Child and Adolescent Care	442.6	149.8	352.3
	8C - Mental Health - General and Adult Care	1860.8	2757.5	2949
	8D - Mental Health - Psychogeriatric Care	492	1285.2	1128.4
	9 - Rehabilitation and Extended Care Services	9340.6	10756.2	9191.9
	TOTAL	**42739.4**	**48666.3**	**45462.1**
Delegate Multipurpose Service	1 - Population Health Services	46	35	5
	2 - Primary and Community Based Services	68	73	85
	3 - Outpatient Care Services	367	429	552
	4 - Emergency Care Services	440	417	298
	9 - Rehabilitation and Extended Care Services	444	397	303
	TOTAL	**1365**	**1351**	**1243**

APPENDIX: FINANCE- BLOCK FUNDING AND ACTIVITY BASED FUNDING (ABF)

Hospitals, depending on their size and type of patients, are funded either through block funding or activity based funding. Block funding applies to small, rural hospitals, where the hospital receives a set budget as the majority of their budget is based on fixed costs. Activity based funding pays hospitals for the number and type of patients they treat.

Activity based funding applies to all large hospitals across NSW, including the large hospitals in SNSWLHD in Goulburn, Moruya, Batemans Bay, Bega, Queanbeyan Hospitals and Bourke Street Health Service. The funding includes sub-acute and admitted mental health. The ABF model involves generating a budget based on activity and price.

Southern NSW LHD negotiates activity targets with NSW Health for different funding streams, including ED, Acute Admitted, Sub-Acute, Non-Admitted and Admitted Mental Health for the entire District, which is then divided and allocated across large hospitals. These targets take into account theatre case expectations, historical activity, service growth and bed capacity.

The activity targets are given a weighting using the National Weighted Activity Units (NWAUs), which is designed to take into account the complexity and expected resources used for each episode of care: more complex procedures have a higher weighting. For example, one renal dialysis episode of care has a weight of 0.1066, while a knee replacement without complications, which is significantly more complex, has a weight of 4.0454.

Adjustments to the weighting are given to a patient if they are Aboriginal or Torres Strait Islander, live in a regional or remote area, have private health insurance or have been cared for in the metropolitan intensive care units or specialist paediatric hospital.

The Independent Hospital Pricing Authority (IHPA) sets a National Efficient Price (NEP) each year. NSW Health then analyse the NEP and apply a State Efficient Price (SEP) which applies to all ABF hospitals across NSW. Once the total NWAU for each ABF hospital, across each of the different streams, has been calculated, the final budget is calculated by multiplying the NWAU with the SEP.

Once these have been agreed upon for the District, sites are then allocated their own individual targets and therefore budget. Hospitals are paid for the activity they undertake, based on the total activity and the established state efficient price. Where sites can perform cases which cost less than the set NWAU, this surplus funding can be redirected to performing additional cases in the same stream, or to areas where the cost for cases is above the NWAU. Where the cost is greater than the SEP, the hospital receives no additional funding. A contractual agreement with NSW Health and the LHD means that if the District under-performs their targeted NWAU activity by more than 2% for acute admitted activity, the District is at risk for having to pay back budget for not meeting our agreed levels of service.

Increasing activity outside established targets can be achieved by applying to the NSW Ministry of Health. Such applications need to be supported by solid evidence on health service data, evidence and a demonstration that the site can meet the SEP.

SNSWLHD, like many other rural Districts, has not been able to perform the weighted activity at the allocated funding price (price per NWAU) and has been allocated a pool of funds as a transition to fill the gap between the funding price and the actual cost per NWAU. This transition grant is expected to cease from 1 July 2015 and sites will be required to treat patients at the state funded price per NWAU.

Cross border activity based funding

When a resident of NSW receives hospital treatment in the ACT (or another state), NSW compensates the territory/state which provides this care, via a cross border payment, which is based on NWAUs. The two major hospitals in the ACT are funded under ABF with their NWAU targets also based on historical activity (including the inflows from SNSWLHD), service growth and theatre expectations. The ACT sets its own state efficient price, which determines its budget.

