

Volume 1: Our District

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Section 1: Our Community

A snapshot

Our Community

The District can expect bigger challenges over the coming decade and beyond as our **population grows** and **ages**. In 2011, there were approximately 840,000 residents in SESLHD. From 2011 to 2021 SESLHD's population will grow by 5.8%. The fastest growing age group will be the 70-74 years age group (36% growth). Older people often have multiple chronic conditions and require more complex care.

Equity is an undisputed principle of our health system – **equity of access and equity of health outcomes**. However access to health care and good health are not equal among our District's population. **Large gaps remain.**

Although SESLHD overall has a relatively advantaged population, there are **pockets of distinct disadvantage** within our borders. Botany Bay, Inner Sydney and Rockdale experience higher levels of disadvantage than the NSW and SESLHD averages. For residents of these areas, disadvantage translates to poorer overall health, more disease and earlier death.

Our District

Catchment population is growing and ageing

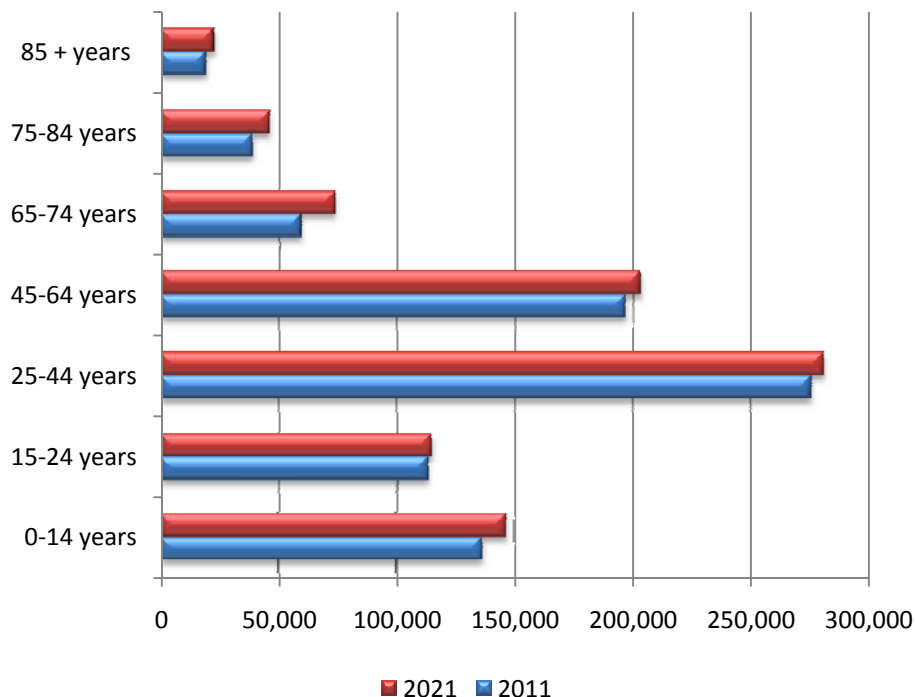
In 2011, approximately 840,000 people lived within the SESLHD boundaries. About 45% live in Northern Sector catchment (378,680) and 55% in the Southern Sector (459,736).

Between 2011 and 2021, the SESLHD population is projected to increase by 5.8% (48,873 people). This represents a lower growth rate than the NSW average (+11%).

The Northern Sector will account for 53% (about 25,700), and Southern Sector 47% (23,200), of the expected increase in SESLHD population.

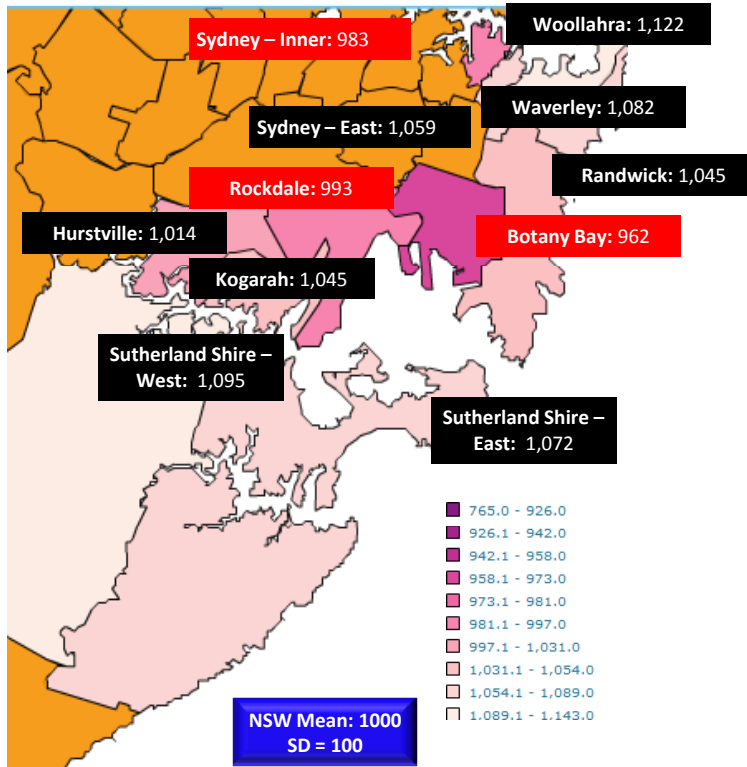
The fastest growing age groups will be the 70-74 years age group (+36%), followed by 75-79 years olds (+30%), and people aged 85 years and over (+18%).

Current and Projected Residents, by age group, 2011 and 2021



Data source: NSW Ministry of Health's population projections

Pockets of socio-economic disadvantage



Map: SEIFA index of relative socio-economic disadvantage score for Statistical Local Areas, 2006

The Statistical Local Areas of **Botany Bay**, **Sydney-Inner** and **Rockdale** are more socio-economically disadvantaged than the NSW average, based on the composite **Socio Economic Index for Areas (SEIFA)**.

