Population Health

A Facility of South Western Sydney Local Health District

Operational Plan 2014 – 2018

Leading care, healthier communities

NSW GOVERNMENT Health
South Western Sydney
Local Health District

Contents

SWSLHD Population Health
December 2014

Foreword

Population Health in South Western Sydney Local Health District (SWSLHD) aims to protect and promote the health of the local population and reduce inequities in health. Our services work with many partners to deliver a comprehensive range of high quality, evidence-based population health services to the residents of SWSLHD. Some of our services aim to help individuals and families adopt healthy behaviours and avoid illness and some of our services aim to create more health promoting physical and social environments.

When developing, implementing and evaluating population health services we recognize that many personal, local and global factors affect health and illness and that there is often a long time lag between the implementation of a service and the desired change in individuals' behaviours or physical and social environments and an even longer lag before there may be any observable improvement in actual health status.

In common with all the other facilities in SWSLHD, Population Health has prepared an Operational Plan for 2014-2018. This plan outlines the actions Population Health will take over the next five years that will contribute to achieving SWSLHD's priorities, principally in relation to improving the health of the people who live in SWSLHD and reducing inequities in health experienced by those residents. It is intended that this plan will assist members of the community, staff in Population Health and colleagues in SWSLHD and other organisations to:

- understand the reasons for and context of Population Health's activities,
- comprehend the range of Population Health's activities and how these contribute to achieving our own and SWSLHD's goals,
- see how Population Health's programs complement the activities of other health and non-health services, and
- monitor Population Health's progress in implementing its plans.

The plan outlines the organisational and geographic context, presents brief profiles of the population of SWSLHD and Population Health, considers the likely demands on Population Health over the next five years and the challenges that will be faced in meeting those demands, and identifies overall priorities for action. The major section of the plan details the activities that Population Health intends to undertake to achieve SWSLHD's Corporate Actions, improve health status and reduce inequities in health. Finally, responsibilities for implementing and monitoring the plan are considered.

We wish to thank everyone who has contributed to the development of this plan.

Peter Sainsbury

Director, Population Health

Executive Summary

Community profile

The population of SWSLHD is expected to grow from 876,000 in 2011 to 966,000 in 2016 and 1.064 million in 2021 (an increase of 21% since 2011). People aged 70 years or older are projected to increase by 55% between 2011 and 2021. The population is very culturally diverse. Aboriginal people make up approximately 1.6% of the population and over 40% of the population speak a language other than English at home. SWSLHD is also socioeconomically mixed but it houses some of the poorest communities in NSW.

While many people in SWSLHD enjoy good health there are concerns about the levels of smoking, overweight and obesity, physical activity, diabetes, high blood cholesterol, high blood pressure and psychological distress.

Facility profile

The approximately 100 Full Time Equivalent staff of Population Health provide a range of services that aim to protect and promote the health of the local population and reduce health inequities. Population Health comprises BreastScreen NSW, Centre for Health Equity Training Research and Evaluation, Health Promotion Service, Healthy People and Places Unit (including epidemiology services and strategic planning and monitoring of SWSLHD AIDS-program funded services), Public Health Unit and NSW Refugee Health Service.

- **Challenges**

The principal challenges include recruiting and retaining a workforce capable of meeting the population's needs, finding ways to assist hard-to-reach populations, ensuring that services are evidence-based and properly evaluated, and demonstrating the effectiveness of service delivery.

- **Priority future directions**

The SWSLHD Strategic & Healthcare Services Plan identified four principal objectives for Population Health: prevention of ill health, building partnerships for health, building a sustainable workforce and being ready for new risks and opportunities. To meet these objectives Population Health's priority directions include increasing the adoption of healthy behaviours, increasing the development of healthy social and physical environments, preventing and managing infectious diseases and reducing health inequities.

- **Priority corporate actions**

Population Health's actions cover all of SWSLHD's eight areas of corporate action: High quality health services; Seamless networks; Research and innovation; Supporting business; Community partnerships; Developing our staff; Enhancing assets and resources; Efficiency and sustainability. The emphasis, however, is on corporate action 1.5: Implement early intervention and health promotion and illness prevention strategies. Many of the actions involve working with others to reduce the harmful impacts of the social determinants of health and of health inequities.

Introduction

In December 2013, two strategic planning documents to guide the future directions of South Western Sydney Local Health District (SWSLHD) were released:

- The Strategic and Healthcare Services Plan - *Strategic Priorities in Health Care Delivery to 2021* - which provides the healthcare services development plan for the District for the next ten years
- The Corporate Plan 2013 – 2017 - *Directions to Better Health* - which outlines the actions that the District will take over the next five years to respond to community and District-wide needs and concerns and ensure that targets and strategies articulated in the national, NSW and the SWSLHD performance agreement are addressed.

Together these Plans form the basis of aligning all SWSLHD services to achieving the vision of 'Leading Care, Healthier Communities'. They also provide a values framework (see page 5) which underpins all that we do. This includes NSW Health's CORE values of Collaboration, Openness, Respect and Empowerment which are the foundation stones for building trust with our local communities; SWSLHD's mission statement which articulates our purpose, outlining how we will work collaboratively, innovatively and equitably to deliver better healthcare; and SWSLHD's guiding principles for service development (Appendix 1).

The *SWSLHD Population Health Operational Plan 2014 - 2018* provides a framework through which Population Health will implement the corporate priorities and actions articulated in the *SWSLHD Corporate Plan*. The eight Corporate Areas of Action are:

- High quality health services
- Seamless networks
- Research and innovation
- Supporting business
- Community partnerships
- Developing our staff
- Enhancing assets and resources
- Efficiency and sustainability

The Plan has been developed over the first six months of 2014 with extensive input from Population Health staff, colleagues in SWSLHD and other organisations, and members of the community. It outlines the actions that SWSLHD Population Health services will take over the next five years to achieve the Corporate Areas of Action and their associated objectives, and contribute to achieving the SWSLHD vision. Individual units within Population Health will also develop their own plans to provide more strategic and operational detail about many of the actions outlined in this plan.

A list of abbreviations used in the Operational Plan can be found in Appendix 6.

Map of South Western Sydney Local Health District

Values Framework

Vision

Leading care, healthier communities

CORE Values

Collaboration **O**penness **R**espect **E**mpowerment

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.

Priority Strategic Directions

Build capacity to effectively service growing demands for health care	Redesign of services bringing them closer to people and communities	Integrated action with the South Western Sydney Medicare Local	Partnering with external providers to deliver public health care
» Asset Strategic Plan » Workforce Development Plan » Increase role delineation in some services » New models of care	» Review of community health » IPCCs Oran Park & Leppington » Decant ambulatory hospital services to the community	» Integration Unit » Care pathways » Preventative health » Integrated planning	» Public Private Partnerships » NGO & Affiliated Health Orgs » Pillars inc. NSW Kids and Families » Academia
Enhancing service networks and growing centres of excellence	**Shared access to unified information for all the health care team**	**An integrated focus on primary prevention for patients and communities**	**Embedding education and research within service delivery**
» Existing e.g. orthopaedics » New networks e.g. HVSS, hand surgery, stand alone endoscopy » New CoE e.g. pelvic cancer surgery, breast cancer assessment unit	» IT link primary/community care » Enterprise data integration » Research & education » Social media	» Closing the Gap » Best start in life for children » Preventable chronic disease » Healthy environments	» SWS Education Centre » E-Learning » Ingham IAMR » Implement Research Strategy

Corporate Areas of Action

High quality health services	Seamless networks	Research & innovation	Supporting business
Community partnerships	Developing our staff	Enhancing assets & resources	Efficiency & sustainability

Facility & Unit Plans use Corporate Plan Framework

Community Profile

South Western Sydney Local Health District (SWSLHD) is the largest and fastest growing District in metropolitan Sydney. SWSLHD covers the local government areas (LGAs) of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly, and spans 6,243 square kilometres of urban, rural and semirural areas (see map on page 4).

Demographics

In 2011, the population of SWSLHD was estimated at 875,763 people, and is projected to reach 966,137 people by 2016 and 1.064 million by 2021 (an increase of 21% since 2011). Population growth in the District will mainly be driven by greenfield developments, particularly in the South West Growth Centre, which is estimated to provide approximately 110,000 new dwellings for 300,000 people by 2025. In addition, there are significant developments planned for Wollondilly, with an additional 1,400 new dwellings and urban infill particularly in Bankstown and Fairfield LGAs.

Growth is driven in part by the high number of births associated with a fertility rate (the average number of babies born to a woman through her reproductive life) in 2010 of 2.0 which is above the NSW rate of 1.9 births. The population in SWSLHD is also ageing, with the number of people aged 70 years or older projected to increase by 55% between 2011 and 2021 and by 91% by 2026.

Aboriginal people comprise approximately 1.6% of the population of SWSLHD, with the highest proportion of Aboriginal people residing in Campbelltown LGA. Compared with the non-Aboriginal population in SWSLHD, the Aboriginal population is relatively young (37.8% vs. 21.7% aged under 14 years) with fewer older Aboriginal people aged 65 years and over (3.7% vs. 11.7%).

SWSLHD is a culturally and linguistically diverse population, with almost a third of the population being born in a non-English speaking country and over 40% speaking a language other than English at home. Fairfield LGA has the highest cultural diversity in SWSLHD, with more than half of residents being born in a non-English speaking country and almost 70% of residents speak a language other than English at home. SWSLHD is a major point of settlement for refugees, with 41.6% of all NSW

Humanitarian Stream (Refugee) arrivals (10,932 people) between 2008 and 2013 re-settled in South Western Sydney.

Socio-economic status

SWSLHD has some of the poorest communities in NSW, with 12 suburbs ranked among the 20 most socio-economically disadvantaged within the Sydney Statistical Division. Campbelltown, Bankstown and Fairfield rank amongst the most socio-economically disadvantaged LGAs in NSW.

Around 18% of family households in Fairfield and 15% of households in Bankstown have incomes less than $600 per week, which is less than half of the median household income for NSW. The proportion of the population who are unemployed is also high in Fairfield (9.7%), Bankstown (7.6%), Campbelltown (7.4%) and Liverpool (7.0%).

High school completion rates are consistent across SWSLHD (45.6%), but are low in Wollondilly Shire where only 36.3% of the population have completed Year 12.

Socially disadvantaged communities often experience multiple hardship including poverty, poor transport, poor access to healthy food and poor perceptions of neighbourhood safety. Despite this, many individuals and families have good health, maintain strong social relationships and are active in their community.

Health Behaviours

There are several health behaviours which adversely affect personal health and wellbeing. These behaviours are associated with poorer health status and high levels of chronic diseases such as cardiovascular and respiratory disease and cancer, and other conditions that account for much of the burden of morbidity and mortality in later life.

In 2012, among adult residents of SWSLHD:

• 16.3% were a current smoker

• 31.7% were overweight and 25.6% were obese

• 51.8% participated in adequate levels of physical activity

• 5.1% consumed the recommended amounts of vegetables.

In 2010, among pregnant women of SWSLHD:

• 53.9% had their first antenatal care visit before 14 weeks gestation, and

• 15.3% smoked during pregnancy.

Health Status

In 2011, adult residents of SWSLHD reported that:

• 9.7% had diabetes or high blood glucose

• 29.5% had high cholesterol

• 31.3% had high blood pressure

• 12.3% experienced psychological distress

• 78.6% had positive self-rated health status.

Also, in 2010 6.7% of babies were born with low birth weight.

In SWSLHD from 2002 to 2012 there have been improvements in the rates of some of these measures: for example, smoking rates have decreased from 24.9% to 16.3% and the percentage of residents participating in adequate physical activity has increased from 43.7% to 51.8%. However, the news is not all good: for example, over a similar time period there have been increases in the rates of obesity (from 17.8% to 25.6%), diabetes or high blood glucose (from 6.1% to 9.7%), high blood cholesterol (from 24.2% to 29.5%) and high blood pressure (from 20.5% to 31.3%).

