Working Together Building Healthy Futures

The Illawarra Shoalhaven Local Health District
Health Care Services Plan 2012-2022

October 2012
Illawarra Shoalhaven Local Health District

Health Care Services Plan 2012–2012

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FOREWORD

WORKING TOGETHER BUILDING HEALTHY FUTURES

Our Health Care Services Plan 2012 to 2022 “Working Together Building Healthy Futures” sets out an ambitious vision for the Illawarra Shoalhaven Local Health District’s future health service delivery. It clearly articulates the reform areas we need to focus on if we are to create a sustainable and integrated service system for the future.

The Plan provides direction for the development of our health care service over the next ten years, building on our successes and creating a platform for continuous improvement that will lay firm foundations for excellence in service delivery for many years to come.

The strategic initiatives detailed in the Plan and the shape of our future services are the result of an intense and rigorous process of thought, analysis, consultation and choices in the context of rapid developments and changing demands in health priorities, policy and practice.

We recognise the challenge of creating an accessible and equitable service system that provides patient centred services with the involvement of all our stakeholders, and we are clear on the need to have responsible, transparent and accountable management of health care resources in order to ensure resources are targeted towards the most effective health care interventions. These important challenges require high quality data, research, deliberate service development strategies and a willingness to change. At the same time, the Plan has also responded to the community’s reasonable expectation that access to quality acute hospital-based services and community services will be improved.

We understand that there will be different views about priorities for resources. We have taken the view that we aim to provide the most benefit for the most people within the workforce and financial constraints that are a feature of our health system. We have been guided in our deliberations primarily by the need to provide the highest possible quality of healthcare to all of the people of the Illawarra and Shoalhaven within those constraints.

The Plan has been shaped by the diverse communities we serve and their healthcare needs as well as identifying the need to create and build our own workforce for the future. In order to accommodate this vision, the Wollongong Hospital has been identified as our major teaching and referral facility that will foster innovative practice and drive developments in teaching and research in conjunction with our academic partners.

We all aspire towards a healthier community and we acknowledge the need to work closely with our partners in achieving that vision. The Board and the Executive Team are excited and motivated by our Health Care Services Plan, and we are already working hard to implement it.

Clinical Professor Denis King OAM
Chair
Illawarra Shoalhaven Local Health District Board

Susan Browbank
Chief Executive
Illawarra Shoalhaven Local Health District
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1 EXECUTIVE SUMMARY

In an environment of major health system restructure and funding reform, the Illawarra Shoalhaven Local Health District (the District) Health Care Services Plan, Working Together Building Healthy Futures (The Plan) follows through the principles and key reforms identified in Our Statement of Strategic Intent and sets the direction for the development of our health care services across the Illawarra and Shoalhaven until 2022.

Along with our service delivery partners, the District provides services to a diverse range of communities with three main population centres: Wollongong in the Northern Illawarra, Shellharbour in the Southern Illawarra, and Nowra in the Shoalhaven.

Our current population of 368,822 is projected to reach over 425,000 within the life of the Plan, with the highest growth rate to be experienced in the Shoalhaven. Many of our communities have distinct health care needs, with a higher than state average level of socioeconomic disadvantage. Cultural diversity, isolated communities, rising levels of chronic and complex needs and potentially avoidable hospitalisations highlight some of the key challenges the local health system faces over the next 10 years.

In meeting these challenges the District will embed the principles of equity, patient rights, access and participation in planning and delivering services, to ensure they are developed with greater community and clinician involvement, and that they evidence efficient and appropriate allocation of resources, openness and accountability.

As identified in Our Statement of Strategic Intent, and in working towards our identified four key reforms, District services will continue to be developed in a hub and spoke service delivery model based around our three main population centres.

- Wollongong Hospital will continue its role as the District-wide tertiary referral centre for acute inpatient services, as well as provide acute hub level services for the Northern Illawarra.

- Shellharbour Hospital will need to develop into the role of acute hub for the Southern Illawarra community, which will require expansion of its current service profile.

- Shoalhaven District Memorial Hospital will continue its role as acute hub in the Shoalhaven; a role that will be enhanced by the imminent expansion of Cancer Care services.

A centre of excellence in Aged Care will be established at Bulli Hospital. A District wide Access and Referral Centre will act as system navigator, linking services and patients across service settings and sectors with the aim to provide a key interface between acute, ambulatory, and primary health care services.

Throughout our consultation processes, Research and Teaching was identified as a key focus area in achieving our reforms. This will include working with our tertiary education and clinical research partners in supporting the development and recruitment of workforce across all disciplines, developing opportunities for clinical research and innovation, and continuing the development of teaching hospitals within the District, with Wollongong Hospital as the primary campus.

Clinical services will continue to be arranged under our Clinical Division structure, who will effectively collaborate with internal and external service delivery partners to achieve our four key reforms. Based on the systematic analysis of health service activity,
projected demand and service development drivers, along with extensive consultation processes, key strategies to achieve each of the four key reforms have been identified:

**Strategies for Key Reform 1 – Investing in contemporary patient-centred models of care**

- Invest in evidence based health promotion, prevention, and early intervention
- Improve access to multidisciplinary assessment and care, ambulatory and primary health care services including hospital avoidance strategies, and ambulatory clinical support services including diagnostics

**Strategies for Key Reform 2 – Developing an integrated health system**

- Strengthen and enhance internal and external networks to provide services as a single District wide system
- Develop protocols and capacity to improve efficiency in high volume/high growth services, clinical leadership and evidence based decision making
- Develop the Access and Referral Centre into a District wide system navigator to improve continuity of care across sectors

**Strategies for Key Reform 3 – Reconfiguring the capital footprint to match needs**

- Respond to community needs by distributing services were possible and centralising where necessary in order to support equity of access and local self-sufficiency, whilst ensuring safety and quality is maintained
- To ensure optimal efficiency and effectiveness, and where necessary review infrastructure to support the hub and spoke service delivery framework

**Strategies for Key Reform 4 – Building the workforce of the future**

- Develop a District wide workforce plan with a sustainable medical recruitment program
- Partner with education, training & research entities in achieving key reforms 1 and 2, and in doing so building a diverse and dynamic multi-disciplinary team.

These strategies have been used to develop a proposed future service profile for each Clinical Division in section 8. Using this future service profile each Clinical Division will undertake the development of a Division Clinical Service Plan which will detail the Divisions hub and spoke arrangements, service delivery priorities, and networking requirements to achieve these key reforms; and realise the Districts vision for our future health care service system. To support the Division Clinical Service Plans in detailing how specific services will change and interact over the next 10 years to achieve our key reforms we will also undertake Asset Strategic Planning, Workforce Planning and Annual Operational Planning.

In parallel to the development of Clinical Division Plans, the District will refine the Performance Management Framework to ensure we maintain an appropriate focus on our strategic objectives throughout the implementation of our plans. Progress against our strategic objectives throughout the life of the Plan will be reviewed and reported at the end of each financial year, and published at the Annual General Meeting, ensuring continuous improvement is driven by openness and accountability.
2 OUR ORGANISATION

2.1 Introduction

Our Health Care Services Plan (The Plan) details the direction and development of our health care services across the Illawarra Shoalhaven Local Health District (the District) from 2012 to 2022.

The information presented in the Plan is underpinned by the Illawarra Shoalhaven Local Health District’s “Our Statement of Strategic Intent”.

The Plan outlines our strategic service directions, presented as a series of brief overviews, which will be further developed into more detailed clinical division plans. The Plan provides an overview of current services, key service issues and service development priorities that the District will work towards over the next ten years.

The focus will be on patient-centred care, incorporating all health care settings (acute, sub-acute, hospital based, ambulatory and primary health care) and service providers, particularly partnerships between the Illawarra Shoalhaven Medicare Local, General Practice and our Aboriginal Health partners.

The information and data that has informed the development of the Plan can be found in the supporting document “Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022: Technical Notes”.

2.2 Background

Over the past 18 months there have been significant impacts on health services in NSW, which include:

- Division of the eight former Area Health Services into 15 Local Health Districts with new administrative and governance arrangements
- Establishment of the Medicare Local to coordinate primary health care services
- Transfer of responsibility for aged care services to the Commonwealth
- Implementation of a new performance and monitoring network for hospital and health services
- New funding arrangements for public hospitals with changes to Activity Based Funding (ABF) arrangements from 1 July 2012 (for acute admitted patients, emergency department (ED) patients and outpatients); and from 1 July 2013 (for sub-acute, mental health and non-admitted patients)

Since the formation of the Illawarra Shoalhaven Local Health District in 2011, we have been:

- Developing our own culture and areas of excellence
- Integrating our new governance arrangements into our day to day operations
- Reaffirming our strategic directions
- Striving to achieve a truly integrated, collaborative and self-sustainable District

The Plan represents an opportunity to reinforce our identity and to establish our priorities for our services and communities as we head towards 2022.
2.3 Planning Context

The New South Wales Ministry of Health requires each Local Health District to develop a Plan that will drive the delivery of its health care services. A number of national, state and local strategic plans have influenced the Plan, the key elements being:

- Council of Australian Government’s National Health Reform
- NSW Government’s NSW 2021: A Plan to Make NSW Number One
- Our Statement of Strategic Intent – sets the vision for the District and identifies the four key areas of reform required to achieve the vision
- Building a Sustainable Service System for the Communities of the Illawarra Shoalhaven – identifies sustainable frameworks from which the District will operate within.

The Plan is developed with the four inter-related principles of Social Justice in mind, to ensure that:

- There is equity in the distribution of resources
- Rights are recognised and promoted
- People have fairer access to the economic resources and services essential to meet their basic needs and to improve their quality of life, and
- People have better opportunities for genuine participation and consultation about decisions affecting their lives.

Also embedded into the Plan and all District planning activities are the four “Principles of Multiculturalism” as outlined by the Community Relations Commission and Principles of Multiculturalism Act 2000.

2.4 Our Local Health District

The Illawarra Shoalhaven Local Health District is administered by a Chief Executive and governed by a local Board. The Board Chair reports directly to the NSW Minister for Health. Board membership includes clinicians, healthcare management experts and community representatives.

Reporting to the Board are a number of committees who have the responsibility of providing leadership and governance, and ensuring the delivery and management of safe, effective and quality based services to the local community. Our services are arranged in Clinical Divisions to allow local leadership and direction across the four domains of policy, quality, workforce and planning. Our Clinical Divisions comprise:

- Aged Care, Rehabilitation and Palliative Care Division
- Ambulatory and Primary Health Care Division
- Cancer Care Services Division
- Medicine and Emergency Division
- Mental Health Division
- Renal Services Division
- Surgery and Critical Care Division
- Women and Children Division
2.5 Our CORE Values

The Plan reflects the Illawarra Shoalhaven Local Health District’s CORE values that underpin our service delivery:

- **Collaboration** - we are all part of one team in one health system.

- **Openness** - we are transparent in our ways of working and believe that our residents and communities have a right to know how decisions are made, why they are made, who is making them and what things cost.

- **Respect** - we believe everyone has a valued role to play; that there is no single source of wisdom or authority and listening is as important as talking. Everyone can make a contribution and everyone should be given the chance to. We look for every source of improvement.

  We believe with a respectful system we are able to give real meaning to the concept of accountability.

- **Empowerment** - we believe patients must be empowered to take the greatest control of their own health care in collaboration with their carers and care providers. Their decisions should be based on clear information about what works best, how much can be afforded and where and when treatment is available.

  We believe for empowerment to work there must be trust; decisions must be delegated closer to patients, to where they are best made.

  We believe there must be empowerment and accountability at every level – responsible delegation of authority will be a hallmark of the management of our District.

2.6 Four Key Reforms

Service directions for the next ten years will be outlined under the four key reforms of:

1: *Investing in Contemporary Patient-Centred Models of Care*

2: *Developing an Integrated Health System*

3: *Reconfiguring the Capital Footprint to Match Needs*

4: *Building the Workforce of the Future*
3 OUR CONSUMERS AND THEIR NEEDS

3.1 Geography

The Illawarra Shoalhaven Local Health District covers four Local Government Areas (LGAs); Wollongong, Kiama, Shellharbour and Shoalhaven. These LGAs comprise six Statistical Local Areas (SLAs), in addition to the Jervis Bay Territory (which is a Territory of the Commonwealth). The District covers a large geographic region of approximately 5,687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven.

For the purpose of the Plan, the SLAs have been grouped into three community groups as illustrated in Figure 1 – Map of Illawarra Shoalhaven Local Health District Communities.

These are the communities of the Northern Illawarra, Southern Illawarra, and the Shoalhaven, which represent the logical grouping of our communities around our three major population centres (Wollongong in the Northern Illawarra, Shellharbour in the Southern Illawarra, and Nowra in the Shoalhaven). Of these three main population centres, Wollongong has limited capacity for growth whilst Shellharbour and Nowra have more potential for growth.

Figure 1 - Map of Illawarra Shoalhaven Local Health District Communities
3.2 Transport

The District’s geography, limited public transport systems, and isolated communities impact on accessibility of health services; this is further exacerbated by lack of access to private transport. Vulnerable community members who are less likely to have access to private transport, are often those with higher socioeconomic disadvantage, those with disabilities, and older people living in the community. Previous survey data has indicated that 75% of people rely on private transport to access health facilities in NSW.

3.3 Population

The Australian Bureau of Statistics 2011 census data shows that there are 368,822 residents within the Illawarra Shoalhaven Local Health District. The Illawarra Shoalhaven population is projected to reach 406,873 by 2016, and 425,136 by 2021, as shown in Table 1 - Population Projections.

This equates to a projected per annum growth rate of 0.9% across the District, compared to a projected average growth rate of 1.1% across NSW. Population growth as a proportion of total population is projected to be highest for Shoalhaven at 1.3% per annum.

Table 1 - Population Projections

<table>
<thead>
<tr>
<th>LGA name</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>Growth 2011-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiama</td>
<td>21,246</td>
<td>22,335</td>
<td>23,511</td>
<td>8%</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>70,518</td>
<td>72,923</td>
<td>75,015</td>
<td>8%</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>105,625</td>
<td>112,365</td>
<td>118,822</td>
<td>14%</td>
</tr>
<tr>
<td>Wollongong</td>
<td>209,485</td>
<td>217,514</td>
<td>225,444</td>
<td>8%</td>
</tr>
<tr>
<td>District Total</td>
<td>406,873</td>
<td>425,136</td>
<td>442,791</td>
<td>9%</td>
</tr>
</tbody>
</table>

NB: NSW Health, with the NSW Department of Planning has developed a customised series of population projections which are mandated for use in health service planning. Source: NSW Health Population Projection Series 1.2009, Department of Planning & State-wide Services Development Branch, NSW Health, May 2012.

Tourism is a contributing factor in assessing population in our District, particularly during the peak holiday periods. In the Shoalhaven, there are 3.8 million tourist nights\(^1\) per annum, with Tourism NSW estimating that one third of tourist nights occur during the summer peak between Christmas and the end of January.

As indicated in Figure 2, visitors to the Shoalhaven have a significant impact on the demand for health care services. This fluctuation creates a significant challenge in maintaining adequate levels of staffing for both the provision of a timely and high quality service and the management of sustainable workloads. The same effect is not seen in the Northern Illawarra, with presentations at Bulli Hospital remaining relatively static and the peak at Wollongong Hospital occurring over winter months.

\(^1\) A tourist night is when a visitor stays in a different town or locality to their usual place of residence.
3.4 Specific Population Groups

There are specific groups in our communities that have greater and/or distinct health care needs when compared to the rest of the population. This is based on several factors:

- **Rurality** - in 2011, approximately 92,000 people were living in the rural Shoalhaven LGA, representing 25% of the population.

- **Age** - based on the premise that older people and children access health services more than others:
  - The Illawarra Shoalhaven has a higher proportion of residents aged 75 years and older (8.5%) when compared to the NSW average (6.9%). Between 2011 and 2021 the population aged 75 years and older is expected to grow by 32%.
  - Children aged less than five years make up 6.1% of the population, this is lower than the NSW average of 6.6%. Between 2011 and 2021, the population aged less than five years is expected to grow by 7%.
  - The fastest growing age groups between 2011 and 2021, will be the 85 years and over age group (45% increase) and the 65-84 years age group (33% increase).

- **Relative disadvantage** - Based on the composite SocioEconomic Index for Areas (SEIFA), the Illawarra Shoalhaven population, on average, is more disadvantaged than the NSW population. Shoalhaven LGA residents are the most socioeconomically disadvantaged, followed by residents of Shellharbour LGA and Wollongong LGA (shown in Figure 3).
Figure 3 - Index of Relative Disadvantage

Culturally, Religiously and Linguistically Diverse (CALD) Groups

CALD communities are well represented in the Illawarra Shoalhaven. In 2011, an estimated 86,304 Illawarra Shoalhaven residents were born overseas. This equates to 23% of the population. Table 2 outlines the number of people born in a non-English speaking background (NESB), and the percentage of NESB people whose ability to speak English can be considered as poor (reported as not well or not at all). Wollongong contains the highest percentage of both people born in a NESB and those with poor English skills.

Table 2 - CALD Communities

<table>
<thead>
<tr>
<th>LGA</th>
<th>% Born Overseas</th>
<th>% Poor English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Kiama</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>District Total</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>NSW</td>
<td>31</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: ABS Census 2011
CALD groups often experience poor health due to:

- Access to health care – those from a CALD background may not be aware of the care available in the community and/or may not be able to readily access those services due to language, religious or other cultural barriers.
- Equity of health care access – some CALD patients experience discrimination from the health care system due to country of origin, cultural background and religious beliefs.
- Language difficulties – communication styles, communication support and not having a shared understanding of English can impact on clinical care.
- Culture – significant cultural differences need to be considered from a patient’s ‘cultural lens’, diversity within diversity, and religious beliefs.

**Indigenous Groups**

In 2011, 10,763 Illawarra Shoalhaven residents were Aboriginal people, representing 2.9% of the total population, of which sixty per cent reside in the Illawarra (6,445) and forty per cent reside in the Shoalhaven (4,318) (see Table 3).

