

**South Western Sydney
Area Health Service**

***STRATEGIC
DIRECTIONS
STATEMENT***

July 2004 – June 2007



A Corporate Plan for SWSAHS

July 2004

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South Western Sydney Area Health Service

***STRATEGIC
DIRECTIONS STATEMENT***

July 2004 - June 2007

ACKNOWLEDGEMENTS

South Western Sydney Area Health Service thanks all members of our staff, community, government agencies including local councils, non-government service providers and general practitioners who participated in consultations for the development of the *South Western Sydney Area Health Service Strategic Directions Statement 2004 –2007*.

The Area Health Service wishes to extend a special thank you to all members of the Strategic Directions Steering Committee and all members of the Workforce, Community and Interagency Strategy Groups for their advice, support and unfailing commitment throughout the Strategic Directions planning process and in the preparation of this Statement.

FOREWORD

The *SWSAHS Strategic Directions Statement 2004 –2007* is the South Western Sydney Area Health Service's (SWSAHS) corporate plan. As such, it is the highest-level planning document in SWSAHS.

The Strategic Directions Statement is the culmination of a comprehensive planning process that has involved a broad range of people over the past two years. I wish to extend my gratitude to all staff, members of the community, representatives from other government and non-government agencies and general practitioners who contributed their time, expertise and advice to the development of this Statement. This Statement is testimony to your efforts and input.

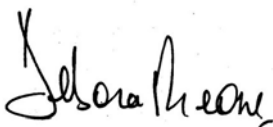
The Strategic Directions Statement sets out the vision and purpose of the organisation, and a clear set of organisational values. It also delineates a series of focus areas for action for SWSAHS over the next three years.

SWSAHS's organisational values are critical to the successful pursuit of the organisation's purpose and vision and to the attainment of the outcomes identified for each focus area for action.

The Strategic Directions Strategy Map summarises the future direction for SWSAHS and will be used as the strategic framework to guide further corporate and health service planning and reporting across all levels of the organisation.

The continued vitality of the networks, alliances and partnerships that have been forged throughout the planning process are of strategic importance to the implementation of this Statement over the next three years.

These links, together with the directions set forth in this Statement, will ensure the ongoing vitality of SWSAHS as an organisation into the future.



Associate Professor Debora Picone
ADMINISTRATOR

TABLE OF CONTENTS

A.	INTRODUCTION.....	2
B.	THE PLANNING CONTEXT.....	2
C.	OUR PURPOSE AND VISION.....	4
D.	OUR VALUES.....	5
E.	A PROFILE OF SOUTH WESTERN SYDNEY AREA HEALTH SERVICE.....	6
	a) The Geography.....	6
	b) The People	6
	c) The Burden of Disease.....	7
	d) Health Services and Facilities.....	9
F.	THE WAY FORWARD.....	10
G.	THE STRATEGIC DIRECTIONS STRATEGY MAP.....	10
	a) Perspectives.....	12
	b) Focus Areas for Action.....	13
H.	THE STRATEGIC DIRECTIONS IMPLEMENTATION STRATEGY.....	16
	FOCUS 1: Accessible Health Care.....	18
	FOCUS 2: Collaboration and Community Participation.....	19
	FOCUS 3: Workforce Capability.....	20
	FOCUS 4: Continuous Learning.....	21
	FOCUS 5: Leadership and Direction.....	22
	FOCUS 6: Information Management	23
	FOCUS 7: High Quality Clinical Care	24
	FOCUS 8: Health Care in the Community.....	25
	FOCUS 9: Population Health.....	26
	FOCUS 10: Financial Sustainability.....	27
	GLOSSARY.....	28
	ABBREVIATIONS.....	30
	RELATED RESOURCES	31
	APPENDIX A.....	32
	APPENDIX B.....	33
	APPENDIX C.....	34

A. INTRODUCTION

The *Strategic Directions Statement for SWSAHS to 2007* (SDS) sets out the future direction for South Western Sydney Area Health Service (SWSAHS) over the next three years.

The SDS will guide health service planning and delivery, health improvement, and the development of the organisation as a whole. As such, it is the highest level, overarching planning statement in SWSAHS.

A comprehensive strategic directions planning process was undertaken to develop the SDS. The planning process was designed to be maximally inclusive, featuring extensive consultation with community representatives, SWSAHS staff, general practitioners and other organisations. A detailed outline of the strategic directions planning process and consultation strategy is provided at Appendix A.

The SDS is a genuine collaboration on strategic priorities and actions for SWSAHS over the next three years.

B. THE PLANNING CONTEXT

The NSW Health Department's *Strategic Directions for Health 2000 – 2005*, sets out four goals for the delivery of *Better Health, Good Health Care* in the NSW Health System. These goals are: -

- Healthier People;
- Fairer Access;
- Quality Health Care; and
- Better Value.

Six attributes underpin and give effect to these goals. They are: -

- Sharing a Clear Direction;
- Skilled and Valued Workforce;
- Engaging the Community;
- Working in Partnerships;
- Informed Decision Making; and
- Embracing Innovation.

These goals and attributes have been used to inform the development of the SWSAHS SDS.

In addition, the SDS has been developed within the context of broad sweeping reform and change across the NSW Health System as a whole. The NSW Health Council Report¹, and subsequent *Government Action Plan for Health*, outlined a solid platform for reform and broad strategic priorities for improving health system accountability and performance.

¹ *Report of the NSW Health Council: A Better Health System for NSW*, March 2000.

More recently, the NSW Department of Health commissioned the Independent Pricing and Regulatory Tribunal of NSW (IPART) to review the NSW Health System. The IPART Report² that followed, identified a series of investment priorities and opportunities to further improve the effectiveness, efficiency and equity of health care across the health system, with a particular emphasis on improving governance systems and structures.

The SDS for SWSAHS is a strategic response to this climate of reform and change.

The Health Council Report and the IPART Report both recognised that the health system is under a variety of pressures amidst an array of emerging forces and evolving trends. These forces and trends inevitably shape and influence the health system's priorities, impact and profile. As such, they pose a collective challenge to the health system overall. They include: -

- the growth in demand for health services and increasing consumer expectations;
- the growing and ageing population;
- the changing nature of health service delivery;
- severe workforce shortages;
- a shift in the burden of disease from acute to chronic conditions;
- emerging medical and communication technologies; and
- the widening gap in health status between different population groups.

The SDS outlines a clear strategic framework to address these forces and trends in the local context.

South West Sydney Health Network – The Way Forward 2004/05 –2007/08: A New Health Plan for the People of South West Sydney, June 2004, is a key strategy of the SDS and provides a blueprint for the delivery of hospital and health services to the people of SWS. The SDS, together with the New Health Plan, will guide health service planning and delivery in SWSAHS over the next three years.

² Independent Pricing and Regulatory Tribunal of NSW (IPART) *NSW Health: Focusing On Patient Care*, August 2003.

C. OUR PURPOSE AND VISION

OUR PURPOSE

“To enhance health and deliver high quality health services in partnership with our diverse and growing communities”.

OUR VISION

FOR OUR COMMUNITIES

“Vibrant communities who enjoy and value good health and work with us to improve health for everyone”.

FOR OUR STAFF AND ORGANISATION

“An energetic and progressive team delivering innovative health care and inspiring pride and confidence through a determined pursuit of excellence”.

SWSAHS is one of 17 Area Health Services in NSW responsible for providing public health services to a geographically defined population.

Section 9 of the *Area Health Services Act 1997 (NSW)* (‘the Act’) establishes that the primary purpose of an Area Health Service is to: -

- a) provide relief to sick and injured persons through the provision of care and treatment, and
- b) promote, protect and maintain the health of the community.

SWSAHS’s Purpose Statement is consistent with, and expresses the two primary purposes of, the Act. It describes the function of the organisation and sets out its parameters.

The Vision Statement for SWSAHS describes our aspirations for the communities we serve and the organisation in which we work. The Vision Statement is one vision, presented under two headers for simplicity and ease of reference, and should be read in whole and not as separate parts.

The Purpose and Vision Statements both recognise that South Western Sydney, as a region, is made up of numerous diverse communities not just connected to a particular geographic area. There are a multitude of ethnic, racial, linguistic, religious, economic communities and communities of interest spread across SWS.

The Purpose and Vision Statements are intended to be enacted in the spirit of collaboration and teamwork with our entire workforce, our patients and those who care for them, volunteers and the broader community.

Underpinning the Purpose and Vision for SWSAHS is a holistic view of health. Health is understood to encompass the physical, psychological, spiritual and social wellbeing of individuals and communities, not just the absence of disease.³ Health is also understood to embrace emotional and cultural dimensions.⁴ This view of health reflects a 'whole of life view' and as such incorporates the 'cyclical concept of life-death-life'.⁵

D. OUR VALUES

The vision and strategic direction for SWSAHS over the next three years is premised on a set of key organisational values. These values guide the way in which we behave in the planning, delivery and continuous improvement of our services.

They are essential to the pursuit of our vision and the attainment of our purpose, and they underpin all our dealings with our staff, patients, clients, members of our communities and other organisations.

OUR VALUES

Justice

We deal with all persons in their contexts fairly, equitably, ethically and judiciously.

Respect

We respect the rights and dignity of all people and recognise their worth through trust, courtesy, sensitivity, mutual communication and collaboration.

Integrity

We are fair, honest and consistent in all our communications and actions, being openly accountable for our performance and outcomes.

Conviction

We act with dedication, commitment and persistence, take pride in our achievements and celebrate our successes.

Reflectiveness

We are inquiring and conscientious, and we learn from experience, evaluation and research.

Flexibility

We value innovation and new ideas, are dynamic, and we respond to the needs and problems of our staff and communities.

