Western NSW Local Health District

STRATEGIC PLAN
2016 - 2020

WHY
Our Purpose
Healthier rural people - thriving communities

WHAT
Living Well Together

HOW

Adapted from the artwork of Jasmine Sarin
Foreword

In Western NSW we are privileged to work and live in a region that is vibrant, diverse and rich in culture, and to work with and for people who have a deep connection to country, community and family.

We are proud of what we have been able to accomplish together over the last three years. However, there are still many challenges for us to tackle to create a compassionate health care system that consistently and reliably provides the highest standard of care to people no matter where they live.

To make a real difference to the health of people living in our region we need to listen to and work with communities and partners to provide care that is safe, coordinated and trusted – care that sees each patient as a whole person, and nurtures their cultural, spiritual, mental and physical needs.

This dream, for our organisation to be a world class connected service sets a new standard for us all - a standard where isolation and culture are no barriers to the best health care in the world. It is a standard that means that we are uncompromising in the quality of the care we provide, that rural does not mean second best, that we are accountable, and where we encourage our patients, their families and our communities to hold us to account.

This Plan builds on our actions and successes, and describes what we will achieve over the next four years. Turning this Plan into action will bring world class care to the doorsteps of everyone living in Western NSW – together we can achieve healthier rural people and thriving rural communities.

We thank everyone - staff, community members and our partners, for your involvement in developing this Plan. Your input and commitment has been and will continue to be vital in bringing this Plan to life.

Robin Williams,  
Chair Western NSW LHD Board

Scott McLachlan,  
Chief Executive

This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Western NSW Local Health District.


© Western NSW Local Health District, 2016
ISBN: 978-0-9876086-5-9

Content within this publication was accurate at the time of publication 6th October, 2016
Western New South Wales Local Health District acknowledges the traditional custodians of the lands across our region. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>p.4</td>
</tr>
<tr>
<td>Planning context</td>
<td>p.5</td>
</tr>
<tr>
<td>Western NSW Local Health District at a glance</td>
<td>p.6</td>
</tr>
<tr>
<td>Our people and their health</td>
<td>p.7</td>
</tr>
<tr>
<td>A day in the life of Western NSW people</td>
<td>p.9</td>
</tr>
<tr>
<td>Our services</td>
<td>p.10</td>
</tr>
<tr>
<td>Referral pathways</td>
<td>p.12</td>
</tr>
<tr>
<td>Our challenges</td>
<td>p.14</td>
</tr>
<tr>
<td>Our opportunities</td>
<td>p.15</td>
</tr>
<tr>
<td>Our three year improvement journey</td>
<td>p.16</td>
</tr>
<tr>
<td>Our achievements</td>
<td>p.18</td>
</tr>
<tr>
<td>Looking towards 2020</td>
<td>p.21</td>
</tr>
<tr>
<td>What we will achieve</td>
<td>p.22</td>
</tr>
<tr>
<td>How we make this possible</td>
<td>p.30</td>
</tr>
<tr>
<td>How will we measure our success?</td>
<td>p.34</td>
</tr>
<tr>
<td>Definitions</td>
<td>p.35</td>
</tr>
<tr>
<td>References</td>
<td>p.36</td>
</tr>
</tbody>
</table>
HEALTHIER RURAL PEOPLE – THRIVING COMMUNITIES

OUR VALUES - COLLABORATION, OPENNESS, RESPECT, EMPOWERMENT

WHAT WE WILL ACHIEVE

HIGH PERFORMING TEAMS
ENABLING TECHNOLOGY AND SYSTEMS
INNOVATION AND RESEARCH
PRODUCTIVE PARTNERSHIPS
CONTEMPORARY INFRASTRUCTURE
FINANCIAL SUSTAINABILITY
EFFECTIVE COMMUNICATION

WHY WE ARE HERE

PRIORITY HEALTH AREAS

IMPROVED HEALTH AND WELLBEING OF RURAL PEOPLE

FOR PEOPLE AND COMMUNITIES

• A healthy start to life
• A better quality of life
• A longer life and dignified death

FOR OUR WORKFORCE

• Wellness is our business
• Work that makes a difference
• Healthy employees

LIVING WELL TOGETHER

IMPROVED HEALTH AND WELLBEING OF RURAL PEOPLE

ONE HEALTH SERVICE ACROSS MANY PLACES

FOR PEOPLE AND COMMUNITIES

• A healthy start to life
• A better quality of life
• A longer life and dignified death

LWT

OUR VALUES - COLLABORATION
Aboriginal health
Chronic and complex care
Maternal and child health
Mental health and substance abuse
Older persons care

What
Why
How
Living well together

Meaningful gains in Aboriginal health
World class rural health care
One health service across many places

• High performing teams
• Enabling technology and systems
• Innovation and research
• Productive partnerships
• Contemporary infrastructure
• Financial sustainability
• Effective communication

• Care closer to home
• Co-ordinated and consistent care
• Strong primary health care
• Equity of access

• A measureable improvement in Aboriginal health
• Better access to services
• Culturally respectful services

• Person-centred care
• Positive experiences
• Uncompromising standards of care

• Empowered Aboriginal people in the workforce
• Respecting culture

• Culturally and clinically safe workplaces
• Pride in our work
• Shared and continuous learning to improve what we do

• One team regardless of location
• Skilled and collaborative teams

Collaboration, openness, respect, empowerment
Introduction

The Western NSW Local Health District Strategic Health Services Plan 2013-2016 was launched in 2013. It had a 10 year horizon and included a roadmap to guide its implementation during the first three years. The strategic directions and actions detailed within it were informed by the Western NSW Health Needs Assessment. The Needs Assessment is a living document that continues to guide our strategies.