Overall, residents of SESLHD are relatively advantaged compared with the rest of NSW.

However, this overall relative advantage can mask several pockets of need within the SESLHD population. Even at the larger Local Government and Statistical Local Area levels, large variations are apparent.

People who are relatively socioeconomically disadvantaged tend to have poorer health – they have more diseases over their lifetimes and die earlier.

They visit doctors, Emergency Departments and hospital outpatients more, but use preventative services less (e.g. immunisation, screening, dental checks).

Data source: ABS Census 2006, map adapted from *A Social Atlas of Australia* (2010) online.

Section 2: Our Health System

A snapshot

Our Health System

The Australian and NSW health systems have undergone significant reform in recent years.

SESLHD is taking the opportunities available with these reforms to address some of the challenges and opportunities we face now and 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 will help 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 generation of clinicians.

Our District

National Health Reform

The vision for the future...

In 2008 the Australian government established the **National Health and Hospitals Reform Commission** to develop a long term health reform plan for the nation's health system. Its final report in 2009 outlined three major goals:

- 1. 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.
- 2. 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).
- 3. Creating an agile and self-improving health system for long-term sustainability**
 - Strengthening consumer engagement and voice.

Further information:

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nhra-justreleased>

National Accord

In August 2011, all Australian states and territories signed the **National Health Reform Agreement**, via the Council of Australian Governments process. The agreement:

- 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 (target to be achieved by 2015).
- Mandates a new National Elective Surgery Target of 100% of patients treated within clinically recommended times (to be 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.

Three important bodies have been established to support the effective implementation of the National Agreement:

- **Independent Hospitals Pricing Authority**
To establish a national activity-based funding system.
- **National Health Performance Authority**
To improve access to locally relevant information to improve accountability and transparency and promote quality improvement among healthcare workers.
- **Australian Commission on Safety and Quality in Health Care**
To lead and coordinate improvements in safety and quality in health care.

New Funding Model

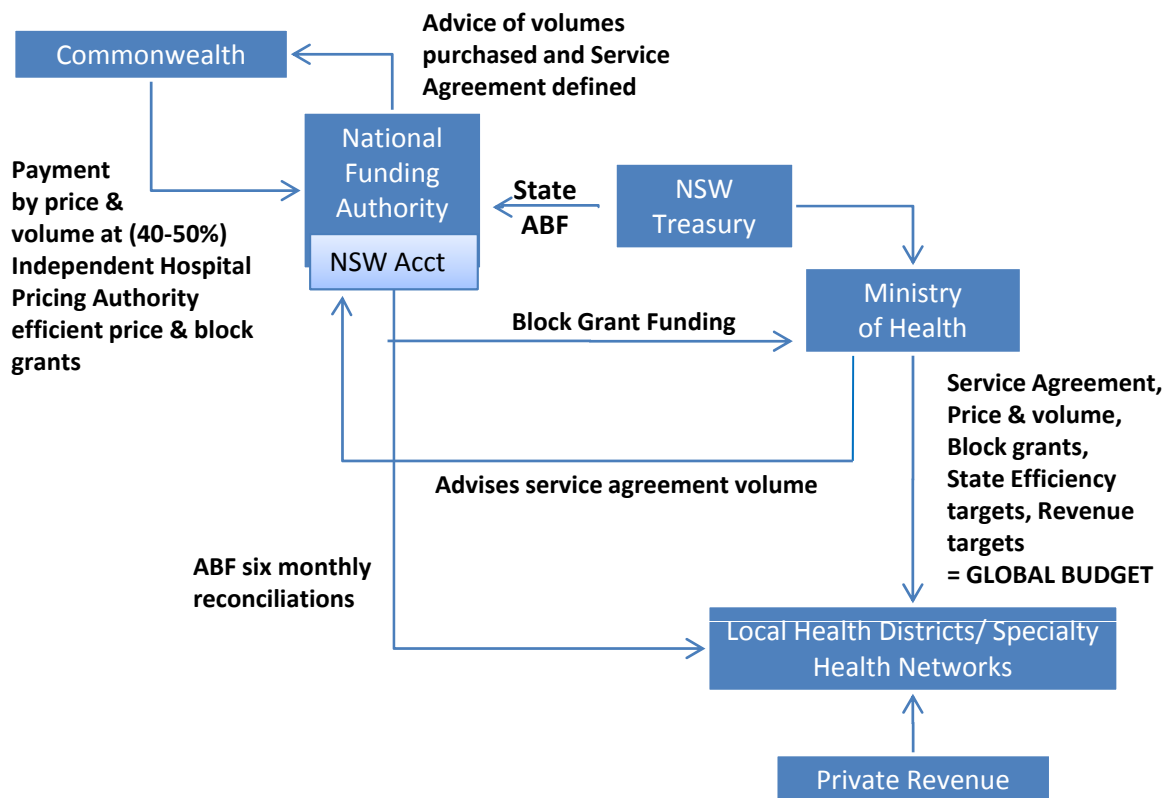
The new Commonwealth-State financing arrangements are a key platform of the National Health Reforms. Funding for public health services and growth of these services will continue to be a joint Commonwealth and State responsibility. A central feature of the new funding model is an 'efficient price' for 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

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

COAG Funding Model



Efficient use of resources

Data source: NSW Ministry of Health

Health Reform in NSW

The National Health Reform Agreement and a state political party change have driven reform in the NSW public health system.

Key Goals of 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.

