Performance

How we compare

There have been significant health gains for people in NSW over the last 20 years

People in NSW are now living longer, healthier lives with falling infant mortality and declining numbers of deaths due to cancer and heart disease.

The NSW public health system is considered to be one of the best in the world and compares favourably with other health systems in Australia and in other developed nations.

The overall effectiveness of NSW Health services can be assessed by comparing key health indicators with similar health services both in Australia and overseas using data from the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS), the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD). This enables service performance to be reviewed in relation to national and international peers, and provides a context within which more specific achievements can be examined.

Information is included on the following indicators:

- life expectancy – international and state comparisons
- age standardised death rates – state comparisons
- total expenditure on health – international and state comparisons
- public health activity spending – state comparisons
- selected hospital activity data – state comparisons.

The Organisation for Economic Co-operation and Development (OECD) releases useful health statistics that can be used to provide a better understanding of Australia's health system performance in relation to countries with similar social and economic structures. Since the last NSW Department of Health Annual Report 2004/05, the OECD has released its 2005 and 2006 publications of key health indicator results. Along with data from the World Health Organisation (WHO), this section provides a brief comparison of results from selected OECD countries in three important indicators of health system performance – life expectancy at birth, infant mortality, and health expenditure.

Caution is needed when comparing international health data. Even though it may appear that countries are using the same health indicators, they may in fact be using different inputs, have different definitions of the indicator or have varying degrees of coverage of what they are measuring. It should also be remembered that countries make choices about how they will fund their health systems, the mix of public and private funding, the level of health insurance available, and the availability of health professionals to provide health services. These choices impact on the range of services provided and the financial resources allocated to health.

While we only compare Australia with OECD countries, where social and economic structures are similar, there will always be differences in some of the social determinants of health, such as living and working conditions, that are beyond the ability of health service providers to directly influence.

As well as using international comparisons, comparisons with other Australian states and territories are valuable in establishing a contextual picture of the NSW health system. The Australian Institute of Health and Welfare, and the Australian Bureau of Statistics provide data for a variety of indicators. Two of the more valuable indicators are cause of death and health expenditure (overall and public-health specific).

Care should be taken when comparing states and territories. Individual health systems vary considerably from state to state depending on the population size. The structure of populations also differs between states and territories, for example, the proportion of Aboriginal people in the population (Aboriginal people have a lower life expectancy, experience disability at a higher rate and have a reduced quality of life due to ill health than non-indigenous Australians). Some states and territories also have a larger proportion of people living in rural and remote areas than NSW. This means health services are designed differently to account for a smaller but more geographically spread population. Finally, it is important to note that when comparing state and territory health data the degree of coverage of the data may differ. Problems with data capture often mean that not all activity can be reported in official statistics.
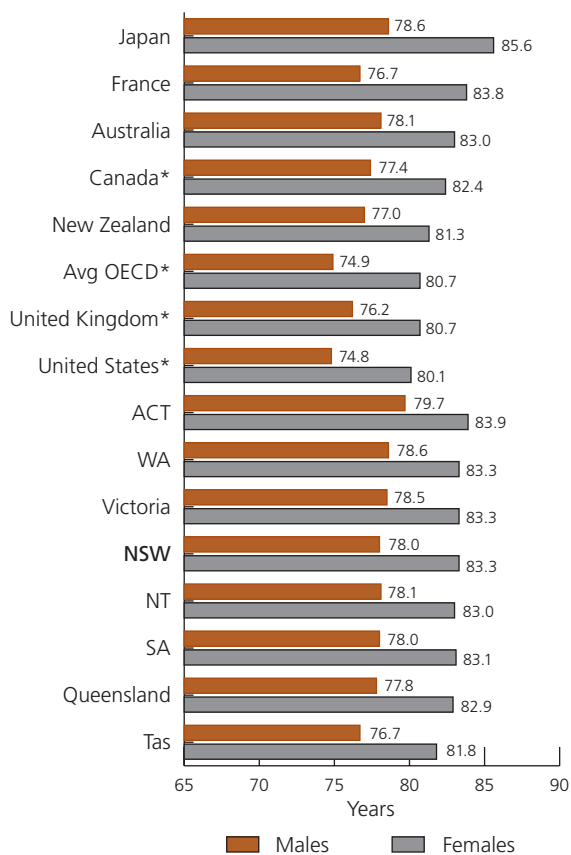
Life expectancy at birth

Life expectancy at birth is the average number of years a newborn can expect to live if the existing mortality patterns remain during the individual's lifetime. It is one of the most common indicators used worldwide to gain insight into a population's health. There are many influences upon the life expectancy of a population, for example socio-economic factors such as level of income or education, environmental issues such as pollution and water supply, as well as health-related behaviors, such as smoking and alcohol consumption.

The graph following shows the NSW and Australian rates of life expectancy compared with other states and territories, and selected OECD countries.

Graph 1. Life expectancy at birth (years) for selected OECD countries and Australian states and territories, 2004

	Males	Females
Japan	78.6	85.6
France	76.7	83.8
Australia	78.1	83.0
Canada*	77.4	82.4
New Zealand	77.0	81.3
Avg OECD*	74.9	80.7
United Kingdom*	76.2	80.7
United States*	74.8	80.1
ACT	79.7	83.9
WA	78.6	83.3
Victoria	78.5	83.3
NSW	78.0	83.3
NT	78.1	83.0
SA	78.0	83.1
Queensland	77.8	82.9
Tas	76.7	81.8

Years

■ Males ■ Females

Source: OECD Health Data, 2006 (*2003 data) and Australia's Health 2006, Australian Institute of Health and Welfare (**2002–04 data)
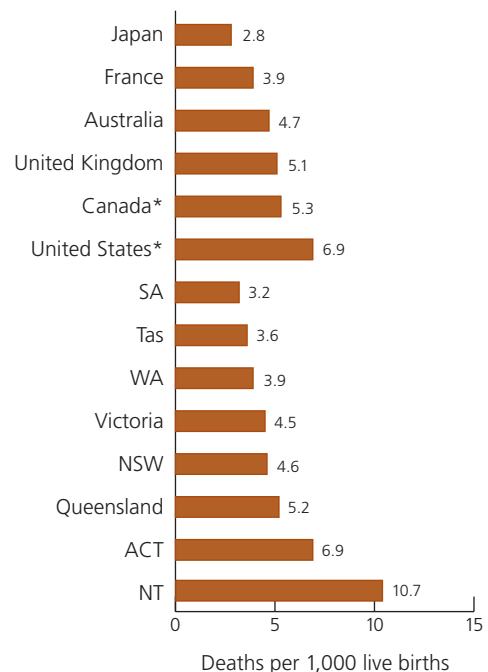
Australia's life expectancy at birth has increased continually since the early twentieth century. Today, Australians have one of the best rates amongst OECD countries and in fact, the world. NSW shares with the rest of the country a longer life expectancy than a number of countries including New Zealand, Canada, the United States and the United Kingdom. In NSW, the average life expectancy for males born in the years 2002–04 was 78 years and for females 83.3 years. The NSW rates are similar to other states and territories as well as the Australian rate of 83 for females and 78.1 for males.

Infant mortality

The infant mortality rate refers to the number of deaths of infants (children less than one year old) per 1,000 live births in any given year. It is internationally recognised as an indicator of population health and is often used in understanding an area's state of health development. It is also seen as a good indicator of the quality of antenatal care, the effectiveness of obstetric services and the quality of infant care in the hospital and in the community, as well as being an indicator of maternal health.

The graph below shows the latest OECD data on infant mortality alongside state and territory rates from the AIHW.

Graph 2. Infant mortality rates for selected OECD countries and Australian states and territories, 2004

	Deaths per 1,000 live births
Japan	2.8
France	3.9
Australia	4.7
United Kingdom	5.1
Canada*	5.3
United States*	6.9
SA	3.2
Tas	3.6
WA	3.9
Victoria	4.5
NSW	4.6
Queensland	5.2
ACT	6.9
NT	10.7

Deaths per 1,000 live births

Source: OECD Health Data, 2006 (*2003 data) and Australia's Health 2006, Australian Institute of Health and Welfare (although included in the previous chart, New Zealand is excluded here as the OECD published no 2004 or 2003 data)

Australia has seen a steady improvement in infant mortality over time. In 2004, the Australian rate was 4.7, a decrease of 11 per cent since 1991. However, despite steady improvements, Australia still only sits in the middle of infant mortality rankings in the OECD countries. Like life expectancy at birth, infant mortality rates in Australia fare much better than the United Kingdom and the United States.

NSW's infant mortality rate at 4.6 was slightly better than the Australian rate as well as the rates of Queensland, the ACT and the Northern Territory. It improved by 13 per cent between 2001 and 2004.

Health expenditure

Comparisons of health expenditure between countries and states can be made by examining expenditure as a proportion of GDP. This measures a nation's or state's spending on health goods, services and capital investment as a proportion of overall economic activity. However, movements in GDP or health expenditure can cause instability in the health–GDP ratio. Health expenditure per capita is an alternative measure that allows comparisons without the misleading effect of GDP movements and population size changes.

A comparison of Australia's health expenditure with other OECD countries indicates the relative efforts being made to meet the need for health goods and services in countries with similar economic and social structures. However, caution is recommended in the interpretation of results, given that differences may exist between countries in terms of what is included as health expenditure.

Table 1. Total expenditure on health for selected OECD countries, 2003

Country	Per capita (US$)	As % of GDP
Australia	2,519	9.5
Canada	2,669	9.9
France	2,981	10.1
Japan	2,662	7.9
New Zealand	1,618	8.1
United Kingdom	2,428	8.0
United States	5,711	15.2

Source: WHO, The World Health Report, 2006
Total expenditure from the WHO includes both government (public) and private expenditure.

The total expenditure on health in Australia as a percentage of Gross Domestic Product was 9.5 per cent in 2003. This continues the increasing trend seen on previous years (1999 – 8.7, 2000 – 9.0, 2001 – 9.2, 2002 – 9.3). It is predicted that the ageing of the Australian population will continue to put pressure on total expenditure on health services and the increase in recent years will continue to grow. NSW trends (below) have shown the same picture of increase and, like the rest of Australia (and most OECD countries), this is likely to continue.

Table 2. Average health expenditure per capita constant price terms*, 2000/01 to 2003/04 (A$)

State/ Territory	2000/01	2001/02	2002/03	2003/04	Average annual growth rate
NSW	3,414	3,525	3,648	3,795	3.6%
Vic	3,522	3,736	3,902	3,989	4.2%
Qld	3,528	3,475	3,453	3,562	0.3%
WA	3,217	3,293	3,429	3,530	3.1%
SA	3,440	3,532	3,742	3,882	4.1%
Tas	3,395	3,792	3,500	3,585	1.8%
ACT	3,623	3,785	3,962	4,173	4.8%
NT	3,761	3,808	4,264	4,402	5.4%
Australia	3,451	3,559	3,667	3,785	3.1%

*Constant price terms means the figures have been adjusted to reflect the prices of the reference year (2002/03), ie it removes the effects of inflation. 'Expenditure' includes government funded, health insurance, injury compensation and 'out-of-pocket' expenditure.

Source: Australia's Health 2006, Australian Institute of Health and Welfare

On average, Australia's annual growth in health expenditure has been 3.1 per cent between 2000/01 and 2003/04. NSW, at 3.6 per cent, is one of five states or territories that were above the national average growth rate. In 2003/04, NSW spent $3,795 per person on health, which was slightly higher than the national average of $3,785.

The health expenditure in states and territories will be influenced by the different health policy initiatives pursued by their governments. Broadly speaking, expenditure will align with population spread. However, the differences in policy and priorities will influence the distribution of health expenditure between states and territories. The factors mentioned earlier, such as the socio-economic makeup of a population, the proportion of Aboriginal people and remoteness issues will all influence expenditure distribution decisions. The table below illustrates how different states and territories distribute expenditure within public health activities.

Table 3. Total government expenditure on public health activities (current prices)
by state/territory, 2003/04 ($ million)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Communicable disease control	68.8	47.8	46.2	23.0	18.1	7.4	4.9	16.5
Selected health promotion	52.5	74.8	16.6	25.3	16.3	5.8	4.6	3.3
Organised immunization	101.7	55.7	46.2	25.3	17.9	5.8	6.4	9.1
Environmental health	18.9	9.5	16.6	14.2	7.3	4.5	4.3	5.6
Food standards and hygiene	12.6	6.8	5.6	3.5	2.5	0.6	3.0	1.0
Breast cancer screening	37.3	23.9	22.5	9.9	8.3	3.8	1.7	1.1
Cervical screening	26.7	20.6	17.8	9.5	8.1	2.4	1.5	2.8
Prevention of hazardous and harmful drug use	37.6	35.5	32.6	23.0	17.4	7.1	9.5	9.1
Public Health research	25.8	29.2	12.3	10.9	9.3	2.4	1.6	1.9
Total	381.9	303.8	214.5	135.7	105.2	37.2	37.3	50.3

Source: National Public Health Expenditure Report 2001/02 to 2003/04, Australian Institute of Health and Welfare

In 2003/04, NSW spent $381.9 million on public activity to promote and protect the future health of the population. This increased from $199.9 million in 2000/01. NSW contributed the highest proportion of public health spending (27 per cent) of any state or territory on organised immunization initiatives.

Death rates

Cause of death information provides insights into events or issues that contribute to death. The table below outlines the three most common causes of death in Australia in 2004. Together, Ischaemic heart disease, cerebrovascular disease and lung cancer made up one third of all deaths in 2004.

Table 4. Standardised death rates per 100,000 people* by major cause of death, 2004

Cause of death	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Trachea, bronchus and lung cancer	34.8	33.5	36.5	33.9	35.1	36.8	36.3	24.9
– Change on 1994 rate	-15%	-27%	-9%	-20%	-19%	-15%	-149%	-33%
Ischaemic heart disease	117.4	106.1	130	113	105	119.8	145.6	86.1
– Change on 1994 rate	-72%	-76%	-67%	-82%	-78%	-78%	-42%	-105%
Cerebrovascular diseases	60.9	50.8	60.8	53	49.1	47.2	41.3	61.1
– Change on 1994 rate	-52%	-58%	-40%	-62%	-69%	-89%	-175%	-33%

*Of the mid-year population at 2002
Source: ABS Causes of death 2004 (3303.0)

Australia has made significant improvements in the rates of death from major causes over the last 15 years. In fact, in the latest OECD health data, Australia had the highest improvement in Ischaemic Heart Disease between 1992 and 2002 of all OECD countries with data listed.

NSW has seen improvements in the ten years to 2004 in the three major causes of death. Generally speaking, the rates of improvements are on par with other states and territories. However, NSW experience the second highest death rate of cerebrovascular disease (which includes stroke) although this rate has seen a 52 per cent improvement since 1994.

Hospital activity

Generally, public hospitals provide an array of health services from urgent and life-threatening care in emergency departments to elective surgery aimed at improving quality of life. However, hospitals throughout NSW vary considerably in size, services available and the degree of specialisation. A large city hospital provides different functions and operates differently to a small rural hospital that may serve a much smaller but more geographically spread population. Therefore, activity figures will vary greatly between hospitals and states. The table below collates public acute hospital data from each state and territory and outlines a few of the basic measures often used to illustrate the amount of hospital activity.

Performance

Table 5. Acute Public Hospital activity by state or territory, 2004/05*

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of Hospitals	222	143	173	91	78	24	3	5	739
Available or licensed beds	19,570	11,831	9,282	4,939	4,524	1,231	679	570	52,626
Emergency Department occasions of service (000s)	2,007	1,318	1,282	593	473	121	93	103	5,993
All admissions to hospitals (000s)	1,333	1,223	733	381	363	86	63	75	4,260
All admissions per 1,000 population	191.6	238.2	187.9	194.4	224	172.2	214.4	456.2	207.3
Admissions from the elective waiting list (000s)	197	129	108	49	36	13	8	5	549
Admissions from the elective waiting list per 1,000 population	29.3	25.9	27.7	24.7	23.9	28.5	26.6	28.1	27.2
Non-admitted occasions of service (000s)**	16,518	5,545	7,603	3,903	1,667	754	394	268	36,650

All data is for public acute hospitals (excludes psychiatric facilities)

*Caution is needed in comparing activity data due to the differences between states and territories in the coverage of data captured, particularly in the case of emergency department numbers.

**Non-admitted occasions of service include: dialysis, pathology, radiology and organ imaging, endoscopy and related procedures, other medical/surgical/obstetric, mental health, alcohol and drug, dental, pharmacy, allied health, community health, district nursing and other outreach. Emergency department figures are excluded.

Source: Australian Hospital Statistics 2004–2005, Australian Institute of Health and Welfare.

The number of beds available indicates a hospital's ability to provide inpatient care. Reflecting the size of the state's population, NSW has the largest number of public acute hospitals and beds of any state or territory. In fact, 37 per cent of available acute beds in Australia are in NSW. Admissions across all of Australia have grown over time, but not as quickly as the population which means admissions per 1,000 population has dropped. The number of admissions per 1,000 of population in NSW at 191.6 was lower than the national average and the third lowest of any state or territory.

Measuring beds and admissions does not account for the capacity of the hospital to provide other services that do not require the patient to be admitted. NSW has the highest level of emergency department and other non-admitted patient activity. In 2004/05, NSW had over two million emergency department attendances (34 per cent of the total emergency department activity in Australia) and over 16 million other non-admitted occasions of service (45 per cent of other non-admitted patient activity in Australia).

Summary

Australia performs well in some of the key international health indicators when compared with other OECD countries. NSW, as the largest health system in the country, is on par with overall Australian performance, therefore, also compares well internationally.
While comparisons are favorable, NSW Health is always striving to improve its good performance and continues to direct resources towards enhancing the health of the community. This has resulted in improvements in hospital activity through clinical redesign and other initiatives. Importantly, it has also enhanced protective regulation, health promotion and the management of emerging health risks. Consequently, comparative performance in health indicators, such as life expectancy and infant mortality, will continue to benefit from NSW Health's commitment to addressing the health needs of the NSW population.

Mental health programs

Mental health has been identified as an important priority for the NSW health system

In June 2006 the NSW Government announced a five year plan to transform the State's mental health services. The plan, titled *A New Direction in Mental Health*, represents a new approach to providing services for people with mental illness and for their families and carers. The new approach places greater focus on community-based mental health services.

In 2006 NSW also initiated a national action plan on mental health at the Council of Australian Governments. This initiative is designed to strengthen Commonwealth, State and non-government programs to provide a better coordinated and connected system of care for people with mental illness.

The incidence of mental illness is rising in NSW and across Australia. In the past year approximately 1.1 million people in NSW experienced mental illness, of whom 170,000 had a severe mental illness.

Initiatives launched in 2005/06 to improve mental health services include:

■ setting the agenda for improvement in mental health at the national Council of Australian Governments' meeting in February 2006

■ establishing a 'New Directions for Mental Health' package with a $939 million program of additional expenditure over the next five years

■ implementing the increased funding since March 2003 with an initial $241 million package and subsequent $22 million enhancement

■ shifting the focus of mental health care from hospitals to community care to deliver better outcomes for people with mental illness

■ implementing programs to improve awareness, prevention, early identification and detection of mental health problems

■ establishing closer links between the NSW Mental Health and NSW Drug and Alcohol Programs. The Minister for Health assumed responsibilities for the coordination and management of NSW Government drug and alcohol programs, to better integrate mental health services with drug and alcohol services.

Estimated numbers of people with mental illnesses by severity

Severe   Moderate   Mild
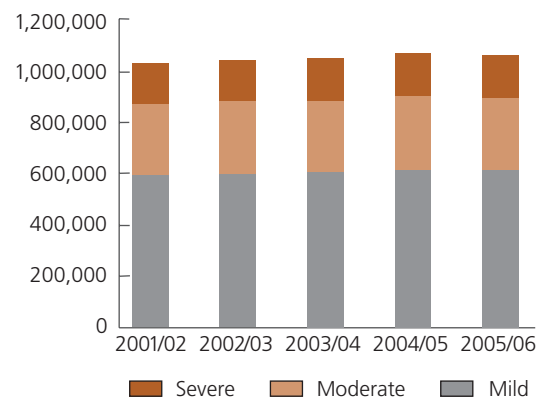
Investment in mental health services

The five year funding package announced in June 2006 is aimed at transforming the State's mental health services and recruiting additional mental health staff to NSW hospitals and community services.

NSW: A New Direction for Mental Health, will deliver a $939 million program of additional expenditure in mental health services, commencing with $148.8 million in the 2006/07 financial year. It will provide mental health patients and their families and carers with better access to an expanded range of public mental health services in NSW.

This program includes:

- **$337.7 million** in new additional recurrent funding – 85 per cent of which will be dedicated to community based services
- **$263.3 million** in additional recurrent funding for the expansion of programmes and services that have previously been announced
- **$337.9 million** in capital works, including additional funding for new capital works, works-in-progress, and privately financed projects.

This new direction provides a better balance between hospital focused care and community care. NSW Health is also improving coordination between mental health services by strengthening links between the public, private and community sectors, between hospitals and GPs, and between the State and Federal Governments.

New Mental Health beds

Over the next five years, from 2006, 383 additional mental health beds will be established across NSW. This will include:

- over 164 new beds in metropolitan areas
- over 200 new beds in regional areas, which include:
  - 106 forensic beds (including the 82 bed redevelopment at Bloomfield)
  - 31 new specialist beds (including 12 psychiatric intensive care beds)
  - 26 new Psychiatric Emergency Care Centres beds (including six transiting from temporary to permanent beds)
  - 14 new Child and Adolescent beds.