Table 3 - Indigenous Population Status

<table>
<thead>
<tr>
<th>LGA</th>
<th>Aboriginal residents*</th>
<th>% of total pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong</td>
<td>4,229</td>
<td>2.2</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>1,931</td>
<td>3.0</td>
</tr>
<tr>
<td>Kiama</td>
<td>285</td>
<td>1.4</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>4,318</td>
<td>4.7</td>
</tr>
<tr>
<td>District Total</td>
<td>10,763</td>
<td>2.9</td>
</tr>
<tr>
<td>NSW</td>
<td>172,620</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Source: ABS Census 2011*

**Socially Isolated Groups**

It is well documented that social isolation can impact on and result in major health problems, particularly for the elderly population. Table 4 outlines the percentage of residents aged 65+ who live alone.

Table 4 - Residents Aged 65+ Living Alone

<table>
<thead>
<tr>
<th>SLA</th>
<th>% 65+ Living Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong</td>
<td>42</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>43</td>
</tr>
<tr>
<td>Kiama</td>
<td>56</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>50</td>
</tr>
<tr>
<td>District Total</td>
<td>45</td>
</tr>
<tr>
<td>NSW Average</td>
<td>40</td>
</tr>
</tbody>
</table>

*Source: ABS Census 2011*

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2 Please note that throughout this document “Aboriginal” refers to Aboriginal and Torres Strait Islander people.
3.5 Health Status

The health of the population of the Illawarra Shoalhaven influences the demand for health care services. There are unacceptable variations in health risk, status and outcomes between population groups within the community. The health of Illawarra -Shoalhaven residents is, on average, poorer than for other NSW residents, as measured by indicators of current and expected future health status and system outcomes.

For example, our residents are more likely than the average NSW resident to be:

- risk drinkers, overweight or obese
- experiencing psychological distress
- hospitalised for an ambulatory care sensitive condition (ACSC) ie. a potentially avoidable hospitalisation
- hospitalised for attempted suicide

Burden of Disease

The number of deaths from 2008 to 2010 and the age standardised mortality rate shows little difference between Illawarra Shoalhaven (5.7) and the State (5.9). The SLA of Wollongong-Inner has the lowest overall mortality, while Shoalhaven-Nowra has the highest.

Avoidable Mortality & Morbidity

Compared with the NSW average, the risks of potentially avoidable deaths and premature mortality are generally higher in Shellharbour LGA and lower in Kiama LGA. Table 5 outlines data relating to mortality between the ages of 0 and 74 years from causes that may have been prevented by behavioural factors.

Within the Illawarra Shoalhaven, the risk of cancer death is:

- higher in the Shellharbour LGA and lower in the Kiama LGA

Within the Illawarra Shoalhaven, the risk of cardiovascular disease death is:

- higher in the Shellharbour LGA and lower in the Wollongong LGA and Shoalhaven-Nowra SLA

The SLA of Shoalhaven-Nowra has a significantly higher age standardised mortality rate (144) for motor vehicle injuries.

Table 5- Standardised Ratio of Avoidable Mortality

<table>
<thead>
<tr>
<th>SLA</th>
<th>All Causes</th>
<th>Cancer</th>
<th>Cardiovascular</th>
<th>Motor Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong – Inner</td>
<td>106</td>
<td>104</td>
<td>105</td>
<td>68</td>
</tr>
<tr>
<td>Wollongong – Balance</td>
<td>104</td>
<td>104</td>
<td>103</td>
<td>64</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>109</td>
<td>117</td>
<td>111</td>
<td>76</td>
</tr>
<tr>
<td>Kiama</td>
<td>66</td>
<td>73</td>
<td>66</td>
<td>#</td>
</tr>
<tr>
<td>Shoalhaven – Nowra</td>
<td>107</td>
<td>104</td>
<td>104</td>
<td>144</td>
</tr>
<tr>
<td>Shoalhaven – Balance</td>
<td>106</td>
<td>110</td>
<td>107</td>
<td>100</td>
</tr>
<tr>
<td>District Total</td>
<td>104</td>
<td>106</td>
<td>103</td>
<td>80</td>
</tr>
<tr>
<td>NSW</td>
<td>99</td>
<td>100</td>
<td>104</td>
<td>77</td>
</tr>
</tbody>
</table>
Hospitalisations for chronic conditions impact significantly on our health services. Many of these hospitalisations are preventable.

In comparison to NSW, Illawarra Shoalhaven residents have significantly higher hospitalisations for the following conditions:

- Alcohol attributable injury
- Fall related injury
- Smoking attributable disease
- Coronary heart disease
- Chronic obstructive pulmonary disease
- Diabetes
- Obesity

Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions (ACSC) are those for which hospitalisation is thought to be avoidable through health care in ambulatory care settings, that is, outside the admitted hospital setting, such as primary health care (including general practice), community care, emergency department care and outpatient care.

The conditions selected for this measure are those thought to be sensitive to preventative care, adequate management of chronic conditions, and timely care for an acute illness in ambulatory settings, particularly primary health care. ACSC admissions are valid proxy indicators of access to primary health care. Socioeconomic factors are important in explaining variations in ACSC admissions.

Compared to the NSW average, potentially avoidable hospitalisations are significantly higher among Shellharbour, Shoalhaven and Wollongong LGA residents (36%, 12% and 3% respectively) (shown in Table 6).

Table 6 - ACSC Hospitalisations by LGA

<table>
<thead>
<tr>
<th>LGA</th>
<th>Number of separations per year smoothed</th>
<th>Standardised separation ratio (smoothed estimate)</th>
<th>Significantly higher/lower than NSW average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong</td>
<td>5,433</td>
<td>102</td>
<td>↑</td>
</tr>
<tr>
<td>Shellharbour</td>
<td>2,127</td>
<td>136</td>
<td>↑↑</td>
</tr>
<tr>
<td>Kiama</td>
<td>545</td>
<td>89</td>
<td>↓↓</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>3,258</td>
<td>111</td>
<td>↑↑</td>
</tr>
</tbody>
</table>

Health Inequality Indicators

Private Health Insurance

Health Insurance is a key indicator of inequality. The percentage of Illawarra Shoalhaven residents holding private health insurance is well below the State level, with the exception for Kiama whose residents have very high rates of private insurance.

Prevalence of Risk Factors

Important health risk factors include smoking, alcohol consumption, and obesity for males and females.

Compared to NSW, the risk of hospitalisation due to smoking attributable conditions and alcohol attributable conditions are:

- high in Shoalhaven and Kiama LGAs for alcohol attributable conditions.
- low in Kiama LGA for smoking attributable conditions.
- the number of current smokers in Wollongong, Shoalhaven and Shellharbour is greater than the NSW average.

Compared to the NSW average, the risk of being hospitalised for a high Body Mass Index (BMI) attributable condition are:

- higher in all Illawarra Shoalhaven LGAs except Kiama LGA
- higher in Shellharbour LGA
- lower in the Kiama LGA.
4 OUR CHALLENGES, PRIORITIES AND VISION

The District operates in a national and state health system. It is allocated finite funds under a mix of programs that relate to population size and socio-economic status, as well as fees for delivering acute health services. As such, the District must strive to ensure the availability of services is equitable, and service delivery is cost-effective, safe and of a high quality standard. To achieve this, the District must identify its challenges and define the aims for the future.

4.1 Current Challenges

Current and previous planning and consultation processes have identified a number of challenges for the Health District, summarised as:

Creating Sustainable Services

Clinical Services

The demand for aged care, medical, surgical and cancer services will continue to increase, driven by a range of factors, including our growing and ageing population who will have an increased prevalence of several co-existing chronic and complex conditions. The challenge is to achieve the correct balance between ensuring sufficient critical mass and clinically effective patient care, especially for specialised services, and providing services suitable to the community.

Increasingly, the District is delivering services in partnerships with other agencies, service providers and the community. This requires an increased focus on developing and maintaining relationships, engaging stakeholders and monitoring performance. It also requires a focus on workforce needs across the broader health system, professional development, job redesign and maximising shared care potential between public and private providers.

Creating Workforce Sustainability

Medical Workforce

A major challenge for all health systems, but particularly for those servicing populations at a distance from major Sydney hospitals, is to ensure the right people with the right skills can provide services at the right time in the right place. A particular challenge for the District is enhancing the clinical workforce so as to build Wollongong Hospital into a major teaching and referral hospital and to further develop the role of Shellharbour and Shoalhaven hospitals. This will increase the self-sufficiency of the District and reduce the need for travel to Sydney for many patients.

At present, the medical workforce is characterised by relatively low proportions of staff specialists and advanced trainees. This places additional pressures on these staff, including on their supervisory, research and training roles, and conflicts with the needs of a teaching hospital.
Nursing Workforce

With the recognised ageing of the nursing and midwifery workforce, there is an imperative to identify appropriate models of care that incorporate the clinical expertise of the range of nursing and midwifery professionals and not just a reliance on the functioning of the registered nurse or registered midwife.

In addition, the change in enrolled nurse training has seen a significant reduction in this classification of staff entering the nursing workforce and this places a noticeable strain on the efficiency of the health service.

Partnerships with clinical education providers will need to be enhanced to ensure that the Illawarra Shoalhaven is identified as a preferred employer if we are to attract competent novice clinicians to the health service.

Allied Health/Multidisciplinary Workforce

More effective management of chronic disease will require changes in the structure, roles, skills and composition of health service staff, with greater capacity to work effectively in multidisciplinary teams across the continuum of care. A major ongoing challenge for the District is enhancing the allied health workforce to complement health care within a multidisciplinary setting.

The current allied health workforce is comparatively low for all of the three major hub hospitals; Wollongong, Shellharbour and Shoalhaven.

Creating Infrastructure and Resource Sustainability

Infrastructure Sustainability

The District has a range of aged and space constrained facilities that require ongoing maintenance and continual upgrades for them to remain functional. These constraints limit the ability to organise services in a manner which supports patient centred care and as maintenance costs rise the resources available to ensure facilities remain functional are stretched. The District needs to ensure its asset portfolio is used to best effect both in terms of space utilisation, service configuration and operating costs to maximise the available resources. The need to seek and obtain funding to support capital improvements is increasing in line with the increased demand for services.

The need to further develop the Shellharbour Hospital site as a priority is supported by the demand for services created by the growing population in the surrounding area. The infrastructure footprint has not kept pace with the growth in population and their health needs over recent years.

Financial Sustainability

Pressures on health costs are expected to continue. While health is seen as a funding priority, it is recognised that resources are finite. The District will need to undertake continual reform and create efficiencies to meet this challenge. It has a responsibility to set priorities, ensure high quality safe services and control costs.
Our Health Care Services Plan 2012-2022

Addressing Service Demands

Rising Levels of Chronic and Complex Health Needs

Rising levels of chronic disease account for almost 70% of healthcare expenditure in Australia and 80% of the total burden of disease. The District needs to particularly address: diabetes, cardiovascular disease, respiratory, cancer, renal disease and obesity.

The risk factors for chronic disease are most prevalent amongst the lower socioeconomic areas. The Aboriginal community also have disproportionately high levels of chronic disease and related risk factors.

Chronic diseases require care throughout an individual’s lifespan, and good disease management will need to be supported in, and across, all health care settings through multidisciplinary care.

Working in partnership with the Illawarra Shoalhaven Medicare Local, General Practice and our Aboriginal Health partners is essential to developing care pathways that focus on the individual and their needs.

Reducing ‘Potentially Avoidable’ Hospitalisations

Ambulatory Care Sensitive Conditions (ACSC) are those for which hospitalisation is considered potentially avoidable by providing timely and effective preventive care and early disease management.

Through our primary healthcare services and in partnership with General Practitioner’s and primary care providers we need to better manage the three ACSC categories of:

- Chronic (eg. diabetes with complications, congestive heart failure, asthma and angina)
- Acute (eg. dehydration and gastroenteritis, pyelonephritis (kidney infection), cellulitis) (NB: acute ACSC may be consequences of poorly managed chronic disease).
- Vaccine-preventable (eg. influenza and pertussis)

Hospitalisation rates for these conditions amongst Illawarra Shoalhaven residents are higher than the NSW average, with the gap increasing in recent years. An average 3.3% increase in hospitalisations has been seen each year over the last decade. An estimated 34% of this is due to population growth and a further 29% due to the population ageing.

With these factors to consider, sustained efforts in enhanced prevention, early detection/intervention and management (including advanced care planning) in the primary care setting are essential.

Responding to Mental Health Needs

Mental illness accounts for approximately 13% of the burden of disease, and can have a devastating impact on individuals, families, carers and friends, as well as significant economic and social costs for the community.

People with a mental illness are at greater risk of homelessness, more likely to misuse substances and more likely to find themselves in trouble with the law. They also have a lower than average life expectancy.
Socio-economic influences can impact on an individual’s mental health. This is especially evident for at risk populations (e.g. Aboriginal and CALD groups). Over the last decade, suicide deaths and attempted suicide hospitalisation rates are consistently higher among the Illawarra Shoalhaven residents than the rest of NSW (25% higher hospitalisation rates).

Whilst service enhancements over the last five years ensure that Illawarra Shoalhaven consumers have access to a broad range of specialist mental health services, the future challenge is to enhance the relationships with valued partners such as General Practitioners, non-government agencies and Aboriginal Health partners, in the provision of comprehensive mental health care for consumers.
4.2 Vision for the District

Responding to these challenges, and in line with Our Statement of Strategic Intent, the District’s mission to 2022 is to build an integrated and collaborative health service with its partners, to work together to build healthy futures.

Together we are striving for a health care service that:

- has a greater focus and investment in **improving health and wellbeing** of the community through **prevention, early intervention, and treatment** of illness, paying particular attention to reducing the health gap for communities that experience multiple disadvantage
- ensures clients and their carers are **informed and involved** in healthcare decisions and treated with respect
- helps people to **access** most of the healthcare they need through an **integrated network** of ambulatory and primary health care services across the public and private health systems
- has a greater focus on **healthy ageing** strategies integrated across the different levels of government and the private sector
- is alert and capable of readily adapting to changing needs and is quick to **anticipate and respond** to new issues as they emerge
- **engages** more effectively with other government and non-government agencies, private providers, and the broader community, to provide a more **integrated approach** to planning, funding and delivering health services to local communities
- makes the most **effective use** of the finite **resources** available and manages costs, services and infrastructure effectively to **meet healthcare needs** while maintaining financial sustainability
- has a valued, **skilled workforce** that is well planned, trained, organised and deployed creatively to focus on **changing needs**
- is person centred, focused on **quality and safety**, providing clients with appropriate and **timely access** to safe and satisfactory journeys through the health service system
- uses knowledge, research and **evidence** about service delivery interventions, and models, and their cost-effectiveness to change the way in which services are provided and gives rise to new approaches
The District will build on its integrated service system to further develop services around a “hub” and “spoke” model of service delivery.

The District’s vision, as depicted in Figure 4, is to develop the Wollongong Hospital as a district wide provider of tertiary clinical services, research and teaching.

Acute health care services will be provided to the communities in the Northern Illawarra, Southern Illawarra and Shoalhaven via three acute ‘hubs’ of Wollongong, Shellharbour and Shoalhaven hospitals, with ‘spokes’ at the smaller and sub-acute hospitals.

A wide range of ambulatory and primary health care, and mental health services are delivered on a hub and spoke model across the District from a variety of hospital and community settings.
4.3 Reforms to Achieve the Vision

Service directions for the next ten years will be outlined under the four reforms identified during the development of Our Statement of Strategic Intent, as follows.

1: Investing in Contemporary Patient-Centred Models of Care; working to ensure:

- We develop and deliver our services based on the best available evidence about health needs and service outcomes
- A world class Ambulatory and Primary Health Care service system
- A sustained, and coordinated approach to chronic disease and associated co-morbidities, to reverse the increasing trend in avoidable admissions, particularly for diabetes
- A one-stop shop District Access and Referral Unit
- A sustained and coordinated approach to aged care and rehabilitation
- People with mental illness can access services appropriate to their needs
- Aboriginal people have outcomes equal to the broader community
- Our consumers are key partners in service planning, delivery and evaluation

2: Developing an Integrated Health System; working to ensure:

- The Wollongong Hospital being the provider of tertiary referral clinical services, research and teaching for the District
- The Wollongong Hospital being established as the Northern Illawarra hub for the District
- Shellharbour Hospital is redeveloped into a major metropolitan hospital, and established as the Southern Illawarra hub for the District
- Shoalhaven District Memorial Hospital is established as the Shoalhaven hub for the District, and its role is strengthened as an associated teaching hospital
- We increase our self-sufficiency so that patients have timely and equitable access to a comprehensive range of services locally
- Our service processes match the needs of the 21st century
- We are financially responsible
3: Reconfiguring the Capital Footprint to Match Needs

- Enhance infrastructure in areas of greatest population growth and need
- Redefine the roles of services where infrastructure no longer meets standards, and where the demographics of the local population would support the development of special services
- Develop the capital infrastructure to enable the transition of Wollongong Hospital into a tertiary teaching and referral hospital

4: Building the Workforce of the Future; working to ensure:

- We have effective governance systems, which ensure engagement of our workforce in local decision-making
- We have a sustainable, highly trained and competent workforce
- We have a workforce profile which closely aligns with the needs of our patients and communities
- Our staff have a safe and healthy work environment
5 OUR HEALTH SERVICE

The Illawarra Shoalhaven Local Health District provides a comprehensive range of public health services across a distance of approximately 250 kilometres from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven.

The District is one of the region’s largest employers with a workforce of 6,300 across nine hospital sites and a number of community settings. Services are provided from a variety of settings, with outreach services where possible. The health service is complemented by a number of government agencies, private health providers and various not-for-profit health services.