ATTACHMENTS: BOMBALA MPS AND DELEGATE MPS SERVICE STATEMENTS 2014

Bombala Multipurpose Service

Service Statement April 2014

1. Description of the Facility

The Bombala Multipurpose Service (MPS) is located in the township of Bombala in the Bombala Shire situated in the far south eastern corner of NSW. Bombala MPS is located in the inland southern part of the Southern NSW Local Health District. The Director of Clinical Operations is responsible for overall line management of the facility, while the day-to-day operations are managed by the site Manager.

Bombala MPS is an 18 bed facility with 8 acute beds and 10 beds funded residential high care places. Bombala MPS is also funded for respite care. The MPS has a level 2 emergency department and imaging service. The MPS provides integration of acute services, residential aged services and community services under one organisational structure. The range of community services included in the model was determined through consultation with the community, service providers and other funding agencies.

The Bombala MPS is 35 km from Delegate MPS, (with 9 residential high care places and four community aged care packages). The two MPSs are managed as one site under one manager.

There is an active MPS Committee now called the Community Consultation Committee (CCC). The aim of this committee is to work in partnership with the SNSWLHD to ensure that decisions relating to the MPS consider and reflect the needs of the Bombala community. The current committee consists of three community members and a staff member.

Currawarna (a 40-bed residential low care facility) is located across the road from the Bombala MPS. The two facilities work well together.

The Medical Centre is co-located within the MPS which has placed all medical services under the one roof.

The MPS provides the Meals on Wheels for Bombala, funded by the Bombala Shire.

The MPS also has service agreements (provision of rooms) with a private optometry service, private physiotherapy service and private hearing clinic. These services allow access for the community, which is very important, as some community members have no means of transport.

Based on the current Bombala MPS configuration and occupancy it is recommended that no changes take place for the period of this Service Statement.

2. Current Service Profile

2.1 Acute Care Services

- Bombala MPS has 8 acute beds. Over the last three years the occupancy averages around 3.7 beds.
- Over the last three years there has been 16 palliative care separations with 340 beddays utilised.
- The Emergency Department is operating at level two role delineation. However there is limited VMO coverage after hours. Patients are triaged, assessed and transferred to Cooma or Bega Hospital should they require medical assistance, or they are advised to return to the facility the next day to be reviewed.
- In the financial year 2012/13 there were 1,762 ED presentations 76 of those being from the state of Victoria.

Table 1: Bombala MPS – Acute Activity

Bombala Multi-Purpose Service - Acute	2010/11/	2011/12	2012/13
Acute separations	230	217	251
Acute beddays	1199	1193	1339
Palliative Care Separations	8	2	6
Palliative Care bed days	131	92	117
Total separations	238	219	257
Total beddays	1330	1285	1456
Average occupancy	3.6	3.5	4.0
Number of Acute/General Beds	8	8	8

Source: Performance Analysis Unit SNSWLHD

2.2 GP and VMO services

Bombala Township has 1 full time GP and 3 part time GP's. There is limited afterhours VMO coverage to the MPS and limited service on the weekend.

2.3 Aged Care Services

Residential aged care – High Care: There has been an average occupancy of 8.7 beds over the last three years. The facility currently has 10 residents (February 2014) and liaises with the acute facilities to let them know of any vacancies.

Community Aged Care Packages (CACPS):

The Delegate MPS has four CACPs which have been brokered on a trial basis to Southern Cross Currawarna, Bombala, since January 2014.

Respite: Respite is provided and clients are able to book their respite in advance.

Table 2: Average Occupancy for Residential High Care

Bombala MPS - RACC	2010/11/	2011/12	2012/13
RACC Seps	0	5	4
RACC Bed Days	3459	3041	3036
Respite Separations	5	6	7
Respite bed days	76	125	84
Average Beds Occupied	9.7	8.7	8.5
Average Occupancy	97.4%	86.5%	85.7%
Number of RAC Beds	10	10	10

Source: Performance Analysis Unit SNSWLHD

2.4 Community Health Services

Primary and extended care services staff based at Bombala MPS provide the following through the MPS:

Table 3: Primary and Extended Care Staff Based at Bombala MPS

Service	FTE	Comments
Generalist Community Health Nurse	1.89	The Community Health also run a very successful Wellness Clinic, which has reduced the amount of non-emergency presentations to the Emergency Department. 0.97 is HACC funded 0.63 towards Bombala & 0.26 Delegate

The following outreach services are provided to the Bombala community:

Table 4: Outreach Services Provided to Bombala

Service	level of service/ Where from
Women's Health Nurse	Fortnightly visits Cooma Community Health (CCH)
Podiatrist	Weekly - Cooma community health
Physiotherapist	Weekly -Cooma HS
Dietician	Fortnightly - via appointment from CCH
Diabetic Educator	Monthly - via appointment from CCH
Aged Care Assessment	On a per needs basis, via CHC
Mental Health Services	On a per needs basis via Cooma Mental Health
Hearing Clinic	Regular service from CHC
Speech Therapy	Fortnightly from CHC
Occupational Therapy	On a per needs basis
Continence Advisory Service	On a per needs basis from CCH
Child Counselling	On a per needs basis from CCH
Generalist Counsellor	On a per needs basis (if available)
Community midwife	Fortnightly from CCH
Drug and Alcohol Worker	On a per needs basis from Queanbeyan

Home and Community Care Services & Meals On Wheels

These services are coordinated from the Multi Service Outlet Centre in Bombala. Meals are provided from the MPS kitchen to eligible members of the community. The MPS is reimbursed financially for this service from the council.

Aboriginal Health

There is no specific Aboriginal Health Worker based in Bombala, however dedicated services in nearby areas include an Aboriginal Health Worker based at Bega Valley Community Health and Katungul Aboriginal Medical Service (AMS) in Narooma/Bega. Outreach to Aboriginal populations is arranged on an as required basis.

2.5 Staff Accommodation

Staff accommodation is provided for all staff who visit Bombala. The residence is part of the renovated old hospital. It has four rooms all with an ensuite, two lounge rooms, kitchen and laundry.

3. Changing Community Needs

3.1 Population projections including age profile, indigenous status and numbers

In the 2011 Census there were 2,419 persons usually resident in **Bombala (A) (Local Government Area**): 50.6% were males and 49.4% were females. Of the total population in Bombala (A) (Local Government Area) 1.9% were Indigenous persons, compared with 2.5% Indigenous persons in Australia. The median age of people in Bombala LGA was 46 years (NSW 38 years). Children aged 0-14 made up 18.7% of the population (NSW 19.2%) and people aged 65 years and over made up 20.1% (NSW 14.7%).

There were 1,211 persons usually resident in **Bombala (State Suburb):** 49.4% were males and 50.6% were females. Of the total population in Bombala (Suburb) 1.2% were Indigenous persons, compared with 2.5% Indigenous persons in Australia. The median age of people was 45 years and people aged 65 years and over made up 20.4% of the population.

There were 452 persons usually resident in **Delegate (State Suburb):** 54.0% were males and 46.0% were females. Of the total population in Delegate (Suburb) 3.3% were Indigenous persons (15 total), compared with 2.5% Indigenous persons in Australia. The median age of people was 51 years and people aged 65 years and over made up 21.3% of the population.

The Delegate MPS caters also for a small population of about 200 to 300 people from the small villages in Victoria.

The table below shows the usual resident populations living in the main towns and the surrounding regions.

Table 5: Usual resident population of Bombala LGA localities by age group

LGA	*Town*	*Age group (years)*						
		0-4	**5-19**	**20-44**	**45-64**	**65-84**	**85+**	**Total**
Bombala	Bombala	83	216	315	348	198	50	1,210
	Delegate	7	49	60	86	58	10	270
	Surrounding region	44	181	196	341	139	26	927

Source: ABS 2011 Census data

The table below shows the proportion of residents in each age group in the main towns and surrounding regions.

Table 6: Proportion of usual residents in Bombala LGA localities by age group

LGA	*Town*	*Age group (years)*						
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Bombala	Bombala	7%	18%	26%	29%	16%	4%	100%
	Delegate	3%	18%	22%	32%	21%	4%	100%
	Surrounding region	5%	20%	21%	37%	15%	3%	100%

Source: ABS 2011 Census data

The table below summarises the expected population change across NSW. Projected population change across the Bombala region is shown in Table 7. The overall population of Bombala LGA is projected to decline, with an increase in the older age groups.