³ World Health Organisation (WHO) 1948; World Health Assembly (WHA) 1984.

⁴ *Ensuring Progress in Aboriginal Health in NSW*, Department of Health, NSW, 2002.

⁵ Ibid.

E. A PROFILE OF SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

a) THE GEOGRAPHY

SWSAHS delivers health services to people living in the South Western Sydney (SWS) region. SWS comprises the seven local government areas (LGAs) of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. Combined, these LGAs make up a total geographical area of approximately 6,237 square kilometres.

Settlement varies from the densely populated residential areas of Bankstown, Fairfield and Liverpool, to the scattered rural townships of Wingecarribee and Wollondilly.

b) THE PEOPLE

SWSAHS has the largest population of any Area Health Service in NSW (about 12%), with 796,846 estimated residents according to the 2001 Census. In 2001, the most populous LGAs were Fairfield (189,034), Bankstown (171,994), Liverpool (159,046) and Campbelltown (150,154), and the least populous LGAs were Camden (45,454) Wingecarribee (42,740) and Wollondilly (38,424).

The total population of SWS has grown by approximately 9% since 1996, with the highest rates of growth occurring in the Camden and Liverpool LGAs. The population is projected to continue to grow by 5.7% to 2006 and by 11.9% to 2011, with the largest growth expected to continue in Camden and Liverpool.

Residents of SWS are a diverse and multicultural population. In 2001, 35.2% of residents were born overseas in a non-English speaking country, compared with 22.3% in NSW. This represents a growth rate of 6.7% since 1996. The major countries of birth were Vietnam (5.2%), Lebanon (2.2%) and Italy (1.6%). A greater proportion of refugees settle in SWS than in any other Area, with 40% of humanitarian arrivals (amounting to over 1,500 people) settling in SWS every year.

In 2001, 1.3% of the total population of SWS were from Aboriginal and Torres Strait Islander descent. This is 8.1% of the total Aboriginal and Torres Strait Islander population of NSW and represents the largest number of Aboriginal and Torres Strait Islander people living in any urban or rural Area Health Service region in NSW. The highest proportion of Aboriginal and Torres Strait Islander people in SWS were living in Campbelltown (2.5%), Liverpool (1.3%) and Bankstown (0.8%) LGAs in 2001.

Compared with NSW, SWS has a relatively young population with one in four people aged between 0 – 14 years compared with one in five people in NSW. A total of 9.7% of the SWS population are aged 65 years and over, compared with 17.9% of the population of NSW.

By 2016, the number of children residing in the Fairfield, Campbelltown, Bankstown and Wingecarribee LGAs is projected to decline by 22.3%, 17.8%, 4.0% and 1.2% respectively. By contrast, the number of children residing in the Camden, Liverpool and Wollondilly LGAs is projected to increase by 39.2%, 9.3% and 1.6% respectively. Overall, however, the population of children in SWS is projected to remain relatively stable to 2016.

The population of people aged 45-64 years, and 65 years and over, is expected to increase substantially to 2016 (by 47.4%). This is significant as growth amongst older people is a key driver of hospital and health service activity and resource consumption.

More detailed population figures are provided at Appendix B.

In addition, SWS residents experience higher levels of social disadvantage than other areas of Sydney. In particular, SWS has a higher than average unemployment rate (8.6% compared with 7% in NSW). Sole parent households make up 17.1% of all households compared with 15.5% in NSW, and a large proportion of residents live in public housing (8.8% compared with 4.9% in NSW).

Poor education, unskilled workers and low incomes are some of the other social factors affecting the population, with Wingecarribee, Fairfield and Bankstown having the highest proportion of low-income residents. This is of particular significance, as the correlation between socio-economic disadvantage and poor health is well established.

c) THE BURDEN OF DISEASE

Compared to NSW overall, SWS has significantly lower rates of colorectal cancer, melanoma and breast cancer. However, in general, men and women living in SWS are at a greater risk of dying from any cause, compared with NSW as a whole.

The death rates from coronary heart disease for men and women living in SWS are higher than for the rest of NSW, and are substantially higher for women. The death rates are significantly higher in the Liverpool and Campbelltown LGAs for both men and women, compared with NSW overall. For men in the Bankstown LGA, the death rates are substantially lower than the NSW average.

The lung cancer death rates for men and women living in SWS are considerably higher than for the rest of NSW, and are significantly worse in Campbelltown, Fairfield and Liverpool LGAs. Men and women in SWS also have higher rates of new cases of lung cancer compared with NSW overall. The rates in Campbelltown, Liverpool and Fairfield LGAs are particularly worse than the NSW State average. (See Appendix C for more detail.)

Any death before the age of 75 years is considered to be a 'premature death'. These deaths are referred to as 'Potential Years of Life' Lost (PYLL). Ischemic heart disease mortality (20%), injuries (16%) and lung cancer mortality (7%) contributed most to PYLL in males in SWS during the period 1996 –2000. During the same period, ischaemic heart disease (18%) mortality and stroke mortality (9%) contributed most to the PYLL for females in SWS, followed by breast cancer mortality (6%), chronic respiratory disease mortality (6%) and injuries (6%).

SWS ranks poorly compared with NSW in terms of preventable risk factors. The prevalence of smoking in males in SWS is significantly higher than for males in NSW (31.0% compared with 26.7% in NSW). In addition, 56.0% of SWS respondents to the 1998 NSW Health Survey reported adequate levels of physical activity compared with 60.9% of all NSW residents. In particular, men in SWS were significantly less likely than NSW men overall to report adequate levels of physical activity.

Screening rates for women in SWS are significantly lower than the NSW average. In 2000, the biennial screening rates for cervical cancer among women aged 20 – 69 years living in SWS were significantly lower, than the state average (55% compared with 59% in NSW). Also, a lower proportion of women in SWS reported having a biennial mammogram in 2000/2001 (44% compared with 53.7% in NSW).

It is widely recognised that Aboriginal and Torres Strait Islander Australians generally have worse health status than non-Aboriginal and Torres Strait Islander Australians. People from Aboriginal and Torres Strait Islander backgrounds have significantly lower life expectancy than non-Aboriginal and Torres Strait Islander Australians. Fewer than 2% of Aboriginal and Torres Strait Islander men in SWS are aged 65 years or over compared with 8% of the total male population in SWS. Less than 3% of Aboriginal and Torres Strait Islander women in SWS are aged 65 years and over compared with 11% of the total SWS female population.

Aboriginal and Torres Strait Islander mothers in SWS, compared with non-Aboriginal and Torres Strait Islander mothers, are more likely to be teenage (22.2% compared with 4.2%), smoke during pregnancy (54.5% compared with 14.7%), and are less likely to visit for antenatal care before 10 weeks of their pregnancy (4.2% compared with 19.5%).

Aboriginal and Torres Strait Islander babies in SWS, compared with non-Aboriginal and Torres Strait Islander babies, are more likely to be preterm (14.1% compared with 7.1%), have a low birth weight (10.1% compared with 6.7%) and be admitted to a special care unit due to neonatal morbidity (19.2% compared with 15.8%).

Overall, people from culturally and linguistically diverse (CALD) backgrounds have lower mortality and morbidity than that of their Australian born counterparts. However, some populations experience significantly poorer health. For example, mortality rates for diabetes for people from CALD

backgrounds living in SWS are almost twice that of Australian born people. While hospital admissions for mental illness appear to be lower amongst CALD groups overall, refugees are known to experience high levels of psychological distress due to events prior to their arrival in Australia. People of refugee background are also known to have a range of other health problems and experience significant barriers to accessing health services.

d) HEALTH SERVICES AND FACILITIES IN SWSAHS

Public health services in SWSAHS are provided in hospitals, community health centres, nursing homes, specialist centres, community based settings and in the home. A range of other health services are provided by private, government and non-government agencies.

There are six general acute public hospitals in SWSAHS, providing over 1,550 inpatient beds. These hospitals are the Bankstown – Lidcombe, Fairfield, Liverpool, Campbelltown, Camden and Bowral Hospitals.

Liverpool Hospital is the principal tertiary referral hospital for SWSAHS and is a major teaching and research hospital for the University of NSW. Bankstown-Lidcombe Hospital is also a principal referral, teaching and research hospital for the University of NSW. Campbelltown, Camden and Fairfield Hospitals are metropolitan hospitals and Bowral Hospital is a rural district hospital.

SWSAHS operates 15 Community Health Centres across the Area at Bankstown, Bowral, Cabramatta, Campbelltown, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Moorebank, Narellan, Prairiewood, Rosemeadow, Wollondilly and Yagoona. Community based services located in other settings include: -

- Youth Health Services such as TraXside (Campbelltown), Fairfield Liverpool Youth Health Team (Carramar) and The Corner Youth Health Service (Bankstown);
- Early childhood and parenting services;
- Alcohol and other drug services;
- Living skills centres;
- Some primary health nursing clinics;
- Some mental health services; and
- Some oral health clinics.

Other health facilities in SWSAHS include: -

- Braeside Hospital, located on the Fairfield Hospital Campus, which provides palliative care, rehabilitation and aged care psychiatry services and is managed by Hope Healthcare;
- Karitane at Carramar which provides support, guidance and information to families experiencing parenting difficulties;
- Carrington Hospital in Camden which is an aged care facility; and
- Queen Victoria Memorial Home in Picton, which is a nursing home.

Three private hospitals service the residents of SWS. They are the Macarthur Private Hospital in Campbelltown, the Southern Highlands Private Hospital in Bowral and the Sydney Southwest Private Hospital in Liverpool.

