Section 2: Our Health system
Our Health System

The Australian and NSW health systems are currently undergoing periods of significant reform. SESLHD has an opportunity to grasp the momentum of these changes and determine a new pathway forward that addresses the challenges we face into the future.

SESLHD is uniquely placed among NSW Local Health Districts in that it hosts a high concentration of super-specialised services, along with a full complement of local hospital and community-based and population health programs and services. However, our services make up only part of the system – we work in partnership with carers, General Practitioners, private health and hospital providers, Non Government Organisations, and aged care and disability providers. Working effectively with these partners should maximise experiences and outcomes for our patients.

There are emerging opportunities to extend our collaboration with our teaching and research partners. This sort of collaboration holds strategic value in that it advances the profile and contribution of our specialised services within their fields, and also fulfils our obligation as specialised providers to develop the next generations of clinicians.
National health reform

The vision for the future...
In 2008 the Australian government established the National Health and Hospitals Reform Commission (NHHRC) to develop a long term health reform plan for the nation’s health system. The Commission’s Final Report was released in June 2009. The Commission outlined 3 major goals:

- **Tackling major access and equity issues that affect health outcomes for people now**
  - Refreshing our paradigm of universality
  - Acting now to improve equity of access and outcomes (including universal dental coverage, timely access to public hospital care, crisis mental health services, closing the gap, better services for rural and regional areas)
  - National Access Targets

- **Redesigning our health system so that it is better positioned to respond to emerging challenges**
  - Embedding prevention and early intervention
  - Integrating health and aged care services (primary health care, community-based services, sub-acute)
  - Evolving Medicare (bringing together MBS and state-funded services, reviewing the scope of services)

- **Creating an agile and self-improving health system for long-term sustainability**
  - Strengthening consumer engagement and voice

The COAG agreement
In August 2011 the Council of Australian Governments (COAG) signed the National Health Reform Agreement. The agreement:

- Is truly national – now includes all Australian states and territories
- Increases the funding contribution of the Australian government to public hospital services to 45% by 2014 and 50% by 2017
- Stipulates that public hospital services will be funded based on the number and type of services they deliver, priced at the efficient price of delivering those services
- Mandates a new National Emergency Access Target of 90% of patients discharged from Emergency Departments within 4hrs (down from 95%) (target achieved by 2015)
- Mandates a new National Elective Surgery Target of 100% of patients treated within clinically recommended times (achieved by 2015)
- Increases funding for sub-acute care
- Mandates full Commonwealth responsibility for aged care in order to provide a more integrated system, with central points of entry into the system created to provide easier access

COAG has also just announced the formation of two important bodies to oversee the implementation of health reform:

- **Independent Hospitals Pricing Authority (IHPA)**, which will set the national price for public hospital services and develop a national activity-based funding system.
- **National Health Performance Authority (NHPA)**, which will publish comparative information about the performance of the health systems across Australia

New Funding Model

The new Commonwealth-State financing arrangements are a key platform of the national health reforms. Funding for public health services and growth of these services will continue to be a joint Commonwealth and State responsibility. A central feature of the new funding model is an ‘efficient price’ for hospital services which has been introduced as an incentive to drive the delivery of cost-effective care while ensuring quality and safety of care is not compromised.

The Commonwealth has also established a reward payment system to each state and territory for reaching performance targets.

Purchaser-Provider relationship

Using Activity Based Funding (ABF) SESLHD will enter into a price-volume contract through an annual Service Agreement to be negotiated with the NSW Ministry of Health.

Future COAG Funding Model

Data source: NSW Health

IHPA = Independent Hospital Pricing Authority

Produced by the Strategy and Planning Unit
Health reform in NSW

National Health Reform has impacted on the health system at a State level. There is a new landscape in particular for NSW with a new state government.

There are four new Goals for the NSW Health system:

- Keeping people healthy and out of hospital
- Providing world class clinical services with timely access and effective infrastructure
- Returning quality services to Mental Health, Dental Health and Indigenous Health
- Managing health services well and promote local decision making.

There are key changes for the newly formed Local Health Districts (LHDs)

1. LHDs and Specialty Networks have key responsibility and accountability for health service delivery under a Service Agreement with the Ministry of Health (formerly NSW Health Department)
2. Greater investment in workforce training
3. Greater transparency in health information
4. Maximising the potential of statewide services (Health Support, Health Infrastructure and NSW Health Pathology
5. Information & Communication Technology (ICT) statewide strategy & operations.

This devolution of responsibility and accountability to LHDs is intended to promote:

- Flexibility and responsiveness
- Clinician engagement
- Evidence based policy and information
- Capable and adaptive workforce.

Localising and centralising services where necessary aims to help:

- Build local service linkages to meet the individual needs of patients
- Achieve the best outcomes for our patients and communities
- Establish a clear and shared vision to develop cooperative and respectful relationships between the component parts of NSW Health to lift performance together
- Foster a set of shared CORE values in everything we do: Collaboration, Openness, Respect, Empowerment.

