



Southern NSW
Local Health District

Clinical Services Plan 2023 – 2028





Contents

Executive Summary	3
Policy Context	5
Our District	12
SNSWLHD Population	14
Population Demographics – a snapshot	15
Health Demographics	16
Social Determinants of Health	18
Service and Activity Profile Summary	19
Challenges	24
Summary of Stakeholder Consultation	25
Future Service Directions	26
Enablers	34



Alison Simpson and Wayne Williams,
Partnerships and Collaboration

Acknowledgement of Country

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

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

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

Executive Summary

The Southern NSW Local Health District Clinical Services Plan (SNSWLHD CSP) articulates our Plan over the next five to ten years towards our vision ‘to be a leader in rural healthcare’ in line with NSW Health vision towards ‘a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled’.

This Plan has been informed by extensive consultations with internal and external stakeholders; thorough analysis of existing and future health and population data, service activity trends, benchmarking, patient flows and service demand. This rigorous process ensures that the priorities identified in the SNSWLHD CSP are underpinned by a sound evidence base.

The purpose of the SNSWLHD CSP is:

- To ensure that people receive the right care, at the right place, at the right time, by the right person.
- To establish our priorities for service development and reform and the associated actions we will take.

Focus areas for the development of the Plan have included:

- Reversal of flows from the ACT and provision of care closer to home
- Ensuring the sustainability of existing services
- Planning for the impacts of our ageing population on service demand
- Planning for growth and changing service needs of Queanbeyan and Jindabyne/Snowy Monaro regions
- Planning for changes to services on the Coast related to the new Eurobodalla Regional Hospital (ERH) and Batemans Bay Community Health
- Supporting health and wellbeing

The Plan has been informed by:

- Demographics, health status and health risk factors for people residing in SNSWLHD
- Projected population growth by age group to 2041 for the seven LGAs in SNSWLHD
- Local, State and National strategic directions for the health system
- Outcomes and recommendations of relevant NSW Health and local reviews and inquiries
- Analysis of service activity and demand, including a comparison of service demand and activity with Peer Group hospitals, patient flows, relative utilisation and self sufficiency.

Five District-wide focus areas will guide the future development and delivery of health care services in SNSWLHD to 2028 and beyond:

- Supporting health and wellbeing through primary, secondary and tertiary prevention
- Providing care closer to home
- Ensuring the sustainability of our existing services
- Planning for growth and ageing in our population
- Ensuring equity of access to care

“ NSW Health vision towards a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled.”



Our values of Collaboration, Openness, Respect and Empowerment (CORE) align with the NSW Health CORE values, and together with Elevate, provide a cultural framework and foundation for excellence.



Policy Context

The SNSWLHD CSP aligns with National, State and Local strategic directions, which provide the framework for delivering health services in NSW.

National

National Health Reform Agreement 2020-25

The National Health Reform Agreement (NHRA) aims to improve health outcomes for all Australians and ensure that the Australian health system is sustainable. The NHRA has been signed by all Australian governments and recognises that state and territories as system managers of public hospitals.

The goals of the NHRA are to:

- deliver safe, high-quality care in the right place at the right time
- prioritise prevention, and help people manage their health across their lifetime
- drive best-practice and performance using data and research
- improve efficiency and ensure financial sustainability.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

Closing the Gap is a commitment by all levels of government and with Aboriginal and Torres Strait Islander communities to close the gap on Indigenous disadvantage. Four priority reform areas are identified:

- Formal partnerships and shared decision making
- Building the Community Controlled Sector
- Transforming Government Organisations
- Shared access to data and information at a regional level.

The NSW Implementation Plan 2022-2024 details the 142 initiatives being progressed across NSW to deliver on Closing the Gap commitments. NSW Health's key action areas include:

- Increasing the number of Aboriginal and Torres Strait Islander people working across the breadth and depth of roles in the NSW health workforce.
- Expanding health services aligned to the needs of Aboriginal people, such as culturally safe maternity services.
- Developing an approach to deliver culturally safe antenatal, post-natal and infant health services, and an increased focus on the early years and cultural safety.

Australia's Disability Strategy 2021-2031

Australia's Disability Strategy 2021-2031 outlines a vision for a more inclusive and accessible Australian society where all people with disability can fulfil their potential as equal members of the community. Its purpose is to:

- Provide national leadership towards greater inclusion of people with disability.
- Guide activity across all areas of public policy to be inclusive and responsive to people with disability.
- Drive mainstream services and systems to improve outcomes for people with disability.
- Engage, inform and involve the whole community in achieving a more inclusive society.

“Closing the Gap is a commitment by all levels of government and with Aboriginal and Torres Strait Islander communities to close the gap on Indigenous disadvantage.”

Policy Context

State

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

The NSW Health Plan, Future Health: Guiding the next decade of health care in NSW 2022-2032, establishes 6 strategic outcomes for the NSW Health system:

- Patients and carers have positive outcomes that matter
- Safe care is delivered across all settings.
- People are healthy and well.
- Our staff are engaged and well supported.
- Research and innovation, and digital advances inform service delivery.
- The health system is managed sustainably.

Key objectives across all strategic outcome areas support the focus on access to care in the community and keeping people healthy and well (as shown in Figure 1).

NSW Regional Health Plan 2022-2032

The new Regional Health Plan establishes six priorities guiding the next decade of regional, rural and remote care in NSW:

- Strengthen the regional health workforce.
- Enable better access to safe, high quality and timely health services.
- Keep people healthy and well through prevention, early intervention, and education.
- Keep communities informed, build engagement, seek feedback.
- Expand integration of primary, community, and hospital care.
- Harness and evaluate innovation to support a sustainable health system.

The Plan recognises the unique challenges, service needs and opportunities for communities and health services in rural, regional, and remote NSW and provides the blueprint for enhancing services, improving patient experience and delivering better health outcomes.

Other key state-wide plans

Other state-wide plans include, but are not limited to:

- NSW Health Virtual Care Strategy 2021-2026
- Elevating the Human Experience – Our Guide to Action (2020)
- NSW HIV Strategy 2021-2025
- End of Life and Palliative Care Framework 2019-2024
- The First 2000 Days Framework (2019)
- The First 2000 Days Implementation Strategy 2020-2025
- NSW Aboriginal Health Plan 2013-2023
- Strategic Framework for Suicide Prevention in NSW 2022-2027
- Bilateral Schedule on Mental Health and Suicide Prevention: New South Wales
- NSW Healthy Eating & Active Living Strategy 2022-2032
- NSW Sexually Transmissible Infections Strategy 2022-2026
- Living Well in Focus 2020-2024
- NSW Older People's Mental Health Service Plan 2017-2027
- Healthy Safe and Well: Strategic Health Plan for Children, Young People and Families 2014-2024
- NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023
- Premier's Priority: Reduce Overweight and Obesity Rates of Children by 5% over 10 Years (2016)
- eHealth Strategy for NSW Health 2016-2026
- NSW Youth Health Framework 2017-2024
- Disability Inclusion Action Plan
- NSW Oral Health Strategic Plan 2022-2032
- NSW Health Workforce Plan 2022-2032.