Consistent with the NSW population, the major causes of death in SWSLHD are cardiovascular diseases, cancers, respiratory diseases, and injury and poisoning. These four causes of death account for approximately 80% of all deaths in SWSLHD.

Cardiovascular disease, cancer, respiratory disease and injury (which includes falls) and poisoning also account for the majority of hospitalisations among SWSLHD residents. In general, hospitalisation rates among SWSLHD residents are higher than the NSW average. In 2010-11 to 2011-12, around 3.5% of hospitalisations of SWSLHD residents were potentially preventable, which are hospitalisations that are considered avoidable through preventive care and early disease management.

Appendices 2 and 3 provide additional demographic and health information about the residents of South Western Sydney.

Facility Profile

SWSLHD Population Health aims to protect and promote the health of the local population. It provides a broad range of activities including: Public Health Units focussed on preventing ill-health through immunisation, investigating disease outbreaks and reducing risks from infectious diseases, and reducing risks associated with environmental toxins; health promotion through community-based programs that improve and maintain population health and reduce inequities in health outcomes; screening for breast cancer; health services for people of refugee background living in NSW; projects which contribute to creating healthy built environments and reduce health problems in disadvantaged communities; coordinating funding and developing policies and services related to the prevention and treatment of HIV/AIDS and other blood borne viruses; monitoring health status; evaluating health services; and undertaking research focused on population health, including equity.

Population Health provides services to all people living in SWSLHD. However, some of our activities are focused on groups of people who, for instance, experience high levels of social disadvantage, or are particularly vulnerable to future illness, or are already experiencing poor health. These groups include:

- individuals and groups who have high levels of risk factors for chronic diseases (including poor mental health) and injury
- people living in communities with a high proportion of public housing
- Aboriginal families and communities
- families of young children who are experiencing distress (for example, those experiencing mental health issues, financial stress, issues with alcohol and other drugs or family violence)
- people living in areas of rapid urban development and re-development
- populations at high risk of HIV, sexually transmissible infections, hepatitis B and hepatitis C, for instance men who have sex with men, people who inject drugs and sex workers
- refugees and others of refugee-like backgrounds, particularly newly arrived refugees settling in metropolitan Sydney and asylum seekers without Medicare
- people from countries that have a high prevalence of infectious disease
- females aged 40 and over who are at risk of breast cancer.

Two important principles underpin the work of population health workers. The first is recognition that the causes of illness and injury 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 the taxation and social service policies of governments. These features are referred to as the social determinants of health because the ways

they are produced and distributed across society are determined by the decisions that people make collectively, often but not always through the decisions of governments.

The second principle is an emphasis on reducing health inequalities and health inequities. 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 (because it arises from an unfair aspect of society generally) it is referred to as a health inequity.

Services and Programs

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 specifically targets 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)** provides leadership and a focus on training, research and evaluation in the area of health equity, with a particular emphasis on the development and evaluation of interventions to reduce health inequities. CHETRE has four work streams: children and young people research; community development and population health research; translational research; and research and intervention capacity building activities. CHETRE is also part of the Centre for Primary Health Care and Equity, University of NSW and a member of the Ingham Institute for Applied Medical Research.

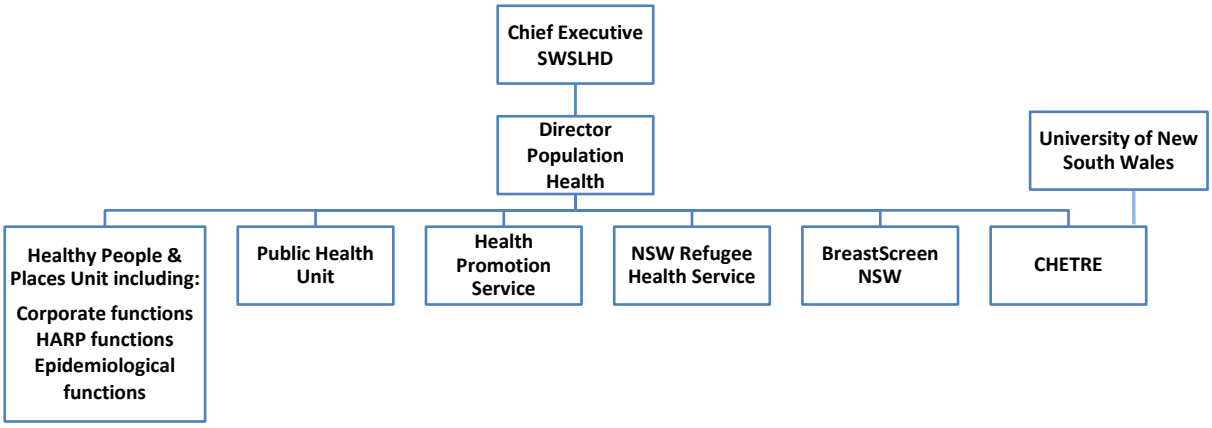
The **Health Promotion Service (HPS)** develops, implements and evaluates community-based programs that improve and maintain population health and reduce inequities in health outcomes. Programs focus on lifestyle-related causes of ill health and creating physical and social environments that promote 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 (1) 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, (2) provides specialist strategic, planning, performance and business support to AIDS Program–funded services in South Western Sydney LHD and (3) 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.

SWSLHD POPULATION HEALTH ORGANISATIONAL CHART

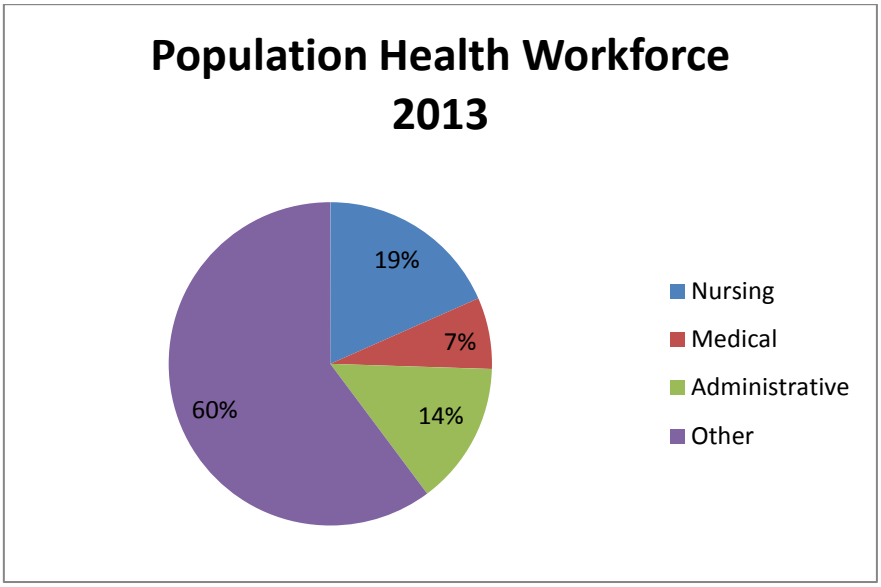


Activity and Performance

The SWSLHD Population Health Performance Management Framework (Appendix 4) provides three year trend data on the Key Performance Indicators for Population Health. The Performance Framework focuses around STI testing and treatment, immunisation, breast screening rates and services for children.

Workforce

In 2013, 98 Full Time Equivalents (0.8% of all SWSLHD staff) were employed by Population Health services. This includes 18 nursing staff (19%), 7 medical staff (7%), 14 administrative staff (14%) and 59 staff of other categories (60%), as illustrated in the diagram below.



Recent Achievements

- In 2011/2012 the Health Promotion Service, with partners at Aboriginal Medical Service Redfern, Tharawal Aboriginal Corporation, Babana Aboriginal Men's Group and SWS and Sydney LHDs Aboriginal Health Units launched a social marketing campaign to reduce tobacco consumption in Aboriginal communities.

- The Healthy Children's Initiative was established in 2008. The initiative runs a series of programs to address childhood obesity, including the 'Munch & Move' and 'Live Life Well @ School' nutrition and physical activity programs.

- The Public Health Unit responded to the Pandemic H1N1 influenza in 2009 and to the largest measles outbreak in NSW in the past 15 years, with a total of 126 cases, in 2012.

- In 2014, the Public Health Unit provided targeted education and monitoring programs to improve compliance with smoking restrictions in outdoor spaces under the Smoke Free Environment Act.

- The NSW Refugee Health Nurse Program was officially launched in June 2013. This is a $1.5million nurse-led health screening program providing health assessments and screening tests to newly arrived refugees across the state and links individuals and families to General Practitioners and the NSW Health system.

- New BreastScreen clinics were established at Campbelltown in 2011 and at Liverpool in 2012.

- Population Health developed the NSW Healthy Urban Development Checklist in 2009, in response to the growing recognition of the links between the built environment and health, particularly chronic diseases.

- The Bulundidi Gudaga sustained home visiting service was established in the Macarthur area in 2011, with child and family health nurses and Aboriginal health workers providing support to mothers through the antenatal period and until the infant is two years old.

Partners

To ensure that services meet local needs and are delivered appropriately and efficiently, units in Population Health work with many client and community groups and with a range of partners in the health system, other branches of government, not-for-profit non-government organisations and the private sector. The principal organisations with which we work are:

Type of organisation	Examples of organisation	Examples of partnership activities
Other health related organisations	Hospitals and community based health services, health professionals, South Western Sydney Medicare Local, general practices, Aboriginal Controlled Medical Services, NSW Ministry of Health, NSW Cancer Institute, Family Planning NSW	Worked with the Ministry of Health to develop the Healthy Urban Development Checklist. Joint planning with the Medicare Local for the development of primary care services. Sharing clinical facilities.
Other NSW government departments	Departments of Education and Communities, Family and Community Services, Planning and Environment; Environmental Protection Authority; UrbanGrowth NSW	Establishment of the Housing and Health Partnership. Health Impact Assessment and research focussed on public housing regeneration. Health Assessments for Intensive English Centre students by RHS.
Local councils	Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee, Wollondilly	Formal Health Partnership with Fairfield Council. Health Impact Assessment undertaken with Councils on new development areas (e.g. Oran Park, Wilton, Liverpool).
Non-government organisations	ACON, SWOP, NUAA, Positive Life NSW, Hepatitis NSW, ASHM, peak NGO bodies, Sector Connect, Macarthur Diversity Services, Salvation Army, Red Cross, The Smith Family, House of Welcome, STARTTS, Aboriginal organisations, Settlement Services International, community centres.	Capacity building projects. Health promotion projects. Health assessment and health service orientation to newly arrived refugees. Nutrition information for newly arrived refugee families in Fairfield.
Organisations in the private sector	Preschools, developers, social planners	Work with developers on health aspects of developments.
Universities	Universities of NSW, Western Sydney and Sydney	Student placements. Collaborative research. Teaching.

Education and Teaching

Maintaining a sustainable and skilled workforce is central to Population Health delivering a high standard service. Population Health develops the skills of its own staff, and builds the capacity of partners, to deliver services that promote health through, for instance, training in research methods, the use of data and evidence, working with particular communities, and the application of specific tools such as health impact assessment.

Population Health has strong links with the Universities of Sydney, New South Wales and Western Sydney and provides placements and supervision for undergraduate, postgraduate and doctoral students and public health trainees.

Research

Population Health has a number of units that are active in research, for example, CHETRE, Health Promotion Service, Public Health Unit and the Healthy People and Places Unit. The broad areas of research include environmental health with an emphasis on air pollution, the built environment, early childhood interventions, health impact assessment, equity and the social environment.