Over 890 general practitioners operate across SWS with about 60% consulting in a language other than English. They are organised into five Divisions of General Practice – Fairfield, Liverpool, Bankstown, Macarthur and Southern Highlands.

F. THE WAY FORWARD

SWSAHS is a large and complex organisation serving a large and complex population. The profile of SWSAHS points clearly to the fact that the population of SWS is growing and ageing, and is comparatively socioeconomically disadvantaged. It also suggests that the population of SWS has a higher burden of disease, higher mortality and a greater prevalence of risk factors compared with NSW overall. In addition, SWS has higher proportions of identified priority population groups, including children and people from Aboriginal and Torres Strait Islander backgrounds.

Therefore, to achieve our purpose and attain our vision over the next three years, it is important that SWSAHS maximises opportunities for improved health in our communities.

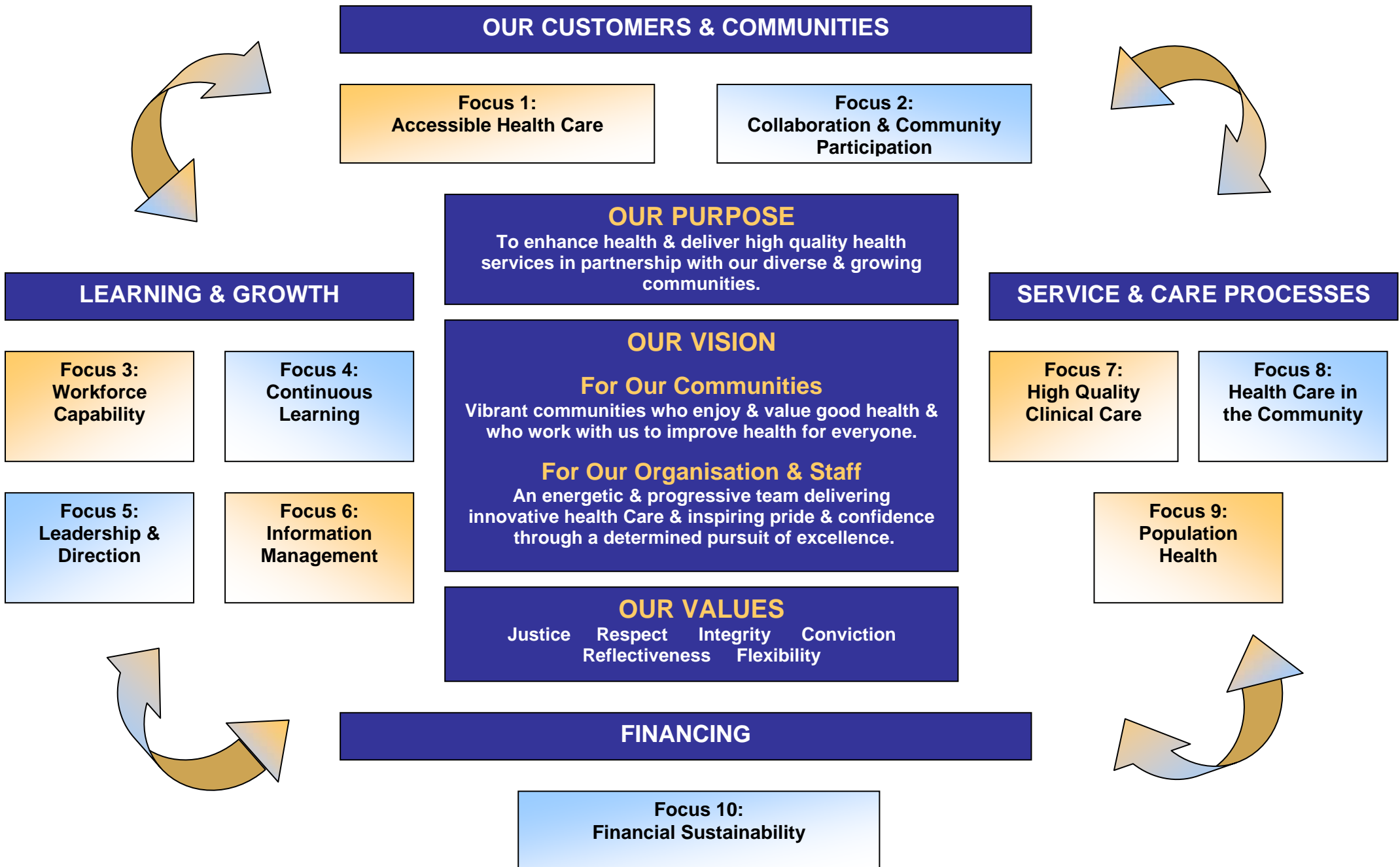
G. THE STRATEGIC DIRECTIONS STRATEGY MAP

Against this backdrop, SWSAHS has utilised the *Balanced Scorecard* management theory as a strategic framework to conceptualise the future direction for SWSAHS. This direction is expressed succinctly in the form of a **Strategic Directions Strategy Map to 2007** (see page 11).

The Strategic Directions Strategy Map translates SWSAHS's purpose and vision into ten inter-related **Focus Areas for Action** over the next three years. These Focus Areas for Action summarise the key priorities for SWSAHS identified by stakeholders during the strategic directions consultation process. They are: -

- Accessible Health Care
- Collaboration & Community Participation
- Workforce Capability
- Continuous Learning
- Leadership & Direction
- Information Management
- High Quality Clinical Care
- Health Care in the Community
- Population Health
- Financial Sustainability

The SWSAHS Strategic Directions Strategy Map to 2007



a) **PERSPECTIVES**

The Strategic Directions Strategy Map configures the ten Focus Areas for Action in terms of four overarching and interdependent **Perspectives**, as defined by the Balanced Scorecard management theory. These Perspectives, together with their respective Focus Areas for Action, provide the strategic platform for SWSAHS to 2007.

Perspective 1: Our Customers and Communities

This perspective concerns our ultimate deliverables to our customers and communities. This includes our capacity as an organisation to effectively meet the health needs of our customers and communities through access to quality health services. This perspective also emphasises that customer and community outcomes require strong and enduring partnerships with key stakeholders, and emphasises their involvement in all aspects of health service planning, delivery and evaluation.

Perspective 2: Learning and Growth

Learning and Growth recognises that service delivery systems and processes will only succeed if adequately skilled and motivated employees, supplied with accurate and timely information, are driving them. It also recognises that continuous learning through innovation and research, coupled with solid leadership and direction, are equally important service delivery drivers.

Perspective 3: Service and Care Processes

This perspective focuses on the internal service and care processes which lead to quality patient, customer and population outcomes. The key processes identified as essential to this end include the delivery of high quality clinical care, strengthening health care in the community, and improved population health outcomes.

Perspective 4: Financing

Financing reflects the organisation's ability to deliver maximum value to our customers and communities through cost efficiencies. In particular, it emphasises the need for financial sustainability and hence viability.

b) FOCUS AREAS FOR ACTION

1. Accessible Health Care

No one in SWS should be disadvantaged from achieving and maintaining good health. Improving health requires that people have access to the health services they need.

Therefore, an important priority for SWSAHS over the next three years is to ensure that the residents of SWS have equal access to the health services they need.

2. Collaboration and Community Participation

It is well known that, engaging individuals and communities in decisions about their own health leads to better health outcomes. Both the NSW Health Council Report and the IPART Report affirmed the importance of community involvement in the planning, delivery and evaluation of health services.

The pursuit of better health outcomes is not just the responsibility of individuals or of the wider health system. Indeed, a wide range of social, cultural and environmental issues outside the immediate control of the health system influence the health and well being of individuals and communities. By strengthening our partnerships with our local communities and with other service providers including general practitioners, we can work together to effectively advance the health and wellbeing of the communities we serve.

3. Workforce Capability

There is a strong correlation between human resource management practice and organisational performance. Consequently investing in our workforce and ensuring that the organisation has the right volume and mix of skills is essential to the fulfilment of our purpose and vision.

However, there is a shortage of doctors, nurses and allied health staff across the State. This shortage is expected to worsen in the future. Becoming an employer of choice, by building the kind of work environment that will attract skill and expertise to our Area, and entice people to stay, is therefore an important strategic priority for SWSAHS.

4. Continuous Learning

An organisation's ability to develop and apply its knowledge is essential to its development and sustainability. Building a successful future in SWSAHS is therefore dependent upon our capacity to transform our local knowledge, discoveries, talents and creative energies into a sustainable benefit for our staff and communities.

Over the next three years, SWSAHS will invest in building its knowledge base through research, and encourage growth through innovation, thereby enhancing the organisation's service, academic and research capabilities.

5. Leadership and Direction

Strengthening the capacity and capability of our organisation is critical to the successful pursuit of our vision. This requires strong and enduring corporate governance arrangements.

Corporate governance is about the ways in which management ensures that the organisation functions properly and ethically. The requirement of accountability is essential to good governance. It is about accepting responsibility for achieving defined outcomes honestly, efficiently, effectively and with minimum cost.

Over the next three years, SWSAHS will continue to build and strengthen corporate governance systems and structures across the Area Health Service as a whole.

6. Information Management

A myriad of benefits may be obtained from strategic investment in structured information management systems. Indeed, information systems are critical to effective health service provision and patient management, as well as system efficiencies.

Over the next three years SWSAHS will ensure that staff at all levels of the organisation, have access to technological support and timely and appropriate information to deliver high quality health services to the people of SWS.

7. High Quality Clinical Care

The Health Council Report and the IPART Report have identified the need for structures and processes to enable Area Health Services to be accountable for continuously improving the quality of clinical services and safeguarding high standards of care. These structures and processes are collectively referred to as 'clinical governance'.

