Strengthen primary health and continuing care in the community
Strategic direction three

NSW Health is striving for a health system that helps people to access most of the health care they need through a network of primary health and community care services across the public and private health systems.

Primary health services include general practice, community health centres and community nursing services, youth health services, pharmacies, allied health services, Aboriginal health and multicultural services. They are provided in both public and private settings and by specific non-government organisations.

Early intervention principles are embedded into our delivery, leading to improved health outcomes and reduced avoidable hospital admissions.

Reduced avoidable hospital admissions

There are over one and a half million hospital admissions every year in NSW and demand for services continues to grow. Patients tell us that if treatments could be safely delivered in the community or at home, they would prefer not to have to be admitted to hospital.

Reducing avoidable hospital admissions through early intervention and prevention will lead to improved health outcomes and enable better management of hospital resources.

NSW Health aims to reduce avoidable hospital admissions by 15 per cent within five years through early intervention and prevention and better access to community based services.

Health Care at Home
NSW Health has expanded services under the Health Care at Home strategy. A total of $40 million in recurrent funding has been provided to better manage the frail elderly and those with chronic disease. Under the program, specific emphasis has been placed on strategies to manage people at home for conditions amenable to home visits by treating nurses, packages of care to speed up the transfer of patients from hospital back into the community and the delivery of rehabilitation for patients with chronic disease.

HealthOne NSW program
The NSW Government committed $52 million in capital and recurrent funds over five years to 2010/11 for the establishment of HealthOne NSW services across the State.

HealthOne NSW services bring together GPs, community health workers, allied health and other medical professionals in 'one stop shops' in community settings. These services will focus on keeping people well and out of hospital through disease prevention and early intervention strategies, as well as providing continuing care for people with chronic illness.

Work is underway to identify information management and technology solutions to support the integration of general practice and community health staff in HealthOne NSW services.

Improved health for Aboriginal communities

Reducing avoidable hospital admissions for Aboriginal people is a high priority as their health outcomes are significantly worse than for the rest of the State's population.

NSW Health aims to reduce hospital admissions by 15 per cent over five years for Aboriginal people with conditions that can be appropriately treated in the home.

Reducing the impact of syphilis in Aboriginal communities
In 2006/07, NSW Health ran a project to inform strategy development on eliminating syphilis in Aboriginal communities. The project reviewed Australian and international literature and analysed data and consulted with key stakeholders. Strategies identified will enhance inter-organisational partnerships and service capacity.

Improved outcomes in mental health

Following the release of NSW: A New Direction for Mental Health in June 2006 much has been achieved in improving outcomes for people with mental illness.

Housing and Accommodation Support Initiative
In 2006/07, an extra 850 placements under the Housing and Accommodation Support Initiative were made available for people with a mental illness. This has already had a positive impact on the people participating with increased participation in the workforce and community activities and reduced hospitalisation rates.

Expanding emergency psychiatric services
Emergency care for people with a mental illness continues to improve with the roll-out of Psychiatric Emergency Care Centres to nine locations across the greater Sydney metropolitan area in Liverpool, Nepean, St George, St Vincent's, Hornsby, Wyong, Blacktown, Campbelltown and Wollongong hospitals.

A further two locations are providing psychiatric services in emergency departments while the psychiatric emergency care centres are under construction

In 2006/07, implementation of the Rural Critical Care Services model of care began. Major developments include:

◗ Appointment of project officers in four rural Area Health Services.

◗ Initial implementation of the mental health retrieval model.

◗ Commencement of the Albury Resource Centre (available 24 hours, seven days a week).

◗ Tele-health equipment supplied at Wagga Wagga, Narrandera, Temora and West Wyalong to provide emergency departments with remote patient support.

◗ Developments in provision of safe assessment emergency department rooms at Mudgee and Walgett.

Funding was also provided to support the NSW Ambulance Mental Health Plan implementation and the adoption of mental health as a priority care category. This has allowed the development of a comprehensive training program and the trial of a restraint device for transporting behaviourally disturbed patients.

Youth mental health pilot
During 2006/07, a pilot youth mental health service called Y-Central was set up in the Northern Sydney Central Coast Area Health Service. The pilot is developing principles for establishing responsive and accessible youth mental health services in youth-friendly settings that also include access to primary health, drug and alcohol and other services. The focus of the service is on early intervention, prevention, flexible approaches to service provision and early access.

Drought initiatives
In October 2006, following consultation with NSW Farmers Association, the NSW Government announced a $1 million drought mental health assistance package. The package includes six additional mental health workers across rural NSW, 50 mental health first aid training sessions for frontline service providers and 15 mental health workshops to be held throughout rural and regional NSW. In addition, 2,000 mental

health resource packages have been collated to assist frontline health and agriculture support workers to better integrate services.

Other Highlights

Rural research capacity building program
Several projects supported by the NSW Institute of Rural Clinical Services and Teaching under the rural research capacity building program have a focus on strengthening primary health care and care in the community.

Initiatives include a comparison of intake strategies across a range of rural community health sites and delivering early psychosis mental health services to young people in rural communities, including finding the young people and developing service models that resonate with them.

Enhancements for rural hospitals
In 2006/07, NSW Health developed the $2 million Rural Minor Works Program, which provided enhancements to Bega, Canowindra, Dubbo, Goulburn, Griffith, Lithgow, Moree, Port Macquarie, Shoalhaven and Wilcannia.

In addition, the Department developed a $1.5 million program to establish and enhance specialised stroke services in rural areas including Armidale/Tamworth, Bathurst/Orange, Dubbo, Shoalhaven and Wagga Wagga.

Rural Clinical Locum Program
A range of new projects were funding under the 2006/07 Rural Clinical Locum Program. Projects include:

◗ The Rural Remote Nursing Exchange Program at the Greater Western Area Health Service ($1.04 million). This program provides nurses in rural and remote locations with the opportunity to undertake a clinical placement in a larger centre with backfill provided by nurses from Sydney South West Area Health Service.

◗ The Allied Health Locum Project – Greater Southern, Greater Western and Hunter New England Area Health Services ($3.04m). This project is a trial of three different models of locum service provision for physiotherapy, occupational therapy and speech pathology.
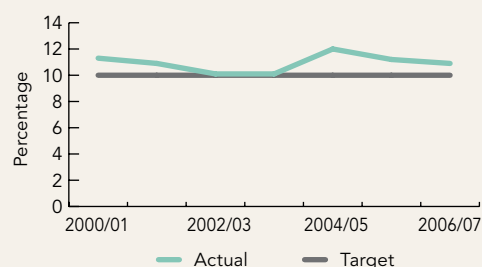
Mental health acute adult readmission

Desired outcome
Rates of mental health readmission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context
Mental health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. 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 services in the community may not have adequately supported continuity of care for the client.

Mental Health acute adult readmission within 28 days to same facility (%)

Source: Admitted Patient Collection on HOIST and HIE Datamart

Interpretation
There has been a continuing decrease in this indicator over the last 12 months to less than 11 per cent. Over the five-year period since 2001/02 the indicator 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 and programs
With the allocation of Area Health Service 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 the quality and safety of mental health services.