Our Health System

Data source: Adapted from Victorian Health Priorities Framework 2012 - 2022

Produced by the Strategy and Planning Unit
Our planning framework

**LOCAL INPUT including:**
- The District Board
- Clinicians & other staff
- Community, patients & carers
- Health industry partners
- Training, education & research partners, including Health-Science Alliance

**NATIONAL**
- National Health Reform Agreement
- Revised National Health Care Agreement
- National Partnership Agreements
- Preventative Health, Hospital and Health Workforce Reform, Closing the Gap on Indigenous Health Outcomes

**NSW**
- NSW 2021 Plan
- Ministry of Health
- 4 Pillars (ACI, CEC, HETI, BHI)

**SESLHD Strategy 2012-2021**
Sets out our vision, purpose, values, priorities and the outcomes we are aiming to achieve over the next 10 years

**SESLHD Healthcare Services Plan**
Outlines the key direction for health services and resource investment to deliver the SESLHD Strategy

**Enabling Plans**

**Clinical Service Plans**

**Facility Plans**

**Annual Operational Plans /Business Plans & Implementation Schedules**
Specific actions required and responsibilities for implementing the initiatives over a 12 month period. From this level within the planning cascade, risk ratings are applied.

**Quality, Safety and Risk Management**

**Local decision making and leadership**

Produced by the Strategy and Planning Unit
Our hospital and health services

Health services in SESLHD are provided from five major hospitals, as well as a number of other sub acute facilities, community sites and at the population level.

Hospitals

Northern Sector Hospitals
- Prince of Wales Hospital (POWH)
- Sydney/Sydney Eye Hospital (SSEH)
- Royal Hospital for Women (RHW)

Southern Sector Hospitals
- St George Hospital (SGH)
- Sutherland Hospital (TSH)

Third Schedule Facilities
- Calvary Health Care (Southern Sector)
- Gower Wilson Memorial Hospital, Lord Howe Island (Northern Sector)
- War Memorial Hospital (Northern Sector)

Public Nursing Homes
- Garrawarra Centre (Southern Sector)

Child and Family Health Centres
- Arncliffe
- Bondi Beach
- Brighton
- Bundeena
- Caringbah
- Cronulla
- Double Bay
- Eastgardens (Pagewood)
- Engadine
- Gymea
- Hurstville
- Hurstville South
- Kogarah
- Kurnell
- Kings Cross (Potts Point)
- Kingsgrove
- Mascot
- Menai
- Miranda
- Oatley
- Paddington
- Possum Cottage (Sutherland Hospital Grounds)
- Ramsgate
- Randwick
- Riverwood
- Rockdale
- Sutherland
- Waverley

A map of our major hospitals and facilities
Our hospital and health services (continued)

**Community Health Centres**
- Annabel House Dementia Day Care Centre
- Bondi Junction (Mental Health)
- Caringbah (Sutherland Hospital Grounds)
- Hurstville (Mental Health)
- Darlinghurst
- Engadine
- La Perouse (Aboriginal)
- Maroubra (Mental Health)
- Menai
- Peakhurst
- Prince of Wales
- Rockdale
- Southcare (Miranda)

**Oral Health Clinics**
- Chifley
- Daceyville
- Hurstville
- Mascot
- Menai
- Prince of Wales Hospital
- Rockdale
- Special Needs Dental Clinic at Mission Australia Centre, Surry Hills
- Sutherland Hospital

**Other Community Based Services**
- Albion Street Centre (Surry Hills)
- Alexandria Community Outreach Centre
- Kirketon Road Clinic (Darlinghurst)
- Darlinghurst Road Centre (Darlinghurst)
- St Paul’s Street Cottage (Randwick)
- Non Clinical Respite Centre (Bourke Street Sydney)
- Miranda Breast Screening Unit
- Kogarah Diagnosis & Assessment Disability Services

**District-wide Services**
- Aboriginal Health
- BreastScreen NSW
- Carer Support
- Child Protective Services
- Division of Population Health
- Drug and Alcohol Program
- Falls Prevention Program
- Health and Ageing Research
- Health Promotion Service
- HIV/AIDS Related Programs
- Multicultural Health
- Palliative Care
- Nursing and Midwifery Services
- Public Health Unit
- Rehabilitation, Aged and Extended Care
- Renal Satellite Services
- Sexual Health Services
- South Eastern Area Laboratory Services (SEALS)
- Medical Imaging
- Men’s Health
- Women’s Health and Community Partnerships (Youth and Homelessness).
- Youth Health

**Mental Health Services**
- Mental Health Inpatient Units
- PECC and MHICU facilities
- Community Mental Health (including CAMHS, Youth Mental Health, Adult and Specialist Mental Health for Older Persons)

Produced by the Strategy and Planning Unit

Reference NSW Health Annual Reports
Our teaching and research roles

SESLHD hosts many highly specialised health services and embraces its teaching and research roles across numerous disciplines and in all of its facilities.