Figure 1: Future Health: Guiding the next decade of health care in NSW 2022-2032

Strategic outcomes	Key objectives
 <p>Patients and carers have positive experiences and outcomes that matter: People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ul style="list-style-type: none"> 1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
 <p>Safe care is delivered across all settings: Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ul style="list-style-type: none"> 2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
 <p>People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ul style="list-style-type: none"> 3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities
 <p>Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ul style="list-style-type: none"> 4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future
 <p>Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ul style="list-style-type: none"> 5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
 <p>The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ul style="list-style-type: none"> 6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

Source: <https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.PDF>

District and Local Context

SNSWLHD Strategy 2026

The District's Strategic Plan (Strategy 2026) articulates the strategic direction for the District. The strategic priorities are based on NSW Health's 10-year Future Health Strategic Framework. Strategy 2026 focuses on how we will support our patients and community, as well as our people and organisation.

The strategic priorities for SNSWLHD are:

- Elevating the human experience
- Keeping people healthy and well
- Delivering safe care in all settings
- Supporting our people
- Value, sustainability and research.

The enablers that support these strategic priorities are:

- Health data and analytics
- Leadership and governance.

SNSWLHD Service Level Agreement 2022-2023

The Service Level Agreement between the NSW Ministry of Health and SNSWLHD states 'The principal purpose of the Service Agreement is to set out the service and performance expectations for the funding and other support provided to Southern NSW Local Health District, to ensure the provision of equitable, safe, high quality, human-centred healthcare services.'

The Agreement articulates clear direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the District that will be monitored in line with the NSW Health Performance Framework.'

The Service Level Agreement is renewed each year and clearly articulates the District's local priorities, the agreed activity targets and the funding to 'purchase' the activity.



Leading Better Value Care (LBVC)

Leading Better Value Care is a state-wide program that aims to improve the health outcomes and experiences of people with specific conditions. LBVC uses a systematic approach to embedding good practice and measuring care, experiences and health outcomes. Examples of LBVC initiatives that have been implemented in SNSWLHD include, but are not limited to:

- Osteoarthritis Chronic Care Program
- Osteoporosis Refracture Prevention (ORP) program
- Chronic heart failure
- Chronic obstructive pulmonary disease
- Renal supportive care
- Falls in hospital
- Hip fracture care
- Inpatient management of diabetes mellitus
- Direct access colonoscopy.

LBVC will continue to inform service redesign and measures to improve outcomes and access to care.

Clinical Care Standards

In 2013 the Australian Commission on Safety and Quality in Health Care established the Clinical Care Standards program to support clinical experts and consumers develop clinical care standards on health conditions that would benefit from a national coordinated approach. A clinical care standard is a small number of quality statements that describe the care patients should be offered for a specific clinical condition or defined clinical pathway in line with current best evidence. The standards play an important role in delivering appropriate care and reducing unwarranted variation.

The clinical care standards in use are:

- Acute anaphylaxis
- Acute coronary syndromes
- Acute stroke
- Antimicrobial stewardship
- Cataract
- Colonoscopy
- Delirium
- Heavy menstrual bleeding
- Hip fracture care
- Low back pain
- Management of peripheral intravenous catheters
- Opioid analgesic stewardship in acute pain
- Osteoarthritis of the knee
- Sepsis
- Stillbirth
- Third and fourth degree perineal tears
- Venous thromboembolism prevention

At SNSWLHD the first three clinical care standards to be implemented were colonoscopy, antimicrobial stewardship and delirium. The remainder have commenced implementation, with measures and processes progressively updated.

“ The strategic priorities are based on NSW Health’s 10-year Future Health Strategic Framework. Strategy 2026 focuses on how we will support our patients and community, as well as our people and organisation.”

Partnerships and Networks

ACT Health

The Bilateral Cross Border Agreement between the ACT Health Directorate and the NSW Ministry of Health, 2020-2025, was finalised in November 2022. The Agreement sets out the vision, principles, objectives and goals to support cross border patient flows between the ACT and NSW. The vision of the Agreement is “a connected and borderless health system for the Greater Canberra Region that delivers optimal health outcomes for its people and communities”. Priority action areas include a regional approach to health outcomes, which will ensure that all patients accessing ACT health services receive timely and high-quality care. ACT Health and SNSWLHD will work in partnership to ensure service delivery is well integrated and promote better value healthcare. There is a strong focus to reverse flows to the ACT and provide care closer to home for Southern NSW residents, as well as improve data and information sharing to support clinical decision making and service planning.

Other NSW Local Health Districts and networks

Network arrangements are in place with other Local Health Districts, specialty networks and pillars within NSW for a range of higher level services that are not available locally within SNSWLHD as part of NSW New Health Technologies and Specialised Services Policy. This includes paediatric specialist care, transplants, burns and telestroke. More recently SNSWLHD has partnered with Western NSW LHD to implement the Virtual Rural Generalist Service across our small sites. Further expansion of our partnerships with other Local Health Districts is an identified priority for SNSWLHD for both clinical and non-clinical support services, research and training and education.

South Eastern Primary Health Network (COORDINARE PHN)

COORDINARE is the Primary Health Network (PHN) for South Eastern NSW, which includes the SNSWLHD and Illawarra-Shoalhaven LHD catchments. Key objectives of COORDINARE are increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

COORDINARE’s vision is a coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities.

To realise this vision, COORDINARE as the local PHN is working closely with SNSWLHD on a number of initiatives to create a better integrated local health system. Examples of collaboration include:

- Development of the Southern NSW Integrated Care strategy which outlines collaborative efforts across four main areas of:
 - Aboriginal Health
 - Chronic Conditions
 - Mental Health
 - End of Life and Palliative Care
- Joint appointment of GP Liaison Officers to better link general practice with LHD hospitals and community health services.
- Development of the Regional Mental Health and Suicide Prevention Plan in collaboration with Illawarra Shoalhaven Local Health District, and COORDINARE.
- Programs to support afterhours primary health care and prevent avoidable hospital presentations to the ED Programs aimed at increasing uptake of My Health Record, to ensure sharing of consumers’ health information across treatment settings
- Joint partnership in the development of HealthPathways between SNSWLHD, ACT Health, Capital Health Network (ACT PHN) and COORDINARE (SENSW PHN).
- Collaboration to improve the care of at-risk patients during winter.

COORDINARE’s purpose is supporting primary care in the region to be:

- Comprehensive
- Person-centred
- Population oriented
- Coordinated across all parts of the health system
- Accessible
- Safe and high quality.

In working towards this, COORDINARE provides high level support to local general practices, focusing on better use of practice data, quality improvement, and getting ready for changes to the primary care system such as the Patient Centred Medical Home approach. COORDINARE commissions services for communities at risk of poor health outcomes, particularly in the areas of mental health, drug and alcohol, Aboriginal health, and better care for people with chronic conditions. As a PHN, COORDINARE does not deliver services directly. Instead, commissioned services are delivered by third party providers, who are engaged under contract through a tender or application process.

