

Women's Health Clinical Stream Service Development Priorities 2014 - 2018

Leading care, healthier communities



Health
South Western Sydney
Local Health District

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Foreword by Clinical Director

The Women's Health Clinical Stream provides maternity care, birth care and Gynaecological services in five facilities across the South Western Sydney Local Health District, including Bankstown, Fairfield, Liverpool, Campbelltown and Bowral hospitals.

The birth rate in Sydney South West is higher than for NSW with over 13,000 births in 2013. The number of births is projected to increase as the population in South West Sydney continues to grow.

Women in the district enjoy a high standard of care with perinatal outcomes that rank amongst the best in the world. The majority of women and their babies are in good health and experience good outcomes, however there are groups within the community that continue to challenge the clinical stream as they continue to experience poorer outcomes.

In particular these groups include, Aboriginal mothers, women from culturally and linguistically diverse backgrounds (CALD), women who are obese, teenage mothers, women who smoke and use drugs while pregnant, women with pre-existing diabetes and gestational diabetes, and those with psychosocial factors such as domestic violence, homelessness, and mental health issues.

The Women's Health Clinical Stream will focus on the provision of services over the next three years targeted at these high risk groups through the introduction of new collaborative models of care aimed to deal with the growing demands for high risk maternity services.

Introduction

The health services provided by South Western Sydney Local Health District (SWSLHD) are organized both vertically within an area of geography (hospitals and health centre's serving defined population catchments) and horizontally across a service or process (clinical streams). Financial, workforce, activity and performance management is vertically integrated at the facility level. Clinical streams primarily focus on:

- Clinical services planning and the development of clinical networks
- Identifying service gaps and reviewing the appropriateness and configuration of services
- Innovation, research and best practice in models of care
- Maintaining and improving patient access to care
- Flexibility and robustness of clinical systems to respond quickly to changing environments
- Improving consistency and quality of care, safety and clinical governance
- Workforce planning, ensuring the right clinical teams in the right place at the right time
- Strengthening partnerships between facilities within a clinical specialty and between clinical services within a facility

Three strategic planning documents guide the future directions of SWSLHD:

- Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021*
- Corporate Plan 2013 – 2017 *Directions to Better Health*
- Summary of Strategic Directions

Together these Plans form the basis of aligning all SWSLHD services to achieving the Vision of **Leading Care, Healthier Communities**. SWSLHD facilities have prepared Operational Plans which outline local corporate strategies and actions. This includes the clinical streams with facility management responsibilities i.e. Mental Health, Oral Health, Community Health, Population Health and Drug Health. These Operational Plans outline how SWSLHD strategic and corporate priorities will be achieved within local vertically integrated facilities.

For those Clinical Streams that have not prepared an Operational Plan a high level *Service Development Priorities* plan outlines the priority actions that will be pursued horizontally in areas of Stream responsibility, to assist in achieving SWSLHD service development and corporate strategies. It outlines high priority actions for the Stream in the eight *Priority Strategic Directions in Service Development* from the Strategic & Healthcare Services Plan and for other core areas of Stream focus from the Corporate Plan i.e. providing high quality health services, community partnerships, developing our staff, supporting business and efficiency and sustainability.

The Strategic and Healthcare Services Plan outlined for each Clinical Stream in the timeframe to 2021, models of care for the future, service development directions and partners in service development. These are included at Attachment A, providing the framework for development of these Service Development Priorities.

Vision, mission, values and primary purpose

The Women's Health Clinical Stream is committed to achieving the **SWSLHD Vision** of

Leading care, healthier communities

It is also committed to the **SWSLHD Mission** which 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.

Staff in the Women's Health Clinical Stream upholds the **core values** of

Collaboration

Openness

Respect

Empowerment

The primary purpose of the South Western Sydney Women's Health Service is to provide high quality, up to date and safe maternity and gynaecological care to women within the District.

