

Strategic Direction 3

STRENGTHEN PRIMARY HEALTH AND CONTINUING CARE IN THE COMMUNITY

Ideally, people want to access health care 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, community nursing services, youth health services, pharmacies, allied health services, and Aboriginal health and multicultural services – provided in both public and private settings, and by specific non-government organisations.

Early intervention principles are embedded into health service 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 is growing. NSW Health aims to reduce avoidable hospital admissions by 15% within five years through early intervention and prevention, and better access to community-based services.

After Hours GP Clinic Program

Access to GPs in the after hours period eases pressure on hospital emergency departments. In 2007/08, After Hours GP Clinics opened at or near Ryde, Dubbo, Shoalhaven, Blacktown and Broken Hill Hospitals. NSW Health also continued to support existing clinics at Albury, Nepean, Liverpool and Campbelltown Hospitals.

HealthOne NSW Program

HealthOne NSW brings together GPs, community health services and allied health services to work in multidisciplinary teams to keep people well and out of hospital through disease prevention and early intervention strategies. It also provides continuing care in the community for people with chronic disease.

In 2007/08, HealthOne NSW services commenced at Elderslie and Mt Druitt. Capital works have been approved for Manilla, Rylstone and Blayney, and a grant has been made to the local

council to progress the Molong HealthOne NSW facility. Ten more services are under development.

Many of the 16 services have developed care pathways for specific target groups such as people with chronic and complex conditions, vulnerable families, young people with unmet health needs and frail aged people, and are working on practical implementation of these pathways.

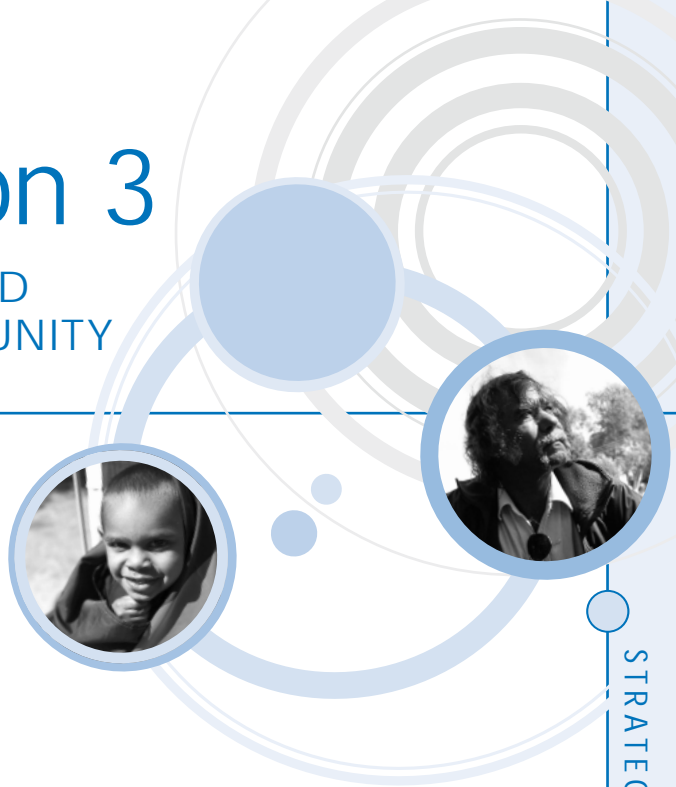
Community Health Review

The Community Health Review is looking at current investment in community health services operated by NSW Health, identifying challenges and gaps in service delivery, and making recommendations for reform. It is examining linkages with other primary and community health providers, such as GPs, non-government organisations and other human services of Government, as well as other parts of the health system.

Terms of Reference were approved in late-2007, a Steering Group formed early in 2008 and a consultant engaged to work on the review in May 2008. An analysis of existing community health data, consultations with a range of stakeholders and a literature review have all commenced. A report and recommendations are expected in 2008/09.

Treating Eating Disorders

A GP Online Learning Program was launched in the early detection, assessment and management of eating disorders. Free online seminars and learning programs on eating disorders for health workers were offered. An international expert on eating disorder preventative programs, Professor Debbie Franko from Northwestern University in Boston, conducted a training workshop for health and education workers in online preventative programs.



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% over five years for Aboriginal people with conditions that can be appropriately treated in the home.

NSW Aboriginal Maternal and Infant Health Strategy

This Strategy aims to improve health outcomes for Aboriginal women during pregnancy and birth, and decrease maternal and perinatal morbidity and mortality. Each service consists of a midwife and an Aboriginal Health Worker working in partnership to provide accessible community-based maternity care and healthy lifestyle advice. In 2007, a two year Memorandum of Understanding was entered into with the Department of Community Services to expand the Strategy to 31 services and provide a voluntary referral pathway to the Department of Community Services' early intervention program, Brighter Futures.

Aboriginal Men's Health

Aboriginal men have a life expectancy almost 19 years less than for non-indigenous men, and experience significantly higher rates of hospital admission for many conditions. A DVD, Strong Men, Deadly Groups, aims to engage Aboriginal men in addressing their health needs.

It highlights models used in establishing local Aboriginal Men's health groups which provide avenues for Aboriginal men to contribute to the health and wellbeing of their communities. Initiatives in health promotion, nutrition, father/son activities, yarning circles and information about partnerships with TAFE colleges that have resulted in courses targeting Aboriginal men are all showcased. A directory of Aboriginal Men's groups is included with the DVD for reference.

Best Practice in Aboriginal Participation in the Magistrates Early Referral Into Treatment (MERIT) Program

In 2007/08, the Aboriginal Health and Medical Research Council (AH&MRC) created a position for a MERIT Project Officer, to assist in the development of a 'best practice' model to engage and retain Aboriginal defendants in the MERIT program. The model was developed through community consultations and capacity building initiatives.

Four 'pilot' projects have been run in different areas. Resources have been developed, including a culturally appropriate poster, to promote MERIT services to possible clients.

Improving outcomes in mental health

Improved outcomes for people with mental illness have been achieved since the release in 2006 of *NSW: A New Direction for Mental Health*.

Supporting general practitioners

Two manuals have been developed as part of the State-Wide Advisory Team (SWAT) project to support GPs in caring for patients with mental health and substance abuse problems: *Patient Journey Kit 1: Transfer of stable public clinic opioid dependent patients to GP prescribers* and *Patient Journey Kit 2: Supporting GPs to manage comorbidity in the community*.

Both manuals support GPs working with other professionals and with patients who have co-morbid mental health and substance use problems to develop combined care and business plans. The kits and supporting documentation are available on the NSW Health website.

Housing and Accommodation Support Initiative (HASI) Stage 4B – HASI in the Home

HASI in the Home (HASI 4B) is the first stage of HASI that enables consumers to access accommodation support whilst not living in social housing, including new target groups such as young people living in the family home, people living with aging parents or within extended family situations, and people living alone.

There are 80 packages of medium level accommodation support and 160 packages of lower level accommodation support rolled out across NSW, giving each AHS access to 10 medium support and 20 lower support packages.

Enhancement of Specialist Mental Health Services for Older People (SMHSOP) community teams across NSW

These community teams help improve access to specialist mental health clinical services, improve coordination and continuity of care, and improve clinical outcomes for older people with complex mental health problems. Area Health Services are recruiting 157 FTE new specialist clinical staff over five years from 2006/07. Sixteen of these new positions were established in 2007/08.

Increased focus on early intervention

Prenatal Reporting

The NSW Ombudsman's Report of Reviewable Deaths in 2005 contained a recommendation that NSW Health and the

Department of Community Services (DoCS) jointly develop a statewide policy through which hospitals can alert DoCS about the birth of a baby and initiate a coordinated response to any concerns about possible risks to the baby.

The Department worked with NSW Department of Community Services to develop a system to standardise notification and response procedures to prenatal reports. In 2007, a six-month trial of this system took place, involving health and community services in Wollongong, Shellharbour and Coffs Harbour.

Other Highlights

Specialised stroke services

Specialised stroke services were established in seven sites in rural NSW including acute stroke units in Wagga Wagga, Shoalhaven and Port Macquarie and Stroke Care Coordinators in Bathurst/Orange, Armidale and Tamworth. The NSW Institute of Rural Clinical Services and Teaching Rural Stroke Project provided support to sites, including training and education on the management of stroke patients.

PERFORMANCE INDICATORS

Avoidable hospital admissions

Desired outcome

Improved health and increased independence for people who can be kept well at home, 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.

Interpretation

Avoidable admissions increased in the last 12 months compared to the previous year, driven by ongoing increases in population and ageing. NSW Health is working with Area Health Services to build acute community capacity with the establishment of new Community Acute/Post Acute Care (CAPAC) Services.

