



A NEW
Direction

for NSW

STATE HEALTH PLAN

TOWARDS 2010



NSW
Government

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February 2007

Minister's message

The health of the people of NSW continues to improve. Infant deaths are falling. Rates of death from cancer and heart disease are also declining. Immunisation rates for children and adults are rising. Most people have access to high quality health care when they need it.

The NSW health system and the dedicated people who work in it have made great gains, in partnership with the people of NSW, to achieve these health outcomes. We want to make sure we can continue to improve health outcomes into the future despite a range of increasing pressures on the system.

The State Health Plan reflects the health priorities in the NSW Government's State Plan with strategies based on evidence of what works and challenging targets set for the future. The State Health Plan will guide the development of the NSW public health system towards 2010 and beyond.

The Plan reflects priorities in the Council of Australian Governments' national health reform agenda, including delivering better community based primary care; reducing the prevalence of risk factors that contribute to chronic disease; and improving health outcomes.

The Plan also draws on the extensive research and consultation with consumers, health professionals and other stakeholders that was undertaken to develop the longer-term strategic directions for NSW Health outlined in the *Future Directions for Health in NSW – Towards 2025* report.

The standards of acute health care in our hospitals and the quality of care delivered by our health professionals are among the highest in the world. The aim of this Plan is to ensure they continue to meet these high standards.

At the core of the State Health Plan is a commitment by the NSW Government to make the most productive use of the finite resources available for health care and to continue to help the people of NSW to live longer, happier and healthier lives.



The Hon John Hatzistergos MLC
NSW Minister for Health

A message from the Director General

The NSW health system faces many challenges now and in the coming years: social, demographic, cultural, environmental and technological. As demand for health services continues to grow, responding to these challenges will require many changes, both within the health system and in the wider community.

The State Health Plan addresses the challenges that lie ahead using the seven Strategic Directions identified during the consultation for the *Future Directions for Health in NSW – Towards 2025*. These Strategic Directions focus on the priority programs to be implemented by NSW Health over time.

It is important to note that the State Health Plan has been developed collaboratively with input from consumers, health professionals, staff members of NSW Health and the wider NSW community.

In particular, I would like to acknowledge the contribution by members of the NSW Health Care Advisory Council – the peak community and clinical advisory body providing guidance to the Government on a wide range of issues within the health care system.

I also wish to acknowledge the input by the Health Priority Taskforces, which also participated in the process. The Taskforces provide advice on policy directions and service improvements in 11 high priority areas of health care.

One of the key priorities in the State Health Plan is to work with other government and non-government services and the private sector to bridge the health gap between the people with the best health and those with poorer health in NSW.

We will also continue to find ways to reduce the impact of chronic disease in our community, with a strong focus on maintaining the balance between treating illness on the one hand and disease prevention, promoting healthy lifestyles, and wellness on the other.

NSW Health has developed the concept of 'Live Life Well', a call-to-action which is drawing together many health and wellbeing initiatives. Through 'Live Life Well', there will be a greater focus on people living healthier lifestyles and avoiding ill health, rather than treating symptoms as they occur.

We will measure our progress on implementing the seven Strategic Directions with a range of measures, including those that appear in the NSW Government's State Plan, the measures currently being collected and reported on by NSW Health and other measures developed specifically for this purpose.

We will modify the targets in the State Health Plan as necessary in light of changes such as where targets are achieved, new targets may be set; changes in clinical treatment practices or priorities may modify, or add to, existing strategies; changes in Commonwealth or State funding priorities or policies; or the emergence of new diseases or increased risk of known diseases.

The eight NSW Area Health Services, Justice Health, the Ambulance Service and the Children's Hospital at Westmead have developed complementary five year plans to outline how the State Health Plan priorities are to be implemented at a local level.



Robyn Kruk
Director General
NSW Department of Health

Vision and Goals of NSW Health

Our vision is:

'Healthy People – Now and in the Future.'

Our goals are:

To keep people healthy

To provide the health care that people need

To deliver high quality services

To manage health services well.

Seven Strategic Directions

The Strategic Directions featured in this State Health Plan mirror those in our 20 year Futures Plan and identify our health priorities over the next five years. These priorities will be reflected in planning processes at both State-wide and local Health Service levels.

These are our seven Strategic Directions:

1. **Make prevention everybody's business**
2. **Create better experiences for people using health services**
3. **Strengthen primary health and continuing care in the community**
4. **Build regional and other partnerships for health**
5. **Make smart choices about the costs and benefits of health services**
6. **Build a sustainable health workforce**
7. **Be ready for new risks and opportunities.**



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CONTENTS

■ Where we want to be in 2010	7
■ Celebrating our achievements	8
■ The challenges ahead	9
■ Strategic direction one: Make prevention everybody's business	13
■ Strategic direction two: Create better experiences for people using health services	16
■ Strategic direction three: Strengthen primary health and continuing care in the community	21
■ Strategic direction four: Build regional and other partnerships for health	24
■ Strategic direction five: Make smart choices about the costs and benefits of health services	27
■ Strategic direction six: Build a sustainable health workforce	30
■ Strategic direction seven: Be ready for new risks and opportunities	33
■ Data sources	36

Where we want to be in 2010

NSW Health is striving to protect, promote, maintain and improve the health of the people of NSW.

What we are striving for in 2010 is a health system that:

- has a greater focus and investment in improving health and preventing illness while continuing to treat illness effectively, paying particular attention to reducing the health gap for communities that experience multiple disadvantage
- is focused on quality and safety, providing patients with ready access to safe and satisfactory journeys through NSW health services and ensures patients and their carers are informed and involved in health care decisions and treated with respect
- helps people to access the health care they need through a network of integrated primary health and community care services across the public and private health systems
- has a greater focus on healthy ageing strategies integrating services across different levels of government and the private sector
- engages more effectively with other government and non-government agencies, and the broader community, to provide a more integrated approach to planning, funding and delivering health services to local communities and regions
- makes the most effective use of the finite resources available and manages costs, services and infrastructure effectively to meet the State's health care needs while maintaining financial sustainability
- has a valued skilled workforce that is available in sufficient numbers, is well trained, organised and deployed creatively to focus on the changing needs of health consumers, carers and the wider population
- is alert and capable of readily adapting to the changing needs of the community and is quick to anticipate and respond to new issues as they emerge.

Celebrating our achievements

There have been very significant health gains for people in NSW over the last 20 years, including a decline in rates of preventable death and a major reduction in deaths from cancer. Health promotion, better management of health systems, and medical advances have all contributed to these improvements.