Services provided by the Clinical Stream

OBSTETRIC AND MIDWIFERY SERVICES

Bankstown Hospital:

Bankstown Hospital provides maternity care to pregnant women who are assessed as being low to moderate obstetric risk. This facility has 20 antenatal and postnatal inpatient beds including 6 birthing beds and 1 birth centre room, as well as, special care nursery cots. Antenatal outpatient services include both obstetric, midwifery and shared care antenatal care options. In addition, specialised antenatal services include a designated CALD antenatal clinic, adolescent program, perinatal and family drug health service, antenatal education classes, genetic counselling, as well as, early pregnancy unit. The facility has a day assessment unit to manage women with medium obstetric risks who do not require hospital inpatient admission and an antenatal/ postnatal mood disorder service, hypertension clinic, as well as, a pregnancy diabetes clinic. The facility has onsite medical subspecialties that provide support in Cardiology, Nephrology, Respiratory, Neurology, Liver/Gastro and Enterology. It also has a Level 5 ICU, 24 hour anaesthetic and paediatric cover. Community outreach services include midwifery support program, universal home visiting, community health services and residential parenting services that support the transition of woman and their families from hospital to community settings. See Table A.

Bowral Hospital:

Bowral Hospital provides maternity care to pregnant women who are assessed as having a low obstetric risk, women who are assessed as moderate obstetric risk are transferred to Campbelltown Hospital for midwifery care and high obstetric risk woman are transferred to Liverpool Hospital for ongoing management and care. This facility has 12 antenatal and postnatal inpatient beds including 3 birthing beds, as well as, 2 special care nursery cots. Antenatal outpatient clinics consist of a combination of antenatal care programs including medical, midwifery and community models of care. In addition, other specialist services include antenatal education classes, early pregnancy services, post and antenatal mood disorders, perinatal and family drug health issues, as well as, adolescent programs. Community outreach services include a midwifery support program, universal home visiting, community health services and residential parenting services that support the transition of woman and their families from hospital to community settings. See Table A.

Camden Hospital:

Camden Hospital provides antenatal services to pregnant women who are assessed as being a low obstetric risk under a midwifery group practice model, midwives clinic and or shared care options of care. See Table A.

Campbelltown Hospital:

Campbelltown Hospital provides maternity care to pregnant women who are assessed as having low to moderate obstetric risk. This facility has 30 antenatal and postnatal inpatient beds including 8 birthing beds, 4 new birthing Centre rooms, as well as special care nursery cots. Campbelltown Hospital offers a variety of models of care for pregnant women in the Macarthur region including Midwifery Group Practice, shared care program, team models of care, as well as, specialised antenatal clinics for Vaginal Birth after Caesareans, Diabetes Aboriginal sustained home visiting and adolescent programs. There is an outreach antenatal service to Macquarie fields, Macarthur Square and the Benevolent Society and plans to expand these services across Macarthur region. Community outreach services include a midwifery support program, universal home visiting, Aboriginal home

visiting and community health services that support the transition of women and their families from hospital to community settings. See Table A.

Fairfield Hospital:

Fairfield Hospital provides maternity care to pregnant women who are assessed as having low to moderate obstetric risk. This facility has 19 antenatal and postnatal inpatient beds including 6 birthing beds, as well as, special care nursery cots. Fairfield Hospital offers a variety of models of care to pregnant women residing in the local government area including team midwifery, shared care program and private obstetrics. High risk women are transferred to Liverpool Hospital for birth. Community outreach services include a midwifery support program, universal home visiting, community health services and residential parenting services that support the transition of woman and their families from hospital to community settings. See Table A.

Liverpool Hospital:

Liverpool Hospital provides maternity care to pregnant women who are assessed as having low, moderate or high obstetric risk. This facility has 38 antenatal and postnatal inpatient beds including 9 birthing beds, as well as, neonatal intensive care beds and special care nursery cots. Liverpool Hospital offers a variety of models of care including team models, shared care, midwife and obstetric clinics, as well as, private obstetric care. There is an antenatal day stay unit along with an antenatal ward to cater for high risk women with a variety of obstetric concerns. Community outreach services include a midwifery support program, universal home visiting, community health services, Aboriginal home visiting and residential parenting services that support the transition of woman and their families from hospital to community settings. There is a Specialist Women and Child health Social Work team providing intervention addressing the social determinants of health for women and children throughout the perinatal period. See Table A.