Many of the actions scheduled for the first three years of the Strategic Health Services Plan 2013 – 2016 have been completed and other actions are well underway. A review of progress since 2013 has provided the catalyst for reflecting on and determining our strategic direction for the next four years.

The Strategic Plan 2016 – 2020 (the Plan) outlines our purpose (why we are here), our focus areas (what we will deliver by 2020) and our enablers (how we will make this possible).

Living Well Together and our accountability framework (including development and use of annual goals, 90 day action plans and monthly accountability meetings) will ensure that these high level strategies are realised across our organisation.

Development of the Plan has been overseen by a steering committee with representation from across our organisation. Extensive consultation with the Western NSW LHD Board and Executive, senior leaders, clinicians, staff, Bila Muuji Aboriginal Health Service Incorporated, the Western NSW Primary Health Network and health council representatives from across Western NSW Local Health District has informed the content.
Planning context

The following documents guide the development and delivery of health services in NSW:

- *Deliver NSW: Making it Happen* including the Premier’s and State priorities. NSW Health is contributing to 12 of the 30 NSW priorities including seven of the Premier’s 12 priorities
- NSW State Health Plan – Towards 2021
- NSW Rural Health Plan – Towards 2021

The Plan is aligned with these plans. It identifies our four focus areas to 2020 and the high level strategies that we will achieve.

This Plan, along with the *Western NSW LHD Clinical Services Framework* will guide the development of enabling and clinical service plans. The Clinical Services Framework describes in detail the current and future roles of health services and the broad directions for clinical services within our organisation over the next five years.

Our operational plans will translate our long term goals into day to day operations, which are also informed by the annual Service Agreements with the NSW Ministry of Health.

Engagement with our staff about why we are here, our focus areas and how we can transform our goals into everyday action is crucial to embedding success.

Figure 1: District hierarchy of plans

- State Plan
- State Health Plan
- Rural Health Plan
- Relevant State and National Plans

- Western NSW LHD Strategic Plan

- Clinical Services Framework

- Enabling Plans and Strategies
  - Aboriginal health
  - Workforce
  - Population health
  - Research
  - Innovation
  - Technology enablement
  - Telehealth
  - Asset
  - Financial
  - Quality and safety

- Clinical Services Plans
  - Cancer services
  - Palliative and end of life care
  - Renal services
  - Facility plans
  - Other clinical services / streams

- Service Agreement with Ministry of Health

- Operational - Annual and 90-Day Plans
  - Directorate Plans
  - Facility Plans
  - Department Managers Plans

- Service Agreement with Ministry of Health
Western NSW Local Health District at a glance

The region is located in the central west of NSW. Neighbouring Local Health Districts are Far West, Hunter New England, Murrumbidgee, Southern NSW and Nepean Blue Mountains.

There are nine Aboriginal nations and many language groups that exist within the region’s boundaries.

Key industries in Western NSW include agriculture and mining, manufacturing, education and healthcare. The area is rich in tourism, social and educational opportunities.

![Figure 2: Western NSW Aboriginal Nations](image)

788-1000 range of Index of Relative Socioeconomic Disadvantage scores in Western NSW

30,786 people (11.1%) are Aboriginal

277,353 people (3.6%) of the NSW population

5.5% predicted population growth to 2031

2.37% fertility rate (highest of all NSW Districts)

40.3 years median age (NSW average 37.8 years)

4.0% residents per km² of the land area of NSW

8 of 26 SLAs classified as remote

246 676 km²
Our people and their health

Health status

Life expectancy is often used to illustrate the health of the population overall and is influenced by a number of factors including socioeconomic status, genetics, access to health care and the quality of the health system\(^5\). Life expectancy of both men and women living in Western NSW has increased by almost four years between 2002 and 2012 (four years for men and three and one half years for women). However life expectancy for people in our region remains less than the NSW average, and is further reduced for Aboriginal men and women.

The rate of potentially avoidable deaths in Western NSW is higher than the state average and is the second highest of all NSW Local Health Districts\(^7\):

Approximately 80 deaths could be prevented each year per 100,000

- **Western NSW Women**: 113.6
- **NSW Women**: 76.4
- **Western NSW Men**: 177.5
- **NSW Men**: 135
When looking at some measures of determinants of health, children living in our region appear to have some healthier behaviours than other children in NSW. The proportion of children who eat the recommended amounts of fruit and vegetables is higher than other regions of NSW, as is the proportion of children who participate in adequate levels of physical activity. However, the percentage of children aged 12–17 years who are overweight and obese is greater than the NSW average.

Immunisation rates at five years of age are better than the NSW average for both Aboriginal children (95.6% compared to 95.3% across NSW) and non Aboriginal (96.1% compared to 92.9%) children.

Significant improvements in the health of people in our region could be achieved through:

- People not smoking or giving up smoking
- Better nutrition and increased physical activity
- Preventing childhood obesity
- Strengthening community care and support for people with mental health conditions.
Use of health services

In 2014/15, 90,338 residents in our region were admitted to hospital (excluding people admitted for renal dialysis and chemotherapy and well babies). Approximately one third of admissions were for day only treatments and procedures. Overnight admissions accounted for 304,875 bed days. Ten percent of these bed days were in a designated mental health bed.