5.1 District Services Overview

Aged Care and Rehabilitation Division

Aged Care

District wide acute and complex aged care inpatient services, including rapid assessment beds, acute inpatient geriatric medicine, ortho-geriatric service and support for the psycho-geriatric service with consultation for all other specialties, are provided at Wollongong Hospital. Also in the Northern Illawarra, Bulli Hospital accommodates both acute and sub-acute aged care inpatient beds and Coledale Hospital provides care for patients awaiting residential care placement. In the Southern Illawarra Shellharbour Hospital provides acute aged care beds while Kiama Hospital has sub-acute aged care beds. A consultation service is provided at all sites. In the Shoalhaven, acute aged care beds are provided at the Shoalhaven District Memorial Hospital, with consultation services provided to Milton-Ulladulla and David Berry Hospitals. 55 transitional care community places are available in the Illawarra and 30 in the Shoalhaven.

Outpatient clinics are provided in the Northern Illawarra at Bulli and Wollongong Hospitals, in the Southern Illawarra at Shellharbour and Kiama Hospitals, and in the Shoalhaven at Milton-Ulladulla and Shoalhaven District Memorial Hospitals, which also provides the base for domiciliary services including visits both to Residential Aged Care Facilities and to Indigenous communities at Wreck Bay and Orient Point. Acute Aged Residential Care Teams (AARC) are based at Bulli, Shellharbour, Shoalhaven District Memorial and Milton-Ulladulla Hospitals. Aged Care Assessment Teams (ACAT) are located at Bulli, David Berry and Milton-Ulladulla Hospitals.

Rehabilitation

District wide rehabilitation services including day hospital, pain management and spinal rehabilitation are based at Port Kembla Hospital, with other inpatient services located across the three communities at Coledale (Northern Illawarra), Port Kembla (Southern Illawarra), David Berry and Shoalhaven District Memorial Hospitals (Shoalhaven). Mobile Rehabilitation Team (MRT, formerly called Acute Rehabilitation Team or ART) services are provided at both Wollongong and Shoalhaven District Memorial Hospitals.

Outpatient clinics and services are located at Coledale, David Berry, Port Kembla, Shoalhaven District Memorial and Milton-Ulladulla Hospitals.
Palliative Care

Palliative care inpatient services are located at Port Kembla and David Berry Hospitals with consultation services available at other sites. Extensive activity is undertaken in community settings to support patients who wish to remain in the community to do so wherever possible as they approach end of life, and includes significant networking with clinicians from other divisions, community health, community services, partner organisations, and General Practice.

Ambulatory and Primary Health Division

The Ambulatory and Primary Health Division provides District-wide services across three streams.

The Healthy People Stream (Right Time) delivers primary, secondary and tertiary interventions to improve the health of ‘at risk’ members of the community; and targeted prevention and early intervention programs to support the delivery of evidence-based sustainable health promotion and prevention services.

The Ambulatory Care Stream (Right Place) provides community-based services (in community health centres and people’s homes) to prevent hospital admissions and support early hospital discharges. Services include wound care, palliative care, continence services, medication management in a shared care program with TACT (The Ambulatory Care Team) and SNAP (Smoking, Nutrition, Alcohol and Physical Activity), and risk factor assessment and management.

The Integrated Chronic Disease Management Stream (Right Care) provides access to coordinated care across the health system for people with chronic diseases and assists people to better self-manage their chronic condition. Services include telephone outreach support, 48-hour post discharge follow-up for Aboriginal People, an Access and Referral Centre for community based services and the funding of the Medicare Local to provide care coordinators within the Connecting Care Program.

Aboriginal Health is a core service of the Right Care stream, focusing on improving access to health services for Aboriginal people with chronic diseases. The Aunty Jean’s program aims to enhance the up-take of Aboriginal people in rehabilitation programs for chronic diseases. In addition, Aboriginal Health works to develop new models of health care that better support Aboriginal people.

All Ambulatory and Primary Health Care services network with our acute services, as well as other service partners such as General Practice, Aboriginal and Multicultural partner organisations, and social service providers in facilitating continuity of care and assisting patients to navigate our health services effectively. The Access and Referral Centre plays a specific role in linking patients to appropriate care and follow-up across settings.

Cancer Care Services

The Illawarra Comprehensive Cancer Care Centre at Wollongong Hospital currently provides the a District wide service in a full range of haematology, medical oncology and radiation oncology treatment (two linear accelerators with a third under development) and supportive services across the major tumour groups. The Shoalhaven Cancer Care Centre currently under construction will have a single linear accelerator with provision for a second.
Outpatient clinics are available across a range of services at Wollongong, Shellharbour, and Shoalhaven District Memorial Hospitals, with outpatient chemotherapy available at Milton-Ulladulla Hospital. Services are provided under a networked model of care across the district as a whole with a satellite medical oncology service provided at Milton-Ulladulla. Apheresis is provided by the Haematology department and is a District wide service.

**Medicine and Emergency Division**

**Medicine**

District wide clinical services in Medicine are based at Wollongong Hospital, with a comprehensive range of general medicine services provided from a network of hospitals within each of the Illawarra Shoalhaven communities: Wollongong Hospital in the Northern Illawarra; Shellharbour Hospital in the Southern Illawarra; Shoalhaven District Memorial and Milton-Ulladulla Hospitals in the Shoalhaven. District wide tertiary referral services based at Wollongong Hospital include sub-specialty services provided in cardiology, gastroenterology, neurology, respiratory medicine, endocrinology, infectious diseases, and rheumatology, in addition to the general medicine services.

A comprehensive range of outpatient clinics including general medicine, cardiology, respiratory, neurology, gastroenterology, diabetes, endocrinology, infectious diseases and others are available in the Northern Illawarra at Wollongong Hospital. Cardiology, diabetes, endocrinology, hypertension, infectious diseases, respiratory and general medicine outpatient clinics are available at Shellharbour Hospital in the Southern Illawarra, and respiratory, infectious diseases, diabetes, endocrinology, gastroenterology and general medicine outpatient clinics are provided to the Shoalhaven community from Shoalhaven District Memorial Hospital.

A range of community follow-up options are utilised including networking with General Practice, outpatient and private allied health services, MAC (Medical Ambulatory Care), TACT (the Ambulatory Care Team), and Ambulatory and Primary Health Care services. The Medical Ambulatory Care provides outpatient and community support to patients requiring non-cytotoxic therapy, with inpatient and outpatient support from a range of allied health services.

**Emergency Medicine**

Emergency Medicine Services are networked across the District, with Wollongong Hospital providing District wide clinical services and support, receiving presentations from the Illawarra population generally, and referrals from sister hospitals (Bulli, Shellharbour, Shoalhaven District Memorial and Milton-Ulladulla). The Wollongong Hospital Emergency Department (ED) is also the major paediatric emergency service for the Illawarra and Shoalhaven, and includes specialised services such as PEC (Psychiatric Emergency Care), ASET (Aged Services Emergency Team), and access to Short Stay Units such as MAU (Medical Assessment Unit).

Emergency services in the Southern Illawarra are provided at Shellharbour Hospital, and in the Shoalhaven at Shoalhaven District Memorial Hospital networked with the emergency service provided at Milton Ulladulla Hospital. ASET services are also available at both Shellharbour and Shoalhaven District Memorial Hospital, and both Shoalhaven District Memorial Hospital and Milton-Ulladulla Hospital employ strategies to cater for the increased demand for services during the summer holiday season.
Mental Health Division

District wide inpatient mental health services are provided at Wollongong (adult and older adult) and Shellharbour (adult and child and adolescent), with no acute inpatient mental health located in the Shoalhaven. A high dependency unit is also available. Psychiatry consultation Liaison services are provided across all facilities.

A comprehensive range of non-inpatient services are provided across the three communities in both outpatient and community settings. These include outpatient mental health clinics, community mental health teams, rehabilitation and accommodation, and specialist mental health services for Aboriginal and non-Aboriginal children and adolescents. Community mental health teams provide acute mental health services, as well as ongoing case management, mental health care, treatment, and support for adults with mental disorders such as schizophrenia and mood disorders. Education, vocational retraining, and individual and group activities on all aspects of mental health rehabilitation (including social, leisure and education activities) are also provided. A medium-term and crisis/respite accommodation is available through the Shoalhaven Residential Service.

Renal Services

The Renal Division provides a comprehensive District-wide renal service based at Wollongong Hospital that covers all aspects of renal medicine with the exception of Renal Transplantation, which occurs at Prince of Wales Hospital. Patients return to Wollongong Hospital by day 10 post transplant. Wollongong Hospital is the District referral hospital for the management of acutely unstable renal patients including those requiring cardiology, vascular or urological interventions. In addition to the renal inpatient unit at Wollongong Hospital, specialised renal services include acute in-centre dialysis, dialysis in the Critical Care, Intensive Care and High Dependency Units, and renal biopsy. A 24-hour phone support service and consultation-liaison service to Emergency Departments is also available. Renal inpatient services are also provided to the Southern Illawarra community at Shellharbour Hospital, where renal biopsy may also be undertaken if equipment is available. In the Shoalhaven, inpatient services are provided at Shoalhaven District Memorial Hospital.

Satellite dialysis services and outpatient clinics are provided within each of the three communities: Wollongong Hospital in the Northern Illawarra, Shellharbour Hospital in the Southern Illawarra, and Shoalhaven District Memorial Hospital in the Shoalhaven. Due to the geographical spread of the Shoalhaven community, a monthly clinic is also provided at Milton-Ulladulla Hospital, and the need for a satellite dialysis unit in Milton to meet the demand of the southern end of the Shoalhaven is being monitored. A District-wide Home Dialysis Training Unit is provided at Wollongong Hospital.

Surgery and Critical Care Division

District wide surgical services are provided at Wollongong Hospital, which is the tertiary referral and trauma centre for the District, providing emergency surgery, complex surgery and paediatric surgery. District wide sub-specialty surgical services based in the Northern Illawarra (primarily at Wollongong Hospital) include neurosurgery, orthopaedic, colorectal, vascular surgery, urology, ophthalmology, paediatric, and ear, nose and throat (ENT). A comprehensive range of adult surgical services are provided in the communities of the Southern Illawarra (at Shellharbour Hospital) and Shoalhaven (at Shoalhaven District Memorial and Milton-Ulladulla Hospitals). Surgical services at Milton-Ulladulla Hospital are provided by GP specialists in obstetrics and gynaecology, general surgery and anaesthetics.
Clinical pathways and protocols have been developed to facilitate the timely discharge of patients following day only or extended day only procedures. Preadmission and post-surgery follow-up clinics are focused on high risk procedures such as fracture/trauma and are typically provided in consultants rooms. Surgical follow-up care is provided in a range of outpatient clinics across the District at Wollongong, Bulli, Shellharbour, and Shoalhaven District Memorial Hospitals, as well as in patients’ homes by TACT for procedures such as dressings and intravenous (IV) antibiotics. Implementation of these protocols will be facilitated by the establishment of an elective surgery centre at Wollongong Hospital (underway).

Intensive care services are networked across the District with units located at Wollongong Hospital and Shoalhaven District Memorial Hospital. The intensive care service provides consultation liaison to the inpatient units, response to PACE (Patient with Acute Condition for Escalation) calls, and a vascular access service at Wollongong, Shellharbour, Bulli and Coledale Hospitals.

**Women and Children Division**

The Women & Children Division provides a comprehensive range of services to women and their families during pregnancy, birth, early years of life and throughout childhood. The Division aims to improve continuity of care for women, babies and children with a shared goal of coordinated, effective and efficient care, providing support and care to both Aboriginal and non-Aboriginal mothers and their babies.

Maternity services are provided in both a hospital and community setting in the Illawarra, Shoalhaven and Milton Ulladulla areas, providing care for families that range from low to high risk. There are a number of models of care available which include traditional care by medical officers, midwives, and community based public home birthing services. Specialised Aboriginal maternal and infant health programs are also provided in the Illawarra and Shoalhaven regions.

Paediatric medical and surgical inpatient services are located at Wollongong and Shoalhaven District Memorial Hospitals. Community based child and adolescent outpatient services incorporating assessment and therapy from allied health, nursing and medical clinicians are available for child development and child protection interventions.

Community Child and Family services offer primary and secondary levels of care and provide their services under a family partnership model. The primary service level follows referral pathways to ensure early identification and intervention. Services include universal screening, developmental assessments, support groups, home visiting and clinics.

Child and Family Health Nurses offer support, information and recommended baby and child health checks. Family Care Centres provide more intensive multidisciplinary centre or home based support for families that are experiencing problems. The Aboriginal Maternal, Infant Child Health (AMICH) service provides a targeted service for Aboriginal families that are pregnant or with a child that have not commenced school.
5.2 Clinical Support Services

Clinical support services support direct patient care, providing vital assistance to healthcare professionals in diagnosing, treating and caring for patients. Services are provided across the District within a variety of settings including inpatient units, ambulatory settings, ED, outpatient clinics and home care.

As service delivery evolves to meet increasing demand and changing models of care, it is vital that our clinical support services develop to remain responsive to the needs of both patients and our clinical services, as the delivery of evidence based healthcare is becoming more reliant on medical equipment to assist in the diagnosis, monitoring and treatment of patients.

Medical Imaging

The medical imaging department assists in the diagnosis of patient medical conditions and reports diagnostic findings to the respective clinical services. This service provides a range of modalities across the District from the three hubs of Wollongong, Shellharbour and Shoalhaven District Memorial Hospitals, which include general radiography, specialist radiology, fluoroscopy, mammography, angiography, CT (Computed Tomography), and MRI (Magnetic Resonance Imaging).

Cross-border flows will continue for the delivery of services such as paediatrics which require specialised anaesthetist services.

Pharmacy

The pharmacy services for the District are currently provided from our three hubs at Wollongong, Shellharbour and Shoalhaven District Memorial Hospitals. They also provide outreach services to networked facilities with the exception of Kiama and Port Kembla Hospitals who have onsite pharmacy provision. Pharmacy services support integrated multi-disciplinary models of care by working collaboratively with clinicians across the acute, sub-acute and primary care settings; most notably at admission and discharge, where there is an opportunity to improve patient outcomes and reduce the risk of readmission.

Pathology

The implementation of a state-wide pathology service requires that specialised tests are provided from the state-wide networked system (Prince of Wales Hospital and Sutherland Hospital) whilst our hubs at Wollongong, Shellharbour and Shoalhaven District Memorial Hospitals provide the District inpatient and outpatient services, with the principal laboratory located at Wollongong Hospital.

Locally-provided pathology services include clinical chemistry, microbiology, haematology, anatomical pathology and transfusion medicine. Out of hours on-call services are provided from all three hubs, with outreach home collection across the District, and point of care testing already introduced at Milton-Ulladulla Hospital.

Nuclear Medicine

District wide Nuclear Medicine services are based at Wollongong Hospital. Currently, demand for PET (Positron Emission Tomography) scans is met out of District.
5.3 Non-Clinical Support Services

There are a broad range of services that support the Health Care Services provided by the Illawarra Shoalhaven Local Health District, some of which are planned and managed externally by HealthShare NSW (formerly Health Support Services).

Support services include but are not limited to:

- Administration
- Catering
- Clinical Governance and Quality
- Finance
- Human Resources
- Information and Communication Technology (ICT)
- Linen
- Planning, Performance and Redesign
- Transport
- Workforce

5.4 Our Service Partners

Education Providers

The Illawarra Shoalhaven Local Health District has a number of education provider partners who work with the district in the provision of workforce education and training. These include but are not limited to the Graduate School of Medicine at the University of Wollongong (UoW) and TAFE NSW. Students and trainees are taken on placement from a range of colleges and universities.

The Illawarra Health and Medical Research Institute (IMHRI) (UoW) collaborates with the District on a range of medical and health research issues and to provide a range of clinical research and trials facilities for the Illawarra-Shoalhaven.

The Australian Health Services Research Institute (AHSRI) (UoW) works with the District on research development and policy issues.

Public Health Sector

Some tertiary and quaternary services such as cardio-thoracic surgery, severe burns and some paediatric patients are referred to specialist services in other Local Health Districts. The main providers for our community are the South Eastern Sydney Local Health District, Sydney Local Health District and the Sydney Children’s Hospital Network.
Private Health Sector

For our communities to receive the right care in the right place at the right time we will continue to maintain a close and effective working relationship with local private sector providers.

There are a number of private hospitals offering medical, surgical, maternity, rehabilitation, palliative care and day surgery services across the District. Endoscopy and chemotherapy are also offered through a number of Private Day Only services.

Not-For-Profit Sector

Medicare Local

The Illawarra Shoalhaven Medicare Local is vital to the delivery of primary care services in our communities and supporting the patients’ transition to and from the acute care settings. We work in partnership with the Illawarra Shoalhaven Medicare Local to support the achievement of both organisations objectives, and to:

- identify the health needs of local areas and develop locally focused and responsive services
- improve the patient journey through developing integrated and coordinated services
- provide support to clinicians and service providers to improve patient care

We also work in partnership with over 100 General Practitioners who provide primary care across the District.

Aboriginal Community Controlled Health Services

Partnerships between Local Health Districts and local Aboriginal Controlled Health Services are a requirement of the NSW Aboriginal Health Partnership Agreement, which the Aboriginal Health and Medical Research Council of NSW and the NSW Government are equal members of.

The local Partnership Agreement between the District and Illawarra Aboriginal Medical Service, South Coast Aboriginal Medical Service, Oolong House and Waminda (Aboriginal Health Partners) seeks to improve health outcomes for Aboriginal people in the Illawarra and Shoalhaven region through a range of initiatives that include developing specific positions, allocating appropriate resources, ensuring Aboriginal Health remains a high priority and engaging with Aboriginal stakeholders and communities about the work of the Aboriginal Health Partnership.

NGO (Non-Government Organisation) Service Providers

NGOs play an important role in the delivery of care to our communities. Within the Illawarra - Shoalhaven there are several hundred NGOs providing services to our communities, supporting our indigenous and multicultural communities, and assisting in the areas of social housing, disability services, and mental health services to name a few.

The NSW Health NGO Program funds non-government organisations to provide a range of health services within the community. Current programs being implemented within the District include the following services:

- health promotion
- drug and alcohol
- HIV/AIDS
Our Health Care Services Plan 2012-2022

- homeless youth
- women’s health
- community services
- mental health
- ageing and disability
- child health and safety

Residential Aged Care Services

The Australian Department of Health and Ageing (DoHA) funds residential aged care services. Community care services are funded by a variety of programs from the three levels of government and are important for supporting people in their homes.