There is a strong collaborative program of research on the effects of both indoor and outdoor air pollution (e.g. traffic related air pollution, bushfires) on human health. Examples include investigating the adverse effects of low emission unflued gas heaters in classrooms, the monetary benefits of reducing air pollution levels in the greater Sydney region and the impacts of bushfires on a community's health. These studies have been funded by NSW Ministry of Health, NSW Department of Education and Training, NSW Environmental Protection Authority, Victorian Environmental

Protection Authority, National Environment and Protection Council, the Bushfires Co-operative Research Centre and the National Health and Medical Research Council.

A number of the units within Population Health are actively involved in research into the effects of the built environment on health. Examples include the effects of urban sprawl and green space on physical activity and mental health, evaluation of a social housing regeneration program, access to fresh foods at supermarkets and farmers' markets, and evaluation of the Healthy Urban Development Checklist. Population Health is also a partner in the NSW Healthy Built Environment Program conducted through the Faculty of the Built Environment, UNSW. These projects have been funded by a number of agencies, for example, NSW Department of Housing, NSW Ministry of Health, Australian Research Council, National Heart Foundation and Landcom.

The Watch Me Grow Study is currently being conducted in south-western Sydney to evaluate the feasibility, barriers to and enablers of a childhood developmental surveillance program in New South Wales and to determine risk factors for non-completion of 6-, 12-, and 18-month developmental surveillance checks. Evidence from this study will be used to improve the uptake of developmental surveillance, ensure optimal outcomes for children who are identified as being at risk of a developmental disability, and inform ongoing planning and delivery of the NSW surveillance program.

The Healthy Beginnings Trial is a world-first research project (funded by the NHMRC) evaluating the effectiveness of an early childhood obesity prevention intervention in children up to 2 years of age. The results showed that the intervention group had a significantly higher median duration of breastfeeding at 12 months than the control group and also reduced the proportion of mothers who introduced solids before 6 months of age. The study also found that the home-based early intervention delivered by trained community nurses significantly reduced mean BMI and television viewing time and improved vegetable intake in children at the age of 2 years.

Research into immunisation coverage and communicable diseases is important and constitutes another body of research. One example is research conducted to understand factors that prevent pregnant women from taking up influenza vaccination. A survey of women who had given birth in public hospitals in Sydney and South Western Sydney Local Health Districts in 2012 found that only 25% had received influenza vaccine while they were pregnant and interviews with general practitioners highlighted that many general practitioners did not routinely advise vaccination and that this was an area for further intervention.

The Maternal Early Childhood Sustained Home-visiting (MECSH) program, developed in south western Sydney, has received international recognition as a best-practice intervention to improve outcomes for vulnerable children. Now being implemented locally, nationally and internationally, a world-leading program of research is generating evidence of effective processes for taking interventions from local targeted programs to delivery to whole populations.

Lastly, an important ongoing study is the Gudaga Study which recruited an indigenous birth cohort with a view to understanding the health, development and service use of Aboriginal infants and children in an urban environment. This study commenced in 2008 and continues to this date. This project is currently describing the health, development, early education, family environment and health and social service use of the children who are now aged five to nine years.

Future Demands

Generally speaking, people do not 'demand' population health services in the way that patients present to acute and chronic illness care services requiring assistance when they are sick. There are very few equivalents for population health services of patients presenting to their GP to have their diabetes treated or to the local Emergency Department with a broken leg. It is seldom that there are queues or waiting lists for the services we deliver and unless there is an epidemic of an infectious disease or a disaster that requires a public health response it is not often that population health services appear on the front page of the newspaper. Technological breakthroughs that dramatically change the way services are delivered seldom happen in population health in the way they do in clinical medicine.

None the less, population health services can and do change over time in both type and volume and it is possible to predict, albeit with some uncertainty, the services that will be required over the next five years if we are to maintain and even improve the generally good health of the people of SWSLHD and reduce inequities among them.

The principal factors that will influence the need for population health services in SWSLHD and hence the priorities, strategic directions and actions in this Operational Plan are:

- The changing demographic profile of the population of SWSLHD. Most notably the population is growing in size and changing in composition as it ages and new communities move into the area. Between 2011 and 2021:
    - The population of SWSLHD will increase from 875,763 to 1,063,947 (an increase of 21%);
    - The proportion of people who are 65 years are older, whose health can be maintained by healthy behaviours and healthy environments, will increase from 12% to 17.7%;

- The number of children aged 0-14 years, to whom Population Health delivers targeted services such as immunisation and nutrition and physical activity programs, will increase from 188,370 to 230,097.

- Changes in where people live, particularly as housing is developed in green field sites on the south western edge of Sydney and in rural areas beyond.

- The increasing prevalence of preventable chronic diseases, for instance heart and respiratory diseases, mental illness, diabetes, cancer and arthritis. Individuals' behaviours such as cigarette smoking, inadequate physical activity and poor diet, all of which can be avoided, and the unhealthy physical and social environments, in which many people live and many of which can be improved, have contributed to the increase in these health conditions.

- The social disadvantage and poor health status suffered by many families and communities in SWSLHD. While the average health and social conditions of the people of SWSLHD are similar to the NSW average in many ways, there are some distinct geographic and socio-demographic pockets of severe disadvantage and poor health.

- The continuing problems posed by infectious diseases in the community. We know that despite clean water, good sewage disposal, adequate nutrition, immunisation, antibiotics and sterile injecting equipment human beings will always be vulnerable to both minor and life threatening infections, including the threat of pandemics.

- The need to be prepared for a public health disaster arising, for instance, from an extreme weather event or a major accident.

- The priorities and activities, some of which are legislated responsibilities, determined by the NSW Ministry of Health and the SWSLHD strategic and corporate priorities.

Challenges in Meeting Population Needs

Uncertainty about what or where the health problems are, what causes them or how best to tackle them is seldom the major problem for Population Health. There will always be a need for ongoing monitoring and surveillance of population health and research to improve our understanding of the factors that affect health and how best to influence these to promote health. However, with the exception of interventions to tackle the harmful effects of social determinants of health and inequity, in general we have sufficient information about the nature, distribution and causes of health problems and about effective interventions to know what is worth doing.

The main challenges faced by Population Health in delivering services that maintain, and even improve, the health of the local population and reduce health inequities encompass organisational and infrastructural issues within and outside the health sector and operational issues specific to Population Health. These issues include:

- Ensuring that we can recruit and retain a workforce of sufficient size and with the skills required to provide the mandated services, which appropriately change from time to time, and respond to the population health needs in SWSLHD;
- Providing services within the resources available and in an environmentally sustainable manner;
- Ensuring that all Population Health units have suitable accommodation and that they are co-located to the greatest extent possible;
- Ensuring that services are delivered in accordance with the best available evidence and best practice;
- Finding ways to reach populations who experience the worst health and worst social circumstances and who have historically been the most difficult to engage in population health activities;
- Focusing some activities in specific geographic areas or in specific populations because they are 'demonstration' activities or because we do not have the resources to provide the same services everywhere while not ignoring others who might also benefit from services;
- Demonstrating the effectiveness of the services provided by Population Health when many factors outside the direct influence of Population Health and even the health system contribute to the generation of health and illness, and there is often a long time lag between a population health service being delivered and any measurable improvement in the factors that influence health, let alone health itself;
- Finding the most efficient, productive and harmonious ways of working with other government agencies, non-government organisations, the private sector and the community to achieve outcomes that cannot be achieved by Population Health working alone.

Priority Service Development Directions

The SWSLHD Strategic & Healthcare Services Plan identified four principal objectives for Population Health. These are prevention of ill health, building partnerships for health, building a sustainable workforce and being ready for new risks and opportunities (Appendix 5).

Consistent with these objectives, the following priority service developments have influenced the selection of Population Health's actions in the eight SWSLHD Corporate Areas of Action:

- Increasing the adoption of healthy behaviours, particularly:
    - involving tobacco, diet, physical activity, mental health, sexual practices and harm minimisation
    - in children, for instance immunisation and the promotion of healthy eating and adequate physical activity
- Increasing the development of healthy social and physical environments, particularly:
    - taking action to reduce social disadvantage
    - reducing harmful substances in the air and water
    - promoting the construction of healthy built environments
- Reducing inequities in health through for instance:
    - tailoring population health programs to the needs of disadvantaged and vulnerable communities
    - tackling the harmful effects of the social determinants of health
- Preventing and managing infectious diseases
- Implementing evidence based programs
- Monitoring the population's health and conducting research into population health needs
- Conducting research into population health programs, evaluating the programs delivered and incorporating the results in future service planning and delivery
- Being prepared for changes in population health needs both in the long term and in response to pandemics and disasters such as major accidents and extreme weather events
- Developing constructive working relationships with the community, other health services (particularly South Western Sydney Medicare Local), other NSW government agencies, local governments and non-government organisations and the private sector
- Ensuring that the Population Health workforce is of sufficient size and has the necessary skills to meet the needs of the population
- Ensuring that financial, physical and human resources are well managed.

Corporate Actions

This section of the Operational Plan outlines the principal actions that Population Health will be taking over the next five years.

Many of the priorities and actions included in this plan are directed at reducing harmful health impacts of the social determinants of health and on reducing health inequities. Often the changes required lie outside the direct influence of not only Population Health but also SWSLHD. In these circumstances we aim to advocate for the changes proposed and work with the people and agencies that have more direct control over the situation.

The actions are structured using SWSLHD's eight areas of corporate action i.e. High quality health services; Seamless networks; Research and innovation; Supporting business; Community partnerships; Developing our staff; Enhancing assets and resources; Efficiency and sustainability. Under each area of corporate action, the SWSLHD Corporate Plan has identified objectives and within each of these objectives Population Health has developed a number of specific actions and the major risks of not achieving the objective. For each specific action the timeframe for achievement and responsible staff member have been identified.

The column labelled *Links to CPS* indicates which strategy (or strategies) of the SWSLHD Corporate Plan the specific action relates to.

Abbreviations used in the Corporate Actions table

Director Population Health	DPH
Director Healthy People & Places Unit	DHPPU
Deputy Director Population Health	DDPH
Senior Project Officer Workforce Development	SPOW
Senior Project Officer WHS & Quality	SPOQ
Director Epidemiology	DE
Director Public Health Unit	DPHU
Director Health Promotion Service	DHPS
Manager HIV and Related Programs	HARP Manager
Director Refugee Health Service	DRHS
Director CHETRE	DCHETRE
Manager BreastScreen	BS Manager

Corporate Action 1: Providing High Quality Health Services

The community expects and has a right to receive high quality health care. At an individual level, quality is measured by a range of factors including excellent patient and community outcomes, ease of access to health care, timeliness of services, good communication, strong teamwork, a seamless service and respectful treatment. At a system level it is formally measured by achievement of standards and targets and informally through media reports.

Population Health will develop and deliver quality services. Through clinical governance and corporate structures and systems, quality will be monitored and measured. Population Health will ensure that the strategies implemented enable quality population health services to be fostered and strengthened.

Quality health care not only relates to the health care of people who are sick but also preventing health problems from occurring. There is considerable evidence that intervention in the early years protects children against poor longer term outcomes and that health promotion strategies will prevent premature death, reduce ill health and prevent further disability.