Key achievements include:

- Smoking in NSW has declined by more than one third since 1985, when 35% of males and 26% of females were current smokers. By 2005, one in five (20%) NSW residents were current smokers (22% of males and 17% of females)
- Death rates from cardiovascular disease have more than halved since 1982 as a result of legislative changes and behavioural improvements relating to smoking and nutrition, and improved medical treatment and follow-up care
- The percentage of the population engaging in risky drinking behaviour has decreased from 42% in 1997 to 32% in 2005
- Breast cancer mortality rates have declined by 22% in the last ten years. During the last two years 363,369 women have participated in breast screening
- Cervical cancer rates have declined by 52% in the last ten years. 90% of women have had a Pap test in the last five years and 60% in the last two years
- Rates of premature birth for Aboriginal women at targeted locations fell from 20% to 11% between 2001-2003
- Rates of immunisation are almost 85% for Aboriginal one-year-olds, and 91% for non-Aboriginal one-year-olds, resulting in a reduction in vaccine preventable diseases
- NSW suicide rates have reduced from 15.1 per 100,000 people in 1997 to 8.6 in 2004 thanks to more responsive care and to more highly effective inter-Government collaboration.
- Coping well with increasing demand for services reflected in:
 - increasing attendances at hospital Emergency Departments – up to 2.2 million in 2005/06
 - more inpatient services – up to 1.5 million in 2005/06
- Significant improvements in patient services and health system efficiency. The public health system performs over 200,000 surgical procedures a year. Since January 2005 there has been a 99% reduction in the number of patients waiting more than 12 months for elective surgery, and an 80% reduction in the number waiting more than one month for urgent planned surgery

Despite these achievements, the NSW health system faces many challenges in the future.

The challenges ahead

Like health systems in other Australian States and across developed nations, the NSW Health system faces a number of significant challenges in the years ahead. These include:

Health status

Over 45,000 people die in NSW every year, with over one third still dying prematurely. This represents a considerable loss of potential years of life. The most common causes of death in the State are cardiovascular diseases, including coronary heart disease and stroke, cancers, chronic respiratory diseases, nervous system diseases, unintentional injuries and poisoning, and digestive system diseases. Cardiovascular diseases, cancer and mental illness account for well over half of the overall burden of disease in NSW.

There are over one and a half million public hospital admissions in NSW each year. The most common causes of hospitalisation include rehabilitation, nursing care and respite care, unintentional injuries, digestive system diseases, and conditions relating to pregnancy and childbirth. Injuries from falls are the leading cause of hospitalisations due to injury.

NSW is facing an increasing prevalence of chronic disease, largely resulting from unhealthy lifestyles. Obesity is a major challenge. Just over half of all NSW people are overweight or obese and less than 10% eat the recommended daily intake of vegetables. Only half of the population participate in an adequate level of physical activity, and almost one-third engage in risky drinking behaviour. Other significant health risk factors include tobacco smoking, hypertension and high blood cholesterol. These issues mean that the demand for health services is increasing, placing enormous pressure on the health system.

Equity in health

Despite significant health gains for many people living in NSW, these gains have not been equally shared by everyone. Aboriginal people, for example, tend to have higher levels of health risk, poorer health, and a shorter life expectancy than non-Aboriginal people. Other people likely to have poorer health outcomes include people living in rural and remote communities, those that are less well off including homeless people, people with a physical or intellectual disability, refugees and those with a mental illness.

The differences between people with the best and worst health in NSW are linked to factors such as socio-economic status, health risk behaviours, and access to and use of preventive health services.

NSW Health will seek to provide greater equity of access to health services. We will continue to work with other service providers and government agencies to reduce the health gap through enhancing the health of those who currently have the poorest health status. At the same time we will continue to focus on protecting, maintaining and improving the health and wellbeing of all the people of NSW.

Financial sustainability

Health costs continue to rise. The public health budget in NSW is the biggest single expense for the State, representing more than 27% of all Government expenditure. Cost pressures are expected to keep rising. NSW Health must continue to operate within the budgets available and make the best use of finite resources. This will require difficult decisions about service priorities including service realignments and changes in investment strategies – moving resources to where they will do the most good.

Demographic change

Across Australia, the growth and ageing of the population is a major factor in driving up health costs. This will continue to place increasing demands on health services and other human services.

Community expectations

Community expectations of health services continue to rise. People expect ready access to treatment for more and more health conditions. Furthermore, modern advances in medical treatments are increasingly expensive.

Chronic disease

Increasing numbers of people, including those in younger age groups, have chronic illness, many of which are preventable, and are requiring higher levels of care and support.

Health workforce shortages

The worldwide health workforce shortage will place pressure on NSW to develop even more innovative approaches to delivering health care as well as improving staff recruitment and retention strategies.

Cultural diversity

The diversity of cultural and language groups in the NSW population will continue to change with patterns of migration.

Environmental changes

The physical environment, including factors such as climate change and air, land, water and noise pollution, will present risks to our health and wellbeing.

Changing way of life

Our physical and mental health is affected by factors such as changing work patterns, the built environment and the way our cities and towns are planned, changing family structures and social isolation.

Technology

Advances in medical, communications and information technology will offer improved consumer access to health information and services and boost operating efficiency but they will be costly.

Commonwealth/State responsibilities for health

The split between Commonwealth and State roles and responsibilities for funding, regulation and provision of public and private health care services presents an ongoing challenge. Reform work under the auspice of the Council of Australian Governments (COAG) provides opportunities for reform of the health sector.

These challenges will continue to drive up health costs. Unless costs can be continually managed it will be increasingly difficult to meet demand for health services as well as other important Government services such as education, community services, housing and transport.

The prevention of disease and the management of illness in community settings rather than hospitals will become increasingly important and relevant to changing needs.

Taking action

The State Health Plan addresses the challenges ahead using seven key Strategic Directions identified in community consultation. The Plan highlights priority programs which NSW Health will implement over the next five years and beyond.

We will measure our success at achieving improved health outcomes through a broad range of measures, including measures identified in the NSW Government's State Plan, those currently being collected and reported on by NSW Health and measures that have been specially developed to assess progress. Health Services have also developed five year plans which describe how these priorities will be delivered locally.

The Plan will be reviewed annually to monitor progress against a detailed implementation plan. The implementation plan will show the linkages between the 10-20 year outlook, the five year targets and one year operational plans. State-wide programs will be articulated at a health service level with specific milestones and targets outlined. Linkages to the NSW State Plan will be specified.

The targets in the State Health Plan will be modified as necessary in light of changes such as:

- where targets are achieved, new targets may be set
- changes in clinical treatment practices or priorities may modify, or add to, existing strategies
- changes in Commonwealth or State funding priorities or policies
- the emergence of new diseases or increased risk of known diseases

Make prevention everybody's business

The familiar saying that 'prevention is better than cure' is supported by clinical evidence. But putting prevention into practice is not easy and benefits are not always immediately apparent. Reducing risk factors such as smoking, obesity, risky alcohol use and stress requires strong will and sustained action by individuals, families, communities and governments. Similar effort is needed to increase protective factors such as good nutrition, physical activity, healthy environments and supportive relationships.