PERFORMANCE INDICATOR

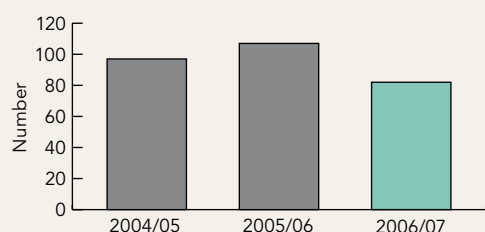### Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service

Desired outcome
Minimal number of suicides of patients following contact with a mental health service.

Context
Suicide is an infrequent and complex event that is influenced by a wide variety of factors. The existence of a mental illness can increase the risk of such an event. A range of appropriate mental health services across the spectrum of treatment settings are being implemented between now and 2011 to increase the level of support to clients, their families and carers. This will help reduce the risk of suicide for people who have been in contact with mental health services.

Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service (number)

Source: Reportable Incident Briefs and Mental Health Client Death Report Form

Interpretation
There has been a reduction in the number of suspected suicides of clients of mental health services compared to 2005/06 and 2004/05. In addition, the NSW suicide rate in 2005 was 8.0 per 100,000 people, the lowest since 1979 and the lowest amongst all Australian States and Territories. This represents a reduction of 6.9 per cent since 2004.

Related policies and programs
The initiatives highlighted in NSW: A New Direction for Mental Health, have provided much needed support and care for mental health clients. Initiatives such as the Housing and Accommodation Support Initiative (HASI) program have reduced hospitalisation, improved socialisation and reduced isolation in mental health clients through the provision of stable housing and associated support. Programs developed to encourage participation and employment further help to reduce the risk and severity of mental illness, as do programs to train clinicians in the early detection and intervention of people at risk of suicide. Programs focussing on dual disorders will help to address some of the complex factors that can increase the risk of suicide, especially in younger people.

PERFORMANCE INDICATOR

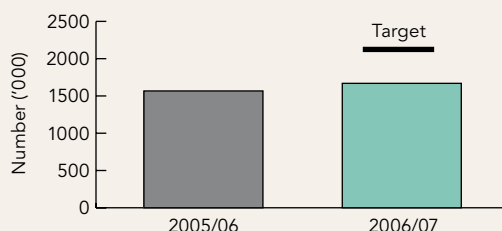### Mental health: Ambulatory contacts and acute overnight inpatient separations

Desired outcome
Improved mental health and wellbeing. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population in need of these services gaining access to them.
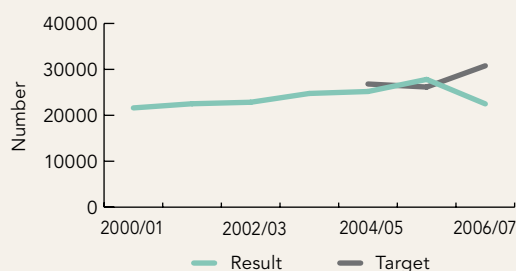
Context
Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services. A range of community-based services is being implemented between now and 2011 that span the spectrum of care types from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and numbers of individuals are expected to rise.

Mental Health Ambulatory contacts (number)

Source: 00/01 to 04/05: State HIE (MHAMB collection) plus manual submissions; 05/06 and 06/07 : State IQ Server 1/8/2007

Mental Health Acute overnight inpatient separations (number)

Source: DOHRS VAX and HIE extracted 26/08/07c

Interpretation
There has been a small increase in the number of ambulatory contacts although interpretation of this data needs to be treated with caution. The complete number of ambulatory contacts will not be finalised until late 2007, therefore the number of contacts presented here are most likely under-reported.

Acute overnight separations are on target according to increases in funded acute bed numbers and average acute length of stay, as predicted by the service-planning model used for mental health services.

Related policies and programs
There has been a major investment through NSW: A New Direction for Mental Health in expanding community based specialist mental health services and community rehabilitation services. This will help reduce unnecessary hospital admissions allowing people to be treated more appropriately in the community.

PERFORMANCE INDICATOR
Antenatal visits – births where the first maternal visit was before 20 weeks gestation
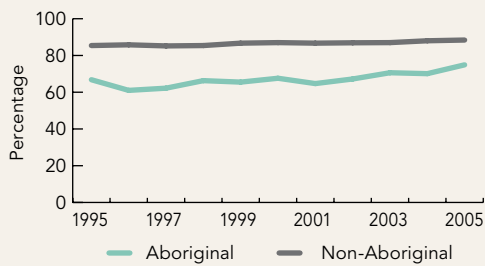
Desired outcome
Improved health of mothers and babies.

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.

Antenatal visits – births where first maternal visit was 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 since 1995. However, the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, although the gap is narrowing.

Related policies and programs
▶ NSW Framework for Maternity Services provides the NSW policy for maternity services.

▶ The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care including stand-alone primary maternity services. The Taskforce has established a sub-group called the Primary Maternity Services Network. This network provides leadership; support and information sharing for area health services that are developing continuity of midwifery care models.

▶ The NSW Aboriginal Maternal and Infant Health Strategy is a primary health care strategy implemented in seven sites in 2001 to improve perinatal mortality and morbidity. In 2006 the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. NSW Health has entered into a Memorandum of Understanding (MOU) with the NSW Department of Community Services to expand the Aboriginal Maternal and Infant Health Strategy as a statewide service increasing to over 30 programs.

PERFORMANCE INDICATOR
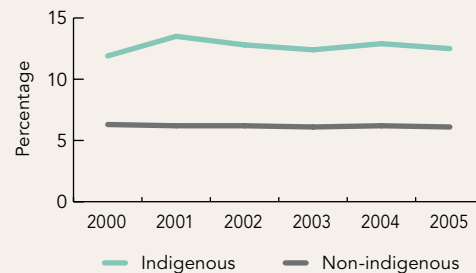### Low birth weight babies – weighing less than 2,500g

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 birth weight babies – births with birth weight 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 and programs
▶ NSW Framework for Maternity Services provides the NSW policy for maternity services.

▶ The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care including stand-alone primary maternity services. The Taskforce has established a sub-group called the Primary Maternity Services Network. This network provides leadership; support and information sharing for area health services that are developing continuity of midwifery care models.

▶ The NSW Aboriginal Maternal and Infant Health Strategy is a primary health care strategy implemented in seven sites in 2001 to improve perinatal mortality and morbidity. In 2006 the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. NSW Health has entered into a Memorandum of Understanding (MOU) with the NSW Department of Community Services to expand the Aboriginal Maternal and Infant Health Strategy as a statewide service increasing to over 30 programs.

PERFORMANCE INDICATOR

Postnatal home visits – receiving a Families NSW visit within two weeks of the birth

Desired outcome
To solve problems in raising children early, before they become entrenched resulting in the best possible start in life.

Context
The Families NSW program aims to give children the best possible start in life. The purpose 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. It 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.

Families receiving a Families NSW visit within two weeks of the birth (%)

Source: Families First Area Health Service Annual Reports, NSW Admitted Patient Data Collection (HOIST)

Interpretation
Since the commencement of the Families NSW initiative, over 260,000 NSW families with a new baby have received a universal health home visit. Area Health Services continue to guide services, improve continuity of care between maternity services and child and family health services and strengthen service networks to support the implementation of Families NSW and in particular the provision of a home visit by a child and family health nurse to families with a new baby.

