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Executive Summary

The South Western Sydney Local Health District (SWSLHD) Population Health Operational Plan 2018 – 2020 provides an overview of strategies and actions that Population Health will undertake and outlines the operational plan reporting and monitoring framework with timelines and accountabilities and priority service developments with reference to the SWSLHD Strategic Plan 2018-21. The Strategic Plan identified six Strategic Directions to guide the development of services and programs. ‘A Healthier Community’ is a major responsibility of SWSLHD Population Health. Under this Strategic Direction, there were 18 identified strategies grouped further under the broad key priority area headings of ‘Knowing the needs of the community’, ‘Healthy people and communities’, ‘Prevention and early intervention’, and ‘Safe, healthy environments’. Twelve of these strategies were allocated to Population Health to lead. In addition, this Operational Plan has identified other strategies that Population Health will implement related to two other Strategic Directions namely: ‘Collaborative Partnerships’ and ‘A Healthcare System for the Future’. This Operational Plan has been developed by all units of SWSLHD Population Health in consultation with the SWSLHD Planning Unit.

Lead priority areas for Population Health

Healthier Communities

Knowing the needs of the community
- Explore methods to better engage with and obtain better quality information about the health status, behaviours and views of our communities

Healthy people and communities
- Develop and implement a health literacy roadmap
- Progress implementation of the SWSLHD Hepatitis B and C Implementation Plan
- Collaboratively implement the SWS Childhood Overweight and Obesity Action Plan ‘Growing Healthy Kids’

Prevention and early intervention
- Deliver programs designed to reduce smoking during pregnancy
- Develop an Alcohol Harm Prevention Strategy
- Implement the SWSLHD Needle and Syringe Program Development Plan
- Implement the SWSLHD HIV/STI Implementation Plan
- Review the business model of BreastScreen to enhance client participation and implement new technologies
- Implement the Five Ways to Wellbeing Framework

Safe, healthy environments
- Develop a Health and Housing Program in partnership with NSW Family and Community Services and Land and Housing Corporation
- Develop models of community development in disadvantaged communities to improve health and wellbeing

Collaborative partnerships
- Establish Health Alliances with each local council to collaboratively address priority health, social and built environment issues
- Establish strategic partnerships with other government departments and key stakeholders

A Health-Care system for the future
- Develop an Equity Framework to ensure SWSLHD services address the needs of all clients and communities
- The NSW Refugee Health Service to comprehensively provide health assessment and navigation for newly arriving refugees

South Western Sydney Local Health District
Introduction

The South Western Sydney Local Health District (SWSLHD) Strategic Plan 2018 – 2021 establishes the direction for the District, consistent with our vision of Leading care, healthier communities. The Strategic Plan embeds the ‘Transforming Your Experience’ program. The aim of Transforming Your Experience is to positively transform how our patients, consumers, staff and communities experience our organisation.

The SWSLHD Population Health Operational Plan 2018 – 2020 aligns with the SWSLHD Strategic Plan and documents the contribution of Population Health to SWSLHD Strategic directions. Population Health, in concert with other services, is primarily responsible for creating ‘healthier communities’ and delivering the strategic direction ‘A Healthy Community’.

‘Population Health’ protects and promotes the health of the local people and communities. Population health is sometimes referred to as ‘public health’ and is variously defined with definitions varying according to political and institutional context. The U.S. Institute of Medicine, when reviewing the future prospects of public health in that country, stated

‘The committee defines the mission of public health as fulfilling society’s interest in assuring conditions in which people can be healthy. Its aim is to generate organized community effort to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health.’

Preventing ill health and improving the wellbeing of local population is the responsibility of every local health district in NSW. Clinical services deliver services to individuals and their families mainly in hospitals and healthcare settings. The activities of Population Health differ. Some services within population health do deliver individual patient services but most ‘services’ that Population Health deliver are programs that reach into communities and are delivered to people and communities who are well now. Some of these programs are delivered to groups in the community who have special vulnerabilities, risk factors or risk behaviours.

The collective efforts and impact of Population Health involves the coordinated efforts of its constituent units and services. The units and services include: the Health Promotion Service, Public Health Unit, NSW Refugee Service, BreastScreen, Healthy People and Places Unit, and the Centre for Health Equity Training, Research and Evaluation (CHETRE).

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South Western Sydney Local Health District
Values Framework

**Our Vision**

Leading care, healthier communities

**Our Values**

The CORE values are fundamental to provision of health services across NSW and are the foundation stones for building trust. They underpin all activities of the District and define how staff and services work together and collaborate with patients, carers, the community and service partners in delivering health care and improving the health of the community.