Standardised suicide rates, by year of registration, NSW versus Australia 1991–2004
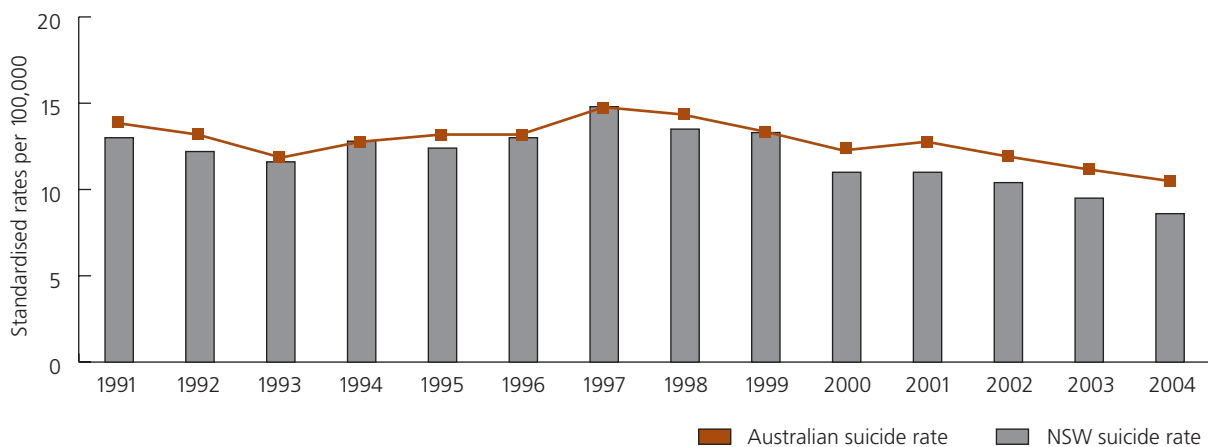
Improving mental health

The NSW Department of Health recognises the importance of activities to promote better mental health for everyone, prevent and minimise risk factors and intervene early to improve treatment outcomes.

We are working in partnership with stakeholders to increase community awareness and knowledge about ways to promote good mental health and to reduce the stigma associated with mental illness.

We are implementing programs that build resilience in young people, reduce the risk factors associated with drug use, and provide early intervention for people with mental illness to reduce long-term disability.

Suicide prevention

The Suicide Risk Assessment and Management Electronic Learning Initiative is an interactive multimedia CDROM and online learning program that was developed and released to health staff in Area Health Services. It is an additional resource developed from the *Framework for Suicide Risk Assessment and Management for NSW Health Staff.*

School-Link training program

The School-Link initiative is a joint initiative between child and adolescent mental health services and schools which aims to improve the early identification and treatment of mental health problems in children and adolescents in schools and TAFE institutions across NSW.

In 2005/06 approximately 2,000 clinicians participated in an advanced module of the School-Link Training Program about mental health and wellbeing among Aboriginal, culturally and linguistically diverse communities and same-sex attracted young people. Participants included school and TAFE counsellors, mental health workers and psychologists from the Department of Juvenile Justice and the Department of Community Services.

NSW Health co-morbidity forum

The NSW Health Co-morbidity Planning Forum was held in May 2006. This included senior clinicians, nurses and allied health staff from both the mental health and drug and alcohol fields, and representatives from general practice and family and carers organisations. Outcomes from the forum are being incorporated into an action plan for the management of people with drug and alcohol and mental health issues in NSW.

Family matters

In December 2005, the Minister for Health launched *Family matters: how to approach drug issues with your family*, a booklet designed to assist parents answer questions they may face when talking about drugs with their children. Available in English and 15 community languages, over 300,000 have been distributed through schools, community health centres, GPs, Community Drug Action Teams and other community organisations.

Mental health care people need

An effective, integrated care system for people with a mental illness provides the right care, in the right place and at the right time, to avoid escalation of illness and to promote recovery.

NSW Health is committed to improving and integrating the care system by significantly expanding the capacity of our services so that they can meet growing demand.

We are working to strengthen the connections between services, in particular by building better links with the private primary care sector, Australian Government and non-government service providers.

Psychiatric Emergency Care Units

In 2004, two pilot Psychiatric Emergency Care Centres (PECC) were established at Liverpool and Nepean Hospital Emergency Departments to provide 24-hour a day, seven-day a week mental health assessments on site as well as inpatient care.

In 2005/06, funding under the NSW Mental Health Emergency Care Program was allocated to establish PECC services at a further seven sites in metropolitan Area Health Services. A review of these services found that based on over 2,000 PECC presentations at Liverpool, Nepean, St Vincent's and St George hospitals the average waiting time from emergency department referral to mental health assessment was 49 minutes and the average stay in the PECCs was 35.3 hours (within the 48 hour inpatient stay target).

New Mental Health Beds

Funding was provided to establish an additional 64 new mental health beds, including 12 designated permanent PECC beds at St Vincent's and St George and four temporary PECC beds at Liverpool.

Mental Health Community Rehabilitation

The Mental Health Community Rehabilitation program commenced in January 2006 with funding of $2.45 million. This program involves the appointment of specialist service positions to provide expert individual rehabilitation programs and assessment. It also provides consultation and training for mental health clinicians in rehabilitation assessment and treatment and coordinated service delivery across mental health services and non-government organisation psychosocial rehabilitation programs.

Cannabis clinics

Cannabis clinics provide assessment, individual and group counselling programs, treatment and referral for cannabis dependent clients with a particular focus on young people and those with mental health issues.

In 2005/06 two new clinics were opened in Orange and Sylvania.

New courts for magistrates early referral into treatment program

The Magistrates Early Referral Into Treatment (MERIT) program covers 58 Local Courts and operates through all eight Area Health Services. MERIT teams provide targeted drug treatment to match the defendant's individual needs. In 2005/06, the MERIT program expanded to Cooma, Fairfield, Singleton and Newtown Local Courts.

Adolescent Community Forensic Mental Health Service

The Adolescent Community Forensic Mental Health Service was set up in Western Sydney in late 2005 with five full time staf. The purpose of this service is to screen young offenders within the criminal justice system for mental health problems as they access treatment, and includes diversion to mental health treatment.

Statewide Community and Court Liaison Service

The Statewide Community and Court Liaison Service was established to screen offenders coming before Local Courts for mental health problems and assess them for treatment needs. In 2005/06 15,059 clients were screened for mental health problems in the court cells. Of these, 1,934 received a mental health assessment. This represents 12.8 per cent of Local Court offenders – and 85 per cent of them were deemed to have had a severe mental illness/disorder. They were either diverted to hospital, community care or custodial mental health services.

Specialist Child and Adolescent Mental Health Day Program

The specialist child and adolescent mental health day program was opened at Orange in May 2006. The program is based at the Bloomfield Hospital campus and incorporates an integrated day program and acute inpatient unit. It provides more intensive community based treatment than was previously available and will ultimately offer a greater range of treatment options for rural children and adolescents with mental health problems and their families.

Performance

Quality mental health care

A major priority of NSW Health is to enhance rehabilitation and support services for people with mental illness to participate in the community, education and employment.

Rehabilitation and support services promote recovery across all settings – inpatient to community – to enable patients to live their life to the fullest potential, avoiding unnecessary relapse and reducing the need for hospitalisation.

We are committed to improving referral pathways and links between clinical, accommodation, personal and vocational support programs and expanding support for families and carers.

Mental Health Act review

The *Mental Health Act 1990* is currently being reviewed. The review was prompted by calls from mental health consumers, their families and health professionals and was a key recommendation of the Select Committee Inquiry into Mental Health Services in New South Wales.

Following an extensive consultation process a redraft of the *Act* is in final stages. The *Act* is being reworded to make it more readily understandable to patients, carers and health workers. It will enhance information sharing provisions for family and carers, clarify information sharing around risk, streamline current admission provisions, establish explicit provisions relating to restraint and transport and consolidate community treatment orders.

Child and Adolescent Mental Health Care

$4 million in recurrent enhancement funding was allocated for priority child and adolescent mental health services across NSW, with $400,000 to each Area Health Service, including the Children's Hospital at Westmead and Justice Health.

Housing and Accommodation Support Initiative (HASI)

HASI is a successful program that reduces or prevents hospital admissions and reintegrates people with mental illnesses back into the community. Secure, affordable housing is linked to clinical and psychosocial rehabilitation services for people with a range of mental illness and disability. The program is founded on a statewide partnership between the Department of Housing, NSW Health and the non-government sector.

The expansion of the HASI program ensures a range of housing and accommodation support is available for people with mental illness, from people who live in public housing and have regular access to mental health specialists to those who need high level support in their homes.

By June 2006 more than 700 HASI places were available to people with mental illness. Positive outcomes from the HASI program include:

- 90 per cent reduction in hospitalisation for people in the program
- 85 per cent successfully maintained their tenancy
- 71 per cent improved mental health and 78 per cent more positive about themselves
- 60 per cent improved physical health and 67 per cent improved diet
- 83 per cent participating in at least three community activities
- 23 per cent without friends on entering the program but 94 per cent reported friendships two years later
- 81 per cent were happy with their family relationships.

HASI has a target of 967 places by 30 June 2008.

Aboriginal Mental Health Care

Recurrent funding of $1.1 million is now provided to support sixteen Aboriginal mental health workers in rural, regional and metropolitan Aboriginal Community Controlled Health Services across NSW.

These positions will work in partnership with Area Health Service mental health services and local communities to provide mental health and social and emotional well being services. They will further develop strong referral pathways between the primary care services of Aboriginal Community Controlled Health Services and specialist mental health services.

Family Sensitive Mental Health Services

In April 2006 the Minister for Health announced $2.08 million per year to fund non-government organisations to deliver a range of family support and education programs.

The *Working With Families* workforce development program is being implemented statewide to improve family-focused clinician practice. Area Health Services were allocated funds to train clinicians to deal more effectively with families and carers so that they are included in decision making around treatment plans and client progress.

My Health Record

My Health Record is a personal health record to assist health consumers and their families and carers to be more informed partners in the management of their illness across multiple care providers. The Ryde Community Mental Health Team commenced a *My Health Record* pilot in July 2005. The final evaluation report will be available in December 2006.

MH-CoPES

The MH-CoPES project is funded by the Centre for Mental Health in partnership with the NSW Consumer Advisory Group. The project aims to develop consistent mechanisms to incorporate consumer perspectives in mental health service delivery, planning and development.

MH-CoPES Stage 1 was implemented in 2005/06. This involved developing a framework and questionnaire to gather and collate consumers' views about NSW public mental health services.

MH-CoPES Stage 2 is funded over a three year period to prepare a framework and questionnaire ready for use in mainstream practice in NSW mental health services. The framework and questionnaire will be trialed in mental health services in Northern Sydney/Central Coast and Greater Western Area Health Services.

Improved Data and Information Management of Mental Health and Drug and Alcohol Patients

Uniform assessment protocols and continuity of care for mental health and drug and alcohol clients across the health system are being enhanced with improved data and information management systems, including:

- Unique Patient Identifier implemented in Area Health Service data warehouses
- the Mental Health Services Entity Register
- NSW Mental Health Data Dictionary Version 3
- 2005/06–2006/07 Data Dictionary and Collection Guidelines for NSW Drug and Alcohol Minimum Data Set
- a three year drug and alcohol information management and technology (IM&T) action plan was developed to streamline systems, simplify reporting and align with broader NSW Health IM&T strategies.

A review of drug and alcohol information systems and data collection arrangements was undertaken in 2005/06 with some of the recommendations now being implemented.

Performance

Mental health services managed well

A highly skilled, stable and well-supported workforce is crucial for leading the reforms necessary to enhance the quality, effectiveness and responsiveness of services for people with a mental illness.

There is currently a national shortage of mental health staff across all professional groups, including mental health nurses and psychiatrists.

We have developed a package to significantly boost the State's mental health workforce as well as enhance training and development programs for existing staff.

Ambulance Mental Health Strategic Plan

An Ambulance Mental Health Strategic Plan was developed in mid 2005 to reflect the growing role of ambulance staff in responding to mental illness and disturbed behaviour. The Plan identifies mental health patients as a priority group, similar to trauma and coronary patients. It will require ambulance staff to have additional skills, and for the Service to establish protocols and resources to respond safely and appropriately to patient needs.

Nursing scholarships

The Nursing Scholarship Program was established in 2005/06 with an original target of 40 scholarships and has now been increased to 119 scholarships. NSW Health has provided over $1 million over two years to enable 119 registered and enrolled nurses to upgrade their skills and qualifications whilst continuing to work in mental health. Individual scholarships were valued at up to $5,100 per year for two years.

The next round of scholarships will comprise up to 125 scholarships targeting areas such as older people's mental health, child and adolescent mental health, forensic mental health, rural mental health and acute community mental health.

Over the next five years, 600 undergraduate and postgraduate scholarships will be provided for Enrolled and Registered Nurses specialising in mental health.

Nurse Recruitment Campaign

The Mental Health Nurse Connect campaign was launched in April 2005 and was followed by an extensive media campaign in the major metropolitan and country papers. A toll free 1800 telephone line was set up and was staffed by experienced mental health nurses for the two week campaign.

A new recruitment campaign was launched in June 2006 to target areas of service growth, including Dubbo, Goulburn, Campbelltown, Sydney and Westmead Children's Hospitals and Justice Health.

Clinical leadership

A senior mental health nurse was appointed to the role of Principal Advisor for Mental Health Nursing to provide leadership around a range of mental health nursing workforce initiatives.

NSW Health provided funding for 14 mental health professionals to participate in the NSW Clinical Leadership Program (CLP). The development of skilled and capable leaders in mental health promotes a positive image for the profession, thereby increasing the potential to attract new nurses into the specialty.

Psychostimulant Train-the-Trainer Program for Health Workers

This program was introduced to ensure health workers have the skills and knowledge to provide effective and appropriate interventions for psychostimulant users who present with a range of health and mental health complications.

Two pilot workshops were held in a rural area (Nowra) and a metropolitan area (Sydney). Six workshops were later held in Penrith, Sydney City, Parramatta, Coffs Harbour, Orange and Newcastle. The workshops included the establishment of a Peer Support Network and development of a training plan to equip participants to conduct training at the local level.

Mental Health telephone access services

A comprehensive review of mental health telephone services across NSW was completed in June 2006. This will inform the development of a set of clear performance standards to apply to mental health telephone services and their links with the statewide call centre.

Lifeline received a grant of $500,000 over two years to develop its service structure to enable it to take up appropriate roles in the National Health Call Centre agreed at the COAG meeting in February 2006.

Whole of Government Policy Coordination

During the year NSW Health undertook a number of key initiatives concerning illicit drug, alcohol and mental health policy:

- Represented NSW on the Intergovernmental Committee on Drugs and provided policy support for the Minister for Health at meetings of the Ministerial Council on Drug Strategy.

- Worked with the liquor industry in the areas of alcohol harm minimisation policy and alcohol-advertising reforms including the development of new standard drink logos which were originally proposed by NSW in 2004 and endorsed by the Ministerial Council on Drug Strategy in May 2006.

- Coordinated the State's whole-of-government input into the development of the *National Alcohol Strategy 2006–2009, National Cannabis Strategy 2006–2009* and the *National Directions on Inhalant Abuse.*

- Chaired the Compulsory Drug Treatment Correctional Centre Task Force and ensured required regulatory, administrative, policy, and funding to enable the Centre to commence in July 2006.

- Managed the policy, program and funding relationship between the Commonwealth and State on the $78 million four year drug diversion program.

- Progressed a wide range of legislative initiatives on drugs and alcohol including proposals concerning illicit drug manufacture, drug driving, hydroponic cannabis, reform of the liquor laws and inebriates legislation.

- Provided secretariat support to the Expert Advisory Group on Drugs and Alcohol which provides independent expert advice to the Government on drug and alcohol issues, such as the proposed rewrite of NSW liquor legislation and priorities for the third Drug Budget.

National Clinical Guidelines for Drug Use in Pregnancy

These nationally agreed clinical guidelines were initiated by NSW Health and SA Health and were launched by the NSW Minister for Health in March 2006. The guidelines are intended to support a range of health care workers who care for pregnant women with drug and alcohol use issues, and their infants and families.

Community Drug Action Teams

Eighty Community Drug Action Teams (CDATs) throughout NSW involve community volunteers who participate in projects to raise awareness and reduce drug and alcohol related harm through the Communities Drug Strategies Program.

CDATs are community coalitions comprising government, non-government and community members that deliver projects ranging from information resources and drug and alcohol-free entertainment options through to improvements in service delivery in local communities.

In 2005/06 over $231,000 was provided for 67 community projects to address alcohol and drug problems. These included team training in leadership, skills development to engage young people in drug action work, and regional conferences for CDATs to share knowledge and experiences. Over 30 CDAT activities were held during Drug Action Week®, July 2006.

The Communities Drug Strategies Program plays an important part in combating drug and alcohol problems and the harm caused not only to those misusing alcohol and drugs but also to their families, friends and communities.

Drug and alcohol research grants

The Drug and Alcohol Research Grants Program funds research intitiatives that contribute to evidence-based drug and alcohol services in NSW.

Three research initiatives were funded to investigate screening and brief intervention for risky drinking, monoamine precursors in the treatment of psychostimulant dependence, and evaluation of alternative medical therapies in the treatment of dependency.

Previous grant recipients were also funded to continue research into areas such as psychostimulant and cannabis use among acute psychiatric patients, case managers' competence and confidence in the drug and alcohol field, care for clients on opioid substitution treatment, and methadone pharmacotherapy and treatment outcomes for street-based, opioid-dependent injecting drug users.

Third Aboriginal drug and alcohol network symposium

More than 50 Aboriginal Drug and Alcohol workers attended the annual Aboriginal Drug and Alcohol Network Symposium on the Central Coast, 29 May to 1 June 2006. The Symposium provide professional development and networking opportunities for Aboriginal Drug and Alcohol workers in the public health and community-controlled sectors. It is a joint initiative by the Aboriginal Health and Medical Research Council of NSW, NSW Office of Aboriginal and Torres Strait Islander Health and Centre for Drug and Alcohol with funding provided by NSW Health and the Department of Health and Ageing. Presentations covered DOCS mandatory reporting issues, detoxification, methamphetamines, QUIT training, domestic violence and mental health issues.

Community action peer education program

Under the NSW Drug Budget $337,000 in funding was granted to develop peer education strategies by non-government organizations.

The Save-A-Mate program and volunteer network, run by the Australian Red Cross, is an innovative peer drug education program. It is expanding to include drug prevention in addition to first aid activities. It will focus on young people across metropolitan, regional and rural communities and will involve universities and TAFEs.

Valuable work is underway through organisations such as Youth Solutions which developed a Parent Links peer education project with strategies and tools for parents about alcohol and other drug information. The *Strong and deadly* project of the Manly Drug Education and Counselling Centre, in partnership with Ghinni Ghinni Youth Cultural and Aboriginal Organisation in Taree, is delivering culturally sensitive peer drug education for Aboriginal young people in a regional setting.

Future initiatives

Psychiatric Emergency Care Units

Four additional Psychiatric Emergency Care beds will be on line in late 2006, with 14 more beds scheduled for mid 2007 and eight more beds by the end of 2007.

Rural Mental Health Emergency and Critical Care Access Plan

This hospital based initiative has been enhanced with additional funding of $51.4 million to be allocated over five years to NSW Health for Community Mental Health Emergency Care. Sixty-five specially trained professionals will provide out of hours emergency and acute community responses across the State by 2007/08, and double by 2009/10.

Mental Health Community Rehabilitation

Community rehabilitation services for people with mental illness have been enhanced with an allocation of $41 million over five years to promote recovery and reintegration into the community and reduce risk of relapse.

Integration of Mental Health Services with Drug and Alcohol Services

$17.6 million has been allocated over five years to better integrate mental health services with drug and alcohol services to meet the complex needs of people with coexisting mental health and substance use disorders.

Programs include the trial of a specialist amphetamine clinic, specialist support to youth services to improve detection and management of young people with co-morbid substance misuse and mental health problems. Other initiatives include:

- Placement of 20 new graduates with drug and alcohol and mental health services to strengthen the workforce and build relationships across the two areas.

- Information and education resources are being developed targeting users of psychostimulants as part of the implementation of the *Amphetamine, ecstasy and cocaine prevention and treatment plan*. Resources will focus on reducing the uptake of these drugs and minimising the harms associated with the use of these drugs.

- A stress management booklet for nurses is being developed with funds from the Mental Health Nursing Enhancement Program. The booklet will raise awareness of mental health issues and assist nurses across all specialties to manage stress at work.

- An education and information campaign is being developed to warn young people of the dangers associated with the use of substances such as methamphetamines, ecstasy and GHB. The campaign will target the use of these drugs in dance clubs, 'raves' and large music events.

- An education, information and training initiative on drugs and alcohol will be developed for local government authorities in partnership with the Local Government Association of NSW and Shires Association of NSW (LGSA) and the Department of Local Government.

- A community education campaign is being developed to strengthen the alcohol-related work undertaken by Community Drug Action Teams.