Related policies and programs
The Families NSW strategy is delivered jointly by Community Services, NSW Health, the Department of Education and Training, Housing and Ageing, Disability and Home Care in partnership with parents, community organisations and local government.

The NSW integrated perinatal and infant care Safe Start initiative uses an internationally innovative model of assessment, prevention and early intervention to identify the risk factors for current and future parenting or mental health problems during pregnancy and following the birth of the infant. It defines clinical pathways to appropriate care and models of service delivery for health services to support parental well being, enhance parenting skills, child and family mental health and protect against child neglect and abuse.

Build regional and other partnerships for health
Strategic direction four

NSW Health strives for a health system that engages more effectively with other government and non-government organisations, with clinicians and the broader community. Our aim is to provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

NSW Health has a particular focus on reducing the health gap for communities that experience multiple disadvantages such as Aboriginal communities, refugees and those of lower socio-economic status.

Improved outcomes in mental health

NSW Health aims to increase the percentage of people aged 15–64 years of age with a mental illness who are employed to 34 per cent by 2016. Together with other agencies, we will also aim to increase the community participation rates of people with mental illness by 40 per cent by 2016.

Support for Non-Government
Organisations (NGOs)
NSW Health supports NGOs that provide effective mental health services. The Mental Health Infrastructure Grants Program aims to support and assist NGOs to develop their capacities to deliver quality services. This program is a vital step forward in the relationship between Government, the NGO sector, carers and consumers.

In addition, the Resource and Recovery Services Program is providing $3 million in recurrent funding to NGOs across NSW to establish services in identified areas of need where there is a limited range of community based mental health services currently available.

The program is designed to increase the capacity of NGOs to provide individually tailored access to quality mainstream community, social, leisure and recreation opportunities and vocational services for people with a mental illness, based on the best evidence and practices available.

Clinical mental health partnerships
Partnerships play an important role in increasing awareness of mental health issues, defining agency roles and responsibilities and improving service responses at a local level. In 2006/07, work was underway through Area Health Services to develop partnership plans that identify local priorities and incorporate key partnership priorities.

Vocation education training employment program
The aim of this trial program is to establish and evaluate service pathways to improve educational and employment outcomes for people with a psychiatric disability.

Individual support is also provided to consumers who are currently enrolled in tertiary education and the effectiveness of the supported education services will be evaluated over a longer period of time reflecting the length of the study programs.

The trial commenced in early 2007 at Hunter New England Area Health Service.

Improved outcomes for Aboriginal communities

NSW Health aims to enhance and strengthen partnerships with Aboriginal people and other key groups, to implement the NSW Aboriginal Health Partnership Agreement and Two Ways Together: the NSW Aboriginal Affairs Plan 2003–2012 to achieve measurable health improvements for Aboriginal people.

The initial focus will be on Otitis Media screening, oral health, family violence and mental health. There will also be consultations with the Aboriginal community to build the capacity of the Aboriginal mental health and drug and alcohol workforce in NSW.

Otitis Media screening program
The Otitis Media Screening Program is an initiative of the Aboriginal Affairs Plan: Two Ways Together, which aims to reduce the impact of Otitis Media through a statewide screening and referral service, as well as education for parents and communities.

The program met and exceeded its 2006/07 target of 19,394 children by screening 19,403 Aboriginal children and trained a further 60 Aboriginal health workers in audiometry. The program has also facilitated the development of strategic action plans by Area Health Services to meet screening targets.

Additional Otitis Media strategies progressed by NSW Health in 2006/07 included the development of a nationally accredited screening training program, refinement of an awareness kit for parents and health/education professionals and the establishment of specialist ear, nose and throat outreach clinics at Goulburn, Nepean and Armidale hospitals.

Violence, sexual assault and child abuse
In 2006/07, work was underway to finalise the newly developed NSW Health Aboriginal Families Strategy (2007–2012). This strategy evolved from the previous NSW Aboriginal Family Health Strategy.

Implementation of the new strategy will contribute significantly to the NSW Government's Interagency Plan to tackle child sexual assault in Aboriginal communities (2006–2011).

Other Highlights

Provide an outreach program to young people in the Coffs Harbour community
In 2006/07, the Coffs Harbour Community Drug Education Team initiated the Safe Party Squad, a group of volunteer youth workers who undertook outreach to young people on Friday and Saturday nights at a local beach.

With active involvement from police and other partners, the team initiated an outreach program to engage with the young people including providing water, occasional barbeques, safe sex and drug and alcohol information and referrals to services in a friendly and non-threatening manner.

The project is supported by the NSW Police, the Tedd Noffs Foundation, local drug and alcohol services and local businesses. The success of the project led to a $250,000 grant to support the project on a long-term basis.

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Enhanced ability to respond to local drug and alcohol problems
The Local Government Drug Information Project is an initiative of NSW Health in partnership with the Local Government and Shires Association (NSW). This four-year project is aimed at enhancing local government's capacity to work in partnership and respond to drug and alcohol problems in their communities.

The project will achieve this aim through the development of a resource manual for local government, the provision of training to councillors and staff on the use of the manual and regular information updates and bulletins to local government on drug and alcohol issues.

Ministerial Standing Committee on Hearing
The Ministerial Standing Committee on Hearing provides strategic advice to the Minister for Health on hearing services in NSW. It met four times in the financial year 2006/07 and focussed on the development of key priorities for hearing services in NSW.

A key area progressed in 2006/07 was the development and implementation of a Hearing Health Network for NSW.

Health service planning
In 2006/07, NSW Health worked with Northern Sydney Central Coast Area Health Service to develop the Northern Beaches Health Services Plan, a major planning process

associated with the service configuration on Sydney's northern beaches.

NSW Health also commenced planning for the proposed Tamworth Hospital Redevelopment.

Domestic violence risk assessment tool
In 2006/07, NSW Health commenced a two-year interagency project to develop a 'tool' designed to assess the risk of domestic violence to individuals and families and to develop interventions to manage or reduce this risk.

The project also includes the trial implementation and evaluation of the tool in selected services and locations. Known as the Cross Agency Domestic Violence Risk Assessment Tool, it will provide a more integrated and consistent service response and facilitate cross-agency communication on individual cases of domestic violence. It is expected that this will lead to the provision of earlier, more effective services for victims of domestic violence.

Performance Indicator

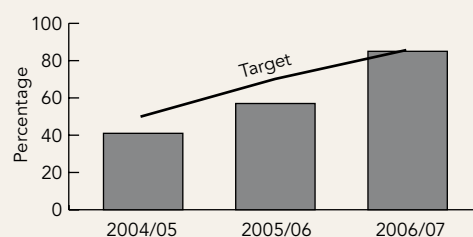### Otitis Media screening – Aboriginal children (0–6 years)

Desired outcome
Increase screening for Otitis Media in Aboriginal children aged 0–6 to 85 per cent.