Related policies and programs

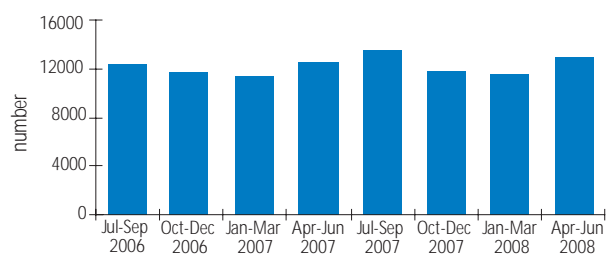
NSW Health, working with the Area Health Services, has progressed and is establishing standardised reporting and recording of CAPAC services within NSW to assist in the monitoring of the Avoidable Admissions Strategy. Through Clinical Redesign Projects the development of new CAPAC services within NSW has been achieved to focus on the acute care treatment of patients identified as suitable for management in an alternative care setting, rather than an acute hospital bed.

The range of strategies identified through the Walgan Tilly, Chronic Care for Aboriginal People clinical redesign process will be implemented to improve access to chronic care services by Aboriginal people. Sustainable Access Plans have been developed, with an emphasis on building capacity within the community acute setting. They have focused on increasing the volume of CAPAC services to improve performance around the target for "Priority F5: Reduced avoidable hospital admissions".

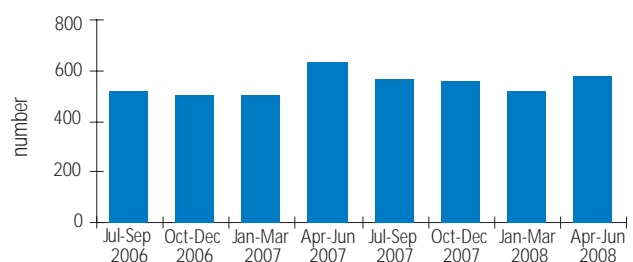
NSW Health has expanded its 'Health Care at Home' services. There is specific emphasis on strategies to manage people at home for conditions amenable to home visits by treating nurses, packages of care to speed up transfer of patients from hospital back into the community, and augmenting the delivery of rehabilitation for patients with chronic disease.

"HealthOne NSW" services established to improve patient care, focusing on keeping people well and out of hospital through prevention of disease and ill health, early intervention strategies and continuing care for people with chronic illness.

Avoidable hospital admissions for conditions that can be appropriately treated in the home - All persons (number)



Avoidable hospital admissions for conditions that can be appropriately treated in the home - Aboriginal persons (number)



Source: NSW Health Admitted Patient Data Collection

PERFORMANCE INDICATORS

Antenatal visits

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.

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.

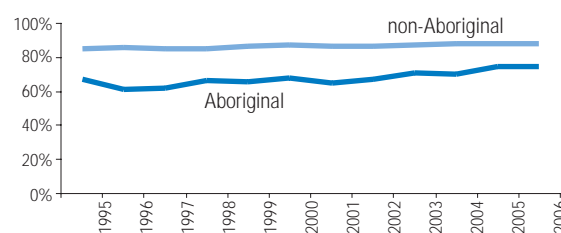
Related policies and programs

- 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 which provides leadership and support and information sharing for Area Health Services that are developing continuity of midwifery care models.

- Early pregnancy care improvements include the provision of universal access to public antenatal care across NSW. This means an increase in access to public antenatal services in over 45 rural and regional towns.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity. In 2006 the program evaluation demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The AMIHS is being expanded as a statewide service increasing to over 30 programs.

Antenatal visits – births where first maternal visit was before 20 weeks gestation (%):



Source: Midwives Data Collection (HOIST)

Low birth weight 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 care that was received during pregnancy.

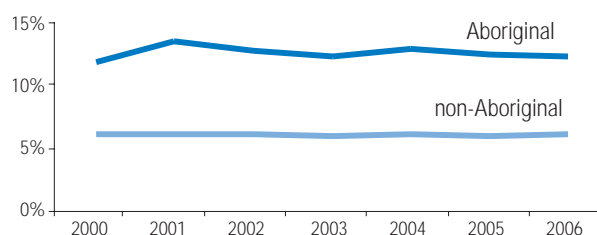
Interpretation

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

Related policies and programs

For policies and programs associated with this indicator please see related policies and programs for the indicator Antenatal visits – births where the first maternal visit was before 20 weeks gestation.

Low birth weight babies – births with birth weight less than 2,500g (%)



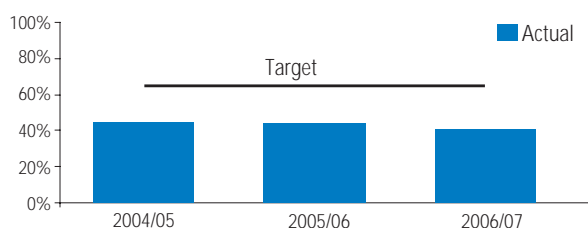
Source: Midwives Data Collection (HOIST)

Postnatal home visits

Desired outcome

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

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)

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. This provides staff the opportunity to engage more effectively with families who may otherwise not have 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.

Interpretation

Since the commencement of the Families NSW initiative, over 330,000 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; 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 NSW Health and Departments of Community Services, Education and Training, Housing and Ageing, Disability and Home Care in partnership with parents, community organisations and local Government.

The NSW Safe Start (formerly Integrated Perinatal and Infant Care) 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.

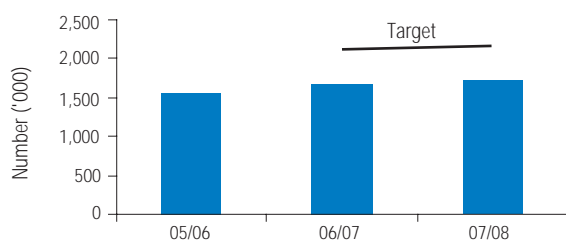
PERFORMANCE INDICATORS

Mental health: Ambulatory contacts and acute overnight inpatient separations

Desired outcome

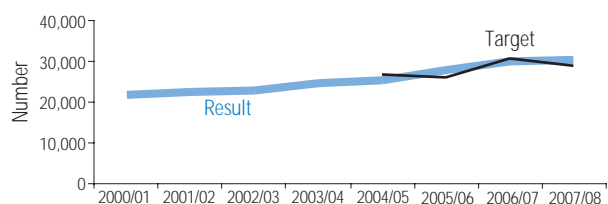
Improved mental health and wellbeing. An increase in the number of new presentations to mental health services reflecting ability to meet growing demand.

Mental Health ambulatory contact Number ('000)



Source: 2007/08 -State HIE (MHAMB collection) 29/7/2008.

Mental Health Acute overnight inpatient separations (number)



Source: 2007/08 State HIE - (DOHRS) 22/7/2008.

Note: 2006/07 overnight separations have been corrected: in the previous report they were listed as 22,490.

Context

Mental health problems are increasing in complexity and comorbidity, 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 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, with an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and total numbers of individual people requiring mental health services are expected to rise.

Interpretation

There has been a small increase in the number of ambulatory contacts although interpretation of this data needs to be treated with caution. Ambulatory contact data continues to be uploaded from Areas for several months after the close of a reporting period, and data for 2007/08 will not be finalised until late 2008. The number of contacts presented here are most likely under-reported. Acute overnight separations are on target, set according to funded acute bed numbers as predicted by the service-planning model used for mental health services.

Related policies and programs

The major investment in mental health services brought about by the initiatives documented in *NSW: A New Direction for Mental Health* have continued. Acute, non-acute and community based specialist mental health services and community rehabilitation services have expanded. Major initiatives such as the Housing and Accommodation Support Initiatives (HASI), have resulted in a reduction of unnecessary hospital admissions. This has led to people being treated more appropriately in the community, leading to better outcomes for both consumers and their carers.

Suspected suicides of patients

Desired outcome

Minimal number of suicides of consumers following contact with a mental health service.

Context

Suicide is an infrequent and complex event that is influenced by a variety of factors. 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 consumers, their families and carers. This should reduce the risk of suicide for people who have been in contact with mental health services.

Interpretation

NSW mental health services report between 80 and 110 apparent suicides of known consumers per year. Data for the most recent period is in the middle of this range. This indicator includes only suspected suicides reported to services, and variations in the indicator may be due to differences in awareness and reporting rather than true changes in suicide rate.