Fostering a culture that promotes high quality health care through safety and compliance, clinical review, best practice and clinical risk management is fundamental to the pursuit of effective clinical governance. Over the next three years, SWSAHS will strategically invest in enhancing the governance of its clinical services to ensure that patients and consumers receive reliable, appropriate, high quality and evidenced based clinical care.

8. Health Care in the Community

Primary health care providers are the most visible and utilised part of the health care sector, and generally the first point of contact for people seeking

help with their health. A strong and vital primary health care system is therefore essential to the pursuit of better health outcomes in SWS.

In addition, the evolution of health care service delivery in the face of growing demand, new technologies and new approaches to health care, means that health services are increasingly being provided at many different sites, including the home. The challenge for SWSAHS is to ensure that with greater choice in the setting where care is delivered, care is integrated, safe, of high quality and appropriate to the needs of patients, consumers and their carers.

9. Population Health

In 2003, the IPART Report strongly advocated for an increased emphasis on prevention and early intervention, especially initiatives to target priority populations and needs. Over the next three years, SWSAHS will invest strategically to improve population health. SWSAHS will take action to address social and environmental conditions conducive to better health; reduce individual behavioural health risk factors detrimental to health; and advocate for unmet needs and inequalities in population health.

In addition, Aboriginal and Torres Strait Islander health is a paramount priority for SWSAHS. New solutions are needed to improve Aboriginal and Torres Strait Islander health, applying a 'whole-of-life' view of health and cultural understanding. By working in partnership, SWSAHS will facilitate the practical exercise of self-determination which is essential to Aboriginal health.

10. Financial Sustainability

SWSAHS receives funding from the NSW Department of Health to deliver health services to, and promote and protect the health of the residents of SWS. SWSAHS is responsible for ensuring that these resources are used optimally and fairly to delivery health services to the people of SWS.

The attainment of SWSAHS's full resource entitlement as a proportion of the total State Budget, is an important strategic priority for SWSAHS over the next three years.

H. THE STRATEGIC DIRECTIONS IMPLEMENTATION STRATEGY

SWSAHS has developed a comprehensive three-year ***Strategic Directions Implementation Strategy*** to address each Focus Area for Action outlined in the Strategic Directions Strategy Map.

The Implementation Strategy specifically identifies a series of high-level objectives, and a set of tangible outcomes and clear strategies for each Focus Area. These objectives, outcomes and strategies have been informed by the findings of the strategic directions consultation strategy undertaken with key stakeholders.

Key performance measures are also identified, and will be used to assess SWSAHS's progress towards achieving its vision over the next three years.

The Strategic Directions Implementation Strategy is outlined forthwith.



***Strategic
Directions
Implementation
Strategy***

July 2004 – June 2007

FOCUS 1: ACCESSIBLE HEALTH CARE

We will focus on **access** so that our patients have better access to health services.

OUTCOMES

- Residents receive specialised health services locally and there is reduced need to travel outside the Area for these services.
- Residents have improved access to mental health services across SWSAHS.
- Emergency Department access blocks meet Statewide benchmarks.
- Surgical waiting times meet benchmarks.
- Intensive Care and High Dependency Units in SWSAHS meet the intensive care needs of patients .
- Our communities have improved access to preventative, chronic and post-acute health care programs.
- Health care services are customer focused and meet patient and consumer need.
- People who are disadvantaged, refugees, new & emerging communities & Aboriginal & Torres Strait Islander communities have improved access to health services.
- Patient transport between services is consistent and meets the needs of patients and consumers .

STRATEGIES

- Increase the availability & quantity of specialised health services across SWS.
- Implement and resource the SWSAHS Mental Health Services Strategy.
- Endorse, implement and evaluate the Emergency Department Services Strategic Plan for SWSAHS.
- Network elective surgery to increase throughput.
- Endorse, implement and evaluate the Intensive Care Strategy for SWSAHS.
- Develop, implement and evaluate preventative, chronic and post-acute programs that are targeted and involve our patients and communities.
- Develop and implement a whole of Area Strategic Plan for Older People.
- Review, monitor and implement strategies to reduce health service waiting times effectively.
- Provide health care services that are timely, appropriate, flexible and responsive to the needs of patients and clients.
- Extend communication & interpersonal skills training opportunities for staff.
- Identify and address barriers to access for people who are disadvantaged, for refugees and new and emerging communities, and for Aboriginal and Torres Strait Islander Communities.
- Develop, implement & evaluate an Aboriginal Vehicle/Transport Policy for SWSAHS.
- Develop, implement & evaluate an integrated Area Patient Transport Plan.

KEY PERFORMANCE MEASURES

- Percentage increase in specialised health services provided locally.
- Mental Health Services Strategy fully implemented.
- Waiting time benchmark levels achieved in Emergency and Surgery.
- The intensive care needs of patients are met.
- Percentage increase in preventative, chronic and post acute care programs.
- Preventative, chronic & post-acute care programs demonstrate patient and community engagement and satisfaction.
- Percentage decrease in consumer/patient complaints.
- Percentage of patients and consumers satisfied with staff communication.
- Percentage increase in people accessing health services who are from new & emerging communities, disadvantaged, refugee, or Aboriginal & Torres Strait Islander backgrounds.
- Physical access/transport audit results demonstrate consistent and coordinated patient transport between services.

FOCUS 2: COLLABORATION AND COMMUNITY PARTICIPATION

We will focus on **collaboration and community participation** so that we: -

- Strengthen community engagement;
- Forge and embrace partnerships with other service providers; and
- Improve the Area Health Service / General Practitioner interface across SWS.

OUTCOMES

- Our diverse communities are well informed, and participate in health service planning, delivery and evaluation.
- Our staff are skilled and competent in engaging the participation of our communities.
- We work with partner organisations to advance key aspects of health improvement and health service delivery.
- Processes and systems are in place to facilitate the provision of health care between General Practitioners and the Area Health Service.

STRATEGIES

- Implement and evaluate the *SWSAHS Community Participation Framework*.
- Incorporate community engagement strategies into all policy development, health service planning and quality improvement processes across the Area.
- Promote, support and develop the capacity of members of the community to participate in health service planning, delivery and evaluation, particularly by those who may be disadvantaged / disengaged.
- Develop, implement and evaluate an Area Communication Strategy to facilitate the two-way flow of information to and from the community and with other service providers.
- Develop the community participation skills and capacity of our staff.
- Strengthen collaborations with government agencies, local councils and non-government organisations across SWS.
- Participate in interagency regional & planning coordination processes across the Area.
- Identify and engage the participation of a cross-section of staff, general practitioners, community representatives and community groups, government agencies including local councils, and non-government service providers, in committees and working groups across the Area Health Service.
- Identify and pursue opportunities for non-government organisations in SWS to participate in Area Health Service training and development programs.
- Continue to pursue opportunities to co-locate services with general practitioners and other human service providers.
- Establish communication pathways between the Area Health Service, General Practitioners and Divisions of General Practice across SWS.
- Establish formal and informal links between General Practitioners and Emergency Departments across SWSAHS.

KEY PERFORMANCE MEASURES

- Number of SWSAHS divisions/departments engaging community members in health service planning, delivery and evaluation.
- Survey results of consumer perception of being informed and involved.
- Proportion of people from Culturally & Linguistically Diverse Backgrounds, Aboriginal & Torres Strait Islander Backgrounds, young people & people with disabilities participating in health service planning, delivery and evaluation.
- Percentage increase in formal partnership arrangements across SWSAHS.
- Partnership satisfaction and effectiveness survey results.

FOCUS 3: WORKFORCE CAPABILITY

We will focus on strengthening our **workforce capability** so that we: -

- Implement an effective Area Human Resource Strategy;
- Become an employer of choice; and
- Develop a skilled workforce and create a workplace culture where staff are valued.

OUTCOMES

- Human resource planning and operational practice is coordinated, consistent and effective across the Area.
- More flexible models of staffing for delivering services are implemented.
- Our workplace is safer.
- Increased attractiveness of SWSAHS as a place to work.
- We have reduced our reliance on agencies for staff.
- Learning and development opportunities meet the professional development needs of our staff.
- Staff have more opportunities for two-way communication with management at all levels of the organisation, so that staff concerns' are known and addressed.
- Staff receive regular feedback and encouragement.

STRATEGIES

- Develop and implement a comprehensive five-year Human Resource Strategy for SWSAHS that identifies clear strategic priorities, addresses recruitment and retention issues, and governs human resource planning across the Area.
- Implement and support flexible work practices consistently across the Area.
- Streamline grading and delegation policies and processes across the Area.
- Implement strategies to minimise the incidence of injury/stress related to manual handling, bullying and aggression.
- Streamline and enhance staff grievance management and complaints handling policies and practices across the Area.
- Develop and implement innovative recruitment strategies where recruitment difficulty has been identified.
- Develop, with NSW Health, fairer access to registrar allocations to bring SWSAHS into line with other Area Health Services.
- Conduct a climate survey to assess and address staff perceptions of their general work environment and factors influencing retention.
- Establish mechanisms, processes and infrastructure to grow a local health workforce.
- Establish an Area pool of casual staff for key disciplines across the Area.
- Develop and implement an agreed management competency framework and align to performance management processes.
- Provide learning and development opportunities for staff at all levels of the organisation.
- Establish regular forums for dialogue between staff and senior managers across the Area Health Service.
- Develop and implement a range of reward and recognition schemes for outstanding achievement and performance.

KEY PERFORMANCE MEASURES

- Reduced claims experience and cost.
- Staff satisfaction with regrading systems and processes in place.
- Reduction in incidence of aggression against health workers.
- Advertised vacancies successfully recruited.
- Staff rate SWSAHS as a good place to work.
- Reduced expenditure on Employment Agencies.
- Reduction in staff turnover.
- Communication index from staff climate survey results.