Key changes for the newly formed Local Health Districts include:

1. Local Health Districts and Specialty Networks have key responsibility and accountability for health service delivery under a Service Agreement with the NSW Ministry of Health
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 statewide strategy and 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

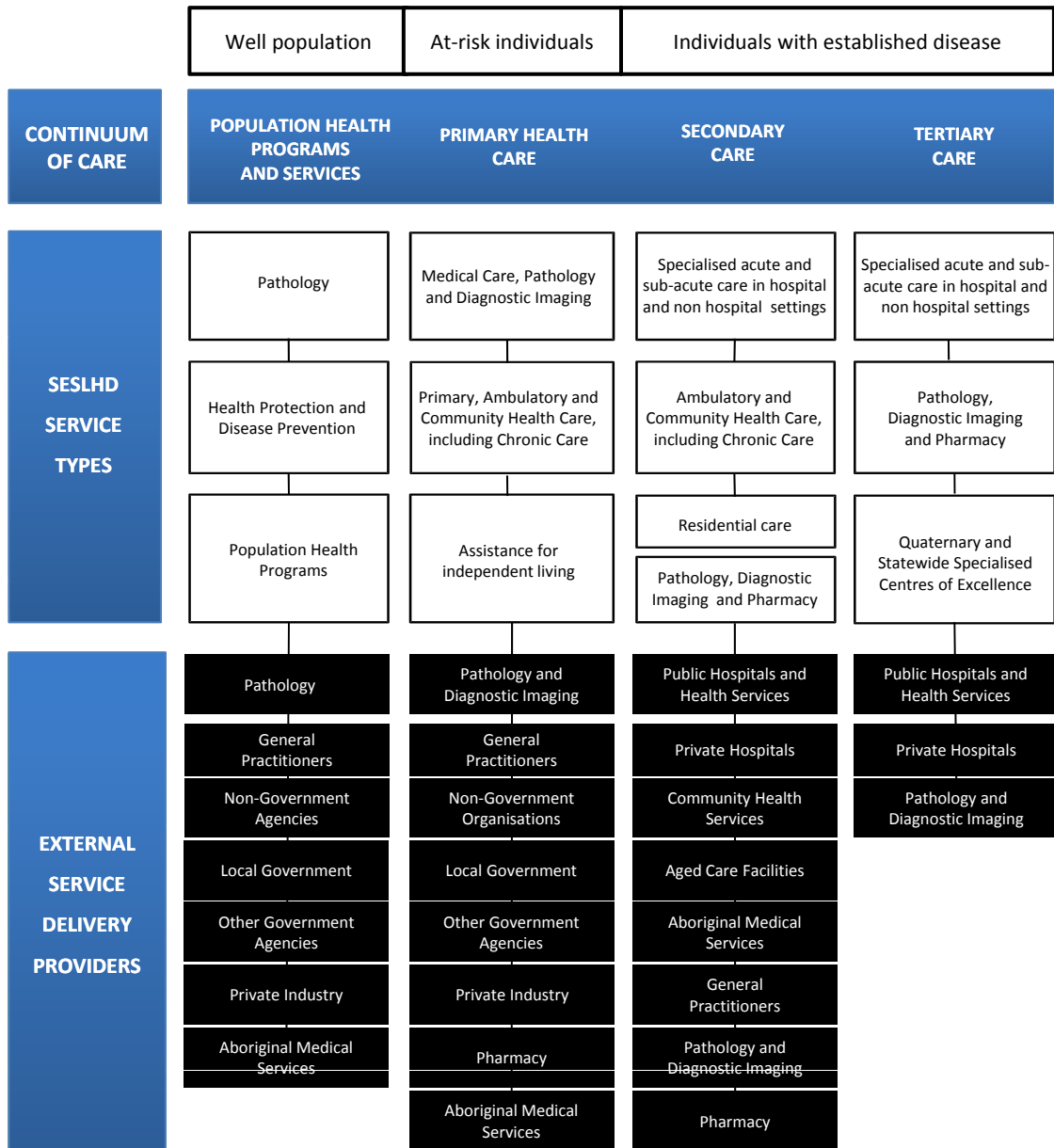
Localising and centralising services where necessary aims to help :

- 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 **C.O.R.E values** in everything we do: Collaboration, Openness, Respect, Empowerment.