Related policies and programs

People with serious mental health problems are particularly vulnerable to the risk of suicide. Although not all suicide deaths

Mental health re-admission

Desired outcome

Rates of mental health re-admission 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 comorbidity 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. While early recovery is inherently fragile, a re-admission to acute mental health inpatient care within a month could indicate that discharge may have been premature or that post discharge follow-up in the community may not have adequately supported continuity of care for the client.

Interpretation

This indicator has been modified compared with previous reports. The implementation of a State Unique Patient Identifier (SUPI) means that it is possible to measure re-admission to any facility in NSW. The NSW indicator now uses the COAG National Action Plan for Mental Health indicator: the percentage of separations from a mental health unit (including acute and non-acute and all age groups) followed by re-admission to a mental health unit any where in the state within 28 days, while the previous indicator could only capture re-admissions to the same facility.

The revised indicator is more complete and more accurate than

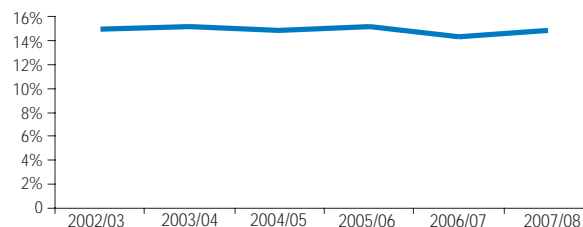
the earlier indicator, and results in a reported re-admission rate 3-5% higher than previously. There is currently no agreed target for this revised indicator. Work is underway through the National Mental Health Benchmarking Project to develop targets for this and other indicators. Data for 2007-08 is for nine months only (June 07 – March 08) and will be updated in the next report.

The indicator has been steady over the period 2002/03 to 2007/08, the variation being 15.2% to 14.3%. The indicator is corrected for incomplete SUPI coverage in some Areas. As with the superseded indicator, the current indicator cannot exclude a small number of planned re-admissions.

Related policies and programs

The enhancement of mental health services throughout the state continues with the construction of new mental health infrastructure, refurbishments and reinforcement of community mental health services. This increased support for mental health services leads to better outcomes and best practice models of care for consumers and their carers. Future roll-out of initiatives outlined in *NSW: A New Direction for Mental Health* will lead to improvement in quality and safety of mental health services.

Mental Health re-admission within 28 days (%)

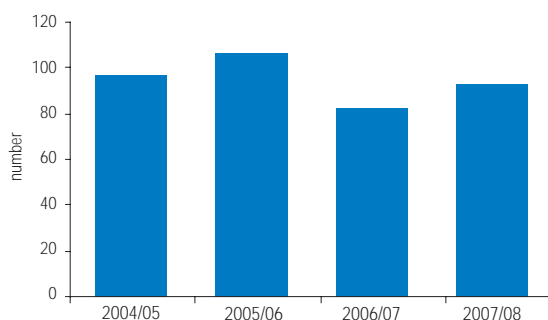


can be prevented, NSW Mental Health Services continues to review the quality of service delivery and identify opportunities to enhance safety. The consumer's transition from inpatient mental health treatment to care in the community is a period of elevated suicide risk.

Effective discharge planning that ensures continuity of care, and promotes safety for consumers, their carers and the wider community is essential at this period.

A statewide Discharge Planning policy and guidelines for adult inpatient mental health services was released to support structured and consistent discharge planning processes across all mental health inpatient facilities.

Suspected number of suicides of consumers 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

Strategic Direction 4

BUILD REGIONAL AND OTHER PARTNERSHIPS FOR HEALTH

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

A particular focus is on reducing the health gap for communities that experience multiple disadvantages, such as Aboriginal communities, refugees, and people of lower socio-economic status.

Improved outcomes in mental health

NSW Health aims to increase the percentage of people aged 15-64 years with a mental illness in employment to 34% and community participation rates by 40%, working with other agencies, by 2016.

Resource and Recovery Service Program for People with a Mental Illness

The Resource and Recovery Services Program (RRSP) is providing \$3 million recurrent funding to non-government organisations (NGOs) across 19 sites in NSW. The program supports 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.

Mental Health Infrastructure Grant Program

This Program supports mental health funded NGOs who are working towards continuous quality improvement and/or accreditation, or towards engaging in a quality improvement process and /or accreditation.

Providing these grants is a major step in enabling NGOs develop their facilities and operations, enhance their corporate governance structures and strengthen and modernise their management practices and business operations.

The grants program has been developed in two rounds. Each round was funded for \$2 million. The first round finished in June 2007, and the second round commenced November 2007, with the remaining funding due to be approved by the Minister for Health in July 2008.

Second Yearly Progress Report on the Inter-agency Action Plan for Better Mental Health

The *Second Yearly Progress Report* was launched by the Premier in April 2008. The report states 74% of the commitments in the plan are either completed or ongoing after only two years into the five year plan. There were significant achievements in prevention and early intervention, community support and improving responses to mental health emergencies.

Devolution of NSW Older People's Mental Health Policy Unit to GWAHS

The NSW Older People's Mental Health Policy Unit was devolved to Greater Western Area Health Service under a Service Level Agreement with MHDAO to enhance its strategic capabilities in leading statewide policy and program developments, especially the significant development occurring in rural NSW, and linkages with clinical and operational service delivery issues.





Local Government Drug Information Project

An initiative with the Local Government and Shires Association of NSW (LGSA NSW), it aims to improve local Government's capacity to identify and respond to drug and alcohol issues within their communities. A Project Officer has developed a Reference Guide for Local Government, published on the LGSA website. Training of local Government staff is underway. A final evaluation report on the project is due by the end of 2008.

Partnership with the Network of Alcohol and Drug Agencies (NADA)

During 2007/08 the Mental Health and Drug & Alcohol Office collaborated on a number of projects with the Network of Alcohol and Drug Agencies (NADA) including NGO accreditation and workforce development, NGO involvement in the *Magistrates Early Referral Into Treatment (MERIT) Program*, and two new projects focussing on Drug and Alcohol/Mental Health: the *NSW Family and Carers Mental Health Program* in the Drug & Alcohol NGO Sector and *Cross-Training for Drug & Alcohol/Mental Health workers*.

Rural Consultation liaison funded through comorbidity

GSAHS and GWAHS were funded to continue the development of the Drug and Alcohol Consultation Liaison services in Goulburn, Wagga, Griffith, Bathurst, Dubbo, Bega, Orange and Albury Base Hospitals to provide clinical services in the assessment and provision of acute care to people with co-morbid drug and alcohol problems.

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*, leading to measurable health improvements for Aboriginal people.

Aboriginal Health Partnership Agreement

An historic agreement between the NSW Minister for Health, the Director-General and the Aboriginal Health and Medical Research Council of NSW (AHMRC), it commits the Department of Health to a discrete and equal relationship with the AHMRC with the purpose of:

- Developing agreed positions relating to Aboriginal health policy, strategic planning, services and equity in allocation of resources.
- Ensuring that Aboriginal health retains a high priority in the health system overall; that it is integrated as a core element in all NSW Health policies and their implementation; and that effort is sustained.
- Promoting a partnership approach at all levels within the health system.
- Keeping Aboriginal health stakeholders and community informed about the outcomes of the NSW Aboriginal Health Partnership.

The Partnership was renegotiated in 2007/08 and signed by all parties in April 2008.

Koori Kids Koori Smiles

A North Sydney Central Coast Area Oral Health Service initiative providing the local Aboriginal population with culturally appropriate oral health information, clinical dental services, and the provision of mouth guards for patients who play contact sport. Clinical services are provided for children aged up to 17 years.

There was Aboriginal community input and involvement in all program planning aspects, including the logo, designed by a local Aboriginal artist. Participation and acceptance from the Aboriginal community has been extremely positive. The program was Highly Commended in 2006 NSW Aboriginal Health Awards, under the category of *Working together to make a difference*.

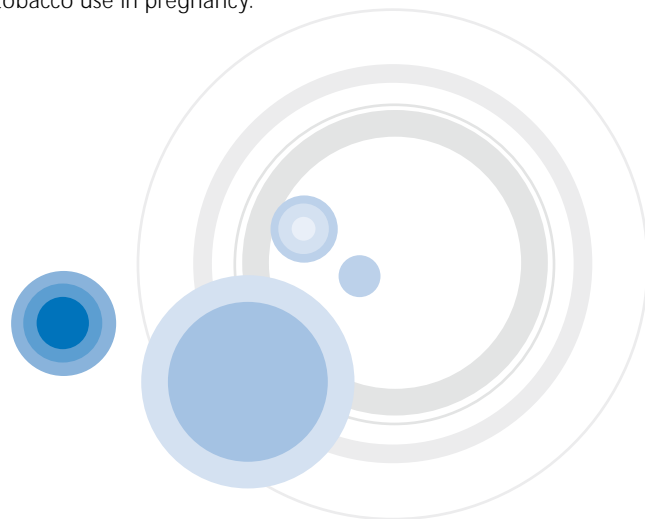
Other Highlights

Centre for Health Record Linkage

The Centre for Health Record Linkage (CHeReL) was established in 2006–07 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.