Context
The incidence and consequence of Otitis Media and associated hearing loss in Aboriginal communities has been identified. The World Health Organisation noted that prevalence of Otitis Media greater than four per cent in a population indicates a massive public health problem. Otitis Media affects up to ten times this proportion of children in many Indigenous communities in Australia.

Otitis media screening – Aboriginal children (0–6 years) screened (%)

Source: Centre for Aboriginal Health

Interpretation
The program has experienced rapid growth in screening capacity during the first three years due to a large and sustained workforce development effort with over 120 participants (primarily Aboriginal health workers) completing audiometry training.

The program screened 19,403 Aboriginal children in 2006/07, a 50 per cent increase on the number screened in 2005/06. The program has also facilitated the development of strategic action plans by area health services to meet Otitis Media screening targets and initiated a common reporting framework for Aboriginal Community Controlled Health Services. Together these efforts have increased the level of community awareness for Otitis Media and its impact.

Related policies and programs
Additional Otitis Media strategies progressed by NSW Health in 2006/07 included the engagement of partners including the Royal Institute for Deaf and Blind Children, University of NSW, Macquarie University and The Sax Institute to provide supplementary screening support. Other strategies include the refinement of a nationally accredited screening training program, revision of an awareness kit for parents and health and education professionals and the embedding specialist ear, nose and throat outreach clinics at Goulburn, Nepean and Armidale hospitals.

Make smart choices about the costs and benefits of health services
Strategic direction five

As health costs continue to rise we need to make the most effective use of the resources available. Services and infrastructure provided to meet the State's healthcare needs must be carefully planned with community and clinician input. They must also be managed efficiently based on solid evidence of effectiveness and health impact.

Increasing reinvestment of savings achieved through reform

NSW Health is committed to improving the efficiency of corporate services across the health system to deliver savings for reinvestment in frontline health services. In addition, we aim to harness the full purchasing power of the statewide health system to achieve best value, aligned with quality in the procurement of goods, services and infrastructure.

Through the Health Administration Corporation (HAC), HealthSupport has been established as the vehicle to reform health system corporate services, including the provision of payroll, linen, food and other non-clinical services.

Information on initiatives undertaken by HealthSupport during 2006/07 is detailed in Appendix 3 of this report.

Investment in electronic information systems

Building information management and technology training and capability across the health system, for clinicians and managers at all levels will provide a more robust foundation for decision making, performance monitoring and the delivery of patient care.

Another business unit of HAC is HealthTechnology. This unit is rolling out new electronic information systems across the NSW health system to support health service staff to deliver improved clinical outcomes, such as improved waiting times for operating theatres and initial diagnoses.

Information on information management and electronic service delivery initiatives is detailed in Appendix 3 of this report.

Asset management

NSW Health is committed to ensuring effective linkages between services planning and infrastructure plans so that resources can be distributed to match health service needs and respond to emerging models of care.

Planning for the future
During 2006/07, the NSW Health Strategic Asset Management Plan and ten-year Capital Investment Strategic Plan were finalised.

Clinical services plans to provide a basis for capital investment have been developed in conjunction with the relevant area health services for Bega Valley, Narrabri, Wagga Wagga and Liverpool Hospital.

Capital planning undertaken for major projects including Mandala mental health redevelopment at Gosford, child and adolescent services at Sydney Children's Hospital and Shellharbour Hospital.

A helping hand for rural health services
During 2006/07, a Service Planning Handbook for Rural Health Service Planners was released. The handbook is a 'how to' guide for planners with responsibility for service and strategic planning in rural areas, particularly those who may be working in isolation from their peers, have limited access resources or may be new to the process of strategic service planning.

Other highlights

New planning tools for clinical care
During 2006/07, new planning tools were created to supplement the long-standing Acute Inpatient Modelling tool. These new planning devices include the Sub-acute Inpatient Activity Modelling (SiAM) tool and an Operating Theatre Requirements Projection Tool.

SiAM provides capacity to project requirements for a range of sub-acute activity including rehabilitation, palliative care and geriatrics. The Operating Theatres Requirements Projection Tool informs future planning and development of operating theatres by translating the projected surgical activity data into projected requirements for theatres.

This approach takes into account factors such as average surgery times, opening hours and utilisation rates. These projection methodologies were developed with significant collaboration clinicians and area health services.

Information sharing protocol and training
NSW Health and the Department of Community Services have been examining methods to improve the identification of children at risk who may be cared for by an adult who is receiving opioid treatment program services.

During 2006/07, a methadone information sharing protocol was developed between agencies.
The protocol was trialled in a number of sites in NSW before being rolled out across the State.

Issues relating to child safety have been given renewed emphasis with the 2006 Opioid Treatment Program Clinical Guidelines and a campaign called Kids and Drugs Don't Mix.

Centre for Health Record Linkage
During 2006/07, the Centre for Health Record Linkage was established with partners including the Cancer Institute NSW, NSW Clinical Excellence Commission, The Sax Institute, University of Sydney, University of Newcastle, University of NSW and ACT Health.
The Cancer Institute NSW is the host organisation.

With ethical and data custodian approval, the Centre provides a mechanism for de-identified linked health data to be provided for use in health and health services research.

Revised pharmacotherapy accreditation system
The Pharmacotherapy Credentialing Subcommittee (PCS) provides advice to NSW Health regarding the authorisation of prescribers to use methadone and buprenorphine for the treatment of drug dependence.

In 2006/07, acting on recommendations from PCS, NSW Health commenced implementation of a re-accreditation system for all prescribers. In addition, the approval process for authorisation of limits on patient numbers has been streamlined reducing the administrative burden on prescribers. Both of these measures will lead to improvements in the quality of treatment services.

Service Development and Reporting Framework
NSW Health and the Commonwealth Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health have jointly developed a Service Development and Reporting Framework for NSW.

This reporting framework will allow all Aboriginal community-controlled health services to use one tool to plan and report all of their service delivery, management, linkages and coordination and community involvement activities each financial year.

This will reduce the reporting burden on these services, allowing them to focus on the delivery of primary health care services to the local Aboriginal population.

NSW Health is the first State Government agency to integrate its non-financial activity reporting with a Commonwealth Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health State Office. The Commonwealth is seeking to showcase the work done in NSW as an example of effective and functioning partnership.

Performance Indicator

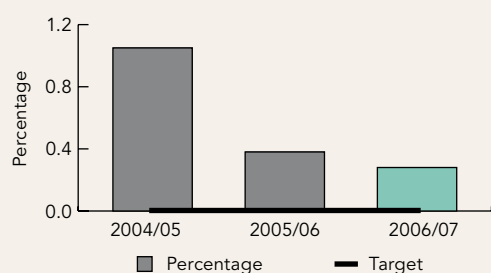### Net cost of service – General Fund variance against budget

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 service a number of health services and which would otherwise distort the host health service's financial performance.

◗ Effect of special projects that are only available for the specific purpose (e.g. oral health, drug and alcohol).