FOCUS 4: CONTINUOUS LEARNING

We will focus on **continuous learning** so that we encourage growth through excellence in research, teaching and innovation.

OUTCOMES

- Increased participation in teaching and research.
- Greater balance between service provision and teaching, research and learning.
- Increased proportion of evidenced-based clinical and health service practice.
- SWSAHS regularly monitors, evaluates and reports on its work.
- Research and innovation outcomes are shared across SWSAHS.
- Greater levels of internal promotion and external recognition.

STRATEGIES

- Establish a Centre for Research in SWSAHS and a Research Director.
- Build effective academic partnerships.
- Appoint and support more academic leaders.
- Develop and implement a Research Plan that will:
 - define research priorities;
 - import new research endeavours; and
 - strengthen existing research efforts.
- Include in managers' and staff employment contracts an expectation for teaching, research and learning.
- Increase educator positions across the Area Health Service in all disciplines.
- Identify, implement and evaluate opportunities for innovation and development.
- Apply learning, innovations and evidence based practice to policy and practices across the Area.
- Monitor, evaluate and report research and learning outcomes across SWSAHS.
- Develop and implement strategies to improve staff access to local research and innovation outcomes.
- Establish systems and processes to recognise and reward research and teaching effort, innovation and creativity.

KEY PERFORMANCE MEASURES

- Percentage of teaching and research outlay.
- Percentage increase in academic appointments across SWSAHS.
- Percentage growth in external research and demonstration funds.
- Self-assessment rating against Best Practice Guidelines and Performance Indicators.
- Staff report improved access to information, research and innovation outcomes.
- Number of recognition and reward systems in place.
- Number of innovations recognised externally.

FOCUS 5: LEADERSHIP AND DIRECTION

We will focus on **leadership and direction** so that we: -

- Share a unified corporate direction;
- Raise the profile of SWSAHS; and
- Actively embrace and enact our corporate values.

OUTCOMES

- The SWSAHS Strategic Directions Statement is implemented systematically across the Area, and guides all planning and reporting processes.
- A unified and effective Corporate Governance and Clinical Management Structure is leading the organisation.
- Area-wide clinical services are created and are well functioning.
- Our corporate identity is redefined in accordance with our strategic direction.
- We are respected and well regarded amongst our peers and competitors.
- The values of the organisation are enacted across the whole Area Health Service.

STRATEGIES

- Align Business Plans, Health Service Plans and Performance Management closely to the SWSAHS Strategic Directions Statement.
- Develop and implement reporting systems across the Area closely aligned to the SWSAHS Strategic Directions Statement.
- Implement effective Corporate and Clinical Management Systems and Structures to support the Clinical Services Strategy across SWSAHS.
- Redefine SWSAHS's corporate identity in collaboration with staff and members of the community.
- Develop and implement a well-resourced, wide-ranging and coherent Area Marketing Strategy.
- Identify and implement organisational structures and processes that support the implementation of the organisation's values across the Area.

KEY PERFORMANCE MEASURES

- Number of Strategic Directions Statement outcomes achieved.
- Corporate and Clinical Management Structures accord with the Area Clinical Services Strategy.
- Positive media coverage and comment.
- Values actions are listed in Business Plans.
- Staff rate highly how well the values of the organisation are enacted.

FOCUS 6: INFORMATION MANAGEMENT

We will focus on **information management** so that we: -

- Establish effective and efficient information management systems; and
- Utilise information technology to enhance decision-making, planning and health service delivery.

OUTCOMES

- A strategic and well-integrated Information Management System operates across SWSAHS.
- Staff have access to technological support and timely and appropriate information to improve the care of patients and clients.
- Key partners, including general practitioners, receive timely and appropriate information to ensure continuity of patient care.
- Telehealth Services operate across the Area and are utilised effectively.
- Aboriginal and Torres Strait Islander Patient/Consumer Information is accurately collected and recorded across SWSAHS.

STRATEGIES

- Develop and implement an integrated Area Information Management Plan.
- Establish an Area Information Management Unit.
- Develop and implement a five-year Information Technology Strategy for SWSAHS.
- Establish integrated electronic patient information and support systems across SWSAHS including electronic medical records, a digital x-ray system and electronic prescribing.
- Identify and implement opportunities for electronic transactions with health service suppliers, including the electronic ordering of pathology and pharmaceuticals.
- Establish support training and infrastructure systems to assist staff to adequately utilise up-to-date technology.
- Participate in cross agency electronic information exchange and referral through the Statewide Better Services Delivery Program.
- Develop and implement information systems to facilitate communication between SWSAHS and key care providers including general practitioners.
- Pilot, expand and refine Telehealth systems across the Area.
- Develop and implement systems and mechanisms for the accurate collection and recording of Aboriginal and Torres Strait Islander Patient/Consumer Information.

KEY PERFORMANCE MEASURES

- Information Management systems are streamlined.
- Satisfaction index from staff survey of Information Management.
- Electronic Discharge referral systems are operational across SWSAHS.
- Percentage increase in Telehealth usage.
- Percentage increase in recorded Aboriginal and Torres Strait Islander Patient/Consumer Information.

FOCUS 7: HIGH QUALITY CLINICAL CARE

We will focus on **high quality clinical care** so that we: -

- Deliver safe, reliable, appropriate and effective care to our patients and consumers;
- Provide integrated and networked acute care across SWSAHS; and
- Minimise clinical risk effectively.

OUTCOMES

- Clinical services in SWSAHS operate according to a clear, comprehensive and integrated Clinical Services Strategy.
- Effective clinical governance arrangements are in place.
- The system for the management and quality of care provided to patients accords with Statewide benchmarks.
- A competent, skilled and strategically distributed clinical workforce delivers clinical services to patients and consumers.
- Hospitals in SWSAHS have complementary roles and operate as part of an organised network.
- Consistent and integrated risk management strategies are being implemented to address high-risk areas and improve quality outcomes.
- Our communities have confidence in the quality of our health care.

STRATEGIES

- Develop, implement & evaluate an area wide Clinical Services Strategy.
- Realign clinical governance structures and processes in accordance with the Area Clinical Services Strategy.
- Develop and adopt Area wide clinical best practice protocols for all major conditions.
- Recruit additional junior and senior clinical staff to provide safe services at all hours.
- Develop and implement a whole of area clinical workforce strategy.
- Define complementary roles for each hospital in SWSAHS within a network of clinical services.
- Implement structures and processes across the Area which facilitate transparent reporting and analysis of adverse events and near misses, and which facilitate corrective action.
- Implement structures and processes which facilitate 'open disclosure'.
- Establish structures and processes across the Area for the regular review of patient outcomes and effectiveness of care.
- Develop and implement an Area Risk Management Strategy.
- Implement customer satisfaction surveys.

KEY PERFORMANCE MEASURES

- Area Clinical Services Plan is implemented and evaluated.
- Clinical governance arrangements in SWSAHS accord with the Area Clinical Services Strategy.
- Hospitals in SWSAHS are well networked and their roles clearly defined.
- Increased proportion of incidences reported.
- Decline in severity of incidences reported.
- Customer surveys indicate satisfaction with services.
- Percentage reduction in the number of patient complaints.
- Percentage increase in the number of written patient compliments.

FOCUS 8: HEALTH CARE IN THE COMMUNITY

We will focus on strengthening **health care in the community** so that we: -

- Provide an integrated, high quality primary health care system across SWSAHS;
- Improve the coordination of care between primary health care providers; and
- Deliver integrated, safe and high quality ambulatory care to patients and consumers.

OUTCOMES

- An integrated primary health care structure is in place across SWSAHS.
- Shared responsibility for patient care between patients (self-management), general practitioners and human service agencies.
- Discharge arrangements and transitional care planning are coordinated.
- Continued development of Community and Ambulatory Care Service Models across SWSAHS.

STRATEGIES

- Develop and implement a high-level, comprehensive primary health care service model and investment strategy for SWSAHS.
- Identify and address gaps in primary health care delivery.
- Standardise referral criteria, intake processes, hours of operation and standards of practice across primary health care services in SWSAHS.
- Establish systems and infrastructure for leadership and advocacy in primary health care.
- Maintain and enhance primary health care networks throughout SWS.
- Provide patients and primary health care providers with individualised care plans for chronic and complex patients leaving hospital for community settings.
- Review, develop and implement consistent Ambulatory Care Models across SWSAHS.

KEY PERFORMANCE MEASURES

- An agreed primary health care service model is in place.
- Standardised primary health care intake procedures are in place across SWSAHS.
- Survey results show consumer satisfaction with intake processes and follow up.
- Primary Care Networks in place in all local government areas across SWS.
- Increased proportion of coordinated/shared care arrangements in place.
- Percentage of chronic and complex patients managed by a documented Care Plan.
- Percentage of Care Plans implemented.
- Survey results of GPs indicating satisfaction with Care Plans.
- Survey results of consumer perception regarding discharge/transitional care.
- Agreed Ambulatory Care Service Models are in place.

FOCUS 9: POPULATION HEALTH

We will focus on providing sustainable evidence-based **population health** services so that we: -

- Address the needs of population groups most at risk of poor health;
- Address the health needs of Aboriginal and Torres Strait Islander people by enabling self-determination and working in partnership; and
- Develop a population health framework to complement the Area Clinical Services Strategy.

OUTCOMES

- Improved social and environmental conditions in SWS that promote health.
- Targeted communities in SWS have improved health status, specifically reduced preventable premature mortality and morbidity and reduced health inequalities in health status between population groups.
- Population groups most at risk of poorer health have improved opportunities for health gain.
- Aboriginal and Torres Strait Islander people have improved health status.
- A Population Health Framework is produced and applied to all planning, workforce development, resource allocation and inter-sectoral collaboration across SWSAHS.
- An increased proportion of the total budget is allocated to evidence-based primary prevention strategies.