Table 7: Percentage growth from 2011 NSW population, by age

	2016	*2021*	*2026*	*2031*
<15	7%	15%	21%	26%
15-64	4%	9%	13%	17%
65+	18%	37%	58%	78%
All ages	7%	14%	21%	27%

Source: (NSW Dept Planning & Infrastructure, 2013 preliminary revision

Table 8: Percentage growth from 2011 Bombala LGA population

Bombala LGA										
	Number of people			**Age distribution (% of total population)**			**Growth 2011-21**		**Growth 2011-31**	
Age	**2011**	**2021**	**2031**	**2011**	**2021**	**2031**	**No.**	**%**	**No.**	**%**
<15	450	350	300	18%	17%	16%	-100	-22.2%	-150	-30.6%
15-64	1,500	1,250	1,050	62%	58%	52%	-250	-16.7%	-500	-32.2%
65+	500	550	650	20%	26%	32%	50	10.0%	150	30.4%
All ages	2,450	2,150	2,000	100%	100%	100%	-300	-12.2%	-500	-19.6%

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The 70 and over population is projected to increase from 333 in 2011 to about 550 by 2026.

Table 9: Population in Bombala LGA 70 years and over

	70-74 years	*75-79 years*	*80-84 years*	*85-89 years*	*90-94 years*	*95-99 years*	*100+ years*	*Total 70 and over*	*Total population*
Bombala LGA	**102**	**79**	**66**	**53**	**23**	**10**	**0**	**333**	**2407**
Bombala	58	39	33	30	15	5	0	**180**	1210
Delegate	15	14	15	6	4	0	0	**54**	270
Surrounding region	29	26	18	17	4	5	0	**99**	927

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The Department of Planning and Infrastructure released preliminary updated population projections in 2013, however, this information is not yet available at the 5-year age group level for LGAs. To give an idea of predicted growth in the Bombala LGA population aged 70 years and over, calculations have been done using the old (2009) projections for Bombala LGA and using the new (2013) projections for all of NSW. The 2013 NSW projections use updated assumptions about how populations are likely to change, but will not take into account the particular characteristics of the Bombala area, where population growth is expected to be lower than the NSW average.

Table 10: Population estimates for Bombala LGA, using 2009 growth projections

Estimated residential population, 2011	**Estimated population**			**% growth projected from 2010**		
	2011	**2015**	**2020**	**2025**	**2015**	**2020**	**2025**
70-74 years	102	117	140	141	14%	38%	38%
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Total	**337**	**394**	**471**	**550**	23%	53%	63%

3.2 Trends and Emerging Aged Care Needs of the population

The policy goal of the Australian Government (AG) seeks to ensure that the planning for allocating new places is to attained and maintained at a ratio of:

- 44 operational high care places per 1000 population over 70
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Using the above ratios it is estimated that the Bombala Shire will require 17 High Care placements by 2016 increasing to 21 by 2021. The LGA has 19 residential HC places (Bombala MPS 10 and Delegate 9); with demand and respite being managed within these 19 places, the current bedstock is considered sufficient for the needs of the community at this point.

Table 12: Aged Care Planning Ratios per Population Over 70 for Bombala LGA

	2011	2016	2021
Estimated population >70*	337	394	471
CACPs	8	10	12
High Care	15	17	21
Low Care	15	17	21

3.3 ACAT data and Waiting List Information

Table 13: ACAT assessments for Bombala LGA

Bombala LGA ACAP MDS Data Assessment (3 Years)				
Recommended Long-Term Care Setting		**2010-2011**	**2011-2012**	**2012-2013**
	Private residence	11	21	11
	Residential aged care service-low level care	4	2	11
	Residential aged care service-high level care	4	4	2
	Total Completed Assessment	**19**	**27**	**24**
	Total Assessment	**22**	**29**	**26**
Recommended Government Support	CACP	5	10	10
	EACH	1	2	1
	HACC	6	17	10
	Veterans Home Care	0	2	2
	Day Therapy Centre	0	1	1
	National Carer Respite Centre Program	4	13	14
	EACH-Dementia	0	0	2
	Transition Care	2	0	0
	Total	**18**	**45**	**40**
Diagnosis of dementia		**8**	**6**	**5**

NSW ACAP Evaluation Unit, Recommended Long-Term Care Setting & Diagnosis of Dementia, Date: 6/2/2014

The Bombala MPS and Delegate MPS are managed as a unit to provide for the community of the Bombala Shire and a small community in Victoria.