**Our Mission**

Our mission is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.

**COLLABORATION**

Working as one team with patients, carers, the community and other service partners

**OPENNESS**

Services are transparent and open and explain the reason for decisions

**RESPECT**

Everyone involved in patient care or a health project can contribute and their views will be heard, valued and respected

**EMPOWERMENT**

Staff, patients, carers and the community can make choices and influence outcomes. Systems and processes will enable participation, supply necessary information, support delegation and ensure accountability
Community Profile

South Western Sydney Local Health District
### Community Health Snapshot

#### OUR PEOPLE

<table>
<thead>
<tr>
<th>TOTAL POPULATION</th>
<th>Life expectancy</th>
<th>Individual weekly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>966,450</td>
<td>85 years</td>
<td>$2,000</td>
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<tr>
<td>Born overseas</td>
<td></td>
<td>53%</td>
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<tr>
<td>45%</td>
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</tbody>
</table>

#### Food insecurity

9%

#### OUR HEALTH BEHAVIOUR

- **Current smoker**
  - 1 in 6 adults smoke
  - 16%

- **Smoke free households**
  - 9 in 10 are smoke free households
  - 94%

- **Drink alcohol at levels harmful to health**
  - 1 in 4 adults are at risk
  - 23%

- **Eat recommended amount of fruit**
  - 1 in 2 are consuming the recommended intake
  - 49%

- **Eat recommended amount of vegetables**
  - 1 in 20 are consuming the recommended intake
  - 5%

- **Have adequate physical activity**
  - 1 in 2 persons are getting adequate exercise
  - 52%

- **Had a breast cancer screen in last 2 years** (women aged 50-69 years)
  - 1 in 2 women have breast screening done
  - 48%

- **Had a cervical cancer screen in last 2 years** (women aged 20-69 years)
  - 1 in 2 women have cervical screening done
  - 52%

#### OUR HEALTH STATUS

- **Overweight (BMI 25 to <30)**
  - 1 in 3 adults are overweight
  - 32%

- **Obese (BMI ≥30)**
  - 1 in 4 adults are obese
  - 24%

- **High or very high psychological distress**
  - 1 in 7 adults are distressed
  - 14%

- **Good to excellent self-rated health**
  - A majority of people rate their health as good or excellent
  - 76%

- **Diabetes or high blood sugar**
  - 1 in 10 adults have diabetes
  - 11%

- **High blood pressure**
  - 1 in 4 persons have high blood pressure
  - 26%

#### PREGNANCY AND EARLY YEARS

- **Crude birth rate per 1,000**
  - 14

- **Low birth weight babies (%)**
  - 7

- **Smoking during pregnancy (%)**
  - 9

#### IMMUNISATION

- **Children fully immunised at 12 months**
  - 93%

- **Children fully immunised at 5 years**
  - 94%
Facility Profile

SWSLHD Population Health aims to protect and promote the health of the local population. We are a multidisciplinary workforce of health promotion officers, health managers, administrative staff, nurses, doctors, dieticians, environmental health officers, radiographers and more. Population health has approximately 180 fulltime equivalent staff and more than 200 staff in total distributed across the District.

Population health provides a broad and varied range of services some of which are less visible. For example, the Public Health Unit delivers immunisations in all high schools, investigates disease outbreaks and regulates environmental hazards. The Health Promotion Service delivers a wide range of community-based programs in settings that vary from schools to community kitchens. BreastScreen provides a comprehensive mammographic screening service for women in their target age group. The NSW Refugee Health Service provides clinical assessment for newly arrived refugees. The Healthy People and Places Unit and CHETRE provide critical support to the Population Health and the District through monitoring health status, evaluating health services; and undertaking research focused on population health, including equity.

Population Health and its workforce is guided by values and principles of working that build on the core principles of the NSW Health and the District: equity, professionalism, partnership-working, evidence-based practice, environmental sustainability, and quality improvement.

We recognise that the causes of illness and disability often originate in features of the social environments in which people live, work and play. Such features include, for example, an individual’s personal or family level of income, employment status, socioeconomic position, housing conditions, level of education and cultural background. They also include aspects of the society that surrounds them, for example the physical characteristics of the neighbourhood where they live, their work environment, whether others discriminate against them and more generally policies of governments. These features are referred to as the social determinants of health. Developing practical ways of addressing social drivers of ill-health is challenging but recognition informs our work programs.

We also recognise the importance of reducing health inequalities at the same time as we develop programs that address major causes of ill health and disability. Health inequalities refer to any difference in health status or access to health services between two or more groups of people. Some health differences are inevitable but when a health inequality is considered preventable and unfair it is referred to as a health inequity.