STRATEGIES

- Develop an evidenced-based Health Improvement Plan for SWS which identifies priorities and standards for Population Health Services across SWSAHS for primary prevention, early intervention and capacity-building.
- Develop an evidence base of health impacts of the specific social and environmental characteristics of SWS.
- Work with our local communities, their organisations, and government and non-government agencies at a local, regional and state level to improve the social and environmental conditions that promote health.
- Provide targeted Population Health Services for: -
 - People at risk of poorer health due to social and environmental conditions beyond their individual control;
 - People at risk of poorer health due to individual behaviours including smoking, physical activity, nutrition, oral health and alcohol and other drug dependencies;
 - Infants, children and youth;
 - Women;
 - People from culturally and linguistically diverse communities; and
 - Carers, people with disabilities and others with special needs.
- Implement and evaluate programs to increase the level of health literacy.
- Continue to work in partnership with the Aboriginal and Torres Strait Islander Community to implement priorities identified in the SWSAHS Aboriginal Health Plan.
- Develop and apply a generic Population Health Framework' to clinical service plans and workforce development.

KEY PERFORMANCE MEASURES

- Increases in social and environmental conditions that promote health for key target groups.
- Increased prevalence of protective factors in key target groups.
- Reduced prevalence of risk factors in key target groups.
- Increased capacity in population health workforce.
- Increase in the total budget afforded to preventative health in SWSAHS.

We will focus on **financial sustainability** so that we: -

- Gain funding equity;
- Allocate our resources fairly;
- Manage our workload within budget;
- Generate revenue; and
- Participate in Statewide Corporate Services Reform.

OUTCOMES

- We are equitably resourced for the needs of the population we serve.
- Resources are allocated transparently and equitably across the Area according to need.
- Activity targets are met by unit managers across the Area.
- We have increased revenue as a proportion of overall funds to SWSAHS.
- There is improved collaboration with, and shared services across, the Greater Western Sydney Quadrangle.

STRATEGIES

- Obtain SWSAHS's full resource entitlement.
- Develop and implement clear internal resource distribution guidelines for the distribution of resources across the Area.
- Pursue management accountability for meeting activity targets within budget.
- Identify and pursue revenue generating opportunities.
- Establish mechanisms and processes to effectively compete for funds.
- Actively participate in the implementation of Statewide Corporate Services Reform including the Greater Western Sydney Quadrangle Shared Services Strategy.

KEY PERFORMANCE MEASURES

- Percentage distance from Resource Distribution Formula entitlement.
- Allocation of resources in accordance with clear Resource Distribution Guidelines.
- Delivery of services within allocated funding.
- Percentage growth in revenue.
- Proportion of savings generated from participation in shared service arrangements.

GLOSSARY

Access	The capacity or potential to obtain a service or benefit. Access incorporates notions of geographical access, cultural access, service appropriateness and affordability.
Acute	Acute care is where the principal clinical intent is to do one or more of the following: manage labour (obstetric); cure illness or treat injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce the severity of an illness or injury; protect against exacerbation and/or complications of an illness and/or injury; and perform diagnostic or therapeutic procedures.
All-Cause Mortality Rate	The rate at which a population in any particular region is dying, counting every cause of death.
Ambulatory Care	The delivery of health services in a variety of settings including outpatient departments, short stay/day only beds, specialists' rooms and the patient's home.
Balanced Scorecard	A management framework designed to translate an organisation's Vision and overall business strategy into specific, quantifiable goals, and to monitor the organisation's performance in terms of achieving those goals.
Best Practice	The care which will lead to the maximum benefit for an individual or a population.
Better Services Delivery Program	A Statewide Program which aims to improve communication and information management for government and non-government agencies in the NSW human services sector.
Clinical Governance	The process by which the health system is accountable for continuously improving the quality of services and safeguarding high standards of care.
Corporate Governance	The system and structure by which the Area Health Service is directed and controlled.
Evidence-Based Health Care	An approach to health care that requires the explicit, judicious and conscientious incorporation of the results of research in decision-making at all

	levels including individual patient care, public policy, planning and resource allocation.
Greater Western Sydney Quadrangle	Comprises South Western Sydney Area Health Service, Western Sydney Area Health Service, Wentworth Area Health Service, and the Children's Hospital Westmead.
Health Literacy	The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.
Macarthur	Includes Camden, Campbelltown and Wollondilly Local Government Areas.
Morbidity Rate	The sickness rate, that is, the number of people who are sick compared with the total number of people.
Mortality Rate	The death rate, that is, the number of people who die of a certain disease compared with the total number of people.
Population Health	Population health refers to rates and other measures of health in a specified population that, in turn, represent the end-result of primary prevention, early intervention and rehabilitation provided through the organised efforts of a health care system.
Population Health Services	An agreed suite of programs and strategies designed to improve population health status, reduce inequalities between population groups and address gaps in services for groups with special needs.
Potential Years of Life Lost	Number of Potential Years of Life Lost due to Premature Death.
Premature Death	Dying before the age of 75 years.
Primary Care	The first point of access for the community to health services.
Primary Care Provider	Includes general practitioners, hospital emergency departments, community and allied health services, community pharmacists and non-government organisations.

Protective Factor	Characteristics, variables or circumstances which, if present for a given individual or population, will modify, ameliorate, or alter risk factors and make it less likely that this individual or population will develop health problems.
Risk factors	Characteristics, variables or hazards that, if present for a given individual or population, make it more likely that this individual or population will develop health problems. Risk factors include biological, psychological, social, economic and environmental factors.
South Western Sydney	The South Western Sydney Region comprises the Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee Local Government Areas.

ABBREVIATIONS

CALD	Culturally and Linguistically Diverse
IPART	Independent Pricing and Regulatory Tribunal
LGA	Local Government Area
NSW	New South Wales
PYLL	Potential Years of Life Lost
SDS	<i>SWSAHS Strategic Directions Statement 2004 – 2007.</i>
SWS	South Western Sydney.
SWSAHS	South Western Sydney Area Health Service.

RELATED RESOURCES

South Westerns Sydney Area Health Service Community Participation Framework, SWSAHS, 2004.

Health Inequalities South Western Sydney, SWSAHS, March 2004.

NSW Health: Focusing On Patient Care, Independent Pricing and Regulatory Tribunal of NSW, August 2003.

Report of the NSW Health Council: A Better Health System for NSW, March 2000.

South West Sydney Health Network – The Way Forward 2004/05 –2007/08: A New Health Plan for the People of South West Sydney, SWSAHS, June 2004.

Strategic Directions for Health 2000 – 2005, NSW Department of Health, October 2000.

Strategic Directions for South Western Sydney Area Health Service – Focus Group Study of General Practitioners’ Opinions, SWSAHS, May 2004.

THE STRATEGIC DIRECTIONS PLANNING PROCESS

The *SWSAHS Strategic Directions Statement 2004 – 2007* has been developed as a result of a comprehensive strategic directions planning process.

The Strategic Directions Steering Committee was established to oversight the strategic directions planning process. It included two members of the former SWSAHS Board of Directors, members of the Area Management Group, community representatives, staff, general practitioners and non-government agencies.

The planning process has involved consultation with a broad range of stakeholders, specifically: -

1. A Survey of Managers of SWSAHS to review the former *SWSAHS Strategic Directions Statement 1998-2003* and input into the development of the next one.
2. 11 Vision Workshops with staff members, community representatives, Divisions of General Practice, the Area Clinical Council, Area Management Group and Board of Directors. During these workshops, participants reviewed the purpose of the organisation, listed the challenges facing the organisation and described elements of a vision for the future. Participants also listed down the values underpinning successful resolution of the challenges.
3. Written submissions from SWSAHS Staff Specialists, Visiting Medical Officers, Area Advisors, Area Committees and Boards of the 5 Divisions of General Practice across SWS.
4. A focus group with General Practitioners from across SWS.
5. Three stakeholder reference groups (Community, Workforce and Interagency Strategy Groups) were established to provide ongoing advice and input into the strategic directions planning process and consultation strategy.
6. A one-day *Health Summit for SWSAHS* which involved members of the SWSAHS Workforce, community representatives and representatives from other government and non-government agencies, including Divisions of General Practice. The Health Summit provided participants with an opportunity to review the outcomes of the Vision Workshops and input into the development of the next Strategic Directions Statement.
7. A final workshop with the SWSAHS Area Clinical Council and the SWSAHS Area Management Group to review the *Draft SWSAHS Strategic Directions Statement 2004 - 2007*.