The Delegate MPS provides residential aged for the residents of the Bombala Shire and currently one resident from the ACT, two from Cooma Monaro Shire and one from East Gippsland (Victoria).

The majority of high care residents admitted to the Bombala MPS come from the Bombala Shire. Delegate MPS and Bombala MPS have been able to accommodate all Bombala Shire residents with high care needs. There is one on the waiting list for Delegate MPS for residential placement.

3.4 Needs and Priorities Identified by the Community

The community is a strong advocate for the Bombala MPS and there is an understanding that providing services in remote/small communities is difficult. The community needs are being met by the Monaro Regional (which includes Bombala MPS and Cooma Hospital) and Bega Valley Health services

The local CCC meet monthly at the Bombala MPS and work closely with the Nurse Managers.

4. Proposed New Services and Configuration

4.1 Role Delineation Bombala MPS

Table 14: Role Delineation Bombala MPS

Specialty		Current	Specialty		Current
Clinical Support Services	Pathology	1	**Maternity / Kids**	Maternity	0
	Pharmacy	2		Neonatology	0
	Diagnostic Imaging	2		Paediatric Medicine	1
	Nuclear Medicine	3		Paediatric Surgery	0
	Anaesthetics	1		Family & Child Health	2
	ICU	0	**Mental Health / Sub-Acute/Other Hospital Services**	Adolescents	1
	CCU	1		Adult Mental health IP	1
	Operating Suite	0		Adult Mental Health CC	1
Emergency	Emergency	2		ChildAdol Mental Health IP	0
Core Services	General Medicine	2		ChildAdol Mental Health CC	1
	Cardiology	2		Older Adult Mental Health IP	1
	Dermatology	2		Older Adult Mental Health CC	1
	Endocrinology	2		Child Protection Services	1
	Gastroenterology	2		Drug & Alcohol Services	2
	Haematology	2		Geriatrics	2
	Immunology	2		Health Promotion	2
	Infectious Diseases	2		HIV/AIDS	2
	Neurology	2		Palliative Care	2
	Oncology - Medical	2		Rehabilitation	0
	Oncology - Radiation	0		Sexual Assault Services	1
	Renal	2	**Community Services**	Aboriginal Health	1
	Respiratory	2		Community Health - General	2
	Rheumatology	2		Community Nursing	2
	General Surgery	1		Oral Health	0
	Burns	0		Multicultural Health	1
	Cardiothoracic Surgery	0		Sexual Health Services	1
	Day Surgery	0		Women's Health	2
	Ear, Nose & Throat	0		Genetics	1
	Gynaecology	0			
	Neurosurgery	0			
	Ophthalmology	0			
	Orthopaedics	0			
	Plastic Surgery	0			
	Urology	0			
	Vascular Surgery	0			

4.2 Proposed Service Configuration

It is proposed that the Bombala MPS continue with the same service configuration i.e. 8 acute bed, and 10 high care residential aged care places.

4.3 Proposed operating budget

Table 15: Budget Details of Bombala MPS as per Service Agreement 2014

Bombala MPS Income and Expenditure	Annual Budget
INCOME: State's Contribution	2,561,042
Commonwealth's Contribution*	552,810
Commonwealth/State Contribution (e.g. HACC)	91,936
Projected other revenue (eg from aged care resident's fees etc)	460,753
TOTAL INCOME	**3,666,541**
EXPENDITURE: Total Salaries/On-costs Expenditure	1,936,208
Total Non Salary Expenditure	1,730,333
TOTAL EXPENDITURE	**3,666,541**
Please provide comments about any changes in MPS income or MPS expenditure. (e.g. the MPS has only been operational for part of the year, changes in income from resident's fees: increased staff pay rates, a change in sub-contractor.)	
Budget – This refers to the agreed figure in your payment agreement (or contract). Each MPS manager and the CE have a copy. The 'budget' figure is intended to be a fixed reference point only. The term 'Budget' is defined in the contract.	
Actual – The commonwealth provides each CE with quarterly MPS payment advice letters containing details of the Commonwealth's funding contribution for each MPS in your Area. Copies are also mailed to each LHD's finance department	

4.4 Staff Profile

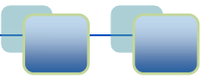
The following full time equivalent (FTE) for staff at Bombala MPS is as follows:

Table 16: Bombala MPS Staff Profile

Position	Established FTE
Facility Manager	1.0
Nurse manager	1.0
Registered Nurse	4.41
Enrolled Nurse	8.63
Clerical	1.47
Diversion Therapist	0.26
Physiotherapist	0.21
Radiographer (vacancy)	0.42
Clinical Nurse Educator	0.50
Hotel Services - Domestic	Separate business unit
Hotel Services - Cooking	Separate business unit
Maintenance	Separate business unit
Total	**17.9**

5. Summary

Based on the current Bombala MPS configuration and occupancy it is recommended that no changes take place for the period of this Service Statement.