All record linkage projects are carried out 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. In 2007/08, the CHeReL carried out record linkage for 12 projects covering a range of topics including cancer treatment, stroke management, mental health and ageing, and the effects of alcohol and tobacco use in pregnancy.



PERFORMANCE INDICATORS

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

Desired outcome

Increase screening for Otitis Media in Aboriginal children aged 0–6 years to 85% of the cohort.

Context

The incidence and consequence of Otitis Media and associated hearing loss in Aboriginal communities has been identified.

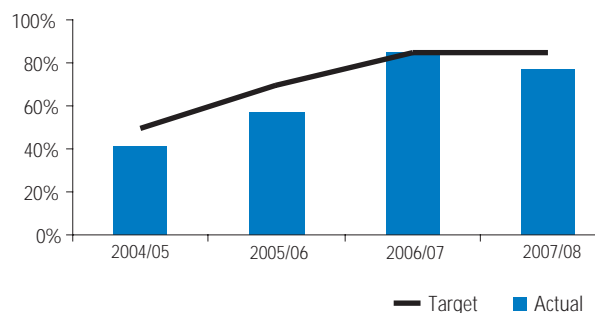
The World Health Organization noted that prevalence of Otitis Media greater than 4% in a population indicates a massive public health problem. Otitis Media affects up to ten times this proportion of children in many Indigenous communities in Australia.

Interpretation

2007/08 was the final year of the screening program in its current form as an initiative under the Aboriginal Affairs Plan: Two Ways Together. The program achieved a credible performance, undertaking 17,447 screenings for Aboriginal children in 2007/08 and 59,471 screenings over the four-year period.

An evaluation of the program conducted during 2008 made a number of recommendations to improve child health outcomes and the sustainability of the program. NSW Health has convened an expert advisory committee which will consider the evaluation recommendations and, in so doing, develop new performance indicators and program design consistent with a population health outcomes-based approach, utilising existing child health surveillance strategies. It is anticipated that this work will be complete by January 2009.

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



Source: Centre for Aboriginal Health

Strategic Direction 5

MAKE SMART CHOICES ABOUT THE COSTS AND BENEFITS OF HEALTH SERVICES

As health costs continue to rise, available resources must be used effectively. Services and infrastructure require careful planning with community and clinician input, and managed efficiently with 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.

In April 2007/08, Health Support Services became the delivery arm of the NSW Health Shared Services Program. It was formed through the merger of HealthSupport and HealthTechnology. The merger presents a unique opportunity to maximise efficient, effective and innovative business practices providing long lasting benefits for healthcare delivery.

Information on initiatives undertaken by Health Support Services 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 delivery of patient care.

The Strategic Information Management (SIM) Branch is responsible for designing and delivering IT systems to enhance patient safety and improve quality of care. SIM activities for the year are detailed in Appendix 3 of this report.

Technology Shared Services (TSS) manages in excess of 50 projects centered on the management and provision of support and operational services to NSW Health and Area Health Services Information Communication Technology (ICT) programs and projects. Its activities are detailed under Health Support Services in Appendix 3.

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.

The Health Infrastructure Office has been established to manage and oversee the delivery of the NSW Government's major hospital works. Achievements of the Health Infrastructure Office are detailed under the Services and Facilities section of this report.

Capital Assets Charging Policy

A Capital Assets Charging Policy was developed and will be introduced next financial year. The policy will encourage an appropriate level of asset maintenance and will create improved incentives at health service level to obtain better value for money from the resources allocated to the health sector.



Other Highlights

Episode Funding

A decision was taken in late 2007 to use Episode Funding (EF) as a standardised, uniform approach to establishing public hospital budgets in NSW.

Implementation of the new EF policy commenced for the 2008/09 budget allocation process. It applies to acute inpatient services (including emergency department and Intensive Care Services) and designated sub and non-acute inpatient services in District level and larger hospitals.

As part of implementing the EF policy, an enhanced set of governance and performance monitoring arrangements is being put in place, including:

- agreed activity targets as part of the Area Performance Agreements
- quarterly EF reporting
- audits of clinical costing and coding
- reporting on performance indicators to monitor the impact of episode funding on key measures.

Adjunct policy initiatives to support the implementation of EF include the implementation of a statewide clinical costing system and development of state costing standards. The new statewide system will replace the four existing systems which will improve data comparability and timeliness of reporting of patient costing data.

Standard Chart of Accounts

The Standard Chart of Accounts was introduced. This standardised codification of financial data is the foundation for standardised statewide reporting of financial information as Shared Corporate Services is implemented.

Home-based dialysis studies

A study commenced to determine current level costs associated with facility-based and home-based dialysis modalities. This project will inform strategic planning of health services, facilitating the identification of cost-efficient approaches and standardisation of practice.

Tooth Smart Dental Program

The Tooth Smart Dental Program in SWAHS aims to provide families of children requiring extensive dental treatment under general anaesthesia with oral health support and follow-up in

order to reduce further incidence of dental decay and improve the oral health of the family as a whole.

Evaluation of pilot older people's mental health/aged care partnership long-term care programs

MHDAO has commissioned a two year evaluation with residential aged care providers to assess various aspects of the model, including cost-effectiveness, and inform statewide strategic directions in this area.

Trial of Involuntary Drug and Alcohol Treatment

Arising from the Government's response to the NSW Parliamentary Standing Committee on Social Issues Report on the Inebriates Act 1912, arrangements are being finalised for a two year trial of a new model of drug and alcohol involuntary treatment at the Centre for Drug and Alcohol Medicine at Nepean Hospital. Planning is well advanced.

The Drug and Alcohol Treatment Act 2007 has been introduced to underpin the trial. A Memorandum of Understanding between key Government agencies providing services for the Trial has been agreed. An independent evaluation has been commissioned and a comprehensive Model of Care and operational protocols have been prepared by clinical staff.

Trial of the Medically Supervised Injecting Centre

The Drug Summit Legislative Response Amendment (Trial Period Extension) Act 2007, which underpins Trial of the Medically Supervised Injecting Centre, was introduced into the Legislative Assembly by the Minister for Health on 7 June 2007 to extend the Trial for a further four years to 31 October 2011. The Act commenced on assent in July 2007 and operates as Part 2A of the Drug Misuse and Trafficking Act 1985.

Accounting Systems Upgrade

The actions required to upgrade the Department's accounting systems, Health Services' financial reporting systems and accommodate new practices for the Treasury banking tender for all health services have commenced, with scheduled completion in 2008/09.

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

Desired outcome

More equitable access to health funding between Area Health Services.

Context

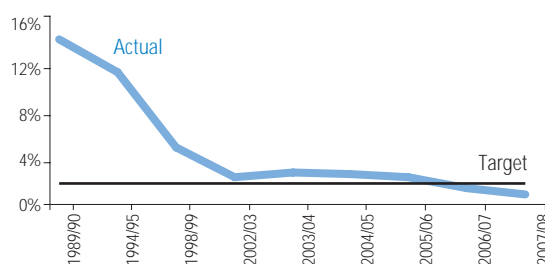
Funding to NSW Area Health Services is guided by the resource distribution formula, which aims to indicate an equitable share of resources, taking account of local population health needs. Factors included in estimating local need include age, sex, mortality and socio-economic indicators.

Interpretation

In 1989/90, Area Health Services were on average 14% 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 2% in 2007/08.

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



Source: Inter-Government and Funding Strategies Branch

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%, that is, full expenditure of the NSW Health capital allocation for major and minor works.

Context

Variance against total Budget Paper 4 capital allocation and actual accrued expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Interpretation

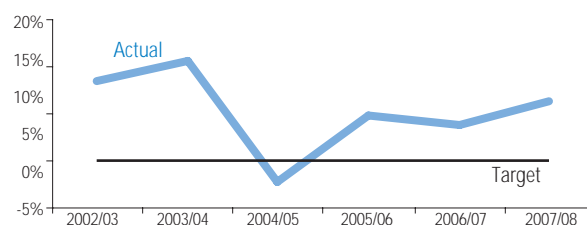
Actual accrued expenditure of \$780.4 million for 2007/08 is an unfavourable (9.3%) result against the BP4 allocation of \$714.3 million. The additional expenditure was largely attributed to repairs, maintenance and renewals (RMR > \$10,000) by Area Health Services. This was balanced by under expenditure on some construction projects and statewide programs.