Further information:
<http://www.health.nsw.gov.au/govreview/>

Our Health System

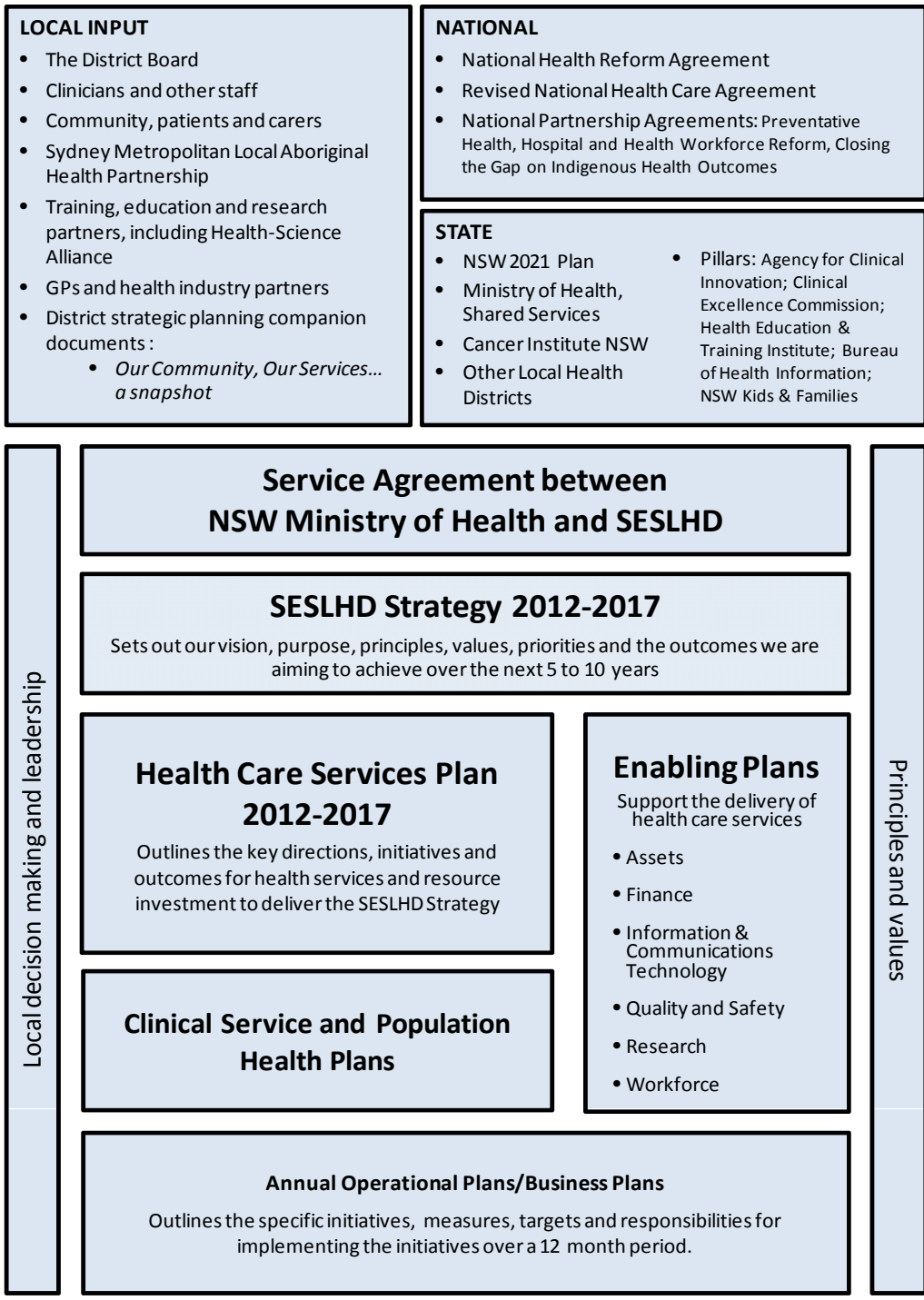
Our health system



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

Our Planning Framework

Our health system



Our Hospitals and Health Services

The Local Health District manages five major teaching and referral hospitals.

The Local Health District also provides services to Norfolk Island and manages Gower Wilson Memorial Hospital which is located on Lord Howe Island.

In addition to the public hospitals, the Local Health District provides a comprehensive range of health care delivered through facilities located in more than 30 suburbs. Services to the community include community health, child and family health, mental health, oral health, HIV/Sexual health, Aboriginal health, Breast screen, disability, health promotion, public health, palliative care, drug and alcohol, carer support and women's health, youth health.

Public Hospitals managed by SESLHD

- Prince of Wales Hospital
- Sydney/Sydney Eye Hospital
- Royal Hospital for Women
- St George Hospital
- Sutherland Hospital

Third Schedule Facilities affiliated with SESLHD

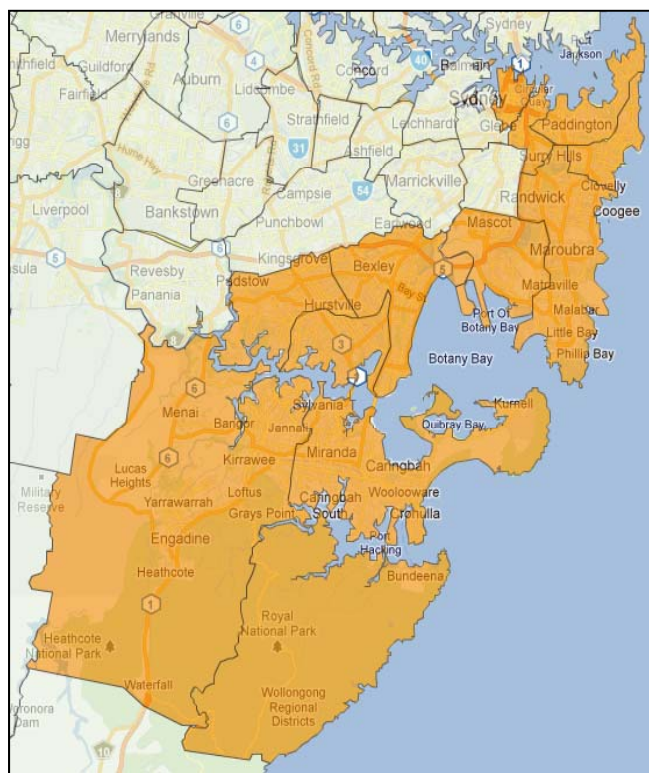
- Calvary Health Care Sydney
- War Memorial Hospital

Residential Aged Care managed by SESLHD

- Garrawarra Centre

Other Public Hospitals located in geographic area of SESLHD

- Sydney Children's Hospital
- St Vincent's Hospital
- Sacred Heart Hospice



A map of the geographic area of SESLHD by Statistical Local Area

Our health systems

SESLHD Services provided to other Districts and Services

The SESLHD provides the following services to other Districts, Services and locations, including:

SESLHD Service	Provided to:
Cardiothoracic Surgery	Illawarra Shoalhaven LHD
Radiology	Illawarra Shoalhaven LHD
Gynaecology Oncology	Illawarra Shoalhaven LHD; Australian Capital Territory
MotherSafe	NSW-wide
Electrophysiology	Southern NSW LHD
Clinical Support Services e.g. theatres, recovery, radiology and radiotherapy	Sydney Children's Specialty Network
Clinical Tertiary Services	Justice Health & Forensic Mental Health (JH&FMH) Network
Multiple Sclerosis Clinic	Illawarra Shoalhaven LHD
Disaster and Events Response	Airport, Darling Harbour, CBD
Rural Eye Service	Far Western LHD
Coordination and Delivery of Leadership Programs	NSW-wide
Health Education and Training Institute (HETI-funded medical positions with Specialist Clinical Training Network roles)	Southern NSW, Illawarra Shoalhaven, Northern NSW & Mid North Coast LHDs; St Vincent's and Mater Health Network JH&FMH Network
Emergency, hospital inpatient and outpatient clinic services. (Correctional Services General Acute Inpatients ward maintained at POWH)	JH&FMH Network
State Mental Health Telephone Access Line	St Vincent's and Mater Health Network; Southern NSW & Illawarra Shoalhaven LHDs
T2 clinics provided at Long Bay Infectious Diseases/ Immunology clinics; Sexual Health	JH&FMH Network
HIV and AIDS management; Aged Care Assessment Team and aged care services; Continuity of care for Chronic Disease patients	JH&FMH Network
Northern Sector Community Health Services provide services for geographic area near St Vincent's Hospital	St Vincent's and Mater Health Network

Our health system

Teaching and Research

South Eastern Sydney Local Health District 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

All of SESLHD's facilities have training programs for health professionals, including in the fields of Medicine, Nursing and Allied Health. The District's principal academic relationship is with the University of NSW (UNSW).

However, the District maintains relationships related to education with other training and service providers through its various services and staff, and provision of student placements. These include: Northern Sydney, Shoalhaven and Sydney Institutes of Technical and Further Education (TAFE NSW); Universities of Sydney, Wollongong, Technology, Western Sydney, Charles Sturt, Notre Dame, Tasmania, Griffith, Macquarie, Newcastle, Canberra, New England, as well as the Australian Catholic University and Australian National University; Ambulance Service of NSW; Australian College of Applied Psychology; and Family Planning NSW.

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:

- Health Science Alliance
- St George and Sutherland Academic Health Centre
- 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 (POWH)
- Midwifery and Women's Health Nursing Research Unit
- Save the Sight Institute

The **Health Science Alliance** is the clinical and research hub created across the three hospitals of the Randwick campus (POWH, RHW and SCH) and the adjacent University of New South Wales (UNSW).

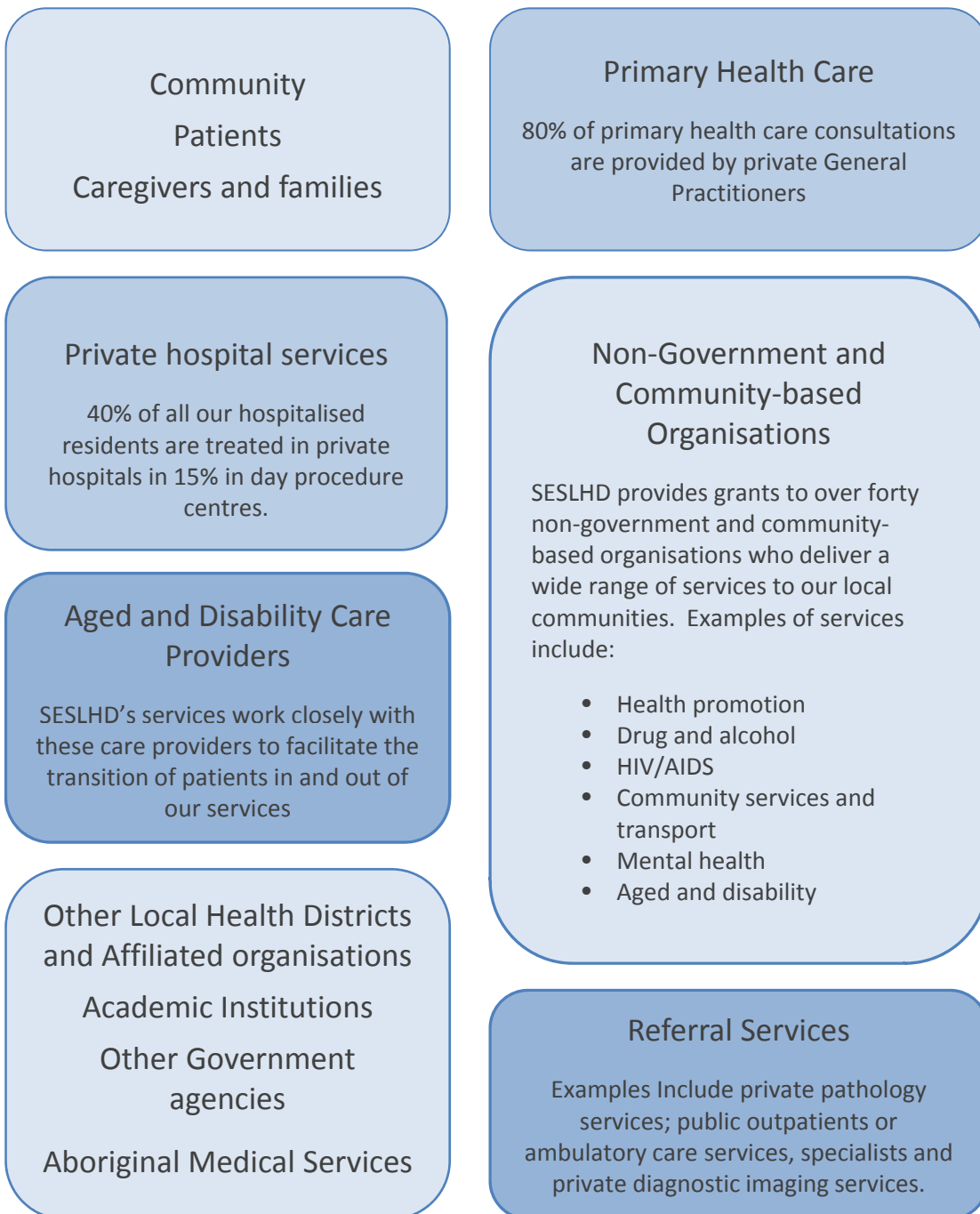
The UNSW hopes to develop the Health Science Alliance into a campus of the stature of Johns Hopkins Medical Center or the Harvard-affiliated Hospitals and Research Institute. The central idea of this Alliance is that the synergy created by their co-location will exceed the individual contributions of each research institute and clinical service located on the campus.