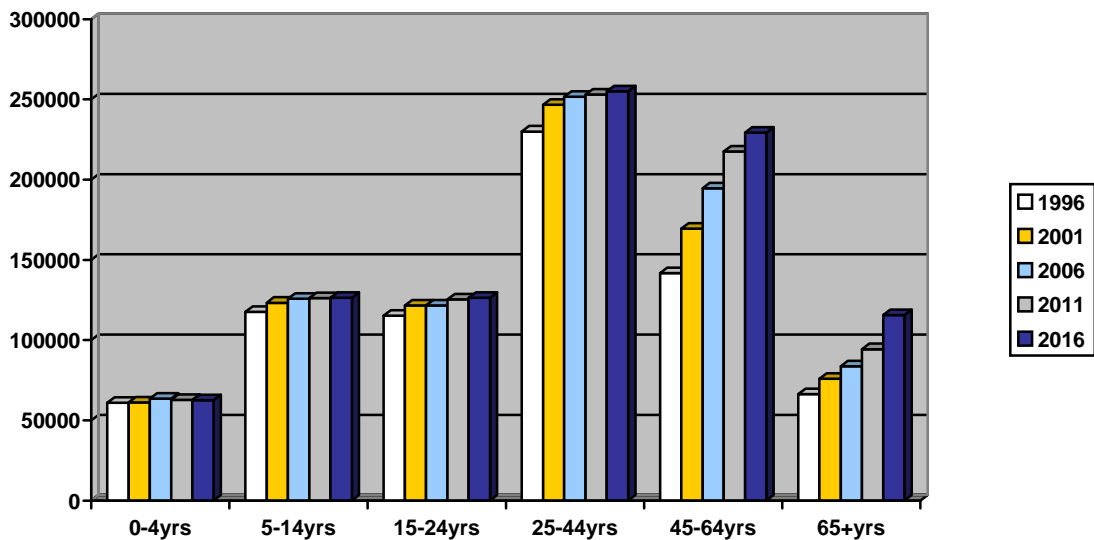
POPULATION PROJECTIONS

Table 1 – SWS POPULATION PROJECTIONS BY LGA

Sector	2001	2006	2011	2016
Bankstown	171,994	180,011	185,272	190,266
Camden	45,454	55,168	70,182	71,880
Campbelltown	150,154	154,884	153,718	164,086
Fairfield	189,034	189,284	187,290	186,231
Liverpool	159,046	173,393	197,736	212,858
Wingecarribee	42,740	46,567	50,218	53,940
Wollondilly	38,424	42,899	47,206	50,246
TOTAL	796,846	842,206	891,622	929,507

Source: Department of Health Interim Population Projections for NSW Area Health Services, June 2003

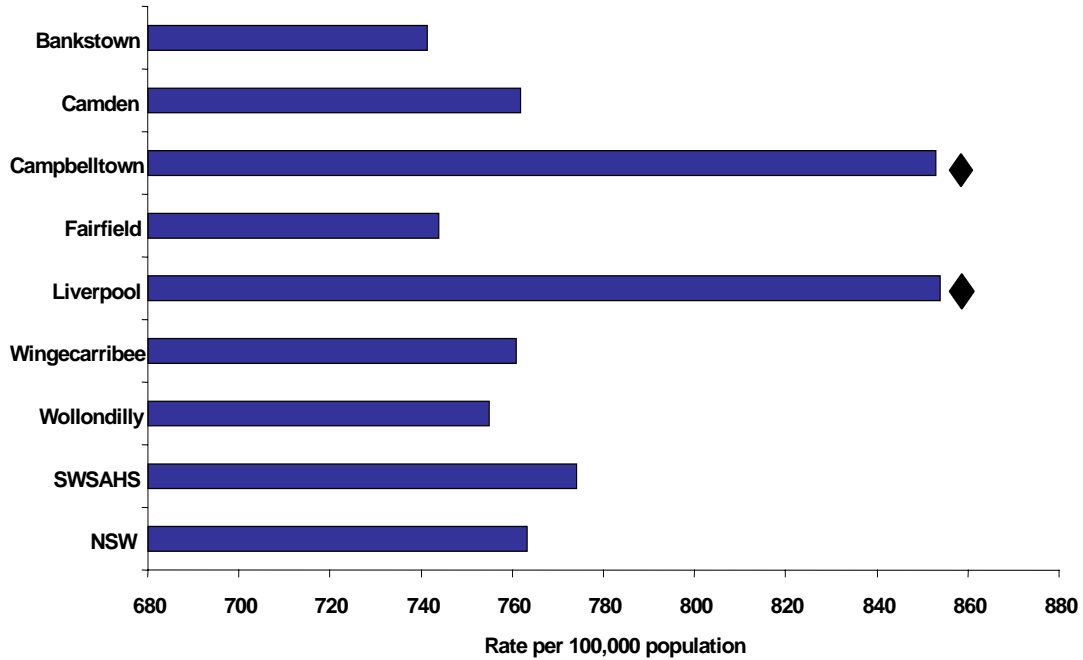
Figure 1: SWS Population Projections by Age



Source: Department of Health Interim Population Projections for NSW Area Health Services, April, 2003.

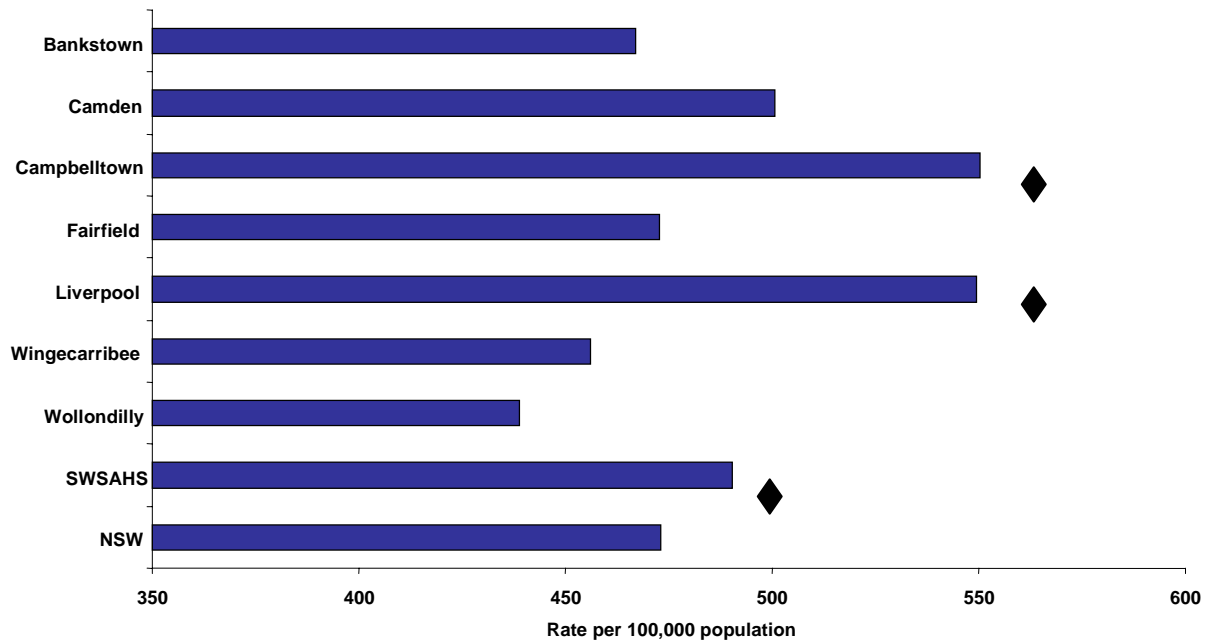
MORTALITY AND MORBIDITY DATA

Figure 2: Deaths From Any Cause in Men by LGA in SWS 1996 -2000



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department

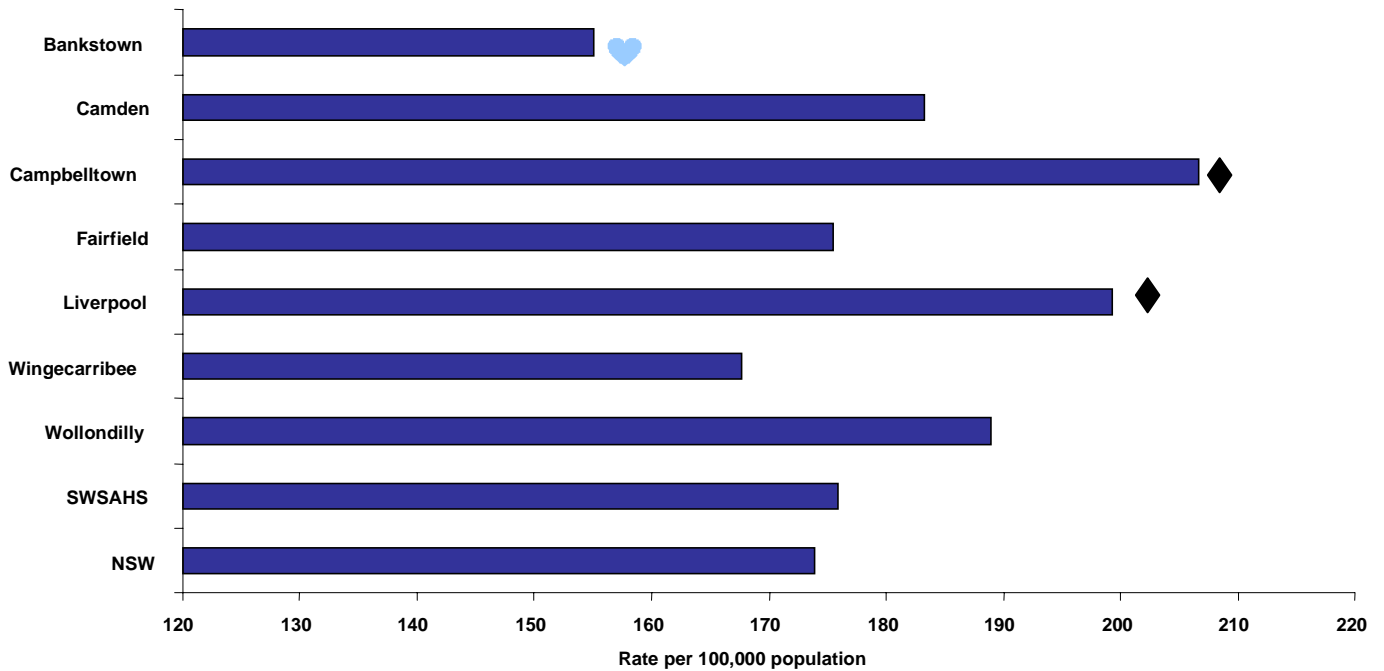
Figure 3: Deaths From Any Cause in Women by LGA in SWS 1996 - 2000