SWSLHD Objectives

1.1 Develop staff communication skills in working with patients, family and service providers

1.2 Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner

1.3 Improve the quality and safety of health services

1.4 Improve the patient experience

1.5 Implement early intervention and health promotion and illness prevention strategies

	Actions	Responsible Manager	Completed by	Links to CPS
1.1	**Develop staff communication skills in working with patients, family and service providers**			
1.1.1	Provide awareness raising and training to health care professionals on health issues, relevant services and appropriate health care for those of refugee background	SPOW DRHS	Ongoing	1.1.1
1.1.2	Incorporate into the orientation program and performance improvement framework awareness of the SWSLHD mission, vision, CORE values and principles and their applicability to daily work	DPH	June 2015	1.1.3
1.1.3	Provide training and education to build the capacity of staff to work with community members and service providers to identify and address the health needs of communities and populations	SPOW All managers	Ongoing	1.1.3
The risk of not achieving this objective is: there will be dissatisfied clients who may lodge complaints				
1.2	**Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner**			
1.2.1	Monitor staff completion of the Respecting the Difference: Aboriginal Cultural Training	SPOW All managers	Ongoing	1.2.1
1.2.2	Implement the SWSLHD framework for ethical conduct in health service operations	DPH All managers	June 2017	1.2.3
The risk of not achieving this objective is: services and research will not be conducted in an ethical way and complaints may be received				
1.3	**Improve the quality and safety of health services**			
1.3.1	Review every 2 years the Population Health EQuIP Response Template to assist facilities meet the "EQuIP Standard 11 Service Delivery's Criterion 6 : Population Health"	SPOQ	June 2015 June 2017	1.3.1
1.3.2	Implement inter-district audit to supplement NSW Health quality standards for the NSW School Immunisation Program	DPHU	Annual	1.3.1
1.3.3	Implement, maintain and annually self-assess all requirements of the public health emergency response minimum standards (PD2013 039)	DPHU	Annual	1.3.1
1.3.4	Develop and implement a Population Health Quality Improvement Framework	SPOQ	June 2015	1.3.2
1.3.5	Embed quality improvement within all services to build the quality culture in Population Health	SPOQ SPOW All managers	Ongoing	1.3.2

	Actions	Responsible Manager	Completed by	Links to CPS
1.3.6	Implement the SWSLHD Clinical Governance Framework in clinical services	SPOQ Clinical managers	June 2015	1.3.2
1.3.7	Participate in at least one practice disaster exercise annually to strengthen the capacity and preparedness of Population Health to respond to major incidents, disasters, health emergencies and large infectious disease outbreaks	DPHU	Annual	1.3.2
1.3.8	Implement appropriate infection control strategies in the workplace, including hand hygiene training in clinical services	All managers	Ongoing	1.3.3
The risk of not achieving this objective is: safe, high quality services will not be provided, resulting in poor outcomes and complaints				
1.4	**Improve the patient experience**			
1.4.1	Provide sensitive, appropriate care to those of refugee background through: - specialised nurse and GP clinics run by the NSW Refugee Health Service - using professional interpreters whenever indicated, and promoting their use across the health system - up skilling of mainstream healthcare providers	DRHS	Ongoing	1.4.1
The risk of not achieving this objective is: safe, high quality services will not be provided, resulting in poor outcomes and complaints				
1.5	**Implement early intervention and health promotion and illness prevention strategies**			
1.5.1	Implement with Aboriginal controlled health services chronic disease prevention programs in the Aboriginal community focussing on: 1.5.3.1 overweight and obesity (Lyrebird, Family Diabetes Program) 1.5.3.2 tobacco control (Aboriginal Tobacco Project)	DHPS	Ongoing	1.5.3
1.5.2	Work with Aboriginal managed exercise programs to integrate balance challenging activities designed to reduce falls risk	DHPS	Ongoing	1.5.3
1.5.3	Implement the Quit for New Life program to reduce the prevalence of smoking among pregnant Aboriginal women	DHPS	June 2015 and ongoing	1.5.3
1.5.4	Implement healthy weight, nutrition and physical activity programs focussing on: 1.5.4.1 Children (Munch & Move, Live Life Well at School, Go4Fun, breastfeeding promotion) 1.5.4.2 Adults (increasing walking and cycling, promoting active transport, community kitchens, communities	DHPS	Ongoing	1.5.3

	Actions	Responsible Manager	Completed by	Links to CPS
	at high risk)			
1.5.5	Develop and implement tobacco control programs for CALD communities with high smoking rates	DHPS	June 2018	1.5.3
1.5.6	Monitor compliance with the changing tobacco legislation and take action where necessary	DPHU	Ongoing	1.5.3
1.5.7	Implement the Stepping On program for frail older people	DHPS	June 2015	1.5.3
1.5.8	Implement mental health promotion programs to increase mental health literacy, resilience and problem solving skills	DHPS	Ongoing	1.5.3
1.5.9	Develop and implement community building strategies in established communities and new housing areas to enhance social inclusion. This includes: 1.5.9.1 Working with partners to establish healthy built environments conducive to social connectedness 1.5.9.2 Undertaking projects with relevant partners which develop networks within communities around relevant health issues (e.g. Heart Smart for Women Project in Warwick Farm, men's sheds)	DHPPU DHPS DCHETRE	Ongoing	1.5.3
1.5.10	Provide adolescent immunisation program in schools: 1.5.10.1 Maintain or exceed 75% coverage for HPV vaccine in adolescent males and females 1.5.10.2 Maintain or exceed 80% coverage for dTpa in adolescent males and females	DPHU	Ongoing	1.5.3
1.5.11	Implement strategies to follow-up Aboriginal children who are overdue for their scheduled immunisation	DPHU	Ongoing	1.5.3
1.5.12	Develop a joint strategy with South Western Sydney Medicare Local to improve reported immunisation coverage in children aged 1 and 4 years	DPHU	June 2016	1.5.3
1.5.13	Integrate oral health promotion into existing chronic disease prevention programs where relevant	DHPS	June 2016 and ongoing	1.5.3
1.5.14	Work with Drug Health Services, other clinical services and other agencies to reduce the prevalence of risk alcohol drinking	DPH	June 2016 and ongoing	1.5.4
1.5.15	Work with the NSW Office of Preventive Health to implement and evaluate preventive health programs	DPH DHPS	Ongoing	1.5.5
1.5.16	Work collaboratively with other government and non-government agencies, developers and communities to create healthy built environments by: 1.5.16.1 engaging with relevant organisations in the planning process	DHPPU	Ongoing	1.5.6

	Actions	Responsible Manager	Completed by	Links to CPS
	1.5.16.2 providing health related comments on significant development proposals 1.5.16.3 conducting Health Impact Assessments 1.5.16.4 conducting research on the planning process and the effects of the built environment on health			
1.5.17	Work collaboratively with other government and non-government agencies to create healthy food environments by: 1.5.17.1 promoting the availability of breastfeeding facilities in the workplace and public places 1.5.17.2 improving access, availability and utilisation of healthy affordable food for communities most at risk of food insecurity	DHPS	Ongoing	1.5.6
1.5.18	Work collaboratively with other government and non-government agencies to reduce the health impact of social disadvantage by: 1.5.18.1 promoting better access to employment, housing and education for disadvantaged people 1.5.18.2 focusing population health initiatives in disadvantaged areas	All managers	Ongoing	1.5.6
1.5.19	Develop guidelines to assist local councils with decisions about alcohol and food outlets	DHPPU	June 2017	1.5.6
1.5.20	Help people of refugee background to maintain good health by: 1.5.20.1 providing health assessments for newly arrived refugees to Sydney 1.5.20.2 providing health information sessions for refugee individuals and communities 1.5.20.3 working with the Ministry of Health and Local Health Districts to develop and support implementation of relevant policies and plans	DRHS	Ongoing	1.5.7
1.5.21	Develop a SWSLHD Refugee Health Plan based on the NSW Refugee Health Plan	DRHS	June 2016	1.5.8
1.5.22	Develop and assist the coordinated implementation of the SWSLHD Needle Syringe Program Development Strategy 2014 – 2016 to prevent transmission of blood borne viruses especially for people who inject drugs	HARP Manager	June 2015	1.5.9
1.5.23	Develop and assist the coordinated implementation of the SWSLHD Viral Hepatitis Strategy 2014-2019 to reduce the number of people who acquire Hepatitis B and C and to improve health outcomes for people living with Hepatitis B and C	HARP Manager	June 2015	1.5.9
1.5.24	Develop and assist the implementation of the SWSLHD Implementation Plan for the NSW HIV Strategy 2012-2015 to work towards the virtual elimination of HIV transmission by 2020 and for the NSW STI Strategy to reduce transmission of sexually transmitted infections	HARP Manager	June 2015	1.5.9

	Actions	Responsible Manager	Completed by	Links to CPS
1.5.25	Develop a HARP health promotion plan	HARP Manager	Ongoing	1.5.9
1.5.26	Develop strategies to increase the number of women within the target age group who are screened every two years for breast cancer	BS Manager	Ongoing	1.5.10
1.5.27	Develop and assist the implementation of strategies to guide clinical services, SWS Medicare Local and primary health care providers to enhance the range of secondary prevention activities	DPH	June 2016	1.5.10
1.5.28	Develop an enhanced response to notifications of hepatitis B to improve public health and clinical management	DPHU	June 2015	1.5.12
The risk of not achieving this objective is: rates of preventable disease and injury will increase, improvements in population health will stall, inequities in health will increase and there will be increased health service utilisation, including increased hospitalisation				

Corporate Action 2: Community Partnerships

Communities have a significant role to play in the operation of health services - in service planning, in service provision through volunteering, in health research through participation in clinical trials and other forms of research, in working as businesses or local agencies with health services to meet community and patient needs or to provide support services, and in building physical capacity through donations and philanthropy. Different approaches are needed to ensure that all members and sections of the community, including private business, can contribute.

Integral to service development and delivery are partnerships with patients, clients, carers and the community. Services need to draw on the expertise, experience and diversity of community members and communities to ensure that health responses are appropriate to local needs. In particular greater effort needs to be given to ensuring that communities who experience the greatest disadvantage are consulted and involved in planning and development of services and programs that are tailored to meet their needs.

Health literacy plays a key role in building effective partnerships with the community. The District needs to ensure that the opportunities created through new social and information media are adapted so that the community and patients receive information in a way that is easily understood and enables them to make informed choices. Services also need to consider and accept formal feedback from patients, services and the community when evaluating the effectiveness of services and programs.

SWSLHD Objectives

2.1 Engage and involve stakeholders in planning, service development and delivery

2.2 Raise the profile of the District locally through timely and accurate information

2.3 Empower individuals and local communities to make informed health choices

	Actions	Responsible Manager	Completed by	Links To CPS
2.1	**Engage and involve stakeholders in planning, service development and delivery**			
2.1.1	Include consumer representation and/or consultation in strategic and service planning for all appropriate services	All managers	Ongoing	2.1.3
2.1.2	Include representation from and/or consultation with other agencies in strategic and service planning for all appropriate services	All managers	Ongoing	2.1.3
2.1.3	Work with the community, local government and social housing providers to develop and use tools and methods (for instance Health Impact Assessment) to improve the consideration of health in land use and social planning	DHPPU	Ongoing	2.1.3
2.1.4	Manage environmental health hazards (including Legionella control, businesses practising skin penetration and swimming pool standards) through an annually agreed partnerships plan with local councils	DPHU	Annual	2.1.3
The risk of not achieving this objective is: services will not reflect the needs and interests of stakeholders				
2.2	**Raise the profile of the District locally through timely and accurate information**			
2.2.1	Explore novel ways of using health data to assist local governments and other organisations	DE	Ongoing	2.2.1
2.2.2	Provide health information to inform master plans and local environmental plans	DE	Ongoing	2.2.1
2.2.3	Develop with the Media and Communications Unit a communication strategy to increase content regarding Population Health programs, achievements and research in SWSLHD publications and local and state media	All managers	June 2015	2.2.1
The risk of not achieving this objective is: there will be poor community and stakeholder knowledge about and support for Population Health services				
2.3	**Empower individuals and local communities to make informed health choices**			
2.3.1	Prepare and make easily available to the community information about local demography and health status	DE	Ongoing	2.3.1
2.3.2	Use traditional and emerging technologies to promote knowledge of and access to Population Health programs	All managers	Ongoing	2.3.1
2.3.3	Translate health consumer and community information, where appropriate, into common community languages	All managers	Ongoing	2.3.2
2.3.4	Develop and implement strategies, in collaboration with the community, consumers and other agencies, to improve health literacy to promote healthier lifestyle choices and better use of health services	DHPS DRHS	Ongoing	2.3.2
2.3.5	Work with local communities to advocate for social and environmental conditions that make healthier choices easy	All managers	Ongoing	2.3.2
2.3.6	Build community capacity to engage in decision making through the activities of Community STaR	DCHETRE	Ongoing	2.3.2
The risk of not achieving this objective is: individuals and communities will lack the knowledge and capacity to make informed choices to improve their health				

Corporate Action 3: Seamless Networks

The health of individuals and communities is not only dependent on quality of health care and how and where health services and programs are delivered but also on individual factors including the social and environmental determinants of health such as education, employment and income and food security. Improving health can as a result be extremely difficult, requiring excellent communication, coordination and collaboration within and across health facilities and services with other health providers such as general practitioners, with community services and across levels of government.