Availability and access to the appropriate number of placements across the Illawarra - Shoalhaven is crucial to support the efficient functioning of the acute hospitals. Lack of appropriate residential aged care placements have the ability to impact on the efficiency of the acute and sub-acute hospital facilities and access for other higher acuity patients.

There are 43 residential aged care facilities (RACF) available across the Illawarra and Shoalhaven. These RACF provide approximately:

- 1,636 high care places in accommodation offering 24 hour nursing and personal care:
- 2,032 low care places in accommodation offering supported services:
- 1,056 community aged care places where services are provided to people in their homes

Other Government Agencies

Our four Local Government partners of Wollongong, Shellharbour, Kiama and Shoalhaven Councils have adopted the NSW State Plan indicators for health in their Community Strategic Plans – confirming their commitment to work with health services to address health issues in our communities.

The District also works with a range of other state and commonwealth agencies in planning and delivering services such as NSW Ageing, Disability and Homecare, NSW Housing, NSW Community Services, NSW Corrective Services, NSW Police Force, State Emergency Services and The Ambulance Service.
5.5 Teaching and Research

The primary teaching functions of the Local Health District are to:

- undertake research and development relating to teaching, training and research
- grow and support a skilled, competent and capable workforce
- recognise the value of generalist and specialist skills
- develop effective health professional managers and leaders

The District has recently commenced development of a Teaching and Training Facility, designed to train healthcare professionals more efficiently and effectively through the adoption of simulation techniques.

The main objectives of the Simulated Learning Environment Program are to:

- Increase the use of simulated learning modalities in clinical training for entry level health professionals, postgraduates, vocational education and training sector and ongoing skills development training.
- Optimise clinical training experiences through the use of simulation techniques to develop clinical skills and competencies required by health professions.
- Increase access to simulated learning techniques for students in regional, rural and remote settings.

Teaching and research are integral to a secondary and tertiary health service and are recognised by each of the clinical divisions and clinical support services as being fundamental to the progression of the service through to 2022.

The main research objectives are to:

- encourage the translation and innovation from research by fostering a dynamic and supportive research culture through strategic leadership and governance
- attract and retain high quality clinician researchers
- provide training for clinician researchers and facilitate access to research support
- ensure business, workforce, ICT and financial service processes support research activities
- improving research administration by appropriately resourcing the research office to undertake research ethics and governance functions

A culture of inquiry, evaluation and effective research is a fundamental building block for effective and patient-centred health care.

Research effectiveness has been improved through establishing appropriate systems and infrastructure, including human resources, policies, training, reporting, and collaborative agreements. Governance structures now include Committees for Research Governance, Research Advisory, Ethics Advisory, and Intellectual Property, which should continue to provide direction for the District’s research programs. A partnership with the University of Wollongong has been formalised, and other strategies to further enhance links with teaching and research organisations are being developed.
6 SERVICE DEVELOPMENT DRIVERS

6.1 Assessment of Demand

Understanding and assessing demand for health services needs to focus on both need and access (‘demand’) and capacity and capability (‘supply’). We need to understand the trends and future growth in required treatment, predict patient care needs, and align our health system to supply appropriate health services.

This section provides a ‘snapshot’ of the data and evidence that has been used to predict the future demands on our health care services. Further information can be found in the accompanying document ”Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022: Technical Notes”

Greater attention needs to be paid to the continuum of care, particularly the links between acute care and care in the community. Services need to be provided from cost effective locations that optimise available resources. This is an extraordinarily complex task to address in the Australian health care system.

To understand our future demand for health services, we need to:

- Understand what is driving the demand across the health continuum
- Understand how and where demand is expressed

Develop a greater understanding of the socio-demographic influences on the health of our communities To respond to our future demand for health services, we need to:

- Ensure there are initiatives to prevent the demand, or ‘pre-empt’ acute onset and manage people more effectively in Primary Health Care settings and through General Practice
- Work to move our patients from ‘emergency’ presentation to ‘planned presentation’ and thus allow the health system to improve planning and reduce the cost of treating disease
- Increase our understanding of the capacity to supply appropriate services in the primary health care setting and allocate resources accordingly.

Demand is assessed using reported activity in different settings (acute, sub-acute, and ambulatory and primary health care) as well as by considering waiting lists and certain performance results. The historical trends, current (2010/11) distribution of services, and projected growth in demand for each catchment hub were reviewed to identify areas of change over the next 10 years.

Summary of District Socio-demographic profile

- There are three main population centres in the District with the following resident numbers in 2011: Northern Illawarra (Wollongong LGA) 201,728 (52%), Southern Illawarra (Shellharbour LGA and Kiama LGA) 87,961 (23%), and Shoalhaven 98,735 (25%).

PHIDU Medicare Locals Population Health Profiles Online data, June 2012
Each centre has significant projected population growth to 2021, of between 7.8% in Northern Illawarra, and 13.8% in Shoalhaven.

The growth rate in the high demand age cohort of 75+ over the next 10 years is 25.6% (additional 4,106) for North Illawarra, 37.1% (additional 2,233) for South Illawarra, and 38.4% (additional 3,821) in Shoalhaven.

The growth rate for the 0-14 age group is highest in Shoalhaven, at 8.9% (additional 1,523), followed by Wollongong at 7.5% (additional 2,779).

Relative to all District residents, Shoalhaven residents are the most socio-economically disadvantaged, especially in the Nowra area, which also has the highest density of Aboriginal people, the highest level of premature mortality, and the lowest level of private health insurance.

Summary of Historical Trends

Several acute services are distributed thinly across the District with five EDs and 5 hospitals providing surgical care. There are eight hospitals providing Aged Care and four hospitals providing rehabilitation care. Other acute services are highly concentrated: two acute mental health units and three renal dialysis units.

The acute centres at Wollongong, Shellharbour, Shoalhaven District Memorial and Milton-Ulladulla Hospitals are accessible 24 hours/day, 7 days/ week, and are well located to service the communities with reasonable travel times for emergency care (ie. the maximum travel time for any resident is less than 40 minutes).

In 2010/2011, the District’s hospitals provided 80,922 acute inpatient episodes of treatment (separations), of which Northern Illawarra (Coleydale, Bulli and Wollongong Hospitals) accounted for 58.9%, Southern Illawarra (Shellharbour, Port Kembla and Kiama Hospitals) accounted for 15.9%, and Shoalhaven (Shoalhaven District Memorial, David Berry and Milton-Ulladulla Hospitals) accounted for 25.3%.

Private hospitals provided 56,066 separations to District residents in 2010/11, predominantly for diagnostic gastro intestinal endoscopy, rehabilitation, orthopaedics, gastroenterology, and ophthalmology. The District residents use private hospitals less than the state average.

There are high numbers of District residents who receive care in other Local Health Districts (outflows). Residents outflow to access care in high numbers for interventional cardiology, diagnostic gastro intestinal endoscopy, plastic surgery and non-sub-specialty medicine. Re-directing, or attracting, many of the outflows back to the District would increase the local demand, assist in achieving critical mass for services and provide sufficient training opportunities for sub-specialty rosters, thereby providing better access to services locally.

ED presentations at Bulli totalled 5,864 in the 2011/12, 89% of which were Triage Categories 4 or 5. In addition, there were 1,245 planned return presentations to the ED. This total volume appears too low for sustainable medical staffing and diagnostic capability 24 hours/day, 7 days/week.

4 FlowInfo Version 11.1
### Demand for Emergency Care

Demand for emergency care peaks during the summer months, especially at Shoalhaven District Memorial and Milton-Ulladulla Hospitals, due to tourist visits, where monthly demand can increase by 50% above the background demand level. Variable staffing arrangements are required in the ED and diagnostic services. Demand for services in the Northern Illawarra does not fluctuate in the same way.

### Mental Health Services

Mental Health services (acute, sub-acute and non-acute) are concentrated at Wollongong Hospital (36% of bed-days) and Shellharbour Hospital (64% of bed-days). Shoalhaven residents access Mental Health services at Shellharbour and/or Wollongong hospitals.

### Summary of Projected Growth in Services

While the majority of services are expected to grow over the next 10 years, based on available ‘patient number’ data, it is anticipated that there are a number of services that are expected to have significant growth, which will have a significant impact on the District’s ability to manage the demand for services. The growth in some of these services will be as a result of the District actively pursuing to return some of the outflows back to the District’s hospitals.

The inpatient services that are expected to grow the most and have a significant impact on demand over the next 10 years are:

- Geriatric Medicine
- Invasive Cardiac Investigative Procedures
- Percutaneous Coronary Angioplasty (eg. Stent Implantation)
- Interventional Cardiology (eg. Pacemaker Implantation)
- Hip and Knee replacements
- Glaucoma and Lens procedures (eg. Cataract)
- Non-specialty surgery (eg. Hernia, Injury to limb)

With the growth in the ageing population, aged care services are also expected to grow significantly over the next 10 years. For patients aged 70+ years, the services that are expected to grow the most and have a significant impact on demand over the next 10 years are:

- Hip and Knee replacements
- Invasive Cardiac Investigative Procedures
- Other Orthopedics (eg. Shoulder Procedures, Connective Tissue Procedures)
- Glaucoma and Lens Procedures (eg. Cataract)

It is also recognised and supported by the strong view of clinicians that the increasing demand for Dementia Care will have a major impact on our services in future years. It is essential that we plan for this increase and develop robust data collection and reporting mechanisms to support the increasing evidence of demand in this service area.

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5 AIM 2010 and SiAM 2010
6.2 A Consumer Expressed Expectations

Consumer consultation has played an important role in the development of the Plan. The key themes expressed by our consumers generally involve the desire to strengthen our health services, most of which align with our strategies for the future. Our consumers have identified these as priorities:

- Provide outreach to small towns and villages where there are significant problems
- Improve coordination and communication between health services
- Help the community better understand what is available
- Provide home support for the seriously ill and aged
- Address waiting lists
- Build a new hospital, improve parking and available facilities at local hospitals
- Attract and provide more staff and service providers

The District will listen to our consumers and balance their expectations by matching the supply of our health services to reflect the demand and the need of our communities.

6.3 Clinician Expressed Expectations

Four rounds of consultations were undertaken with the clinical divisions and included:

- Reviewing current and projected activity
- Identifying gaps in service delivery
- Developing a series of initiatives to address the gaps
- Developing and consolidating initiatives

There were a number of themes that emerged as part of the consultation process. These themes include:

1. Developing Wollongong Hospital as a principal referral hospital

The development of Wollongong Hospital as a complete principal referral hospital was considered to be a critical factor in achieving self-sufficiency in secondary services and selected tertiary services. In addition to general medicine, cardiology, gastroenterology, neurology, renal medicine and cancer care, the need to develop sub-specialty services in respiratory medicine, endocrinology and infectious diseases was identified. For surgery, sub-specialty services in Ear Nose and Throat, neurosurgery, urology, upper gastro intestinal tract,
colorectal, vascular, plastics and facio-maxillary, and breast/endocrine were proposed, in addition to the current services in general surgery and orthopaedics. Aged Care services will need to develop in line with projected increasing demand due to the aging population.

This will require the further development of diagnostic and outpatient services to meet the requirements for role delineation level 5 and 6 services and provide the requisite environment for teaching. Service volumes will also need to be reviewed for compliance with college requirements.

2. Building a sustainable workforce

The development of sustainable workforce models was identified as a priority.

The recruitment of a critical mass of senior medical staff to provide the clinical leadership and appropriate level of cover is essential to meet the service demand along with the increasing complexity of care required. A number of initiatives were identified:

- District-wide medical appointments
- Recruitment of advanced trainees
- Strengthening education and training for medical staff
- Improving the availability of educators in all care settings to train and support junior medical staff

Also identified as a priority was the need to further enhance the allied health workforce to enable multidisciplinary assessment, treatment and follow-up at all phases. A team-based multidisciplinary approach to service delivery was seen as fundamental to any strategy to reduce bed block, improve patient flow and improve health outcomes. There was a number of long term workforce strategies identified which included the development of:

- A home-grown workforce
- A research culture
- Partnerships with the University of Wollongong
- Conjoint appointments, incentives and increased support for clinicians seeking to undertake research (such as quarantined time).

3. Reconfiguring physical resources to align with contemporary models of care

The fragmentation of inpatient services across multiple sites or within facilities was considered a major barrier to the development of integrated services. The development of a hub and spoke model with a critical mass of inpatient and associated clinical support services located in hubs at Wollongong, Shellharbour and Shoalhaven District Memorial Hospitals were strongly supported. The development of these hubs would need to see the development of Shoalhaven District Memorial and Shellharbour Hospitals as self-sufficient providers of secondary services to their respective catchment areas, supported with networking arrangements with Wollongong Hospital for the delivery of sub-specialty services and more complex care.

It was also identified that providing access to the necessary clinical support services for the level of service was considered essential for safe and efficient service delivery in the future. For example improving access to publicly funded ambulatory diagnostic services...
was identified as a high priority, as it was considered to be a significant contributor to avoidable admissions, extended length of stay and out of area transfers.

4. Improving the connectivity between the acute care and ambulatory care settings

Improving the connectivity between the acute care and ambulatory care settings will reduce hospital presentations and improve continuity of care. A number of initiatives were identified to support this improvement and include:

- The use of screening tools for the early identification of patients at risk of disease or (in the case of aged or chronic and complex patients) deterioration
- Shared care arrangements that include outreach support from the acute sector to avoid the need for hospitalisation
- Communication systems that enable the timely sharing of patient information
- Development of care pathways to improve care coordination across settings

The development of the District’s Access and Referral Centre was considered key to improving access to ambulatory and primary health care services across the District.
7 FUTURE HEALTH SERVICES

The District will develop and organise its services towards 2022 as described below. This will involve centralised coordination and delivery of some tertiary services with decentralised provision of the lesser complex services provided at multiple locations across the District. Services will be provided at a district, community or local level. The resulting service profiles and our strategies to deliver them are described in the following chapters.

The information provided is a high level overview and provides only the strategic initiatives. Further detail will be explored and provided in each of the Clinical Division Plans that will be developed subsequent to this Plan.

7.1 Our Future Service Profile

Services will be configured to respond to the service development drivers of: policy, demand and demographic data, and clinical and community expectations. At a broad level, this will involve services at four levels:

1. State-wide Services

Services that will continue to be referred to other Districts will include acute specialist brain injury rehabilitation, cardio-thoracic surgery, complex cardiology interventions, transplant surgery, severe burns, paediatric oncology and radiotherapy, allogenic haematopoietic stem cell transplantation, brachytherapy, and complex paediatric surgery.

2. Referral and Supra-Specialty Services

The main tertiary clinical services that will be provided on a District-wide basis from Wollongong Hospital are advanced medical and surgical services, sophisticated clinical support technologies and specialist mental health. They will involve high levels of coordination of patient services, with explicit patient pathways where the initial contact with the health service is not at the designated ‘District’ service centre. The hub-and-spoke arrangement will be critical to provide equitable access. Service initiatives will be rolled-out and coordinated on a District-wide basis.

The main services that will be District level are tertiary clinical support and clinical services, generally at role delineation levels 5 or 6.

To achieve these role delineation levels, the services will need to maintain minimum activity levels to support safe care and provide adequate training opportunities. The supporting infrastructure will also need to be shaped to enable delivery of the services, such as in imaging or intensive care.

Research and teaching will also be managed on a District-wide basis, with central coordination of accreditation, ethics, staff appointments and rotations, and college liaison. The main teaching centre will be at Wollongong Hospital for acute health services with development of medical, nursing and allied health training at the other centres.
3. “Hub” level services

These services will generally be duplicated across the District with one service for each of the three communities of Northern Illawarra, Southern Illawarra and Shoalhaven. Each service will typically have a single ‘hub’ which may be at a different campus to other hubs. These services are generally the high volume services, or where the service needs to be within easy access for the community.

“Hub” services will generally have role delineations at level 4. This includes clinical support functions of general radiology, pathology, critical care, operating theatres and pharmacy, plus most medical and surgical services. Exceptions to this will be oncology, maternity, neonatology, neurosurgery, vascular surgery, plastic surgery and palliative care, where the Northern and Southern Illawarra communities will have their services available at only a single Illawarra hub for the foreseeable future. Again this will require implementation of hub-and-spoke arrangements for those communities.

Wollongong Hospital will be the “hub” for the Northern Illawarra for acute services with further development required at Shellharbour Hospital for it to fulfil its designated role as the “hub” for the Southern Illawarra. Shoalhaven District Memorial Hospital will be the acute “hub” for the Shoalhaven.

4. “Spoke” Level services

Local services or “spokes” will have more than one service centre in a community, which will be based on a number of factors, such as:

- critical mass - generally at least 25,000 population for a local multi-disciplinary service.
- distance or access time to the service – generally less than 60 minutes by private transport.
- specialisation – some communities have specialist needs that can be provided efficiently locally.

These are generally outpatient or ambulatory and primary health care services, such as child & family, emergency care (low acuity), community nursing, allied health and health promotion.

It is intended that some “spokes” will become centres of excellence for specific District wide services, for example - palliative care and ambulatory and primary health care.

