

Executive summary

Volume 1: Our District

Our Community

Our population is growing and ageing. SESLHD's population will grow by nearly 6% by 2021. The fastest growing age group will be 70-74 years (36% growth).

Equity is an undisputed principle of our health system – equity of access, equity of outcomes and equity of health status of individuals and groups. However gaps remain between population groups within our District.

Although SESLHD overall has a relatively advantaged population, there are pockets of distinct socioeconomic disadvantage within our borders. Botany Bay, Inner Sydney and Rockdale Local Government Areas experience relatively high levels of disadvantage. Disadvantage translates to a higher risk of disease, injury and disability, and earlier death and lower levels of health status of individuals and their families.

Our Health System

The Australian and NSW health systems are currently undergoing periods of significant change. The District has an opportunity to grasp the momentum of these changes and determine new pathway forward that will help address our future challenges.

SESLHD is well placed among NSW Local Health Districts in that it hosts a high concentration of super-specialised and statewide services, along with a full complement of local hospital, community-based and population health programs and services. However, our services make up only part of the system – we work in partnership with carers and families, and service providers such as General Practitioners, other private health care and hospital providers, other Government and Non-Government Organisations, and aged care and disability agencies. Working effectively with our partners should maximise experiences and outcomes for our patients and the broader community. Emphasis on building operationally practical working relationships with newly formed Medicare Locals is a priority and opportunity for the District.

Increasing collaboration with our teaching and research partners holds strategic value, in that it can advance the profile and contribution of our specialised services within their fields, and also fulfils our obligation as specialised providers to develop the next generation of clinicians.

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Our Workforce

Our workforce is our greatest asset. We need to take prudent steps to ensure that our workforce is adequately supplied, allocated to where they are needed, skilled and content within their roles and continuously develop both individual and team skills.

Our workforce is ageing, which will present a challenge for ensuring adequate workforce supply in the coming decades. Over half of our workforce is aged over 40 years, and 10% are 60 years or over. We need to better balance the age of our workforce to ensure sustainability into the future and ensure appropriate succession planning.

We also need to diversify our workforce to ensure it better reflects our population's diversity and health care needs. For example, Aboriginal people are under-represented in many professional groups.

The 2011 Your Say Workplace Survey highlighted many positive employee experiences among staff, as well as pointing to some priorities for action. Positive staff experiences related to Employee Engagement and Workplace Culture appear to be as common in SESLHD as in NSW Health overall. Overall 25% of respondents reported that they believed that workplace culture had improved in the last 12 months.

Volume 2: Is there a case for change?

Our community's health: Is it improving?

The health of residents, on average, compares favourably with the rest of NSW, and trends over the last decade are encouraging. However, there are some large gaps in health outcomes and access to services between population groups within our District, as well as some concerning trends for the overall catchment population.

Overweight and obesity are increasing. Since 1997, the proportion of overweight or obese residents aged 16 years and over has increased by about a third, from 35% to 46%. This is a prime driver for the escalating rate of hospitalisations for diabetes among our residents. In turn, the increasing prevalence of diabetes is driving increases in people requiring dialysis for chronic kidney disease.

Our District

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An estimated 22,000 residents are severely impaired by mental illness during any 12 month period, with a further 37,000 moderately impaired.

Risky drinking and related hospitalisations are much higher among Northern Sector residents than the NSW average. Falls hospitalisation rates are much higher than the NSW average among LGA's residents, as well as Botany Bay and Randwick LGA residents.

Based on current trends, diabetes, followed by falls, are expected to have the greatest future impacts on our health system.

Health equity: are we achieving it?

SESLHD's population is diverse, and made up of many discreet communities. We have significant cultural and linguistic diversity. Our residents are, on average, relatively advantaged, although there are groups within our community who experience significant disadvantage and the health problems that are associated with this.

Aboriginal people experience significant social and health disadvantage. For example, registration rates for end stage renal disease among Aboriginal people are about seven times higher than among non-Aboriginal people.

By geography, people living in the Botany Bay Local Government Area are at highest risk of a range of health problems, as reflected in their relatively high 'potentially preventable' hospitalisation rates. Suicide rates are relatively high in inner and eastern Sydney.

Access to health services by socioeconomically disadvantaged people is often compromised. SESLHD is home to a large share of NSW's populations with special risks and/or care needs such as homeless people, refugees, people who inject drugs, people living with HIV, hepatitis C and hepatitis B, marginalised youth, and gay, lesbian, bisexual and transgender communities. Other groups with specific risks and/or care needs are people with mental illness, chronic disease, dementia, and disability.

Notably, Public Mental Health services in SESLHD are underfunded compared to the state average. The per capita funding in SESLHD is only 55% of the NSW average for public facilities. SESLHD currently provides only about 40% of the estimated need among SESLHD residents for non-admitted Mental Health public sector services.

Executive summary *continued*

Patient-centred care: are we doing it?

Timely access to elective surgery has been steadily improving over the past four years. At June 2011, the District was nearly meeting the current 95% target for timeliness of admissions for clinical priority categories 1-3. Meanwhile, 30% of dental patients are waiting longer than the recommended times for assessment/treatment.

The vast majority of patients are satisfied with their care. However, Aboriginal people and younger people are generally less satisfied with their care.

Blood borne infection rates have generally declined in recent years within SESLHD facilities, and our staff's hand washing rates compare favourably with the rest of NSW. Medication incidents and patient falls remain the top two causes of adverse incidents. Rates of emergency department representations and readmissions have been fairly stable at SESLHD facilities overall in recent years.

However, recent trends in many of these indicators for SESLHD as a whole often mask large differences between our facilities.

The cutting edge: are we there?

Large declines in deaths from a range of conditions, including cardiovascular disease, cancer and HIV infections, point to successes across the continuum of prevention and care.

About 14% of High Cost Complex Casemix (HCCC) activity in the NSW public hospital system occurs in SESLHD hospitals. The District aims to build upon our existing Centres and Services of Excellence to become a state, national and internationally recognised Local Health District. We aim to optimise learning, teaching and research expertise by attracting and collaborating with leading researchers and clinicians to remain at the cutting edge of health care.

Investing in information and health technology (such as the electronic health record) and infrastructure (including state-of the art buildings and equipment) will help ensure our patients continue to receive world-class care and improved health outcomes. Other benefits include the delivery of safer more cost-effective procedures.

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Value for money: are we using our dollars wisely?

Demands on our health system and health expenditure are continuing to rise. These are being driven by a range of factors including increasing rates of chronic disease, a growing and ageing population, new medical technologies (which have helped increase life spans), and community expectations.

Bed occupancy rates are high and increasing at some of our facilities. Meanwhile, many hospitalisations are preventable, through improved and better coordinated prevention and care in the community.

Through ensuring our services are clinically effective, safe, efficient and centred around the needs of patients and the community, together we will achieve a strong health service system now and into the future.