Health improvement requires input from medical, nursing, allied health, prevention and other health practitioners across hospitals, community health centres and primary health care settings. It also requires close collaboration and coordination with other government agencies and community based services which provide ongoing support to individuals, families and communities.

Health staff and services across the District will work at local and regional levels to plan for future needs, develop services and programs, improve access and build knowledge about factors which contribute to health and wellbeing which will influence the work of other agencies.

There will also be a focus on building an integrated health care system for local residents and other people using and working with health services. This will mean that irrespective of where help is needed, the right service can be accessed. Networks will be developed to build skills and expertise.

SWSLHD Objectives

3.1 Actively participate in regional and local forums to build capacity to respond to emerging needs

3.2 Foster coordinated planning and service delivery in health care

3.3 Improve transfer of care and patient access to services

3.4 Strengthen access and support for high needs groups

	Actions	Responsible Manager	Completed by	Links To CPS
3.1	**Actively participate in regional and local forums to build capacity to respond to emerging needs**			
3.1.1	Participate in NSW Government Community Renewal activities (e.g. Airds/Bradbury, Claymore)	DHPPU	Ongoing	3.1.2
3.1.2	Work collaboratively with the community and other agencies to promote health by tackling the social determinants of health through advocacy, policy development, planning and project work	All managers	Ongoing	3.1.3
3.1.3	Participate in SWSLHD, local council and interagency planning, coordination and implementation forums to improve health and health services	All managers	Ongoing	3.1.4
The risk of not achieving this objective is: fragmentation of service planning and provision will limit the effectiveness of services				
3.2	**Foster coordinated planning and service delivery in health care**			
3.2.1	Develop with Planning an equity framework and toolkit to promote equity in the planning, provision and outcomes of health services in SWSLHD	DPH	December 2015	3.2.2
3.2.2	Develop a Population Health database to record population health activity in SWSLHD	DHPS	June 2015	3.2.4
3.2.3	Identify opportunities to work with SWS Medicare Local to promote health, particularly in disadvantaged populations	DPH	June 2016	3.2.7
3.2.4	Assist with the development and implementation of Integrated Primary and Community Care (IPCC) models of care, particularly with the implementation of population health activities in IPCC centres	DPH	Ongoing	3.2.7
3.2.5	Develop collaborative service models with other health care providers (see the following actions: 1.3.1, 1.5.1, 1.5.2, 1.5.3, 1.5.8, 1.5.12, 1.5.13, 1.5.14, 1.5.15, 1.5.22, 1.5.23, 1.5.24, 1.5.27)	See relevant actions	Ongoing	3.2.7
The risk of not achieving this objective is: fragmentation of service planning and provision will limit the effectiveness of services				
3.3	**Improve transfer of care and patient access to services**			
3.3.1	Develop linkages between BreastScreen and medical imaging departments in SWSLHD acute facilities	BS Manager	June 2015	3.3.1
3.3.2	Develop a system of sharing vaccination records between Refugee Health and the school immunisation program	DPHU DRHS	June 2015	3.3.1
3.3.3	Develop web-based information about available clinical services and access to them	DRHS BS Manager	June 2016	3.3.2
3.3.4	Investigate greater BreastScreen integration with SWSLHD care and treatment pathways	BS Manager	June 2015	3.3.2
The risk of not achieving this objective is: poor coordination of clinical services will result in poor care and avoidable health problems				

	Actions	Responsible Manager	Completed by	Links To CPS
3.4	**Strengthen access and support for high needs groups**			
3.4.1	Strengthen access to services and support for Aboriginal communities (see the following actions: 1.2.1, 1.5.1, 1.5.2, 1.5.3, 1.5.11)	See relevant actions		3.4.1
3.4.2	Strengthen access to services and support for low socioeconomic status communities (see the following actions: 1.5.17.2, 1.5.18, 3.2.3)	See relevant actions		3.4.3
3.4.3	Strengthen access to services and support for social housing tenants (see the following actions: 1.5.9, 3.1.1)	DHPPU DHPS DCHETRE	Ongoing	3.4.3
3.4.4	Strengthen access to services and support for high risk CALD communities (see the following actions: 1.5.5, 2.3.3)	See relevant actions		3.4.4
3.4.5	Strengthen access to services and support for refugee communities by: 3.4.5.1 Providing information to refugee individuals and communities regarding access to mainstream health and other local and government services 3.4.5.2 Providing education, advice and support to mainstream health services to enable refugee friendly service delivery (See also the following actions: 1.1.1, 1.4.1, 1.5.20, 1.5.21, 3.4.6)	DRHS	Ongoing	3.4.4
3.4.6	Strengthen access to services and support for young people (see the following action: 1.5.10)	See relevant actions		3.4.11
3.4.7	Conduct an annual needs assessment to identify the needs of a currently under-served at risk population (e.g. homeless people and Pacific Islanders), and work to strengthen access to services and support for these communities	DPH	Annual	3.4.12
3.4.8	Conduct research and use evidence to strengthen access to services and support for high needs groups and build capacity in communities and services to use relevant research and evidence	DCHETRE	Ongoing	3.4.12
The risk of not achieving this objective is: inequities in health and access to health care services will increase				

Corporate Action 4: Developing Our Staff

Over the next ten years, there will be further development of health services in South West Sydney. Quality health services rely on having sufficient staff with the necessary knowledge and skills.

Population Health will need to attract and retain skilled staff across a range of professions and support services. It will also need to ensure that the skills and knowledge of existing staff are developed and that staff has the capacity and adaptability to adopt new practice, and skills needed to support innovation and change. Population Health will value its workforce and ensure that staff are encouraged, rewarded and treated fairly and with respect.

Building on the work of the Centre for Education and Workforce Development and existing and developing relationships with local universities and NSW Technical and Further Education, Population Health will develop the skills and qualifications of the workforce. These relationships will also be important in developing relationships with potential employees.

SWSLHD Objectives

4.1 Develop a sustainable workforce that reflects and has the skills required to address community needs

4.2 Create an organisation that people want to work in

4.3 Develop relationships with future employees

	Actions	Responsible Manager	Completed by	Links To CPS
4.1	**Develop a sustainable workforce that reflects and has the skills required to address community needs**			
4.1.1	Develop and implement a Population Health Workforce Development Plan to ensure that human resources are of appropriate quantity, mix, quality and distribution to meet population needs and mandatory requirements	SPOW All managers	June 2015	4.1.1
4.1.2	Encourage and support staff attendance at professional development activities offered by the LHD and by well recognised external organisations	All managers	Ongoing	4.1.2
4.1.3	Support and encourage appropriate staff to attend clinical supervision	DRHS BS Manager	Ongoing	4.1.2
4.1.4	Employ and meet training milestones for two Aboriginal Environmental Health Trainees through partnerships with local councils	DPHU	June 2016	4.1.2
4.1.5	Provide placement opportunities and supervision for population health trainees and undergraduate and postgraduate students	SPOW All managers	Ongoing	4.1.2
4.1.6	Monitor staff mandatory training completion to ensure staff are competent and have the required skills to work in their designated roles	SPOW All managers	Annual	4.1.11
The risk of not achieving this objective is: the existing workforce will lack the capacity to provide the necessary services, mandatory and legal obligations will not be met and there will be difficulty attracting and keeping high quality staff				
4.2	**Create an organisation that people want to work in**			
4.2.1	Review the Population Health and individual unit orientation programs to ensure currency of content, consistency with Population Health strategic directions and plans, and to ensure staff needs are met	SPOW	Annual	4.2.1
4.2.2	Support the professional and career development of staff (see the following actions: 1.1.1, 1.1.3, 3.4.5.2, 4.1.1, 4.1.2, 4.1.3, 4.1.4, 8.1.2, 8.5.1, 8.5.2)	See relevant actions	Ongoing	4.2.4
4.2.3	Implement flexible work practices wherever appropriate	All managers	Ongoing	4.2.5
4.2.4	Implement the SWSLHD Have Your Say Plan	DPH	June 2015	4.2.6
4.2.5	Consult with staff and implement findings to make Population Health a more attractive place to work	DPH	June 2016	4.2.6
The risk of not achieving this objective is: there will be dissatisfied staff resulting in high staff turnover and difficulty attracting and retaining high quality staff				

	Actions	Responsible Manager	Completed by	Links To CPS
4.3	**Develop relationships with future employees**			
4.3.1	Work collaboratively with secondary and tertiary education institutions and professional organisations to develop student placement policies and procedures	SPOW	June 2015	4.3.1
4.3.2	Develop a volunteer placement program for out-of-work population health workers	DHPS	June 2016	4.3.2
4.3.3	Participate in appropriate job fairs	All managers	Ongoing	4.3.2
The risk of not achieving this objective is: there will be difficulty recruiting new staff resulting in staff shortages				

Corporate Action 5: Research and Innovation

Health services and practices are constantly evolving and changing with new evidence about better methods to respond to emerging needs and improve health and health care. There are also changes led by national and state governments that require flexibility and new ways of working including new partnerships.

Population Health has considerable service and research expertise and experience that can be leveraged to support the development of the District's health services. Staff and services will be encouraged and supported to assume leadership roles and identify where they can contribute to health improvement. In collaboration with Ministry of Health agencies and other agencies, local services will use new health practices and contribute to new evidence through innovation and research which leads to better health outcomes for local communities.

SWSLHD Objectives

5.1 Foster an innovative culture and research capability

5.2 Support innovation and best practice in prevention and clinical settings

	Actions	Responsible Manager	Completed by	Links To CPS
5.1	**Foster an innovative culture and research capability**	**Chief Executive**		
5.1.1	Improve Population Health staff's capability to undertake research by: 5.1.1.1 providing education and mentoring in research methods and evidence-based population health 5.1.1.2 disseminating the results of population health research conducted in SWSLHD and elsewhere 5.1.1.3 including research in the position description of relevant staff	DPH SPOW DE All managers	Ongoing	5.1.2
5.1.2	Conduct research that is focused on Population Health's priorities, the results of which can be used to inform program development and service delivery	All managers	Ongoing	5.1.5
5.1.3	Develop a policy for conducting process, output and outcome evaluations of new and existing Population Health programs and use the results to improve service delivery	DE All managers	June 2015	5.1.5
5.1.4	Conduct opportunistic epidemiological research to inform debate, policy and practice	DE	Ongoing	5.1.5
5.1.5	Conduct research to improve the health outcomes of Aboriginal infants by: 5.1.5.1 seeking funding to continue the Gudaga cohort study of infants born at Campbelltown Hospital 5.1.5.2 implementing with Community Health the Bulundidi Gudaga and Macarthur MECSH home visiting intervention study for Aboriginal and vulnerable non-Aboriginal families respectively 5.1.5.3 working collaboratively with local Aboriginal Medical Services and others to undertake service development and implementation based on the findings of the research	DCHETRE	Ongoing	5.1.5 (1.5.1)
The risk of not achieving this objective is: ethical and methodologically robust research will not be used to inform service development and evaluation				
5.2	**Support innovation and best practice in prevention and clinical settings**			
5.2.1	Promote opportunities for staff to learn from national and overseas visitors to NSW	DPH SPOW	Ongoing	5.2.1
5.2.2	Develop processes to ensure that all population health initiatives are based on the best available evidence	DE All managers	June 2015	5.2.5
5.2.3	Promote opportunities for national and overseas travel for staff to learn about and contribute to developments	DPH SPOW	Ongoing	5.2.6
The risk of not achieving this objective is: service development and delivery will not be based on the best available evidence				

Corporate Action 6: Enhancing Assets and Resources

SWSLHD will ensure that the health service infrastructure has the capacity to meet the growing and complex healthcare needs arising from demographic change. Additional investment will be required in public and private health services to meet this demand.