General Practitioners

General Practitioner Visiting Medical Officers are of vital importance. They provide a highly professional and valued service to the SNSWLHD community. General Practitioners in our LHD provide important services from private practices in the community, as well as caring for people in our health services.

Aboriginal Community Controlled Health Organisations (ACCHOs)

An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community. Our District is working with a number of ACCHOs to strengthen partnerships, with the aim of ensuring that our Aboriginal communities have equitable access to culturally safe care.

Tresillian

Tresillian Day Services provide a range of services for families experiencing early parenting challenges. Tresillian centres are located in Moruya, Goulburn, Queanbeyan, as well as early parenting vans providing services in the Eurobodalla and Queanbeyan-Palerang regions.

Non-government and not-for-profit organisations

Non-government agencies and not-for-profit organisations are key players in health service delivery, particularly in the provision of services to older people and people with a disability living in the community. A range of non-government organisations operate in SNSWLHD providing health and community support services including, but not limited to, disability supports, mental health care and support, aged care, drug and alcohol services and family support.



Our District

Southern NSW Local Health District (SNSWLHD) provides public health care services across regional south-east NSW. The district spans 44,534 square kilometres over seven local government areas (LGAs): Bega Valley, Eurobodalla, Goulburn-Mulwaree, Queanbeyan-Palerang, Snowy Monaro Regional, Upper Lachlan and Yass Valley. Traditional custodians of the land covered by the District are the Gundungurra, Ngannawal, Ngambri, Ngarigo and Yuin people. Our communities live in diverse environments – from the snow to the sea, in farmlands, small towns and regional centres, and the peri-urban fringe around the ACT.



Our communities live in diverse environments – from the snow to the sea, in farmlands, small towns and regional centres, and the peri-urban fringe around the ACT.”





SNSWLHD Population

SNSWLHD's population is growing and ageing, increasing from 200,176 in 2016 to 219,353 people in 2021. This represents a 9.6% overall increase in population. The population of SNSWLHD is anticipated to increase by an additional 30,040 residents, to 249,393 by 2036.

The proportion of people aged 70 and over is projected to increase significantly from 15.2% to 21% by 2036 (33,390 to 52,241 people). Ageing is now and will continue to be highest in Eurobodalla and Bega Valley, with Eurobodalla LGA projected to have the greatest number of individuals aged 70 and over by 2036.

The growth in population, along with increasing prevalence of chronic and complex conditions, is resulting in an increased demand for health services. From 2015-16 to 2020-21, there was an 11.2% increase in same-day separations and a 4.2% increase in multi-day separations for SNSWLHD residents. The growth in activity must be interpreted with caution, due to the impact of the COVID-19 pandemic and bushfires (for example, in the five years prior to the COVID-19 pandemic and bushfires, same day separations increased by 31.7%, while multi-day separations increased by 15.9%).

At least 5 million tourists visit our District each year, with large influxes into the snow fields in winter, and to the coast in summer, resulting in seasonal spikes in demand for health services in these locations.



The projected population for SNSWLHD is anticipated to increase by an additional 30,040 residents, to 249,393 by 2036.”

Population Demographics – a snapshot

Population and Ageing



219,353
RESIDENTS
IN SNSWLHD



PROJECTED
POPULATION IN 2036
249,393
RESIDENTS



21%
AGED 65
AND OLDER



APPROXIMATELY
12.5%
OF THE POPULATION
WAS BORN OVERSEAS



8%
SPEAK A LANGUAGE
OTHER THAN
ENGLISH AT HOME



5 MILLION
TOURISTS
VISITING THE
REGION EACH YEAR

Aboriginal and Torres Strait Islander Peoples



IN 2021,
9,146
OF THE POPULATION IDENTIFIED
AS ABORIGINAL AND/OR TORRES
STRAIT ISLANDER



INCLUDES
3,024
CHILDREN AGED 0 TO 14 IDENTIFIED
AS ABORIGINAL OR TORRES STRAIT
ISLANDER, REPRESENTING 8.0% OF
CHILDREN IN THE DISTRICT

Health Demographics

People with Disability



AN ESTIMATED
33,800
 (15.4%) OF RESIDENTS ARE
 LIVING WITH DISABILITY



APPROXIMATELY
11,270
 PEOPLE ARE LIVING
 WITH PROFOUND OR SEVERE
 CORE ACTIVITY LIMITATIONS

People with Chronic Conditions



37.5%
 OF RESIDENTS OVER 15 YEARS OF
 AGE REPORTED HAVING ONE OR
 MORE CHRONIC CONDITIONS



8.9%
 OF RESIDENTS OVER 15 YEARS
 OF AGE REPORTED HAVING AT
 LEAST 2 CONDITIONS



32.9%
 OF ALL RESIDENTS REPORTED
 HAVING ONE OR MORE
 CHRONIC CONDITIONS

People with Mental Health Conditions



ANXIETY DISORDERS
 ACCOUNTED FOR
6.4%
 OF THE BURDEN OF
 DISEASE IN NSW IN 2018



DEPRESSIVE DISORDERS
 ACCOUNTED FOR
5.1%
 OF THE BURDEN OF
 DISEASE IN NSW IN 2018



20.4%
 OF ADULT RESIDENTS
 REPORT HIGH OR VERY HIGH
 PSYCHOLOGICAL DISTRESS

Dementia



1,786

RESIDENTS REPORTED THEY HAD
DEMENTIA (INCLUDING ALZHEIMER'S)



FROM 2016 TO 2020

647

DEATHS WERE ATTRIBUTED TO
DEMENTIA (INCLUDING ALZHEIMER'S)

Lifestyle Risk and Protective Factors



37.5%

OF ADULT RESIDENTS
UNDERTAKE
INSUFFICIENT
PHYSICAL ACTIVITY



65.1%

OF ADULT RESIDENTS
ARE OVERWEIGHT OR
OBESE



10.5%

OF ADULT RESIDENTS
CONSUME ALCOHOL
ON A DAILY BASIS



12.2%

OF RESIDENTS
SMOKE



96.5%

OF CHILDREN ARE
FULLY VACCINATED
AT 5 YEARS OF AGE

Social Determinants of Health

Socio-economic profile

Socio-Economic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socio-economic advantage and disadvantage. A range of SEIFA indices are available, including the Index of Relative Socioeconomic Disadvantage (IRSD), which includes measures of relative disadvantage. A low score indicates relatively greater disadvantage. In 2021, NSW had an IRSD score of 1001. The table below demonstrates the socio-economic scores and deciles of advantage and disadvantage for our District, with Goulburn-Mulwaree the most disadvantaged LGA in the District and Yass Valley the least.