Methamphetamine Clinic

$3 million has been allocated to fund the establishment of two clinics to treat people experiencing difficulties associated with methamphetamine use.

Mental Health Telephone Access Services

A 24 hour NSW mental health telephone advice, triage and referral service is being established with $26.3 million allocated over five years. The service will be staffed by mental health clinicians and linked to the National Health Call Centre agreed by COAG.

Ambulance Transport Restraint Device

The NSW Ambulance Service is commencing a 12-month trial of a mechanical restraint device that has been successfully adopted by Victoria's ambulance service. The trial will include pre-requisite training, protocols, and a purpose-designed mechanical restraint device. Twenty-one Ambulance sites have been identified in the Northern, Western and Metropolitan districts to be involved in the trial which will commence in September 2006.

Performance Indicators for the NSW Health Drug and Alcohol Program

Performance indicators for the NSW Health Drug and Alcohol Program will be incorporated into Area Health Service Chief Executive Performance Agreements. This will determine the appropriateness of current key performance indicators for drug and alcohol treatment services. Existing State, AHS and local performance indicators pertinent to the drug and alcohol field, including relevant service throughput, financial, and outcome indices will be reviewed and improved.

NSW Youth Mental Health Service Model

Youth mental health services on the Central Coast will be expanded with funding of $1.4 million from a $28.6 million budget over five years. The program will identity essential components of developmentally appropriate services for young people between 14–24 years that can be progressively implemented in other health services.

Aboriginal Mental Health Care

Funding will be provided in 2006/07 for the development of specific evidence-based clinical programs for Aboriginal people with mental illness. They will be conducted by the specialist mental health services in collaboration with local communities and Aboriginal Community Controlled Health Services.

Protocols for People in the Opioid Treatment Program

NSW Health will continue to liaise with the Department of Community Services on training and educational materials, as well as the development of joint protocols for people in opioid treatment programs (methadone or buprenorphine) who have care and responsibility for children less than 16 years of age.

State Level Unique Patient Identifier for Mental Health Clients

In 2006/07 NSW Health will rollout the statewide Unique Patient Identifier for mental health clients to enable Area clinicians to access linked treatment and outcome databases for their patients.

We keep people healthy

More people adopt healthy lifestyles

We recognise that health is not just about medical conditions, illness and treatment. Reduction of risk factors such as smoking, obesity and stress requires sustained action by individuals, communities and governments.

Similar action is also needed to increase protective heatlh factors such as good nutrition, physical activity and supportive relationships. Improvements to mental health services, Aboriginal health, child and adolescent health, and health services for older people are important priorities for the people of NSW. In the following pages we outline some of the health promotion and prevention initiatives developed by NSW Health to help the people of NSW lead healthy lives

Healthy Local Government

The capacity of local councils to address population health issues continued to be strengthened through the NSW Health partnership with the Local Government and Shires Associations of NSW. The two agencies worked collaboratively on initiatives, such as the Public Health Survey, *Healthy Local Grants Program* and the 2006 *Local Government Multicultural Health Communication Awards.*

NSW Health developed the *Healthy Local Grants Program* and distributed more than $480,000 to 26 local councils and one Aboriginal Land Council to deliver health promotion activities addressing skin cancer prevention, community safety, injury prevention, and capacity building.

The inaugural *Local Government Multicultural Health Communication Awards* were established to recognise and encourage good practice in multicultural health communication in local councils and ensure that multilingual resources are promoted and accessible. The joint winners of the Awards were Bankstown and Canterbury City Councils. Their entry, the Arabic Child Restraint brochure, targeted the Arabic-speaking community, providing a simple guide for parents about using and installing child restraints to prevent injury.

NSW Oral Health Promotion initiatives

The NSW Oral Health Promotion Network was established to ensure oral health promotion efforts in NSW are collaborative, well coordinated, based on best evidence-based practice, and delivered effectively and efficiently.

The Centre for Oral Health Strategy NSW supported a series of demonstration grants for projects that focus on oral health promotion and early intervention for pre-schoolers, primary school children, teenagers and the elderly. These projects help to shift the focus from oral disease to oral health by developing partnerships in the community and linking oral health with general better health activities.

Start School Smiling is a project launched in Albury by the Greater Southern Area Health Service. It is designed to appeal to preschoolers and to be used by both parents and pre-school carers to encourage healthy oral hygiene practices before children start school.

Brush and Be Cool is a primary school-based campaign of the Greater Western Area Health Service to encourage good oral health via checks for tooth decay and gum disease and take-home toothpaste and toothbrush packs. Additionally, the project encourages school children to drink more water rather than consuming cordial or soft drinks.

Teens for Teeth gives year eight students from Merriwa and Scone in the Hunter New England Area Health Service, the chance to learn about oral health and develop and teach oral health programs to infants and primary school children in their community.

Smiles Alive in the North Coast Area Health Service caters to the needs of the large elderly population living in residential facilities. Oral health staff work closely with Aged Care staff and train them to spot oral health problems early and to assist elderly people, and their carers, with oral hygiene skills.

NSW forum on Aboriginal chronic conditions

The inaugural Aboriginal Chronic Care State Forum, *Walking Together – Forging Partnerships*, was held in December 2005. The Forum was an important step towards addressing Aboriginal chronic disease and was attended by health professionals from across the State, including representatives of Aboriginal Community Controlled Health Services. It included presentations by specialists in kidney disease, cardiovascular disease, policy development and health promotion related to Aboriginal Health.

A highlight of the event was the launch of the *Know Your Heart* training manual. The manual was designed by the *Chronic Care Program* for Aboriginal health workers to provide culturally appropriate heart health education to their communities. The *Aboriginal Vascular Health Program* within the *Chronic Care Program* has been instrumental in improving health outcomes for Aboriginal people with a chronic disease. The Program is delivered at 31 sites across NSW including eight in correctional facilities.

NSW Health Survey Program

The NSW Population Health Survey reported that between 1997 and 2005 there was a steady decrease in alcohol risk drinking and current smoking in NSW adults, and a steady increase in influenza and pneumococcal vaccination in people aged 65 years and over. Although fruit consumption and physical activity increased between 1997 and 2005, so did the prevalence of diabetes, overweight and obesity.

NSW Health Promotion Demonstration Research Grants Scheme

This scheme funds Area Health Services to conduct rigorously designed health promotion intervention studies. Four demonstration research grant reports were released addressing falls reduction in older people, hearing conservation, smoking reduction in mental health units and safer streetscapes. These reports showcase innovative examples of health promotion intervention research whose findings have implications for health promotion practice and health service provision across NSW.

NSW Health Impact Assessment Project

Five developmental sites undertook Health Impact Assessments (HIAs) on proposals ranging from health home visiting, local council plans and regional planning strategies. The impact of urban design and planning on health and well-being was a common theme for many of the HIAs. For example, the Health and Social Impact Assessment of the Lower Hunter Regional Strategy identified how a potential population increase of 125,000 people over the next 25 years could impact on vulnerable communities in the region. The assessment involved collaboration between NSW Health, NSW Premier's Department, NSW Department of Planning and other human services agencies.

Performance

PERFORMANCE INDICATOR
Chronic disease risk factors

Desired outcome
Reduced chronic disease.

Overall context
The NSW Health Survey includes a set of standardised questions to measure health behaviours.

Overweight or obesity

Context
Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Overweight or obese
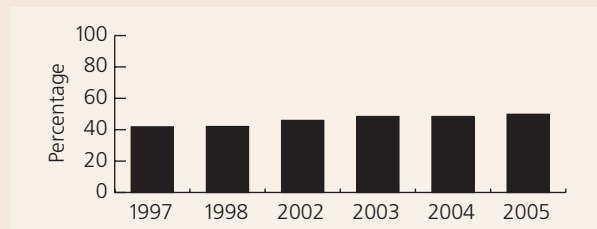
Source NSW Population Health Survey
Centre for Epidemiology and Research

Interpretation
Consistent with international and national trends, the prevalence of overweight or obesity has risen from 42 per cent in 1997 to 50 per cent in 2005. This increase has occurred in both males and females. In 2005 more males (58 per cent) than females (42 per cent) were overweight or obese. More rural residents (56 per cent) than urban residents (47 per cent) were overweight or obese.

Related policies/programs
The NSW Government Action Plan 2003–2007: Prevention of Obesity in Children and Young People includes initiatives such as the NSW Healthy School Canteen Strategy and the NSW Breastfeeding Policy – Breastfeeding in NSW: Promotion, Protection and Support. The Healthy Kids website www.healthykids.nsw.gov.au was developed, which includes a series of fact sheets promoting five key message areas: Get active for an hour or more each day; Choose water as a drink; Eat more fruit and vegetables; Turn off the TV or computer and get active; and Eat fewer snacks and select healthier alternatives.

The Hunter New England Child Obesity Prevention Program, a large-scale obesity prevention initiative, is being trialed in the Hunter New England Area Health Service to explore a range of intervention strategies aimed at reducing childhood obesity in children ranging from 0–15 years of age.

Smoking

Context
Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW.

Smoking – daily or occasionally
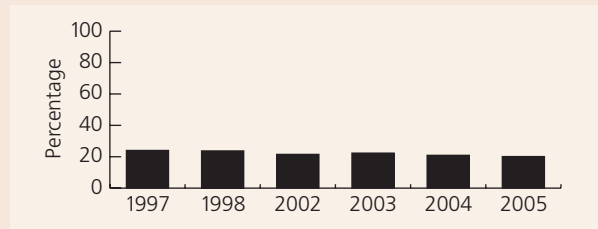
Source NSW Population Health Survey
Centre for Epidemiology and Research

Interpretation
Since 1997, the prevalence of daily or occasional smoking among the NSW adult population has decreased from 24 per cent to 20 per cent in 2005. For both males and females, rates of current smoking were highest in young adults. The percentage of smoke-free households has increased significantly, from 70 per cent in 1997 to 86 per cent in 2005.

Related policies/programs
The NSW Tobacco Action Plan 2005–2009 sets out the NSW Government's commitment to the prevention and reduction of tobacco-related harm in NSW. The six focus areas are smoking cessation, exposure to environmental tobacco smoke, marketing and promotion of tobacco products, availability and supply of tobacco products, capacity building, and research, monitoring and evaluation.

Physical activity

Context
Physical activity is important to maintaining good health and is a factor in protecting people from a range of diseases including cardiovascular disease, cancer and type 2 diabetes.

Physical activity – adequate
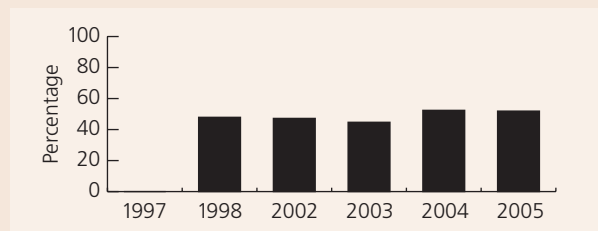
Source NSW Population Health Survey
Centre for Epidemiology and Research

Interpretation
Between 1998 and 2005 there has been an increase in the percentage of people who undertake adequate physical activity (from 48 per cent to 52 per cent). In 2005 more males (57 per cent) than females (47 per cent) undertook adequate physical activity.

Related policies/programs
NSW Health continues to support the Premier's Council for Active Living which was established to develop a new strategy for increasing physical activity in NSW through collaboration across government, non-government and private organisations.

Vegetable and fruit intake

Context

Nutrition is important at all stages of life and is strongly linked to health and disease. Good nutrition protects people from ill-health, whereas a poor diet contributes substantially to a large range of chronic (long lasting and recurrent) conditions, from dental caries to coronary heart disease and some cancers.

Fruit – recommended daily intake
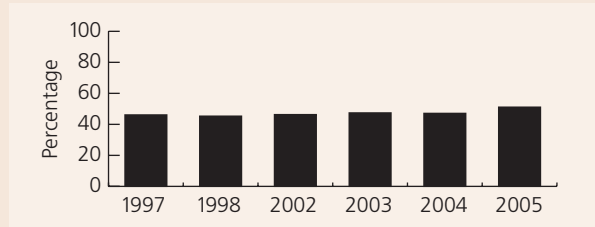
Vegetables – recommended daily intake
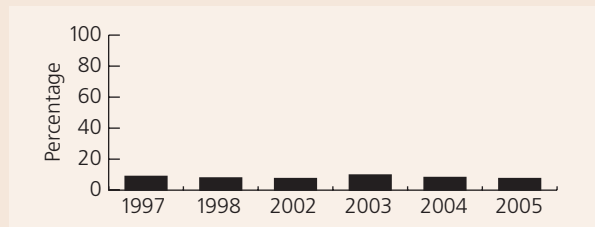
Source NSW Population Health Survey
Centre for Epidemiology and Research

Interpretation

Between 1997 and 2005 there was an increase in the percentage of people consuming the recommended daily intake of fruits from 46 per cent in 1997 to 51 per cent in 2005. The percentage of people consuming the recommended daily intake of vegetables has decreased from 9 per cent in 1997 to 7 per cent in 2005. The recommended fruit and vegetable daily intake is based on the national two fruits and five vegetables campaign. In 2005 more rural residents (10 per cent) than urban residents (7 per cent) consumed the recommended daily intake of vegetables whereas there was no difference between rural and urban residents with regard to the consumption of the recommended daily intake of fruit.

Related policies/programs

Eat Well NSW: Strategic directions for public health nutrition 2003–2007 outlines the areas for action to increase the daily vegetable and fruit consumption of the NSW population.

Alcohol

Context

Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.

Alcohol – risk drinking behaviour
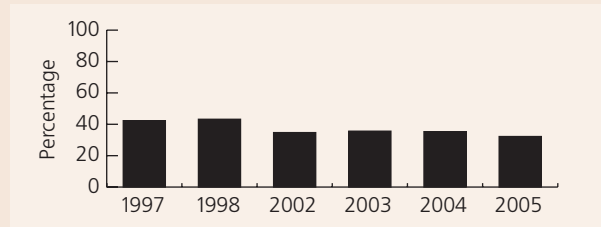
Source NSW Population Health Survey
Centre for Epidemiology and Research

Interpretation

Since 1997, there has been a decrease in the percentage of adults reporting 'any risk drinking behaviour', from 42 per cent to 32 per cent in 2005. This decrease was greater in males (from 51 per cent to 37 per cent) than in females (from 34 per cent to 27 per cent). In 2005, as in previous years, more rural residents (36 per cent) than urban residents (30 per cent) reported any risk drinking behaviour. Alcohol risk drinking behaviour includes consuming on average, more than four (if male) or two (if female) standard drinks per day.

Related policies/programs

The NSW Health Drug and Alcohol Plan 2006–2010 outlines the NSW Government's commitment to reduce the problems caused by drug and alcohol use (excluding tobacco, which is addressed through the NSW Health's Tobacco Action Plan 2005–2009). The Plan provides a policy framework for drug and alcohol services and health programs in NSW to respond to the use of alcohol and other drugs.

The Play Now Act Now alcohol and other drugs creative arts festival is a peer-based health education initiative. It provides an opportunity for young people to explore through creative media the issues they feel relate to the consumption of alcohol and other drugs. The program encourages a health education focus on risky and binge drinking as it relates to young people and aims to raise awareness of responsible use of alcohol.

Prevention and detection of health problems

45 and Up Study

Australia's largest long-term health study for people aged 45 and over is now underway through the research group The Sax Institute in collaboration with NSW Health, the Cancer Council NSW and the National Heart Foundation NSW Division.

Around 250,000 men and women from across NSW have been invited to participate in the *45 and Up Study* to help researchers understand what determines healthy ageing. Participants in the *45 and Up Study* are being asked to provide information about their health and lifestyle, and have their wellbeing followed over time.

Unique to this Study is the linking of participant feedback with other routinely collected health information, such as cancer care records, Medicare and hospital records. By following peoples' health for many years, the Study will, for the first time, provide a complete picture of the health of Australians in mid and later life. Information collected will also help with the future planning of health care services.

Dementia on the rise

As the population ages the incidence of dementia is rising. Currently, there are more than 71,000 people in NSW living with dementia and, with almost 350 new cases a week, this number is set to increase to approximately 227,000 people by 2050. Dementia is the second largest cause of disability burden in Australia after depression, affecting not only the person with the condition but also their family and friends.

The Department of Health is working with the Department of Ageing, Disability and Homecare to address the expected increase in the number of people with dementia, funding more than $11 million over four years for the NSW dementia strategy, *Future Directions for Care and Support in NSW 2001–2006*. Another NSW Dementia Action Plan will be developed to enable the continuation of ten dementia clinical nurse consultants and a range of other strategies. NSW Health has taken a lead role in developing a national framework for dementia.

HIV and Sexually Transmissible Infections

The Department of Health finalised and released the *NSW HIV/AIDS Strategy 2006–2009* which provides a framework for safeguarding gains made to date and responding to emerging challenges. The Strategy sets targets and articulates a comprehensive approach to reducing future infections among those populations considered at highest risk. It also identifies priorities for improving the health of people living with HIV/AIDS, through both population level programs and individual clinical services.

The response to HIV/AIDS in NSW represents a significant population and public health achievement. However, the substantial decline in new notifications seen from the mid 1980s onwards has not been sustained. HIV rates in 2005 are the same as in 1998, following a small rises in 2002 and 2003, and a decline in 2004 and 2005. While this trend contrasts with the pattern seen in other parts of Australia and the developed world, where continued rises have been seen in recent years, HIV/AIDS demands our continued and urgent attention if our successes are to be maintained.

NSW has seen continued rises in notifications of sexually transmitted infections (STIs) in recent years, as have similar jurisdictions in Australia and the developed world. NSW Health developed and released the *NSW Sexually Transmissible Infections Strategy 2006–2009* in response to the continuing challenge posed by STIs. It provides a comprehensive policy framework for addressing the transmission of STIs and associated morbidities in NSW over the next five years. It is the first comprehensive STI Strategy for NSW and is complementary to the *NSW HIV/AIDS Strategy 2006–2009.*

Following the success of the 2005 public education campaign, *Safe Sex No Regrets*, the campaign was run again in early 2006. The campaign featured four weeks of television advertising, backed up by advertisements in specialist press targeting priority populations, and poster ads in bus interiors, bars and nightclubs in Sydney, Wollongong, Newcastle and the Central Coast.

Aboriginal communities

The Department of Health works in partnership with the Department of Aboriginal Affairs, Aboriginal Housing Office and Federal Department of Families, Communities and Indigenous Affairs, to improve living conditions in Aboriginal communities.

As part of the *Housing for Health* and *Fixing Houses for Better Health* programs more than 1,800 houses across 57 communities have had urgent health and safety and repair work undertaken since 1997. This equates to over 32,000 items relating to health and safety repairs in those homes.

NSW Health's commitment to the two projects is approximately $2 million over four years. In 2005/06 work was carried out in the communities of Brungle, Cowra, Coffs Harbour, Darlington Point, Forster, Lismore, Maclean, Tamworth, Tumut, West Wylong, Wallaga Lake, and Yamba.

NSW Health established the interagency Aboriginal Community Water Supply and Sewerage Working Group to address this important issue for many of the 66 discrete Aboriginal communities in NSW. The need for safe water and sewerage systems is considered a high priority under the *Two Ways Together Initiative*, the

NSW Government program for working in partnership with Aboriginal communities.

Anaphylaxis

The Department of Health convened the NSW Government Coronial Taskforce on Anaphylaxis, of which both the NSW Department of Community Services and the NSW Department of Education and Training were members. The Taskforce was formed in response to Coronial recommendations regarding the death of a child at school due to anaphylaxis, which is a hypersensitivity to a substance such as a foreign protein. The Taskforce had responsibility for implementing a program of sustainable change in children's services and schools in NSW for children at risk of anaphylaxis. The major achievements of the Taskforce included raising awareness of anaphylaxis amongst those with a duty of care to children, including how to manage an emergency situation when a child goes into an anaphylactic shock.

Lane Cove Tunnel Health Investigation

The Department of Health has initiated a prospective health investigation around the Lane Cove Tunnel in response to community concerns about the potential for adverse health impacts from road tunnel emissions.

Vehicle emissions from the tunnel will be vented through stacks in Artarmon and Lane Cove West. Detailed assessment of the predicted air pollution impacts from the ventilation stacks indicates that adverse health impacts on the community are unlikely.

Through our association with the Collaborative Research Centre for Asthma and Airways, the Department contracted the Woolcock Institute of Medical Research to compare the health of community members in selected areas around the tunnel project before and after the tunnel opens to traffic. The Chief Health Officer also convened an expert steering group to oversee the investigation. The results of the investigation are expected in mid-2008.

Do it yourself SAFE home renovators campaign

Home renovation can pose occupational health and safety risks that are not always readily identified. Unless already employed in the building industry few non-professional home renovators have access to information about risk identification, management and avoidance.

The *DIY SAFE Campaign* package is a joint initiative between the Department of Health and the Department of Environment and Conservation. It provides practical information or home renovators about lead and asbestos, and other identified hazards in renovating such as copper, chrome, arsenic timber and volatile organic compounds.

NSW Health Climate Change Adaptation Project

NSW Health has been funded by the NSW Greenhouse Office to undertake a four year project looking at the impacts of climate change on human health. The aim of the project is to develop an *Adaptive Health Strategy* that better prepares the health system to reduce the inevitable burden that climate change will place on the health of the people of NSW.

The project commenced in 2005/06 with the development of Area Health Service Heat Response Plans to identify vulnerable communities, ensure the design of health facilities considers adverse climate impacts, and issues specific to rural communities are identified as priority areas.