Net cost of service – General Fund (General) variance against budget

Interpretation
The aggregated result was within 0.3 per cent of issued budgets. Northern Sydney Central Coast Area Health Service is required to implement strategies in order to realign expenditure to available funds in 2007/08. As all Area 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

General Creditors > 45 Days as at the end of the year

Desired outcome
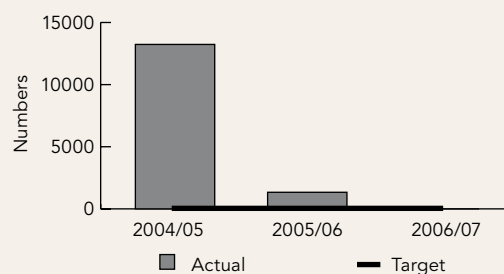Payment of general creditors within agreed terms.

Context
Creditor management affects the standing of NSW Health in the general community, and is of continuing interest to central agencies. Creditor management is an indicator of a Health Service's performance in managing its liquidity.

While health services are expected to pay creditors within terms, individual payment benchmarks have been established for each Health Service.

General creditors relates to 'trade' creditors which are those persons and businesses that have provided a service to a Health Service for which payment is owing.

General Creditors > 45 Days as at the end of the year ($'000)

Interpretation
At 30 June 2007 all health services complied with the Department's requirement that they have no general creditors remaining unpaid after 45 days from date of receipt of invoice.

Related policies and programs
The Department's 2006/07 allocation letter to Area Health Services advised the policy/practice to be adopted in respect of creditor payments and liquidity management.

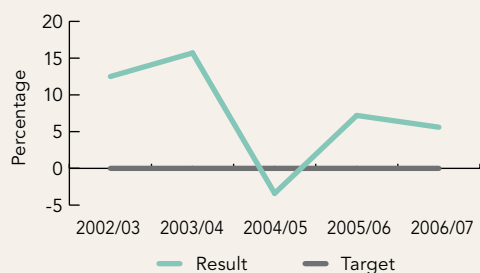## Major and minor works – Variance against Budget Paper 4 (BP4) total capital allocation

Desired outcome
Optimal use of resources for asset management. The desired outcome is 0 per cent, that is, full expenditure of the NSW Health capital allocation for major and minor works.

Context
Variance against total BP4 capital allocation and actual expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Major and minor works – Variance against Budget Paper 4 (BP4) total capital allocation (%)

Source: Asset Management Services

Interpretation
Actual expenditure of $668.3 million for 2006/07 is a favourable (5.56 per cent) result against the BP4 allocation of $633.1 million. The additional expenditure was largely due to various in-year additional Treasury approvals and additional expenditure on repairs, maintenance and renewals (RMR>$10,000) by Area Health Services.

Related policies and programs
Strategies to achieve the desired outcome of 0 per cent during 2007/08 include:

◗ Continual review and monitoring of the health asset acquisition program against expenditure projections.

◗ Continued centralised control of major capital projects with a value greater than $10 million through the establishment of the Health Infrastructure Board.

◗ Ongoing regular program of Area Health Services chief executive review meetings to monitor project progress.

◗ Establishment of the NSW Health Cross-Divisional Capital Steering Committee to monitor the asset acquisition program and capital budget processes.

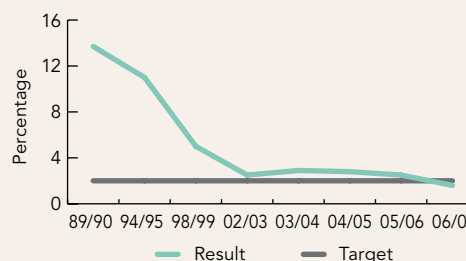## Resources Distribution Formula – The weighted average distance from target for all Area Health Services

Desired outcome
Meet the health needs of populations in the various geographic areas of the State on an equitable basis.

Context
Funding to NSW Area Health Services is guided by a resource distribution formula, which aims to provide an indication of equitable shares of resources taking account of local population needs. The current policy is to ensure the allocation to all Area Health Services is within two per cent of their resource distribution formula target. Factors used in estimating local need include age, sex, mortality and socio-economic indicators.

Resources Distribution Formula – The weighted average distance from target for all Area Health Services (%)

Source: Inter-Government and Funding Strategies Branch

Interpretation
In 1989/90, Area Health Services were on average 14 per cent away from their resource distribution formula target. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target for Area Health Services has declined significantly over time and was less than two per cent in 2006/07.

60

Strategic direction five

Build a sustainable health workforce
Strategic direction six

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State is one of our key priorities for the future.

There has been a continued focus on health workforce at a State and national level during the past year with the range of strategies and initiatives already showing positive results.

Since 2003 there have been significant increases in professional staff across the NSW public health system as outlined below. At the same time clinical staff as a proportion of all NSW Health staff has continued to rise from 63.7 per cent in 2003 to 66.4 per cent in 2007.

Professional Staff FTE	June 2003	June 2006	June 2007	% Increase over 2003
Salaried Medical	6,112	6,826	7,318	19.7%
Visiting Medical Officers (2003–06)	4,263	4,700	N/A	N/A
Nursing	32,550	36,920	38,101	17.1%
Allied Health	6,323	7,122	7,387	16.8%
Oral Health	988	1,008	998	1.0%

Further workforce data is included in Appendix 4 – Statistics

Workplace injuries

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families and their co-workers.

Key prevention strategies include consulting with staff, ensuring workplace hazards are identified, assessed and controlled, and providing training. Injury reduction targets, based on those set by the National Occupational Health and Safety (OHS) Improvement Strategy, have been included in Area Health Service performance agreements.

The NSW Health OHS Audit Tool has also been significantly updated to help its workplaces measure their OHS performance and drive improvements in OHS management.

Sick leave

Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn should reduce the need for, and additional cost of, staff replacement and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available.

Sick leave reduction targets, based on whole-of-Government targets set by NSW Premier's Department, have been included in Area Health Service Performance Agreements. NSW Health is providing regular reports on progress against targets. The Department has also issued a sick leave management policy and detailed supporting guidelines to assist area health services to meet these targets.

Recruitment and retention

The 2006/07 financial year saw significant improvements in recruitment processes for junior medical staff. The first online recruitment system for doctors in Australia was also successfully implemented, with over 30,000 applications received.

This work was supported by marketing strategies to promote health careers initiated in local schools, with a DVD entitled Careers in Health and information for career days and work experience programs being developed.

Allied Health ReConnect

NSW Health also piloted Australia's first Allied Health ReConnect program in April 2007 with 22 new registered pharmacists at 17 public hospital pharmacies across the state. To maintain the continuance of these services in hospitals the pre-registration pharmacists training project was implemented. A total of 68 per cent of trainees were retained with the NSW public hospital system after one year. The results indicated that the average vacancy rate for these professionals has now been halved.

Online orientation package

Funding was allocated for the development of an online medical staff orientation package to provide medical officers, including locums, with an introduction to the

Area Health Service and the facility in which they will be working. The e-orientation package will enable locums to become more quickly acquainted with the local environment, reducing delays and improving the quality of care and patient and staff safety.

Nursing education in schools

In 2006/07, the Nursing Vocational Education and Training in Schools Program was expanded with the recruitment of an additional 180 high school students from 30 high schools across Greater Western Sydney.