The District will continue to identify and invest in capital infrastructure programs and new technology. Information technology will also require further development to ensure that communication supports health services, health service structures and needs. Improving utilisation and management of existing resources will also ensure that new and existing resources are efficiently used.

The District will also investigate and be open to new opportunities to develop health services for local communities.

SWSLHD Objectives

6.1 Provide physical capacity to address emerging health needs and population increases

6.2. Respond to changes in the operating environment

6.3 Ensure good stewardship of existing resources

	Actions	Responsible Manager	Completed by	Links To CPS
6.1	**Provide physical capacity to address emerging health needs and population increases**			
6.1.1	Conduct an assessment of the current and future physical space needs of Population Health services and develop plans to ensure that all services have appropriate accommodation in appropriate locations	DDPH	December 2015	6.1.2
6.1.2	Establish a physical facility for the Public Health Unit	DDPH DPHU	October 2014	6.1.2
6.1.3	Move the Health Promotion Service to the old CEWD Building	DDPH DHPS	September 2014	6.1.2
6.1.4	Participate in the planning of a Population Health physical facility	DPH	June 2016	6.1.2
The risk of not achieving this objective is: unsatisfactory physical capacity will inhibit service provision and cause inefficiencies and staff dissatisfaction				
6.2	**Respond to changes in the operating environment**			
6.2.1	Participate in the SWSLHD 5-yearly environmental scanning and health service forecast process	DPH	June 2018	6.2.1
6.2.2	Establish the SWSHD Public Health Unit following the restructure of the former SSWAHS services	DPH DPHU	December 2014	6.2.1
6.2.3	Establish the Healthy People and Places Unit	DHPPU	July 2014	6.2.1
6.2.4	Complete the establishment of the SWSLHD BreastScreen service following the restructure of the former SSWAHS services	DPH BS Manager	December 2014	6.2.1
The risk of not achieving this objective is: services will not match the population's needs				
6.3	**Ensure good stewardship of existing resources**			
6.3.1	Develop a SWSLHD Population Health information technology replacement program	DDPH	June 2015	6.3.1
6.3.2	Participate in the SWSLHD review of the vehicle fleet every 3 years	DDPH	June 2015	6.3.2
The risk of not achieving this objective is: inadequate infrastructure will inhibit the provision of services and cause inefficiencies and staff dissatisfaction				

Corporate Action 7: Supporting Business

In an environment of rapid change, staff require access to appropriate and up-to-date information and data to support informed choices, monitor progress and develop new ways of providing services. Information management and technology (IM& IT) provides potential for developing efficiencies, promoting innovation and improving health.

The District and Population Health will develop and use technology to promote work practice innovation, and provide the specialist support required for health protection and promotion. Business planning capabilities will be developed to ensure that existing and new services are viable from a service and financial perspective

SWSLHD Objectives

7.1 Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients

7.2 Develop business intelligence and decision support capability

	Actions	Responsible Manager	Completed by	Links To CPS
7.1	**Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients**			
7.1.1	Develop an Information Management and Technology strategy for Population Health that includes, for instance: - replacement plans for hardware and software (see 6.3.1) - access to teleconferencing and videoconferencing - access to web-based technologies including social media - implementation of an electronic filing system for all Population Health's administrative and clinical records	DDPH	June 2015	7.1.1
7.1.2	Purchase a licence for a broadcast fax and SMS provider and annually test efficiency of distribution to GPs	DPHU	June 2015	7.1.4
7.1.3	Redevelop the Population Health website	DPH	June 2015	7.1.6
7.1.4	Advocate for Wi-Fi on the Eastern Campus of Liverpool Hospital	DPH	Ongoing	7.1.7
7.1.5	Develop abbreviated health messaging for social media for 5 common notifiable diseases with contact tracing requirements	DPHU	June 2016	7.1.7
7.1.6	Participate in the development and implementation of the Population Health Intervention Monitoring System	DHPS	June 2015	7.1.8
The risk of not achieving this objective is: inadequate information technology will inhibit service provision and cause inefficiencies and staff dissatisfaction				
7.2	**Develop business intelligence and decision support capability**			
7.2.1	Produce an annual report card on the health of the population in SWSLHD	DE	June 2015	7.2.1
7.2.2	Develop and maintain a web-based socio-demographic and health profile for SWSLHD to enable easier access to such information by SWSLHD staff and others	DE	June 2015	7.2.1
7.2.3	Embed the Performance Framework in Population Health's planning and operational activity	DDPH	June 2016	7.2.3
The risk of not achieving this objective is: inadequate information about the population and Population Health's services will inhibit service provision and cause inefficiencies and staff dissatisfaction				

Corporate Action 8: Efficiency and Sustainability

Recent changes to funding models created by the National Health and Hospitals Reform Agreement will drive considerable change in how services are funded, provided, organised and measured. There will be a growing emphasis on monitoring performance and identifying opportunities to improve efficiency and effectiveness in service delivery. All services will need to ensure that the necessary processes and systems are used to drive improvement.

With a complex health environment, responding to new challenges will also create new risks. Systems will need to be developed to ensure that the risks are clearly identified and strategies are in place to ensure that these risks are managed. These systems will need to be supported by effective governance.

The threats posed by climate change to the health of individuals and communities are increasingly recognised. Population Health will improve its management of resources so that the impact on the environment is minimised. It will also ensure that it is ready to respond should an extreme climate event occur in SWSLHD or an adjacent area.

SWSLHD Objectives

8.1 Strengthen the financial sustainability of the District

8.2 Minimise risk

8.3 Contribute to environmental sustainability

8.4 Ensure efficiency of services

8.5 Strengthen governance

8.6 Ensure work health safety

	Actions	Responsible Manager	Completed by	Links To CPS
8.1	**Strengthen the financial sustainability of the District**			
8.1.1	Maintain a robust and sustainable financial framework and processes, including implementation of new systems as they arise, e.g. Oracle	DDPH	Ongoing	8.1.1
8.1.2	Develop the financial capability of all cost centre managers and aspiring managers through training and access to required information and financial data	DDPH All managers	Ongoing	8.1.8
8.1.3	Review financial performance monthly to ensure annual finance targets are met	DPH	Monthly	8.1.9
The risk of not achieving this objective is: inadequate budget control will lead to inefficiencies and over-expenditure				
8.2	**Minimise risk**			
8.2.1	Implement the SWSLHD Enterprise Risk Management framework	SPOQ	June 2015	8.2.1
8.2.2	Incorporate the specific findings for a major new respiratory agent from the PHU's 2012 hazard prioritisation project into the local Health Plan Risk rating for Emergency preparedness	DPHU	June 2015	8.2.1
8.2.3	Implement recommendations arising from internal audit investigations	DPH	Ongoing	8.2.2
8.2.4	Undertake annual Population Health WHS Audit and implement appropriate control measures	SPOQ	Annual	8.2.2
The risk of not achieving this objective is: poor risk management will lead to inefficiencies, loss of resources and illness and injury for clients and staff				
8.3	**Contribute to environmental sustainability**			
8.3.1	Develop and implement a Population Health Environmental Sustainability Plan based on the SWSLHD Sustainability Plan	DPH	June 2016	8.3.1
8.3.2	Promote ecologically sustainable development within SWSLHD	DHPPU	Ongoing	8.3.3
The risk of not achieving this objective is: resources will be wasted, the environment will be damaged and human health will suffer				
8.4	**Ensure efficiency of services**			
8.4.1	Fully implement direct electronic laboratory notifications from NSW private pathologists	DPHU	June 2016	8.4.1
8.4.2	Implement an electronic filing system (see 7.1.1)	DDPH	June 2016	8.4.1
8.4.3	Maximise the use video- and tele-conferencing	All managers	Ongoing	8.4.1
The risk of not achieving this objective is: resources will be wasted and inefficiencies will occur				

	Actions	Responsible Manager	Completed by	Links To CPS
8.5	**Strengthen Governance**			
8.5.1	Develop the management skills of managers and aspiring managers by developing a suite of appropriate training and encouraging participation in relevant programs	SPOW	June 2016	8.5.2
8.5.2	Provide supervision and mentoring for aspiring and new managers	All managers	Ongoing	8.5.2
The risk of not achieving this objective is: resources will be wasted, staff will be dissatisfied, there will be a shortage of senior staff, legal obligations will not be met, poor services will be delivered and complaints will be received				
8.6	**Ensure work health and safety**			
8.6.1	Implement the SWSLHD WHS Policy	DPH	June 2015	8.6.1
8.6.2	Maintain an effective work health and safety management system by: - Establishing a SWSLHD Population Health WHS Committee - Reviewing and monitoring the Population Health WHS Plan	SPOQ	December 2014 Ongoing	8.6.2
The risk of not achieving this objective is: there will be non-compliance with existing legislation and clients, visitors and staff will experience illness and injury in the workplace resulting in an increase in insurance claims				

Implementation

This Plan identifies the objectives to be achieved and actions that will be implemented by SWSLHD Population Health services over the next five years. Against each action we have identified the person(s) responsible for ensuring that the operational aspects of the action are progressed and the date the action is due to be completed.

All services will contribute to achieving the objectives of the Plan and will report progress to the Population Health Executive. The Executive will monitor progress against this Plan: a) monthly for Key Performance Indicators, and b) six monthly for all other corporate actions. Corrective strategies will be developed for any actions that are falling behind schedule.

It is expected that the review process will include consideration of:

- The performance reports prepared for the *South Western Sydney Local Health District Annual Strategic Priorities and Performance Agreement* with the NSW Ministry of Health
- Local priorities from this Plan for inclusion in the Annual *SWSLHD Strategic Priorities and Performance Agreement* for the subsequent financial year
- New and emerging NSW Government priorities and whether they are adequately reflected within this Plan
- Reports on progress against strategies which may not be in the annual performance agreement. This may include strategies which have a longer timeframe or have been prioritised to respond to a changing environment.

Progress on strategies within this Plan will be used to inform the South Western Sydney Local Health District Annual Report and reporting to the NSW Ministry of Health.

Appendices

Appendix 1: SWSLHD Guiding Principles

The **Principles** which guide how services are managed and developed into the future are:

1. All residents have equity in access to health care services. People who are disadvantaged will be provided with assistance to access services where necessary.
2. Health services across the District will be of high quality.
3. Patients, communities, staff and service providers will be treated with courtesy, dignity and respect.
4. Health care will be patient and family centred and responsive to the needs of individuals, families and communities.
5. Individuals and communities will be actively engaged in health care and programs. They will be provided with information and supported to make informed choices about their health. Autonomy in decision making will be respected.
6. Population health programs and strategies will be developed with communities and other agencies to improve the health of local communities. Strategies will be multifaceted to increase effectiveness and sustainability.
7. Services will be provided as close to home as possible and integrated across hospitals, community and primary health settings. Networks to centres of excellence and tertiary services will increase access to expertise when required and support timely care.
8. Teamwork will occur within all health services, and involves patients, community members and service partners. New partnerships and opportunities to improve health and health care will be explored and developed.
9. The workforce is valued and will be consulted and included in the development and implementation of initiatives. Personal and professional development opportunities will be provided to enable staff to meet ongoing changes in the health system.
10. Services will be provided in a safe and healthy environment.
11. New models of care, health care practices and technology based on evidence will be used to ensure that patients and communities receive the best and most appropriate service available. Innovation and research will be encouraged to ensure safe and appropriate interventions.
12. Services will be provided in an efficient and cost effective manner and will be evaluated and remodelled as required.
13. Environmental sustainability will be fundamental to the design and delivery of clinical and non-clinical services and infrastructure.