This research is part of a wider research program undertaken by the NSW State Government on greenhouse effects and adaptation strategies.

Community Health Risk Factor Management

The Department has funded the *Community Health Risk Factor Management Project (CHRFM)* through the Centre for General Practice Integration Studies at UNSW to study how community health services address smoking, nutrition, alcohol and physical activity with patients. The Project is developing and testing a model of best practice for community health services to manage these chronic disease risk factors. Three community health teams from Hunter New England and South Eastern Sydney Illawarra Health Services have been recruited to participate in the study. Final results will be expected in 2007.

3rd Australian Tobacco Control Conference

The Department of Health in partnership with the Cancer Council NSW and the NSW Cancer Institute hosted the 3rd Australian Tobacco Control Conference November 2005. More than 400 delegates from across Australia, New Zealand, Asia and the South Pacific attended.

The conference provided a forum to address future directions in tobacco control in Australia. The three major themes addressed by the conference were leadership and advocacy in tobacco control, addiction and cessation and effective campaign strategies.

An Aboriginal and Torres Strait Islander workshop preceded the conference which was an opportunity for Aboriginal health workers from around Australia to network and discuss tobacco control issues in Aboriginal and Torres Strait Islander communities.

Smoke-free environments

The second phase of the *Smoke-free Environment Amendment Act 2004* commenced on 3 July 2006 restricting smoking to 25 per cent of the area of NSW Clubs, pubs and the casino. From July 2007

Performance

there will be a complete ban on smoking in enclosed areas of licensed premises.

NSW Tobacco Action Plan 2005–2009

The Tobacco Action Plan 2005–2009 was completed. This Plan formalises the Government's commitment to the prevention and reduction of tobacco-related harm in NSW. The goal of the Plan is to improve the health of the people of NSW and to eliminate or reduce their exposure to tobacco in all its forms.

Professional development in smoking cessation

Let's take a moment, quit smoking brief intervention – a guide for all health professionals was developed to assist health professionals in the NSW health system provide evidence-based brief advice to clients who smoke, as part of their routine clinical practice. The recommendations in the guide are relevant for all health professionals.

With the assistance of experts from the field of smoking cessation the Department's Tobacco and Health Branch wrote two units of competency in tobacco use and treatment of nicotine dependence for the national *Vocational Education and Training (VET) Population Health Training Package*. Training materials are currently being developed and will be delivered through videoconferencing and online, to be funded under the Telehealth Funding Initiative.

Aboriginal Family Health Strategy

The *Aboriginal Family Health Strategy* is the NSW Health response to Aboriginal family violence. A review of the Strategy was undertaken in 2005, in consultation with funded bodies, community members and peak organisations. It identified the strengths of the Strategy, including the establishment of dedicated positions, the Aboriginal Health network and workforce development investment in the Certificate IV Family/Domestic and Sexual Assault Course though the Education Centre Against Violence. The review made recommendations for future directions, including the need to develop collaborative models of practice and options for enhancing and sustaining infrastructure.

Diagnosis and Assessment Services

Five Diagnosis and Assessment (D&A) Services were successfully transferred during the year from the Department of Ageing, Disability and Home Care to the Department of Health. D&A services are multidisciplinary teams that work with individuals and their families to identify the cause and extent of an individual's developmental delay.

PERFORMANCE INDICATOR
Potentially avoidable mortality – persons aged <75 yrs (age adjusted rate per 100,000 population)

Desired outcome
Increased life expectancy.

Context
Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment. Potentially avoidable deaths (before age 75 years) provides a measure that is more sensitive to the direct impacts of health system interventions than all premature deaths.

Potentially avoidable premature mortality
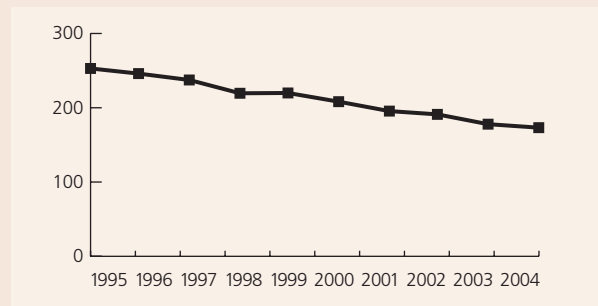
Source: ABS Mortality data and population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health

Interpretation
In NSW in 2004, 67 per cent of all premature deaths (before the age of 75 years) in the total population and 77 per cent of all premature deaths in the Aboriginal population were from potentially avoidable causes. The rate of potentially avoidable premature deaths has declined by almost one-third over the ten year period 1995 to 2004. The causes of avoidable deaths can be further divided into those that may be prevented through 'primary', 'secondary', and 'tertiary' interventions. Primary interventions are aimed at preventing a condition developing, for example through risk factor modification such as reducing smoking rates. Secondary interventions detect or respond to a condition early in its progression, such as screening programs for breast or cervical cancer. Tertiary level interventions treat an active condition to reduce its severity and prolong life for example heart revascularisation procedures.

Related policies/programs
Strategies for interventions are noted in other performance indicators, such as those for chronic disease risk factors.

PERFORMANCE INDICATOR
Immunisation – per cent of people immunised aged 65 years and over
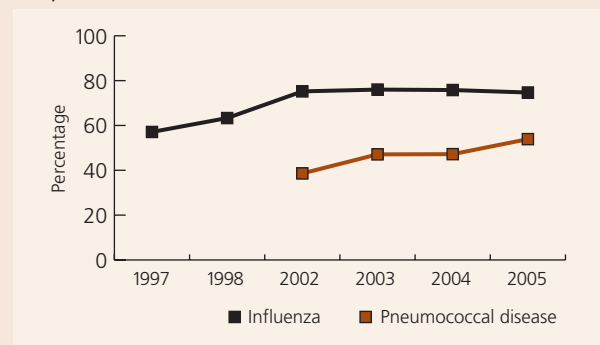
- Influenza
- Pneumococcal disease.

Desired outcome
Reduced illness and death from vaccine-preventable diseases in adults.

Context
Vaccination against influenza and pneumococcal disease is recommended by the NHMRC and provided free for people aged 65 years and over, Aboriginal people aged 50 and over and those aged 15–49 years with chronic ill health.

People over 65 years immunised against influenza and pneumococcal disease

Source: NSW Population Health Survey

Interpretation
Influenza vaccination rates have improved since 1997. The NSW Population Health Survey in 2005 collected self-reported data on vaccination for influenza and pneumococcal disease. While the target of 80 per cent is yet to be achieved, influenza vaccine uptake has remained steady since 2002 with 75 per cent of adults aged over 65 years old receiving influenza vaccination in the previous year.

There has been a significant increase in uptake of pneumococcal vaccine from 2004 to 2005. In 2005, just over half of people aged 65 years and over reported that they had been vaccinated for pneumococcal disease in the past five years compared to 47 per cent in 2004. This increase coincides with the provision of free pneumococcal vaccine in January 2005 under the National Pneumococcal Vaccination Program.

Related policies/programs
- Formal review of the NSW Immunisation Strategy 2003–2006 will assess the effectiveness of current immunisation program delivery to adults.
- National Pneumococcal Vaccination Program.
- Recurrent funding is provided for a full-time immunisation coordinator in each Area Health Service.

PERFORMANCE INDICATOR
Fall injuries

Hospitalisations for people aged 65 years and over (age adjusted hospital separation rate per 100,000 population) male and female.

Desired outcome
Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over.

Context
Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. They also are one of the most expensive to treat. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year. Effective strategies to prevent fall-related injuries include increased physical activity to improve strength and balance and providing comprehensive assessment and management of fall risk factors to people at high risk of falls.

Fall injuries – 65 years plus hospitalised for fall injuries
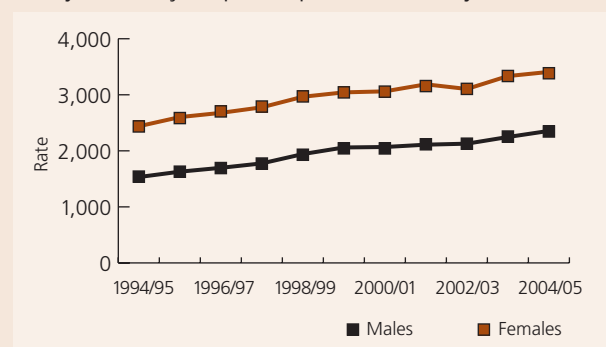
Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST) Centre for Epidimology and Research, NSW Department of Health

Interpretation
Over the last ten years the rate of hospitalisation for fall injury in older people has been increasing for both men and women. These rates may be affected by both the actual rate of fall injury and other factors such as hospital admission practices. In the first instance the ongoing implementation of the NSW Management Policy to Reduce Fall Injury Among Older People aims to slow the increase in the rate of hospitalisations and with time to decrease them.

Related policies/programs
Management Policy to Reduce Fall Injury Among Older People 2003–2007.

Performance

PEFORMANCE INDICATOR
Breast cancer screening

BreastScreen program: two yearly participation rate of women aged 50–69 years.

Desired outcome
Increased survival rate for breast cancer.

Context
Biennial mammography screening assists in the early detection of breast cancer and is seen as the best method for reducing mortality and morbidity as a result of breast cancer in the target age group.

Breast cancer screening – two yearly participation rate of woman aged 50–69 years
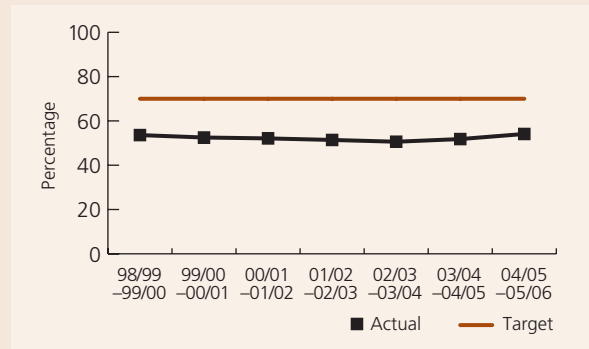
Biennial participation of woman aged 50–69 years
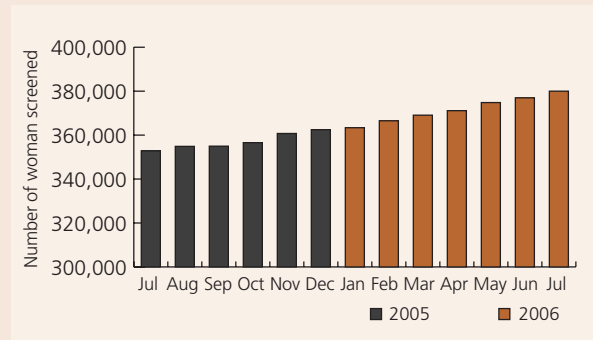
Source: BreastScreen NSW

Interpretation
Since the Cancer Institute NSW assumed responsibility for BreastScreen NSW on 1 July 2005, biennial participation rates have progressively increased to their highest levels since 1998/99. The current rate equates to an additional 24,152 target age group women screened in the biennial period.

Related policies/programs
- BreastScreen NSW
- BreastScreen Australia
- The Australian Institute of Health & Welfare (AIHW) prepares and publishes the BreastScreen Australia Monitoring Report, which measures performance and outcomes against eight national indicators, the first of which relates to participation.

A healthy start to life

NSW Schools Physical Activity and Nutrition Survey (SPANS)

The NSW *Schools Physical Activity and Nutrition Survey* (SPANS) is the most comprehensive survey into the physical activity and eating habits of children and young people ever conducted in Australia. Conducted by the NSW Centre for Overweight and Obesity it was released by the NSW Premier in May 2006.

The Survey involved 93 government and non-government schools and almost 5,500 students aged between five and 16 years. Key findings from SPANS include:

■ Almost 25 per cent of children in NSW are overweight or obese, with the rate as high as 33 per cent in boys and girls aged 9–12 years.

■ Fundamental movement skills and physical activity levels have increased significantly compared to 1997 reflecting the great work schools have done in this area.

■ Up to 30 per cent of older students eat junk food (high in added sugar, salt or saturated fat) at least four times a week.

■ Up to 40 per cent of high school students don't eat breakfast, and almost 15 per cent of all children don't eat dinner.

■ Three quarters of high school girls and two thirds of high school boys are watching more than two hours of TV or playing computer games each day.

■ Almost 60 per cent of boys and 40 per cent of girls drink more than 250 mls of soft drink each day – a major concern, given that one glass of soft drink contains almost ten teaspoons of sugar.

To support physical activity and nutrition the *Healthy Kids* website was developed in partnership with the NSW Departments of Education and Training and Sport and Recreation and the Heart Foundation NSW. This is a one-stop shop of information, with ideas for parents about ways to get kids moving, shopping tips and meals, resources for teachers, publications and guidelines, school and community-based projects and links to lots of other useful websites.

Breastfeeding policy

A new health policy, *Breastfeeding in NSW: Promotion, protection and support* was disseminated and implemented during 2005/06 to increase support for breastfeeding within the health system and improve breastfeeding rates.

The policy directs action in areas that can positively influence mothers' breastfeeding practices. It builds upon the important work already undertaken to boost breastfeeding rates by individual health professionals and health service managers. It outlines strategies and actions to assist healthcare workers to ensure the best practice in breastfeeding is followed, including:

■ Provision of breastfeeding friendly workplaces.

■ Improving knowledge and skills in the health workforce to promote and support breastfeeding.

■ Implementation of the *Baby Friendly Initiative* across all Area Health Services.

■ Compliance with responsibilities under the *WHO International Code of Marketing of Breastmilk Substitutes and the Marketing in Australia of Infant Formula: Manufacturers and Importers (MAIF)* agreement.

■ Enhancing breastfeeding education and support into routine antenatal care, hospital maternity care, child and family health services and paediatric services.

■ Ongoing monitoring and reporting of breastfeeding rates.

New Baby First Aid and Safety Kit

Before leaving hospital parents of babies born in NSW public hospitals now receive a newly developed information kit with up-to-date information about children's first aid and safety.

After the first year of life, injury is the leading cause of death and second most common cause of hospitalisation for children. The first aid and safety kit will assist parents to deal with an injured or sick child between birth and five years of age in an emergency. It includes information about common causes or indicators of sudden injury and illness and accompanying first aid information, a step-by-step guide outlining actions to take in an emergency, useful tips on how to create a safe environment for children, emergency contact information and an easy reference guide for further information sources and first aid courses.

The kit was developed in consultation with a range of expert health organisations and have been distributed to all public hospital maternity units across the State.

Performance

Mubali

The Gamilaroi Community Midwifery Service in Moree received a NSW Health Award in 2005 for successfully targeting and engaging young Aboriginal women in creative activities while providing opportunities for health education.

The midwives knew there were a lot of young Aboriginal women in the community who were pregnant and that their first intervention was when they presented at Moree Hospital to give birth. Together with an arts-based organisation they held workshops where plaster casts were made of the young women's pregnant bellies and the hands of the Midwifery team and P&EC manager. Aboriginal aunt and grandmother elders provided cultural stories relating to family and birthing. With the young women involved in painting the moulds, health care was connected back into the community.

Ongoing involvement in the program has brought improved participation in the Young Mothers Group and increased acceptance of the Health Service. The community art activities have lead to the launch of the Mubali (pregnant) project as a local exhibition.

NSW Mothers and Babies Report

The NSW Mothers and Babies Report 2004 found that there were 85,626 births to 84,288 women in 2004, and that the trend towards more new mothers aged 35 years and over has continued to grow, as has the number of caesarean births.

Otitis Media

Funding of $2.49 million over four years is allocated to this initiative, which commenced in 2004/05. The Otitis Media program aims to increase the number of Aboriginal children aged from zero to six years who are screened for otitis media, or middle ear infection. During 2005/06 11,346 Aboriginal children were screened for otitis media and 60 Aboriginal health workers successfully completed audiometry training.

Hearing Health

In 2005, 90,300 or 98 per cent per cent of new babies were screened under the *Statewide Infant Screening Hearing Program* (SWISH). Newborns testing positive for severe hearing loss in both ears were two in 1,000 of which 98 per cent proceeded to full audiological assessment. The SWISH program has been presented at international and national conferences. It is regarded as an international leader in meeting program performance indicators.

PERFORMANCE INDICATOR
First Antenatal visit

First antenatal visit before 20 weeks gestation (%):
- Aboriginal women
- non-Aboriginal women

Desired outcome
Improved health of mothers and babies

Context
Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed, and engages mothers with health and related services.

First antenatal visit – before 20 weeks gestation
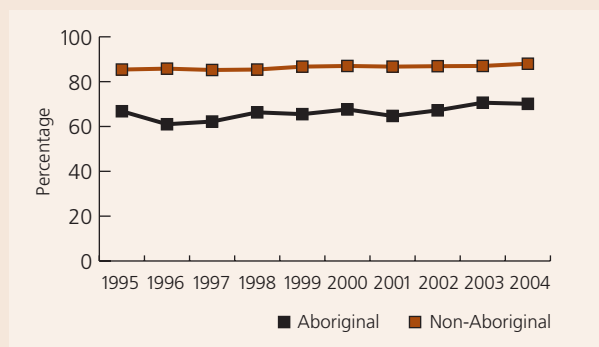
Source: Midwives Data Collection (HOIST)

Interpretation
The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 20 weeks gestation has increased slightly since 1995. However, the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, although the gap is narrowing.

Related policies/programs
- NSW Framework for Maternity Services provides the NSW policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce (M&P HPT) and the NSW Department of Health support the continued development of a range of models of care including stand-alone primary maternity services. The M&P HPT has established a sub-group called the Primary Maternity Services Network. The network provides leadership, support and information sharing for Area Health Services that are developing continuity of care models.
- The NSW Aboriginal Maternal and Infant Health Strategy is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity. The evaluation of the program demonstrates marked improvement in access to antenatal care by Aboriginal mothers in the program areas.

PEFORMANCE INDICATOR
Low birth weight

Babies weighing less than 2,500g (%):
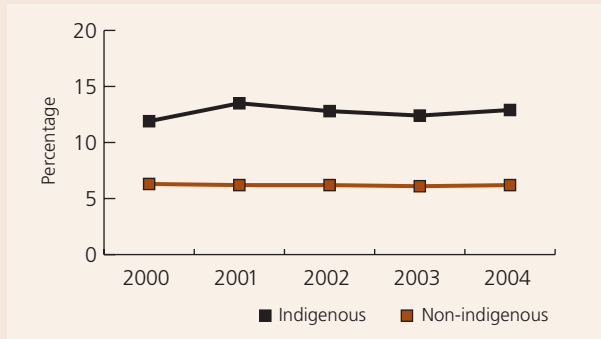- Aboriginal babies
- non-Aboriginal babies

Desired outcome
Reduced rates of low weight births and subsequent health problems

Context
Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and the care that was received during pregnancy.

Low birthweight babies – births with birhweight less than 2,500g

SOURCE Midwives Data Collection (HOIST)

Interpretation
The rates for low birth weight are relatively stable. However, the rate for babies of Aboriginal mothers remains substantially higher than that for babies of non-Aboriginal mothers.

Related policies/programs
- NSW Framework for Maternity Services provides the NSW policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce (M&P HPT) and the NSW Department of Health support the continued development of a range of models of care including stand-alone primary maternity services. The M&P HPT has established a sub-group called the Primary Maternity Services Network. The network provides leadership, support and information sharing for Area Health Services who are developing continuity of care models.
- The NSW Aboriginal Maternal and Infant Health Strategy is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity.

Performance

PERFORMANCE INDICATOR
Children fully immunised at one year

Desired outcome
Reduce illness and death from vaccine preventable diseases in children.

Context
Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Children fully immunised at one year
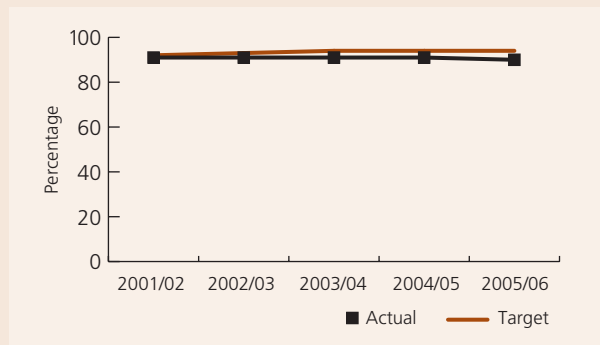
Source: Australian Childhood Immunisation Register (ACIR)

Interpretation
The Australian Childhood Immunisation Register (ACIR) was established in 1996. Data from the Register provide information on the immunisation status of all children less than seven years of age.

ACIR data for NSW indicate that at the end of June 2006, 90 per cent of children aged 12 to less than 15 months were fully immunised. It is acknowledged that this data may be underestimated by approximately three per cent due to children being vaccinated late or to service providers failing to forward information to the ACIR.

Strategies/programs to achieve desired outcomes
Recurrent funding is provided for a full-time coordinator to implement the NSW Immunisation Strategy 2003–2006.

Formal review of the NSW Immunisation Strategy 2003–2006 to assess the effectiveness of immunisation programs in improving vaccination coverage.

PERFORMANCE INDICATOR
Postnatal Families First Universal Health Home Visits (UHHV)(%):

- Families offered a visit
- Families receiving a visit within 2 weeks of the birth

Desired outcome
To support parents and carers raising children and help them solve problems early before they become entrenched.