The most common reasons for the hospitalisation of men were diseases of the digestive system, diseases of the musculoskeletal system and connective tissue, diseases of the circulatory system, factors influencing health status\(^1\) and diseases of the respiratory system. The most common reasons for the hospitalisation of women were diseases of the digestive system, pregnancy and childbirth, diseases of the musculoskeletal and connective system, diseases of the circulatory system, factors influencing health status\(^1\), and diseases of the respiratory system\(^4\).

**A day in the life of Western NSW people**

Every day, people living in Western NSW use health services. These are services provided by our organisation and our partners. Every day:

- 247 people living in Western NSW LHD are admitted to a hospital
- 187 people are admitted to public hospitals in NSW & ACT
- 60 people are admitted to a private hospital
- 13 people are 0-4 years old
- 26 people identify as being Aboriginal
- 98 people are 60 years & older
- 518 people present to an Emergency Department in the District
- 11 babies are born, 10 of them are born in the District
- 26HOURS WESTERN NSW

**EMERGENCY DEPARTMENT**

- 7% of people have serious conditions
- 73% of people have conditions that are not urgent

- 2800 GP Visits people consult a GP
- A small percentage are people who live outside of the district
- A small percentage are people who present to an Emergency Department in the District
- A small percentage are people who live outside of the district

**11 babies are born**

- 10 of them are born in the District
- 2 are Aboriginal
- 1 has a low birth weight
- 1 has a teenage mother
- 1 is born outside the District

**SIX people die**

- 1 death is tobacco related
- 1-2 from potentially preventable conditions
- 2 who die are less than 75 years old

\(^1\) “Factors influencing health status” is an international code used to classify people presenting for limited care or services for an ongoing condition, to donate an organ and/or tissue, to discuss a problem other than a disease or injury or for a situation or problem that influences the person’s health status, however, is not currently an illness or injury.
Our Services

Our staff and facilities

$900 million budget

38 hospitals (25 of these are Multipurpose Services)4

50 primary and community health services4

23 community mental health facilities4

Western NSW provides 87% NSW and ACT public inpatient services used by our region’s population

1816 beds

13 million kms travelled by staff each year

7000 staff

Partners

- Communities
- Western NSW Primary Health Network
- Bila Muuji Aboriginal Health Service Incorporated
- Aboriginal Community Controlled Health Organisations
- Primary health care providers
- Private health services
- Universities, Western NSW TAFE and other education providers
- Government and non-government health and health related providers
- Tertiary referral centres and other Local Health Districts
- Local, state and commonwealth governments
- Ministry of Health including Pillars

Our partners help us to deliver great care

NSW and ACT public inpatient services used by our region’s population
In the last year we provided $^{23}$

189,822 attendances to EMERGENCY DEPARTMENT

62,537 acute and sub-acute hospital admissions (excluding renal dialysis and well babies, and including mental health)

254,418 BED DAYS

1,650 mental health inpatient admissions

A home to more than 400 people in residential aged care facilities (MPSs)

749,164 non-admitted occasions of service (excluding diagnostics and pharmacy)

Renal dialysis for 158 people

55 people were Aboriginal

744 courses of chemotherapy and related treatments

the first dose of radiotherapy for 571 people

106 people were retreated

What we provide

We provide many different clinical services including:

- Acute inpatient services - surgery and medicine
- Aged care services including residential aged care
- Ambulatory and ‘hospital in the home’ services
- Cancer care services
- Cardiovascular services
- Child protection services
- Diagnostic services
- Emergency care services
- Intensive care services
- Kids and families services
- Mental health drug and alcohol services
- Oral health services
- Pain management services
- Palliative and end of life services
- Population health including Public Health functions
- Primary and community health services
- Preventive health services
- Rehabilitation services
- Renal services
- Sexual health services
- Sexual assault services
- Specialist services such as endocrinology, ear nose and throat, gastroenterology, neurology, ophthalmology, and rheumatology.
Referral Pathways

Informal and formal referral pathways exist between both our hospitals and metropolitan services. These have largely evolved from the geographical proximity of smaller hospitals to larger hospitals and clinician preferences. Referral patterns do differ when specialty services such as trauma, cardiac and cancer services are required.

The Southern Sector referral pathways are based around Bathurst and Orange hospitals which are rural referral centres and the Cowra and Lachlan (Parkes and Forbes) district hospitals. Smaller hospitals referring to these larger centres are Blayney MPS, Canowindra Soldiers Memorial Hospital, Condobolin Hospital and Health Service, Eugowra MPS, Grenfell MPS, Molong Hospital and Health Service, Oberon MPS, Rylstone MPS, Trundle MPS and Tullamore MPS.

Southern Sector Referral Pathways

Adults requiring tertiary level services not available at Orange or Bathurst are frequently referred to Royal Prince Alfred, Nepean or Westmead hospitals. The Children’s Hospital at Westmead provides the majority of specialist services required by children.
Northern Sector Referral Pathways

The Northern Sector referral pathways are based around Dubbo Hospital which is the main referral hospital in the area, and Mudgee Hospital. Smaller hospitals that are part of the sector include Baradine MPS, Bourke MPS, Brewarrina MPS, Cobar Hospital and Health Service, Collarenebri MPS, Coolah MPS, Coonabarabran Hospital and Health Service, Coonamble MPS, Dunedoo MPS, Gilgandra MPS, Gulargambone MPS, Gulgong MPS, Lightning Ridge MPS, Narromine Hospital and Health Service, Nyngan MPS, Peak Hill MPS, Tottenham MPS, Trangie MPS, Walgett MPS, Warren MPS and Wellington Hospital and Health Service.

People requiring higher levels of generalist or specialist care are generally referred to health services at Mudgee or Dubbo. Adults requiring services not available at Dubbo are frequently referred to Royal Prince Alfred Hospital and a small number are referred to Westmead and Nepean hospitals. Children requiring tertiary level care are generally transferred to the Children's Hospital Westmead.