The Program allows secondary school students to complete units of study in nursing in Years 11 and 12 and gain credit towards a nursing qualification. This program is expected to expand to 1,149 students by 2011 with rollout occurring across NSW.

Online training for cancer nurses

The past year saw the implementation of an online training program at Western Sydney TAFE, allowing nurses working in cancer care to complete an advanced diploma for enrolled nurses in the delivery of dialysis.

Mental health workforce

Funding of more than $1.1 million has been provided to address recruitment and retention of mental health nurses.

Mental Health Connect/Reconnect Program

The Connect/Reconnect Program for registered and enrolled nurses seeking employment in mental health provides four weeks salary replacement and $1,000 preceptor support to employing services. To date, 96 nurses have been employed through this program with 27 working in rural settings.

Psychiatry training

The Rural Psychiatry Project provides support to rural-based psychiatry trainees and has resulted in an increase in the number of rural-based trainees in NSW. In 2006/07, there were nine rural based trainees within NSW and ten sites accredited to provide training.

In addition, the NSW Institute of Medical Education and Training psychiatry training networks are in their second year of operation, with an increase of 38 first year trainees recruited to the networks as of March 2007.

Nursing transition program

The mental health transition program provides three months orientation and foundation learning for nurses new to mental health. The program will be standardised across NSW and will articulate with existing preparation programs where these are available at service level.

NSW Health identified a target of an additional 60 nurse practitioners for mental health between 2006 and 2011. These roles provide an important clinical career path for registered nurses.

A NSW Health working group is preparing the Advanced Diploma in Nursing (Mental Health) for enrolled nurses. This accredited specialist mental health training program will be available for delivery across NSW from 2008.

Ten mental health innovation scholarships valued at $10,000 each were also allocated for projects that demonstrate innovative nurse-led models of practice leading to improvements in patient care.

Aboriginal mental health

The NSW Aboriginal Mental Health Workforce Program commenced in January 2007. The program employs Aboriginal people as full-time, permanent employees of mental health services. Trainees are supported through an integrated system of peer support, on-the-job training and supervision. At completion, the trainees will become qualified Aboriginal mental health professionals, working as part of a mainstream area mental health structure on a permanent basis.

The program has funded ten trainees in 2007, with an additional ten trainees to commence in 2008/09. Area Health Services have also taken the opportunity to convert existing vacant positions into the program, with the result that 18 trainees commenced their first residential at Charles Sturt University in April 2007.

During the first phase of the program, positions have been rolled out in Greater Western, Greater Southern, Hunter New England, North Coast and North Sydney Central Coast Area Health Services and Justice Health.

Staff satisfaction

To promote a workplace free of bullying, the Bullying – Prevention And Management Of Workplace Bullying Guidelines for NSW Health was released in June 2007. Also released in 2007, the Grievance Resolution User Guide for staff and managers outlines a local workplace grievance management system that facilitates prompt, fair and flexible management of all workplace grievances with a focus on effective resolution.

To encourage leadership and management skills in our health staff, a number of programs have been developed and implemented. These include the Leading For Improved Clinical Services Program, targeting staff specialists who are in managerial roles. More than 360 clinicians attended the program – 75 per cent of the target group – and feedback from the program was extremely positive.

Education and training

NSW has been successful in obtaining an additional 110 Commonwealth supported medical places. This represents an increase of over 340 new medical places commencing during 2007/09 in NSW.

Scholarships and clinical placements

In 2006/07, NSW Health provided undergraduate nursing/midwifery scholarships to 46 rural students and 18 Aboriginal and Torres Strait Islander students, funded 552 grants for clinical placements in rural NSW and 170 for metropolitan and offered 102 scholarships for nurses working in rural public health facilities and 232 for enrolled nurses working in rural areas.

NSW Health offered up to 19 postgraduate scholarships to rural allied health clinicians valued at $4,500 for a graduate diploma or graduate certificate and $9,000 for a Masters or PhD.

The Department also provided support for clinical placements for the new medical schools of University of Western Sydney, the Universities of New England/ University of Newcastle joint rural medical program and the University of Notre Dame.

The first medical clinician managers program developed and implemented in association with the Australian Salaried Medical Officers Federation with over 70 per cent of the target group (366 clinicians) completing the program.

Dental workforce

Sixty-eight students have successfully completed the dental assistant traineeship program since its inception in 2003. A further 18 students will finish by December 2007. Sixty per cent of these dental assistants are employed within Sydney West Area Health Service.

The NSW Overseas Trained Dentists Program was also established in February 2007. A total of 10 overseas trained dentists enrolled with the Australian Dental Council will gain supervised clinical experience of up to 12 months in a range of settings before sitting the Australian Dental Council's final clinical examination leading to full registration.

Aboriginal workforce

The Bilateral Agreement, Two Ways Together, and implementation of the Making it our Business policy have assisted in setting the direction to support and encourage our Aboriginal health workforce.

This has included introduction of initiatives to encourage Aboriginal students to enter health degree courses with 18 Aboriginal health worker trainees appointed and Aboriginal health workers and health education officers have been supported to gain entry into Bachelor of Midwifery courses.

Aboriginal Nursing and Midwifery

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the NSW public health system.

The Aboriginal Nursing And Midwifery Strategy aims to increase the number of Aboriginal staff providing health care in NSW and currently employs 10 midwifery undergraduate cadets and 28 nursing undergraduate cadets. Two cadets graduated in 2006 and a further nine nursing or midwifery cadets will graduate at the end of 2007.

The Aboriginal and Torres Strait Islander Trainee Enrolled Nurses Program also commenced in April 2007 and 27 of 29 trainees employed in the program have completed the course. A further 50 students are currently undertaking the course.

Rural and remote workforce

To enhance the supply of General Practitioners (GPs) to rural and remote locations, NSW Health funds up to 30 positions annually for rural GPs and GP registrars to upskill in procedural skills across five specialities: anaesthetics, obstetrics, emergency medicine, surgery and mental health.

In 2007, there were 31 new applicants enrolled in the program bringing the total to 149 of full-time, part-time and flexible positions filled by GPs and GP registrars since the commencement of the program.

Area of Need positions

The Area Of Need program is designed to recruit overseas trained doctors into hard to fill positions in NSW, particularly in rural and regional centres.

By April 2007, a total of 258 Area of Need positions were filled across both the public and private sectors in NSW. In addition, 20 nurse practitioners and 16 transitional nurses now work in rural areas in 13 different specialties including emergency care, mental health and women's health as remote generalists.

Opportunities for overseas trained doctors

In collaboration with the Commonwealth Department of Health and Ageing, the NSW Government has developed a graded incentive system for overseas trained doctors who wish to work as GPs in remote locations.

Under the five-year Overseas Trained Doctor Recruitment Scheme, there were 35 GPs enrolled in the scheme (as at 1 May 2007) providing services to remote communities in NSW. Seven GPs have completed the program and are still working in rural and remote areas.

Training in hospitals

Priority filling of traineeship positions in regional hospitals in training networks has been introduced and $2,000 scholarships have been offered for any trainee who completes two full terms in a rural hospital, along with a video-conferencing program to ensure access to education for rural and regional hospital.