Context
The Postnatal Families First Universal Home Visit Program (UHHV) is an initiative under Families First, the coordinated NSW Government strategy that aims to give children the best possible start in life. The purpose of the UHHV is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health service within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. The UHHV provides an opportunity to identify needs with families in their own homes, and facilitate early access to local support services, including the broader range of child and family health services.

Interpretation
Since the commencement of the Families First initiative, over 200,000 NSW families with a new baby have received a universal health home visit. In many parts of the State, services are now able to offer a visit to every family with a new baby. Across the remainder of NSW, services continue to reorient practice to support implementation of the universal health home visit. As each year progresses, more families are able to have their first contact with postnatal child and family health services in their own home, rather than having to travel to a clinic.

As part of a two year statewide education project health professionals in every Area Health Service have now attended training to help them work more effectively with families as partners to improve children's health. The training provided as part of this project has also included sessions in implementing holistic assessment models under the Integrated Perinatal and infant Care (IPC) initiative.

SOURCE: Families First Area Health Service Annual Reports, MDC for births data

Related policies/programs
Families First is a coordinated NSW Government strategy to increase the effectiveness of services to help families give their children a good start in life. The Strategy is delivered jointly by five government agencies – Community Services, NSW Health (Area Health Services), Education and Training, Housing, and Ageing, Disability and Home Care in partnership with parents, community organisations and local government. Implementation of the Families First strategy commenced in 1999/00. It includes the offer of a free home visit by a child and family health nurse to every family with a new baby.

The NSW Integrated Perinatal and Infant Care Program uses an internationally innovative model of assessment, prevention and early intervention to identify the mental health and physical health needs of parents and their infants during pregnancy and after birth. This is then linked to providing appropriate care and support to mothers, families and infants at risk of adverse physical and mental health outcomes.

Future initiatives

Smoking Cessation

People with a mental illness, and inmates and detainees in correctional settings are two population groups in NSW that have much higher prevalence of smoking than the general NSW population. NSW Health will work in partnership with key stakeholders over coming years to develop and implement effective strategies to address the high prevalence of smoking among these groups and other marginalised populations.

A smoking cessation package is being developed by the NSW Oral Health Promotion Network for oral health staff to use in their clinics. By expanding the dental exam, diagnosis, and treatment to include tobacco cessation, a potentially life saving element of care will be added to an established service.

Electronic notification from laboratories

Electronic reporting by major pathology laboratories of communicable disease notifications under the *NSW Public Health Act 1991* will be rolled out. The information system used to manage these notifications will be redeveloped, to allow a faster and more cohesive response to be mounted by public health staff around the State.

National Strategic Framework for Aboriginal and Torres Strait Islander Health

The Department is developing the Implementation Plan for NSW for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*. The Plan will incorporate links to the NSW Aboriginal Affairs Plan: *Two Ways Together*, identify strategies to ensure effective collaboration between NSW Health, other government bodies, the Office of Aboriginal and Torres Strait Islander Health and the Aboriginal community controlled sector to achieve better health outcomes for Aboriginal people in NSW.

Aboriginal Maternal and Child Health – bringing services together

NSW Health has allocated $645,000 in 2006/07 for three new initiatives run by Area Health Services in partnership with Aboriginal Medical Services. The *Sydney South West Aboriginal Teenage Mother Home Visiting Project* will be run by the Sydney South West Area Health Service. The *Birra-li Aboriginal Birthing Service* will be run by the Hunter New England Area Health Service. The *Malabar Community Midwifery and Early Childhood Service* will be run by the South East Sydney and Illawarra Area Health Service. The aim of these services is to improve the long-term health and wellbeing of Aboriginal mothers and their children.

Aboriginal Family Health Strategy

NSW Health is commissioning the development of a new *Aboriginal Family Health Strategy*, which will incorporate the recommendations of the review conducted in 2005 and address emerging issues.

NSW Aboriginal Child Health Strategic Framework

The development of the *NSW Aboriginal Child Health Framework* will provide guidance on principles and approaches for working with Aboriginal children. This will assist in developing and maintaining high standards of care focussed on critical points of intervention to break the generational cycle of poor health.

Aboriginal Health Promotion Guidelines

The development of the Aboriginal Health Promotion Guidelines will provide a framework for Aboriginal health promotion in NSW. This will include principles for working with Aboriginal communities to provide health promotion programs, priority issues for health promotion intervention and program evaluation criteria.

Other future initiatives include:

- Revised policies and clinical practice guidelines will be released in 2006/07 to complement a new multi-agency response to sudden unexpected deaths in infancy.
- A new improved Child Personal Health Record is to be produced.
- A new revised Having a Baby publication is to be produced for consumers of maternity services.
- A new parent information resource to provide further information about the SWISH Program is to be published.

Health care people need

In the last year there was a significant rise in demand for services through emergency departments and a rise in elective surgery performed. By the end of the year we performed better than the previous year in all access indicators.

Emergency care without delay

We achieved good performance through the redesign of processes to improve patients' experience, quality of care and clinical outcomes. Other important factors in achieving good performances included the addition of strategically applied bed capacity, the use of alternatives to acute in-patient beds and the commitment of Area Health Services to implement solutions designed by frontline staff.

What we are striving towards is a health system that provides patients with ready access to safe and predictable health services when and where they are needed. We continue to progress towards that goal. There has been a 99 per cent reduction in the number of patients waiting more than 12 months for elective surgery, and a 90 per cent reduction in the number of people waiting more than one month for urgent planned surgery. Waiting times for admission through emergency departments have also improved, with a 17 per cent reduction in delays.

Real-time surveillance in emergency departments

The NSW *Public Health Real-time Emergency Department Surveillance System* (PHREDSS) monitors trends in Emergency Department attendances for a range of disease syndromes and injuries. It is the only system of its type in Australia, and is at the forefront of developments in syndromic surveillance worldwide. It complements more traditional public health surveillance and helps NSW Health to remain vigilant for emerging disease outbreaks, epidemics or other threats to health.

After starting with 12 emergency departments in Sydney in readiness for the 2003 Rugby World Cup, PHREDSS grew during 2005/06 to include a total of 32 emergency departments – from Gosford and Wyong in the north, to Penrith in the west, Bowral in the south west, and Nowra in the south.

It has proved to be particularly useful in monitoring seasonal influenza epidemics, providing early warning of large-scale outbreaks of gastrointestinal infections caused by common viruses, and in identifying increases in recreational drug misuse.

Clinical Services Redesign Program (CSRP)

The *Clinical Services Redesign Program* (CSRP) is one of NSW Health's most ambitious and important reform programs. Clinical service systems are being redesigned to improve patient journeys across multiple care centres in local health services. The CSRP has facilitated the commencement of 41 projects within all Area Health Services, including the Children's Hospital at Westmead and Ambulance Service NSW. The aim of these projects is to improve patient access and experiences as well as quality of care across priority areas such as surgery, mental health, cardiology and emergency departments.

Models of Care

Five *Models of Care* have been developed as part of the CSRP as a way to learn about and improve patient journeys. When successful new ways of delivering care are developed in individual hospitals, they are formulated, presented in a standard style and distributed through the Australian Research Centre for Hospital Innovation (ARCHI) website.

Health professionals can register to join online discussion forums which aim to support the implementation of these Models. They can also register for workshops designed to help implement a Model of Care project within a facility.

Models of Care are currently being developed for cardiology, surgery, Extended Day Only and mental health. Models representing the continuum of care for older people and/or people with a chronic disease are also under development.

Faster Emergency Care for NSW patients

GP after-hours clinics will soon be co-located with a number of hospitals throughout NSW in a program aimed at delivering faster treatment for people attending emergency departments. NSW Health is working with GPs to establish up to ten after-hours general practice clinics co-located with hospitals such as Liverpool and Nepean. Negotiations are underway for other locations.

The $70 million *Clinical Services Redesign Program*, including Fast Track Zones, Triage and Treat teams, Short Stay Units and streamlining patient admission into specialist wards are other options designed to lift the pressure on Emergency Departments and deliver faster care for patients. These programs have been developed and designed by emergency clinicians themselves through the Emergency Care Taskforce.

Plans for construction of 'one stop shops' are underway. General Practioners (GPs), community health workers, allied health workers and other medical professionals will work together at one location to provide team based care with an emphasis on keeping people well and out of hospital.

More beds to meet increasing demand

The 2006/07 Budget provides funding to operate the equivalent of 426 beds on top of the 800 beds announced in the 2005/06 NSW Budget. They will expand capacity for elective surgery and make it easier for people to access treatment in busy emergency departments.

The new beds will help to meet increasing demand pressures associated with an ageing population, longer life expectancy, increasing consumer expectations and technological change. In the nine months to March 2006 emergency department attendances increased by 97,457 patients – an increase of 8.5 per cent compared to the same period in the previous year. In the same nine month period to March 2006 there was a 7.5 per cent increase in total hospital separations, representing an additional 77,477 patients.

Performance

PERFORMANCE INDICATOR
Ambulance response time

Potentially life threatening cases – 50th percentile response time (minutes).

Desired outcome
Improved survival, quality of life and patient satisfaction, with reduced Ambulance response times for patients requiring urgent pre-hospital treatment and transport.

Context
Timeliness of treatment is a critical dimension of emergency care, particularly in the early stages. Ambulance Emergency Response Time is the period between when a '000' emergency call is received and the time the first ambulance resource arrives at the scene in a life threatening case. In Australia, the 50th percentile response time is a key measure.

The Ambulance Service of NSW uses a medical priority dispatch system which allocates each '000' call to a priority category to provide the most rapid responses to the most urgent cases.

Ambulance response times – potentially life threatening cases – 50th percentile response time (minutes)

Year	Sydney	Total
2000/01	10.33	10.28
2001/02	9.40	9.63
2002/03	9.53	9.63
2003/04	9.72	9.80
2004/05	9.63	9.82
2005/06	9.07	9.53

Potentially life threatening 50th percentile response time
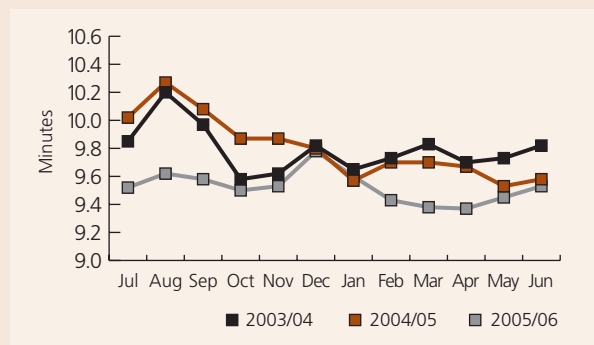
Source: NSW Ambulance Service, CAD System

Interpretation
In 2005/06 the 50th percentile response time for potentially life threatening cases was 9.53 minutes for the State and 9.07 minutes for the Sydney metropolitan area. The result is achieved in the context of a 5.5 per cent increase in demand.

Note that from May 2005 emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens – incident is potentially life threatening) under the Medical Prioritised Dispatch System. This brings NSW in line with all other Australian jurisdictions. Prior to May 2005, response performance was reported for all '000' calls. For this reason response times in May and June 2005 are not comparable with previous data.

Related programs/policies
Improvements in emergency and non-emergency response times are the result of the addition of 187 more ambulance officers during the year, more efficient response procedures (especially in the Sydney metropolitan area), and improvements in off-stretcher times at emergency departments.

While ongoing improvement in off-stretcher times is needed, reductions in time taken to off-load ambulances at hospitals means that more ambulances are available to respond to life threatening '000' calls.

Timeliness of service is a complex challenge requiring an effective balance of people, processes and technology. There is significant clinical evidence to support priority responses to cardiac, trauma cases and some other conditions. Increased efficiencies in operations centres will also improve responses to a range of patient conditions and ensure that resources are available to respond to time critical, life threatening cases.

During 2005/06 local mobilisation strategies were introduced by staff at station level. Refinements to roster arrangements that provide more crews during periods of peak demand, particularly during afternoon and evening periods, also contributed significantly to improved operational performance.

PERFORMANCE INDICATOR
Off-stretcher time

Transfer of care to the Emergency Department in 30 minutes or less from ambulance arrival.

Desired outcome
Improved survival, quality of life and patient satisfaction, with timely transfers from ambulance to hospital Emergency Departments.

Context
Timeliness of treatment is a critical dimension of emergency care. Better coordination between ambulance services and Emergency Departments will allow patients to receive treatment more quickly.

Off stretcher time – transfer of care to the Emergency Department >= 30 minutes from ambulance arrival
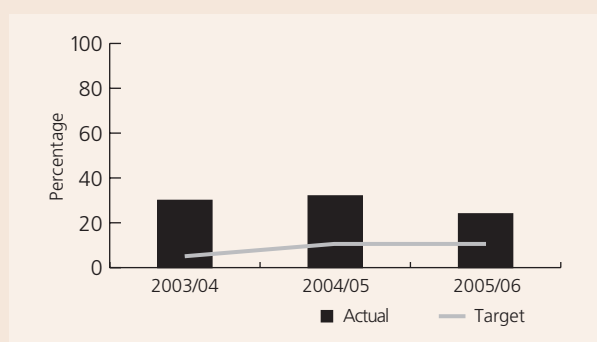
Source: NSW Ambulance Service, CAD System

Interpretation
Off-stretcher time has improved dramatically from 32 per cent to 24 per cent since 2004/05. A number of reporting anomalies are also currently being addressed to ensure accurate reporting.

Related policies/programs
The refined EDNA system in the Sydney metropolitan and inner Hunter regions aims to get the right patient to the right hospital for the right treatment each time.

The automated ambulance clinical services matrix software ensures that hospital destination options for ambulance officers are those hospitals with the clinical services appropriate to treat the patient. It also takes into account the estimated time of arrival at the nearest hospital, the number of ambulances currently at those hospitals and the optimum number of ambulances those hospitals can manage within capacity.

Hospitals are reducing off-stretcher time by ensuring better patient flow through the whole hospital by implementing robust demand management plans and by improving patient flow systems through the Clinical Redesign Program.

PERFORMANCE INDICATOR
Emergency Department triage times

Cases treated within benchmark times Triage 1–5.

Desired outcome
Improved survival, quality of life and patient satisfaction, with timely provision of emergency care across all emergency triage categories.

Context
Allocation of emergency patients to triage categories aims to provide each patient with timely care according to their clinical priority. Timely treatment is critical to emergency care.

Emergency Deptartment – cases treated within Australian College of Emergency Medicine (ACEM) benchmark times
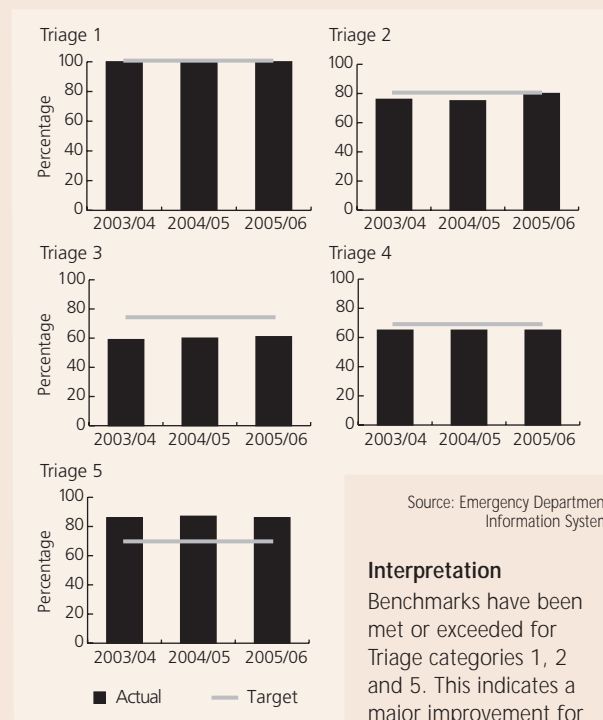
Source: Emergency Department Information System

Interpretation
Benchmarks have been met or exceeded for Triage categories 1, 2 and 5. This indicates a major improvement for Triage 2 from 75 per cent to 80 per cent. Triage 3 and 4 both improved slightly but did not achieve the Australian College of Emergency Medicine (ACEM) benchmark.

Related policies/programs
Fast Track zones are being implemented to ensure that less complex patients who have traditionally waited for long periods in emergency departments are cared for quickly but safely. These Fast Track zones use skilled staff such as nurse practitioners and advanced practice nurses.

Emergency Medicine Units provide a place adjacent to emergency departments where patients who need a longer period of care or observation can stay without occupying emergency department beds. This allows for much more efficient processing of new patients as they arrive.

Short stay units have been created in a number of hospitals for patients who need shorter periods of admission to a speciality unit. This again allows for much more efficient processing of new patients as they arrive in the emergency department.

PEFORMANCE INDICATOR
Access Block

Emergency Department patients not transferred to an inpatient bed within eight hours of treatment:

- overall
- mental health.

Desired outcome

Improved patient satisfaction and availability of services with reduced waiting time for admission to a hospital bed from the emergency department.

Context

Timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, contributes to patient comfort and improves the availability of emergency department services for other patients.

Access Block – Emergency Department patients not transferred to an inpatient bed within eight hours of commencement of active treatment
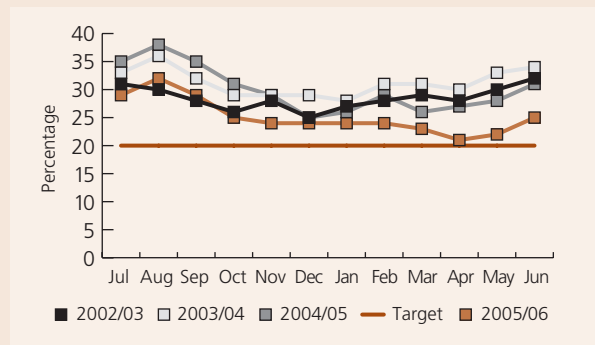
Source: Emergency Department Information System

Interpretation

Access Block has improved significantly over the last 12 months, with results being much closer to target since February. The 2005/06 full year result of 25 per cent is considerably better than 30 per cent in 2004/05.

Related policies/programs

Demand management plans are designed to keep people moving through the ED proactively by monitoring and anticipating patient activity and making appropriate plans to access inpatient beds with limited delay.

Surge beds are those than can be activated at short notice in response to higher than expected surges in demand. The ability to activate extra beds for emergency admission is an important component of the Demand Management Plan.

Patient flow units are responsible for implementing demand management plans, through the management of surge beds, balancing capacity on an hour-to-hour basis and facilitating the effective discharge of patients back to the community.

Older persons' evaluation, assessment and review units: a number of hospitals have recognised the need to actively manage older people who present to EDs. These units, staffed by specialist geriatric staff, provide better, more coordinated care for older patients. They have been shown to reduce the total length of stay in hospital.

Psychiatric Emergency Care Centres: These centres provide a place where mental health patients presenting at ED can be provided with better and more coordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney and a further 26 new PECC beds were announced in the *NSW: New Direction for Mental Health* five year funding package.

Clinical redesign units: Each Area Health Service has been funded to create a clinical services redesign unit that utilises business process reengineering methodology to improve health systems and create better patient-focussed care.

Shorter waiting times for non-emergency care

Predictable Surgery Program

The *Predictable Surgery Program*, announced in June 2005, is a set of strategies and initiatives developed by the Surgical Services Taskforce. The achievements of the *Predictable Surgery Program* have been outstanding. There were 3,660 more booked surgical admissions to NSW public hospitals. The number of patients waiting longer than 12 months for surgery was reduced by 99 per cent. The number of urgent patients waiting longer than 30 days was reduced by 80 per cent and the total ready for care waiting list was reduced by seven per cent. A robust waiting list policy, W*aiting Time and Elective Patient Management Policy 2006*, was also developed.

PEFORMANCE INDICATOR
Waiting times

Booked medical and surgical patients waiting:
- long waits > 12 months
- overdues > 30 days.

Desired outcome
Improved clinical outcomes, quality of life and convenience for patients.

Context
Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Waiting times – booked medical and surgical patients. More than 12 months – categories 1,2,7 and 8
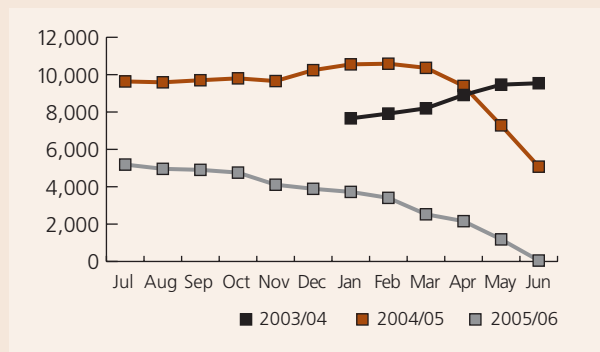
Source: Waiting List Collection Online System

Interpretation
Long wait patient numbers have been reduced from 5,187 to 49 and the overdue patient numbers from 4,260 to 824 in 2005/06.

Related policies/programs
- Sustainable Access Program
- Clinical Services Redesign Program
- Predictable Surgery Program

The new *Waiting Time and Elective Patient Management Policy* was introduced in March 2006. This policy specifies the management processes to be used by Area Health Services to ensure that patients are treated in a clinically appropriate timeframe for their condition.

Additional funds were provided to reduce long wait and overdue patients.