Population Health contains six units: BreastScreen NSW, Centre for Health Equity Training, Research and Evaluation (CHETRE), Health Promotion Service, Healthy People and Places Unit, Public Health Unit and NSW Refugee Health Service.

BreastScreen NSW provides free screening mammograms for the early detection of breast cancer in south western Sydney. The program provides a service to asymptomatic women aged 50 to 74 on a two-yearly basis. Screening is provided through four fixed sites in Bankstown, Liverpool, Campbelltown and Bowral and a mobile screening unit.

The Centre for Health Equity Training, Research and Evaluation (CHETRE) - CHETRE’s mission is to co-create intelligence for better health. The Centre undertakes research, evaluation and training with a focus on achieving better and fairer health for populations in south western Sydney, and throughout Australia and internationally. CHETRE’s programme of work aims to:

- Build and disseminate understanding of the (health) needs of vulnerable populations;
- Create, trial and disseminate – based on firm evidence – approaches to improve health and reduce inequity;
- Influence relevant policy and practice for better health.
- Enhance understanding of the needs of vulnerable families and communities;
- Develop and trial interventions to improve health and address health inequities; and
- Develop and trial ways to widely and sustainably implement effective interventions and innovations to improve health and health equity in whole populations.

South Western Sydney Local Health District
The Health Promotion Service (HPS) develops, implements and evaluates community-based programs that improve and maintain population health and reduce inequities in health outcomes. Programs focus on lifestyle-related causes of ill health and creating physical and social environments that promote health and well-being. Some programs work with people living in communities who are most at risk.

The Healthy People and Places Unit (HPPU) works with local councils, other state government agencies, communities and developers to plan and develop built environments that promote health. The Unit also conducts research, evaluation and surveillance in population health, promotes an evidence-based approach to population health programs, and supports graduate and post-graduate learning in population health, provides specialist strategic, planning, performance and business support to programs addressing HIV, and hepatitis B and C and provides the managerial functions for Population Health.

The Public Health Unit (PHU) is responsible for the surveillance and control of notified infectious diseases; the investigation and control of outbreaks; the regulation of some specific environmental health hazards; assessing environmental health risks; ensuring compliance with public health legislation that regulates the sale of tobacco products and exposure to smoking; implementing the school immunisation program; providing immunisation advice; responding to and managing public health incidents and disasters.

The NSW Refugee Health Service (RHS) is a state-wide service based in Liverpool that provides support and clinical services to refugees and others of refugee-like backgrounds. This includes a program of nurse-led health assessments for all new arrivals to metropolitan Sydney. The Service also provides health education for community members, training for health professionals, policy advice and service development support, and undertakes research.
Strategic Directions

**Safe, Quality Care**
- Consistently safe
- Outstanding quality
- Appropriate, timely care
- Evidence based and patient-centred care
- Cultural safety
- Accountability and governance

**A Healthy Community**
- Healthy people and communities
- Safe, healthy environments
- Knowing the needs of the community
- Prevention and early intervention

**Collaborative Partnerships**
- Consumer, patient and carer involvement
- Genuine engagement and communication
- Strategic partnerships
- Funding opportunities

**A Healthcare System for the Future**
- Building and adapting for the future
- Networked and integrated services
- Agile and innovative care
- Responsive to community diversity

**Our People Make a Difference**
- Workforce for the future
- Culture of respect and compassion
- Employer of choice
- Effective leadership and empowered staff

**A Leader in Research and Teaching**
- Delivering research innovation
- Acknowledgement and recognition of research
- Continuous education, teaching and training
## Operational Plan Reporting and Monitoring Framework