Related policies and programs

Strategies to achieve the desired outcome of 0% during 2008/09 include:

- Continual review and monitoring of the Health asset acquisition program against Area Health Services expenditure projections for projects with a value less than \$10 million.
- Continued centralised monitoring of Health Infrastructure against expenditure projections for projects with a value greater than \$10 million.
- Ongoing regular program meetings with Area Health Services Chief Executives to monitor project and expenditure progress.
- Ongoing monitoring of the asset acquisition program and capital budget processes by the NSW Health Cross-Divisional Capital Steering Committee.

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



PERFORMANCE INDICATORS

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 moneys, which are variable in nature dependent on the level of community support
- operating result of business units (eg 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).

Interpretation

Five Health Services contributed significantly to the unfavourable 2007/08 total, ie Hunter/New England, Northern Sydney/Central Coast, North Coast, Greater Southern and Greater Western. The results reflect the significant pressures on health service budgets. North Coast and Greater Southern are also impacted due to increases in activity and patient flows to/from other States and Territories.

Employee Related Expense constitutes the major category of expense and control of this item is critical to achieve budget. For 2008/09 the Department requires that Chief Executives set monthly staff targets and devolve such throughout their Health Service. This will be closely monitored across NSW Health.

The Department has also required the development of financial strategies to address the budgetary problems experienced in 2007/08. Strategies have also been supplemented by various initiatives announced in the November 2008 Mini Budget.

Health Service	2007/08 Budget	Variation from Budget	
	\$M	\$M	%
Sydney South West	1,723.2	(2.8)	(0.2)
South Eastern Sydney Illawarra	1,415.3	2.5	0.2
Sydney West	1,343.9	6.8	0.5
Northern Sydney Central Coast	1,153.9	63.3	5.5
Hunter New England	1,237.6	12.7	1.0
North Coast	687.6	29.9	4.3
Greater Southern	669.3	14.7	2.2
Greater Western	556.4	30.6	5.5
NSW Ambulance Service	372.4	(0.3)	(0.1)
Children's Hospital at Westmead	65.9	2.4	3.6
Justice Health	76.7	(0.4)	(0.5)
Issued Budgets	9,302.2	159.4	1.7
2006/07 Result	8,927.1	25.1	0.3
2005/06 Result	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

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

Desired outcome

Payment of general creditors within agreed terms.

Context

The NSW Department of Health monitors creditor performance on a regular basis and, where liquidity management is found to be deficient, requires relevant Health Services to improve performance and implement strategies. The Department monitors progress, both in the short term and on a long term basis to achieve acceptable payment terms to suppliers.

Performance at balance date in the past five years against Trade Creditor benchmarks reported by health services is:

Date	Value of General Accounts not paid within 45 days (\$M)	Number of Health Services reporting General Creditors 45 days
30 June 2004	7.5	3
30 June 2005	13.2	4
30 June 2006	1.3	1
30 June 2007	0	0
30 June 2008	75.1	6

Since 2004/05 the Department has set a benchmark that creditor payments should not exceed between 35 and 45 days from receipt of invoice.

The Health Services reporting creditors over 45 days as at 30 June 2008 are as follows:

Health Service	\$M
South Eastern Sydney Illawarra	24.3
Sydney West	6.2
Northern Sydney Central Coast	8.7
North Coast	2.3
Greater Southern	12.7
Greater Western	20.9
Total	75.1

Related policies and programs

The Department has introduced further monthly accountabilities for 2008/09 regarding liquidity performance. It is expected that pressure of each Health Service's liquidity position will be eased through a revised method of payment for all intra health creditors.

Strategic Direction 6

BUILD A SUSTAINABLE HEALTH WORKFORCE

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the state are key priorities for the future. There has been a continued focus on health workforce at a state and national level over recent years with a range of strategies and initiatives showing positive results. Since 2003, there have been significant increases in professional staff across the NSW public health system as outlined in the table below. Clinical staff as a proportion of all NSW Health staff has continued to rise from 69.6% in 2003 to 72.6% in 2008.

Professional Staff FTE	June 2003	June 2007	June 2008	% Increase over 2003
Salaried Medical	6,112	7,318	7,866	28.7%
Visiting Medical Officers (2004-07)	4,263	n/a	n/a	n/a
Nursing	32,550	38,101	39,033	19.9%
Allied Health	6,323	7,387	7,487	18.4%
Oral Health	998	998	1,098	11.2%

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 co-workers.

Key prevention strategies include:

- consulting with staff
- identifying, assessing and controlling workplace hazards
- providing training
- regularly auditing public hospitals using the NSW Health OHS audit tool.

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.

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. A sick leave management policy and detailed supporting guidelines to assist Area Health Services to meet these targets have been issued.

Recruitment and Retention

Emergency Care Workforce

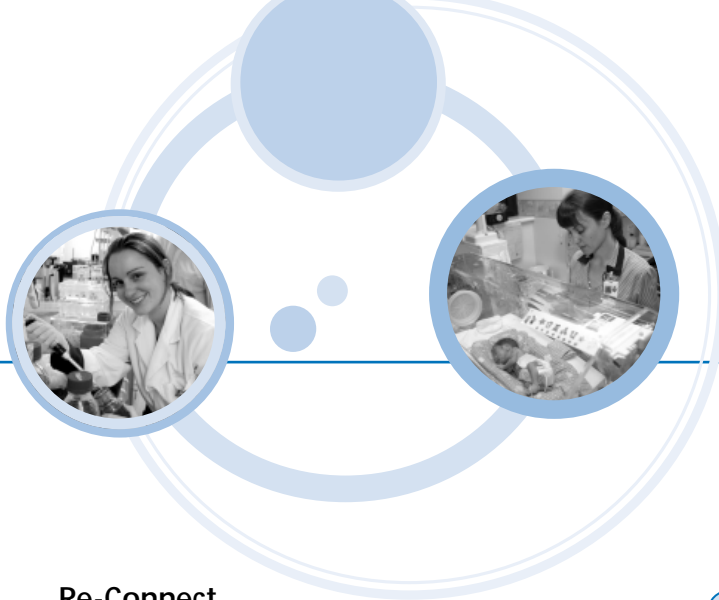
An additional 35 Full Time Equivalent (FTE) emergency specialist positions to improve the level of senior staffing in the busiest emergency departments were announced as part of a government package of \$30 million (\$50 million annually) to relieve pressure in NSW public hospitals. The package also included 150 additional beds and a campaign to support recruitment of medical staff to areas of shortage.

The 35 new positions were allocated across the Area Health Services and The Children's Hospital at Westmead. A targeted advertising campaign to support recruitment to these positions is contributing to a net increase in the specialist emergency department workforce of 36 specialist doctors (24.15 full time equivalent) by August 2008. These new recruits are interstate, overseas, and locum doctors converting to permanent NSW Health employees, and trainees completing training in NSW to take up specialist positions.

International Medical Graduates

International Medical Graduates (IMGs) are an important part of NSW Health's medical workforce with many working in locations outside capital cities. Support for these doctors is key to ensuring effective service delivery and patient care.

In 2007, \$640,000 was spent supporting these doctors to successfully integrate into the health system and the community. The program supplemented supervision and support and addressed a range of issues, such as understanding the Australian and NSW health system and effective communication and language skills, including Australian colloquialisms.



Pharmacy Workforce

Since July 2006, the Department has invested over \$2.5 million to increase pharmacy intern positions statewide and improve recruitment into the Hospital Pharmacy workforce. A reduction in statewide vacancies in hospital pharmacy positions from 19% to 11.2% was achieved in just two years.

Allied Health ReConnect

NSW has developed one of the first re-entry models applicable for a range of allied health professions. The model was piloted with the Hospital Pharmacy workforce – an Australian first. Recruitment impact of this pilot resulted in 78% of re-entrants gaining employment after successful completion of the Program. Fourteen gained employment at the end of the program.

Nursing and Midwifery

Significant increase in the size of the nursing workforce

The total number of nurses and midwives permanently employed in the NSW public health system has steadily increased in the last four years due to a number of Government funded initiatives. In June 2008, there were 43,068 nurses employed in full and part-time permanent positions, a net increase of 9,064 (26.7%) from January 2002. The total number of permanent nurses (headcount) working in the NSW public system has increased by 884 since June 2007.

New Graduates

A record 1,650 new registered nurses and midwives were employed in NSW public hospitals in 2008.

Increase in the number of Enrolled Nurses

NSW Health has been proactive in significantly increasing the number of Trainee Enrolled Nurses employed over the past four years. The aim is to retain a high proportion in the public hospital workforce after completion of the one year course. Area Health Services have reported 70% to 80% have been employed.