PERFORMANCE INDICATOR
Length of stay

Desired outcome
Improved use of hospital resources and convenience for patients.

Context
Longer than necessary hospital stays can be inconvenient to patients, waste resources and block other patients' access to hospital beds. Increasing use of same day admissions, managing availability of diagnostic procedures and better managing the discharge of patients can help to reduce unnecessary length of stay in hospital.

Overall length of stay – including same day admissions
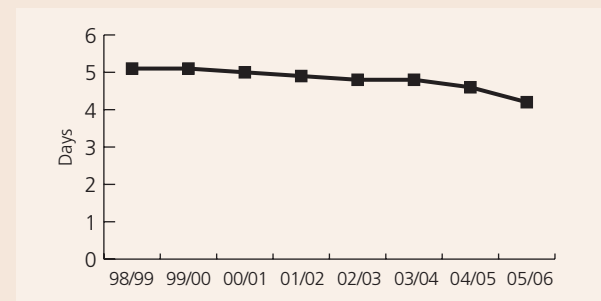
Source: Inpatients Statistics Collection

Interpretation
Overall Length of Stay is used as a measure of change in available capacity. Relative Stay Index (RSI) is used as a measure of comparison between services and facilities.

Length of Stay for admitted patients has continued to decline and is now 4.2 days. This continues the ongoing trend since 1998/99 and reflects new models of care in patient treatment. The additional capacity created by the reduction in Length of Stay has increased access for patients requiring non-emergency care.

Related policies/programs
- Sustainable Access Program
- Clinical Services Redesign Program
- Predictable Surgery Program.

Performance

Fair access to health services across NSW

Record funding for rural and regional health services

Providing equitable access to health services for people living in rural and regional NSW is a high priority. Record health spending of $3.46 billion, an increase of nearly $308 million, or 9.8 per cent more than last year, will mean more beds, more elective surgery and redeveloped health facilities. In the last year, there were many initiatives to boost access to health services for people living in rural and regional communities:

■ The new *Transport for Health* program was implemented to commence on 1 July 2006. This program integrates five formerly separate non-emergency health related transport assistance programs into a single program in each Area Health Service, including the reviewed *Isolated Patients Travel and Accommodation Scheme* (IPTAAS). Improvements to the scheme are expected to assist an extra 11,500 patients and their carers every year, including country patients and their families.

■ A $40 million funding boost over four years for dental health will enhance access for rural dental patients by treating more people on waiting lists, purchasing new dental equipment, recruiting more dentists, supplementing Rural Dental Scholarships, enhancing rural dental centres of excellence and expanding fluoridation of water across seven NSW councils.

■ The NSW Institute of Rural Clinical Services and Teaching commenced the two year *Rural Stroke Project*, which is focused on obtaining comprehensive information on current stroke management activities in rural NSW. In consultation with rural stroke clinicians it will develop potential models of rural stroke services for implementation in NSW.

■ An additional $1 million was announced to establish specialised rural stroke services. The work of the *Rural Stroke Project* will be used to develop these services.

■ An additional $465,000 a year over three years was announced for the Centre for Rural and Remote Mental Health, taking total annual funding to $1.35 million. Since its establishment the Centre has developed internet and video conferencing technologies to support the rural mental health workforce and the successful *Rural Mental Health Emergency and Critical Care Program*.

■ Funding of almost $4 million was announced for vital improvements to 23 hospitals across rural NSW. These improvements include significant upgrades to air conditioning, staff accommodation for visiting specialists, hospital security and medical technology.

■ A NSW Ministerial Advisory Meeting was convened to inform the NSW response to the Productivity Commission's study of Australia's health workforce. Greater incentives to attract and retain health practitioners in rural areas was addressed to ensure people in rural, regional and remote NSW get appropriate access to health practitioners close to where they live.

■ Specialist cardiology services in rural NSW continued to be expanded with the establishment of a cardiac catheterisation laboratory at Orange.

PERFORMANCE INDICATOR
Resources Distribution Formula

The average distance from target for all Area Health Services

Desired outcome
Equitable access to health funding between NSW Area Health Services.

Context
Funding to NSW Area Health Services is guided by a resource distribution formula (RDF), which aims to provide an indication of equitable shares of resources taking account of local population needs. The current policy is to ensure that allocation to all Area Health Services is not less than two per cent of their RDF target. Factors used in estimating local need include age, sex, mortality and socio-economic indicators.

Recourse distribution formula (RDF)
– average distance from Areas' targets
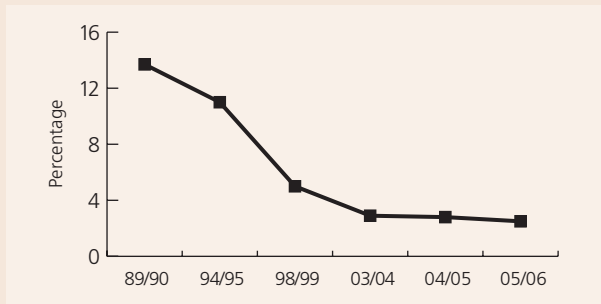
Source: Inter-Government and Funding Strategies Branch

Interpretation
In 1989/90 Areas were on average around 14 per cent away from their RDF targets. With a greater share of growth funding allocated to under-funded areas, the average distance from target for Area Health Service has declined significantly in the first ten years since the RDF's inception in the late 1980s.

PERFORMANCE INDICATOR
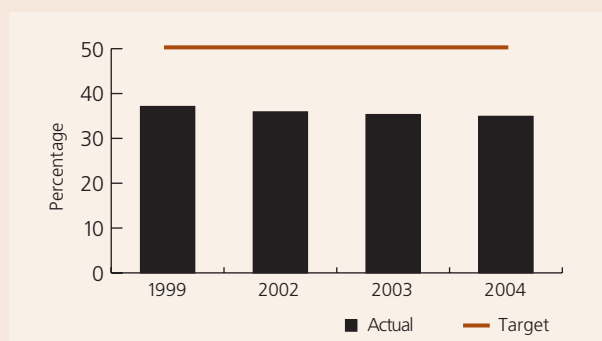Radiotherapy utilisation rates

Desired outcome
Improved outcomes for cancer patients who would benefit from radiotherapy for curative or palliative purposes.

Context
Selected treatments for appropriate target groups can contribute to quality and length of life. Access to such services can be measured through treatment rates, the target for radiotherapy (in conjunction with surgery and chemotherapy) being 50 per cent of new cancer patients.

Radiotherapy utilisation rates – for new patients

Source: NSW Central Cancer Registry/Radiotherapy Management Information System (RMIS)

Interpretation
Radiotherapy utilisation rates for 2004 continue to be below the 50 per cent target. Factors impacting on utilisation rates over this period include:

- increasing incidence rates of between 3–4 per cent per year
- rural Area Health Services have limited influence over increasing access rates primarily because radiotherapy treatment services are predominantly provided in metropolitan areas
- replacement of linear accelerators (linacs) result in downtime for recommissioning.

Note that while the utilisation rate has plateaued on a State basis, there has been a steady increase in the number of cancer cases being treated for NSW residents. In 2004 the numbers treated increased by over 150 patients (this excludes NSW residents treated in QLD private centres).

Related policies/programs
To 2005, strategic planning of radiotherapy services has resulted in 12 additional linear accelerators commissioned in the public health system since 1991, and another 17 linear accelerators replaced in the public health system in the same period.

The initial phase of planning for radiotherapy services in NSW to 2011 commenced in late 2005 and is being lead by Statewide Services Development Branch, NSW Department of Health in collaboration with Cancer Institute NSW consulting with a broad range of stakeholders.

The *Selected Speciality and Statewide Services Plan: NSW Radiotherapy Services to 2011* is under development. It will consider the optimal utilisation of existing radiotherapy resources in NSW when determining the infrastructure requirements of the future. This will entail examining the potential for utilising spare capacity, where this may be possible, in existing equipment, as well as expanding equipment resources to support an increasing demand for radiotherapy services.

PERFORMANCE INDICATOR
Mental health need met

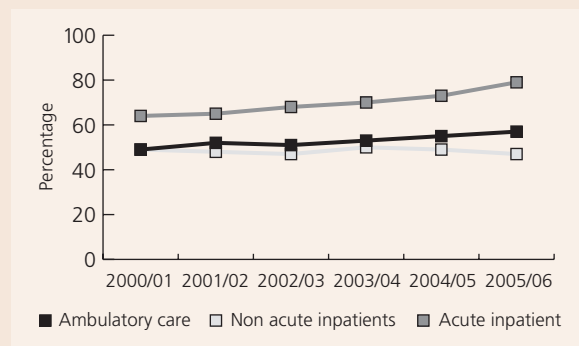- Ambulatory
- Acute
- Non-acute.

Desired outcome
Improved access to mental health services.

Context
The prevalence of mental health problems is high. Despite improvements in access to mental health services, there is still an enormous demand for a wide range of care and support services for people with mental illness. People with a mental illness are still at greater risk of homelessness, of contact with the criminal justice system and have a below-average life expectancy.

Mental Health per cent needs met

Source: DOHRS (Acute inpatient, Non-acute inpatient)
National Survey of Mental Health Services (Ambulatory Care)

Interpretation
The Need Met measure is an indicator of the level of services actually available compared to the theoretical need calculated for the population. These global indexes of service capacity are calculated with reference to the population need projections in the MHCCP model (available on the Department's website). For indexes to increase, service capacity must expand by more than population growth of 0.9 per cent per annum.

Acute Inpatient Beds: Since 2001 the index has increased from 64 per cent to 79 per cent with average available beds increasing by 98 over the 2005/06 financial year.

Non-Acute Inpatient beds: This index has now dropped below the 2001 level of 48 per cent to 47 per cent. This is mainly due to the inability of one Area Health Service to open a 20 bed non-acute unit planned for the 2005/06 financial year. Major increases to non-acute hospital bed numbers are planned for the 2008/09 financial year. However, recent enhancement funding will enable an early increase in the number of HASI places for clients needing a variety of levels of accommodation support.

Ambulatory Care Clinical Staff: This index rose by 1 per cent from 56 per cent to 57 per cent over the 12 month period. This represents a change from 35.5 full time appointment to 35.8 fulltime equivalent per 100,000 population.

Related policies/programs
The *NSW: A new direction for Mental Health* document describes a wide range of improvements and new programs for mental health using the funding increases announced as part of the 2006/07 budget. At first this will be evident mainly in the Ambulatory sector but extra acute and non-acute beds are forward planned to 2010/11.

Future directions

- The NSW Public Health Real-time Emergency Department Surveillance System will be expanded to include a total of 50 emergency departments, extending its coverage to the Hunter region and rural NSW.
- A whole of government policy response is being developed to review the 1999 NSW Carers Statement.
- The *Health Care of People with Disabilities – A Strategic Framework for NSW* is to be developed.

We deliver high quality health services

In NSW we are constantly striving to improve the quality of care and the health services we provide. We continue to implement the NSW Patient Safety and Clinical Quality Program to reduce health care risks, improve clinical practice and reduce the risk of infection in healthcare settings.

Consumers are satisfied with all aspects of services provided

We are promoting a culture of open disclosure, effective investigation and response to adverse incidents. The involvement of clinicians, health consumers and the community in health decision-making processes is integral to high quality health care, health innovation and consumer satisfaction with health services.

Open Disclosure

Being open with patients and their families when something has gone wrong is an important part of the investigation and learning process that is now happening with the NSW *Incident Management Program*. Open Disclosure is about providing an open, consistent approach to communicating with patients following an adverse event. It includes expressing regret for what has happened, keeping the patient informed, providing appropriate support and providing feedback on investigations. It is also about seeking information that will enable systems of care to be changed to improve patient safety.

In May 2006 the NSW Health *Incident Management Policy* was released including Open Disclosure as a key requirement of the incident management process. To support clinical staff in the implementation of the policy, education programs, fact sheets, email discussion groups and a web site have been developed.

10 Tips for Safer Health Care

A guide for consumers on how to become more actively involved in decision-making about safer health care has been produced. *10 Tips for Safer Health Care* is now available on the Department of Health website in English and other languages. The guide is being progressively distributed to admitted patients across Area Health Services.

Training and education for end of life care

The Health Research and Ethics Branch ran training and education seminars for more than one thousand health care professionals in metropolitan and rural NSW. The training was part of the implementation program for the Department's *Guidelines on End of Life Care and Decision Making*. The seminars provided information and advice on appropriate end of life care for dying patients, including clinical, social and ethical issues.

Ethics review

The Health Research and Ethics Branch involved over 250 stakeholders in consultation sessions designed to finalise a system of streamlined ethical review of multi-centre research. A system has been agreed upon and will be implemented in 2006/07.

PERFORMANCE INDICATOR
Consumer experience

Surveyed population rating their healthcare as 'excellent', 'very good' or 'good' (%) for:
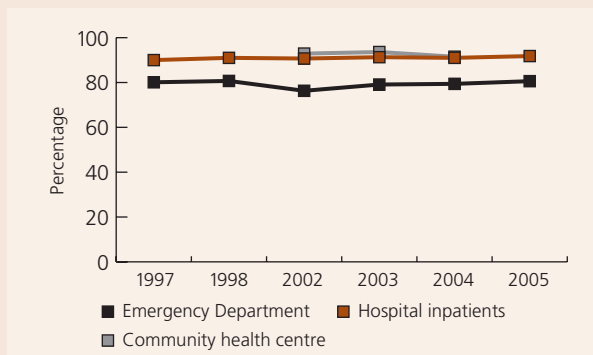
- hospital inpatients
- Emergency departments

Desired outcome
Increased satisfaction with health services.

Context
Health services should not only be of good clinical quality but should also result in a satisfactory experience of the 'patient journey'.

Surveyed population rating healthcare
– excellent, very good and good

Source: NSW Population Health Survey

Interpretation
Satisfaction ratings by health service users are collected as part of the NSW Population Health Survey. People who had attended a health service in the last 12 months were asked to rate the health care as 'excellent, very good, good, fair or poor'. In 2005 satisfaction (excellent, very good, good services) was highest with hospital inpatients (92 per cent) followed by emergency departments (81 per cent).

Those who were admitted to hospital were asked to rate the care they received. Overall, 46 per cent rated their care as excellent, 27 per cent as very good, 17 per cent as good, 5 per cent as fair, and 4 per cent as poor. The main reasons for rating care as fair or poor were: hospital could not offer required care (33 per cent), inadequate medication or management (26 per cent), not enough staff (26 per cent), poor attitude of clinical staff (22 per cent), communication problems (19 per cent), poor technical skill of clinical staff (15 per cent), poor quality accommodation (12 per cent), poor or inadequate food (8 per cent), and excessive waiting time for care (1 per cent).

Those who presented to an emergency department were asked to rate the care they received. Overall, 30 per cent rated their care as excellent; 29 per cent as very good; 22 per cent as good; 11 per cent as fair; and 9 per cent as poor. The main reason for rating care as fair or poor was waiting time (70 per cent). Other reasons included poor attitude of clinical staff (16 per cent), not enough staff (10 per cent), sent home without treatment or follow-up (10 per cent), communication problems (8 per cent), poor technical skill of clinical staff (7 per cent), inadequate or wrong medication or management (5 per cent), misdiagnosis or contradictory diagnosis (3 per cent) and poor quality accommodation (2 per cent).

Related policies/programs
- Sustainable Access Program
- Clinical Services Redesign Program.

Performance

PEFORMANCE INDICATOR
Complaints resolved within 35 days

Desired Outcome
At least 80 per cent of complaints to health services resolved within 35 days.

Context
Complaints to health services should be resolved as soon as practicable. This indicator identifies the better practice benchmark. Recognising that a proportion of complaints may involve complex issues that take longer to address, a benchmark of 80 per cent of complaints resolved within 35 days has been adopted.

Definition of terms
Proportion of complaints received from consumers that are finalised and complainant advised of the outcome within 35 calendar days of receipt of the complaint.

Complaints resolved

Numerator   The number of complaints resolved within 35 days within a selected date range

Denominator Number of complaints received within the selected date range

Area Health Service	Within 35 days	Total complaints received[1]	2005/06
Greater Southern	461	815	57%
Greater Western	383	648	59%
Hunter New England	885	1,459	61%
North Coast	840	1,166	72%
North Sydney Central Coast	796	1,297	61%
South Eastern Sydney Illawarra	861	1,414	61%
Sydney South West	1,202	1,522	79%
Sydney West	691	1,092	63%
Children's Hospital Westmead	13	14	93%
ASNSW	369	674	55%
Justice Health	171	220	78%
NSW Total	6,672	10,321	65%

Source: Incident Information Management System (IIMS) for all Area Health Services excepting Children's Hospital Westmead.

Notes: 1 Excludes complaints received from the Health Care Complaints Commission and complaints received through Ministerials.

Report generated 6 October 2006. Records with missing resolution dates were treated as not meeting target.

Interpretation
The Incident Information Management System was introduced as the new system for reporting complaints during 2005/06. The change in process may have affected the reporting of resolution dates, with the resultant affect on benchmarks. Further training of staff in regard to the recording and finalising of complaint information entered onto IIMS is occurring.

Related policies/programs
Initiatives introduced to improve patient complaint management and resolution include:

■ The Incident Information Management System (IIMS) provides a standardised means of recording and monitoring complaints from consumers. IIMS enables the monitoring of the timeliness of the health service's response to consumers and the recording of factors that may have contributed to the issues identified in the complaint.

■ The development of training modules and tools specifically designed for complaint data recording in IIMS.

■ Appointing a designated Senior Complaints Officer in every health service available 24 hours per day, seven days per week to register complaints and to ensure appropriate action is taken to resolve complaints from staff and from the community.

■ Establishing a Corporate Governance and Risk Management Branch within the Department of Health to lead the development, review and coordination of corporate governance and risk management processes across NSW Health.

This Branch monitors and coordinates the Department's response to external oversight bodies such as the HCCC, ICAC and the NSW Ombudsman's Office. It also monitors the responses by the Department and NSW Health to recommendations made by the Coroner, NSW Ombudsman and HCCC to ensure appropriate follow-up to recommendations occurs.

Although primary responsibility for complaints management still rests with the relevant Health Service if a complainant is dissatisfied with the Service's handling of a matter, they may refer their concerns to the Department for consideration by the Governance and Risk Management Branch.

■ The Statewide NSW Complaints Management Working Party was convened to revise the 1998 NSW Better Practice Guidelines for Frontline Complaints Handling. The Working Party developed a new complaint management policy directive with supporting guidelines to reflect new health service structures, responsibilities, legislation and reporting requirements. Complaints handling educational resources were developed to support health service staff in effective complaint management.

■ In addition to the revised *Complaints Management* policy new or revised policies on the following have been released:
    – Complaint or concern about a clinician.
    – Open disclosure.
    – Lookback policy.
    – Patient Identification (correct patient, procedure and site).
    – Incident management.

High quality clinical treatment

Medication Safety Strategy

NSW Health has started to implement a single, statewide, standard medication chart in all public hospitals. To be completed in 2006, this is the first of a range of initiatives to reduce adverse events associated with the medication management process. The NSW *Medication Safety Strategy* brings together a range of initiatives that address many of the steps in the prescribing, dispensing and administration of medication in NSW hospitals. The NSW implementation is part of a wider national initiative that will see a common medication chart nationwide.

Incident Management Program

A state-wide incident management program has been deployed across NSW Health to improve our health system and reduce harm to patients.

A single, state-wide electronic *Incident Information Management System* (IIMS) underpins the Incident Management Program and full deployment across NSW Health was completed to support the notification, investigation and action of incidents. Any employee in the NSW Health can notify an incident. Reporting adverse events has been a particular focus and all Area Health Services are now regularly and consistently receiving reports through the Incident Information Management System.

The level of reporting is now approaching the rate of healthcare incidents estimated from Australian and overseas research. While this will continue to improve, the *Incident Management Program* is providing NSW Health with reliable information from which lessons can be learned about system mistakes and failures. These lessons are leading to strategies to prevent recurrence and continuously improve patient care.

The *Incident Management Program* also ensures a standardised, robust process for the investigation of the most serious clinical incidents. The *Root Cause Analysis* (RCA) methodology is a legislatively required review of the incident determining how an incident occurred, why it happened and the underlying causes. In 2005/06 323 RCA's were completed and recommendations were widely implemented. Training in the RCA methodology was provided to 4,000 staff.

Clinical Governance Units are now well established across all Area Health Services ensuring safety processes are in place, incidents are reported, managed appropriately and improvements made.

Incident reduction

An educational video/DVD and a website were launched to demonstrate the application of the *Correct Patient, Correct Procedure Correct Site Model Policy*. These valuable resources enable clinicians to take a proactive, preventive approach to avoid procedures performed on the wrong patient or part of the body. The initiatives have contributed importantly to a reduction in wrong site surgery incidents across the State. Further initiatives to reduce incidents in radiology and other diagnostic areas have commenced.

Business Information Strategy (BIS) Program

This significant five year program addresses the overall information structure, architecture and availability at all system levels. It focuses on the timeliness, presentation and availability of information required for performance, evaluation and monitoring of the health system. Projects include trial frontline dashboards at hospitals, such as nurse support dashboards and hospital dashboards, right through to necessary process mapping, backend changes and re-engineering of the way department data is stored and managed. A business case for the program has been completed and submitted to be part of the IM&T Business Case for 2007/08.