Table 1: SEIFA IRSD scores for SNSWLHD, by LGA, 2021

LGA Name	Index of Relative Socio-economic Disadvantage	
	Score	Decile
Bega Valley	986	6
Eurobodalla	985	6
Goulburn Mulwaree	972	5
Queanbeyan-Palerang Regional	1061	10
Snowy Monaro Regional	1020	8
Upper Lachlan Shire	1022	8
Yass Valley	1065	10



43.8%

(34,136) OF HOUSEHOLDS ARE LOW-INCOME

4,211

(10.3%) OF CHILDREN LIVE IN LOW INCOME, WELFARE-DEPENDENT HOMES

Education



27.4%

OF ADULT RESIDENTS HELD A BACHELOR DEGREE OR HIGHER



10,005

ADULTS (55.6%) WERE STUDYING FOR A QUALIFICATION GAINED AFTER SCHOOL

Housing



\$600,000 TO \$935,000

MEDIAN PROPERTY PRICE RANGED FROM \$600,000 TO \$935,000



MEDIAN RENT INCREASED UP TO

\$205 PER WEEK

WITH QUEANBEYAN-PALERANG THE MOST EXPENSIVE (\$555 PER WEEK)

Employment and Income



2.0%

LOWER UNEMPLOYMENT RATE THAN NSW (4.9%)



\$645 TO \$1,159

PER WEEK

MEDIAN WEEKLY INCOME RANGED

Service and Activity Profile Summary

Activity snapshot



In 2022-23 there were
30,077
 inpatient hospital
 separations in our hospitals



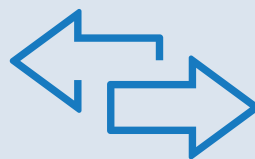
In 2022-23 there were
121,011
 presentations to our emergency
 departments



In 2022-23,
 residents attended
635,003
 appointments for
 non-admitted care



In 2022-23 we performed
12,966
 surgeries



In 2021-22 there were
18,424
 separations for residents in
 ACT public hospitals



In 2022-23 there were
1,568
 separations for births in our
 hospitals

SNSWLHD Inpatient and Multipurpose Facilities

Goulburn Base Hospital

Goulburn base Hospital is an 87-bed hospital consisting of an emergency department, intensive care, medical and surgical wards, maternity ward, subacute ward, paediatric ward, day surgery unit, pharmacy, pathology, and medical imaging.

Crookwell District Hospital

Crookwell District Hospital is a 13-bed hospital consisting of a general medical ward, emergency department, outreach pharmacy, pathology, and outreach medical imaging.

Queanbeyan Hospital

Queanbeyan Hospital is a 27-bed hospital consisting of a medical/surgical ward, maternity ward, day surgery unit, close observation unit, emergency department, pharmacy, pathology and medical imaging.

Braidwood MPS

Braidwood Multipurpose Service (MPS) is a 39-bed facility, consisting of a general medical ward, residential aged care ward, emergency department, pharmacy, pathology, and outreach medical imaging.

Cooma Hospital

Cooma Hospital is a 20-bed hospital consisting of a medical/surgical ward, close observation unit, maternity ward, day surgery unit, emergency department, pharmacy, pathology, and medical imaging.

South East Regional Hospital (SERH)

SERH, located in Bega, is a 98-bed facility consisting of an emergency department, intensive care unit, medical and surgical wards, maternity ward, paediatric ward, day surgery unit, inpatient mental health unit, subacute ward, pharmacy, pathology, and medical imaging.

Moruya Hospital

Moruya Hospital is a 45-bed hospital consisting of an emergency department, medical/surgical ward, subacute ward, close observation unit, day surgery unit, maternity ward, pharmacy, pathology, and medical imaging.

Batemans Bay Hospital

Batemans Bay Hospital is a 20-bed hospital consisting of an emergency department, medical/surgical ward, day surgery unit, pharmacy, pathology, and medical imaging.

Yass District Hospital

Yass District Hospital is a 12-bed hospital consisting of an emergency department, medical ward, outreach pharmacy, pathology, and medical imaging.

Kenmore Hospital

Kenmore Hospital provides specialised mental health services to older persons, including:

- Ron Hemmings Centre (RHC) – a 6 bed non acute mental health rehabilitation unit, which provides sub-acute medium term rehabilitation care for consumers with an enduring mental illness.
- The David Morgan Centre, which consists of:
 - Psychogeriatric Unit (PGU) – an 8-bed mental health unit, which provides services to consumers mostly over the age of 65 years who require specialist assessment and treatment.
 - Dementia Support Unit (DSU) – an 8-bed unit, which admits consumers who present with behavioural disturbances associated with Dementia.

Chisholm Ross Centre

Chisholm Ross Centre is a 32-bed unit, located on the Goulburn Base Hospital campus and provides inpatient mental health services.

Bombala MPS

Bombala Multipurpose Service (MPS) is an 18-bed facility consisting of an emergency department, general ward, residential aged care ward, and outreach medical imaging.

Delegate MPS

Delegate Multipurpose Service (MPS) is a 10-bed facility consisting of a residential aged care ward. There is no inpatient service for acute/subacute patients at Delegate MPS. Delegate MPS provides advice, treatment and referral for patients with minor illness and injuries.

Pambula District Hospital

Pambula District Hospital is a 10-bed hospital consisting of a general ward and a nurse-led walk-in clinic.

SNSWLHD Service and Activity Profile Summary

Figure 2: Our region and SNSWLHD health service sites



Tertiary services for SNSWLHD residents are provided through ACT and Sydney networks.

Community and Allied Health Services

Community Health Centres are located in Goulburn, Crookwell, Yass, Moruya, Batemans Bay, Narooma, Bega, Eden, Pambula, Cooma, Jindabyne, Bombala, Delegate, Braidwood, Karabar, and Queanbeyan. They provide general and specialist health services to people of all ages. People can be referred to community services via the SNSWLHD Central Intake Service in a number of ways, including their GP, hospital, and self-referring.

Satellite Renal Dialysis Units

The ACT/SNSWLHD Renal Network provides a range of services for patients with various stages of renal impairment and has five satellite renal units located around the District. These are nurse-led facilities and care is provided under a Renal Agreement between ACT Health and SNSWLHD. Activity over the years has varied, however overall annual growth has averaged 0.1% per annum. Services provided include:

- Nurse led satellite haemodialysis
- Home haemodialysis
- Chronic kidney disease specialist outpatient clinics
- Renal Supportive Care services
- Care coordination and renal transplant workup

Table 2: Renal unit location and number of chairs

Location	Number of chairs
Goulburn	8
Queanbeyan	8
Cooma	4
Bega	8
Moruya	7



Cancer Services

Our District offers a range of cancer and oncology services, located in Goulburn, Cooma, Bega and Moruya and are well integrated with palliative care, community nursing and a number of allied health services. Federal funding has been announced for the establishment of a clinical trials unit in our District. Specialist cancer services provided by our District include (however noting that not all services are available at all locations):

- Chemotherapy treatment
- Oncology social work
- Cancer care coordination
- Breast cancer nurse
- Prostate cancer nurse
- Cancer specialist medical and nurse practitioner consultations for medical oncology, haematology, and radiation oncology.

Table 3: Cancer Centre locations and number of chairs/beds

Location	Number of chairs	Number of beds
Goulburn	6	1
Cooma	5	0
Moruya	8	1
Bega	10	1

Goulburn Cancer Centre is currently located on an external site, however, will be re-located on-site at Goulburn Base Hospital, once buildings refurbishments are completed. Once they have re-located their capacity will increase to 7 chairs and 1 bed.