### SWSLHD Strategic Plan 2018 – 2021 – Applicable Strategies for SWSLHD Population Health

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<tr>
<th>ID</th>
<th>STRATEGIC DIRECTION</th>
<th>KEY PRIORITY AREA</th>
<th>STRATEGY</th>
<th>LOCAL ACTIONS TO SUPPORT IMPLEMENTATION OF STRATEGY</th>
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| 2.26| A Healthy Community       | Knowing the needs of the community                                               | Explore methods to better engage with and obtain better quality information about the health status, behaviours and views of our communities | • Review models and mechanisms and methods for rapid community consultation, obtaining representative health behavioural and health status information, and obtaining community views. The scope of this review to include representative panels, online methods for rapid polling and similar. Investigate suitability and feasibility for SWSLHD context and provide a report.  
  • Trial implementation contingent on feasibility                                                                              | Director Population Health                                                     | CHETRE                        | 12 months    |
| 2.27| A Healthy Community       | Healthy people and communities                                                   | Develop and implement a SWSLHD Health Literacy Roadmap to increase community and individual awareness of how to keep healthy, how to identify health problems early and how to access the health system, with a particular focus on vulnerable communities | • Develop community education programs to improve health literacy of refugees and other vulnerable migrant groups  
  • Implement Culturally and Linguistically Diverse Access project to improve access to health information.  
  • Implement and evaluate the Health Navigation Program for refugees.                                                                 | Director Nursing & Midwifery                                                  | HPS, RHS                   | 24 months, 12 months, 12 months |
| 2.28| A Healthy Community       | Healthy people and communities                                                   | Progress implementation of the SWSLHD Hepatitis B & C Implementation Plan 2016 - 2020 to improve immunisation rates, reduce infections, increase testing, improve monitoring of patients and increase treatment rates for people with chronic hepatitis | • Recruit and manage 2 year Hepatitis CNC to support testing, treatment and monitoring of viral hepatitis in primary care  
  • Coordinate and lead SWSLHD strategies to increase hepatitis C treatment uptake  
  • Coordinate and lead SWSLHD strategies to increase testing, vaccination and treatment/monitoring for chronic hepatitis B in priority communities                                                                 | Director Population Health                                                     | HARP                       | 24 months, 24 months, 24 months |
| 2.31| A Healthy Community       | Prevention and early intervention                                                | Collaboratively implement the SWS Childhood Overweight and Obesity Action Plan ‘Growing Healthy Kids’                                         | • Focussed efforts to promote adoption of ‘harder to implement’ practices in Munch and Move and Live Life Well @School in schools and childcare settings  
  • Collaborate with Department of Education to implement Revised Healthy Canteens initiative                                                                                                           | Director Population Health                                                     | HPS                        | 24 months    |
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| 2.33 | A Healthy Community | Prevention and early intervention | Deliver programs designed to reduce smoking during pregnancy and within identified population groups, initially focussing on people from Aboriginal and Vietnamese communities, and people with a mental health issue | • Implement a whole of systems approach to childhood overweight and obesity - Campbelltown Translational Research Grant  
• Reach multicultural and Aboriginal communities through local activities and community engagement events  
• With the paediatrics clinical stream develop a comprehensive child weight management service  
• Continue the delivery of the Quit for New Life program.  
• Develop and implement a Smoking in Pregnancy service for non-Aboriginal women.  
• Implement and evaluate Quit & Fit project strategies in the Vietnamese speaking community of Fairfield LGA | Director Population Health | HPS | 24 months |
| 2.34 | A Healthy Community | Prevention and early intervention | Develop an Alcohol Harm Prevention Strategy to reduce the harm caused by alcohol within families and communities | • Oversee development and finalisation of SWSLHD Alcohol Harm Reduction Strategy | Director Population Health | HARP | 12 months |
| 2.36 | A Healthy Community | Prevention and early intervention | Continue to implement the SWSLHD Needle and Syringe Program Development Plan 2017 - 2019 to increase access to sterile injecting equipment and to minimise risk behaviours that have the potential to transmit infection | • Lead governance structures and reporting on SWSLHD needle and syringe distribution.  
• Develop Service Level Agreement (SLA) with Drug Health Service  
• Initiate and lead 2018/19 activities to reduce rates of receptive syringe sharing in SWSLHD using Interventions to Reduce Receptive Syringe Sharing (IRRSS) funding | Director Population Health | HARP | 24 months |
| 2.37 | A Healthy Community | Prevention and early intervention | Continue to implement the SWSLHD HIV/STI Implementation Plan 2015 - 2018 and develop a 2019 - 2021 plan to effectively prevent, test and treat HIV and sexually transmissible infections | • Support SWSLHD services to increase HIV testing activity in accordance with NSW Strategies & SWSLHD Implementation Plan  
• Refresh the SWSLHD HIV/STI Implementation Plan | Director Population Health | HARP | 24 months |