Data Collection/Health Information Exchange (HIE) reforms

Significant investment and work has been directed at the existing NSW Health data collection processes, coordination and infrastructure to improve the quality and availability of data. Initiatives include the introduction of data liaison officers for AHS and other departmental functional groups, including a visit program, planning and approvals to decommission obsolete data collections and introduce new collections, improved governance and management. A new Information Management Committee and HIE Working Group have been established to improve processes for release management and change control, investment in new infrastructure/software to improve HIE performance and targeted training programs and skills development to improve staff skills.

Continuous improvement reporting

NSW Health has undertaken a number of initiatives relating to continuous improvement of general data and information reporting, including creating a streamlined reporting unit with an aligned function to integrate the SAS and Business Objects teams, better planning of routine reporting output to government and other agencies, and improved reporting presentation and formats.

Performance

Second Report on Incident Management in the NSW Public Health System 2004–2005

NSW is the first Australian state or territory to provide public reporting on all serious incidents that affect patients. This public reporting occurs annually. The *Second Report on Incident Management in the NSW Public Health System 2004–2005* was released in January 2006. It contained 429 serious (SAC 1) clinical incidents, representing less than three in every 10,000 admissions for the 2004/05 reporting period.

Acute Inpatient Modelling

Acute Inpatient Modelling (AIM 2005) was developed as an interactive PC-based planning tool to allow planners and policy makers to assess the impact of alternate acute inpatient demand/supply scenarios. The model takes a range of parameters affecting demand of health services to project future activity and distributes this activity to hospitals and Area Health Services.

Critical Care Adult Tertiary Referral Networks

The *Critical Care Adult Tertiary Referral Networks – Intensive Care Default Policy* was developed. The policy details critical care services in adult tertiary referral networks for all patients who are critically ill and require transfer to a tertiary facility. It also covers principles for medical retrieval.

PERFORMANCE INDICATOR
Rate of unplanned and unexpected readmissions within 28 days

Desired outcome

Improved quality and safety of treatment, with reduced unplanned events.

Context

The aim is to measure unintentional additional hospital care. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. However, other factors occurring after discharge may contribute to readmission, for example poor post-discharge care. Whilst improvements can be made to reduce readmission rates, unplanned readmissions cannot be fully eliminated.

Definitions of terms

- Unplanned hospital re-admission refers to an unexpected admission for:
  - further treatment of the same condition for which the patient was previously hospitalised
  - treatment of a condition related to one for which the patient was previously hospitalised
  - a complication of the condition for which the patient was previously hospitalised.
- Day stay patients are included in both the numerator and denominator figures. Day stay patients are those whose admission date equals the discharge date.
- Hospital in the Home patients and emergency department patients re-admitted to the emergency department only, are not included in this indicator.
- This indicator addresses patients re-admitted to the same hospital.

Type of Indicator

This is a comparative rate based indicator addressing the outcome of patient care.

Unplanned and unexpected hospital readmissions

Numerator   The total number of unplanned and unexpected re-admissions within 28 days of separation, during the time period under study

Denominator   The total number of separations (excluding deaths) during the time period under study
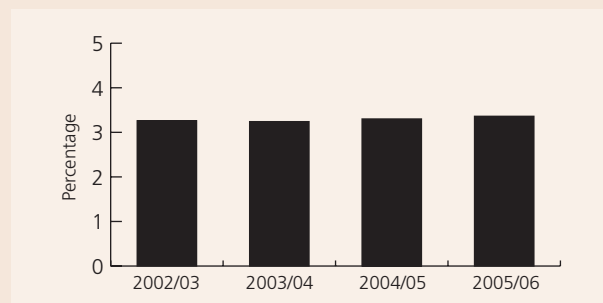
Source: Australian Council of Healthcare Standards (ACHS) July 2005 – June 2006

Interpretation

The number unplanned and unexpected hospital readmissions remains stable. Data is collected only from hospitals reporting indicator data to the ACHS, so the data is not drawn from a representative sample of hospitals.

PERFORMANCE INDICATOR

Unplanned re-admission into an intensive care unit (ICU),
up to and including 72-hours post-discharge from the intensive
care unit

Desired Outcome

Improved quality and safety of treatment, with reduced
unplanned events.

Context

Unplanned re-admission into an intensive care unit may
reflect substandard care. It may also reflect premature
discharge as a consequence of inadequate resources or
reflect the standard of ward care. From a patient perspective
unplanned readmissions are distressing for the patient
and family and often reflect further complications.

Definitions of terms

Unplanned re-admission – refers to an unexpected:

- re-admission for further treatment of the same
  condition for which the patient was previously
  admitted to the intensive care unit

- re-admission for treatment of a condition related
  to one for which the patient was previously admitted
  to the intensive care unit

- admission for a complication of the condition for
  which the patient was previously admitted to the
  intensive care unit.

The time frame of 72 hours is an arbitrary measure,
which aims to identify deficiencies in management rather
than complications/progression of the disease process.
Admissions after this time are more likely to be complications
of the disease process.

Type of Indicator

This is a comparative rate based indicator addressing the
outcome of patient care.

**Unplanned readmission into an ICU, up to and including
72 hours post-discharge from the ICU**

Numerator   The total number of unplanned re-admissions,
             as defined above, into an ICU within 72 hours
             of discharge from an ICU.

Denominator The total number of admissions into an ICU
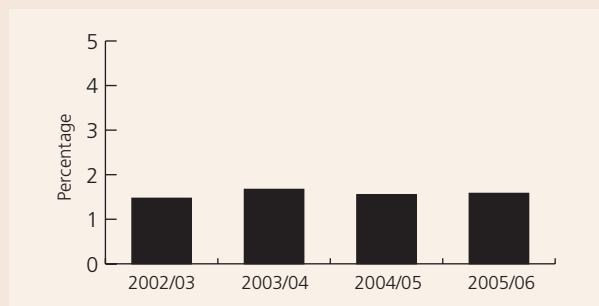
Source: Australian Council of Healthcare Standards (ACHS) July 2005 – June 2006

Interpretation

The number of patients returning to ICUs within 72 hours
of discharge remains stable. Data is collected only from
hospitals reporting indicator data to the ACHS, so the data
is not drawn from a representative sample of hospitals.

PERFORMANCE INDICATOR

Unplanned return to the operating room
during the same admission

Desired Outcome

Improved quality and safety of treatment, with reduced
unplanned events.

Context

Assesses the rate of patients who have to return to theatre
during their admission because of an unexpected or untoward
outcome of surgery. Patients might be returned to the
operating theatre unexpectedly if the initial care or treatment
was ineffective or unsatisfactory. For surgery, in particular,
unplanned readmissions may relate to earlier complications,
such as surgical site infections.

Definition of terms

- Unplanned refers to the necessity for a further operation
  for complication(s) related to a previous operation/
  procedure in the operating room.

- Return refers to re-admissions to the operating room
  for a further operation/procedure.

- An operating room is defined as a room, within a complex,
  specifically equipped for the performance of surgery
  and other therapeutic procedures.

- Day stay patients are included in both the numerator
  and the denominator.

- Patients returning to the operating room from the
  recovery room are included in the numerator figure.

- When there are multiple returns to the operating room
 for the one patient, that patient is counted only once.

Type of indicator

This is a comparative rate based indicator addressing the
outcome of patient care.

Return to operating room following booked surgery

Numerator   The number of patients having an unplanned return
             to the operating room during the same admission,
             during the time period under study

Denominator The total number of patients having operations or
             procedures in the operating room during the time
             period under study
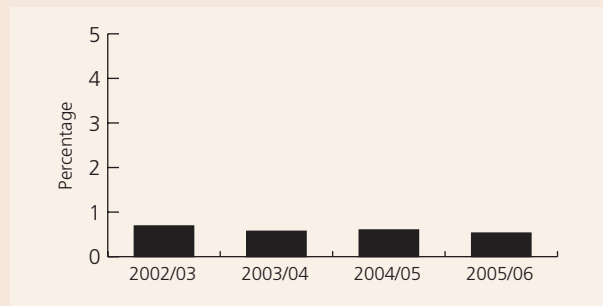
Source: The Australian Council of Healthcare Standards (ACHS) July 2005 – June 2006

Interpretation

The number of patients that have required a return to the
operating theatre has shown a slight decline. This improvement
has been achieved in the context of an increasingly sophisticated
and complex health care system where patients are treated
for conditions in ways that they would not have been treated
in years gone by.

Data is collected only from hospitals reporting indicator data
to the ACHS, so the data is not drawn from a representative
sample of hospitals.

PERFORMANCE INDICATOR
Mental health acute adult readmission within 28 days
to same facility

Desired outcome
Improved quality and safety of mental health services.

Context
A readmission to acute mental health admitted care within
a month of a previous admission may indicate a problem
with patient management or care processes. Prior discharge
may have been premature or support services in the
community may not have supported continuity of care for
this client.

Mental Health Acute adult readmission
– within 28 days to same mental health facility
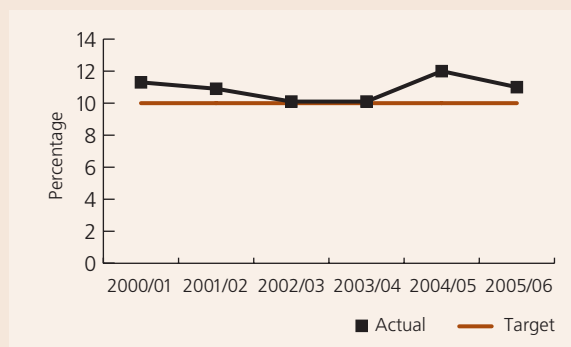
Source: Admitted Patient Collection on HOIST and HIE datamart

Interpretation
There has been a decrease in this indicator over the last
12 months to 11 per cent. However, there has been little
change in the readmission rate over the five year period
since 2001/02 and it has remained close to the target of
10 per cent. Some of these readmissions may have been
planned. The NSW Admitted Patient Collection does not
distinguish planned from unplanned readmissions.

Related policies/programs
With the allocation of Area level unique patient identifiers
to mental health client records in 2005/06, analysis has
commenced to improve the derivation of this indicator
so that admissions to other units may also be included.

A program of enhancements to bed numbers and
community services has commenced. This is aimed at
reducing pressure on acute beds which may cause
inappropriate early discharge and providing better
community support for newly discharged clients.

The *NSW: A new direction for mental health* document
outlines future initiatives to improve quality and safety of
mental health services.

Care in the right setting

Biopreparedness
Significant activity was directed towards countering the
threat posed by pandemic influenza and other infectious
disease capable of causing large-scale outbreaks.

The *Interim NSW Health Pandemic Action Plan* was
released in November 2005 and funding of $5.6 million
was allocated over three years for programs to
enhance preparedness for infectious disease
emergencies, including:

■ establishment of a dedicated Biopreparedness
   Unit within the Department of Health charged
   with maintaining a statewide approach to
   pandemic planning

■ increased capacity for surveillance, particularly
   in the rural and regional sector

■ employment of biopreparedness officers in each
   of the Area Health Services to progress local
   pandemic plans

■ using geographical information systems (GIS)
   to enhance resource mapping of critical care beds,
   antiviral agents, personal protective equipment,
   mechanical ventilators and other resources

■ inventory control and maintenance of the State's
   medical stockpile.

Simulation exercises to test plans is a key element
of emergency planning. In November 2005, NSW
Health participated in a national exercise designed
to test Australia's ability to withstand an incursion
of avian influenza into the country. Preparations also
began in earnest for a national pandemic influenza
exercise, *Exercise Cumpston*, planned to take place
in October 2006.

Bali emergency response
In early October 2005 Australians were shocked to learn
of a series of bombings in Bali which resulted in the
death and injury of tourists and local residents, including
a number of people from NSW. While most of us
watched in horror, many of our health professionals
were already working to provide the effective response
and to assist those Australians directly affected by
the disaster. NSW Health responded immediately by
providing emergency health care at the disaster site
and by setting up a 24-hour counselling support
telephone line to help relatives and families cope
with the shock and emotional impact of the tragedy.

The NSW Mental Health Support Line was staffed
by professional mental health counsellors who acted
as initial contact points for people seeking support
or counselling. Callers in need of assistance were
connected with a 24-hour trauma and grief counselling
service. The mental health team also provided links

to other resources including specialist NSW Area Health Service mental health teams.

NSW officials worked in conjunction with other States as part of the Commonwealth co-ordinated response, sending three doctors and three paramedics to Indonesia to provide medical support and assistance to Australians on their return flight to Australia. NSW Health also provided two forensic pathologists to assist in identification of people killed in the tragedy.

Infection Control

The Department brought together some of the country's leading experts on antibiotic resistant organisms together with health consumers and a range of health care professionals for the *Multi Resistant Organism Summit* in Sydney. The Summit was the result of a call by NSW to focus on the detection and containment of bacteria resistant to antibiotics that can cause serious disease amongst compromised patients in health care settings.

The Department has hosted a group of leading microbiologists and infection control experts working on a series of recommendations to the Government on how to improve the prevention and management of multi resistant organisms (MRO) in hospitals – particularly methicillin resistant Staphylococcus aureus (MRSA).

The expert advisory group, chaired by Professor Lyn Gilbert, a specialist in microbiology and infectious diseases at Westmead Hospital, is also overseeing the development of a detailed policy on multi resistant organism control and prevention including:

- Cost effective approaches to identifying patients who are infected with or carrying MRSA – particularly patients admitted to intensive care, those patients with elective joint replacement and cardiovascular surgery, and the isolation of patients who are carrying or are infected with MRSA.
- Controlling and monitoring antibiotic use by introducing electronic decision support and authorisation systems.
- Implementing standards for environmental cleaning in hospitals.
- Improving surveillance of MRO infections and colonisation.

The expert advisory group has already overseen the development of information for patients and relatives about MROs and isolation procedures if colonisation or infection occurs and what they can do to help prevent transmission.

Measles outbreak

From March to May 2006, NSW experienced its largest measles outbreak for many years, involving 59 cases. The outbreak had two overlapping components. The first, involved eleven cases that were linked to attendance at a hospital emergency department. The second, involved 27 cases that were direct contacts of a national tour of a visiting spiritual leader, and numerous subsequent secondary cases. With each identified case, NSW Health's network of Public Health Units initiated urgent containment measures involving over 1,760 contacts. NSW Health investigated the epidemiological features of the outbreak and, with the guidance of an expert panel, reviewed its control protocols, communicated prevention and control advice to health professionals, hospitals, childcare centres and laboratories across the State. The free MMR vaccine was provided for all susceptible people.

NSW Public Health Disaster Capacity

The NSW public health system has an excellent record in counter-disaster planning and response and is well prepared for any disaster or terrorist threat contingency that might arise. The NSW Health Counter Disaster Unit is responsible for planning the response by Ambulance and health services to major incidents and disasters in NSW and provides detailed plans for all contingencies, including terrorist attacks.

Providing health care after disasters has always been part of the operation of the NSW health system. Clearly, a large-scale disaster requires a different approach but this is where the Counter Disaster planning contingencies come into play. Results of planning exercises and capacity studies indicate that appropriate trauma resources, including ICU and High Dependency beds, can be rapidly made available.

In recent times the Counter Disaster Unit's resources have been bolstered to deal with a chemical, biological or radiological attack. NSW Health's trauma system is not a stand-alone system, but forms part of the integrated critical care services that makes use of the state's network of intensive care beds and specialist burns units.

Performance

PERFORMANCE INDICATOR
Potentially avoidable hospital separations

Age adjusted rate per 100,000 population:

- Vaccine Preventable, Acute Conditions, Chronic Conditions.
- Top five Chronic: Diabetes complications; Chronic obstructive pulmonary disease; Angina; Asthma; Congestive heart failure.
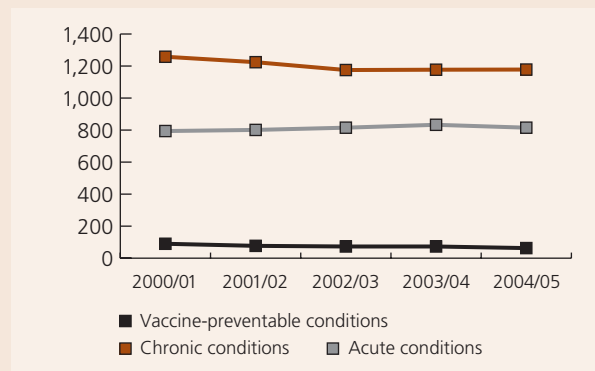- Aboriginal, Non-Aboriginal.

Desired outcome
Improved health and quality of life, including independence for people who can be managed in the community setting, while reducing unnecessary demand on hospital services.
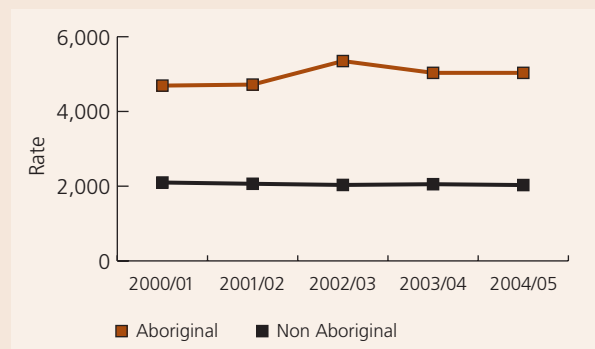
Context
There are some conditions for which hospitalisation is considered potentially avoidable through early management, for example by general practitioners and in community health settings.
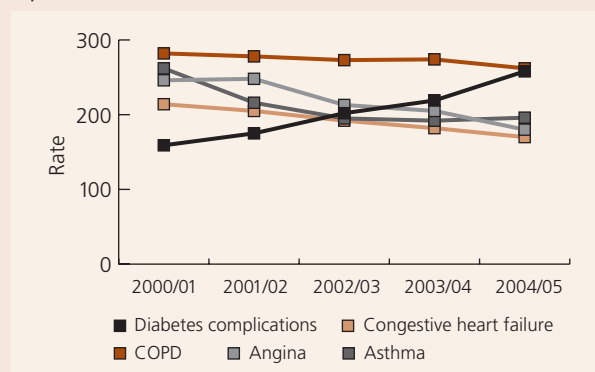
Potentially avoidable hospital admissions
– age adjusted rates per 100,000 population

Aboriginal status

Top five chronic conditions

Source: Inpatients Statistics Collection and ABS population estimates (HOIST)
Centre for Epidemiology and Research, NSW Department of Health

Interpretation
All rates are per 100,000 population, age adjusted.
The conditions reported in the graph are:

- Vaccine-preventable conditions.
- Chronic conditions (including diabetes complications, COPD, angina, asthma, and congestive heart failure).
- Acute conditions.

Between 2000/01 and 2004/05 rates of potentially avoidable hospitalisations have continued to drop from 90 to 64 per 100,000 population for vaccine-preventable conditions. While the rates of acute conditions have steadily risen from 933 in 2000/01 to 975 in 2003/04, there was a drop this past year to 952 per 100,000 population. Overall, the rate of chronic conditions has reduced from 1,257 in 2000/01 to 1,175 in 2004/05. However the rate of diabetes complications continues to rise from 159 per 100,000 population in 2000/01 to 258 per 100,000 population in 2004/05.

The rates for Aboriginal people and non-Aboriginal people are compared because of the differences between these groups in health status and access to health services. Aboriginal people experience a much higher rate of potentially avoidable hospitalisation. The year-to-year variations in the reported rates may be due to inaccuracies in identifying these people in hospital records.

Related policies/programs

- NSW Immunisation Strategy 2003–2006.
- NSW Chronic Disease Prevention Strategy.
- Clinical Service Re-Design Project to provide an electronic medical record for chronic disease management across the continuum that will also monitor key performance indicators (Community Health Information Management Enterprise – CHIME).
- *My Health Record* – the patient held medical record.
- Healthy People 2010.

Initiatives under the NSW Chronic Care Program include:

- NSW Chronic Disease Strategy 2006–2009 that defines the elements required for best practice chronic care to be implemented in all Areas.
- NSW Rehabilitation for Chronic Disease to guide best practice rehabilitation for residents with or at high risk of chronic disease.

Initiatives under the Aboriginal Chronic Care Program include:

- Aboriginal Chronic Conditions Area Health Service Standards that guide Areas in providing culturally appropriate chronic care services for Aboriginal people.
- Aboriginal Chronic Care Program to support initiatives across NSW for Aboriginal people at high risk or with chronic disease.

Future initiatives

Aboriginal Health Impact Statement

The revised *Aboriginal Health Impact Statement* will be released in 2006/07. The Statement provides NSW Health, the agencies it funds, its consultants and contractors with a unique instrument to facilitate the systematic inclusion of Aboriginal health needs and priorities in processes for developing and reviewing initiatives. NSW Health is a leader in this field with the *Aboriginal Health Impact Statement* model being adopted by other States and Territories in Australia.

NSW Health Capacity Building Infrastructure Grants program

Round two of the *NSW Health Capacity Building Infrastructure Grants Program* runs from 2006/07 to 2008/09, with almost $9 million in funding to be distributed over the three year period.

Streamlined ethics review

A new system of streamlined ethical review of multi-centre research is to be implemented by NSW Health. Each multi-centre project will be reviewed only once by an accredited 'lead' ethics committee which has expertise in that field of research.