Similarly, the recently established **St George and Sutherland Academic Health Centre** aims to foster a culture where education and research are seen to be complementary activities to the delivery of health care. The Centre also aims to increase research productivity and the reputations and relationships of the parties; attract high quality researchers and clinical staff in all health disciplines; attract research funding; and enhance medical training in all health disciplines.

Our health system

Our Partners

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:



Our Centres of Excellence

Prince of Wales Hospital and Health Services

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

Sydney/Sydney Eye Hospital and Health Services

- Eye Care services
- Hand trauma services
- Kirketon Road Centre
- Sydney Sexual Health Centre

St George Hospital and Health Services

- Clinical and Academic medical and surgical oncology services, including: Prostate Cancer Institute, Brachytherapy treatment and theatre suite in PCI to extend to breast Brachytherapy service, and Peritonectomy service.
- Comprehensive renal services provided across St George and Sutherland Hospital campuses, incorporating the prize winning HOPE (Helping Older People with End stage kidney disease) renal palliative care program.
- Coordinated research and clinical program into bleeding and thrombosis.
- Engagement with clinicians and the local community, including integrated models of care in collaboration with Medicare Locals and allied health services ensuring a continuum of care.

- Foundation Centre for Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating the Teams (DETECT) Program: primary site for development.
- Major Trauma Service, including acute and sub-acute/ rehabilitation care, regional trauma hotline, integrated senior clinical support, dedicated admitting trauma team and Trauma Case Management program.
- Major Cardiac and Cardiothoracic Regional Surgery with benchmarked clinical outcome excellence and regional Paramedic Assessment for Primary Angioplasty.
- Antibiotic Stewardship Program.

Sutherland Hospital and Health Services

- Sutherland Heart Clinic provides all Interventional Cardiac services in the Sutherland Shire, now with a 24 hours, 7 days per week emergency angioplasty service.
- Southcare (Division of Aged and Extended Care) fully integrated aged and rehabilitation service offering community and hospital care. Utilised by the NSW Ministry of Health as a model of Aged Care and Rehabilitation excellence.
- Gastroenterology provides complex endoscopic interventions, now including Endoscopic Ultrasound and Endoscopic Retrograde Cholangioancreatography.
- Respiratory Coordinated Care Program: specialised program designed to assist people with advanced Chronic Obstructive Pulmonary Disease to live optimally in their homes.
- Joint Replacement Unit: now performs all elective orthopaedic surgery for St George Hospital and Sutherland Hospital apart from some orthopaedic spinal work and some shoulder work.
- Bariatric (weight management) Program which offers multidisciplinary support and surgery to patients severely affected by morbid obesity.

Our District

Section 3: Our Workforce



A snapshot

Our Workforce

Our workforce is our greatest asset. Most of the District's workforce is clinical, with nursing the largest professional group (44% of the total workforce).

Our workforce is ageing. Over half of our workforce is aged over 40 years, and 11% are 60 years or over. This raises important questions about the supply of staff over the coming decade.

SESLHD could employ more Aboriginal staff.

There are currently 82 Aboriginal and/or Torres Strait Islander employees, who make up 0.9% of the total SESLHD workforce.

The 2011 Your Say Workplace Survey highlighted many positive **employee experiences** among SESLHD 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 SESLHD respondents reported that they believed workplace culture had improved in the last 12 months.