TABLE A: SWSLHD: OVERVIEW OF OBSTETRIC SERVICES

FACILITY	LEVEL OF CARE	LEVEL OF RISK	SERVICES PROVIDED	Births 2013
Bankstown Hospital	4	Low - Moderate	Antenatal and postnatal maternity beds (20), birthing suite (6), birth centre room (1), antenatal clinics, EPAS service, midwifery support program, parenting education program and Day stay unit.	2172
Bowral Hospital	3	Low	Antenatal and postnatal maternity beds (12), birthing suite (3), antenatal clinics, Early Pregnancy Unit, parenting education program and midwifery support program.	467
Camden Hospital	0	Low	Antenatal clinics, parenting education program. This facility does not have inpatient maternity capacity	0
Campbelltown Hospital	5	Low - Moderate	Antenatal and postnatal maternity beds (30), birthing suite (12), antenatal clinics, EPAS service, midwifery support program, Fetal maternal assessment unit and parenting education program.	2954
Fairfield Hospital	3	Low - Moderate	Antenatal and postnatal maternity beds (24), birthing suite (6), antenatal clinics, Early Pregnancy Unit, midwifery support program and parenting education program.	1858
Liverpool Hospital	6	Low - High	Antenatal and postnatal maternity beds (38), birthing suite (9), antenatal clinics, EPAS service, midwifery support program, parenting education program and Day stay unit.	3235

GYNAECOLOGY SERVICES

All hospitals within South Western Sydney provide general Gynaecological services with referral to Liverpool Hospital for gynaecology-oncology cases. The gynaecology beds in most facilities are incorporated with general surgical beds and provide services to women within the District that include colposcopy, hysteroscopy, pelvic and laparoscopic surgery. All services have colposcopy services to follow up on abnormal pap smears.

MATERNO - FETAL MEDICINE SERVICES

A foetal medicine unit is located at Liverpool Hospital and this sub-speciality provides the District with a tertiary clinical service for high risk pregnancies. The service also provides pre-pregnancy advice to women with previous complications or with complex medical histories. The Foetal Medicine Team is made up of specialists including foetal consultants, midwives, geneticists and healthcare assistants. The service provides facilities for ultrasound assessment of high risk pregnancies (where anomalies were suspected on 12/40 week scans), prenatal diagnosis (amniocentesis and chronic villus sampling), foetal therapy (foetal transfusion or shunt placement) and ongoing management of anomalous fetuses. The multidisciplinary team works closely with Maternity, Neonatology Social Work and Paediatric services to ensure that there is continuity of care for the woman and her baby. If a foetus requires surgery post-delivery, they are transferred to the Children's Network hospital associated with the facility for the surgery and ongoing management.

KARITANE SERVICES

Karitane offers a range of comprehensive services to support families with young children (0-5 years) that are experiencing persistent parenting issues (e.g. sleep and settling, toddler behaviour, feeding issues, perinatal mood disorders and managing multiple births) Karitane has a multi-disciplinary team of Child and Family Health Nurses, Clinical Psychologists, Social Workers, Paediatricians and Psychiatrists working together with parents to determine the most appropriate service to reach the families' goals. Services include residential units, outpatient services such as parenting centres, toddler clinic, perinatal mood/anxiety units and outreach services.

Services Summary Table

Specialty or Service	Service Type	Facility or Setting								
		Bankstown	Braeside	Bowral	C'town	Camden	Fairfield	Liverpool	CHC	Other (list)
e.g. Obstetrics	I/P beds	√		√	√		√	√		
	I/P Consult	√		√	√		√	√		
	Day assessment unit	√			√			√		
	O/P Clinics	√		√	√	√	√	√		
	Fetal Medicine unit							√		
	Midwifery home visiting	√		√	√		√	√		
e.g. Gyneacology	I/P beds	√		√	√		√	√		
	I/P Consult	√		√	√		√	√		
	O/P Clinics	√		√	√		√	√		

Demographic and health profile of SWSLHD communities

Comprehensive demographic and health status profiles of SWSLHD communities are available at <http://www.swslhd.nsw.gov.au/planning/>. The population of SWSLHD is expected to grow significantly over the period covered by the *Service Development Priorities* plan, with Attachment B outlining the projected population by LGA and age category in 2011, 2016 and 2021.