Hospital in the Home (HITH)

The SNSWLHD Hospital in the Home service provides care for a range of clinical conditions in the patient's home, or in a clinic if appropriate. HITH reduces the length of stay in hospital and for some people, can lead to avoiding a hospital admission. HITH services currently operate in Bega, Moruya, Goulburn and Queanbeyan.

Mental Health

Mental health services are provided throughout the District in both outpatient and inpatient settings. Teams that make up the community health teams include:

- Mental Health for Older People – This service provides public specialist mental health clinical care to older people and includes a multidisciplinary team.
- Child and Adolescent Mental Health Services (CAMHS) – This team provides a range of services to children, adolescents, and their families.
- Adult Mental Health

Acute mental health inpatient units are co-located at SERH and Goulburn Base Hospital, with sub-acute inpatient services operating in Goulburn at Kenmore Hospital.

Alcohol and Other Drugs

The SNSWLHD Alcohol and Other Drugs (AOD) service provides information, support and treatment for people affected by alcohol and drug use issues. Services provided include, but are not limited to:

- Opioid Treatment Program (OTP)
- Magistrate's Early Referral Into Treatment Program (MERIT)
- Outpatient withdrawal management
- Addiction medicine clinics
- Assertive Case management (ACM)
- Substance Use in Pregnancy and Parenting Service (SUPPS)

Challenges

Challenges

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

- Providing care within an integrated and connected healthcare system, across multiple settings.
- Providing people-focused, quality services with limited resources.
- Demand on acute, community based, and critical services is increasing, in line with an ageing population, and high rates of chronic disease within our communities.
- Workforce capacity and capability issues across primary, acute, and tertiary care sectors.
- Distance from and reliance on out of area cross border tertiary care.
- Providing equitable access to care to a relatively small population dispersed over a large geographic area.
- Low private health insurance rates and no private hospital providers.



Summary of Stakeholder Consultation

A comprehensive consultation process was undertaken with approximately 600 internal and external stakeholders. Current and future challenges were discussed, as well as possible solutions and coupled with extensive data analysis of current and future health service requirements, informed the service priorities for the District.

Challenges

In SNSWLHD, our residents face a number of challenges which are linked not only to health services, but also a number of social and environmental factors. A predominant theme in community consultations were contributing factors affecting access to health services. Feedback on challenges included, but are not limited to:

- Geographic isolation.
- Lack of public and/or private transport to and from health facilities. Approximately 4.1% of private households do not have access to their own vehicle.
- The need to improve integration between primary, acute and tertiary providers.
- Inability to find information on available services and care options. This is compounded for people who have multiple health conditions, older persons, and for people with a disability.
- Access to social support networks.
- Limited internet and mobile phone connectivity. Approximately 18% of homes have no internet access, and others have variable connectivity and poor mobile coverage.
- Disparity in health between population groups, particularly Aboriginal and non-Aboriginal people.
- Availability of culturally specific programs and services.
- Age, and the need to access more complex health services as they get older.
- Affordability of health services.
- Extra burden on rural residents including time and inconvenience of out of area care. Many rural communities are up to 3.5hrs drive from a tertiary facility.
- Difficulties with transportation, including local and external health services. This is increasingly difficult as people age and may live alone or have an ageing partner. Community transport options are often limited and difficult to times.
- Lack of accommodation for carers when patients need to access care away from home.

Themes from consultations

Key themes from consultations with internal stakeholders and other service providers included:

- GPs having limited awareness and currency of knowledge regarding services available locally.
- The handover process between ACT, SNSWLHD and GPs needs improving, as information does not flow well between areas and referrals and transfer of care can be challenging.
- Challenges with capacity, capability and structure of the allied health workforce, with single practitioners covering large geographic areas across both inpatient and community settings.
- Inequity of access to Aboriginal health services and programs for Aboriginal people in Inland areas of the District.
- A greater emphasis is needed on clinical support services when new or expanded services are introduced to ensure we have the capacity and capability to respond to demand in a comprehensive, multidisciplinary model.
- There is a trend of increasing complexity of patients attending our EDs, in small sites as well as larger sites.
- Risks to service sustainability related to single practitioners at various sites, areas of the workforce nearing retirement that will likely result in service gaps, with particular areas of focus being gynaecology, maternity and some surgical services.
- Challenges for older people accessing healthcare locally. Lack of older persons specific care, such as geriatric medicine and service providers, but also difficulties in accessing services such as cardiology, stroke care, rehabilitation and rheumatology, for example meaning that older persons are travelling long distances to access care in the ACT.
- Lack of public outpatient clinics for our patients is adding to the inequity of access to health care, with seeing a specialist cost-prohibitive for many people in our community.

Future Service Directions

- Future service directions were informed by feedback from the consultation process as well as comprehensive data analysis, with the main service planning priority areas grouped into five key areas:
- Supporting health and wellbeing through primary, secondary and tertiary prevention
- Provision of care closer to home
- Ensuring the sustainability of services
- Planning for growth and ageing in our population
- Ensuring equity of access to care

Supporting health and wellbeing through primary, secondary and tertiary prevention

We recognise that improved health outcomes for our communities relies on collaborative efforts to address risk factors and burden of disease at the individual level, with priority populations including children and young people and across the lifespan. SNSWLHD is committed to implementing key initiatives from NSW Health that are aimed at illness and injury prevention or reducing the impacts of illness and injury.

SNSWLHD provides a wide range of primary, secondary, and tertiary prevention activities that are aimed at reducing risks to health. This multi-tiered, holistic approach seeks to prevent disease and injury from occurring through health promotion and illness prevention (primary prevention); reduce the impact of a new illness or injury by early detection and intervention (secondary prevention); and provide comprehensive care and support to individuals with existing, chronic illness or injury (tertiary prevention).



Service Areas and Actions

Primary Prevention

We will deliver a range of health promotion and prevention programs aimed at supporting people to stay healthy and well across the lifespan:

- Implement Brighter Beginnings, Sustaining NSW Families and First 2000 Days initiatives including a focus on antenatal care, child development checks and screening and a focus on vulnerable families.
- Delivering a range of health promotion programs for school aged children including Go4Fun and Live Life Well at School.
- Enhance efforts to reduce the incidence of vaping in youth, through a youth vaping project.
- Delivering a range of youth wellbeing services in partnership with the Department of Education (DoE), with the main drivers being the Wellbeing and Health In-reach Nurse (WHIN) coordinators and the School-Link initiative.
- Development and implementation of a SNSWLHD Environmental Sustainability Plan.
- Offering opportunistic health screening, immunisations, and access to nicotine replacement therapy for patients accessing our services.
- Enhance screening for infectious diseases including Hepatitis C, with a particular focus on vulnerable population groups.
- Working with service partners to promote and support healthy ageing in community and improving care for people living with frailty or at risk of becoming frail.
- Embed Get Healthy Service referrals into all cancer pathways.
- Deliver preventative health education sessions at Multicultural Centres in Goulburn and Queanbeyan, as part of the NSW Healthy Eating Strategy, which targets culturally and linguistically diverse (CALD) community members.
- Implementing Towards Zero Suicides initiatives including zero suicides in care, safehaven, suicide prevention outreach and enhanced access to rural counselling.