Our District

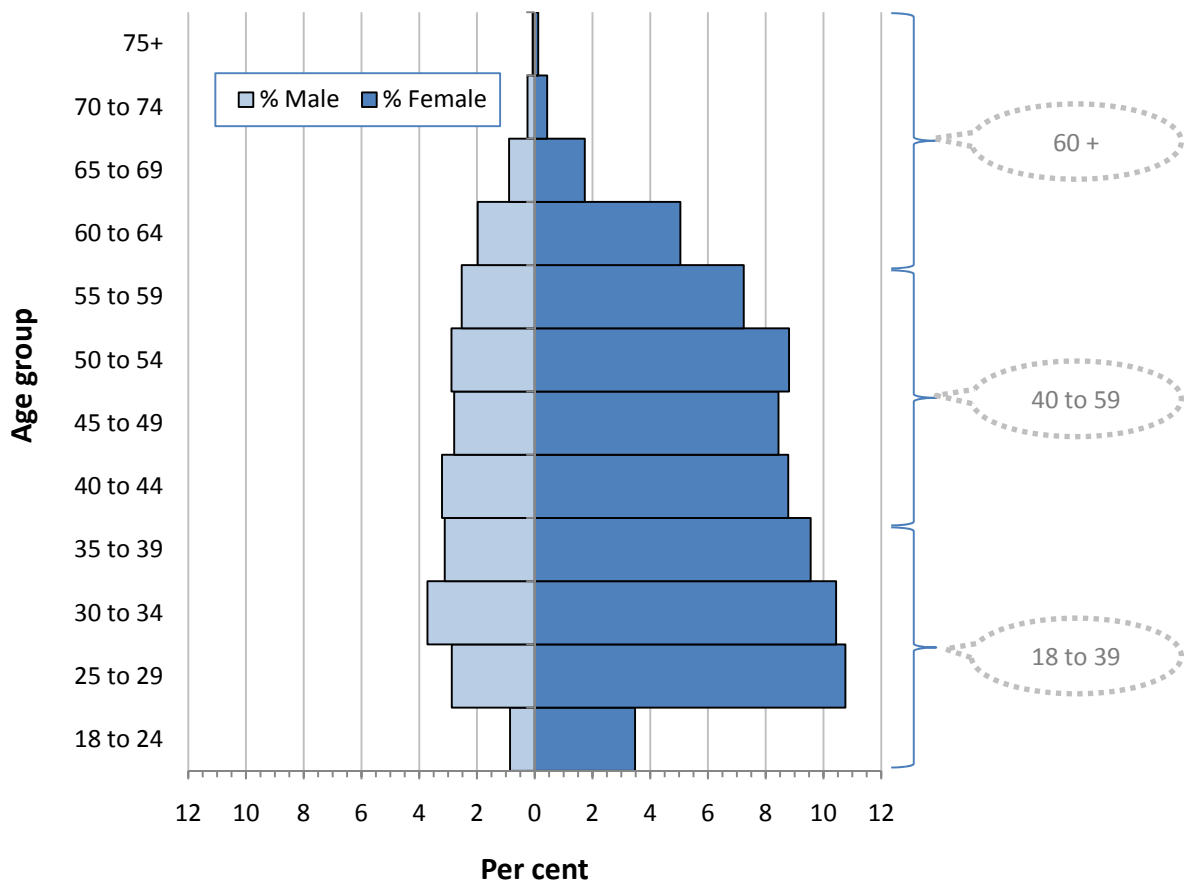
Our Workforce

SESLHD employs **10,681** people. About 75% are women.

In common with the rest of the NSW health workforce, the SESLHD workforce is ageing, with many nearing retirement.

Nearly 11% of the workforce is aged 60 years and over. A further 45% are aged 40 to 59 years.

SESLHD Workforce (non-casual) Age Pyramid and combined Age Portions as at 22 August 2012



Data source: SUPERO
Excludes casuals, SEALS staff

Our Workforce

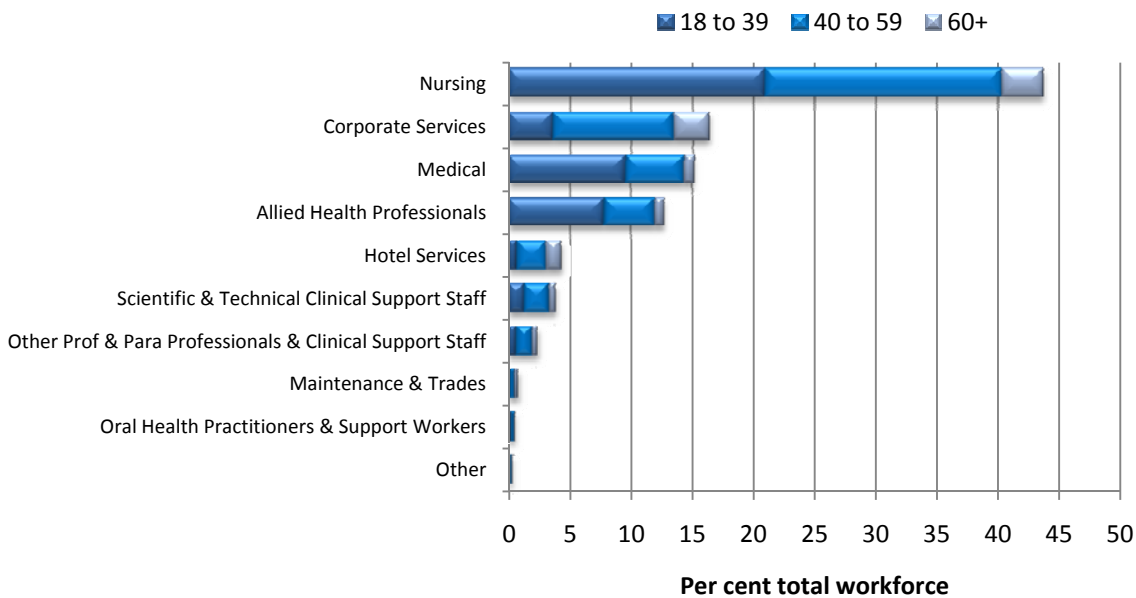
Of the 10,681 people currently employed by the SESLHD:

- Nearly half (44%) are Nurses
- 15% are Medical Practitioners
- 16% are Corporate Services staff
- 13% are Allied Health professionals
- 4% are Hotel Services staff
- 4% are Scientific & Technical Clinical Support Staff
- 2% are Other Professionals and Para Professionals
- Maintenance & Trade staff, Oral Health Clinical Support staff and Other staff comprise 1.6% total.

The proportion in each of the groups aged 60 years and over ranges between 6% (Medical or Allied Health) and 36% (Maintenance and Trade).

The oldest age profile is for Nurses staff, followed by Corporate Services staff.

SESLHD Workforce (non-casual) Employee Groups as a Proportion of Total, and by Age Group, as at 22 August 2012



Data source: SUPERO
Excludes Casuals, staff within Health Reform Transitional Organisation

Our workforce

Aboriginal Employment

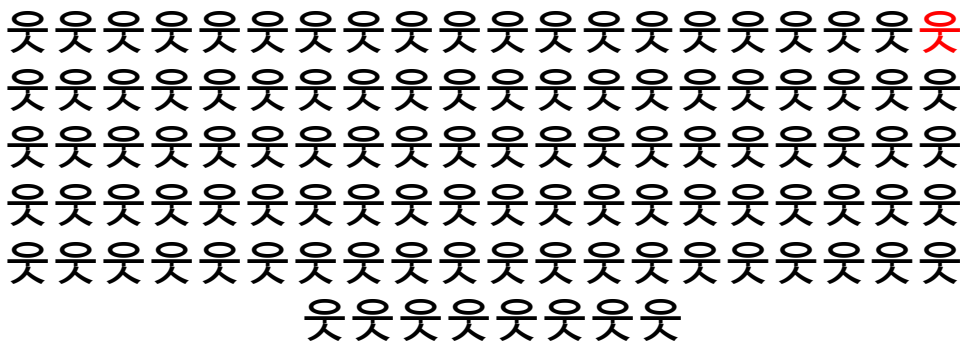
SESLHD has **82 Aboriginal and/or Torres Strait Islander** (Aboriginal hereafter) employees, with females accounting for 84%. This equates to **0.9% of the total workforce**. Aboriginal residents comprise a similar proportion of the total SESLHD population.