By February 2007, the NSW Rural And Regional Anaesthetics Program created twelve additional training positions at Coffs Harbour, Dubbo, Shoalhaven, Wagga Wagga, Port Macquarie, Manning, Orange, Tamworth and Tweed Heads.

In 2007, 36 Rural Allied Health Clinical Placement Grants of up to $650 (up to $1,000 for placements in Broken Hill) were offered to students.

Workforce planning

To improve workforce planning and analysis, NSW Health invests in an annual labour force profile of registered professions and selected non-registered allied health professions. In 2006/07 a new data collection noting area of speciality was introduced.

Data from the profiles and the speciality collection is used to undertake workforce projection modelling and identify areas of workforce shortage in order to determine NSW needs for health professional training places.

Inter-Government partnerships

In 2006/07, NSW Health led work through Council of Australian Governments to establish representation by Health Ministers at an annual Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) meeting on national workforce priorities.

A key objective of this meeting is to improve consultation with the education sector to better align health workforce supply and distribution to meet community need. At the Inaugural MCEETYA Meeting in April 2007, the Council agreed on a number of ways for the education and health sectors to work collaboratively on health workforce issues including examining options in relation to clinical education, designated national priority areas and funding.

Strategic planning

To create better links between Government priorities and workforce planning, the NSW Health Workforce Action Plan translates the seven principles of the National Health Workforce Strategic Framework into a comprehensive range of strategies and actions designed to address state health workforce issues.

With the appointment of directors of workforce development in Area Health Services, Area Workforce Development Plans are being developed to reflect NSW Workforce Action Plan strategies and contribute to achievement of workforce development outcomes.

Nursing and midwifery

Significant increase in the nursing workforce

The results of a range of initiatives funded by the NSW Government show that the total number of nurses and midwives permanently employed in the NSW public health system has been steadily increasing over the last four years. In June 2007 there were 42,184 nurses employed. This is a net increase of 8,180 nurses (24 per cent) from January 2002.

Overseas recruitment

Over 600 overseas qualified registered nurses and midwives were recruited and commenced employment in NSW public hospitals during 2006/07. A further 390 nurses were offered and have accepted employment.

Nurse practitioners

NSW leads Australia with 97 authorised nurse practitioners and two midwife practitioners already appointed. A further 55 nurses are in transitional positions and working towards authorisation by the NSW Nurses and Midwives Board. Recruitment continues for nurse practitioner roles across NSW.

There are now 20 nurse practitioners and a further 16 transitional nurses working in rural and remote areas in 13 different specialties. These roles provide increased access to health care services for the rural population.

Nurses study leave
A total of $6 million was provided for nurses and midwives in 2006/07 to access study leave. This funding allows more nurses and midwives to access further education and to upgrade their skills.

Credentialing of midwives
NSW Health has identified credentialing as a key component of professional governance that optimises quality and safety in maternity care through the provision of a skilled and competent midwifery workforce. At the end of June 2007 a total of 52 midwives working in midwifery led models of care have successfully attained the three-year credential.

Promotional materials
An extensive marketing campaign titled Nursing and Midwifery, No Two Days Are Ever The Same was developed during 2006/07. This material targets school students to choose nursing as their career choice.

Education and skill development
During 2006/07, $12.6 million was spent on initiatives such as support for new general and midwifery graduates and ongoing clinical skill development programs for registered and enrolled nurses. These programs are designed to enhance nurses' clinical skills and support their professional development. The programs encourage nurses to remain working in the public health system in NSW.

Other Highlights

Special needs registrars
Four registrars have been employed at Westmead Centre for Oral Health. The placement will provide the registrars with the additional specialist skills required in areas of oral health. During their training, the registrars will make a valuable contribution throughout the state by providing services for people with special and complex care needs.
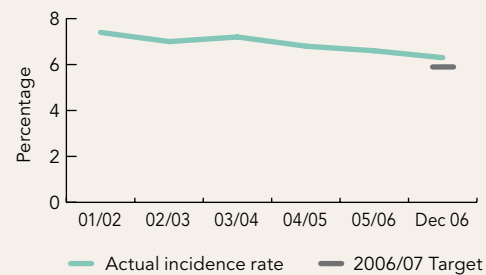
Performance Indicator
Workplace injuries

Desired outcome
Minimising workplace injuries as far as possible.

Workplace injuries (%)

Note: Dec–06 data covers 12 months to December 2006 as at March 2007

Source: Treasury Managed Fund via WorkCover NSW

Interpretation
NSW Health as a whole is performing well against the injury prevention target with an overall 15 per cent reduction in incident rate for the June–December 2006 period. While the injury reduction target for June 2007 is 20 per cent, it should be recognised that the 15 per cent improvement referred to above comes on top of already significant decreases during earlier improvement initiatives between June 1998 and December 2002. During this time, NSW Health achieved an 18 per cent reduction in workplace injuries and a 15 per cent reduction in claims costs.

Related programs and policies
The National Occupational Health and Safety (OHS) Improvement Strategy and the NSW Government initiative Working Together: Public Sector OHS and Injury Management Strategy 2005–2008 have set injury reduction targets, which have been included in Area Health Service performance agreements. To support Area Health Services meeting the targets, the NSW Health OHS audit tool has been significantly updated to help its workplaces measure their OHS performance and drive improvements in OHS management. Other related polices that will also be of assistance include workplace health and safety: policy and better practice guide, policy and best practice guidelines for the prevention of manual handling injuries and policy and guidelines for security risk management in health facilities (the Security Manual).

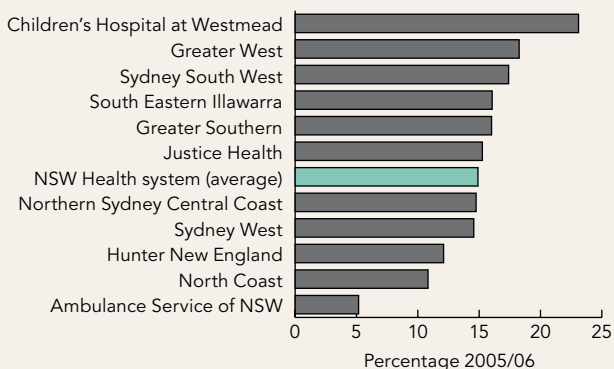## Performance Indicator
Staff turnover

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

Context
Human resources represent the largest single cost component for 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 geographically areas attract overseas nurses working on short-term contracts.

Staff Turnover – Non Casual staff separation rate (%)

Source: DOH-HR – Premier's Workforce Profile Data Collection. Excludes Third Schedule Facilities.

Interpretation
In 2006/07, the average staff turn over for non-casual staff employed within the health system was 14.9 per cent. The Ambulance Service of NSW, a statewide service, recorded the lowest turnover rate of 5.2 per cent while The Children's Hospital at Westmead, a single facility, recorded the highest at 23.1 per cent. As discussed above, 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
These include NSW Health's flexible and family-friendly work policies.