Aspects of the demographic and health status profile and projected growth of SWSLHD communities of particular importance for the Clinical Stream include: Aboriginal mothers, young mothers, women from culturally and linguistically diverse backgrounds (CALD), women who are obese, smoking and drug use in pregnancy, women with pre-existing diabetes and gestational diabetes, and women with psychosocial vulnerabilities which include, domestic violence, homelessness, and mental health issues.

Aboriginal Mothers:

Campbelltown has the highest population of Aboriginal women in the district (57%) in 2013. While there have been gains in Aboriginal maternal and infant health in the past few years, outcomes remain poor compared to the rest of the population due in part to late presentation for antenatal care and smoking during pregnancy.

The proportion of SWSLHD Aboriginal women who commence antenatal care before 20 weeks gestation remains low despite a significant improvement in this measure over the past few years. In 2014 the average gestation for commencement of antenatal care for Aboriginal women was 16 weeks compared to 14 weeks for non-Aboriginal women.

While the rate of Aboriginal women smoking during their pregnancy has fallen from 44% in 2006 to 35% in 2013, it is still much higher than for non-Aboriginal women if 10% in 2013.

Young Mothers:

Sydney South West has a large number of confinements to young mothers; the largest proportion of teenage mothers is in the Campbelltown and Liverpool LGAs. Young mothers are often vulnerable in a variety of social and emotional ways that may impact on the health of the infant and mother. They are more likely to be single, a smoker, to be living in an area of socioeconomic disadvantage and have fewer antenatal visits. There is a higher risk of medical complications for the baby, including prematurity, low birth weight, the need for neonatal intensive care, and neonatal death.

Culturally and Linguistically Diverse Women (CALD):

SSWLHD has the highest proportion of mothers born in non-English speaking countries, mainly South East Asian, Middle East and African and North East Asian countries. Significant differences exist between country of birth groups and their access to antenatal care prior to 20 weeks gestation. Mothers born in Melanesia, Micronesia and Polynesia and in the Middle East and Africa are less likely to commence antenatal care prior to 20 weeks gestation, compared to mothers born in English speaking countries.

It is unclear what impact language and communication may have on the areas discussed above however they may be significant given that in 2011 48.6% of people in SWSLHD speak a language other than English at home and within this group 23.8% rate themselves as speaking English either not well or not at all. The highest rates of CALD women are in Fairfield, Bankstown and Liverpool.

Women who are obese:

Obesity has been associated with difficulties conceiving and complications for mother and baby during pregnancy. For the mother, complications associated with obesity in pregnancy include gestational diabetes and thromboembolic problems as well as birth complications such as increased rates of caesarean section. Babies of overweight and obese women are at increased risk of requiring admission to a neonatal intensive care unit (NICU) and having congenital abnormalities such as cardiac and neural tube defects. Maternal obesity also increases the risk of a 'large for gestational age' neonate who is in turn at risk of childhood obesity. Obesity is a growing problem in SSWLHD, with rates as high as 35% in some LGAs.

Fairfield and Bowral hospitals have exclusions in place to prohibit morbidly obese women giving birth in these facilities. Care of these women is transferred over to high risk clinics in Campbelltown and Liverpool. Dietetic referral is limited for this group.

Drugs in Pregnancy:

Women who use substances during pregnancy receive a coordinated model of care from a Team consisting of a Senior Social Worker, Midwife and Drug Health CMC. The model provides specialised treatment of substance use from Drug health combined with Trauma Informed psychotherapeutic Intervention from Social Work and continuity of care in midwifery intervention from a dedicated midwife position. The model utilises a range of specialist interventions to address significant health issues prevalent in this population. These include Intimate Partner Violence, Child Protection, Complex Trauma, addiction, intergenerational disadvantage, limited antenatal care, homelessness, poor diet, poor oral health and mother infant attachment disruption.

Interventions considered effective for the mother and baby where substance use in pregnancy is involved include: early intervention; early engagement in antenatal care; regular antenatal visits; coordinated care with a case manager; continuity of care; a multi-disciplinary team approach; a treatment plan to address drug and alcohol issues; and a drug treatment plan that assists the partner or other relevant family members. In addition, a trauma informed approach utilising an ecological framework, women and child protection methodology and comprehensive discharge planning is a fundamental component to the service. The service also integrates other specialist services including family and Community Services and long term paediatric developmental follow up to improve health outcomes.