Re-Connect

The "Nursing Re-connect" initiative attracts nurses and midwives who have been out of the nursing workforce for a number of years back to our hospitals. Nurses continue to be employed through the General and Mental Health Re-Connect and their retention rate is 75%. As at June 2008, 1,759 nurses were employed through this initiative, including 139 nurses connected to mental health positions. Rural Area Health Services have employed 561 nurses through "Nursing Re-Connect".

Overseas Recruitment

Over 400 overseas qualified registered nurses and midwives were recruited to NSW public hospitals in 2007/08. More than 200 registered nurses and midwives were interviewed and offered positions during a recruitment campaign in January and February 2008. Overseas recruitment is managed centrally through NaMO's on line database.

Retaining existing workforce

There were a number of initiatives to retain nurses in the public health system. Over \$5 million was provided for education scholarships to more than 1200 nurses and midwives employed in facilities across NSW. Nurses/midwife study leave received \$6 million, allowing positions to be "backfilled". Funding of \$13.4 million was provided for initiatives such as support for new general and midwifery graduates, and ongoing clinical skill development programs for registered and enrolled nurses.

Improving workforce flexibility and strengthening career paths

Clinical Services Redesign

The Centre for Healthcare Redesign was established to ensure ongoing skills development in redesign across NSW Health. The Centre uses a combination of instructional styles including internal and external experts and a new e-learning platform. The first course for the Centre for Healthcare Redesign has been completed and demonstrated successful improvements in patient care.

The Hospitalist Career Pathway

A new training program and career pathway for non-specialist doctors in NSW hospitals was announced in October 2007. The career pathway for Career Medical Officers will be enhanced with the creation of a new 'Staff Hospitalist' classification that is more senior than the current Senior Career Medical Officer.

The Staff Hospitalists will provide a generalist clinical service in NSW public hospitals at a senior level and typically also have patient safety, clinical service redesign and education functions. Development of training programs to support the role of non-specialist Medical Officers is underway.

The NSW Institute of Medical Education and Training is coordinating the development and delivery of the Hospital Skills Program which will recognise and support the skills of non-specialist doctors.

Nurse Practitioners

NSW leads Australia with 104 authorised nurse practitioners and two midwife practitioners already appointed. A further 60 nurses are in transitional positions working towards authorisation by the NSW Nurses and Midwives Board. Recruitment continues for Nurse Practitioner roles across the state.

Mental health workforce

Mental Health Workforce Development

The inaugural Mental Health Workforce Development Sub-Committee meeting took place in August 2007. The Sub-Committee is overseeing workforce initiatives to support public Mental Health Services, current service delivery requirements and emerging priorities.

The work plan focuses on:

- Mental Health Workforce Planning
- Education, Training and Support
- Employment and Workplace Culture
- Partnerships.

Two working groups have been convened to progress a number of activities within the work plan.

Training in Addiction Medicine

Six applications were received for the NSW Health Addiction Medicine Fellowship. It was awarded to a GP who had worked as a prescriber on the NSW Opioid Treatment Program, who is now training to be an Addiction Medicine Specialist. Over 200

Opioid Treatment Program prescribers have completed the Advanced Prescribers Course designed to up-skill prescribers on the latest pharmacotherapies and prescribing guidelines. The course is now available online.

Education and training

Postgraduate education and training

The NSW Government investment in postgraduate education and training for the medical workforce includes:

- \$32 million over the past two years (2006/07 to 2007/08)
- \$66.85 million over the next four years
- \$5.4 million over four years to strengthen the Emergency workforce

This investment has meant that over 1200 trainee specialist positions in psychiatry, surgery and medicine now have improved access to training and support. In 2008, new networks for paediatric and cardiology training were established, with 180 paediatric and 50 cardiology trainees part of the 1200 total. Trainee specialist networks have improved the distribution of these senior doctors to regional and rural NSW.

Dental Graduate Program

Now in its second year, the NSW International Dental Graduate Program takes 10 overseas trained dentists and provides a supervised training and service delivery program prior to candidates completing the final examination for registration in Australia. The program provides placements in rural and regional NSW for a period of six months which assists provision of dental services to these regions. Eight participants successfully completed the first year of the program and a further 10 are completing their rural placements.

Vocational Education and Training in Schools

Funding of \$2.8 million over four years from 2007/08 has been provided to support the development of career pathways into the health workforce through Vocational Education and Training (VET) across Year 11 and 12 in health-related qualifications. An estimated 350 students are participating in 2008.

Bug Breakfast

Bug Breakfast is a series of hour-long breakfast seminars for staff on communicable diseases topics, such as tuberculosis. Ten Bug Breakfast seminars were delivered in 2007/08. There was a high level of interest and participation with over 50 participants attending each session in North Sydney and a further 50 participants in 19 remote sites linked by videoconference.

Aboriginal Workforce

Aboriginal nurses and midwives

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the NSW public health system. In partnership with the NSW Premier's Department, NSW Health has employed 48 Aboriginal nursing and midwifery cadets since 2004.

Ten cadets have graduated and a further 20 are still studying. This figure surpassed the target set in the NSW Aboriginal Affairs Plan – *Two Ways Together*, of 20 Aboriginal nursing cadets.

Aboriginal Mental Health Worker Training Program

This Program commenced January 2007 and employs Aboriginal people as full time, permanent employees of a mental health service. Recruited as trainees, they are supported in acquiring a recognised degree as a condition of employment.

The Program combines the formal degree course with workplace experience within an Area Health Service. Trainees are supported through an integrated system of peer support, on-the-job training and supervision.

At completion, trainees become qualified Aboriginal mental health professionals, working as part of a mainstream Area Mental Health structure on a permanent basis. There are currently 24 trainees in the Program.

Aboriginal Environmental Health Officer Training Program

There were two graduates in 2007/08 from the Aboriginal Environmental Health Officer (EHO) Training Program. The Program is the only one of its kind in Australia, and has produced eight degree qualified Aboriginal EHOs in all.

Aboriginal trainee EHOs are employed in Public Health Units. They undertake a Bachelor of Applied Science by distance learning and have also to meet workplace competencies.

Rural and remote workforce

Preferential Recruitment Program

Established in 2006, the Program allows graduates with an interest in rural training to apply directly to rural hospitals for pre-vocational training. In 2008, 35 doctors were recruited to 10 hospitals in rural NSW. This initiative, combined with priority filling of rural positions in specialist training networks, ensures better distribution of medical workforce across NSW.

Country Careers

Over \$2 million has been committed over four years to encourage health professionals to live and work in rural NSW. The Country Careers program assists the recruitment and retention of staff and helps manage the transition into rural health settings. Project officers provide assistance with temporary housing, schooling and other forms of dependent care, spousal employment and support, and social integration initiatives.

A website, <http://www.health.nsw.gov.au/countrycareers/>, developed to support the initiative was launched in February 2008. It provides information on such topics as professional development, scholarships, pay rates and salary packaging.

Scholarships

The Rural Allied Health Scholarship Scheme provides scholarships to students from a rural background undertaking allied health studies, and clinical placement grants to students undertaking clinical placements in rural areas. Scholarships towards the cost of Post-Graduate studies are also offered to clinicians currently working in rural and remote NSW. In 2007/08, the value of scholarships increased from \$5,750 to \$10,000. A record 72 scholarships were awarded to students in their second last or final year of study at a total cost of \$643,500. A total of 372 Clinical Placement Grants were awarded at a cost of \$187,754.

Workforce planning

Inter-Governmental Relations

NSW Health is actively engaged in the national Council of Australian Government (COAG) reform process regarding education, training and regulation of health professionals. At COAG in March 2008, all Governments signed an agreement which underpins the National Registration and Accreditation Scheme that will replace separate state/territory registration schemes with a national scheme. The implementation is overseen by the Australian Health Ministers Advisory Council (AHMAC) Governance Committee and policy developed by the Practitioner Regulation Sub Committee to enable the new system to be in place by July 2010.

Emergency Workforce

An Emergency Department Workforce Action Plan has been developed in consultation with the Australian Salaried Medical Officers Federation. The Emergency Department Workforce Reference Committee was established in September 2007 to provide advice on this plan and on the workforce issues identified in the Position Paper of the Ministerial Taskforce on Emergency Care.

PERFORMANCE INDICATORS

Workplace injuries

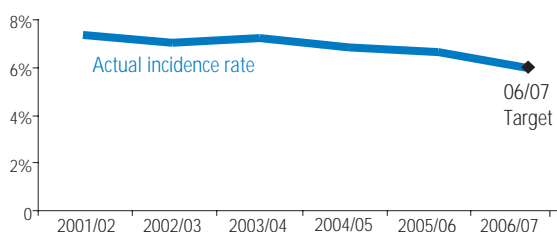
Desired outcome

Minimising workplace injuries as far as possible.