Performance Indicator
Clinical staff

Desired outcome
Increased proportion of total salaried staff employed that provide direct services or support the provision of direct care.
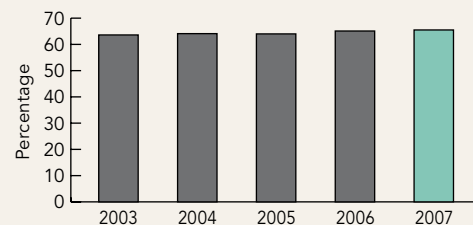
Context
The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprise of medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals such as counsellors 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 front line care.

Note that the primary function of a small proportion of this group may be in management or administrative, providing support to front line staff.

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

Interpretation of NSW Statewide result
From June 2003 to June 2007, the percentage of 'clinical staff', as a proportion of total staff increased from 63.6 per cent to 65.5 per cent. This equates to an additional 7,452 health professionals working in the public health system. From June 2006 to June 2007, the NSW public health system employed an additional 492 medical practitioners, 1,181 nurses and 265 allied health professionals. The increase reflects the ongoing commitment of NSW Health and its Health Services to direct resources to front-line staff to meet strong growth in demand.

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

Be ready for new risks and opportunities
Strategic direction seven

The NSW health system is large and complex and must continually adapt in a dynamic environment to meet the community's changing health needs. The system must be quick to respond to new issues and must be capable of sustaining itself in the face of external pressures.

NSW Health strives for a health system that is alert to the changes in the world around it as well as quick to anticipate and respond to new issues as they emerge.

Ensuring the NSW health system is ready for new risks and opportunities

The NSW health system must regularly review and update its risk management framework, disaster response capability, adequacy of population health surveillance and early warning systems and assess research outputs to ensure they are driven by health priorities and policies to ensure it is able to adjust in vigorous situations and meet communities necessary requirements.

An integrated clinical and corporate risk management process throughout NSW Health will improve the capacity of the NSW health system to:

◗ Prepare for new and emerging health issues and risks including pandemic influenza.

◗ Strengthen national and international health surveillance networks to ensure rapid mobilisation in the face of emerging health issues and threats.

◗ Enhance local and statewide systems to monitor health, health risks in the population and community concerns.

◗ Expand 'real time' surveillance in emergency departments to monitor for acute health conditions including influenza, injuries and drug and alcohol related conditions.

◗ Ensure the health system can maintain operations in the event of external emergencies.

◗ Build the capacity of the NSW health system to prepare for the arrival of new and emerging communities arriving under the Australian humanitarian program.

Influenza pandemic preparedness

NSW Health is at the forefront of planning for infectious diseases emergencies such as pandemic influenza, bioterrorism, severe acute respiratory syndrome (SARS) and other and newly emerging infectious diseases.

The current focus is on preparing for an influenza pandemic, which could occur if the H5N1 avian influenza virus currently circulating on a number of continents mutates into a strain that easily transmits between humans.

The NSW Government devoted considerable resources to programs aimed at safeguarding health staff and the community. In 2006/07, NSW Health allocated $3.5 million to furthering biopreparedness activities with an additional $10 million allocated to enhance the state medical stockpile with personal protective equipment for use by health care workers. This funding is in addition to $4.1 million for biopreparedness projects already allocated in 2005/06 and funding is set to increase by a further $3 million in 2007/08.

Biopreparedness activities include increasing capacity for disease surveillance including resource mapping and electronic stock-take capacity management systems and the establishment of an electronic notification and public health communications systems to enhance public health surveillance and notification of communicable diseases.

Disaster simulation exercises

NSW Health regularly plays a key role in inter-agency disaster preparedness exercises.

Exercise Cumpston
NSW Health participated in the national influenza pandemic exercise, Exercise Cumpston, in October 2006. This exercise simulated the early stages of a possible influenza pandemic and its impact on Australia, testing not only NSW Health's preparedness for such an event but also the overall emergency management arrangements of NSW.

Evaluations of the exercise found that NSW's infectious disease surveillance arrangements are considered comprehensive and timely. In particular, NSW has a robust operational plan for distributing essential medications and medical supplies from central stores to regional areas.

NSW has a well-understood plan for operating emergency screening of potentially infected persons at all public hospitals and clear communication mechanisms for operational decisions made at the strategic level during an influenza pandemic.

Exercise Paton
In November 2006, NSW Health also conducted Exercise Paton, a statewide simulation exercise that tested the response of emergency departments, multipurpose services and public health units in the early stages of an influenza pandemic. Hospital facilities performed well and demonstrated their readiness to identify isolate and treat a person suspected to have pandemic influenza.

The exercise has also informed planning in the areas of public health response and laboratory preparedness for an influenza pandemic.

Bioterrorism exercise
In July 2007, NSW Health hosted a discussion exercise around the release of a bioterrorism agent in the Sydney Central Business District. The exercise helped all agencies better understand the processes and concerns of fellow responding agencies and helped clarify planning arrangements for APEC 2007 Leaders' Week.

Public health plans for major public gatherings
NSW Health regularly revises public health plans for large public gatherings. In 2006/07, regular contingency planning meetings were held for events such as APEC 2007 and World Youth Day 2008.

Communicable disease surveillance and initiatives
During 2006/07, NSW Health provided training workshops and seminars in disease control for NSW public health officers.

Work was also underway to further developed systems for electronic laboratory notification of diseases and for the redevelopment of the notifiable diseases database.

Lane Cove Tunnel health investigation
Through NSW Health's association with the Collaborative Research Centre for Asthma and Airways, the first phase of the Lane Cove Tunnel health investigation was completed by the Woolcock Institute of Medical Research. The study aims to determine any impact of air quality changes on respiratory health in the community living around this new development and is the first of its kind in Australia. The Chief Health Officer has convened an expert steering group to oversee the investigation.

Phase one of the study collected baseline health information on more than 3,000 residents in four zones around the tunnel development and monitored local air quality in 38 locations. These observations will be repeated in 2007/08 and if required, in 2008/09.

NSW Health drinking water monitoring program
The NSW Health Water Unit and public health units continue to provide expert advice to water utilities across NSW. In the last year, NSW Health laboratories tested more than 20,000 drinking water samples from local water utilities through the NSW Health Drinking Water Monitoring program.

Private Water Supply Guidelines have also been published to assist premises that do not receive town water (such as caravan parks, school camps, and tourist attractions) to provide water that is safe to use.

Expanding deceased organ donation practice
The Health Research and Ethics Branch developed and released practice guidelines on Organ Donation After Cardiac Death. These guidelines will enhance opportunities for individuals to donate organs after their death. They provide clear and detailed advice on a number of significant clinical, ethical and legal issues regarding deceased donation practice.

Ethics review
During 2006 the Health Research and Ethics Branch finalised the implementation of a system of streamlined ethical review of multi-centre research.

The health of the people of NSW
– Report of the Chief Health Officer
The 2006 report – The health of the people of New South Wales – Report of the Chief Health Officer – presented trends in key health indicators demonstrating the social determinants of health and highlighting emerging health issues.

In 2006, the report included for the first time:

▌ Maps of population and health outcomes by local government area

▌ Projections for hospitalisations and deaths from selected conditions

▌ The inclusion of indicators by NSW Divisions of General Practice and considerable enhancements to chapters on Aboriginal health and diabetes.

This report is essential to NSW Health's ability to plan for emerging health issues.