The Bloomfield Campus at Orange is the hub for sub specialist mental health services including child and adolescent mental health, psychogeriatric services, forensic services and high acuity mental health inpatient care. Both Bathurst and Dubbo Hospitals provide mental health inpatient services.
Our challenges

Meeting the needs of our community

Western NSW communities rightfully have high expectations regarding the scope and quality of the services they receive. Providing services equitably across a geographically sparse population requires innovation, a willingness to embrace change and new ways of working.

As a major provider of health services in the west of NSW, we are committed to improving access to services, by providing services that people trust and feel safe using. This is particularly important for the many vulnerable groups within our communities.

A focus on developing and sustaining services across the whole of the region, including providing care as close to home as possible will assist in meeting the needs of communities. Reducing the number of people leaving the region for care will also alleviate some of the social and financial pressures associated with travel and time away from home.

Our population

People living in the more sparsely populated north western and remote areas of our region are often socioeconomically disadvantaged, have poorer health, and have difficulty accessing health services.

246,494 km²

Western NSW LHD covers 31% landmass of NSW

Population growth is uneven across our region. Growth is expected in the southern and eastern parts of the region but there will be a decline in the north and west.

5.5% predicted population growth to 2031, which is lower than the anticipated population growth for NSW overall (24.5%).

People living in the

OLDER POPULATION

increased prevalence of chronic disease including dementia, with fewer carers and an greater need for health and social services.

21% are less than 15 years

21% are less than 15 years

Our population

2.9% (30,786) people are Aboriginal in NSW

Approx 60% live here

Population growth is uneven across our region. Growth is expected in the southern and eastern parts of the region but there will be a decline in the north and west.

5.5% predicted population growth to 2031, which is lower than the anticipated population growth for NSW overall (24.5%).

People living in the more sparsely populated north western and remote areas of our region are often socioeconomically disadvantaged, have poorer health, and have difficulty accessing health services.
Workforce

Recruitment and retention of a skilled workforce is difficult, particularly in small rural and remote communities. Maintaining workforce capability and agility to meet rapidly changing models of care and technology is problematic. We must continue to investigate and adopt new ways of working that make better use of the available workforce and match capabilities with the health needs of local communities.

Financial sustainability

Ensuring that health services make a difference to the health of communities, are of high quality, and deliver value for public money will be at the heart of every consideration. The Triple Aim Framework (a decision making framework that simultaneously aims to improve patient experience, improve population health and reduce the cost of health care) will continue to provide the basis for a balanced approach to health system planning and decision making.

Our opportunities

While we continue to face significant challenges, the current environment also presents us with opportunities.

We have led and participated in a range of reform initiatives over the last three years. The Integrated Care Strategy is expanding with the commencement of the Wave Two demonstrator sites. Roll out of telehealth infrastructure and implementation of telehealth models of care is improving the integration of care provided across our region and facilitating access to specialist services closer to home. We can share the learnings and sustain the successes from these initiatives.

We maintain our commitment to improving the health of Aboriginal people, with a renewed focus on making a meaningful difference. This will be supported by the development of partnerships with Aboriginal people and organisations which are built on trust and common goals.
Our opportunities ... cont’d

The current approach to health care delivery is being transformed. The Western NSW Clinical Services Framework has been developed to guide the planning of health services, align the future roles of hospitals and health services to population needs, and improve access to services for all people living in Western NSW. The principles of the Triple Aim Framework will also support decision making to promote efficiency, effectiveness and positive experiences for people receiving health care services.

Implementation of the Living Quality and Safety Plan will focus us on improving the safety and quality of services and lifting performance to within the top ten percent of comparable health organisations. The development and implementation of a consistent learning, research and innovation agenda aligned to our key focus areas will deliver new ways of doing business and further improve the effectiveness and efficiency of services.

Our three year improvement journey

In 2013, when the Strategic Health Services Plan 2013-2016 was developed, our organisation was operating in a challenging organisational environment. Demand pressures from an ageing population with poorer health compared to other people living in NSW, were exacerbated by workforce and funding constraints. This was compounded by a significant unplanned financial deficit.

New ways of working to make access and outcomes more equitable and to make better use of available resources and funding were needed to sustain services into the future. An ‘outcomes’ focused plan based on the Triple Aim Framework was developed to provide a balanced approach to future planning and decision making. The agreed future approach for our organisation was service improvement and transformation based on lifting performance to best practice levels. This was supported by the establishment of a comprehensive organisation wide performance and accountability philosophy - ‘Living Well Together’.
A PLATFORM WE BUILD TO DELIVER
CONSISTENT HIGH QUALITY CARE

EXCEPTIONAL PATIENT EXPERIENCE
Access to Care
Knows what to expect
Reduced waiting times

Better treatment adherence
Feels valued

IMPROVED OUTCOMES
Keeping people out of hospital
Keeping people healthy
Staff Satisfaction

Q U A L I T Y & S A F E T Y
Decreased falls
Reduced medication errors
Decreased infections
Consistent Quality Care

SHOW CULTURAL RESPECT
Thank you for your time

MASS
M E A S U R E
MAMS
MENTOR
SET TARGETS

BE ACCOUNTABLE
90 DAY PLAN
BE ACCEPTING OF DIVERSITY

LEADER ROUNDELING
SHOW CULTURAL RESPECT
COLLABORATION
OPENNESS
RESPECT
EMPOWERMENT

EXCEPTIONAL PATIENT EXPERIENCE
Access to Care
Knows what to expect
Reduced waiting times