Context

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.

Workplace injuries (%)



Source: Treasury Managed Fund via WorkCover NSW

Interpretation

NSW Health is performing well against the injury prevention target with an overall reduction of 18% in incident rate against baseline as at June 2007. While the target for June 2007 is 20%, it should be recognised that the 18% improvement

referred to comes on top of already significant decreases during earlier initiatives between June 1998 and December 2002. During this time, NSW Health achieved an 18% reduction in workplace injuries and a 15% 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 help them meet the targets, the NSW Health OHS audit tool was updated to help measure performance and drive improvements in OHS management. More recently, the NSW Health Registered Training Organisation developed OHS Profile training materials for Area Health Services to enable them to independently train and accredit future OHS Profilers. Other related policies of assistance include:

- Workplace Health and Safety: Policy and Better Practice Guide
- Policy and Best Practice Guidelines for the Prevention of Manual Handling Injuries
- Policy and Guidelines for Security Risk Management in Health Facilities (the Security Manual).

Staff Turnover - Non casual 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 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.

Interpretation

In 2007-08 the average staff turn over for non-casual staff employed within the health system was 13.3% (11.04% when excluding Junior Medical Officers & Trainee Enrolled Nurses).

The Ambulance Service of NSW, a statewide service, recorded the lowest turnover rate of 6.6% while The Children's Hospital

Clinical Staff as a proportion of total 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 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.

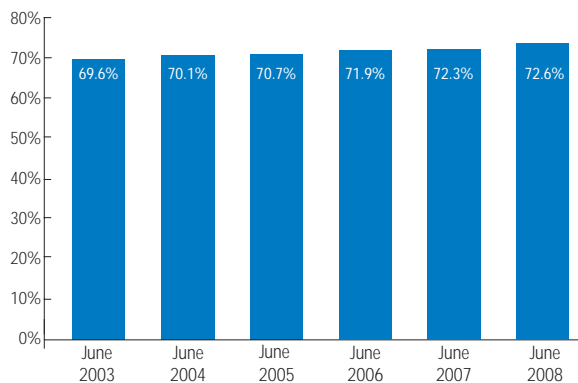
Interpretation

From June 2003 to June 2008, the percentage of 'clinical staff', as a proportion of total staff increased from 69% to 72.6% or an additional 10,397 health professionals working in the public

health system. From June 2007 to June 2008 the NSW public health system employed an additional 548 medical practitioners, 932 nurses and 100 allied health professionals. The increase reflects the on-going commitment of NSW Health and its Health Services to direct resources to front line staff to meet strong growth in demand.

Ways to achieve the desired outcome are the continuation of strategies aimed at recruitment and retention of clinical staff within the system, and the continuation of the Shared Services and Corporate Reforms Strategies.

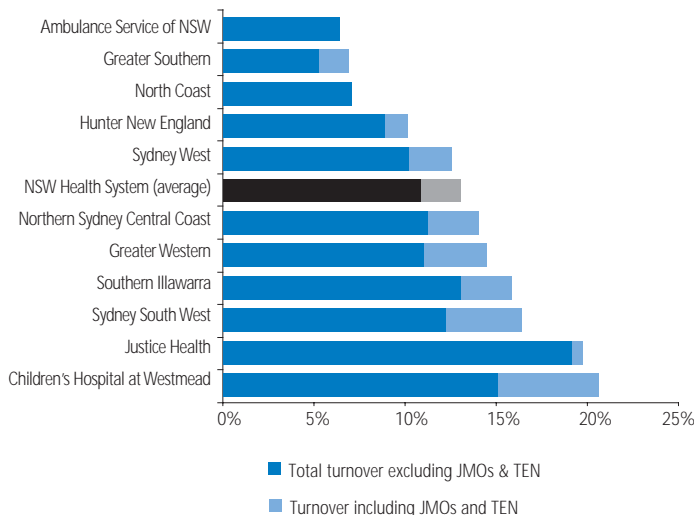
Medical, nursing, oral health practitioners, ambulance clinicians, allied health and other professionals, as a proportion of total staff (%)



at Westmead, a single facility, recorded the highest at 21.0% (15.34% when excluding Junior Medical Officers & Trainee Enrolled Nurses). The highest turn over when Junior Medical Officers & Trainee Enrolled Nurses are excluded is Justice Health with 19.49%.

As specified, under context, 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.

Strategies to achieve the desired outcomes include flexible and family friendly work policies.



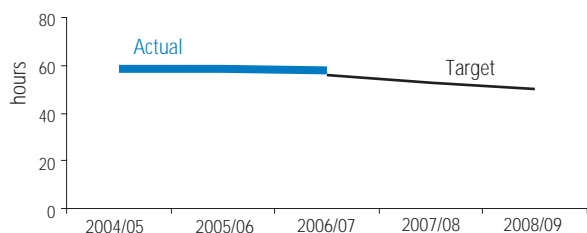
PERFORMANCE INDICATORS

Sick leave

Desired outcome

Reduce the amount of paid sick leave taken by staff.

Sick leave – annual average per FTE (hours)



Context

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.

Interpretation

The Premier's Department has determined that 2004/05 data will form the baseline for sector wide improvements to be achieved by 2008/09. NSW Health has proposed a 15% reduction in average annual hours per FTE by 2008/09.

The target will require a 5% improvement for each year from 2006/07 to 2008/09. There was only a small decline in 2006/07 from the previous year.

Related policies and programs

Sick leave reduction targets, based on whole-of-Government targets set by Premier's Department, have been included in the Area Health Service Performance Agreements, and the Department is providing regular reports on progress against targets. Policy directive *Managing Sick Leave: Policy, Procedures and Eligibility* (PD2006_063) provides support to Area Health Services in managing sick leave and meeting the targets.

Aboriginal staff

Desired outcome

To meet and exceed the Government's policy of 2% representation of Aboriginal and Torres Strait Islander staff in the NSW Health workforce. Furthermore, the *Two Ways Together: Economic Development Action Plan 2005-2007* has projected this minimum 2% benchmark to 2.2% in 2008.

Context

NSW Health is committed towards excellence in the provision of health services to Aboriginal people to close the health gap and improve the health and wellbeing of Aboriginal people. To achieve this, it aims to meet current and future benchmarks in the recruitment and retention of Aboriginal staff. Increased employment opportunities for Aboriginal people through affirmative action strategies focused on recruitment, training and career development will contribute to improved Aboriginal health.

Interpretation

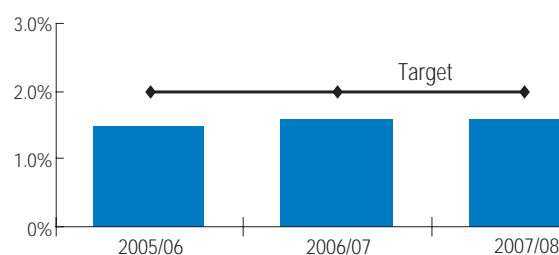
The proportion of Aboriginal health staff has been stable over the three years, 2005/06 to 2007/08. Better recruitment, training and career development for Aboriginal and Torres Strait Islanders is being undertaken to increase representation in the workforce.

Related policies and programs

Continuation of strategies aimed at recruitment and retention of Aboriginal staff within the NSW Health system. Some strategies/policies include but not restricted to:

- *Aboriginal Workforce Development Strategic Plan 2003-2007*, NSW Department of Health (2003)
- NSW Health Workforce Action Plan
- *Aboriginal Employment Strategy for the Year 2000 and Beyond*, NSW Department of Health (1997)

Aboriginal staff as a proportion of total NSW workforce (%)



Source: Premier's Workforce Profile (PWP)

Strategic Direction 7

BE READY FOR NEW RISKS AND OPPORTUNITIES

To meet the changing health needs of the community, NSW Health must continually adapt. The system must be quick to respond to new issues and sustain itself in the face of external pressures. We strive for a system that is alert to the changes in the world around it and quick to anticipate and respond to new issues as they emerge.

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

Being aware of NSW Health's major risks and integrating risk management into our planning and decision making processes enables us to meet our objectives of protecting, promoting and maintaining the health of the people of NSW.

Risk Management Policy and Framework

A 12 month management project commenced March 2008 aimed at developing a standard enterprise-wide risk management policy, framework and reporting requirements for use across NSW Health.