Our teaching and education partners

The District’s principle academic relationship is with the University of NSW (UNSW), however, the District maintains relationships with other training and education providers through its various services and staff. These include the Universities of Sydney, Wollongong, Technology, Western Sydney, Charles Sturt, Notre Dame, Tasmania and the Australian Catholic University to name but a few.

All of SESLHD’s facilities have training programs for health professionals, including in the fields of Medicine, Nursing and Allied Health.

Our research partners

Research plays a vital role in maintaining and building upon the District’s leadership role in the many specialised health fields it hosts.

Numerous research alliances have been built across the District, including:

- St George and Sutherland Research Foundation
- Neurosciences Research Institute Australia
- Centre for Vascular Research
- Lowy Institute
- Women’s Health Research Institute of Australia
- Randwick Medical Research Hub
- Black Dog Institute
- Nursing Education and Research Unit (POW)
- Midwifery and Women’s Health Nursing Research Unit
- Save the Sight Institute

The Health Science Alliance

The Health Science Alliance is the new name given to the clinical and research hub created by the three hospitals of the Randwick campus (POWH, RHW and SCH) and the adjacent University of NSW (UNSW). The Alliance is an attempt by UNSW to create a campus of the stature of Johns Hopkins Medical Center or the Harvard-affiliated Hospitals and Research Institutes.

The central idea of this alliance is that the synergy created by their co-location will exceed the individual contributions of each research institute and clinical service located on the campus.

POWH, RHW and SCH are uniquely positioned to capitalise on this opportunity to grow the stature of their research presence.
Our partners in service provision

SESLHD works in partnership with a broad range of care providers and other stakeholders to fulfil its obligation to maximise the health of its population. Our most important partners and their roles include the following:

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<tr>
<th>Community</th>
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<tr>
<td>Patients</td>
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<td>Caregivers and families</td>
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<tr>
<th>GPs and Primary Health Providers</th>
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<tr>
<td>80% of primary health care consultations are provided by GPs.</td>
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<th>Private hospital services</th>
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<td>40% of all our hospitalised residents are treated in private hospitals and 15% in day procedure centres.</td>
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<th>Aged and disability care providers</th>
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<td>SESLHD’s services work closely with these care providers to facilitate the transition of patients in and out of our services.</td>
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<th>Non-Government Organisations (NGOs)</th>
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<td>In 2011-12 SESLHD will provide grants to 52 NGOs to provide a wide variety of services to our community. Services are provided by NGOs in the fields of:</td>
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<tr>
<td>- Health promotion</td>
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<td>- Drug and alcohol</td>
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<td>- AIDS</td>
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<tr>
<td>- Community services and transport</td>
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<tr>
<td>- Mental health</td>
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<td>- Aged and disability</td>
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<tr>
<th>Other Local Health Districts and Affiliated Organisations</th>
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<tbody>
<tr>
<td>Universities and Research Institutions</td>
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<td>Other Government agencies</td>
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<th>Referral Services</th>
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<td>Includes private pathology services; public outpatients or ambulatory care services, specialists and private diagnostic imaging services.</td>
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Our Centres of Excellence

Centres

Prince of Wales Hospitals
- The Health Science Alliance
- Albion St Centre (Albion Institute)
- Kirketon Road Centre
- Cancer and Blood Disorders Service
- Acute and Rehabilitation Spinal Services
- Hyperbaric Medicine
- Institute of Neurosciences
- Aged Care and Community Health Service
- Cardiac Services (Eastern Heart Clinic)
- Gastroenterology
- Renal Medicine, including transplantation
- Outreach, Engagement and Care to the Aboriginal Community
- Urology
- Respiratory and Sleep

Sydney / Sydney Eye Hospital
- Hand trauma
- Eye Care
- Sexual Health

The Royal Hospital for Women
- Fetal Therapy Centre
- Newborn Care Centre
- Gynaecological Cancer Service
- Malabar Midwifery Group Practice

St George Hospital
- Academic surgery research
- Major Trauma Service and case manager and nursing program
- Engagement with clinicians and the local community
- Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams (DETECT) Program
- Renal supportive (palliative) care services
- St George Antibiotic Stewardship Program
- Co-ordinated research and clinical program into bleeding and thrombosis.

Sutherland Hospital
- Sutherland Heart Clinic
- Southcare (Division of Aged and Extended Care)
- Gastroenterology
- Respiratory Co-ordinated Care Program (RCCP)
- Joint Replacement Unit
- Bariatric (weight management) Program

War Memorial Hospital
- Geriatric Flying Squad

Calvary HealthCare
- Subacute and aged care

Mental Health
- Electroconvulsive Therapy (ECT) and Brain Stimulation Treatment in Psychiatry
- "Project Air": Treatment of personality Disorders Research Project
- Working With Families & Carers Program
- Youth Mental Health Service
- Metabolic Monitoring