What we are striving for in 2010 is a health system that puts greater effort and investment to improving health and preventing illness while continuing to treat illness effectively. This will require new strategies for health promotion and illness prevention, which are supported by structural changes such as legislation, regulation and environmental changes. The principle of prevention will be embedded into NSW Health's service delivery. It will be the core of the concept of "Live Life Well."

What we will do

Health improvement

Conduct programs and campaigns, using evidence-based strategies, to promote health and wellness and prevent injury and illness. Align NSW's activities with the Australian Better Health Initiative agreed by the COAG to promote better health and early intervention, and the National Reform Agenda.

Re-investment

Identify and realign resources to promote the health of the community by supporting lifestyle changes through measures including legislation, regulation, incentives, pricing and health impact assessments of policy. Shift resources to support prevention activity.

Immunisation

Maintain immunisation rates for non-Aboriginal one-year-olds above 90%, and increase rates for Aboriginal children above 85%. Increase immunisation rates of people over 65 years of age for influenza and pneumococcal disease. Increase immunisation rates of Aboriginal people over 50 years of age for influenza and pneumococcal disease. Increase the rate of full immunisation for recently arrived refugee children.

Child health and wellbeing

Invest in the health and wellbeing of children and young people, in collaboration with other agencies, to promote health and wellness and assist parents to meet children's developmental needs.

Mental health

Improve awareness, prevention, early identification and detection of mental illness, especially of people at risk, including children and adolescents.

Implement the National Action Plan on Mental Health as agreed by the COAG by addressing promotion, prevention and early intervention through activities such as raising community awareness and improving treatment services to better respond to the onset of mental illness.

Obesity

Implement a range of initiatives to address childhood and adult obesity, such as the Fresh Tastes@School NSW Healthy School Canteen Strategy. Promote healthy nutrition and physical activity to enable families to make informed choices and positive changes using Early Childhood Services to disseminate information. Initiatives will include social marketing campaigns and educational support, based around the theme of 'Live Life Well', aimed at reducing the promotion and consumption of unhealthy food and drinks, and encouraging people to be more active and less sedentary. Support strategies to reduce advertising of unhealthy products, particularly to children, improve food labelling, and to increase the access of disadvantaged populations to fruit and vegetables at reasonable cost.

Chronic disease

Expand programs to prevent and reduce the impact of chronic diseases such as diabetes, cancer, cardiovascular disease, stroke, chronic kidney disease, asthma, arthritis and depression to improve survival rates and quality of life. We will focus on the common risk factors for chronic disease, delivering a strong focus on promoting healthy lifestyles.

Enhance services for early detection, prevention and management of chronic disease in Aboriginal people including diabetes, quit smoking programs and prevention of vascular disease. Implement the initiatives under the Australian Better Health Initiative.

Tobacco

Continue to implement social marketing campaigns, tobacco legislation, smoking cessation programs and other tobacco control measures particularly aimed at disadvantaged groups.

Drugs and alcohol

Reduce harm related to drug and alcohol use, particularly among young people, focusing on action to reduce underage drinking and encourage responsible drinking through implementation of the Youth Alcohol Action Plan. Increase awareness and engagement of communities in effective ways to tackle drug and alcohol issues. Continue work with the criminal justice system to ensure the early referral of suitable defendants into drug and alcohol treatment, through programs such as Magistrates Early Referral into Treatment (MERIT).

Sexual health

Improve sexual health through strategies targeting community awareness, increased use of condoms, and increased screening for sexually transmitted infections within priority groups.

Oral health

Expand the availability of fluoridated water to the State's population. Design and implement new models of oral health care, including timely dental care for older people, and more effective oral health promotion programs.

Healthy ageing

Work with other agencies to implement targeted initiatives and projects that promote healthy ageing amongst the population, including an emphasis on dementia and falls prevention. Reduce fall injuries among older people by promoting and enabling increased levels of physical activity, and early identification of and management strategies for those at risk. Implement fall prevention plans in each Area Health Service. Raise community awareness of this important issue.

Urban planning

Work with other agencies to support urban planning measures that promote improved physical and mental health, safer environments and provide more opportunities for recreational, arts and cultural activities, including more parks, sporting facilities, bicycle ways and walking paths.

Measuring success

■ Improved health through reduced obesity, smoking, illicit drug use and risk drinking

Targets:

- Continue to reduce smoking rates by 1% each year to 2010, then by 0.5% to 2016. We aim to exceed this target for the Aboriginal population
- Reduce total risk drinking to below 25% by 2012
- Hold illicit drug use below 15%
- Stop the growth in childhood obesity by holding it at the 2004 level of 25% by 2010. Then reduce levels to 22% by 2016
- Prevent further increases in levels of adult obesity which are currently at 50%.

■ Improved survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care

Target:

- Reduce the number of potentially avoidable deaths for people under 75 years of age from 175 per 100,000 population in 2003 to 150 per 100,000 population by 2016.

■ Improved dental health

Target:

- Increase the proportion of five year old children without dental decay (caries free) from 70% in 2000 to 77% in 2010.

■ Reduced vaccine preventable conditions through increased immunisation

Targets:

- Increase the rate of influenza immunisation among people aged 65 years of age and over from 75% to 80% and pneumococcal immunisation from 55% to 60%
- Improve and maintain the rate of children fully immunised at one year of age above 90%.

■ Reduced fall injuries among older people

Target:

- Prevent further increases in hospitalisations for fall injuries among people aged 65 years of age and over.

■ Increased participation and integration in community activities and increased participation in recreation, sporting, artistic and cultural activity

- Targets set by Government will be achieved by a range of contributing agencies.

■ Reduced levels of anti-social behaviour and reduced re-offending

- Targets set by Government will be achieved by a range of contributing agencies.

Create better experiences for people using health services

Creating better experiences for people using public health services is a matter of making sure that these services continue to be of high quality, appropriate, safe, available when and where needed, and coordinated to meet each individual's needs, including those from Aboriginal or other culturally and linguistically diverse backgrounds.

What we are striving for in 2010 is a health system that provides patients of NSW Health with ready access to satisfactory journeys through health services and ensures patients and their carers are informed and involved in health care decisions and treated with respect.

What we will do

Clinical services

Continue to redesign models of clinical care in the right settings to ensure the patient's journey provides a good experience, good access to care, safe care and an efficient service. We will initially focus on older people, people who have cancer, those with poor mental health, or people needing emergency care, surgery, or cardiology services. This will help to simplify points of entry to health services, fast track diagnosis and facilitate travel along complex treatment pathways and improve the patient experience.