Build capacity to identify and respond to infectious disease emergencies

Communicable Diseases Branch revised public health protocols for meningococcal disease and developed quality improvement tools that enable public health units to record better information about cases and contacts, and monitor and improve public health responses. A two day workshop was held to promote evidence-based public health management of meningococcal disease

Preparedness for infectious disease and other public health emergencies

The Biopreparedness Unit was established in 2006 for preparation and response to large scale infectious disease emergencies such as an influenza pandemic, emerging infectious diseases, and bioterrorism, a role since expanded to

include public health aspects of man-made and natural disasters, and mass gatherings. NSW Health allocated \$3 million for preparedness for infectious disease and other public health emergencies, with an additional \$10.5 million for provision of personal protective equipment and anti-influenza medication to the State Medical Stockpile.

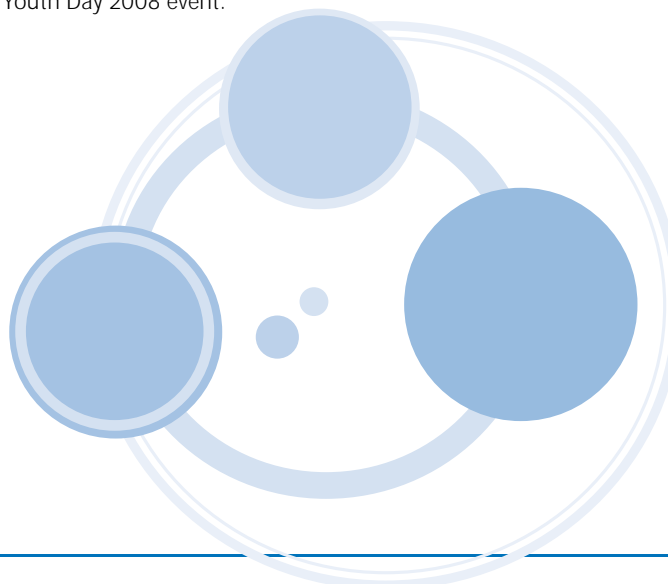
Pandemic influenza

Plans have been developed for detection and management of cases and contacts, and continuity of health services, businesses and the community in an influenza pandemic. Activities include development of electronic public health communications and specific signage, procedures for mass vaccination, laboratory testing, distribution from the State Medical Stockpile, and infection control.

Disease Surveillance

The Public Health Real-time Emergency Department Surveillance System (PHREDSS) was established in 2003 to provide intelligence on emerging health risks. PHREDSS has proved to be critical in monitoring the onset and magnitude of the influenza season in 2007 and in facilitating rapid response to infectious disease outbreaks.

The Department of Health worked with the NSW Ambulance Service to add monitoring of Sydney Ambulance despatch activity to the NSW Health System's disease surveillance system. This facility was established in readiness for the World Youth Day 2008 event.



Public health emergency exercises

NSW Health planned and participated in multi-agency discussion and field exercises, including:

- **Exercise Yellow Jack:** multi-agency discussion in December 2007 for management of people in home isolation or quarantine during an influenza pandemic.
- **Exercise Ring O'Rosies:** tested actual resourcing and performance of a mass influenza vaccination clinic in a rural NSW town in March 2008.
- **Exercise Grippe:** multi-agency field exercise at Sydney Airport in April 2008 tested border screening operations early in an influenza pandemic. Agencies included NSW Public Health, an airline, airport operations, police, customs, immigration, quarantine, and ambulance.
- **Exercise Sustain '08:** national whole-of-Government desktop exercises examined the impact of widespread pandemic influenza on industry, community and communications.
- **Exercise Doniphon:** multi-agency discussion exercise in June 2008 for responses to an infectious disease emergency during World Youth Day 2008.

Mental Health Disaster Planning

The Mental Health Disaster Advisory Group is chaired by the NSW Mental Health Controller and leads the planning for disaster mental health. The major objective is to enhance the capacity of mental health services to respond effectively to a major event or disaster affecting NSW residents.

Guidelines were developed to assist Area Mental Health Services develop their disaster mental health response plans in line with NSW Health plan. A Mental Health 1800 Helpline was established for rapid activation to provide mental health triage, support, information and referral to local services. Strategic planning was undertaken with other key agencies in Pandemic Planning, Counter Terrorism Planning, Planning for World Youth Day, Community Recovery and Planning for Major Evacuation Centres.

Other highlights

Checking criminal records

Protecting patient and staff safety is a priority and checking the criminal record of people applying to work in paid or voluntary positions in a public health facility is an important risk management strategy.

During the financial year, a new Employment Screening Policy (PD2007_029) was developed to cover criminal record checking.

By consolidating information from a variety of documents into a single policy, the process has been simplified making it easier for those responsible for conducting criminal record checks to know how and when to do so.

Fraud Prevention

A new Health Fraud Control Strategy was implemented. It includes a policy and risk assessment tool to help managers identify vulnerable practices and areas at potential risk of fraud. It has been distributed to all public health organisations to assist with the development of localised strategies, policies and tools.

Fighting corruption

In partnership with the Independent Commission Against Corruption, the Department has researched and developed a corruption awareness and prevention training kit for use in professional development programs for all health general and clinical managers. It has been distributed to all public health organisations with a series of fact sheets on corruption prevention issues, such as conflicts of interest, gifts and benefits and the misuse of resources.

Ethical and Scientific Review

Substantial improvements have been made in ethical review of research and research governance across NSW Health. A major achievement was the implementation of a system of single ethical and scientific review of multi-centre research, which commenced on 1 July 2007 as a means of streamlining the review process for multi-centre research projects. Under this model, every research project is ethically and scientifically reviewed once only by a lead Human Research Ethics Committee (HREC).

In its first year of operation, 536 multi-centre projects were reviewed once by a lead HREC compared to 196 multi-centre projects, requiring 607 reviews, in 2004. This represents a doubling of multi-centre research activity in NSW.

Capacity Building Infrastructure Grants Program

In its second year of its current triennium, the Program strategically supports research in the fields of public health, health services and primary care. Six organisations are grant recipients. These are:

- Newcastle Institute for Public Health – Hunter Medical Research Institute (\$1,499,898 grant).
- Australian Rural Health Research Collaboration (\$1.5 million grant).
- Consortium for Social Policy Research in HIV/AIDS Hepatitis C and related diseases (\$1,076,098 grant).
- University of NSW Research Centre for Primary Health Care and Equity (\$1,469,514 grant).
- The Centre for Health Informatics, University of NSW (\$1,379,591 grant).
- Centre for Infectious Diseases and Microbiology – Public Health (\$1.5 million grant).

These organisations produced at least 160 peer-reviewed publications on relevant research areas in 2007/08.

Neuroscience of Addiction – Ministerial Council on Drug Strategy (MCDS) Cost Shared Funding Model Project

The Neuroscience of Addiction Project began in January 2008. It aims to understand the current developments in the neurological processes underpinning addiction, in order to identify emerging issues and relevant ethical issues. It also will inform future directions in the prevention, diagnosis and treatment of addiction.

A final report will be available in January 2009 for distribution across jurisdictions to inform policy development and clinical practice.

Ministerial Council on Drug Strategy (MCDS)

The Mental Health and Drug and Alcohol Office supported the NSW Government at the May 2008 meeting of the Ministerial Council on Drug Strategy, the peak national policy and decision-making body for licit and illicit drugs.

NSW led on a number of national issues including progressing outcomes of the National Leadership Forum on Ice and the uptake of standard drink logos by the alcohol industry which arose from the Alcohol Summit.



NSW also, on behalf of the Ministerial Council, coordinated the development of a report to the Commonwealth on the national impact of delays in confirming continuation of the Illicit Drug Diversion Initiative. This resulted in an extension of funding to 30 June 2009.

Comorbidity

The NSW Health Mental Health and Drug and Alcohol Office Comorbidity Framework for Action was finalised in 2007 and printed and uploaded to the Department's website in 2008. The Framework for Action provides the strategic direction for NSW Health to manage comorbidity of mental health and drug and alcohol in the state's health settings and is based on the four key action areas:

- Focus on workforce planning and development
- Improve infrastructure and systems development
- Improve response in priority settings for priority clients
- Improve promotion, prevention and early intervention strategies.

The Framework for Action provides a coordinated framework for addressing priority areas of concern and its main objective is to ensure that new approaches to providing equitable and effective health services to assist people with comorbid mental health and drug and alcohol problems are trialled and tested in NSW.

The remaining project being completed under the Comorbidity Subcommittee is the development of the NSW Health Clinical Guidelines for the Assessment and Management of People with a Coexisting Mental Health and Substance Use Disorder in Acute Care settings.