Increasing Aboriginal employment in the public sector is a key priority of the NSW Government – the target for NSW as a whole is to increase Aboriginal employment to 2.6% by June 2015. This target is slightly higher than the proportion of NSW residents who are Aboriginal (2.5%).

Increasing Aboriginal employment in the public health system aims to help close the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services, and also aims to help close the gap in employment outcomes.

SESLHD currently employs two Aboriginal doctors, representing 2% of the Aboriginal Workforce. About 27% (22) of the Aboriginal Workforce are nurses (as compared to 46% of the total SESLHD workforce being nurses). The largest Aboriginal employee grouping is classified as the Other Health Professionals group (which includes Aboriginal Health Workers); this group comprises 41% (34) of the Aboriginal Workforce. A further 30% (24) of Aboriginal staff members are employed as clinical support staff (i.e. Managers, Trades and Administration etc).

SESLHD Aboriginal Torres Strait Islander Workforce (non-casual) as a diagrammatical ratio of the Total SESLHD Workforce as at 20 August 2012



Data source: SUPERO & Aboriginal population estimates accessed from SAPHaRI

Our workforce

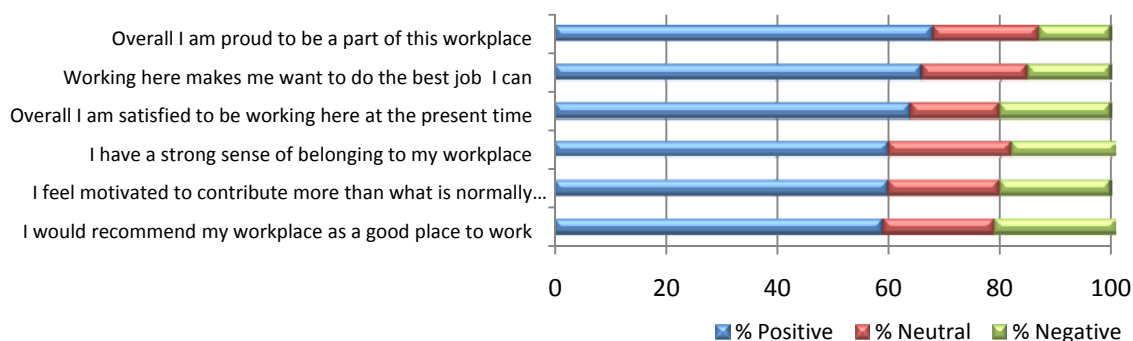
Workplace Engagement and Culture

In 2011, about 17% of our employees responded to the *YourSay Workplace Survey*. Responses to questions contributed to various indicators for staff engagement and workplace culture.

The Employee Engagement question with the highest positive response rate was “Overall I am proud to be a part of this workplace”. Overall, SESLHD scored 63% for the Employee Engagement Index, which was the same as the NSW average.

Similarly, SESLHD scored 46% for the overall Workplace Culture Index (based on responses to 15 questions), which was the same as the NSW average. The six key drivers of Employee Engagement among SESLHD employees are shown below.

Responses to YourSay Workplace Survey, Employee Engagement questions most aligned to overall index, SESLHD employees, 2011



Responses to YourSay Workplace Survey, Top 6 Drivers of Employee Engagement based on responses to Workplace Culture questions, SESLHD employees, 2011



Data Source: 2011 YourSay Workplace Survey, Report for SESLHD, prepared by *ORCInternational*, accessed from Ministry of Health website

Our workforce

Workplace Satisfaction

The overall goal of the 2011 YourSay Workplace Survey was to provide management with a continuing insight into and measurement of employee perceptions and opinions. About 17% of the SELHD workforce responded to the survey.

Participants were asked whether they agreed with a series of statements about workplace experiences. For many of the items, a very high proportion of participants responded favourably, while responses to other items point to priorities for action. Overall 25% of SELHD respondents reported that believed that workplace culture had improved in the last 12 months.

Our workforce

YourSay Workplace Survey 2011 – Top and bottom three scoring sections and five scoring questions (highest and lowest ranked) , SELHD employees, % positive

	Top highest scoring sections and questions	% Positive
Sections	Training and development opportunities	68
	Your line manager	57
	Your team	57
Questions	I am given the opportunity to complete my mandatory training requirements as part of my everyday work	77
	My job makes good use of my skills and abilities	76
	My line manager treats me with respect	72
	I have received the appropriate training and development to do my job effectively	71
	Overall I am proud to be part of this workplace	68
	Bottom scoring sections and questions	% Positive
Sections	Senior managers*	34
	Communication	47
	Work environment	51
Questions	Too many approvals are required for routine decisions**	13
	Overall I believe the culture at my workplace has improved in the last 12 months	25
	At my workplace we are too focussed on monitoring rather delivering services**	30
	The senior managers at my workplace have a clear direction for the future	31
	There is a positive relationship between senior management and staff in my workplace	31

* Senior management is an area that across all industries tends to be low in levels of agreement and high in neutral responses as people are generally not aware of what senior managers do. SELHD responses in this section were evenly spread between positive, neutral and negative suggesting that at times there may not be a clear channel of communications coming from senior management downwards through the organisation.

** Positive response = disagree

Data Source: 2011 YourSay Workplace Survey, Report for SELHD, prepared by *ORC International*, accessed from Ministry of Health website