Better treatment adherence
Feels valued

IMPROVED OUTCOMES
Keeping people out of hospital
Keeping people healthy
Staff Satisfaction

Q U A L I T Y & S A F E T Y
Decreased falls
Reduced medication errors
Decreased infections
Consistent Quality Care

SHOW CULTURAL RESPECT
Thank you for your time

MASS
M E A S U R E
MAMS
MENTOR
SET TARGETS

BE ACCOUNTABLE
90 DAY PLAN
BE ACCEPTING OF DIVERSITY

LEADER ROUNDELING
SHOW CULTURAL RESPECT
COLLABORATION
OPENNESS
RESPECT
EMPOWERMENT

EXCEPTIONAL PATIENT EXPERIENCE
Access to Care
Knows what to expect
Reduced waiting times

Better treatment adherence
Feels valued

IMPROVED OUTCOMES
Keeping people out of hospital
Keeping people healthy
Staff Satisfaction

Q U A L I T Y & S A F E T Y
Decreased falls
Reduced medication errors
Decreased infections
Consistent Quality Care

SHOW CULTURAL RESPECT
Thank you for your time

MASS
M E A S U R E
MAMS
MENTOR
SET TARGETS

BE ACCOUNTABLE
90 DAY PLAN
BE ACCEPTING OF DIVERSITY

LEADER ROUNDELING
SHOW CULTURAL RESPECT
COLLABORATION
OPENNESS
RESPECT
EMPOWERMENT

EXCEPTIONAL PATIENT EXPERIENCE
Access to Care
Knows what to expect
Reduced waiting times

Better treatment adherence
Feels valued

IMPROVED OUTCOMES
Keeping people out of hospital
Keeping people healthy
Staff Satisfaction

Q U A L I T Y & S A F E T Y
Decreased falls
Reduced medication errors
Decreased infections
Consistent Quality Care

SHOW CULTURAL RESPECT
Thank you for your time

MASS
M E A S U R E
MAMS
MENTOR
SET TARGETS

BE ACCOUNTABLE
90 DAY PLAN
BE ACCEPTING OF DIVERSITY

LEADER ROUNDELING
SHOW CULTURAL RESPECT
COLLABORATION
OPENNESS
RESPECT
EMPOWERMENT
We are proud of our achievements over the past four years. We have worked hard to improve our financial and clinical performance and become a leading rural health district. The next four years will see a journey from good to great.

We are excited about the following initiatives:

- Capital investment of $500 million
- Successful accreditation of district facilities and Mental Health Drug and Alcohol services over three years for the integrated care strategy
- Phase One local demonstrator sites have been established with over 600 people enrolled. Five new Phase Two local demonstrator sites have commenced
- Funding of $16 million
- The establishment of 9 clinical streams
- Capital investment of $500 million

We are looking forward to continued improvement and growth.
**Funding of $16 million**

Over three years for the integrated care strategy

**Phase One** local demonstrator sites have been established with over 600 people enrolled. Five new **Phase Two** local demonstrator sites have commenced.

**Implementation of the Mental Health Transformation**

Aligned with Living Well NSW Mental Health Strategic plan 2014-2024

**Improved financial situation**

- Growth of **3.7%** in expenses budget
- Growth of **4.5%** in own source revenue budget
- **Decreased cost** of care for emergency presentations and acute admissions

**Roll out of our telehealth platform**

Including 57 critical care advisory cameras and 228 telehealth devices

**Aboriginal babies are HEALTHIER**

Fewer babies with low birth weight

Improved immunisation rates

**Reduced ELECTIVE SURGERY waiting times**

440 fewer surgery cancellations

**Admissions have not increased**

Occupied bed days have not increased

Reduced average length of stay

**More people are rating their care as very good, and there are fewer complaints.**

**FEWER BED DAYS**

Out 154,000 more non-admitted outpatient treatments

264 more people receiving Hospital in the Home

**QUALITY CARE**

Less preventable admissions

**PATIENT TRANSPORT**

Expanded patient flow and transport unit functions

**Chronic disease is increasing**

The population is ageing

Chronic disease is increasing

**Involving services is increasing**

However...

**Improved financial situation**

Growth of **3.7%** in expenses budget

Growth of **4.5%** in own source revenue budget

**Decreased cost** of care for emergency presentations and acute admissions

**More people are rating their care as very good, and there are fewer complaints.**

**FEWER BED DAYS**

Out 154,000 more non-admitted outpatient treatments

264 more people receiving Hospital in the Home

**QUALITY CARE**

Less preventable admissions

**PATIENT TRANSPORT**

Expanded patient flow and transport unit functions

**Chronic disease is increasing**

The population is ageing

Chronic disease is increasing

**Involving services is increasing**

However...
HEALTHIER RURAL PEOPLE – THRIVING COMMUNITIES

WHY WE ARE HERE

WHAT WE WILL ACHIEVE

HOW WE WILL MAKE THIS POSSIBLE

LIVING WELL TOGETHER

PRIORITY HEALTH AREAS

IMPROVED HEALTH AND WELLBEING OF RURAL PEOPLE
- A healthy start to life
- A better quality of life
- A longer life and a dignified death

MEANINGFUL GAINS IN ABORIGINAL HEALTH
- A measurable improvement in Aboriginal health
- Better access to services
- Culturally respectful services

WORLD CLASS RURAL HEALTH CARE
- Person-centred care
- Positive experiences
- Uncompromising standards of care