NSW Health will investigate establishing a single telephone access point for the health system so that people can easily access high quality advice, support, and information about health services. We are also increasing our bed capacity in hospitals to meet the rising demand for services.

Patient safety within a quality framework

Implement programs to reduce health care risks such as the National Inpatient Medication Chart. We will redesign journeys to build in safety. Improve clinical practice and reduce the risk of infection in health care settings. Promote a culture of open disclosure, appropriate support, effective investigation and response to adverse incidents.

Children and young people

Ensure that the physical, emotional and safety needs of children and young people are addressed in the development and delivery of health services.

Clinician and community engagement

Continue to develop effective working relationships with clinicians, consumers and carers to gain their participation in policy development, planning and delivery of patient journeys. Continue to work with the private sector to ensure a more seamless patient journey between the two systems.

Patient satisfaction

Redesign services in a way that optimises the patient experience reflecting Government guidelines around complaints and provision of information. Implement a new annual patient satisfaction survey program commencing in 2007. The experiences of Aboriginal people and other culturally and linguistically diverse patients will be drawn out from this survey.

Decision making

Communicate with patients and their carers or guardians in a respectful and informative way in decision making about treatment including end-of-life decisions.

Public responsibility

Promote mutual respect among citizens and health staff, including respect for physical assets.

Information management and technology

Implement a NSW Health Information Technology strategic plan in order to ensure the patient journey is patient focused, safe and efficient. The IT systems will provide better decision making, performance monitoring and delivery of care using tools such as electronic health records and electronic medication management systems. Continue to implement information systems such as CHIME (Community Health Information Management Enterprise) and Human Service Network (HS Net) that allow shared assessment and referral systems between government and non-government agencies.

Carers

Recognise the crucial role of carers in maintaining patients' health and quality of life and the value of family focused care. Improve communication with carers, provide information and training opportunities and link them to carer support services.

Aged care/Chronic care/Community acute care

Develop and implement new community based models of care for older persons, those with chronic disease and those in need of post acute care through the Clinical Service Redesign Program beginning in 2007. These models will focus on improving survival, maintaining quality of life and independence, and providing some treatments safely in the community or at home, as well as developing referral centres in each Area Health Service. Participate in developing and implementing the whole of Government strategy on ageing. Implement the COAG program to provide broader opportunities for the needs of older people to be managed in the community through a range of better coordinated services and centres to avoid unnecessary hospitalisation.

Mental health

Deliver better experiences and outcomes for people with acute mental illness by improving emergency health responses and ensuring safety of patients, health staff and the community. Improve experiences and outcomes for people with chronic mental illness through strengthening case coordination and providing enhanced accommodation and vocational options for clients. Work across sectors including non-government and private providers, and Commonwealth programs, to improve integration with State health services. Implement the Area Mental Health Clinical Partnership Program.

Rural and remote health

Attract and retain more health professionals in rural and remote communities to provide sustainable quality health services. Make health services more accessible for people in rural and remote areas via initiatives such as Telehealth, a visual telecommunications system for clinicians and patients. Implement innovative models of service, staffing, networking, rural and remote health professional support, professional development and family support as part of the NSW Rural Health Plan.

Drugs and alcohol

Implement the Alcohol Disease Prevention Plan to deliver better health outcomes for people experiencing drug- and alcohol-related harm by enhancing design, availability and delivery of drug and alcohol services. Improve emergency health responses and implement evidence-led preventative and treatment interventions.

People with a disability

Strengthen the capacity of the public health system to respond to the specialist health care needs of people with a disability, including older people. Ensure related support such as transport is provided, including the NSW Health components of *Stronger Together: A New Direction for Disabilities Services in NSW 2006-2016*.

Culturally and linguistically diverse communities including refugees

Continue to build the capacity of health services to deliver appropriate health care to individuals and communities from culturally and linguistically diverse backgrounds, particularly refugees. Promote the effective use of the health care interpreter service by all clinical staff and assist multicultural health State-wide services to extend their coverage in line with the settlement patterns of new arrivals and refugees.

Transport

Adopt a new approach to patient and carer transport to better coordinate the services provided by government and non-government services. 'Transport for Health Units' are being established as a single point of access to non-emergency transport services.

Measuring success

■ Improved access to quality health care

Targets:

- Achieve the following national benchmarks for timely access to emergency departments and surgical treatment by 2008 and maintain them in the face of increasing demand

■ Emergency departments

National Benchmarks for Access to Emergency Departments		
Triage Category	National Benchmark	Target
Category 1		
Immediately life-threatening	100% within two minutes	Achieve benchmarks in every public hospital every month by 2008 and maintain
Category 2		
Imminently life-threatening; a condition that requires time-critical treatment; very severe pain	80% within 10 minutes	Achieve benchmarks on average across the hospital system every month by 2008 and maintain
Category 3		
Potentially life-threatening; urgent situation; serious discomfort or distress	75% within 30 minutes	Strive to achieve benchmarks on average across the hospital system every month by 2008 and maintain
Category 4		
Potentially serious; urgent situation; significant complexity or severity; discomfort or distress	70% within 60 minutes	Strive to achieve benchmarks on average across the hospital system every month by 2008 and maintain
Category 5		
Less urgent	70% within 120 minutes	Strive to achieve benchmarks on average across the hospital system every month by 2008 and maintain

Targets:

- Reduce ambulance response time for life threatening cases
- Strive to increase the proportion of patients transferred from the ambulance stretcher to the Emergency Department within 30 minutes from 76% to 90%
- Increase the proportion of patients admitted from the Emergency Department to a ward, intensive care unit or operating theatre within 8 hours from 75% to 80%.

■ **Elective surgery**

National Benchmarks for Access to Elective Surgery		
Clinical Urgency Category	National Benchmark	Target
Patients whose clinical conditions warrant surgery within 30 days	100% within 30 days	Aim to achieve benchmarks for all patients, all of the time by 2008 and maintain (subject to defined exceptions)
Patients whose clinical conditions warrant surgery within one year	100% within 12 months	

- NSW Health will develop a measure for cancellations of planned surgery. This will enable tracking of cancellations not due to clinical or patient related reasons.

■ **Increased customer satisfaction with health services**

Target:

- Measure, report and improve customer satisfaction through annual patient satisfaction surveys (including mental health clients through the MH-CoPES survey), and widespread local monitoring of patient experience.

■ **Ensuring high quality care**

Targets:

- Develop the means to track and reduce patient falls in hospitals
- Reduce unplanned/unexpected hospital readmissions within 28 days
- Reduce the proportion of wrong patient/site/procedures incidents
- Reduce ‘sentinel’ events from the current low level of one per 70,300 procedures undertaken in NSW public hospitals. (Sentinel events are system failures that could potentially or actually lead to serious harm)
- Work with other States and Territories to establish a robust measure of quality within the next five years. (There are currently no agreed national or international benchmarks for quality.)