In order for the District to deliver the District wide, community “hub” and local level “spoke” health care, services will be designed and located in a sustainable way to ensure that they are based on the needs of the communities.
Northern Illawarra

The Wollongong Hospital will be the principal referral hospital for the District, providing a comprehensive range of secondary and tertiary acute services to the Northern Illawarra and to the broader communities of the Southern Illawarra and Shoalhaven for specialised services. Taking into account the outcomes of our consultation and the current and projected demand, the major changes proposed within the next 10 years include:

<table>
<thead>
<tr>
<th>Hub / Spoke</th>
<th>Hospital</th>
<th>Major Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hub</td>
<td>Wollongong Hospital</td>
<td>Increased surgical capacity (underway), dedicated elective surgery programs, expanded outpatient and ambulatory care, expanded emergency care, enhanced services in acute medicine, enhanced acute geriatrics and increased cancer care capacity (underway)</td>
</tr>
<tr>
<td>Spoke</td>
<td>Bulli &amp; Coledale Hospitals</td>
<td>Bulli and Coledale Hospitals will focus on services such as: geriatric medicine, rehabilitation and palliative care, with some consolidation of services, and increased APHC services, including day hospital services. Surgery currently undertaken at Bulli will be accommodated at Wollongong Hospital.</td>
</tr>
</tbody>
</table>

Southern Illawarra

Shellharbour Hospital will be a major metropolitan hospital for the Southern Illawarra, providing a comprehensive range of secondary acute services to the Southern Illawarra communities. Taking into account the outcomes of our consultation and the current and projected demand, the major changes proposed within the next 10 years include:

<table>
<thead>
<tr>
<th>Hub / Spoke</th>
<th>Hospital</th>
<th>Major Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hub</td>
<td>Shellharbour Hospital</td>
<td>Will be expanded to cater for local demand in general medicine, surgical services and acute geriatrics, and become the acute centre for the community, with inpatient services relocated from Port Kembla and Kiama Hospitals.</td>
</tr>
<tr>
<td>Spoke</td>
<td>Port Kembla Hospital</td>
<td>Will have some services relocated to Shellharbour Hospital, whilst the Port Kembla Hospital site will be redeveloped as a hub for APHC services to improve community access.</td>
</tr>
<tr>
<td>Spoke</td>
<td>Kiama Hospital</td>
<td>Will become a precinct for APHCS for the local communities.</td>
</tr>
</tbody>
</table>

Shoalhaven

Shoalhaven District Memorial Hospital will be a major non-metropolitan hospital for the Shoalhaven, providing a comprehensive range of secondary acute services to the Shoalhaven communities. Taking into account the outcomes of our consultations and the current and projected demand, the major changes proposed within the next 10 years include:

<table>
<thead>
<tr>
<th>Hub / Spoke</th>
<th>Hospital</th>
<th>Major Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hub</td>
<td>Shoalhaven District Memorial Hospital</td>
<td>Will be expanded to provide radiotherapy (underway), development of mental health inpatient services, neurology will be enhanced, and rehabilitation services will be centralised at Shoalhaven District Memorial Hospital with appropriate outpatient and community palliative care.</td>
</tr>
<tr>
<td>Spoke</td>
<td>Milton-Ulladulla Hospital</td>
<td>Will continue in its current role.</td>
</tr>
<tr>
<td>Spoke</td>
<td>David Berry Hospital</td>
<td>Will continue its current role in Palliative Care.</td>
</tr>
</tbody>
</table>
7.2 Role Delineation

The planning process for hospitals and non-hospital services is based on the NSW Health Guide to Role Delineation of Health Services. The intent of the role delineation matrix, shown on the following page, is to guide service planning across the health service continuum.

The definitions describe the range of service complexity covered for each specialty group, classifying these as levels 1 through 6. Level 1 services are the least complex and level 6 services are the most complex. However, many specialty groups do not include all of the six levels, and caution should be taken to refer to the descriptions of each level in the NSW Health Guide to Role Delineation of Health Services in interpreting the following table. This standardised set of definitions allows for the categorisation of specialty groups across different sites.

Role delineations do not document the patient journey and the many different pathways that a patient may take to receive the best possible care. Instead the role delineation process defines various services and the level at which these are to be provided at different sites.

The table provides the current level (as of November 2011) and the proposed changes over the next 10 years are shown. This is consistent with the overall strategies defined above. The main changes are:

(i) Increased capability and capacity at TWH to support increased self-sufficiency and provide a District-wide advanced training service

(ii) Increased capability at SDMH to increase local self-sufficiency in the Shoalhaven community

(iii) Consolidation of services and some increased capability to improve critical mass and capability on the Shellharbour site, to increase local self-sufficiency for the Southern Illawarra community

(iv) Increased specialisation at the smaller acute and sub-acute centres, where advanced clinical support services are not required, such as Bulli (palliative care and geriatrics) and DBH (palliative care).
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Wollongong Current</th>
<th>Wollongong Planned</th>
<th>Shellharbour Current</th>
<th>Shellharbour Planned</th>
<th>Shoalhaven Current</th>
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<td>5</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>2</td>
<td>2</td>
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</tr>
</tbody>
</table>
7.3 Developing Sustainable Services

The main objective for the District is to provide sustainable services for our communities. This will underpin our strategies and incorporate a significant focus on demand management.

Principles for Sustainable Services

Building on Our Statement of Strategic Intent, and the theme of a sustainable health care system, the District has developed a framework for managing demand as a priority. As depicted in Figure 5 demand management encapsulates a number of different patient segments and is underpinned by a number of fundamental elements.

Figure 5 – Our Demand Management Planning Framework

<table>
<thead>
<tr>
<th>Healthy</th>
<th>At Risk of Disease</th>
<th>Chronic and Complex Needs</th>
<th>Higher Acuity</th>
<th>Healthy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

In the context of this framework there are five guiding principles to effectively manage patient demand which will ensure sustainable health care services:

- promote and maintain a healthy population
- manage people ‘at risk’ of disease or illness in the ambulatory and primary health care setting where possible
- manage people in the APHC setting where possible. Avoid hospital treatment and admission for those with ‘chronic and complex needs’
- cost effectively manage ‘high acuity’ patients
- develop and maintain critical foundations for demand management.
8 PROFILES AND SERVICE STRATEGIES

Strategies which will help the District achieve its future Vision have been identified for each Clinical Division, based on a set of aspirational initiatives identified by the District clinicians and health care service partners during the consultation process.

The following sections present a recommended future profile for each Clinical Division, followed by some potential strategies and initiatives for each division categorised under the Districts four key reform areas identified in Our Statement of Strategic Intent.

The achievement of these initiatives is subject to investment, supportive policy frameworks and having the resources and skills to achieve them, and should be viewed as the ideal position to work towards, providing direction to the Clinical Divisions as they prepare their detailed divisional clinical services plans for 2012-2022.

A summary of the key strategies is provided in Appendix 3.

In order to commence the implementation, and in the absence of new funding, the District will initially focus on improving the efficiency of high volume services. This should release resources that can be applied to the other strategies.
8.1 Aged Care, Rehabilitation and Palliative Care Division

Service Development Drivers

Significant growth in the population aged over 75 years will increase the demand for Aged Care services, particularly in the Southern Illawarra and the Shoalhaven where growth in this age group will exceed 37% in the next ten years.

This is reflected in a significant increase in projected separations for non-subspecialty medicine (56%), stroke (40%) for those aged 70+ years, and sub-acute separations for other rehabilitation such as Geriatric Evaluation and Management (128%), orthopaedic fractures (102%) and maintenance (72%), in the absence of the development of community-based hospital avoidance programs.

Other key service development drivers are Commonwealth aged care reform, limited access to co-ordinated multidisciplinary assessment and care across the acute and primary health sectors, contributing to: avoidable ED presentations and hospital admissions, fragmentation of inpatient services across multiple and often isolated service sites, lack of access to services in the Shoalhaven, and a shortage of senior palliative care staff in Australasia.

Future Service Profile

The key service changes will be the development of aged care, rehabilitation and palliative care services in the District to provide community level services with the critical mass to deliver sustainable multidisciplinary services, with greater integration between rehabilitation, medicine and surgery. This will include an increased focus on the delivery of local level services through partnerships with District community-based APHC services, the Illawarra Shoalhaven Medicare Local, General Practice, Aboriginal Medical Services and RACF’s.

Table 9 – Aged Care, Rehabilitation and Palliative Care Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Care</td>
<td>24/7 tertiary acute geriatric medicine</td>
<td>Low risk acute, subacute &amp; residential care services including specialist mental health services for older people, an Aged Care &amp; Rehabilitation Centre of Excellence located in the BH/CH health precinct. Acute assessment and subacute aged care inpatient services and outpatient services at SDMH in an Aged Care &amp; Rehabilitation precinct. Acute assessment and subacute aged care inpatient and outpatient services at SHH. ASET services at TWH, SHH, SDMH, and MUH. Acute Aged Residential Care Teams (AARC) at BH/CH, SHH, SDMH, and MUH</td>
<td>Day hospital and outreach clinics at KH, MUH and other community-based settings e.g. St Georges Basin, Sussex Inlet, Wreck Bay, Orient Point. Transitional care community places</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Tertiary referral rehabilitation services at SHH</td>
<td>Secondary level acute and mobile rehabilitation team inpatient and outpatient services at TWH, SHH &amp; SDMH, with strong internal links to other specialties. Reduced sub-acute inpatient services in favour of enhanced day hospital and community capacity.</td>
<td>Community-based, day hospital and ambulatory services supporting earlier discharge and secondary prevention/admission avoidance e.g. MUH, Sussex Inlet, St Georges Basin etc</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Palliative Care inpatient services at BH, SHH and DBH. Consultation liaison services at BH, TWH &amp; SDMH</td>
<td></td>
<td>Community-based palliative care services including nurse-led clinics, day hospital services and home-based care in partnership with GPs and community nursing</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

For Aged Care this will mean an increased investment in early recognition and comprehensive management of complex aged care patients and development of outpatient and outreach services in collaboration with the Illawarra Shoalhaven Medicare Local and aged care facilities, to improve evidence based care and avoid inappropriate hospitalisation and support the management patients in the community. These services will be linked with multidisciplinary assessment services including ASET for each acute health precinct.

For Rehabilitation this means improved integration of multidisciplinary rehabilitation into acute settings to promote prevention of avoidable deterioration, and to support safe and early discharge. In some areas this may require enhancement of Rehabilitation space and facilities in acute settings. Ambulatory follow-up services will provide ongoing rehabilitation and facilitate the transition to self-management outside of inpatient settings, improving patient access and promoting long-term secondary prevention.

For Palliative Care this means continuing to adopt evolving models of care that maximise efficient use of our specialised knowledge base, with specialist Palliative Care Physicians representing a critical shortage nation wide. Resources will be concentrated on policy development, consultation liaison and training roles, working with General Practitioners as well as other appropriate medical specialties. With increased support from nurse led models of care, this will seek to ensure that appropriate, flexible palliative care is provided to all patients in a variety of settings to meet their needs. Organisational, industry and broader government and community support will be required to normalise appropriate standards and expectations for end of life care, including adoption and standardisation of recognised guidelines on advanced care planning where appropriate.

2. Developing an Integrated Health System

A hub and spoke service model will ensure consolidation of Aged Care inpatient services to Aged Care precincts, with Rehabilitation inpatient services delivered at our acute hubs. The provision of day hospital, ambulatory and transition services in the community from various spokes will underpin initiatives to reduce avoidable admissions by developing strong networking arrangements with other divisions (e.g. Medicine, Mental Health & APHC) and partners (Illawarra Shoalhaven Medicare Local, Aboriginal and multicultural partner organisations).

Palliative Care will similarly rely on networking arrangements with internal and external partners, particularly around community based activity, to meet the increasing demand.

3. Reconfiguring the Capital Footprint to Match Needs

This will see the development of Aged Care and Rehabilitation precincts, to support the timely transition from acute to rehabilitation services and safe and efficient service delivery. Increased investment in tele-health technology will enable the efficient delivery of consultation liaison and outreach programs. Inpatient palliative care services will be re-developed and consolidated to provide contemporary facilities.

4. Building the Workforce of the Future

This will involve: the development of 24/7 admitting rosters to TWH and SHH and working towards a 24/7 admitting roster at SDMH. Developing appropriate workforce skills to provide a greater range of services in the community including outreach and e-health in aged care facilities, requiring a significant increase in medical, nursing, allied health and all disciplines to ensure appropriate comprehensive assessment and care.
8.2 Ambulatory and Primary Health Care Division

Service Development Drivers

Higher than NSW average hospitalisation rates for ACSC indicate difficulties in accessing prevention, screening and early disease management services in the District. A key issue is the increasing burden of chronic and complex illness related to the ageing of the population and the relative socioeconomic disadvantage of the community. Contributing factors include the lack of co-ordination of primary health care services and inequities in access to services, particularly amongst vulnerable groups such as the aged, members of the Aboriginal population, residents from non-English speaking backgrounds, and those living in isolated communities.

Future Service Profile

The most significant change will be the provision of coordinated District-wide services focused on prevention and the management of people ‘at risk’ of disease or illness, or those with ‘chronic and complex needs’ in ambulatory or primary care settings. The services will be delivered in partnership with the other Divisions, the Illawarra Shoalhaven Medicare Local, General Practice, Aboriginal Medical Services and human services agencies. Access to these services will simplified through an enhanced access and referral service linking people with the right service provider.

Table 10 –APHC Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People (Right Time)</td>
<td>Evidenced based screening, prevention and early intervention programs targeting risk factors associated with the chronic disease, infectious diseases and the social determinants of health</td>
<td>Heath promotion, screening &amp; early detection programs delivered in partnership with the Divisions in acute and primary health settings</td>
<td>Heath promotion, screening and early detection programs delivered in partnership with GPs, AMS, local Councils, schools and community groups</td>
</tr>
<tr>
<td>Ambulatory (Right Place)</td>
<td>Co-ordinated programs and care pathways providing equity of access to community-based services increasingly delivered through shared care partnerships with Illawarra Shoalhaven Medicare Local, GPs, TACT, palliative care etc</td>
<td>Multi-disciplinary ambulatory care services supporting hospital avoidance, early discharge and self-management delivered in partnership with the Divisions in acute and primary health settings. Services such as rapid assessment and follow-up clinics</td>
<td>Outreach services, clinics and day hospital programs delivered in partnership with Divisions, GPs and AMS in the home, RACFs, community health centres and other community-based settings</td>
</tr>
<tr>
<td>Integrated Chronic Management (Right Care)</td>
<td>An Access &amp; Referral service linking patients and service providers. Integrated chronic disease services delivered in partnership with Aged Care and Rehabilitation services. Connecting Care Coordination Program linking primary health providers and human services agencies.</td>
<td>Multi-disciplinary ambulatory care services supporting hospital avoidance and self-management delivered in partnership with ACR in acute and primary health settings</td>
<td>Outreach services, clinics and day hospital programs delivered in partnership with Aged Care and Rehabilitation, GPs and AMS in the home, RACFs, community health centres &amp; other community-based settings</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will mean an increased investment in services delivered in the community and in partnership with other health service providers, government agencies and NGOs. The replication of successful programs across the District to ensure equity of access, and the development of multidisciplinary community health teams to support people at home through outreach services and day programs. This will also require the development of culturally appropriate programs for ‘at risk’ groups such as Aboriginal, CALD, vulnerable families and older residents including those living in isolated communities.

2. Developing an Integrated Health System

This will require further development of links between internal and external stakeholders and service providers to develop and jointly deliver targeted prevention and early intervention programs, integrated community-based services and chronic disease management programs. Development of the Access and Referral Centre (ARC) will be integral to the coordination of care across sectors and between providers.

3. Reconfiguring the Capital Footprint to Match Needs

This will see the consolidation of community health services to community hubs providing a comprehensive range of APHC services with satellite and outreach services provided in community health centres (catering for population groups of approximately 25,000), other primary health facilities (such as GP and AMS clinics), and in people’s homes.

4. Building the Workforce of the Future

This will require the development of targeted professional development programs to provide staff with the knowledge and skills to work in multidisciplinary teams to deliver primary health and ambulatory care programs including: prevention, screening, acute care, chronic and complex care, and the education and coaching of patients to self-manage their health.
8.3 Cancer Care Services

Service Development Drivers

Demand for cancer care services will increase with the population growth and ageing, requiring additional inpatient capacity to support the planned expansion of cancer treatment services in the District, particularly in the Shoalhaven. The increasing complexity of cancer patients and the use of multi-modal treatments will necessitate the further enhancement of District wide multidisciplinary teams, including allied health professionals, to effectively coordinate the patient journey across the continuum of care.

Future Service Profile

The major change to the service profile will be the development of medical, surgical, palliative care and clinical support services at Shoalhaven District Memorial Hospital to support the effective delivery of treatment services at the Shoalhaven Cancer Care Centre.

Table 11 – Cancer Service Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology – Medical &amp; Radiation</td>
<td>Tertiary referral services at TWH including a comprehensive cancer care service with an integrated oncology infusions service &amp; provision for multidisciplinary team assessment &amp; care management</td>
<td>Secondary level services at SDMH including a comprehensive cancer care service with an integrated oncology infusions service, provision for multidisciplinary team assessment &amp; care management, and access to palliative care services</td>
<td>Day oncology service at MUH</td>
</tr>
<tr>
<td>Haematology</td>
<td>Tertiary referral services at TWH including oncology day treatment services in the comprehensive cancer care centre, &amp; provision for multidisciplinary team assessment &amp; care management</td>
<td>Secondary level services at SDMH including oncology day treatment services in the comprehensive cancer care centre with provision for multidisciplinary team assessment &amp; care management and access to palliative care services</td>
<td>Day service at MUH</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. **Investing in Contemporary Patient-Centred Models of Care**

This will involve the redesign of services at each acute hub to provide timely, efficient and quality multidisciplinary services aligned with projected demand and the increasing complexity of Cancer Care. The District wide apheresis service at Wollongong Hospital will be expanded to also provide services from the Shoalhaven Cancer Care Centre.

2. **Developing an Integrated Health System**

This will involve building medical, surgical and clinical support services at the Shoalhaven hub to provide self-sufficiency in cancer related secondary services.

3. **Reconfiguring the Capital Footprint to Match Needs**

This will require the realignment of inpatient and treatment capacity in the Northern Illawarra and the Shoalhaven (under development) to match the growth in APHC services and contemporary service delivery models. It will also mean the acquisition of new technology such as a PET/CT scanner to improve the efficient and safe delivery of cancer services where justified by volumes and cost-benefit.