ONE HEALTH SERVICE ACROSS MANY PLACES
- Care closer to home
- Co-ordinated and consistent care
- Strong primary health care
- Equity of access

OUR VALUES - COLLABORATION, OPENNESS, RESPECT, EMPOWERMENT

WHERE WE WILL MAKE THIS POSSIBLE

FOR PEOPLE AND COMMUNITIES
- Wellness is our business
- Work that makes a difference
- Healthy employees

FOR OUR WORKFORCE
- Empowered Aboriginal people in the workforce
- Respecting culture

A healthy start to life
A better quality of life
A longer life and a dignified death

A measurable improvement in Aboriginal health
Better access to services
Culturally respectful services

Person-centred care
Positive experiences
Uncompromising standards of care

Care closer to home
Co-ordinated and consistent care
Strong primary health care
Equity of access

Our Values - Collaboration, Openness, Respect, Empowerment

Living Well Together

Improved health and wellbeing of rural people
Meaningful gains in Aboriginal health
World class rural health care
One health service across many places

Why we are here
What we will achieve
How we will make this possible
Living well together
Priority health areas
Our values - Collaboration, Openness, Respect, Empowerment
Looking towards 2020

OUR PURPOSE: Healthier rural people - thriving communities

WHAT DOES THIS MEAN?
Together with communities and our partners in health care we are committed to improving the health of all people in Western NSW.

We recognise the diversity of the population in Western NSW and strive to deliver high quality health care as close as possible to home to support the cultural, mental, social and physical wellbeing of our communities. We are aiming to be a highly respected, compassionate and responsive health service where isolation and culture are not barriers to providing excellent rural health care.
WHAT WE WILL ACHIEVE
Improved health and wellbeing of rural people

WHAT DOES THIS MEAN?
The Health Needs Assessment identified areas where interventions are most likely to provide the greatest population health gains. We will continue to focus on the following:

• Smoking prevention and cessation
• Nutrition and physical activity interventions, particularly childhood obesity prevention
• The first 2000 days of life
• Mental health through strengthening community care and support.

WHAT WILL WE DO?
We will promote prevention and early intervention initiatives in partnership with government and non-government agencies.

How will we do it?

Implement the Tobacco Plan
Develop and implement a strategy for health promotion and prevention
Provide health risk assessment and intervention by skilled practitioners at all health service intake points
Develop and implement a regional obesity strategy incorporating childhood obesity
Develop and implement a strategy for the first 2,000 days of life
Develop a strategy to support healthy ageing
Lead the development of a regional mental health plan in partnership with the Primary Health Network
Continue to implement the Mental Health Drug and Alcohol Transformation Project
Develop a Disability Inclusion Action Plan
Develop and implement a strategy for action on health literacy
Implement an employee wellbeing program
For people and communities

- A healthier start to life
- Healthier lifestyles - a reduction in lifestyle risk factors including smoking, obesity and inactivity
- Improved quality of life
- Aged care that meets the needs of a diverse population
- Fewer hospital admissions
- Continued high immunisation rates
- Increased access to community mental health services
- Improved health literacy

For our workforce and organisation

- Focus on wellness
- Healthier employees - reduction in lifestyle risk factors including smoking, obesity and inactivity
- Work that makes a difference to the health of communities
- Greater investment in preventive health
WHAT WE WILL ACHIEVE
Meaningful gains in Aboriginal health

WHAT DOES THIS MEAN?
Aboriginal people experience the poorest health of all people in Western NSW. We want everyone to be part of making a real difference.

WHAT WILL WE DO?
We will improve the health of Aboriginal people.

How will we do it?

- Renew the Aboriginal Health Plan
- Develop a Reconciliation Action Plan to increase access to culturally safe services
- Strengthen partnerships with Aboriginal Community Controlled Health Organisations and other stakeholders
  - Implement the Aboriginal Health Partnership Plan with Bila Muuji Aboriginal Health Service Incorporated
  - Develop local action based partnerships between our health services and Aboriginal Community Controlled Health Organisations
- Further develop programs to improve the understanding of and respect for Aboriginal culture
- Increase the number of Aboriginal people working in senior leadership roles
- Renew the Aboriginal Workforce Plan as a component of our Workforce Plan
WHAT

WHAT WILL WE ACHIEVE

Meaningful gains in Aboriginal health

improved

Aboriginal health

What will success look like in 2020?

For people and communities

- A measurable improvement in Aboriginal health outcomes
- Increased access to services
- Culturally welcoming physical environments and behaviours
- Better experiences of health services

For our workforce and organisation

- Aboriginal people having opportunities to have any job anywhere
- Aboriginal artwork and signage in all facilities
- A culturally safe workplace
- Culturally respectful services
- Open and transparent partnerships with Aboriginal Community Controlled Health Organisations
WHAT WE WILL ACHIEVE
World - class rural health care

WHAT DOES THIS MEAN?
We will provide health care that is as good as or better than recognised leaders in rural health care around the world. This means placing people and communities at the centre of what we do and organising services around their health needs. Success will be built on embedding the Living Well Together philosophy, creating a culture of continuous improvement, and supporting innovation and research.

WHAT WILL WE DO?
We will raise the bar on quality and safety.

How will we do it?

- Implement our Living Quality and Safety Plan
- Identify and address unwarranted variation in clinical care
- Implement quality performance indicators for each clinical stream to guide improvement priorities
- Ensure all facilities and services meet and exceed National Safety and Quality Health Service Standards
- Be better prepared for unplanned events and disasters
- Develop professorial positions in rural health
- Embed the Living Well Together philosophy
- Implement the Risk Management Plan
- Implement the Clinical Documentation Strategy
- Implement the Pharmacy Strategy
- Implement the ‘Blood Watch’ Strategy
- Establish a Project Management Office
What will success look like in 2020?