Strengthen primary health and continuing care in the community

Primary health services include general practice, community health centres and community nursing services, youth health services, pharmacies, allied health services, Aboriginal health and multicultural services. They are provided in both public and private settings and by specific non-government organisations. For most people they may be the first point of contact with the health system. They are also the services people tend to use most.

What we are striving for in 2010 is a health system that helps people to access most of the health care they need through a network of primary health and community care services across the public and private health systems. These community based services will be linked to and backed up by hospital services as needed, enabling people to access Commonwealth and State health programs. Early intervention principles will be embedded into NSW Health's service delivery. Early intervention will lead to improved health outcomes and reduced avoidable hospital admissions.

What we will do

Integrated primary health care

Establish HealthOne NSW Services (integrated primary health and community care services) across NSW with general practitioners, nurses, midwives, community health workers and other services working as integrated teams. The services will focus on education, prevention, early diagnosis, better management of chronic conditions and early intervention services. Expand primary maternity services, including stand-alone primary birthing units, to give women more birthing options and provide extra support during and after pregnancy. Enhance community based aged and dementia care and respite care for all people of all ages with a chronic disability.

Rural and remote areas

Increase the number of multi-purpose health services to deliver the best mix of acute, primary health care, and residential aged services, in combination with community services in small rural communities. Further develop clinical service networks to improve access to specialist services for rural people, including expansion of specialist outreach services, transport initiatives, clinical videoconference support and innovative health programs for Aboriginal and non-Aboriginal people. Develop new methods of service delivery such as nurse practitioners and extended care models for ambulance officers in rural communities, where appropriate.

General practice access

Work with Divisions of General Practice to co-locate general practitioners at hospitals to ease pressure on Emergency Departments and improve consumer access to after hours primary care.

Early intervention

Implement the whole of Government policy framework on early intervention. Expand health services to allow us to become involved with families and individuals at the earliest stage of health problems developing, with follow up support where required. This will result in services for:

- victims of child abuse and neglect and where parents have a mental illness or disability
- improved antenatal care, home visiting, parenting support, breastfeeding support, childhood health and development surveillance and early childhood education. Expand access to antenatal care and primary maternity services in early pregnancy for women with complex social, lifestyle and medical care needs. Investigate options to increase the availability of midwifery services
- children in Out-of Home Care through the implementation of a Memorandum of Understanding between NSW Health and Department of Community Services
- early detection screening for breast, cervical and bowel cancer, sexually transmitted diseases, screening for children's development, inflammation of middle ear in Aboriginal children and for early diagnosis and assessment of dementia
- programs to reduce violence, sexual assault and child abuse in communities, particularly Aboriginal communities.

Early screening, triage and assessment

Develop a cross-agency early screening, triage and assessment strategy across the Departments of Health, Community Services, Education and Training, Ageing Disability and Homecare, and Housing.

Chronic care

Assist patients and their carers to self-manage chronic health conditions to delay or prevent complications and avoid unnecessary hospital admissions through continued implementation of the Chronic Care Program and the new Health at Home Program. Provide improved access to respite care, coordinated community services and patient transport.

Mental health

Transform NSW mental health services to provide more community based care, through implementation of the National Action Plan on Mental Health, the NSW Interagency Action Plan for Better Mental Health and the Housing Accommodation Support Initiative. Identify mental health problems at an early stage in the individual's development and in the pathway of disorder or illness. Ensure support services are provided after discharge particularly within the first 28 days. Develop specialist mental health day programs for children and adolescents in regional and rural areas. Ensure that mental health services are provided in the most effective way to enable more people with a mental illness to maximise their participation in the community, and in employment.

Aboriginal health

Provide better primary and community health services for Aboriginal people, including Aboriginal women during pregnancy, for young mothers and their children. Promote better use of these services by Aboriginal people. Continue implementation of the Aboriginal Housing for Health program for the creation of safe and healthy environments. Continue to build on the successes of the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

Carers

Meet growth in demand for programs to support carers of people with health needs, including frail aged people and those requiring care for mental health, disability or dementia. Support services will include education, training, individual and peer support to families and carers, including information on respite care.

Disability support programs

Further integrate support programs to provide improved services for people with a disability. Services to be integrated include the Program of Appliances for Disabled People, the Artificial Limb Service, the Ventilator Dependant Quadriplegic program and the new Children's Home Ventilation Program. Increase access to therapy services (eg physiotherapy, speech pathology, occupational therapy) for children with a disability.

Measuring success

■ Reduced avoidable hospital admissions through early intervention and prevention and better access to community based services

Target:

- Reduce avoidable hospital admissions by 15% within five years for people who should not need to come to hospital for the following conditions:

Cellulitis, a skin inflammation caused by bacteria; deep vein thrombosis; community-acquired pneumonia; urinary tract infections; certain chronic respiratory disorders such as emphysema and chronic obstructive pulmonary disorder; bronchitis and asthma; certain blood disorders such as anaemia; and musculo-tendinous disorders such as acute back pain.

■ Improved health for Aboriginal communities

Target:

(in addition to those indicated previously):

- Reduce hospital admissions over five years for Aboriginal people with conditions that can be appropriately treated in the home by 15%.

■ Improved outcomes in mental health

Target:

(in addition to those indicated previously):

- Reduce readmissions within 28 days to the same mental health facility
- Reduce suspected suicides of patients in hospitals, on leave, or within seven days of contact with a mental health service
- Increase the number of occasions where mental health patients are seen by clinicians through increasing the number of clinicians
- Increase the number of occasions where a patient is admitted to an acute mental health bed and remains overnight through the opening of new acute units
- Increase the proportion of Housing and Accommodation Support Initiative places filled.

■ Increased focus on early intervention

Targets:

(in addition to those indicated previously):

- Increase the proportion of mothers starting ante-natal care before 20 weeks gestation (Aboriginal and non-Aboriginal)
- Strive to reduce the proportion of Aboriginal babies weighing less than 2,500g at birth
- Prevent any increase in the proportion of non-Aboriginal babies weighing less than 2,500g at birth
- Increase the proportion of families offered and receiving a post natal home visit within two weeks of birth
- Reduce the underlying rates of child abuse and neglect (with other agencies) – targets to be agreed across Government
- Increase the proportion of children with skills for life and learning at school entry (with other agencies) – targets to be agreed across Government
- Increase the number of HealthOne NSW services established
- Increase employment and community participation for people with disabilities (together with other agencies).

■ Reduced rates of crime, particularly violent crime

- Targets set by Government will be achieved by a range of contributing agencies.