Appendix 2: Demographic profile of South Western Sydney

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carribee	Wollondilly	SWSML	NSW
Total persons (Estimated Resident Population) [1]	190,637 21.8%	58,376 6.7%	151,221 17.3%	196,622 22.5%	188,083 21.5%	46,042 5.3%	44,403 5.1%	875,384 12.1%	7,211,468
Population Profile (Source: ABS Census 2011)									
Aboriginal people and Torres Strait Islanders	1,388 0.8%	1,117 2.0%	4,729 3.2%	1,322 0.7%	2,676 1.5%	802 1.8%	1,036 2.4%	13,070 1.6%	172,621 2.5%
Aboriginal people: Median Age	24	18	18	21	20	20	20	N.A.	21
Aboriginal people: Median Household Income	1089	1796	1006	988	988	1064	1381	N.A.	941
Aboriginal people: Median Weekly Rent	240	360	225	260	235	270	278	N.A.	200
Persons born overseas	68,721 37.7%	9,007 15.9%	41,133 28.2%	98,652 52.5%	71,715 39.8%	6,734 15.2%	5,374 12.4%	301,336 35.8%	1,778,548 25.7%
Language spoken at home – English only	72,426 39.7%	48,973 86.3%	101,863 69.8%	48,620 25.9%	80,046 44.4%	40,564 91.4%	39,455 91.2%	431,947 51.4%	5,013,343 72.5%
1st most common language other than English spoken at home	Arabic 38,640 (21.2%)	Italian 873 (1.5%)	Arabic 4,004 (2.7%)	Vietnamese 35,840 (19.1%)	Arabic 17,194 (9.5%)	Italian 276 (0.6%)	Italian 348 (0.8%)	Arabic 74,296 (8.8%)	Arabic 184,252 (2.7%)
2nd most common language other than English spoken at home	Vietnamese 16,594 (9.1%)	Spanish 531 (0.9%)	Samoan 3,047 (2.1%)	Arabic 13,745(7.3%)	Hindi 8,043 (4.5%)	German 192 (0.4%)	Arabic 196 (0.5%)	Chinese 35,780 (4.3%)	Mandarin 139,825 (2.0%)
3rd most common language other than English spoken at home	Greek 6,565 (3.6%)	Arabic 471 (0.8%)	Hindi 3,044 (2.1%)	Assyrian 10,582(5.6%)	Vietnamese 7,843 (4.4%)	Greek 161 (0.4%)	Maltese 180 (0.4%)	Vietnamese 61,313 (7.3%)	Cantonese 136,374 (2.0%)
4th most common language other than English spoken at home	Cantonese 5843 (3.2%)	Cantonese 324(0.65)	Bengali 2563 (1.8%)	Cantonese 9,334 (5.0%)	Italian 5,108 (2.8%)	Spanish 105 (0.2%)	Greek 145 (0.3%)	Italian 12,090 (2.0%)	Vietnamese 87,499 (1.3%)
Humanitarian Stream, number of settlers arriving from 2005 to 2011	985	7	196	6,547	3,197	0	0	10,932	26,239
Disability: need for assistance with core activities	11,279 6.2%	2,218 3.9%	7,717 5.3%	13,180 7.0%	9,643 5.4%	2,328 5.2%	1,624 3.8%	47,989 5.7%	338,362 4.9%
Carers: Unpaid assistance to a person with a disability	17,268 9.5%	4,672 8.2%	13,554 9.3%	17,519 9.3%	15,484 8.6%	4,596 10.4%	4,002 9.3%	77,095 9.2%	638,614 9.2%

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carribee	Wollondilly	SWSML	NSW
Education [2,3]									
Total persons 15 years and over, no longer attending primary or secondary school	135,830	40,672	108,230	141,451	130,534	34,012	31,646	622,375	5,344,114
Education: Completed Year 12 or equivalent	65,318 48.1%	17,484 43.0%	46,128 42.6%	64,273 45.4%	63,884 48.9%	14,965 44.0%	11,497 36.3%	283,549 45.6%	2,631,287 49.2%
Education: Completed Year 10 or equivalent	28,859 21.2%	13,403 33.0%	31,059 28.7%	25,070 17.7%	28,009 21.5%	10,140 29.8%	11,869 37.5%	148,409 23.8%	1,278,047 23.9%
Education: Completed Year 10 or below	51,696 38.1%	18,403 45.2%	46,525 43.0%	58,922 41.7%	47,990 36.8%	14,210 41.8%	16,177 51.1%	253,923 40.8%	1,983,205 37.1%
Employment [2,3]									
Total labour force	75,608	29,969	70,235	75,950	80,188	20,106	22,224	374,280	3,334,857
Employed full time	44,906 59.4%	19,295 64.4%	43,968 62.6%	44,627 58.8%	50,804 63.4%	11,367 56.5%	13,886 62.5%	228,853 61.1%	2,007,925 60.2%
Employed part-time	20,162 26.7%	7,762 25.9%	16,987 24.2%	18,934 24.9%	18,696 23.3%	6,731 33.5%	6,096 27.4%	95,368 25.5%	939,465 28.2%
Unemployed	5,739 7.6%	1,209 4.0%	5,182 7.4%	7,341 9.7%	5,620 7.0%	846 4.2%	936 4.2%	26,873 7.2%	196,526 5.9%
Income [2]									
Income: Median individual ($/weekly)	428	690	549	369	510	548	617	N.A.	561
Income: Median family ($/weekly)	1,228	1,865	1,390	1,065	1,401	1,348	1,661	N.A.	1,477
Income: Median household ($/weekly)	1,091	1,727	1,251	1,022	2,199	1,094	1,478	N.A.	1,237
Family households with incomes <$600/wk	15.1%	7.3%	12.5%	17.8%	12.3%	11.7%	9.0%	13.6%	12.3%
Family households with incomes > $2500/wk	16.8%	27.8%	17.1%	12.9%	18.9%	17.2%	24.1%	17.7%	23.3%
Family characteristics [2]									
Families	47,029	15,462	39,123	49,714	46,563	12,271	11,877	222,039	1,829,553
Couple families with children	24,715 52.6%	8,494 54.9%	19,016 48.6%	25,853 52.0%	26,421 56.7%	4,777 38.9%	6,247 52.6%	115,523 52.0%	831,850 45.5%
Couple families without children	12,411 26.4%	4,635 30.0%	10,769 27.5%	11,569 23.3%	11,058 23.7%	5,539 45.1%	3,906 32.9%	59,887 27.0%	669,019 36.6%

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carribee	Wollondilly	SWSML	NSW
One parent families	9,069 19.3%	2,182 14.1%	8,718 22.3%	11,227 22.6%	8,478 18.2%	1,832 14.9%	1,613 13.6%	43,119 19.4%	297,904 16.3%
Other families	834 1.8%	151 1.0%	620 1.6%	1,065 2.1%	606 1.3%	123 1.0%	111 0.9%	3,510 1.6%	30,780 1.7%
Household composition: private dwellings [2]									
Households	57,238	17,875	47,286	55,835	53,595	16,694	13,953	262,476	2,471,296
Family household	44,620 78.0%	14,963 83.7%	37,380 79.1%	45,959 82.3%	44,019 82.1%	12,053 72.2%	11,472 82.2%	210,466 80.2%	1,777,398 71.9%
Lone person household	11,454 20.0%	2,589 14.5%	8,854 18.7%	8,737 15.6%	8,596 16.0%	4,324 25.9%	2,245 16.1%	46,799 17.8%	599,148 24.2%
Other households	1,164 2.0%	323 1.8%	1,052 2.2%	1,139 2.0%	980 1.8%	317 1.9%	236 1.7%	5,211 2.0%	94,750 3.8%
Dwelling characteristics [2]									
Total private dwellings	60,236	18,806	49,486	58,369	55,958	19,656	15,038	277,549	2,736,637
Median rent ($/weekly) (occupied private)	310	360	260	280	295	260	270	N.A.	300
Median housing loan repayment ($/monthly) (occupied private)	2,002	2,167	1,800	1,800	2,167	1,873	2,167	N.A.	1,993
Occupied private dwellings - fully owned	19,467 32.3%	4,648 24.7%	11,435 23.1%	18,139 31.1%	12,908 23.1%	6,945 35.3%	4,298 28.6%	77,840 28.0%	820,006 30.0%
Occupied private dwellings - rented including rent-free	16,549 27.5%	3,347 17.8%	14,373 29.0%	17,181 29.4%	16,301 29.1%	3,564 18.1%	2,276 15.1%	73,591 26.5%	743,050 27.2%
Number of Public Housing Dwellings [4]	6,282	367	6,438	4,634	4,879	9	18	22,627	
Proportion of dwellings rented from Housing NSW	9.3%	1.8%	11.2%	7.4%	7.9%	2.3%	1.0%	7.5%	4.4%
Travel [2,3]									
Proportion travelled by car only	66.4%	73.6%	65.8%	70.4%	69.8%	68.6%	72.7%	68.9%	62.6%
Proportion travelled by public transport only	13.5%	3.3%	13.2%	10.5%	8.9%	1.8%	2.1%	9.6%	11.7%
Proportion travelled by bicycle or walking only	2.1%	1.4%	1.6%	2.0%	2.6%	4.1%	1.7%	2.1%	4.8%
Internet Connection at Home									

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carribee	Wollondilly	SWSML	NSW
Proportion of private dwellings with no internet connection	23.2%	13.5%	19.3%	25.3%	19.2%	19.7%	16.5%	20.9%	20.1%
Socio-Economic Indexes for Areas - Index of Relative Socio-Economic Disadvantage (IRSD) (2006) [5]									
IRDS Score	945	1,057	955	876	966	1,032	1,044	N.A.	N.A.
Rank in NSW	39	133	46	4	28	124	127	N.A.	N.A.
Most Disadvantaged Suburb & IRDS Score	Villawood (718)	Leppington (971)	Claymore (574)	Villawood (718)	Cartwright (735)	Welby (921)	Warragamba (952)	Claymore (574)	Murrin Bridge (497)
2nd most Disadvantaged Suburb & IRDS Score	Chester Hill (900)	Narellan (1015)	Airds (602)	Cabramatta (739)	Miller (738)	New Berrima (975)	Tahmoor (968)	Airds (602)	Claymore (574)

Source:

1. Total persons data from ABS Estimated Resident Population (ERP) (ABS 3218.0 Regional Population Growth, Australia - released 31 July 2012) - includes an allowance for census net undercount and estimated number of Australian residents temporarily overseas at the time of the 2011 census
2. All other data is from the Australian Bureau of Statistics 2011 Census of Population and Housing; percentages apply to census count data, not ERP data

3. Proportion is applying to people aged 15 years and over in the census

4. Number of Public Housing Dwellings, Housing NSW 2010 (accessed June 2012)

5. SEIFA ranks areas in Australia according to relative socio-economic advantage and disadvantage. A lower IRDS score indicates that an area is relatively disadvantaged compared to an area with a higher score. There are 153 LGAs in NSW. All areas within a State are ordered from lowest to highest score, with the area with the lowest score given a rank of 1.

6. Humanitarian data sourced from the Department of Immigration and Citizenship Settlement Database (2012)

Appendix 3: Health Status of South Western Sydney Residents

Although high level health indicators such as life expectancy at birth and deaths from all causes for SWSLHD residents mirror the NSW average, on a range of health indicators local residents have poorer outcomes than the average for NSW. SWSLHD residents on average have elevated rates of behaviours which have been linked to poorer health status and chronic disease including cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later life.