4. **Building the Workforce of the Future**

This will involve the building of multidisciplinary allied health teams at each cancer hub to provide clinical, functional and psychosocial support for patients in the community and across the continuum of care. The existing workforce should be transitioned to stable recurrent funding arrangements where possible. It will also mean the timely recruitment of clinical and support staff to allow the optimal utilisation of available cancer services capacity as it becomes available and the development of self-sufficient cancer related services to streamline the patient journey.
8.4 Medicine and Emergency Division

Service Development Drivers

Population growth and ageing, the increasing prevalence of chronic disease and increased self-sufficiency will contribute to increase demand for medicine and emergency services. In the absence of hospital avoidance demand management initiatives, significant growth is projected in separations for cardiology, neurology, infectious diseases, endocrinology and gastroenterology.

Future Service Profile

The most significant changes to the service profile for the medicine and emergency division will be the development of District-wide services with agreed clinical pathways in high volume, complex medicine services such as: diabetes and endocrinology, respiratory medicine, gastroenterology, neurology and chronic heart disease, as well as the enhancement of medical and emergency services in the Shoalhaven to improve access and self-sufficiency. Emergency services will be concentrated at the three acute service hubs, supported by Bulli Hospital in the Northern Illawarra and Milton-Ulladulla Hospital in the Shoalhaven, to achieve the critical mass required to support safe, high quality and sustainable service delivery.

Table 12 – Medicine and Emergency Division Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Tertiary referral services at TWH with subspecialty departments in cardiology, gastroenterology, neurology, respiratory medicine and endocrinology, and general medicine with subspecialty services in infectious diseases, immunology and rheumatology. District-wide services in high volume medical subspecialties</td>
<td>Secondary service hubs at TWH, SHH, SDMH with critical mass to meet majority of local demand for inpatient and ambulatory care services</td>
<td>GP led services at MUH. Outreach clinics to support early discharge and hospital avoidance delivered in partnership with A&amp;PHC, the Illawarra Shoalhaven Medicare Local and AMS in primary care settings</td>
</tr>
<tr>
<td>Emergency</td>
<td>Major trauma, paediatric &amp; tertiary emergency services at TWH</td>
<td>Secondary emergency services at TWH, and SHH and SDMH (networked with TWH). Hub services to include multidisciplinary assessment teams and short stay services appropriate to each community. Access to emergency surgery services for patients at TWH, SHH and SDMH</td>
<td>GP led emergency service at MUH networked with SDMH. Access to after-hours GP services in each community</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will involve investing in a variety of programs to reduce unnecessary hospital admissions including: prevention, screening, early detection and ambulatory follow-up programs delivered in collaboration with primary care partners. The programs will be delivered in hospital and community-based primary health care settings to improve access to services by ‘at risk’ groups including: residents with chronic disease, the socially isolated and the Aboriginal population. It will also involve the development of multidisciplinary assessment, treatment and consultation/liaison teams with outreach capacity.

2. Developing an Integrated Health System

Developing an integrated health system will require reconfiguration of services to improve equity of access and the strengthening of referral networks within the District will reduce outflows to other Districts and build local referral services. Duplication of services across the District will need to be reduced.

3. Reconfiguring the Capital Footprint to Match Needs

This will require the reconfiguration of infrastructure to align with the hub and spoke model and support the delivery of high quality emergency, general medicine and subspecialty services that streamline the patient journey.

4. Building the Workforce of the Future

Additional allied health professionals will be required to build the multidisciplinary workforce required to effectively and efficiently manage high acuity and chronic and complex patients. The development of subspecialty services in neurology, respiratory medicine and endocrinology to address high growth in demand.
8.5 Mental Health Division

Service Development Drivers

The key service development driver for this Division is the general growth in the population and under provision of mental health services in the Shoalhaven.

Future Service Profile

The most significant change to the service profile will be the provision of acute and sub-acute mental health services and psychiatry services in the Shoalhaven.

Table 13 - Mental Health Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent</td>
<td>Child &amp; adolescent inpatient services and adolescent day program services at SHH</td>
<td>Community child and adolescent teams at a hub in each community, Consultation/liaison psychiatry services at TWH, SHH and SDMH</td>
<td>Tele-health link to MUH ED. Satellite community mental health services at community health centres and other primary care settings</td>
</tr>
<tr>
<td>Adult</td>
<td>High dependency inpatient services at SHH</td>
<td>Acute adult inpatient services at TWH, SHH, SDMH. Sub-acute adult inpatient services at SHH, SDMH. Adult community mental health teams based at a hub in each community. Community based rehabilitation and residential services</td>
<td>Tele-health link to MUH ED. Satellite community mental health services at community health centres and other primary care settings</td>
</tr>
<tr>
<td>Older persons</td>
<td>Older persons mental health inpatient services at TWH and SDMH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will involve partnering with the Illawarra Shoalhaven Medicare Local and other agencies to develop prevention and early identification strategies and community-based services targeting children, adolescents, vulnerable families and the aged; and the strengthening of ED and consultation liaison services to improve the management of mental health and dual diagnosis presentations, in particular children and adolescents, and older persons.

2. Developing an Integrated Health System

This will see the development of continuity of care pathways in partnership with the Illawarra Shoalhaven Medicare Local and other service providers to enable early identification of changes in a patient's condition and prompt intervention by the agency responsible for case management. It will also require increased investment in services for the Shoalhaven community to improve access to acute inpatient services and psychiatry consultation liaison.

3. Reconfiguring the Capital Footprint to Match Needs

Additional acute inpatient beds will be required to service the Shoalhaven and continued investment in tele-health infrastructure for outreach and consultation-liaison services, especially to Milton-Ulladulla Hospital. The development of hub and spoke infrastructure will see non-inpatient services increasing delivery for community hubs offering a range of ambulatory and primary health services including mental health.

4. Building the Workforce of the Future

This will see the development of a multidisciplinary workforce (mix of clinician and non-clinician staff including youth, consumer and welfare workers) with a variety of complementary skill sets that align with the specific models of care for each client group. Assessment and consultation–liaison services will be provided by multidisciplinary teams including allied health professionals and GPs in the community. Continuous competency based training will be a feature.
8.6 Renal Services

Service Development Drivers

Demand for renal services will continue to grow with the ageing of the population and due to social determinants of health, such as socioeconomic disadvantage linked with the high prevalence of chronic disease such as diabetes and renal failure. This is reflected in a 38% increase in projected separations for renal failure in the next ten years, in the absence of increase investment in prevention, early detection and community-based management programs.

Other significant drivers are insufficient capacity to meet demand for home-based therapies, the absence of early detection and management programs for chronic kidney disease (CKD), insufficient services in the Shoalhaven to meet current demand, and limited access to co-ordinated multidisciplinary, particularly allied health, assessment and support to effectively manage increasingly complex patients.

Future Service Profile

The most significant changes will be the enhancement of the home-dialysis training service to provide the additional capacity required to meet state targets, a District-wide partnership program to manage the early detection and community-based management of CKD, and development of the renal services at Shellharbour, Shoalhaven District Memorial and, possibly, Milton-Ulladulla Hospital.

Table 14 - Renal Service Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Coordination of renal transplant services including referral for surgery at Prince of Wales Hospital &amp; pre/post transplantation services at TWH. Tertiary referral services including management of acutely unstable cases at TWH. District-wide renal roster covering TWH, SHH and SDMH.</td>
<td>Secondary services including consultation liaison, clinics and capacity for emergency dialysis at SHH and SDMH.</td>
<td>Development of satellite capacity at MUH</td>
</tr>
<tr>
<td>Sub-acute</td>
<td>District-wide Home Dialysis Training services at TWH. District-wide program for CKD screening and Management in partnership with APHC, the Illawarra Shoalhaven Medicare Local and AMS targeting ‘at risk’ groups including the Aboriginal population.</td>
<td>Satellite dialysis at TWH, SHH and SDMH supported by multidisciplinary allied health teams.</td>
<td>24/7 home dialysis support. Consultant &amp; multidisciplinary clinics and a satellite dialysis service at MUH. Community-based screening and management programs for CKD delivered through shared care programs with GPs and AMS.</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will mean increased investment in home training services to meet the target of 50% home-based care. It will also see the development of a District-wide early detection and screening program for CKD including a culturally appropriate service for the Aboriginal and CALD populations. It will also require redesign of the vascular access service at each acute hub, and adequate support for multidisciplinary teams to support timely, efficient and quality service delivery.

2. Developing an Integrated Health System

This will see the development of a District-wide early detection, screening and integrated management program for CKD in partnership with the Medicare Local and AMS.

This will also see the further development of the hub and spoke model in the Shoalhaven to provide a peritoneal dialysis inpatient service at Shoalhaven District Memorial Hospital for the uncomplicated patient or those undergoing rehabilitation.

3. Reconfiguring the Capital Footprint to Match Needs

This will mean the provision of infrastructure to enable the development of the hub and spoke model, and the provision of dedicated facilities for acute dialysis services at each hub.

4. Building the Workforce of the Future

This will see the building of multidisciplinary allied health teams at each renal hub (Wollongong, Shellharbour and Shoalhaven District Memorial Hospitals) to provide clinical, functional and psycho-social support, to support patients across the continuum of care and to remain in the community. It will also involve the training and support of staff at the Shoalhaven District Memorial Hospital to provide a peritoneal dialysis service.

Development of a research capacity will involve the strategic recruitment of clinical staff with a track record of, or interest in, research and its application.
Service Development Drivers

Demand for surgery and critical care services will increase with the growth and ageing of the population, the redirection of outflows to increase self-sufficiency and the development of a comprehensive cancer care service in the Shoalhaven. Significant growth is projected in separations for ophthalmology, orthopaedic surgery, urology and plastic surgery. Key challenges involve attracting and retaining senior clinicians to support the development of sustainable subspecialty services, and the effective management of elective and urgent surgery case mix to avoid bed-block.

Future Service Profile

A key change to the service profile of the Division will be the further development of subspecialty services in high volume surgical services at TWH, as the achievement of critical mass is required to support the appointment of senior clinicians and the establishment of advanced trainee programs. Other significant changes will be the re-establishment of a urology service at Wollongong Hospital, and the enhancement of elective surgery services at the acute service hubs.

Table 15 - Surgery and Critical Care Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>Tertiary referral services at TWH. Sustainable subspeciality departments in orthopaedics, ophthalmology, upper GIT, ENT, vascular surgery, facio-maxillary/plastics and urology, and general surgery with subspeciality services in neurosurgery, colorectal surgery and breast endocrine. District trauma service</td>
<td>Secondary service centres at TWH, SHH, SDMH with critical mass to meet majority of local demand for inpatient and ambulatory care services. Paediatric surgery at TWH, SHH, SDMH</td>
<td>GP led general surgery and anaesthetic services at MUH</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Tertiary referral intensive care service at TWH networked with services at SHH &amp; SDMH</td>
<td>Tertiary referral level ICU/HDU services at TWH and SDMH and secondary level services at SHH</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will involve the development of, and investment in, ambulatory care services that improve pre-admission screening and follow-up care that enable the optimal use and configuration of inpatient capacity. It will also support the development of sustainable subspecialty services in areas of high growth and the enhancement of related ambulatory diagnostic and procedural services. Timely establishment of advance care plans will improve the quality and cost effectiveness of care received by end stage patients.

2. Developing an Integrated Health System

Surgical and critical care services will require enhancement to improve access to elective surgical services in the Southern Illawarra and Shoalhaven acute health precincts, and urgent and complex surgical services at Wollongong Hospital. Strengthening of referral networks within the District will reduce outflows (and help achieve critical mass) and support the development of sustainable subspecialty services.

3. Reconfiguring the Capital Footprint to Match Needs

Inpatient and procedural infrastructure will require reconfiguration and consolidation at each of the acute health hubs to support timely access to elective surgery (some elements are under construction). New technologies that improve efficiency and quality will be identified in the clinical division plans.

4. Building the Workforce of the Future

The development of the Surgical Clinical Division Plan will include workforce planning to support the development of a sustainable district-wide general surgery and anaesthetic services and subspecialty surgical services in areas of high demand and growth such as orthopaedics, upper GIT, and urology. Workforce development for both surgery and critical care will require increased investment in allied health staff and education and training across disciplines.
Service Development Drivers

Access to gynaecology services is limited within the District, with demand projected to increase with the ageing of the population and development of a comprehensive cancer centre in the Shoalhaven. Other significant service gaps are the limited availability of paediatric services at Shoalhaven District Memorial Hospital and Shellharbour Hospital, despite Shellharbour having the District’s highest proportion of paediatric residents, and a lack of multidisciplinary assessment and ambulatory care services for vulnerable families and children and adolescents with chronic conditions in the District.

Future Service Profile

The significant changes in the service profile will be the availability of broader pregnancy care options including: midwifery led and shared care services; the provision of a special care nursery service in the Shoalhaven; and the development of integrated and multidisciplinary ambulatory paediatric and child and family services in each community.

Table 16 – Women and Children Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Tertiary referral maternity service at TWH networked with unit at SDMH and MUH</td>
<td>Secondary level ante natal, birthing and post natal services at TWH and SDMH</td>
<td>Shared care birthing unit at MUH. Community-based midwifery care including home birthing</td>
</tr>
<tr>
<td>Neonatology</td>
<td>Neonatal high dependency care unit at TWH networked with Sydney Children’s Hospital</td>
<td>Special care nursery at SDMH</td>
<td>Community-based neonatal support</td>
</tr>
<tr>
<td>Children &amp; Adolescents</td>
<td>IS-DAS in Wollongong</td>
<td>Paediatric and adolescent inpatient and outpatient services at TWH, SHH and SDMH each with a multidisciplinary Paediatric Assessment Unit providing daily acute review clinics, observation and outreach nursing.</td>
<td>Outreach clinics at MUH and in disadvantaged communities. Community-based child and family services provided by multidisciplinary teams including a community paediatrician. Aboriginal Maternal, Infant Child Health (AMICH) services at SHH and in the Shoalhaven</td>
</tr>
</tbody>
</table>
Implementation Strategies

1. **Investing in Contemporary Patient-Centred Models of Care**

   The development of District-wide, integrated, continuity of care service models for maternity, neonatal and child and family services in partnership with primary health care providers. Models will have a strong focus on the special needs of vulnerable families, children at risk and children with chronic illnesses, and include early identification and intervention strategies and case management to ensure access to on-going monitoring, multidisciplinary assessment and support at hospital, in the community and at home.

2. **Developing an Integrated Health System**

   This will involve the development of hub and spoke service delivery models tailored to address the needs of specific communities and groups within those communities including neonates stepping down from intensive care, the chronically ill and children at risk. Proposed services include multidisciplinary paediatric assessment units in each acute health hub linked with community–based services located at the primary health care hub in each community with outreach services to community health centres, isolated communities and the home. The further development of shared care arrangements is also proposed e.g. midwives and GPs, mental health clinicians, paediatric staff, AMS and community paediatricians.

3. **Reconfiguring the Capital Footprint to Match Needs**

   This will require increased capacity for paediatric service delivery at the acute health hubs, particularly in Shellharbour and the Shoalhaven, and for ambulatory paediatric and maternity services at primary health care hubs in each community.

4. **Building the Workforce of the Future**

   This will include the development of multidisciplinary teams, with increased allied health involvement, for the delivery of inpatient and ambulatory care services and the recruitment of surgeons to meet demand for paediatric ENT surgery and gynaecology and urogynaecology services.
8.9 Research and Teaching

Capability Drivers

The key capability driver for research and training in the District is the need to increase training opportunities to support the development of a sustainable workforce and contemporary service delivery models. Related issues are gaps in frontline leadership and training across all clinical disciplines and settings, and limited clinician involvement in research.

Future Profile

The most significant change will be the recruitment of senior clinicians in all disciplines with a track record in teaching and research, and the provision of educators and professional development programs in all care settings to support the implementation of contemporary service delivery models. As clinical activity increases, and other college requirements are achieved, then sub-specialty rosters involving advanced trainees can be implemented at Wollongong Hospital, with District-wide appointments and coverage in high volume specialties.

Table 17 - Research and Training Future Profile

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral Services</th>
<th>Hub Level Services</th>
<th>Spoke Level Services</th>
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</thead>
<tbody>
<tr>
<td>Research</td>
<td>Research Office at TWH. District research partnerships with Universities. Development of Illawarra Research Hub</td>
<td>Access to clinical trials</td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td>District-wide coordination of clinical training &amp; inter-professional learning by the Clinical Education &amp; Training Council. Principal teaching hospital at TWH with conjoint UoW appointments and advance trainee/trainee programs in key tertiary services</td>
<td>General Medicine advanced trainee at SDMH, and trainee positions in General Medicine &amp; Surgery, Cancer Care, Geriatric Medicine, Rehabilitation, and Renal at service Hubs in addition to clinical placements in nursing and allied health. Access to professional development and support across all disciplines and care settings</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Strategies

1. Investing in Contemporary Patient-Centred Models of Care

This will mean the strengthening and development of education and professional development programs to provide the skills, knowledge and competencies required to deliver patient centred care as a member of a multidisciplinary team and to support patients in self-management of their health. The development of a Research Hub for the Illawarra will ensure access to clinical research and trials facilities not previously available in the region.

2. Developing an Integrated Health System

This will involve investment in workforce development strategies in partnership with the University of Wollongong and other education providers such as TAFE NSW to support the building of a home-grown workforce.

3. Reconfiguring the Capital Footprint to Match Needs

This will require the provision of space for teaching and research activities including clinical trials in future infrastructure developments.

4. Building the Workforce of the Future

This will see the further development of partnerships with the University of Wollongong to increase the number of conjoint appointments and develop clinical leadership capacity. It will also include the active recruitment of senior clinical staff with a commitment to education and expertise in research and its application to clinical service development, and the provision of incentives and support for staff interest in undertaking research. It will mean the appointment of educators to work across all care settings.

Illawarra Shoalhaven Local Health District is the lead LHD for the South Coast Interdisciplinary Clinical Training Network with the main purpose of the ICTN being to facilitate a collaborative, cross-sector and inter-professional approach to clinical training, to enable quality improvement and to build clinical training capacity within NSW.
9 IMPLEMENTATION FRAMEWORK

Implementation

The future directions for health care services for the Illawarra Shoalhaven Local Health District will be implemented through a series of issue specific and enabling plans.