Health
Southern NSW
Local Health District

Delegate Multipurpose Service

Service Statement April 2014

1. Description of the facility

The Delegate Multipurpose Service (MPS) is located in Bombala Shire situated in the far south eastern corner of NSW, close to the Victorian border. In this isolated region, Delegate is the main town serving the smaller Victorian villages of Bendoc, Lower Bendoc, Bonang, Delegate River, Goongarah and Tubbut.

Delegate MPS is located in the inland southern part of the Southern NSW Local Health District. The Delegate MPS is approximately 35 km from the Bombala MPS. The two services are managed in conjunction with each other with one manager oversighting both facilities The Director of Operations is responsible for overall line management of the facility, while the day-to-day operations are managed by the site manager.

Delegate MPS is a 13 bed facility with 4 acute beds and 9 beds funded for residential high care. The MPS is also funded for respite care and has 4 Community Aged Care Packages. The emergency department operates at level 1. The 4 acute beds have not operated since 2007, due to no General Practitioner within the town. The CACPs have recently been brokered to the Southern Cross Care on a trial basis. The Bombala MPS has 8 acute beds and 10 residential high care places.

Delegate MPS provides emergency care, residential high care and community health services to the community. The range of community services included in the model was determined through consultation with the community, service providers and other funding agencies. This includes 9 residential aged care places and 4 Community Aged Care Packages (CACPs) funded by the Commonwealth under the existing funding agreement.

There is an active MPS Committee, now known as the Community Consultation Committee (CCC). The aim of this committee is to work in partnership with the SNSWLHD to ensure that decisions relating to the MPS consider and reflect the needs of the Delegate community. The current committee has three long serving members who have been recently reappointed, three new community members and a staff member.

Based on the current Delegate MPS configuration and the increasing occupancy rate it is recommended the Delegate MPS be funded for 10 residential aged care places and relinquish the CACPs to Southern Cross Care.

2. Current service profile

2.1 Acute Care Services

Delegate MPS has 4 acute beds, however no acute patients have been admitted since 2007 as there is no Visiting Medical Officer (VMO) coverage.

The Emergency Department is operating at level one, (able to provide first aid and treatment prior to moving to higher level of service) in the financial year 2012/13 there were 302 presentations (56 of these were Victorians). There is very limited VMO coverage (maximum of 2 half days per week). The ambulance is on bypass for Delegate MPS. Consultation has occurred with staff and the CCC about changing the Model of Care from an emergency service to a 24/7 Walk In service; the model is currently under development.

2.2 GP and VMO services

Delegate Township has been without a full time doctor since 2007. A visiting part time service is provided to the township by a Pambula/Merimbula doctor. The visiting GP has VMO rights and can provide services for Emergency Department (when onsite). The visiting GP provides services for high care residents with limited on-call for residents. There is no VMO coverage for Delegate MPS at other times.

2.3 Aged Care Services

Residential aged care – High Care: There are 9 funded residential high care places. There has been an average occupancy of 8.1 beds over the last three years which is an average of 90% occupancy. In 2012/13 the occupancy has risen to 99% with an increase in both residential aged care bed occupancy and respite care.

Community Aged Care Packages: Four CACPS have been successfully brokered to Southern Cross Care Currawarna, Bombala, for a six month trial commencing January 2014.

Palliative Care: Due to limited VMO coverage at Delegate MPS, palliative care patients are not admitted.

Respite: Respite is provided and clients are able to book their respite in advanced. Approximately one bed is being utilised full time for respite care.