Build regional and other partnerships for health

The health and wellbeing of local communities depends on much more than health services, but access to quality health care makes a significant difference. Current arrangements for funding, organisation and delivery of human services involve three levels of government and a broad range of other agencies. Inevitably these complex arrangements lead to gaps in services and duplication. It will be vital to work collaboratively within and beyond the health system to better link and coordinate services and bridge the gaps.

What we are striving for in 2010 is a health system that engages more effectively with other government and non-government agencies, and with clinicians and the broader community, to provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions. Particular attention will be paid to reducing the health gap for communities that experience multiple disadvantage such as Aboriginal communities, refugees and those of lower socio-economic status.

What we will do

Community engagement

Work closely with communities through Area Health Advisory Councils and other community consultation mechanisms to ensure that our services and our plans are understood, accepted and supported. Improve community health planning by involving local stakeholders, such as community groups and businesses in decisions about local allocation of resources for services. Involve volunteer organisations and non-government organisations in planning service delivery.

Regional health planning

Collaborate with other human services agencies and other governments, including local government, to develop a regional approach to planning health and

other human services, such as children's services, programs addressing drug and alcohol misuse and transport support. Work closely with Regional Coordination Management Groups across NSW to ensure delivery of State Plan priorities locally. Base planning on a better understanding of local health needs, including the needs of disadvantaged groups, such as Aboriginal and refugee communities. Deliver better integration of services at a community level and strengthen two-way linkages and networked services using tools such as Human Services Net. Implement the Housing and Human Services Accord to assist social housing clients of human services agencies with housing needs and to reduce social disadvantage in larger public housing estates.

General practitioners

Develop stronger partnerships with general practice organisations including functions, infrastructure and information sharing as part of the process of improving integration and coordination of community based care for consumers.

Information sharing

Complete the rollout of the Electronic Health Record pilot to allow for sharing of patient information between health services, general practitioners and specialists in the private sector, and plan for the expansion of the system across NSW.

Aboriginal health

Enhance and strengthen partnerships with Aboriginal people and other key groups, to implement the NSW Aboriginal Health Partnership Agreement and 'Two Ways Together': the NSW Aboriginal Affairs Plan 2003-2012 to achieve measurable health improvements for Aboriginal people. There will be an initial focus on Otitis Media screening, oral health, family violence and mental health. Consult with the Aboriginal community to build the capacity of the Aboriginal mental health and drug and alcohol workforce in NSW.

Mental health

Support the implementation of the NSW Interagency Action Plan for Better Mental Health to improve the coordination of human service departments and other agencies involved in providing mental health services, particularly initiatives being implemented by the NSW COAG implementation group. This will include improving the interface with Australian Government initiatives and private health care providers. Expand the NSW Mental Health Court Liaison Service to ensure the early referral of suitable defendants into mental health and drug and alcohol treatment.

Non-government organisations

Develop a policy framework to strengthen collaboration between the NSW health system and non-government organisations providing health services and advocacy for health consumers especially around equity issues for disadvantaged groups.

Private health sector

Establish greater coordination and integration with private sector health providers to improve the continuity and safety of care and use of resources across public and private health services. Continue to enhance relationships, improve consultation mechanisms and ensure best practice regulations that do not impede business and service delivery, and maintain safety and quality.

Older people

Work with government and non-government agencies in developing effective partnerships to improve service planning and delivery to older people developing and implementing the whole of Government strategy on ageing. Build partnerships with health and aged care providers to reduce confusion and complexity in accessing services. Build partnerships with the community, local government and other agencies to reduce the level of falls within the community and improve access to appropriate exercise and stability exercises.

Measuring success

■ Improved outcomes in mental health

Targets:

(in addition to those indicated previously):

- Increase the percentage of people aged 15-64 years of age with a mental illness who are employed to 34% by 2016 (together with other agencies)
- Increase the community participation rates of people with a mental illness by 40% by 2016 (together with other agencies).

■ Implement key plans and frameworks

Targets:

- Progress implementation of Integrated Transport Plans in each Area Health Service
- Progress development of regional and community strategies for health, ensuring Health Priority Taskforce work plans are reflected.

■ Improved health outcomes for Aboriginal communities

Target:

(in addition to those indicated previously):

- Increase screening for Otitis Media in Aboriginal children aged from zero to six years to 85%.

Make smart choices about the costs and benefits of health services

As the costs of health care continue to rise, consuming a growing share of Government and consumer resources, greater rigour, broader community participation, stronger accountability and a solid evidence base are required to decide how available funds should be spent.

What we are striving for in 2010 is a health system that makes the most effective use of the finite resources available and manages costs effectively to ensure financial sustainability. Services and infrastructure provided to meet the State's health care needs must be carefully planned with community and clinician input. They must also be managed efficiently based on solid evidence of effectiveness and health impact. Resources will need to be shifted to support early intervention and prevention programs.

What we will do

Health investment and reinvestment

Review current funding systems to ensure that the health dollar is allocated appropriately to provide the best health outcomes for the community. Enhance financial monitoring tools to ensure equitable distribution of resources to meet health care needs. Align clinical resources with investment and reinvestment priorities. Devise investment and reinvestment strategies that take into account changing demographics, (particularly the ageing population), new models of care, results of demand analysis and evidence of what will provide the greatest return on investment. Review investment in education and research to ensure long-term health care goals are met. Improve overall efficiency of NSW Health to allow benefits to be reinvested in frontline clinical health services.

Prevention and early intervention funding

Increase the proportion of the health budget directed to prevention and early intervention strategies. Develop a sound early intervention and prevention policy framework to guide policy makers, program designers and decisions makers. NSW Health will commence collecting data on total expenditure on prevention and early intervention with a specific focus on priority areas such as obesity and early childhood programs.

Equity – resource distribution formula

Continue to allocate recurrent health resources to meet the health needs of people in various geographic areas of the State on an equitable population health need basis.

Asset management

Ensure effective linkages between services planning and infrastructure plans so that resources can be distributed to match health service needs and respond to emerging models of care. Each Area Health Service and the Children's Hospital at Westmead will implement a Clinical Services Plan and an Asset Strategic Plan to guide the investment of resources in local health services and improve maintenance of health facilities over the next five years.

Information management and technology

Build information management and technology training and capability across the health system to provide a more robust foundation for decision making, performance monitoring and delivery of patient care. Ensure this capability is provided to clinicians and managers at all levels.

Health technology

Assess the efficacy and cost effectiveness of health technologies against existing models of care before they are adopted by the public health system to make sure new technologies meet the health needs of the community and represent value for money.

Electronic medical and health information systems

Continue to progress the integration of health information from hospitals, primary care and community health services, general practitioners, emergency services and diagnostic services through the Electronic Health Record to provide a comprehensive and reliable health record for consumers and clinicians.