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department

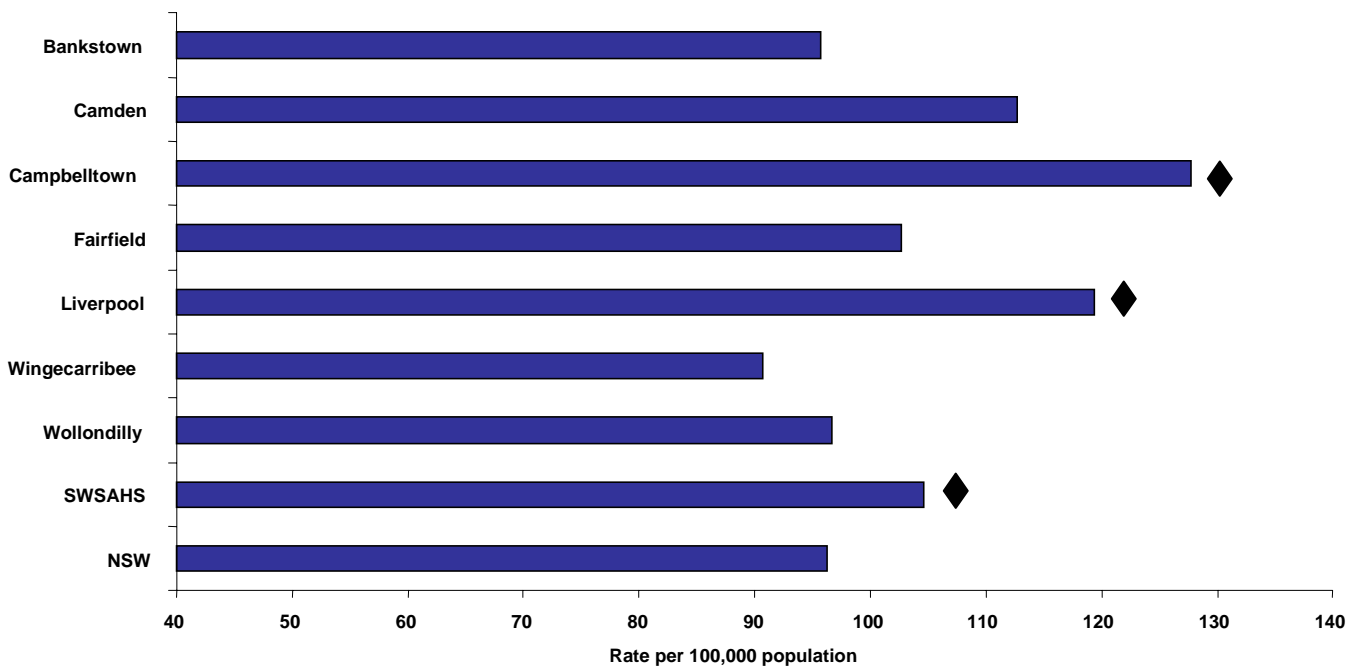
INDEX ♦ Indicates significantly greater than NSW rate

Figure 4: Coronary Heart Disease Death Rates in Men by LGA in SWS 1996 - 2000



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department

Figure 5: Death Rates from Coronary Heart Disease in Women by LGA SWS 1996-2000



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department



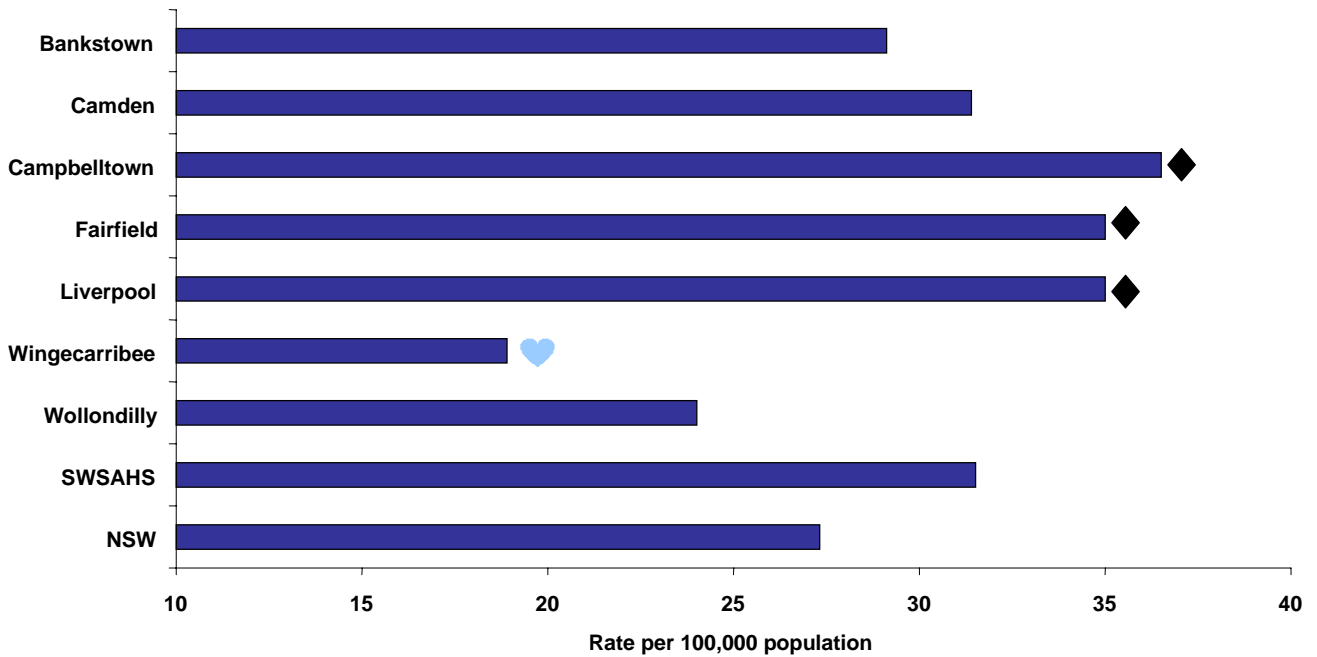
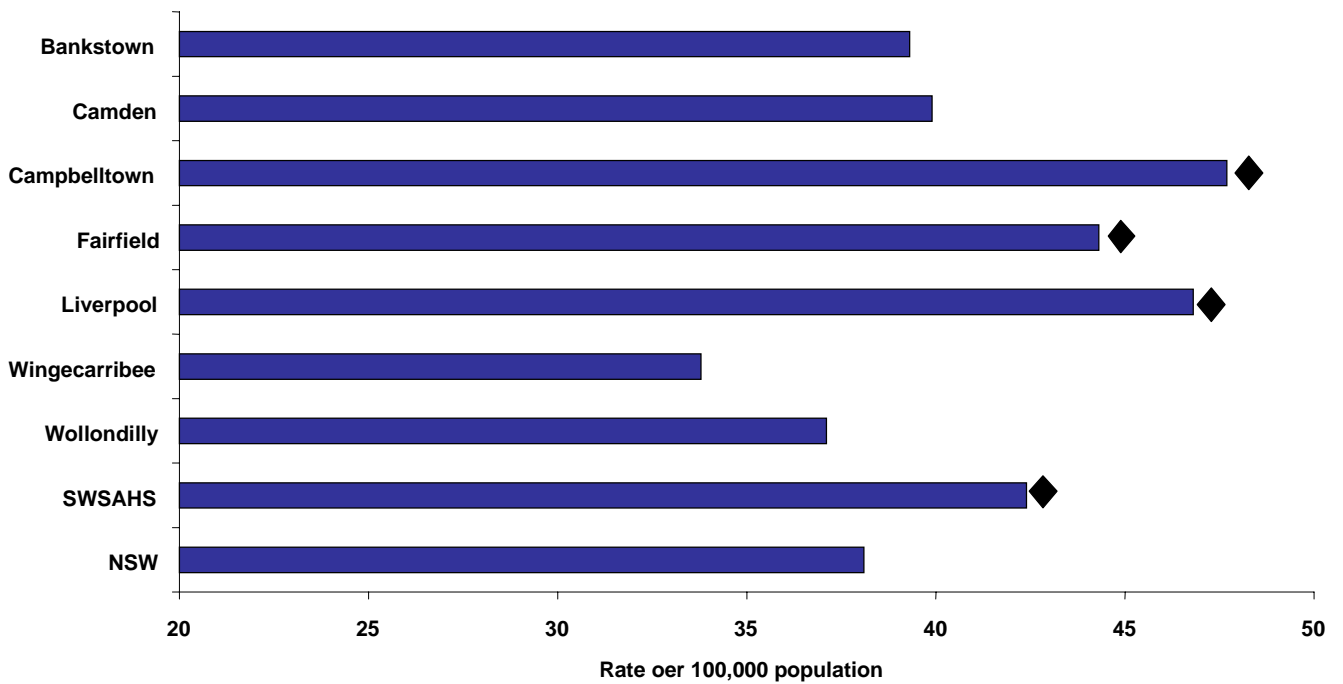
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Figure 6: Lung Cancer Death Rates, All Persons by LGA, SWS 1997 - 2001



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department

Figure 7: New cases of lung cancer, all persons by LGA, SWS 1997 - 2001



Source: ABS mortality data 1996-2000, HOIST, Epidemiology and Surveillance Branch, NSW Health Department

INDEX Indicates significantly lower than NSW rate Indicates significantly greater than NSW rate