Centre for Health Record Linkage

NSW Health will work with partners including the Cancer Institute NSW, NSW Clinical Excellence Commission, The Sax Institute, University of Sydney, University of Newcastle, University of New South Wales and ACT Health to establish and operate the Centre for Health Record Linkage. With ethical oversight, the Centre will provide a mechanism for de-identified linked health data to be provided for use in research, planning and evaluation of health services.

Report of the Chief Health Officer 2006

The 2006 edition of the biennial Report of the Chief Health Officer on the Health of the People of NSW will be published in hard copy and on the Department's website. This sixth edition of the report will present updated information on key health indicators, and new information on topics including the health of Aboriginal residents of NSW and the health of people living in rural and remote areas of the State, and maps of key indicators by local government area.

Other future initiatives:

- Review health needs indices in the Resource Distribution Formula.
- Finalise Mental Health Resource Distribution Formula.
- Release state-wide Multi-Purpose Service operational guidelines.
- Develop web-based software linked to the Patient Administration System to collect sub and non-acute data and provide data access to users.
- Develop an *Integrated Primary and Community Health Policy* to improve access and appropriate health care for all people in NSW through the development of a more robust, integrated primary and community health sector, and identify challenges and priorities for action. An MOU between NSW Health and the Alliance of NSW Divisions of General Practice will be developed.
- Complete the review of the Public Patients' Hospital Charter *You and Your Health Service*, an Australian Government requirement under the Australian Health Care Agreement 2003–2008.
- Develop and implement the NSW Health *Consumer and Clinician Engagement Policy*.
- Release the *Role Delineation Framework for palliative care services in NSW* to assist service providers develop a single system of care with seamless referral and case management of patients.
- Develop the Renal Services Plan for NSW to 2011.
- Develop acute inpatient projections methodology and develop a planning methodology for sub-acute services.
- Finalise Emergency Department Activity Plans.
- Develop a Bone Marrow Transplant Service Plan.
- Implement recommendations from the independent Review of the State Government Residential Aged Care Program.
- Implement significant initiatives announced under the COAG Health Reform Agenda, including funding to strengthen the Aged Care Assessment Program and collaborative programs to improve the care of older people waiting in public hospitals for residential aged care.

We manage health services well

NSW Health is made up of a professional team of workers, both paid and voluntary, who are committed, resourceful and dedicated to delivering quality health services to the people of NSW.

Sound resource and financial management

To support our staff to do their work in diverse and complex environments, sound resource and financial management and strong corporate and clinical governance are essential. We need to ensure that the resources available to the health system are managed effectively so we can continue to meet the increasing demand for services. We must also ensure that input from clinicians and the broader community is sought about how available funds are usded.

Australian Health Care Agreement Compliance

NSW Health implemented the *2003–2008 Australian Health Care Agreement*, including reform and compliance. NSW has achieved 100 per cent compliance since signing the Agreement.

The Agreement requires that on a cumulative basis the funding from NSW's own sources grows at a rate at least consistent to the funding provided by the Australian Government. In 2004/05 funding grew at a faster rate (9.5 per cent) than the Australian Government's growth rate (5.1 per cent). The cumulative rate of increase in the 2003 to 2005 period was 28.9 per cent for NSW compared to the Australian Government's 9.8 per cent.

Health Reform through the Council of Australian Governments

The Council of Australian Governments (COAG) agreed on 10 February 2006 to a range of health reform measures. The Inter-Government and Funding Strategies Branch has been working collaboratively with other parts of the NSW health system to progress implementation of the reforms including: *Australian Better Health Initiative* (focussing on health promotion and illness prevention), improving services for older people waiting for residential care, developing a national health call centre network, and improving access to Primary Care Services in Rural Areas.

COAG also agreed to progress the *National Reform Agenda*, which comprises three streams: competition, regulatory reform and human capital. Work on human capital reform is focusing on achieving outcomes in the areas of health, education, early childhood and work incentives.

Department of Veterans' Affairs Agreement

A new, long-term agreement with the Australian Government Department of Veterans' Affairs was successfully negotiated to provide health services to veterans and war widows and widowers. Since the transfer of the Repatriation General Hospital, Concord to NSW in 1993, NSW Health has provided health care to the veteran community and their dependants through NSW public hospitals and health care facilities. The six year arrangement will enable NSW Health to continue to provide the veteran community with the best possible health care.

PERFORMANCE INDICATOR
Net Cost of Service General Fund (General)

Variance against budget.

Desired outcome
Optimal use of resources to deliver health care.

Context
Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude the:

■ effect of Special Purpose and Trust Fund monies which are variable in nature dependent on the level of community support

■ operating result of business units (eg linen and pathology services) which traverse a number of health services and which would otherwise distort the host health service's financial performance

■ effect of Special Projects which are only available for the specific purpose (eg Oral Health, Drug Summit).

Health Service	2005/06 Budget $M	Variation from Budget $M	%
Sydney South West	1,566.8	(0.2)	0.0
South Eastern Sydney/Illawarra	1,363.1	(2.0)	(0.1)
Sydney West	1,158.2	(0.1)	0.0
North Sydney/Central Coast	1,039.7	1.1	0.1
Hunter/New England	1,037.8	5.2	0.5
North Coast	598.6	0.7	0.1
Greater Southern	614.6	14.8	2.4
Greater Western	496.1	3.6	0.7
NSW Ambulance Service	312.2	3.2	1.0
Children's Hospital at Westmead	91.6	5.3	5.8
Justice Health	65.0	0.2	0.3
Issued Budgets	8,343.7	31.8	0.4
2004/05 Result	7,723.2	(9.0)	(0.1)
2003/04 Result	7,156.8	24.7	0.3

Note: Brackets denote favourability

Interpretation
The aggregated result was within 0.4 per cent of issued budgets. Both Greater Southern Area Health Service and the Children's Hospital at Westmead have been required to implement various strategies in order to realign expenditure to available funds in 2006/07. As all Health Services are considered to be 'going concerns', the variations reported by other health services, when reviewed over more than one financial year, are acceptable.

PERFORMANCE INDICATOR
Major and Minor Works

Variance against BP4 total capital allocation.

Desired outcome
Optimal use of resources for asset management

Context
Variance against approved total BP4 capital allocation and difference to actual expenditure achieved in the financial year is used to measure performance in delivering capital assets. The desired outcome is 0 per cent, that is, full expenditure of the NSW Health Capital Allocation for major and minor works.

Major and minor works – variance against BP4 capital allocation
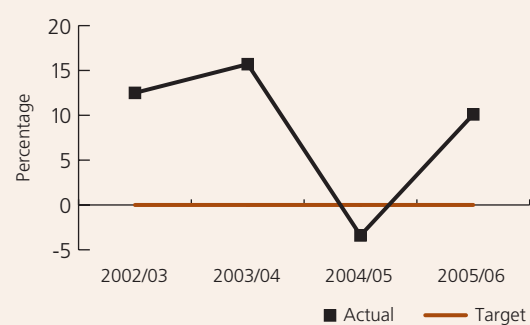
Source: Asset Management Services

Interpretation
Actual expenditure of $693.1 million for 2005/06 is a favourable result against the BP4 allocation of $646.4 million and shows considerable improvement from 2004/05. The additional expenditure was largely due to additional Treasury approvals for the purchase of equipment items.

Related policies/programs
Strategies to achieve the desired outcome of 0 per cent during 2006/07 include:

■ Continual review and monitoring of the Health Asset Acquisition Program against expenditure projections.

■ Continued centralised control of projects with a value greater than $10 million through the Major Projects Office.

■ Ongoing program of Area Health Services Chief Executive program review meetings to monitor project progress.

Performance

Skilled, motivated staff working in innovative environments

Rarely a dull moment. For 31 years I have enjoyed working in a system that provides a variety of opportunities and work environments. Despite the ever-changing nature and complexity of NSW Health, the work has been both professionally challenging and rewarding, and the contact with such a diverse range of people has been interesting and enjoyable. Through active support and mentorship of staff, it is satisfying to see a number of them excel and be promoted. Having worked primarily in human resources and employee relations, it has provided an opportunity to hopefully make a positive contribution to the system as a whole, and more recently be of support to people during times of significant change and transition in Health. Juliette Sharman, Staff Member of the Year.

2005 NSW Health Awards

The *NSW Health Awards* were established in 1999 to acknowledge the outstanding work of health professionals in quality, innovation and excellence. The Awards demonstrate the high level of initiative and dedication of NSW Health staff to working towards a better health system by contributing to ongoing improvements in clinical quality, safety and performance.

The *2005 NSW Health Awards* received a total of 229 entries across ten categories. Justice Health won both the Minister's Award and the Efficiency category for the Metropolitan Remand and Reception Centre (MRCC) *Improving Efficiency of Mental Health Access Project.* Other award winners for 2005 were:

Director General's encouragement award
Improving Patient Safety and Care through Culture Change, Greater Southern Area Health Service

Safety of health care (joint winners)
Rapid Screening of Hospital Mortality, Sydney South West Area Health Service
SWAHS Pressure Ulcer Prevention (PUP Project), Sydney West Area Health Service

Effectiveness of health care (joint winners)
Children's Emergency Care Project, Hunter New England Area Health Service
Restrictive Blood Transfusion Practices Following Primary Unilateral Total Knee Replacement, Sydney South West Area Health Service

Appropriateness of health care
Optimising Appropriate Clinical Care of Low Trauma Fracture Patients in Royal Prince Alfred Fracture Clinics
at the Institute of Rheumatology and Orthopaedics, Sydney South West Area Health Service

Consumer participation in health care
Mubali, Hunter New England Area Health Service

Access to health services
Open Access to Blacktown-Mt Druitt Imaging Department, Sydney West Area Health Service

Efficiency in health care
Metropolitan Remand and Reception Centre Improving Efficiency of Mental Health Access, Justice Health

Competence in health care
Infectious Disease Outbreaks: An Innovative Approach to Evaluate and Improve Public Health Interventions, Sydney South West Area Health Service

Continuity of care
Improving Patient Care Outcomes in a Sub-Acute Unit, Northern Sydney Central Coast Area Health Service

Education and training
Enhancing Clinical Skills of Rural and Remote Workforce: Intravenous Cannulation – A National Unit of Competence, Hunter New England Area Health Service and TAFE NSW New England Institute

Best rural AHS performance for managing emergency patients
Greater Western Area Health Service

Best metropolitan AHS performance for managing emergency patients
Hunter New England Area Health Service

Most improved AHS for performance for managing emergency patients
The Children's Hospital at Westmead

Greatest reduction in ready for care waiting list
Sydney South West Area Health Service

Best performing hospitals
Canterbury Hospital
Prince of Wales Hospital
John Hunter Hospital
Nepean Hospital
Manly Hospital

Rural Health Conference

The second NSW Rural Allied Health Conference was held in October 2005. The event provided rural allied health professionals the opportunity to showcase their work, projects and research being undertaken in rural, regional and remote NSW. The Conference was highly rated by delegates with positive feedback received about breadth of topics, quality of presentations, multidisciplinary approach and transferability of ideas and initiatives across professional groups.

Smokecheck

Smokecheck is a culturally appropriate tobacco prevention project developed by NSW Health in partnership with the Aboriginal Health and Medical Research Council. The project aims to build the capacity and skills of Aboriginal health workers to implement programs to reduce smoking prevalence among the NSW Aboriginal population. It receives almost $1 million in funds over two years from NSW Health and the Cancer Institute NSW.

Bug Breakfast

Bug Breakfast is a monthly series of hour-long breakfast seminars for health service staff on communicable diseases, such as Pandemic Influenza Planning. There was a high level of interest and participation in the seminars in 2005/06, with over 50 participants attending each session in person, and up to 19 sites linked by videoconference.

Development of problem based learning

Following the success of rural and remote problem-based learning exercises for trainees on the Public Health Officer Training Program held in Broken Hill and Lismore, problem-based learning will be developed as a regular way of delivering future training. The exercises have helped trainees to develop a greater appreciation of, and familiarity with, rural communities and an understanding of how public health is practiced in these settings.

Knowledge management

The *Clinical Services Redesign Program* is developing a knowledge management strategy and programs for NSW Health to improve patient journeys through the health system. Key achievements to date include procuring a search engine and portal for 11 sites to enhance innovation and lessons learnt, hosting a series of master-classes with key local and international thought leaders, completing a Social Network Analysis to determine the level of interactions for innovation sharing across the health system and purchasing ARCHI as a knowledge sharing website for NSW.

NSW Aboriginal Health Awards

The *NSW Aboriginal Health Awards* were established in 2004 to recognise the positive contribution of individuals, agencies and communities to outstanding service and innovation in Aboriginal health care. The Awards recognised a diverse range of programs, and services and acknowledged people who are dedicated to working together in partnership to deliver high quality care in urban, rural, regional and remote communities.

The *Koori Fathering Program* in the North Coast Area Health Service is a locally developed 15-week course offering Aboriginal men, their partners and children a new beginning by increasing their knowledge of childhood development, improving communication and sharing positive disciplinary strategies.

Pharmacy Partners is a partnership between Walgett Pharmacy and Walgett Aboriginal Medical Service Cooperative to supply S100 medications, undertake medication reviews and support the Walgett Aboriginal Medical Service Cooperative to establish systems.

Yalmambila Dhaany (The ones who teach others) is an Aboriginal women's peer education program in Greater Western Area Health Service. The program extends the *Aboriginal Maternal and Infant Health Strategy* through education sessions on a range of health issues for mothers and their young children. The program has a community development focus and encourages women to re-enter the formal education system.

Mentoring program

Funding was secured from the Australian Government to establish a training, supervision and mentoring program for staff new to cancer services in the Greater Western Area Health Service hospitals. The program is linked to Liverpool Hospital Cancer Services.

PERFORMANCE INDICATOR
Staff Turnover

Permanent staff separation rate.

Desired outcome
To reduce/maintain turnover rates within acceptable limits to increase staff stability and minimise unnecessary losses.

Context
Human resources represent the largest single cost component for NSW Health Services. High staff turnover rates are associated with increased costs in terms of advertising for and training new employees, lost productivity and potentially a decrease in the quality and safety of services and the level of services provided.

Factors influencing turnover include: remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover. Note that high turnover can be associated with certain facilities, such as tertiary training hospitals, where staff undertake training for specified periods of time. Also, certain geographic areas attract overseas nurses working on short-term contracts.

Staff Turnover – permanent staff separation rate (%)
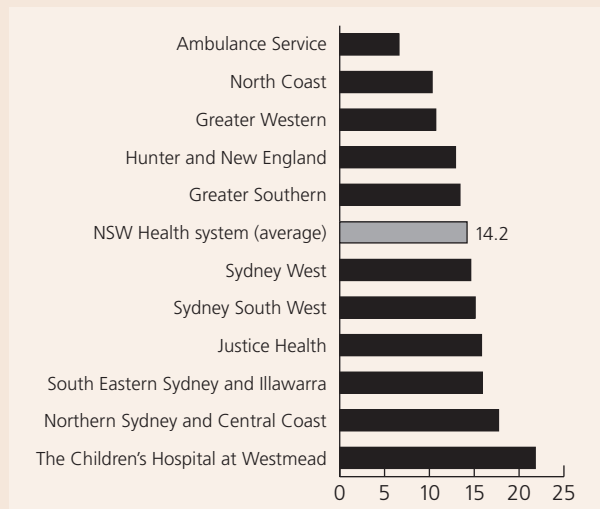
Source: DOH-HR – Premier's Workforce Profile Data Collection.
Excludes Third Schedule Facilities.

Interpretation
In 2005/06 the average staff turnover for permanent staff employed within the NSW health system was 14.2 per cent. The Ambulance Service of NSW, a statewide service, recorded the lowest turnover rate of 6.6 per cent while The Children's Hospital at Westmead, a single facility, recorded the highest at 21.8 per cent. As indicated, factors influencing turnover vary considerably between hospitals and Health Services. Health Services with tertiary training facilities will have higher turnover of medical and nursing staff.

Related programs/policies
- Flexible work policies
- Family Friendly work policies
- Continuation of strategies aimed at recruitment and retention of clinical staff within the system.

PERFORMANCE INDICATOR
Clinical staff as a proportion of total staff

Medical, nursing, allied health professionals, other professionals, oral health practitioners and ambulance clinicians

Desired outcome
Increased proportion of total salaried staff employed that provide direct services or support the provision of direct care.

Context
The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprises medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals, such as counsellors and Aboriginal health workers. These groups are primarily the front line staff employed in the health system.

In response to increasing demand for services, it is essential that the numbers of front line staff are maintained in line with that demand and that service providers re-examine how services are organised to direct more resources to frontline care. Note that the primary function of a small proportion of this group may be in management or administration, providing support to frontline staff.

Medical, nursing, allied health professionals, other professionals, oral health practitioners and ambulance clinicians as a proportion of total staff (%)

June 2003	June 2004	June 2005	June 2006
63.7	64.2	64.1	65.3

Interpretation of NSW Statewide result
From June 2003 to June 2006, the percentage of 'clinical staff', as a proportion of total staff increased from 63.7 per cent to 65.3 per cent or an additional 5,404 health professionals working in the public health system. From June 2005 to June 2006 the NSW public health system employed an additional 364 medical practitioners, 1,397 nurses and 274 allied health professionals. The increase reflects the on-going commitment of NSW Health and its Health Services to direct resources to frontline staff to meet strong growth in demand.

Related policies/programs
- Continuation of strategies aimed at recruitment and retention of clinical staff within the system.
- Continuation of the Shared Services and Corporate Reforms Strategies.

Strong corporate and clinical governance

The establishment of the Department of Health's Corporate Governance and Risk Management Branch was an important step towards a strong, organisational focus on corporate governance. The Branch has brought together the functions of risk management, regulatory affairs, corporate governance, external relations and employment screening and review and has enabled a strategic perspective to policy and priority setting.

Clinical governance is overseen by the Department of Health's *NSW Patient Safety and Clinical Quality Program* which provides a framework for significant improvements to clinical quality in our public health system and ensures that patient safety and excellence is the top priority for the NSW health system. The Quality and Safety Branch is responsible for:

- setting standards for Area Health Service quality systems
- developing policies on quality and safety for state-wide implementation
- developing and reporting on system-wide quality indicators
- monitoring and analysing serious clinical incidents, and taking appropriate action such as advice and warnings to the health system
- overseeing state-wide clinical governance issues
- overseeing consistent implementation of the NSW Patient Safety and Clinical Quality Program.

Clinical governance units have been established in all Area Health Services and are responsible for overseeing and monitoring quality work and initiatives in health services.

Safety Alert Broadcast System

The *Safety Alert Broadcast System* (SABS) was introduced during the year as a key method of providing essential safety information to NSW Health. It provides an early and rapid warning of issues affecting patient safety and clinical quality. Each Health Service is required to confirm the action that has been taken in response to each alert.

Issues addressed through the SABS in 2005/06 included the care and operation of infusion pumps and the degradation of implantable pacemakers late in the life of these devices.

Management of complaint or concern about a clinician

NSW Health has established a consistent and reliable way of handling concerns or complaints about clinicians. The process has been implemented state-wide to ensure prompt and effective investigation is undertaken into concerns or complaints and that appropriate action is taken. The consistency and transparency of the process ensures that natural justice is afforded to all people involved.

Performance

Future initiatives

Evaluation Framework for the Centre for Aboriginal Health

An evaluation framework is being developed for key Aboriginal health programs funded by the Department. The Framework will enable assessment of key elements of the new *Aboriginal Health Program*.

NSW Aboriginal Health Partnership

The *NSW Aboriginal Health Partnership Agreement*, between the Aboriginal Health & Medical Research Council of NSW and the NSW Minister for Health, is the forum for the interface between the public health system and Aboriginal community controlled health services. The Agreement will be revised to incorporate changes to governance in Aboriginal affairs.

NSW Aboriginal Health Information Guidelines Review

The current Guidelines, which were released in 1998, will be revised to reflect changes to information technology, current approaches to information management and current privacy legislation and policy.

Resource Distribution Formula for Area Aboriginal Health Program Funds

The development and implementation of a *Resource Distribution Formula* will provide for equitable and transparent allocation of funds using population and morbidity-based data to establish need, and provide for flexibility within Areas for addressing ongoing and emerging Aboriginal health issues.

Integrated Primary Health and Community Care Services

In 2006/07 it is planned to establish between four and eight Integrated Primary Health and Community Care Services using capital funding provided by the State Government. The involvement of general practitioners and Divisions of General Practice will be pivotal to the successful provision of these integrated local services.

After Hours General Practice Clinics Co-located with Hospitals

In 2006/07 it is planned to establish up to 10 After Hours GP clinics collocated with hospitals in order to improve community access to after-hour primary care services.

Australian Health Care Agreement

NSW Health will participate in the review of the *Australian Health Care Agreement* through the process initiated by the COAG Human Capital Working Group. The current Agreement will expire in June 2008. NSW Health will collaborate with other states and territories to renegotiate the next Australian Health Care Agreement and to participate in any national health programs.

Rehabilitation Clinician Support Network

The Clinician Network Project Officer will develop and implement a framework for a rural rehabilitation clinician network with a view to identifying generic properties and features that can be applied to other clinician groups with expertise in the rehabilitation and recovery of clients with mental and physical health needs.

Rural Research Capacity Building Program

This program is being developed through partnerships with Departments of Rural Health and Clinical Schools at NSW universities. It will provide 30 individuals with the opportunity to undertake training in research principles, and continue in a supported environment to undertake a research project over the subsequent one or two years.