In order to achieve the vision for the District, each aspect of the organisation will need to consider how it will support the achievement of the District’s goal to provide “the right services, in the right place, at the right cost”. This Plan outlines the broad direction of the changes and developments that will need to occur in order for this to happen.

The detail about how and when services will develop and change will be detailed within the following plans:

The Asset Strategic Plan

The District will develop by May 2013, a ten year Asset Strategic Plan which will outline the priorities and timeframes for the development of its capital infrastructure. This plan will detail where capital improvements are required, how the asset portfolio will be rationalised and what the maintenance implications of the remaining assets will be for the next ten years and beyond.

Clinical Division Plans

Each Clinical Division will develop a 5 to 10 year Service Plan that will detail how each division will achieve the strategic initiatives detailed in the Health Care Services Plan. Clinical Division Service Plans will outline the activities and actions that will need to occur over that timeframe to achieve our desired future service profiles.

Workforce Strategy

The workforce challenges highlighted in this plan will require a system wide workforce development and sustainability plan that identifies the strategies and actions that will be required to meet our future workforce needs. This plan will draw together the workforce priorities identified by the Clinical Divisions in conjunction with broader initiatives around education, training and development as well as recruitment and retention strategies.

Annual Operational Plans

The annual performance requirements placed on the District by the Ministry of Health in the form of our service agreement will be combined with the actions required at service and facility level to achieve our strategic and activity priorities. These annual operational plans will ensure the development of a performance and accountability culture across the District.

Monitoring and Reporting

The District will refine the Performance Management Framework to identify the monitoring and reporting that will be required at every level of the organisation to ensure we are achieving our goals.

Progress against our strategic objectives throughout the life of this Plan, will be reviewed and reported at the end of each financial year, and published at the Annual General Meeting.

The demand for healthcare services and our performance will be continually assessed using available data to ensure our planning and decision making processes are effective.
## 10 SUPPORTING INFORMATION

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
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<tr>
<td>Appendix 1</td>
<td>Glossary</td>
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<td>References and Explanatory Notes</td>
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<td>Appendix 3</td>
<td>Strategies for Key Reforms</td>
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<td>Appendix 4</td>
<td>Aboriginal Health Impact Statement</td>
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</table>
## Appendix 1 - Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>24/7</td>
<td>24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>AARC</td>
<td>Acute Aged Residential Care</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACSC</td>
<td>Ambulatory Care Sensitive Condition</td>
</tr>
<tr>
<td>AMICH</td>
<td>Aboriginal Maternal, Infant and Child Health</td>
</tr>
<tr>
<td>AMS</td>
<td>Aboriginal Medical Service</td>
</tr>
<tr>
<td>ARC</td>
<td>Access and Referral Centre</td>
</tr>
<tr>
<td>ART</td>
<td>Acute Rehabilitation Team</td>
</tr>
<tr>
<td>ASET</td>
<td>Aged Services Emergency team</td>
</tr>
<tr>
<td>AHSRI</td>
<td>Australian Health Services Research Institute</td>
</tr>
<tr>
<td>BH</td>
<td>Bulli Hospital</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally, Religiously and Linguistically Diverse</td>
</tr>
<tr>
<td>CCU</td>
<td>Coronary Care Unit</td>
</tr>
<tr>
<td>CH</td>
<td>Coledale Hospital</td>
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<tr>
<td>CKD</td>
<td>Chronic Kidney Disease</td>
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<tr>
<td>CT</td>
<td>Computed Tomography</td>
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<tr>
<td>DBH</td>
<td>David Berry Hospital</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>ENT</td>
<td>Ear Nose and Throat (specialty)</td>
</tr>
<tr>
<td>GIT</td>
<td>Gastro Intestinal Tract</td>
</tr>
<tr>
<td>HDU</td>
<td>High Dependency Unit</td>
</tr>
<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>IMHRI</td>
<td>Illawarra Health and Medical Research Institute</td>
</tr>
<tr>
<td>IS-DAS</td>
<td>Illawarra Shoalhaven Diagnostic Assessment Service</td>
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<tr>
<td>LGA</td>
<td>Local Government Area</td>
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<tr>
<td>LOS</td>
<td>Length of Stay</td>
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<tr>
<td>MAC</td>
<td>Medical Ambulatory Care</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry Of Health</td>
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<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MRT</td>
<td>Mobile Rehabilitation Team</td>
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<tr>
<td>MUH</td>
<td>Milton – Ulladulla Hospital</td>
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<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>PACE</td>
<td>Patient with Acute Condition for Escalation</td>
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<tr>
<td>PCEHR</td>
<td>Patient Controlled Electronic Health Record</td>
</tr>
<tr>
<td>PEC</td>
<td>Psychiatric Emergency Care</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Tomography</td>
</tr>
<tr>
<td>PKH</td>
<td>Port Kembla Hospital</td>
</tr>
<tr>
<td>RACF</td>
<td>Residential Aged Care Facilities</td>
</tr>
<tr>
<td>SDMH</td>
<td>Shoalhaven District Memorial Hospital (Nowra)</td>
</tr>
<tr>
<td>SHH</td>
<td>Shellharbour Hospital</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>SNAP</td>
<td>Smoking, Nutrition, Alcohol and Physical Activity</td>
</tr>
<tr>
<td>TACT</td>
<td>The Ambulatory Care Team</td>
</tr>
<tr>
<td>TWH</td>
<td>Wollongong Hospital</td>
</tr>
<tr>
<td>UoW</td>
<td>University of Wollongong</td>
</tr>
</tbody>
</table>
Appendix 2 – References and Explanatory Notes

- Centre for Health Service Development, Community Health at the Crossroads: Which Way Now?, 2008
- COAG, Closing the Gap on Indigenous Disadvantage, 2008
- Department of Health and Ageing, A National Health and Hospitals Network For Australia’s Future, 2010
- Department of Health and Ageing, Building a 21st Century Primary Health Care System, Australia’s First National Primary Health Care Strategy, 2010
- Illawarra Shoalhaven Local Health District, Our Statement of Strategic Intent, 2011
- Illawarra Shoalhaven Medicare Local, Health Profile and Needs Assessment – Planning After Hours Primary Care in the Illawarra Shoalhaven Medicare Local, 2012
- National Health and Hospitals Reform Commission, A Healthier Future for all Australians, 2009
- National Partnership Agreement on Hospital and Health Workforce Reform, 2008
- NSW Government, NSW 2021: A Plan to Make NSW Number One, 2012
- NSW Health, National Health and Hospitals Network for Australia’s Future,
The following explanatory notes accompany the Tables.

**Table 1** – Population and Projections 2016-2036 Source: Projections from NSW Health Population Projection Series 1.2009, Department of Planning & State-wide Services Development Branch, NSW Health, May 2012.

**Table 2** – Illawarra Shoalhaven Local Health District Cultural and Linguistic Diversity Note: Totals do not sum exactly because there is no NESB number for Jervis Bay Territory Source: PHIDU Medicare Locals Population Health Profiles Online data, June 2012 Reproduced with permission from ‘Health Profile & Needs Assessment: Planning After hours Primary Care in the Illawarra - Shoalhaven Medicare Local’, Thompson et al, 2012.


**Table 5** – Illawarra Shoalhaven Local Health District ACSC Hospitalisations by LGA Note: Bayesian smoothing used to calculate the smoothed ratios:

↑ - greater than NSW average (5% level of significance); ↑↑ - greater than NSW average (1% level of significance);

↓ - lower than NSW average (5% level of significance); ↓↓ - lower than NSW average (1% level of significance)


**Table 6** – Illawarra Shoalhaven Local Health District Standardised Age/Sex Ration of Avoidable Mortality

### Appendix 3 – Strategies for Key Reform

#### Strategies for Key Reform 1 – Investing in Contemporary Patient-Centred Models of Care

<table>
<thead>
<tr>
<th>No</th>
<th>Strategies for Key Reform 1 – Investing in Contemporary Patient-Centred Models of Care</th>
<th>Principles for Sustainability</th>
<th>Patient Phase</th>
<th>Benefits</th>
<th>Priorities</th>
<th>Achieved Within</th>
<th>M&amp;E</th>
<th>S&amp;CC</th>
<th>W&amp;C</th>
<th>MH</th>
<th>ACRP</th>
<th>APHC</th>
<th>REN</th>
<th>CAN</th>
<th>R&amp;T</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase investment in, and partnerships for, health promotion to children, with the Illawarra Shoalhaven Medicare Local, local schools, Local Government, NGOs and Research Institutes to target the top disease risk factors in children (such as obesity, physical inactivity, blood cholesterol and low intake of fruit and vegetables) through implementation of additional education/promotion, screening, consultation and monitoring programs</td>
<td>1</td>
<td>Healthy</td>
<td>Reduced current and future demand</td>
<td>High</td>
<td>3- 5 yrs</td>
<td></td>
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<tr>
<td>2</td>
<td>Expand prevention and early intervention programs to adolescents with the Illawarra Shoalhaven Medicare Local, local schools, Local Government, NGOs and Research Institutes to target the additional disease risk factors for adolescents (such as smoking tobacco, alcohol, and low intake of fruit and vegetables) through the provision of additional education, consultation and support programs</td>
<td>1</td>
<td>Healthy</td>
<td>Informed, encouraged and empowered young population</td>
<td>High</td>
<td>3- 5 yrs</td>
<td></td>
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<tr>
<td>3</td>
<td>Enhance falls prevention and early intervention programs for older people (over 70 years of age) by improving collaboration with the Illawarra Shoalhaven Medicare Local, RACF, ambulatory and primary health care services, NGOs and Research Institutes targeting fall prevention through an expanded education, screening, early identification and monitoring program</td>
<td>1</td>
<td>Healthy</td>
<td>Reduced falls and injury (31% for participants in USyd Stepping On program)</td>
<td>High</td>
<td>3- 5 yrs</td>
<td></td>
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<tr>
<td>4</td>
<td>Enhance prevention and early detection programs for complex and vulnerable families by increasing collaborations and coordinating care through multidisciplinary teams (Illawarra Shoalhaven Medicare Local, Local Child Care Centres and Schools, AMICH, Child and Family Nursing and Allied Health, IS-DAS, SUPPS, Mental Health and DV, Community</td>
<td>1</td>
<td>At Risk</td>
<td>Reduced hospitalisation for Ambulatory Care Sensitive Conditions (ACSC)</td>
<td>High</td>
<td>3- 5 yrs</td>
<td></td>
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<tr>
<td>No</td>
<td>Strategies for Key Reform 1 – Investing in Contemporary Patient-Centred Models of Care</td>
<td>Principles (for Sustainability)</td>
<td>Patient Phase</td>
<td>Benefits</td>
<td>Priorities</td>
<td>Achieved Within</td>
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<td>5</td>
<td>Enhance prevention and screening programs for adults by partnering with the Illawarra Shoalhaven Medicare Local, Local Fitness and Sports Clubs, AMHS and community-based primary care services to target adults who are &quot;at risk&quot; of diabetes, cardiovascular and respiratory disease, cancer, renal disease and obesity, mental illness via increased education, screening, early intervention, monitoring and coordinated care pathways.</td>
<td>1</td>
<td>Healthy, At Risk</td>
<td>Reduced disease burden, Reduced health care costs</td>
<td>High</td>
<td>3-5 yrs</td>
<td></td>
<td></td>
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<td>6</td>
<td>Expand partnerships with the Illawarra Shoalhaven Medicare Local, and RACF to establish a screening, early identification, care coordination protocol for the aged living at home or in residential facilities to target those at risk of deterioration, potentially through &quot;link nurses&quot;.</td>
<td>1</td>
<td>Chronic and Complex</td>
<td>Reduced hospitalisation Right care</td>
<td>High</td>
<td>3-5 yrs</td>
<td></td>
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<td>7</td>
<td>Increase multi-disciplinary assessment of patients presenting to ED services by formalising collaboration with mental health, drug and alcohol, geriatric medicine, ASET, allied health services to target complex and dual diagnosis patients and plan a care episode</td>
<td>4,5</td>
<td>Higher Acuity</td>
<td>Reduced time in ED, Reduced hospitalisation, Reduced representations</td>
<td>High</td>
<td>3-5 yrs</td>
<td></td>
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<td>8</td>
<td>Increase access to ambulatory care and clinic services through collaboration between acute and primary care health services and the Illawarra Shoalhaven Medicare Local to develop sustainable community-based services that target avoidable hospital admissions and enable early discharge through assessment and /or follow-up though multidisciplinary rapid assessment and follow-up clinics in key subspecialties (cardiology, gastroenterology, neurology, renal, urology, geriatric medicine).</td>
<td>4</td>
<td>Higher Acuity</td>
<td>Reduced ED presentations, Reduced LOS</td>
<td>High</td>
<td>3-5 yrs</td>
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</table>
### Strategies for Key Reform 1 – Investing in Contemporary Patient-Centred Models of Care

<table>
<thead>
<tr>
<th>No</th>
<th>Patient Phase</th>
<th>Benefits</th>
<th>Priorities</th>
<th>Achieved Within</th>
<th>M&amp;E</th>
<th>S&amp;CC</th>
<th>W&amp;C</th>
<th>MH</th>
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<tr>
<td>9</td>
<td>Higher Acuity</td>
<td>Reduced ED presentations</td>
<td>High</td>
<td>0-2 yrs</td>
<td>⬤</td>
<td>⬤</td>
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<td>10</td>
<td>Chronic and Complex</td>
<td>Reduced ED presentations</td>
<td>High</td>
<td>3-5 yrs</td>
<td>⬤</td>
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<tr>
<td>11</td>
<td>Chronic and Complex</td>
<td>Informed choices for patients, the elderly and families</td>
<td>Medium</td>
<td>3-5 yrs</td>
<td>⬤</td>
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<td>Reduced ED presentations</td>
<td>High</td>
<td>3-5 yrs</td>
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<td>13</td>
<td>Higher Acuity</td>
<td>Reduced time to treatment</td>
<td>High</td>
<td>3-5 yrs</td>
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<td></td>
<td>Improved care outcomes</td>
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<td></td>
<td>Reduced hospitalisations for diagnostics</td>
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<td>Reduced LOS</td>
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- **9**: Expand ambulatory care services for infusions, wound care etc (outreach services to RACF) multidisciplinary preadmission clinics with pathways to early discharge and follow-up (e.g. cold joints, nutritional intervention and screening). Promote and increase use of tele-consults and outreach nursing to RACF or into the home for patients without social support.

- **10**: Increase community-based services to chronic and complex patients, particularly Aboriginal communities, those living in isolated communities and those experiencing socioeconomic disadvantage, through collaboration between community and primary care health services, GPs and Illawarra Shoalhaven Medicare Local to provide access to appropriate services close to home - further development of multidisciplinary ambulatory and primary health care teams, outreach clinics in isolated communities, use of tele-consults.

- **11**: Implement Advanced Planning for Quality Care at the End of Life across all care setting in partnership with acute and primary care health services, RACF, Illawarra Shoalhaven Medicare Local.

- **12**: Increase community-based services, primary care, rehabilitation and secondary prevention services for residents with chronic disease in partnership with acute services, GPs/ Illawarra Shoalhaven Medicare Local and acute services, such as day hospital services covering screening, multidisciplinary teams to coordinate and provide care in the community.