Health Status

- Higher standardised mortality ratios (SMRs) than NSW for deaths from all causes in Campbelltown (107.4), Liverpool (105.8) and Camden (102)
- In 2004-2008, SWSLHD had higher incidence of lung, kidney, head and neck, pancreas, thyroid, stomach, bladder, uterus and liver cancer than NSW
- Cardiovascular disease was the most common cause of death in NSW in 2007, accounting for 35.1% (16,260) of all deaths. Mortality rates in SWSLHD for cardiovascular disease at 83.9 per 100,000 are 5% higher than the NSW average and are significantly higher in Liverpool LGA (111.4) (2005-2006)
- Higher rates of diabetes are reported for residents of Bankstown, Liverpool, Campbelltown and Fairfield LGAs than for NSW
- SWSLHD has the largest number of people (13,513) estimated to be living with chronic hepatitis B in a local health district in Australia. Rates of Hepatitis B are almost double the NSW rate, and were particularly high in Fairfield
- SWSLHD has the second highest number of people diagnosed with hepatitis C in NSW. Rates of Hepatitis C in SWSLHD are higher than the NSW rate, particularly in Campbelltown and Fairfield
- The prevalence of dementia is expected to substantially increase over the next ten years as the population ages.

Age groups (see figures on next page)

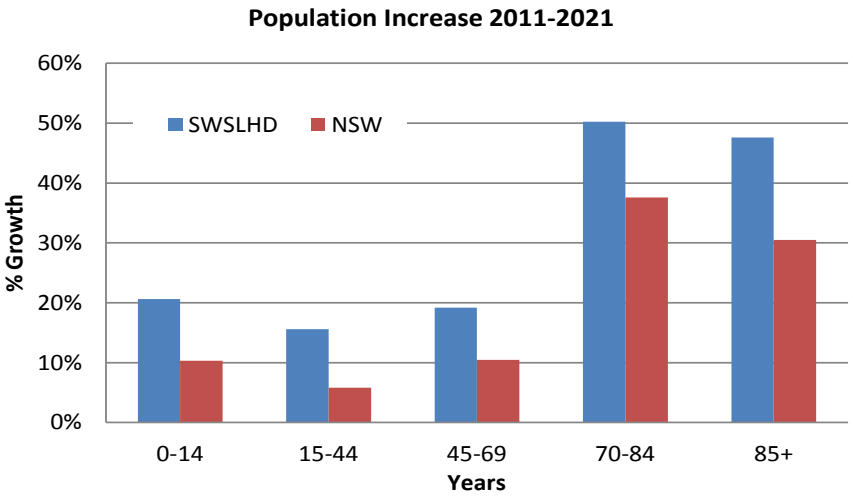
- Infants and children aged 0 –14 years represent 22.2% of the population and will increase from 188,370 in 2011 to 230,097 children by 2021. Although the largest change will occur in the Camden LGA where the number of children will grow by 75%, the largest number of children will continue to reside in Liverpool (53,212) and Bankstown (47,072)

- In 2011 there were 171,834 young people aged 12-14 years in the District, growing by 13.5% to 195,101 young people by 2021. Greater growth is projected for adults aged 25 – 64 years, increasing by 18.3%

- The number of people aged 65 years and over is projected to grow by 54% from 100,779 (2011) to 154,843 people (2021), and compared to 2011 will grow by 86% by 2026

- Highest projected growth for people aged 65 years and over will be in Camden and Campbelltown LGAs, 121% and 84% respectively in the next decade

- The number of people aged 85 years and over will increase from 11,835 (2011) to 19,065 people (2021) - an increase of 61%


Population Increase 2011-2021
60%
50%
40%
30%
20%
10%
0%
% Growth
SWSLHD
NSW
0-14
15-44
45-69
70-84
85+
Years

Appendix 4: Core Activity Indicators from the Performance Management Framework

SWSLHD POPULATION HEALTH PERFORMANCE MANAGEMENT FRAMEWORK				
NSW GOVERNMENT Health South Western Sydney Local Health District	SWSLHD			Target 2012/2013
	2010/11	2011/12	2012/13	
Indicator				
Needle and Syringes Distribution in the public sector	618,359	645,075	678,387	161,268 per quarter
Total - STI testing/treatment/management - occasions of service within publically funded sexual health services (Number)	5,811	6,332	6,674	6,326 per annum
Aboriginal People - STI testing/treatment/management - occasions of service within publically funded sexual health services (Number)	225	184	203	181
Aboriginal People - STI testing/treatment/management - occasions of service within publically funded sexual health services (Proportion)	3.90%	2.90%	3%	2.86%
Sex Workers - STI testing/treatment/management - occasions of service within publically funded sexual health services (Number)	N/A	N/A	856	N/A
Sex Workers - STI testing/treatment/management - occasions of service within publically funded sexual health services (Proportion)	N/A	N/A	12.8%	N/A
Gay men and other homosexually active men - STI testing/treatment/management - occasions of service within publically funded sexual health services (Number)	N/A	N/A	1,706	N/A
Gay men and other homosexually active men - STI testing/treatment/management - occasions of service within publically funded sexual health services (Proportion)	N/A	N/A	25.6%	N/A
Total HIV testing/treatment/management - occasions of service within publically funded health services (Number)	6,335	7,616	5,578	7,473
Aboriginal HIV testing/treatment/management - occasions of service within publically funded health services (Number)	255	195	190	189
Aboriginal people- HIV testing/treatment/management - occasions of service within publically funded health services (Percentage)	4%	2.60%	3.4%	2.53%
Gay men and other homosexually active men - HIV testing/treatment/management - occasions of service within publically funded health services (Number)	N/A	N/A	2,173	N/A
Gay men and other homosexually active men - HIV testing/treatment/management - occasions of service within publically funded health services (Percentage)	N/A	N/A	39%	28.78%

HCV treatment - Total number of people in publically funded services that are assessed for HCV treatment	435	327	271	84 per quarter
Communicable Diseases: Completeness of identification of Aboriginality for priority conditions in the Notifiable Conditions Information Management System (NCIMS)	96%	92%	95%	>95%
Communicable Diseases: Food Borne Diseases Outbreak Response	N/A	N/A	100%	>85%
Immunisation: Aboriginal children fully immunised at 1 year of age	N/A	N/A	84%	>=92%
Immunisation: Aboriginal children fully immunised at 4 years of age	N/A	N/A	95%	>=92%
Immunisation: Non-Aboriginal children fully immunised at 1 year of age (calendar years)	91%	91%	90%	>=92%
Immunisation: Non-Aboriginal children fully immunised at 4 years of age (calendar years)	90%	92%	93%	>=92%
Immunisation: School-based Program -Percentage of Year 7 students who received Human Papillomavirus (HPV) vaccine: Dose 3 (calendar years)	78%	79%	Females 78%, Males 71%	≥75%
Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (% cumulative)	N/A	N/A	49%	June 2013 ≥35%
Primary school sites adopting the Children's Healthy Eating and Physical Activity Program to agreed standard (% cumulative)	N/A	N/A	N/A	June 2013 ≥35%
Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program (Number)	N/A	114	382	Sept 2013 390
Children 7-13 years who complete the Targeted Family Healthy Eating and Physical Activity Program (%)	N/A	88%	92%	≥85%
% of newly arrived refugees to Sydney seen at Refugee Health Nurse Clinics	N/A	N/A	90%	>90%
Number of health education sessions delivered to newly arrived refugees	306	294	376	25/month
Total number of breast screens performed	22,958	22,681	28,333	26304
Participation Rate - women within target age group (50-69yrs) screened (%)	49%	43.9%	46.2%	47%
Number screened - women aged 50-69	20,312	19,924	24,867	N/A
Number screened - women aged 40-49	1,678	1,817	2,221	N/A
Number screened - women aged 70 +	968	940	1,245	N/A
% of women aged 50-69 years attending their first screen recalled for assessment	7.1%	10.5%	10.72%	< 10%
% of women aged 50-69 years attending for their second or subsequent screen recalled for assessment	2.3%	3.52%	2.54%	< 5%
Number of women attending assessment clinic	621	842	743	N/A
Population Health peer reviewed publications	52	51	39	N/A

Appendix 5: Service Development Directions for SWSLHD Population Health Services

Extract from SWSLHD *Strategic & Healthcare Services Plan*

Service development directions for the future will build on those currently in place and being implemented. There are four overarching objectives:

1. Make prevention everybody's business
2. Build regional partnerships for health
3. Build a sustainable population health workforce
4. Be ready for new risks and opportunities

For **prevention**, a prime development direction is to increase the adoption of healthy lifestyles and the development of healthy environments through: increasing the budget share allocated to prevention and early intervention; developing evidence-based programs to address issues such as socio-economic disadvantage, healthy lifestyles, healthy ageing, healthy environments and the needs of vulnerable population groups; expand health promotion programs addressing smoking, obesity, healthy eating and drinking, food security, physical activity and falls prevention; implement the Healthy Children Initiative to address childhood obesity; create strategic links with clinical services in developing, implementing and evaluating evidence-based primary and secondary prevention initiatives; enhance capacity to influence healthy urban design and work with planning agencies to develop healthy urban environments; and participate in community renewal activities across SWSLHD.

The prevention focus will also aim to reduce health disadvantage through: tailoring programs to the needs of disadvantaged communities; focussing activities on reduction of health inequity; increasing illness prevention activities and services; maintaining programs to support the increased uptake of immunisation; partnership work with prevention and clinical services to reduce the spread of sexually transmissible infections and blood borne viruses such as HIV, Hepatitis B and Hepatitis C; and enhancing programs addressing communicable disease control and environmental health.

In building **regional partnerships** for health the prime direction will be in enhanced participation in forums to build the capacity of the region to respond to current and anticipated health issues through: active participation in urban planning processes; partnership work with primary health care providers, local government, other government agencies and Non-Government Organisations to protect and promote the health of the local population; and participation in local government planning processes.

To build a sustainable population health **workforce**, the aim is to ensure people want to work in and can build a career in SWSLHD Population Health by: ensuring the workforce is matched to the needs of the community; providing all staff with a comprehensive orientation program; delivering in-house workforce development programs within SWSLHD workforce development frameworks; promoting occupational health and safety; and providing a supportive environment to develop population health advocates.

To ensure readiness for **risks and opportunities**, the aim will be to build the capacity and reputation of SWSLHD as an innovator in population health research and information management. A focus on opportunities in response to changes in the operating environment of SWSLHD will be encouraged through: participation in Health Impact Assessment projects; comprehensive preparedness for disasters and pandemics; and monitoring changes in major health issues.

Appendix 6: Abbreviations

ACON – AIDS Council of NSW

AIDS – Acquired Immune Deficiency Syndrome

ASHM – Australian Society for HIV Medicine

BMI – Body Mass index

BS Manager – Manager BreastScreen

CALD – Culturally and Linguistically Diverse

CEWD – Centre for Education and Workforce Development

DCHETRE – Director CHETRE

DDPH – Deputy Director Population Health

DE – Director Epidemiology

DHP – Director Health Promotion Service

DHPPU – Director Healthy People & Places Unit

DPH – Director Population Health

DPHU – Director Public Health Unit

DRHS – Director Refugee Health Service

EQuIP – Evaluation and Quality Improvement Program

GP – General Practitioner

HARP Manager – Manager HIV and Related Programs

HIV – Human Immunodeficiency Virus

LGA – Local Government Area

NGO – Non Government Organisation

MESCH – Maternal Early Childhood Sustained Home-visiting

NHMRC – National Health and Medical Research Council

NUAA – New South Wales Users and AIDS Association

SPOQ – Senior Project Officer Work Health and Safety and Quality

SPOW – Senior Project Officer Workforce Development

STARTTS - NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

STI – Sexually Transmitted Infection

SWOP – Sex Workers Outreach Project

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