Table 1: Average Occupancy for Residential High Care

Delegate MPS - RACC	2010/11/	2011/12	2012/13	average 3 years
RACC Seps	3	1	1	
RACC Bed Days	2600	2445	2753	2599
Respite Separations	15	7	17	13
Respite bed days	249	310	488	349
Average Beds Occupied	7.8	7.5	8.9	8.1
Average Occupancy	86.7%	83.6%	98.7%	90%
Number of RAC Beds	9	9	9	9

Source NAPOOS – Webdohrs, Admitted - HIE Admitted Patient Universe and DOHRS Universe

2.4 Community Health Services

Primary and extended care services staff based at Delegate MPS provide the following services through the MPS:

Table 2: Primary and Extended Care Staff based at Delegate MPS

Service	FTE	Comments
Generalist Community Health Nurse	0.52	This position is job shared. Staff provide HACC assessments for other HACC providers, eg MOW, Homecare 0.34 (FTE) of this position is HACC funded and includes immunisation / school screening, foot care, cardiac fitness and palliative care services. Provided from Bombala HACC budget
Outreach service to Victorian community health clients	7 hours per week	This service is by an agreement that is renewed annually with Orbost Health Service (Victoria)

The following outreach services are provided to Delegate MPS:

Table 3: Outreach services provided to Delegate from Cooma Community Health

Service	level of service/ Where from
Women's Health Nurse	1 day per month
Dietician	½ day per month on referral basis
Diabetic Health Nurse	½ day per month on referral basis
Child & Family Health Nurse	½ day per fortnight
Continence Advisory Service	As per referral
Generalist Counsellor	As per referral if available
Community Midwife	As per referral
Drug & Alcohol worker	As per referral
Mental Health Worker	As per referral

Service	level of service/ Where from
Podiatry	One day per month
Occupational Therapist	As per referral
Physiotherapist	as per referral
Speech Therapist	As per referral
Child Counsellor	As per referral
Aged Care Assessment	As per referral

The Meals on Wheels service is sourced to the MPS by the Bombala Shire. Meals are provided from the MPS kitchen to eligible members of the community. The MPS is reimbursed financially from the Council. The meals are delivered by a group of volunteers.

Aboriginal Health. There is no specific Aboriginal Health Worker based in Delegate, however dedicated services in nearby areas include an Aboriginal Health Worker based at Bega Valley Community Health and Katungul Aboriginal Medical Service (AMS) in Narooma/Bega. Outreach to Aboriginal populations is arranged on an as required basis.

2.5 Staff accommodation

The accommodation is a three-bedroom dwelling with ensuites, kitchen and laundry facilities available. Several of the nursing staff are from Victoria and other NSW towns and villages. The accommodation is very well utilised, as staff are rostered so that they can complete their shifts in blocks.

3. Changing community needs

3.1 Population projections including age profile, indigenous status and numbers

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	Veterans Home Care	0	2	2
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Diagnosis of dementia		**8**	**6**	**5**

NSW ACAP Evaluation Unit, Recommended Long-Term Care Setting & Diagnosis of Dementia, Date: 6/2/2014

The Delegate MPS and Bombala MPS are managed as a unit to provide for the community of the Bombala Shire and a small community in Victoria.

The Delegate MPS provides residential aged for the residents of the Bombala Shire and currently one resident from the ACT, two from Cooma Monaro Shire and one from East Gippsland (Victoria).

The majority of high care residents admitted to the Bombala MPS come from the Bombala Shire. Delegate MPS and Bombala MPS have been able to accommodate all Bombala Shire residents with high care needs. There is one on the waiting list for Delegate MPS for residential placement.

3.4 Needs and priorities identified by the community

The community is a strong advocate for the Delegate MPS and there is an understanding that providing services in remote/small communities is difficult. The community needs are being met by the Monaro Regional (which includes Bombala MPS and Cooma Hospital) and Bega Valley Health services

The local CCC meet monthly at the Delegate MPS and work closely with the Nurse Managers, this committee works well with the Delegate Progress Association in regards to health and healthy lifestyle matters.

Transport of residential clients to appointments, which has been a major issue in the past, although not solved has become less of an issue with volunteers assisting in taking clients to appointments.