For people and communities
- Person centred care
- Improved experiences of care
- Better health outcomes and reduced hospital related harm
- More active involvement by people in their health and healthcare
- Uncompromising standards of care

For our workforce and organisation
- Culturally and clinically safe workplaces
- Improved job satisfaction through best practice clinical performance and reduced harm
- Shared and continuous learning and innovation
- Better use of health resources

World-class rural health care
WHAT WE WILL ACHIEVE
One health service across many places

WHAT DOES THIS MEAN?
We are entrusted to provide health services across a huge geographical area. Providing care that is coordinated (both care within the region, and care provided in partnership with other providers of health services) is fundamental to ensuring that people are able to access and navigate health services.

Effective partnerships will offer opportunities to share resources, reduce duplication, increase the efficiency of health care delivery and improve access to a broader range of services.

WHAT WILL WE DO?
We will improve the internal integration of health services to develop a “one service” approach to service delivery.

How will we do it?
- Implement the Clinical Services Framework
- Develop a Diagnostic Services Strategy
- Further develop clinical streams to provide a conduit for clinician engagement and to support the integration and coordination of services
- Develop a clinical service plan for each Clinical Stream, including strategies for increasing the number of people we are able to care for within the region
- Continue to implement the ‘Whole of Health’ program
- Develop a bold vision for the Patient Flow Unit to support care closer to home
- Increase access to acute and post - acute services in a community and ambulatory hospital setting
WHAT WILL WE DO? We will work in partnership with external health service providers to integrate and improve access to services.

How will we do it?

Develop a vision for integrated chronic disease management

Partner with health related providers to develop a shared vision for Integrated Care

In partnership with the Primary Health Network, design, implement and monitor care pathways for complex patients

Develop a 10 year vision for health precincts in our communities

Enhance specialist support for primary care through joint planning and action with the Primary Health Network and Aboriginal Community Controlled Health Organisations

Develop a formalised partnership with tertiary referral centres to increase timely access to services and enhance consultation and support

What will success look like in 2020?

For people and communities

- Strong primary health care
- Access to a greater range of services close to home
- Equity of access
- Coordinated and consistent care
- Timely care at the right place
- Care plans in place for all people with chronic and life limiting conditions
- Decreased waiting time for services
- Reduced in unnecessary transfers between hospitals
- Fewer people having to leave the District for care
- Fewer unnecessary hospital admissions
- Fewer patients returning to hospital

For our workforce and organisation

- Coordinated referral pathways
- Increased consultation, liaison and support
- Collaboration and teamwork
- Sustainability of services
- One team regardless of location
- Increased use of telehealth for clinical support and patient consultations

WHAT WE WILL ACHIEVE
One health service across many places
HOW WE WILL MAKE THIS POSSIBLE
Achieving success in our four focus areas is dependent upon:

- High performing teams
- Enabling technology and systems
- Innovation and research
- Productive partnerships
- Contemporary infrastructure
- Financial sustainability
- Effective communication

**High performing teams**

**WHAT WILL WE DO?**
We will foster employee engagement, culture and diversity in order to enhance the capability and performance of all employees in our organisation.

**How will we do it?**

- Implement the actions within the priority areas of our Workforce Plan
- Establish an Organisational Development Unit
- Develop the Workforce Culture Strategy - ‘Working Well Together’
- Build a safety culture
- Strengthen our clinician engagement strategy
- Improve contractual arrangements for the appointment of clinicians
- Partner with education providers to build the capacity and capability of the workforce
- Improve the engagement of and support for volunteers
- Implement a carer support strategy
Enabling technology and systems

WHAT WILL WE DO?
We will become Australia's first digital health region through implementing ehealth solutions.

How will we do it?

Implement the eHealth Strategy
Design a digital health strategy to become Australia's first Digital Health Region across health providers
Ensure our Information and Communication Technology (ICT) services become more customer focussed

Innovation and research

WHAT WILL WE DO?
We will increase our capacity and capability to contribute to and lead innovation and research aligned our priorities.

How will we do it?

Implement the Research Strategy, with a strong focus on collaborating with research partners and prioritising future research activities
Support the Greater Western Human Research Ethics Committee to meet the performance requirements for health and medical research including clinical trials
In partnership with the Agency for Clinical Innovation, develop an innovation strategy
HOW WE WILL MAKE THIS POSSIBLE

Productive partnerships

WHAT WILL WE DO?
Strengthen partnerships with providers of health and health related care in Western NSW.

How will we do it?

- Partner with health services and other local providers of health and health related services
- Plan for the transition to the National Disability Insurance Scheme with current and potential providers of disability services to identify risks and opportunities
- Work with government and non-government agencies to identify and support children and young people at risk of significant harm
- Work with government and non-government agencies to implement solutions to reduce the impact of domestic violence

Contemporary infrastructure

WHAT WILL WE DO?
We will maintain and improve our asset base and seek opportunities for capital investment.

How will we do it?

- Refine our 10 year vision for our assets to support clinical service needs
- Strengthen our relationship with Health Infrastructure to deliver current capital infrastructure projects
- Develop an office accommodation strategy
- Implement recommendations from security audits of our facilities
WHAT WILL WE DO?
We will maintain and improve our financial performance.

How will we do it?