Secondary Prevention

We will strengthen and expand on programs and services that reduce the impact of disease and illness on health outcomes:

- Embedding the enhanced recovery after surgery (ERAS) program to maximise recovery and health outcomes after surgery.
- Facilitating timely access to cardiac and stroke rehabilitation services.
- Maintaining our focus on falls prevention for patients in our hospitals and residential aged care.

Tertiary Prevention

We will strengthen and expand on services and supports for people with chronic conditions to improve health outcomes and reduce the likelihood and impact of comorbidities:

- Supporting patients with chronic conditions such as COPD and CHF to stay healthy and well in the community.
- Providing multidisciplinary, integrated care, with a particular focus on patients with chronic conditions.

Future Service Directions

Providing care closer to home

With the projected growth and ageing in our population, as well as above state average rates on key health risk factors and the increasing prevalence of chronic and complex conditions, a key focus area for the District involves planning for services that support priority population groups, ensures equitable access to local health services and are future proofed. Planning health services to provide our communities with access to care closer to home assists in achieving equitable access to care and creates a more sustainable health service.

In keeping with the principle of safe and sustainable provision of care closer to home, tertiary and quaternary services will continue to be provided through patient flows to the ACT and other health Districts as required.

Key focus areas to increase care closer to home were determined by undertaking extensive data analysis and consultations with internal and external stakeholders. Our priorities include:

Focus areas and actions

Ear Nose and Throat (ENT) Services

We will increase the capacity and capability of SERH and Goulburn Base Hospital to provide essential ENT surgical services for the LHD.

- SERH and Goulburn Base Hospital will provide ENT surgical services, including myringotomies, tonsillectomies, adenoidectomies, and other ENT surgical procedures up to a level 4 role delineation.
- As part of these service developments, we will look at capacity and capability of audiology services including screening programs in schools.
- Residents across SNSWLHD communities will receive care at SERH or Goulburn Base Hospital as appropriate, maximising reversal of flows from the ACT and providing care as close to home as possible.

Urology Services

We will increase the capacity and capability of selected sites, to provide urology surgical services.

- Urology surgical procedures will be delivered out of Goulburn, SERH and extending to ERH once commissioned, maximising reversal of flows from the ACT and providing care as close to home as possible.

Orthopaedics

We will establish centres of excellence for orthopaedic surgery at selected sites throughout our LHD, maximising reversal of flows from the ACT and providing care as close to home as possible.

- Complex orthopaedic procedures will be performed at SERH and Goulburn Base Hospital.
- Minor orthopaedic procedures will be performed at Eurobodalla Hospital, Cooma Hospital and Queanbeyan Hospital.

Stroke services – acute and rehabilitation

We will strengthen the capacity and capability of stroke services as part of a District-wide service model.

- We will strengthen the post-acute care through improved Network and District wide subacute and rehabilitation services.
- We will establish dedicated stroke beds in SERH and Goulburn Base Hospital, as per the requirements of the Level 4 role delineation for stroke services.
- We will increase capacity and capability of allied health services for stroke patients, based out of SERH and Goulburn Base Hospital.
- Formal Network arrangements will be in place for highly complex and acute patients.
- We will ensure that existing Telestroke services operating out of Goulburn, Moruya, Cooma and SERH are integrated as part of the evolving District-wide model..

Rehabilitation

We will develop a District-wide model of care for rehabilitation services, based out of Eurobodalla Hospital, SERH and Goulburn Base Hospital.

- We will build capacity and capability in the workforce to be able to care for the increasingly complex people requiring rehabilitation services.
- We will also optimise care closer to home by developing a virtual rehabilitation modality and upskilling the workforce in other areas of the District.

Children and young people

We will improve access to Paediatric services by increasing the capacity and capability of our District to support children and young people.

- We will improve the transition from paediatric to adult services.
- We will increase the capacity and capability of allied health staff to provide care closer to home for children and young people in our community.
- We will provide timely access to care by increasing access to outpatient clinics across the District.

Where children and young people require care for more complex conditions, we will work with the ACT and Sydney Children's Hospital Network to access care navigation and coordination as required with local services.

Single point of entry service

We will establish a single point of entry to support patients to access the right care, in the right place, at the right time. It will include modalities such as:

- Virtually enhanced Community Care (VeCC) – we will enhance and expand the scope of virtual care services.
- Virtual Rural Generalist Service (VRGS) - we will establish and embed the VRGS in our District to support local medical and nursing staff to deliver safe and high-quality care to rural and remote communities.
- We will establish a District-wide model of care for Hospital in The Home (HiTH).
- Centralised elective surgery waitlist.
- Centralised outpatient referrals.
- A 'no wrong door' model where patients are supported to access services according to their needs.



Ensuring the sustainability of existing services

SNSWLHD provides health services over a geographically dispersed area, which presents a range of challenges when planning for service sustainability. The distance from tertiary facilities coupled with the remoteness of some of our regional areas and relatively low volume and complexity of activity creates service sustainability and workforce challenges. Some services have been established over time based on opportunistic recruitment and further work is required to strengthen and embed holistic, multi-disciplinary service models for new and existing services to support long terms sustainability.

Our consultation process identified services that have been in place for some time but do not have the capacity to ensure consistent, continuous service provision. This is evidenced by services that rely on one staff member covering both inpatient and outpatient services, as well as potentially being on-call. These services include, but are not limited to, are gynaecology, obstetrics and specialty surgical procedures historically performed by general surgeons in our District.

Maternity services face challenges with sustainability related to workforce, whilst in Queanbeyan the growing population and demand for maternity services is a significant consideration for future service planning. With the projected increase in population for Queanbeyan-Palerang, particularly in the age group 16-44 years, planning for increased capacity for maternity services will be a key focus area for SNSWLHD.

Increasing sustainability of services is a key focus area for the District, as this will ensure the safe continuation of care closer to home for our communities.

Focus areas and actions

Gynaecology

We will increase capacity and capability of gynaecology services at Level 3 and 4 hospitals throughout the District.

- Gynaecology surgical services will be provided at Goulburn, Bega, Queanbeyan, Cooma and Eurobodalla, with more complex gynaecological surgical procedures continuing to flow to the ACT.
- We will review the FTE of O&G specialists at each of the hospitals listed above and coverage across inpatient and outpatient services, to ensure we maintain a sustainable service align with community needs.

General Surgery

We will increase capacity and capability of general surgery at Goulburn, Bega and Eurobodalla.

- We will continue to provide minor general surgical services at Cooma and Queanbeyan.
- More complex general surgical procedures will continue to flow to the ACT.
- We will identify the specialty surgical procedures historically performed by general surgeons in our District, who are now transitioning into retirement. We will determine how and where those services will be provided into the future.
- We will disinvest in surgical procedures that are considered low value care to support increased demand over time.