Corporate services

Integrate corporate services across the health system to deliver savings for reinvestment in frontline health services. Harness the full purchasing power of the State-wide health system to achieve best value, aligned with quality in the procurement of goods, services and infrastructure. Establish the entity "HealthSupport" as the vehicle to reform corporate health services, including the provision of services such as payroll, linen, food and other non clinical services.

Measuring success

■ **Make the most effective use of resources for health**

Targets:

- Increase the share of the health budget allocated to prevention and early intervention
 - Improve access to health funding between Area Health Services by improving the equitable share of resources using a population based Resource Distribution Formula
 - Increase the effectiveness of resource allocation through the continuum of care
 - Increase reinvestment of savings achieved from reform of backroom processes and support services in frontline clinical health services
- Invest in electronic information systems to support clinicians delivering improved clinical outcomes (waiting times for operating theatres, waiting times for initial diagnoses)
 - Increase efficiency of the financial management of health services by tracking variance to Area Health Service operating budget; creditor payment benchmarks; capital works construction performance; infrastructure usage rates; percentage of total Area Health Service budget spent on maintenance.

Further work is being undertaken to develop measures and targets in relation to this Strategic Direction.

Build a sustainable health workforce

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the current shortfall in the supply of health professionals is one of our key priorities for the future. A shortage of staff or uneven distribution of staff will limit consumer access to the health care needed.

What we are striving for in 2010 is a health system that values its workforce as a vital resource and treats staff fairly and with respect. The health workforce needed for 2010 will be increased, trained, organised and deployed creatively and intelligently to focus on the changing needs of health consumers, carers and the wider population.

What we will do

Recruitment and retention

Work with the Commonwealth, universities and professional colleges to increase the number of doctors, nurses, midwives, dentists, population health and allied health workers through a combination of recruitment, retention, education and training strategies. Position NSW Health as the health employer of choice with family friendly practices for staff, clear career pathways and multicultural diversity which reflects the community in which the services are delivered. Conduct marketing strategies to promote health careers in schools. Undertake recruitment of overseas trained workers as an adjunct to the longer term goal of having an appropriately skilled workforce.

Improving workforce flexibility and strengthening career pathways

Redesign clinical and support staff jobs to ensure that the right people with the right skills are continuing to provide high quality health care in the right place at the right time. An example of progress in this area is the role of nurse practitioners and the introduction of medical 'hospitalists' to support the patient journey. Extend the use of Vocational Training and Educational qualifications to support job redesign and new roles in the workforce. Continue to implement reform in employment packages and conditions designed to support flexible working practices including initiatives such as elder care and child care support, career breaks and part time work to support employee and service needs.

Mental health workforce

Recruit additional clinicians, including nurses, allied health and nurse practitioners, to implement the Government's community mental health program by 2010. Address workforce issues in collaboration with the Commonwealth Government, including creating better links between private and non-government practitioners and the public health system. Support general practitioners to deal with mental health and substance abuse problems through a training program conducted with the Divisions of General Practice.

Staff satisfaction

Ensure that NSW Health takes a lead role in supporting the health of staff by providing a healthy and safe workplace. Build on existing initiatives to promote staff satisfaction by promoting a bullying and harassment free work environment, a safe work environment underpinned by rigorous occupational health and safety policies, and supportive family friendly workplaces. Enhance the access, availability and support that staff have to engage in health promoting behaviours. Improve management and leadership skills and capacity to drive a healthy and satisfied workforce culture.

Education and training

Work in partnership with government agencies (including the Commonwealth), the non-government sector, the health (public and private) and education sectors and research bodies to develop a coordinated approach to health workforce education, continuing education, locum programs, training and research. Continue to develop medical education and training, supporting networks for trainee specialists. A State-wide framework for clinical placements will enable Area Health Services to ensure quality patient care, link in with service needs and future workforce requirements. Increase the capacity of staff and the system overall to deliver appropriate care to a culturally diverse society.

Aboriginal workforce

Increase the number of Aboriginal staff in the NSW Health workforce and create an environment that respects Aboriginal heritage and cultural values. Increase the number of Aboriginal people in university health courses and cadetships. Identify opportunities for skills and career development for Aboriginal staff to work in a range of health related roles.

Rural and remote workforce

Implement programs, including a recruitment and retention toolkit, to place additional clinical staff in regional, rural and remote areas facing workforce shortages. Promote effective accommodation programs and locum support to allow leave for professional development. Enhance the supply of rural general practitioners in obstetrics, anaesthetics, surgery, mental health and emergency procedures. Enhance service delivery in rural areas through the expansion of medical training networks to increase the supply of medical officers to rural communities. Promote strategies to recruit and retain nurses and allied health professionals in these areas.

Workforce planning

Undertake annual Labour Force Surveys of registered health professionals to inform workforce requirements at State and local levels. Work with the national Health Workforce Principal Committee on determining the number of medical, nursing, dental and allied health higher education places required to meet future demand.

Measuring success

■ Build a sustainable workforce

Targets:

- Reduce staff turnover in line with industry best practice
- Reduce the incidence of workplace injuries
- Reduce the number of paid sick leave hours taken per year by full time employees by 5% each year until 2009 and sustain improvement
- Increase the proportion and distribution of Aboriginal staff in order to meet the demand for services
- Increase the proportion and distribution of clinical staff in order to meet the demand for services
- Increase in job redesign changes related to different models of care.

Further work is being undertaken to develop measures and targets that reflect improvement in the education and training of the health workforce.

Be ready for new risks and opportunities

The NSW health system is a large, complex system that must continually adapt in a dynamic environment to meet the community's changing health needs. The system's capacity to be ready to respond strategically to all situations, both predicted and unexpected, cannot be taken for granted.

What we are striving for in 2010 is a health system that is alert to the changes in the world around it as well as quick to anticipate and respond to new issues as they emerge. It must be flexible enough to adapt to new circumstances and robust enough to sustain itself in the face of external pressures.

What we will do

Health reform

Continue to be at the forefront of the national health reform agenda with a focus on promoting good health as the basis for the wellbeing and quality of life of the State population. Strengthen partnerships across the government and non-government sectors at local, State and national levels to drive the reform agenda and prepare the health system to respond to reform initiatives. Ensure NSW Health is ready to respond to changes in Commonwealth/State relations across a range of areas, particularly in relation to Aboriginal health issues.

Health choices

Help people to make informed choices about how to manage their health and remain well so they are capable of playing a productive role in their community.

Smart choices

Continue to support a mechanism for horizon scanning of new technologies and procedures in health care, and provide support for the assessment of new health technologies prior to their introduction into the public system. Ensure health technology is continually assessed for effectiveness.

Integration across government

Develop partnerships and undertake cross agency collaboration with other human services agencies and other sections of government to monitor developments and identify solutions to new risks and opportunities.