- Continue to expand revenue sources to develop services to meet community need
- Implement and strengthen internal control in our region through a Fraud Control and Corruption Awareness Plan and Internal Control Framework
- Develop a Strategic Procurement Plan incorporating:
  - Prioritisation and evaluation of all contracts and leases over $150 000
  - A value for money review of alternative providers of services
- Build contract management capability
- Develop a strategy based on improved commissioning and contestability
- Monitor contractual partnerships with other providers of health and health related care to ensure delivery of agreed outcomes
- Continue to focus on efficiency and improvement strategies
- Maintain a viable investment fund
- Actively influence to incentivise alternative solutions to service delivery maximising funding opportunities
- Build financial literacy planning, analysis and reporting capability
- Increase value for money through improved program and project management
- Develop a cross agency allied health workforce modelling strategy

Effective communication

WHAT WILL WE DO?
We will communicate clearly and effectively with staff, communities and partners.

How will we do it?

- Renew community engagement strategies
- Develop a communication and engagement framework for both internal and external communication
- Develop a strategy for fundraising and sponsorship
HOW WILL WE MEASURE OUR SUCCESS?

Progress in implementing the strategies within the Plan and their impact will be measured by a suite of key performance indicators including those mandated in Service Agreements with the Ministry of Health. These will include measures of

- Access to services (for example, waiting times, emergency and elective surgery performance, relative utilisation rates)

- Utilisation of services (for example, potentially preventable hospital admissions, hospitalisation rates and primary and community health service events)

- Population health (for example, immunisation rates, obesity indicators, physical activity, and smoking rates)

- Patient experience

- Community engagement

- Employee engagement

- Financial performance (for example, net cost of services / expenditure and revenue growth)

- Quality (for example, adverse events, clinical variation, falls, pressure injuries, hospital acquired infections, medication errors, complaints, adherence to clinical pathways)

- Digitalisation of health services (for example, telehealth service events, implementation of eMR)

Longer term measures of success include

- An increase in life expectancy

- A reduction in potentially preventable hospitalisations

- More people rating their health as excellent, very good and good

- A significant reduction in health service associated harm

- A reduction in travel for staff and patients

- An increase in the proportion of residents’ health services provided within the District

- Clinical and financial performance that is better than any other rural health district
## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adequate physical activity</strong></td>
<td>Adequate physical activity is considered to be at least 30 minutes of moderate activity on most days, and preferably all days of the week. Moderate activity includes brisk walking, dancing, swimming or cycling. Australian recommendations for levels of physical activity in children up to 16 years of age is at least 60 minutes of moderate to vigorous intensity physical activity every day(^{25}).</td>
</tr>
<tr>
<td><strong>Average length of stay</strong></td>
<td>This is the total number of days patients spent in hospital divided by the number of stays. Average length of stay for acute conditions is considered to be an indicator of the efficiency of hospitals(^{26}).</td>
</tr>
<tr>
<td><strong>Evidence based practice</strong></td>
<td>Evidence based practice is the integration of clinical expertise, patient values and the best research evidence into the decision making process for patient care(^{27}).</td>
</tr>
<tr>
<td><strong>Index of relative socioeconomic disadvantage</strong></td>
<td>This is an index that summarises information about the economic and social conditions of people and households within an area. Scores lower than 1000 indicate relative disadvantage. The lower the score, the greater the socioeconomic disadvantage. Scores higher than 1000 indicate relative socioeconomic advantage(^{28}).</td>
</tr>
<tr>
<td><strong>Inpatient separation</strong></td>
<td>The process where an inpatient leaves a hospital or ‘type of care’ at the end of an episode of care (eg discharge to home, discharge to another hospital or nursing home, transfer to another type of care such as from acute care to rehabilitation, or death)(^{5}). This is frequently used as a measure of the utilisation of health services.</td>
</tr>
<tr>
<td><strong>Life expectancy at birth</strong></td>
<td>Life expectancy at birth is an estimate of the average number of years that a person can expect to live. Life expectancy at birth is influenced by many factors including socioeconomic status, genetics and access to health care(^{5}).</td>
</tr>
<tr>
<td><strong>Occupied bed</strong></td>
<td>An occupied bed is an available bed where there is a patient in the bed or the bed is being retained for a patient (eg the patient is receiving treatment or is on leave)(^{29}).</td>
</tr>
<tr>
<td><strong>Potentially avoidable deaths</strong></td>
<td>Potentially avoidable deaths are those that occur before the age of 75 and are due to conditions that may be preventable and/or treatable through existing primary or hospital care(^{5}).</td>
</tr>
<tr>
<td><strong>Potentially preventable hospitalisations</strong></td>
<td>Admission to hospital for a condition where the hospitalisation could have potentially been prevented by providing appropriate individualised preventative health interventions and early disease management(^{5}).</td>
</tr>
<tr>
<td><strong>Statistical local area</strong></td>
<td>A Statistical Local Area is an Australian Standard Geographical Classification defined area, and are Local Government Areas (LGAs) or part thereof. SLAs are also defined for unincorporated areas, those areas for which LGAs are not defined(^{1}).</td>
</tr>
</tbody>
</table>
References

2. NSW Health Aboriginal Nations. Greater Western Area Health Service map (extracted) and http://archives.samuseaum.sa.gov.au/tribalmap/index.html
4. Western NSW Local Health District. Western new south wales local health district demography and health profile. 2015. Western NSW Local Health District.

17. HealthStatsNSW. High or very high psychological distress by local health district, persons aged 16 years and over, NSW, 2015. Accessed 10th June 2016 at http://www.healthstats.nsw.gov.au/Indicator/men_distr_age/men_distr_lhn?&topic=Psychological distress&topic1=topic_men&code=men_distr