Maternity

We will increase the capacity and capability of maternity services where required, to enhance sustainability of services and provide care closer to home.

- We will increase capacity and capability of the Maternity unit at Queanbeyan Hospital, to ensure our residents receive care closer to home, including assisting with flows from Yass.
- We will implement a midwifery continuity of care model across the District to support care closer to home.
- We will review our capacity and capability of obstetrics services for each site with a maternity unit.

Planning for growth and ageing in our population

A number of communities around the District have been identified as key focus areas for health service planning, due to the current and projected increase in population. Queanbeyan-Palerang Regional LGA is undergoing a significant increase in population, which will continue for a number of years and result in a large increase in the younger age groups, particularly for 16-44 years. Jindabyne and Cooma are another area for further consideration and planning, with the development of Snowy Mountains Special Activation Precinct and the resulting increase in acute presentation to Cooma Hospital ED, due to year-round tourism. Planning for health services in these areas are a priority, to ensure that we can meet future demand.

An ageing population has significant impacts on health care systems, due to the associated increased prevalence of chronic conditions and need for support services which may not be available to age safely at home. With our District's projected population growth and in particular, the large increase in the ageing population, a key area of focus for our District is to ensure that services are well planned to accommodate the increasing demand on our health services. As well as planning for sustainable and equitable older persons services, service planning must also focus on services that will have an increase in demand as the population ages, such as cardiology services and rehabilitation.

Focus areas and actions

Queanbeyan health service demand growth

We will increase capacity and capability at Queanbeyan Hospital, to ensure sustainable services can be provided into the future and accommodate the projected increase in population.

- We will review Maternity service requirements to accommodate the current and projected increase in births in Queanbeyan.
- We will increase inpatient capacity both within the hospital and through our HITH service to reflect current and projected activity for the region.
- We will identify opportunities to shift care into the community wherever possible, including providing more community based services in smaller communities across the Queanbeyan-Palerang region.

Cooma/Jindabyne long-term plan

We will increase capacity and capability of health services in the Snowy Monaro Regional LGA, in particular Jindabyne and Cooma, to accommodate the projected growth in population and high-risk tourism activities.

- We will support improved access to care and outcomes for the Snowy Monaro residents, in particular Jindabyne, by linking in with external health providers such as general practice.
- Shared care pathways will ensure that patients receive timely and accessible health care between our District and other health service providers.
- We will undertake further population modelling to reflect the changing population in the region and plan for future services on this basis.

Cardiology

We will increase the capacity and capability of our cardiology services at Goulburn Base Hospital and across the Coast, to provide care closer to home and prepare for the increasing demand for services.

- We will expand the range of non-invasive diagnostic cardiology and outpatient specialist cardiology services at Goulburn Hospital and across the Coast, which will support access within the District to meet the needs of our growing and ageing population .
- We will develop a cardiac specialty within our general physician workforce at Goulburn Hospital and Eurobodalla, which will allow for a broader range of inpatient and outpatient care through Goulburn and Eurobodalla hospitals and through consult liaison arrangements for patients admitted to other hospitals.
- We will increase capacity and capability of our cardiac rehabilitation services around the District, including reviewing workforce requirements for nursing and allied health staff.

Older persons / Geriatric Medicine

We will increase capacity and capability of services for older people to improve outcomes for this priority population.

- We will establish a District-wide model for older persons care.
- We will improve access to outpatient services provided by Geriatricians, nursing staff and allied health.
- We will standardise models of care across the District for supporting Residential Aged Care Facilities (RACF), to ensure that all residents have equitable access to healthcare. All residents throughout the District will have access to an outreach service, to prevent avoidable hospitalisations.
- We will ensure that a sustainable workforce is in place, including clinical support staff (pharmacists, allied health) geriatricians, and older persons mental health.

Ensuring equity of access to care

Our consultation process identified differences in the way our services function and deliver care that has impacted on equity in access. We will work towards implementing District-wide processes and models of care for these services, leveraging developments in virtual care and strengthened networks with other Local Health District and the ACT to support equitable access to care closer to home.

We will address service gaps that impact on health outcomes, such as pain management and public outpatient services and we will identify opportunities to work internally and with service partners to address issues such as transport disadvantage that directly impact on equitable access to care.

Area of focus and actions

Endoscopy

We will increase capacity and capability of endoscopy services throughout the District to support access and care closer to home.

- We will increase capacity and capability at Queanbeyan, Cooma, Goulburn, Eurobodalla and Bega.
- We will improve access to endoscopy services by establishing and expanding on Direct Access Models.

Aboriginal Health

We will improve outcomes for Aboriginal people and increase the availability of culturally safe services in our District, by ensuring equity of access to our health services and providing care closer to home.

- We will strengthen partnerships with Aboriginal Medical Services (AMS) in the LHD, particularly the inland areas.
- We will establish District-wide programs to ensure equity of access for all Aboriginal people, including Building Stronger Foundations (BSF), Healthy Ears – Better Hearing, Better Listening (HEBHBL) and New Directions. SNSWLHD will apply for funding to mirror programs that are run in only some parts of the LHD.
- We will establish Aboriginal Maternal Infant Health Services (AMIHS) throughout the District, to ensure that all pregnant and post-natal people have access to culturally safe maternity care.
- We will increase the number of identified positions to enhance our culturally safe services.

Public outpatients

We will increase access to timely and equitable health care for SNSWLHD residents, by developing our public outpatient services:

- We will establish public outpatient clinics for general surgery, endoscopy and orthopaedic clinics at Queanbeyan Hospital and will build the service from there throughout the LHD.
- We will increase access to paediatric outpatient clinics in Goulburn, Eurobodalla and Bega, and improve access to clinics for residents in other areas, in particular Queanbeyan and Cooma, including consideration of paediatric allied health service needs.
- We will ensure that any requirements for administrative support, clinical support staff and infrastructure are considered when planning for public outpatient clinics.
- We will work with the ACT to identify opportunities for outreach outpatient and virtual services to reduce the need for people to frequently travel long distances for care.

Clinical Support Services

We will increase capacity and capability of our clinical support services throughout our District, to ensure our residents have equal access to care closer to home.

- We will consider the required clinical support services (including allied health, pharmacy, medical imaging and pathology) as key components when planning for services, to include impacts on their service delivery.
- We will review the allied health workforce model, with particular focus on the challenges of servicing both inpatient and outpatient areas in their current staffing, and the resulting impacts this has on residents accessing timely care.
- We will take into consideration the current demand for paediatric services when reviewing allied health positions.
- We will consider Society of Hospital Pharmacists of Australia (SHPA) ratios for staffing when undertaking pharmacist workforce planning. We will consider safe staffing when planning specialty areas, such as HiTH, renal, oncology and critical care.
- We will consider the need for pharmacy models to assist with hospital avoidance, such as staffing for the ED and pre-admission clinic (PAC) in selected hospitals, as well as an outpatient model for follow up calls following discharge.

Palliative Care

We will increase capacity and capability of palliative care services in our District.