- **13**: Increase hospital-based diagnostic and clinical support services to support timely inpatient and ambulatory access and self-sufficiency commensurate with the requirements of the clinical services offered at each site - increase interventional radiology and access to on-site radiologists, specialist imaging support in OR, enhanced reporting and data exchange, establish a vascular lab at TWH, ophthalmology diagnostic facilities at TWH, SHH, SDMH, apheresis, cardiac
<table>
<thead>
<tr>
<th>No</th>
<th>Strategies for Key Reform 1 – Investing in Contemporary Patient-Centred Models of Care</th>
<th>Principles for Sustainability</th>
<th>Patient Phase</th>
<th>Benefits</th>
<th>Priorities</th>
<th>Achieved Within</th>
<th>M&amp;E</th>
<th>S&amp;CC</th>
<th>W&amp;C</th>
<th>MH</th>
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<td>diagnostic services</td>
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<td>14</td>
<td>Change the configuration of inpatient bed capacity and strengthen collaboration between acute care services to support management of patients in the right place, at the right time, by the right people - non-invasive non-ICU beds for non-invasive ventilation, cohorting of specialty inpatient beds, shared care and consultation liaison protocols, quarantined elective surgery beds, enhanced ICU and HDU capacity at Hubs, designated detoxification beds, one way flow through ED, short stay units, dedicated in-centre dialysis beds</td>
<td>4, 5</td>
<td>Higher Acuity</td>
<td>Reduced LOS Reduced transfers - between facilities and out of district Improved care outcomes Cost effective service delivery</td>
<td>High</td>
<td>3-5 yrs</td>
<td>•</td>
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<td>15</td>
<td>Develop sub-specialty training positions in specialties with projected high volumes of cases and where there is critical mass, requisite support services and inter-specialty capability, such as neurology, endocrinology/diabetes, respiratory medicine (pending thoracic surgery access and lung function lab, gynaecology and urology</td>
<td></td>
<td></td>
<td>Reduced travel for patients shorter LOS Improved recruitment,</td>
<td>Medium</td>
<td>5-10 yrs</td>
<td>•</td>
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<td>No</td>
<td>Strategies for Key Reform 2 – Developing an Integrated System</td>
<td>Principle</td>
<td>Patient Phase</td>
<td>Benefits</td>
<td>Priorities</td>
<td>Time Frame</td>
<td>M&amp;E</td>
<td>S&amp;CC</td>
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<td>16</td>
<td>Improve access to primary health services through partnering with the Illawarra Shoalhaven Medicare Local, AMS, primary health care providers, NGOs, to improve the coordination of care across sectors through enhancement of the Access and Referral Service (ARS), development of case management protocols, development of shared care models etc.</td>
<td></td>
<td></td>
<td>Reduced time in ED  Reduced hospitalisation  Reduced representations  Reduced duplication of services  Improved care outcomes</td>
<td>High</td>
<td>0-2yrs</td>
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<td>17</td>
<td>Develop the district as a recognised Centre of Excellence in Ambulatory and Primary Health Care through partnering with UoW, Illawarra Shoalhaven Medicare Local, AMS, primary health care providers and NGOs to provide cross sectoral opportunities for inter-professional practice, education and research and ensuring that primary health care is a cornerstone of health care development and investment in the District.</td>
<td>1</td>
<td>Healthy</td>
<td>Improved health status  Reduced hospitalisations</td>
<td>Medium</td>
<td>3-5 yrs</td>
<td></td>
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<td>18</td>
<td>Ensure the active management of the patient across the continuum of care through partnering with the Illawarra Shoalhaven Medicare Local, AMS, primary health care providers and NGOs to develop care pathways (initially focussing on the top 10 ACSC, which clearly defined the lead agency and key service partners at each care phase and build in proactive discharge and transition care planning.</td>
<td>2, 3, 4, 5</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Continuity of care  Reduced hospitalisation  Reduced representations</td>
<td>High</td>
<td>3-5yrs</td>
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<td>19</td>
<td>Further develop our hub and spoke service delivery framework, centralise where necessary principle in three catchment areas - Northern Illawarra, Southern Illawarra and the Shoalhaven, each with an acute hospital networked with sub-acute and mental health services and ambulatory and primary health care services located in ambulatory and primary health care centres and other community based facilities. Service development will provide for self-sufficiency in the primary and secondary health services required to meet the specific needs of the population</td>
<td>4, 5</td>
<td>Higher Acuity</td>
<td>Reduced waiting time and waiting lists  Improved self-sufficiency  Improved patient access and outcomes</td>
<td>High</td>
<td>5-10 yrs</td>
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<td>No</td>
<td>Strategies for Key Reform 2 – Developing an Integrated System</td>
<td>Principle(s)</td>
<td>Patient Phase</td>
<td>Benefits</td>
<td>Priorities</td>
<td>Time Frame</td>
<td>M&amp;E</td>
<td>S&amp;CC</td>
<td>W&amp;C</td>
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<td>in each catchment. TWH will provide all available tertiary referral services for the District. Specific services to be centralised to SHH and SDMH to support equity of access and efficient and effective service delivery</td>
<td>3,4</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Development of District services Improved access to local services Self-sufficiency</td>
<td>Medium</td>
<td>0-2yrs</td>
<td>● ● ● ●</td>
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<td>20</td>
<td>Improving networking and referrals between clinicians through partnership with the Divisions, Illawarra Shoalhaven Medicare Local and AMS to increase self-sufficiency by developing referral networks that provide access to District services close to where people live.</td>
<td>2,3,4,5</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Continuity of care Improved care outcomes Improved efficiency due to reduced duplication</td>
<td>High</td>
<td>0-2yrs</td>
<td>● ● ● ● ● ●</td>
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<td>21</td>
<td>Develop a user friendly District wide communication and information sharing platform (across sectors) through partnership with the Commonwealth, MoH, Illawarra Shoalhaven Medicare Local, AMS and NGOs that enables the timely and secure exchange of patient information between health care service providers through connectivity with electronic medical records and service specific clinical information systems, educating the public and GPs on the benefits the use of the Patient Controlled Electronic Health Record (PCEHR) and ensuring compatibility with voice recognition technology (once proved reliable).</td>
<td>2,3,4,5</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Reduced time to treatment Reduced ED presentations Efficient use of available resources</td>
<td>Medium</td>
<td>0-2yrs</td>
<td>● ● ● ● ● ●</td>
<td>● ●</td>
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<td>22</td>
<td>Increase awareness of the available health services (primary, acute and sub-acute) within the District and improve access to the most appropriate service through an education program targeting the community and service providers (GPs, Illawarra Shoalhaven Medicare Local, District acute, sub-acute and primary health services, Ambulance service, NGO services) - primary care services, after-hours GP services, telephone advice services, range of ED and clinical services at each hospital</td>
<td>2,3,4,5</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Reduced time to treatment Reduced ED presentations Efficient use of available resources</td>
<td>Medium</td>
<td>0-2yrs</td>
<td>● ● ● ● ● ●</td>
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<td>23</td>
<td>Identify services with high volumes, high caseloads or services likely to experience high growth, such as neurology and respiratory medicine, and implement efficient evidence-based patient pathways, to streamline care and eliminate unnecessary diagnostics, treatments and bed-days across the District</td>
<td>3,4</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Reduced time to treatment Reduced ED presentations Efficient use of available resources</td>
<td>High</td>
<td>0-2yrs</td>
<td>● ● ● ● ● ●</td>
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**Our Health Care Services Plan 2012-2022**
### Strategies for Key Reform 3 – Reconfiguring the Capital Footprint to Match Needs

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<tr>
<th>No</th>
<th>Strategies for Key Reform 3 – Reconfiguring the Capital Footprint to Match Needs</th>
<th>Principle</th>
<th>Patient Phase</th>
<th>Benefits</th>
<th>Priorities</th>
<th>Time Frame</th>
<th>M&amp;E</th>
<th>SRCC</th>
<th>W&amp;C</th>
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<td>24</td>
<td>Reconfigure District infrastructure and consolidate duplicated services to establish a hub and spoke service delivery framework that provides: emergency services co-located with associated diagnostics, and within 30 minutes travel of all Illawarra and Shoalhaven residents where possible; general acute, rehabilitation, mental health, and high frequency ambulatory services (chemotherapy, dialysis) within each Hub on the basis of critical mass; low frequency ambulatory and primary health on a Hub basis with spokes to a series of clusters (populations of approximately 30,000).</td>
<td>2,3,4</td>
<td>At Risk Chronic and Complex High Acuity</td>
<td>Improved operational efficiency, reduction in the duplication of services and improvement to quality and safety with critical mass provided in the right place</td>
<td>Low</td>
<td>5-10 yrs</td>
<td>●</td>
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<td>25</td>
<td>Support the early adoption of new medical, information management and communication technologies that have a demonstrated capacity to improve efficiency and quality though partnering with the UoW to identify new technologies, the inclusion of a Technology Strategy in all Divisional Service Plans, the allocation of funds for investment in new technology and through the development of research and development partnerships with technology providers.</td>
<td>1,2,3,4,</td>
<td>All</td>
<td>Improved efficiency and quality</td>
<td>Medium</td>
<td>3-5 yrs</td>
<td>●</td>
<td>●</td>
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## Strategies for Key Reform 4 – Building the Workforce of the Future

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<th>Strategies for Key Reform 4 – Building the Workforce of the Future</th>
<th>Principle</th>
<th>Patient Phase</th>
<th>Benefits</th>
<th>Priorities</th>
<th>Time Frame</th>
<th>M&amp;E</th>
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<td>26</td>
<td>Develop an integrated and sustainable District-wide workforce plan that aligns with the Hub and Spoke service delivery framework and is informed by clinical service plans for each Division and clinical support service and provides for clinical leadership; an appropriate mix of clinical (medical, nursing, allied health), paramedical and support staff to support safe and timely ambulant and inpatient care; after-house support, back cover for staff on leave; access to training, education and staff support services.</td>
<td>1,2,3,4,5</td>
<td>Healthy At Risk Chronic and Complex High Acuity</td>
<td>Safe, timely and quality care Improved staff retention and recruitment</td>
<td>High</td>
<td>3-5 yrs</td>
<td>●</td>
<td>●</td>
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<td>27</td>
<td>Develop education and training programs in partnership with the Colleges, the UoW, TAFE and the Illawarra Shoalhaven Medicare Local that builds a home grown workforce with the skill sets to implement the model of service delivered through advanced training programs in general medicine general surgery and selected subspecialties, establishment of a clinical leadership program, development of the multidisciplinary training opportunities, targeted skills development e.g. early identification of the deteriorating patient, development of clinical educator roles across settings, rotation of clinical placements across settings, development of enrolled nurse, nurse/allied health practitioner, and health worker roles</td>
<td>1,2,3,4,5</td>
<td>Healthy At Risk Chronic and Complex High Acuity</td>
<td>Sustainable supply Improved recruitment and retention</td>
<td>Medium</td>
<td>3-5 yrs</td>
<td>●</td>
<td>●</td>
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<td>28</td>
<td>Recruit senior clinicians with a track record in research and quality initiatives and a demonstrated capacity to attract research funding through partnership with the UoW, IHMRI, the Illawarra Shoalhaven Medicare Local to develop a research and quality culture across District health services through conjoint appointments, research/clinical fellow positions, enhancement of research support staff and quarantined time for research.</td>
<td>1,2,3,4,5</td>
<td>Healthy At Risk Chronic and Complex High Acuity</td>
<td>Improved access to evidence based practice and clinical trials Increased research funding Research culture</td>
<td>Medium</td>
<td>5-10 yrs</td>
<td>●</td>
<td>●</td>
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Appendix 4 - Aboriginal Health Impact Statement

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

Working Together Building Healthy Futures: Health Care Services Plan 2012-2022

Aboriginal Health Impact Statement
Introduction

This Aboriginal Health Impact Statement has been produced to accompany *Working Together Building Healthy Futures*, the Illawarra Shoalhaven Local Health District Health Care Services Plan (HCSP) 2012-2022.

The HCSP is underpinned by the *Our Statement of Strategic Intent*, setting the framework for the future of health care services across Illawarra and Shoalhaven from 2012 to 2022. The Plan provides an overview of current services, key service issues and service development priorities, outlining strategic service directions for the next ten years under four key reforms;

1. Investing in contemporary patient-centred models of care
2. Developing an integrated system
3. Reconfiguring the capital footprint to match needs
4. Building the workforce of the future

Directions for health services focus on patient-centred care, incorporating all health care settings (acute, sub-acute, hospital based, ambulatory and primary health care) and service providers, particularly partnerships between the Illawarra Shoalhaven Medicare Local and our local Aboriginal Community Controlled Health Services.

The HCSP is an integral component of the Districts strategic and operational framework, also providing evidence that the Districts health care services and operations are aligned with the strategic direction of the New South Wales (NSW) health system.

In line with the state-wide initiative focused on building a positive workplace culture, the HCSP reflects the CORE values that underpin the basis of service delivery:

- **Collaboration** – we are all part of one team in one health system.
- **Openness** – we are transparent in our ways of working and believe that our communities have a right to know how decisions are made, why they are made, who is making them and the costs involved.
- **Respect** – we believe everyone has a valued role to play and listening is important. Everyone should be given the chance to make a contribution. We look for every source of improvement. We believe with a respectful system we are able to give real meaning to the concept of accountability.
- **Empowerment** – we believe patients must be empowered to take the greatest control of their own health care in collaboration with their carers and care providers. Their decisions should be based on clear information. We believe for empowerment to work there must be trust; decisions must be delegated closer to patients, to where they are best made. We believe there must be empowerment and accountability at every level.

This Impact Statement is based on the NSW Health Aboriginal Health Impact Statement and Guidelines and aims to ensure that the health needs and interests of Aboriginal people across the District have been considered and strategies to address their needs incorporated into the planning process and resultant documentation.
ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of initiative: Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022

✓ The Health needs and interests of Aboriginal People have been considered, and appropriately addressed in the development of this initiative.

✓ Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.

✓ Completed checklist is attached.

Name of Manager: Zane Rice
Title of Manager: ISLHD Aboriginal Health Manager
Unit Name: Aboriginal Health
Local Health District: Illawarra Shoalhaven
Signature: ___________________________  Date: 12/9/22
Contact No: 4221 6786
Email: zane.rice@sesiahs.health.nsw.gov.au


ABORIGINAL HEALTH IMPACT STATEMENT CHECKLIST

Development of the project

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<td>1.</td>
<td>Has there been appropriate representation of Aboriginal Stakeholders in the development of the project?</td>
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<td>The District Aboriginal Health Unit, including the District Aboriginal Health Manager, has been involved in the development of the HCSP. Feedback on the development of the plan was additionally sought from the Illawarra Aboriginal Medical Service (IAMS) South Coast Aboriginal Medical Service (SCAMS), Oolong House and Waminda.</td>
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<td>2.</td>
<td>Have Aboriginal stakeholders been involved from the early stages of the project?</td>
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<td>Aboriginal community members participated in the public forum, which was held at the beginning of the plan development to seek input into the development of the Plan.</td>
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<td>Our Aboriginal partner organisations were engaged and consulted with during the first phase of plan development. These partner organisations have also had the opportunity to provide feedback and comment on the draft versions of the plan over the past months.</td>
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<td>3.</td>
<td>Have consultation / negotiation processes occurred with Aboriginal stakeholders?</td>
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<td>The District Aboriginal Health Unit provided an extensive list of key strategies that had been developed from earlier consultation with Aboriginal health workers, partners and communities during development of the former South Eastern Sydney Illawarra Area Health Service (SESIAHS) Aboriginal Health Strategy 2010-2015. Additionally, the HCSP process included community consultations for all residents of the Illawarra and Shoalhaven, which attracted several Aboriginal community members.</td>
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<td>Aboriginal health workers from the IAMS, SCAMS, Oolong House, Waminda, and the Wreck Bay and Orient Bay communities were also invited to provide feedback around the development of the plan and Aboriginal health strategies, which resulted in a separate consultation with the IAMS about the future service needs for Aboriginal health.</td>
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<td>4.</td>
<td>Have these processes been effective?</td>
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<td>Inviting feedback from the IAMS, SCAMS, Oolong House and Waminda provided a consultative base to ensure that proposed future services are developed in a way that:</td>
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<td>• Encompasses the needs of the Illawarra Shoalhaven Aboriginal community</td>
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<td>• Improves access to available and needed services</td>
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<tr>
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<td>• Acknowledges the socio-demographic conditions of the Illawarra Shoalhaven Aboriginal community</td>
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<td>• Makes Aboriginal health everyone’s business</td>
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<td>• Promotes a partnership approach at all level across the District</td>
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<td>As the HCSP is a high level strategic plan, Aboriginal stakeholders will have an opportunity to be further engaged with each clinical division during development of the clinical service plans, improving specificity in relation to Aboriginal health.</td>
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5. Have links been made with relevant existing mainstream and / or Aboriginal – specific policies, programs and /or strategies?

Many national and state strategies and policies which outline significant reforms aimed at improving the performance of the health system played a key role in shaping the priorities and directions summarised in the HCSP: the key reports being the Council of Australian Governments ‘National Health Reform’ and NSW Governments ‘NSW 2021: A Plan to Make NSW Number One’.

An important goal outlined in ‘NSW 2021’ includes fostering opportunity and partnership with Aboriginal people as a means to strengthening the local environment and communities. Key targets include:

- Closing the life expectancy gap between Aboriginal and non–Aboriginal people.
- Increasing the number of Aboriginal communities the State Government is partnering with to improve local outcomes.
- Supporting Aboriginal Culture, Country and Identity.

Key District guidelines and strategies that informed the HCSP include the ‘Our Statement of Strategic Intent’ and ‘Building a Sustainable Service System for the Communities of the Illawarra and Shoalhaven’. The latter highlights the importance of further effort to address the needs of those in our community who continue to experience greater health risks, poorer health and unsafe environments such as Aboriginal people.

Furthermore, the key initiatives provided by the District Aboriginal Health Unit have been identified as the key Aboriginal health strategies for use in the HCSP. These strategies were developed from Aboriginal partners/community input as part of the planning process of the former SESIAHS Aboriginal Health Strategy 2010-2015.

Contents of the Project

6. Does the project clearly identify the effects it will have on Aboriginal health outcomes and health services?

The HCSP reiterates the importance of addressing the needs of those in our community who continue to experience greater health risks, poorer health and unsafe environments such as Aboriginal people.

The effects on Aboriginal health outcomes as a result of improved services should be positive.

7. Have these effects been adequately addressed throughout the project?

Aboriginal partners/stakeholders have been invited to provide feedback around the development of the Plan and offer advice regarding service delivery that is appropriate to the needs of the Aboriginal community.

Shoalhaven is identified as having the highest density of Aboriginal people across the District – the HCSP proposes greater expansion in acute and ambulatory and primary health care services in Shoalhaven to help address the needs of residents.
### Implementation and Evaluation of the Project

8. Are the identified effects on Aboriginal Health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy/strategy?

*No - The HCSP focuses on ensuring that the provision of services for the next ten years is appropriate to all residents across the District in efforts to build healthy futures.*

9. Will implementation of the project be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?

*The HCSP will inform the Districts Asset Strategic Plan (ASP) in a way that the ASP reflects the scope of services, their most advantageous location and the models of care required for their delivery. The ASP will advise of resource allocation to support the services proposed in the HCSP over the next ten years.*

In improving the responsiveness of health services to meet service needs of the District community and specifically to Aboriginal health, the ASP illustrates the health service provision funding requirements to address the special needs of marginal groups including Aboriginal people.

10. Will the initiative build the capacity of Aboriginal people / organisations through participation?

*During the planning phase there have been several opportunities for Aboriginal stakeholders/partners and Illawarra Shoalhaven Aboriginal residents to participate in the development of the Plan, by providing service delivery strategies that are appropriate to the needs of the Aboriginal Community.*

11. Will the project be implemented in partnership with Aboriginal stakeholders?

*Project implementation in partnership with Aboriginal stakeholders will not exist per se; consultation with Aboriginal stakeholders during the planning process however, has highlighted the need to reinvigorate the partnership that stands between the District and Aboriginal stakeholders/partners. As a result, implementation of the HCSP will result in improved collaborative work between the District and our partners to better service the Aboriginal community across Illawarra and Shoalhaven.*

12. Does an evaluation plan exist for the project?

*A formal evaluation plan is yet to be developed. The plan requires the District to effectively manage its services, as a result, ongoing performance monitoring in relation to health care services will be the main source of evaluation. The District Board will also be required to review strategies over the proposed ten year timeframe, prioritising each as they see appropriate, according to the status quo.*

13. Has it been developed in conjunction with Aboriginal stakeholders?

*No*