4. Proposed new services and configuration

4.1 Role Delineation

Specialty		Level	Specialty		Level
Clinical Support Services	Pathology	1	**Maternity / Kids**	Maternity	0
	Pharmacy	2		Neonatology	0
	Diagnostic Imaging	0		Paediatric Medicine	0
	Nuclear Medicine	3		Paediatric Surgery	0
	Anaesthetics	0		Family & Child Health	1
	ICU	0	**Mental Health / Sub-Acute/Other Hospital Services**	Adolescents	1
	CCU	0		Adult Mental health IP	0
	Operating Suite	0		Adult Mental Health CC	1
Emergency	Emergency	1		ChildAdol Mental Health IP	0
Core Services	General Medicine	0		ChildAdol Mental Health CC	1
	Cardiology	0		Older Adult Mental Health IP	0
	Dermatology	0		Older Adult Mental Health CC	1
	Endocrinology	0		Child Protection Services	1
	Gastroenterology	0		Drug & Alcohol Services	0
	Haematology	0		Geriatrics	0
	Immunology	0		Health Promotion	2
	Infectious Diseases	0		HIV/AIDS	0
	Neurology	0		Palliative Care	0
	Oncology - Medical	0		Rehabilitation	0
	Oncology - Radiation	0		Sexual Assault Services	1
	Renal	0	**Community Services**	Aboriginal Health	1
	Respiratory	0		Community Health - General	1
	Rheumatology	0		Community Nursing	2
	General Surgery	0		Oral Health	0
	Burns	0		Multicultural Health	1
	Cardiothoracic Surgery	0		Sexual Health Services	1
	Day Surgery	0		Women's Health	2
	Ear, Nose & Throat	0		Genetics	1
	Gynaecology	0			
	Neurosurgery	0			
	Ophthalmology	0			
	Orthopaedics	0			
	Plastic Surgery	0			
	Urology	0			
	Vascular Surgery	0			

4.2 Proposed Service Configuration

Due to the increase in occupancy and increase in demand for respite care at both Delegate and Bombala MPS, it is proposed that Delegate MPS receive funding for 10 residential aged care places (currently 9 places). In acknowledgment that the 4 acute beds have not been operational for some time, these acute beds could be utilised for one more high care place and an increase in respite care for surrounding communities.

The Community Aged Care Packages are currently brokered on trial to Southern Cross Care Currawarna, Bombala, if the trial is successful, it may be an opportune time to transfer the funding to Southern Cross Care.

With the change in model of care for the emergency department and with the erection of a fence around the Delegate MPS the facility may in the future be able to safely accommodate wandering dementia clients.

4.3 Proposed operating budget

Table 13: Budget Details of Delegate MPS as per Service Agreement 2014

Delegate MPS Income and Expenditure	Annual Budget
INCOME: State's Contribution	1,116,578
Commonwealth's Contribution*	620,358
Commonwealth/State Contribution(e.g. HACC)	30,409
Projected other revenue (e.g. from aged care resident's fees etc)	209,179
TOTAL INCOME	**1,976,524**
EXPENDITURE: Total Salaries/On-costs Expenditure	1,325,325
Total Non Salary Expenditure	651,199
TOTAL EXPENDITURE	**1,976,524**

Please provide comments about any changes in MPS income or MPS expenditure. (E.g. the MPS has only been operational for part of the year, changes in income from resident's fees: increased staff pay rates, a change in sub-contractor.)
Budget – This refers to the agreed figure in your payment agreement (or contract). Each MPS manager and the CE have a copy. The 'budget' figure is intended to be a fixed reference point only. The term 'Budget' is defined in the contract.
Actual – The commonwealth provides each CE with quarterly MPS payment advice letters containing details of the Commonwealth's funding contribution for each MPS in your Area. Copies are also mailed to each LHD's finance department

4.6 Staff Profile

The following full time equivalent (FTE) staffing at Delegate MPS is as follows:

Table 14: Delegate MPS Staff Profile

Position	Established FTE
Facility Manager	1.0
Registered Nurse	4.42
Enrolled Nurse	4.42
Clerical	1.05
Diversion Therapist	0.26
Hotel Services - Domestic	Separate funding
Hotel Services - Cooking	Separate funding
Maintenance	Separate funding
Total	**11.15**

5. Summary

Based on the current Delegate MPS configuration and the increasing occupancy rate it is recommended the Delegate MPS be funded for 10 residential aged care places and relinquish the CACPs to Southern Cross Care.

NSW GOVERNMENT Health
Southern NSW
Local Health District