Teaching and research

Implement initiatives to promote closer alignment of teaching and research with NSW Health and national priorities. Implement a cutting-edge research governance plan, based on health priorities, which will be supported by a streamlined system of scientific and ethical review of research projects including clinical trials. Develop strategic programs to support research in the fields of public health, health services, and primary care which addresses health priorities. Build national and international research collaborations, to speed the transfer of the best research evidence from across the world to drive health policy and practice in NSW.

Risk management

Develop an integrated clinical and corporate risk management process throughout NSW Health. Build the capacity of the NSW health system to prepare for new and emerging health issues and risks including pandemic influenza. Strengthen national and international health surveillance networks to ensure rapid mobilisation in the face of emerging health issues and threats. Enhance local and State systems to monitor health, health risks in the population, and community concerns. Expand 'real time' surveillance in Emergency Departments to monitor for acute health conditions including influenza, injuries and drug and alcohol related conditions. Ensure the health system can maintain operations in the event of external emergencies. Build the capacity of the NSW health system to prepare for the arrival of new and emerging communities arriving under the Australian humanitarian program.

Disaster preparedness

Regularly review and update NSW Health disaster management policy and practice in light of Commonwealth and State developments and advances in disaster medicine and technology. Undertake ongoing assessment of the health system's preparedness for disasters through performance management processes across all health entities. Regularly exercise and review response capacity within Health and in concert with other emergency service agencies.

Environmental factors

Enable the NSW health system to respond to environmental risks including climate change and air, water and noise pollution.

Measuring success

■ **Ensure the NSW health system is ready for new risks and opportunities**

Targets:

- Progress implementation of an integrated risk management framework in each Health Service
- Continually update disaster response capability of the NSW health system
- Review adequacy of population health surveillance and early warning systems
- Assess research outputs to ensure they are driven by health priorities and policies.

Further measures are under development.

Data sources

A number of publications are available at the NSW Health website

<http://www.health.nsw.gov.au> including:

- NSW Department of Health Annual Report
- Fit for the Future – the NSW Health futures plan
- The health of the people of New South Wales: Report of the Chief Health Officer
- NSW Population Health Survey
- NSW Mothers and Babies Report
- NSW Public Health Bulletin
- Hospital Performance Summary
- NSW Schools Physical Activity and Nutrition Survey

The following sites also contain health-related information:

- The Australian Institute of Health and Welfare website has a range of publications including the Australian Hospital Statistics reports available at <http://www.aihw.gov.au/publications/index.cfm>
- The Australian Government Department of Health and Ageing has a list of publications available at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publicat.htm> including The state of our public hospitals report.
- Health Insite: <http://www.healthinsite.gov.au/>
- NSW Government: <http://www.nsw.gov.au/stateplan>
- Clinical Excellence Commission: <http://www.cec.health.nsw.gov.au/>
- Cancer Institute NSW: <http://www.cancerinstitute.org.au/>
- Australian Bureau of Statistics: <http://www.abs.gov.au/>
- NSW Department of Community Services: http://www.community.nsw.gov.au/index_a.htm
- NSW Department of Ageing, Disability and Home Care: <http://www.dadhc.nsw.gov.au/DADHC.htm>
- The World Health Report: <http://www.who.int/whr/en/>

NSW Health Care Advisory Council Members

NAME	POSITION
Rt Hon Ian Sinclair	Co-Chair HCAC
Professor Judith Whitworth	Co-Chair HCAC, Director, John Curtin School of Medical Research and Howard Florey Professor of Medical Research ANU
Professor Bruce Armstrong	Co-Chair, Population Health HPT Professor of Public Health and Medical Foundation Fellow, The University of Sydney & Director of Research, Sydney Cancer Centre
Ms Sandra Bailey	Co-Chair, Aboriginal Health HPT CEO, Aboriginal Health & Medical Research Council
Professor Bruce Barraclough	Chair of the Board, Clinical Excellence Commission
Professor Jim Bishop	CEO, Cancer Institute NSW and Chief Cancer Officer NSW
Ms Kath Brewster	Co-Chair, Chronic, Aged & Community Health HPT President, Council on the Ageing (NSW)
Dr Tony Burrell	Co-Chair, Critical Care HPT, Medical Director, NSW Intensive Care Coordination and Monitoring Unit
Professor Peter Castaldi	Chief Executive, Greater Metropolitan Clinical Taskforce
Professor Simon Chapman	Co-Chair, Population Health HPT (sabbatical) Professor, Public Health, University of Sydney
Mr Terry Clout	Co-Chair, Information, Management & Technology HPT Chief Executive, Hunter New England Area Health Service
Mr Chris Crawford	Chief Executive, North Coast Area Health Service
Ms Barbara Daly	Co-Chair, Critical Care HPT Nurse Manager, Emergency Department, Prince of Wales Hospital
Professor John Dwyer	Chair, Australian Health Care Reform Alliance Chair, Greater Metropolitan Clinical Taskforce
Professor Sandra Eades	Co-Chair, Aboriginal Health HPT Sax Institute
Professor Malcolm Fisher	Area Director, Critical Care, Royal North Shore Hospital
Mrs Irene Hancock	Co-Chair, Children and Young People's Health HPT
Dr William Hunter	Co-Chair, Rural Health HPT, Retired Surgeon
Professor Judy Lumby	Emeritus Professor, UTS, Honorary Professor USYD, Adjunct Professor, UWS
Ms Wendy McCarthy	Co-Chair, Sustainable Access HPT
Professor Brian McCaughan	Co-Chair, Sustainable Access HPT Cardiothoracic Surgeon, Royal Prince Alfred Hospital
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Dr Diane O'Halloran	Inaugural Chair, NSW Ministerial Advisory Council on General Practice, Chair RACGP (NSW Faculty), General Practitioner
Dr Sue Page	National President, Rural Doctors Association North Coast Area Health Advisory Council Chair
Professor Ron Penny	Co-Chair, Chronic, Aged & Community Health HPT Senior Clinical Advisor, NSW Health
A/Professor Deb Picone	Chief Executive, South Eastern Sydney Illawarra Area Health Service
Ms Liz Rummery	Co-Chair, Rural Health HPT Deputy Chancellor of the Southern Cross University
Ms Laraine Toms	Co-Chair, Mental Health HPT Vice President Carers NSW
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Professor Jeremy Wilson	Professor of Medicine, UNSW Sydney West Area Health Advisory Council Chair
Mr Talal Yassine	Director, PricewaterhouseCoopers Legal, Lawyers

Health Priority Taskforces

- Aboriginal Health
- Children & Young People's Health
- Chronic, Aged & Community Health
- Critical Care
- Greater Metropolitan Clinical Taskforce
- Information Management & Technology
- Maternal & Perinatal
- Mental Health
- Population Health
- Rural Health
- Sustainable Access

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