- We will establish a consistent model of care throughout the District, with equitable access to resources.
- We will establish a SNSWLHD after hours phone support service for palliative care.
- We will review the palliative care workforce, focusing on service integration and equity of access for people in our District.

Inclusive Models of Care

We will ensure that our health services are flexible and inclusive to respond to individual needs and circumstances, in particular:

- LGBTIQ+
- Disability
- Culturally and Linguistically Diverse (CALD)
- Aboriginal and Torres Strait Islander

Pain Management

We will establish a pain management service across the LHD with a focus on the acute, transition and chronic pain.

- We will establish a local GP pain medicine specialisation, to ensure access to care is equitable and closer to home.
- Pain management services will be established for acute, transition and chronic pain, based out of one to two sites and delivering virtual and consultation liaison services across the District.
- We will ensure that our pain management service is well integrated with palliative care.
- We will establish a model of care for multi-disciplinary team (MDT) rounds that will include medical, nursing, allied health, pharmacy and psychology staff.

Integration of physical and mental health services

We will improve integration of services to meet the physical health needs of mental health consumers.

We will improve services to meet the mental health needs of mental health consumers admitted for physical health issues.

Regional service networks

We will work with the ACT and other Local Health Districts to formalise regional network arrangements for key services to support equity of access and care closer to home.

Enablers

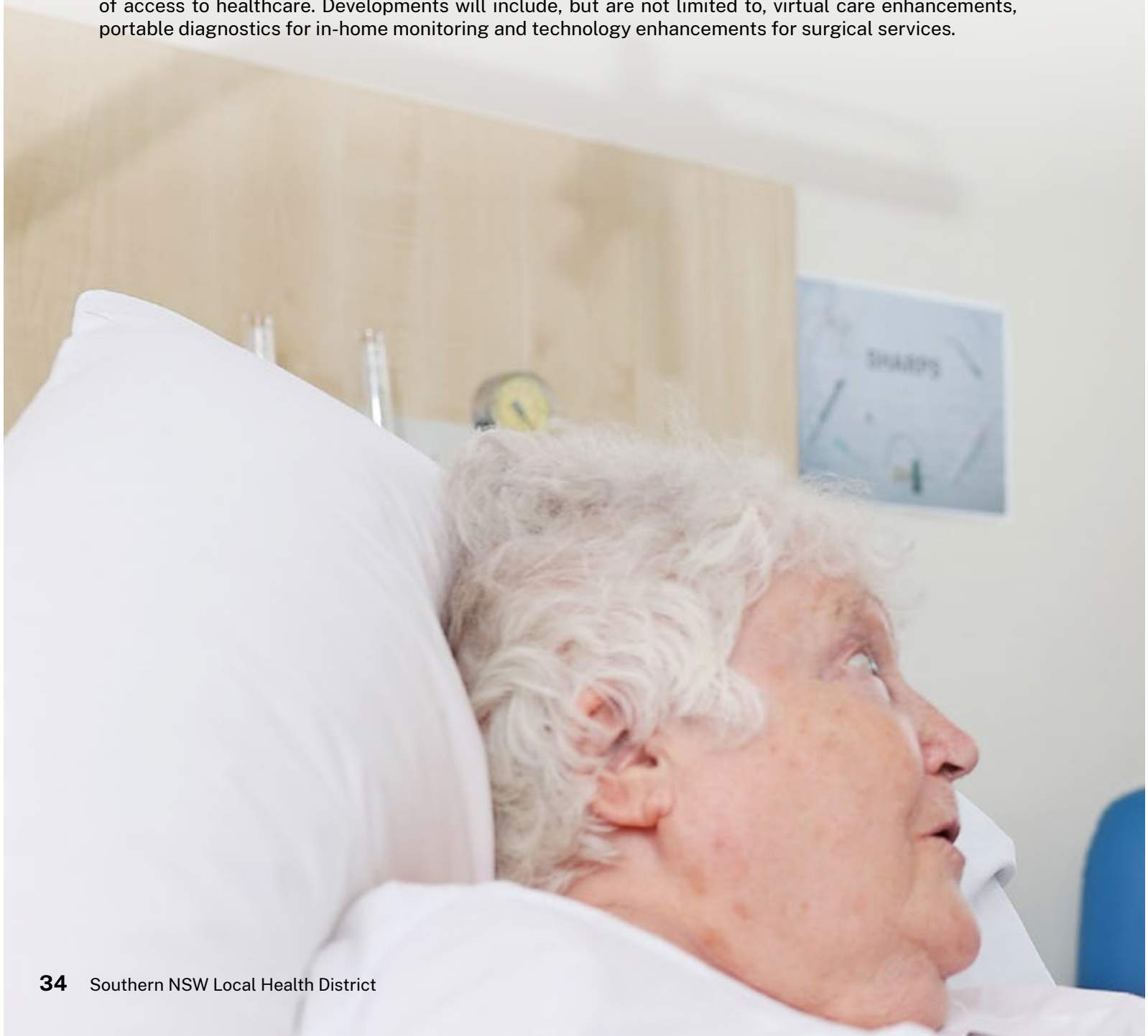
When planning for future health services, we must ensure that the plan is feasible, optimises the use of available and future resources, and can be implemented successfully. This will rely on a series of enabling activities to support our strategies.

Assets (Capital Infrastructure)

SNSWLHD will ensure that health infrastructure is safe and sustainable, as well as flexible, to accommodate changes in modalities of care and new technology into the future. We will seek opportunities for capital investments where needed and incorporate technology/sustainability in all capital projects. Upgrades and maintenance to assets will be 'fit for purpose' now and into the future.

Technology enabled (information and communication)

Digital health technology is a critical enabler to transform the way healthcare is delivered. We will use technology to drive and enhance service changes that bring care closer to home and ensure equity of access to healthcare. Developments will include, but are not limited to, virtual care enhancements, portable diagnostics for in-home monitoring and technology enhancements for surgical services.



Workforce

A skilled workforce is essential to the success of an organisation and will need to be equipped with the skills required to inform and implement changes across the organisation. We will invest in the right staff, with the right skills, in the right place, and will invest in training and education for staff at all levels of the organisation.

Clinical support services

We will ensure that all service planning activities include clinical support services requirements, to provide a sustainable service. This includes services such as radiology, pathology, pharmacy, and allied health.

Financial sustainability

Health service funding is determined by Australian and state and territory governments, private health insurance and consumers. As health care costs and demands on health systems increase, we will need to create a more financially sustainable health system. We will ensure that District strategies and plans will be financially viable and sustainable, with consideration on how the plan might impact on organisational financial performance.



Southern NSW LHD Clinical Services Plan

2023 – 2028

SOUTHERN NSW LOCAL HEALTH DISTRICT

PO Box 1845 Queanbeyan NSW 2620
SNSWLHD-YourFeedback@health.nsw.gov.au
www.snswlhd.health.nsw.gov.au



FACEBOOK
@Southern NSW Local Health District



LINKEDIN
Southern NSW Local Health District



YOUTUBE
Southern NSW Local Health District



Southern NSW
Local Health District