2 Quit for New Life is a tobacco cessation program targeting Aboriginal women who are pregnant.

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| 2.38 | A Healthy Community | Prevention and early intervention | Review the business model of BreastScreen South Western Sydney to enhance client participation and implement new technologies for remote assessment and electronic communication | • Create and implement a new marketing and recruitment plan that focuses on 50-69 target group and includes Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse women  
• Enhance the promotion of the service to first time screeners  
• Ensure that all SWS BreastScreen radiologists have access to and use remote assessment approval  
• Aim for 60% of GP letters being sent electronically by adopting BreastScreen system functionalities | Director Population Health | BS Manager | 12 months |
| 2.39 | A Healthy Community | Prevention and early intervention | Implement the Five Ways to Wellbeing Framework to enhance the mental health and wellbeing of our communities and build individual and community resilience | • Develop and evaluate Five Ways to Wellbeing program in 4 high schools  
• Apply Five Ways to Wellbeing approach in 4 community settings | Director Population Health | HPS | 24 months |
| 2.41 | A Healthy Community | Safe, healthy environments | Develop a Health and Housing Program to improve the health and social outcomes of communities with a high proportion of social housing tenants, in partnership with the NSW Department of Family and Community Services and the Land and Housing Corporation | Improve the social and health and well-being outcomes of South West Sydney residents affected by housing relocation and renewal by:  
• Identify best practices,  
• Assessing how the support process relating to the relocation process impact on the health and wellbeing of the residents,  
• Develop recommendations and incorporate them into the relocation support process.  
Improve the physical quality of housing and housing hardware in ways that benefit health through adapting ‘housing for health’ approaches:  
• Investigate ‘housing for health’ approaches including checklists and instruments.  
• Pilot/trial with a housing maintenance contractor in social housing estates in Campbelltown  
Develop innovative approaches in disadvantaged communities in SWS with social housing tenants to improve their health and access to health: | Director Population Health | HPPU | 24 months |
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| 2.42 | A Healthy Community      | Safe, healthy environments      | Develop models of community development in disadvantaged communities to improve health and wellbeing, in partnership with the government and non-government sector, with priority given to the communities of Claymore, Miller and Fairfield | • Identify, implement and evaluate projects to build community capacity, resilience and well-being.  
• Build capacity of FACS, LAHC, Health, Council and other staff working in locationally disadvantaged communities.  
• Investigate feasibility, trial and evaluate evidence-based interventions to improve health and address health inequities through community development in locationally disadvantaged communities;  
• Promote and enhance Community STaR (Service for Training and Research) community development activities in 2168 postcode area and beyond (Claymore and Fairfield)  
• Deliver Working in Locationally Disadvantaged Learning by Doing programme to build capacity in SWSLHD workforce and other key stakeholders in locationally disadvantaged communities to carry out partnership projects that contribute to obtaining better information about health status, behaviours and views of our communities. | Director Population Health               | CHETRE       | 24 months |
| 3.51 | Collaborative Partnerships | Strategic partnerships          | Establish Health Alliances with each local council to collaboratively address priority health, social and built environment issues | • Healthy Places team fully recruited and a work plan developed  
• Population Health to work to establish Health Partnerships and / or Alliances with each local council including regular communication with a mutually agreed format and structure, a supporting formal agreement where desired, joint working arrangements and joint project implementation. | Director Population Health               | HPPU         | 6 months  
|      |                           |                                 |                                                                          |                                                                                                                                                                                      |                                               |             |            |
| 3.53 | Collaborative Partnerships | Strategic partnerships          | Establish strategic partnerships with other government departments and key stakeholder organisations to ensure progress on shared priorities | • Support the development of sound relationships with the local government, state agencies, Commonwealth government, and Primary Health Network to contribute effectively to the Western Sydney City Deal and the commitment to a Western Sydney Health Alliance  
**RHS** to continue partnerships across NSW with:  
• Government agencies including Cancer Institute NSW, Centre for Oral Health Strategy, Transcultural Mental Health | Chief Executive                          | HPPU         | 24 months |
<p>|      |                           |                                 |                                                                          |                                                                                                                                                                                      |                                               | RHS          |            |</p>
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| 4.81| A Healthcare System for the Future | Responsive to community diversity | Develop an Equity Framework to ensure SWSLHD services address the needs of all clients and communities | • Develop an equity baseline/dashboard  
• Consultation with staff representatives and other key stakeholders  
• Final plan including key actions  
• Assist in developing parameters for District-wide governance, policy and action development | Director Population Health | HPPU          | 12 months  |
|     |                     |                         |                                                                          | CHETRE                                                                                                                                 | CHETRE                  | 24 months  |
|     |                     |                         |                                                                          | CHETRE                                                                                                                                 | CHETRE                  | 24 months  |
|     |                     |                         |                                                                          | CHETRE                                                                                                                                 | CHETRE                  | 24 months  |
| 4.82| A Healthcare System for the Future | Responsive to community diversity | The NSW Refugee Health Service to comprehensively provide health assessment and navigation for newly arriving refugees | • Provide quarterly report of settlement trends and service delivery for refugees. RHS to monitor trends in refugee settlement and health issues, and respond according to needs.  
• Implement and evaluate the Health Navigation Program for refugees. | Director Population Health | RHS             | Ongoing    |
|     |                     |                         |                                                                          | RHS                                                                                                                                          | RHS                     | 12 months  |