Gestational Diabetes:

Gestational diabetes mellitus (GDM) is recognised as a significant problem in pregnancy with a reported incidence of between 5.5% and 8.8% in Australia. Treatment of GDM has been shown to lead to a reduction in serious perinatal outcomes defined as death, shoulder dystocia, fetal macrosomia, shoulder dystocia, caesarean delivery and hypertensive disorders. In addition, intrauterine exposure to higher maternal glucose levels may also have long-term implications for the infant with an increased risk of subsequent obesity and diabetes.

Women who are obese, over the age of 35 years or come from Asian, Polynesian, Middle East, or African countries have the highest rates of gestational diabetes. Given SSWLHD has high numbers of these women, the clinical stream is seeing increased demands on high risk antenatal services in all facilities, which include endocrinology specialist services, diabetes services and dietetics.

Significant Domestic Violence Model of Care

Domestic Violence is a leading cause of morbidity and mortality in women aged 15-44 and is known to escalate during pregnancy. Health impacts include physical illness, mental health, physical injury, gynaecological problems, attachment disruption as well as a range of impacts on the unborn child.

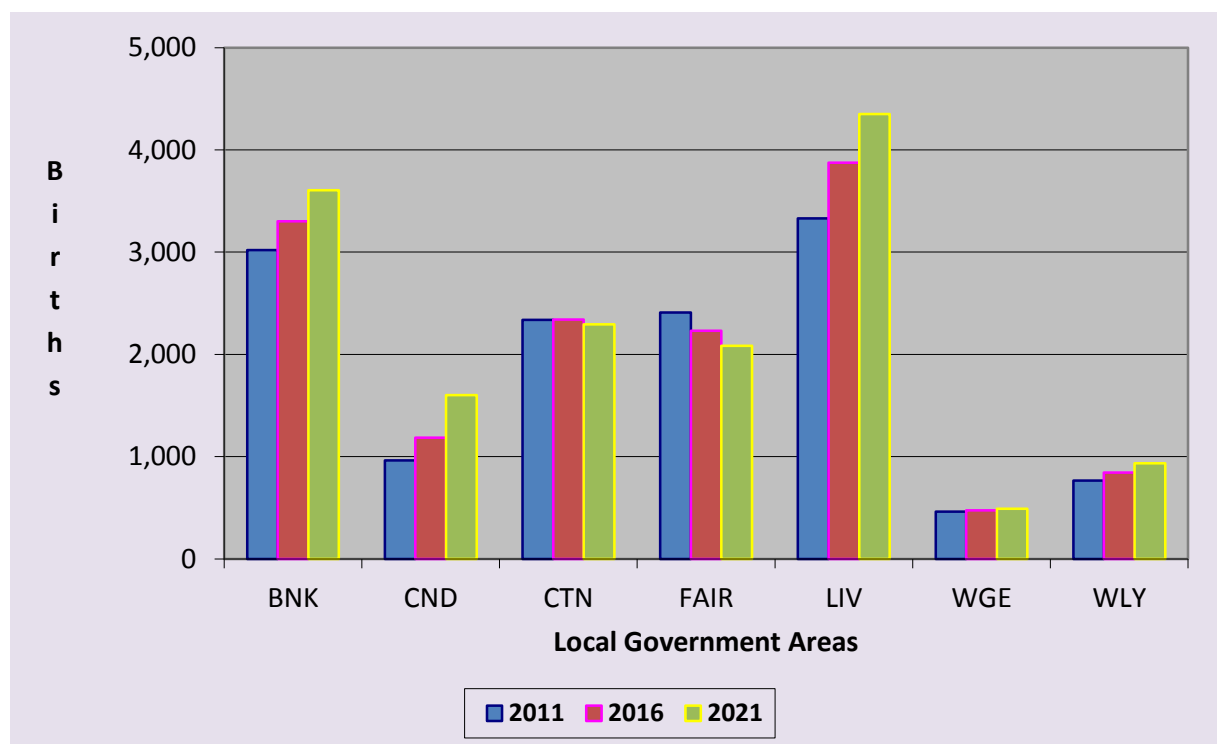
Population Growth:

With population growth, demands on the clinical stream are expected to grow significantly. This will include demands for the provision of care as hospital inpatients, outpatients and care provided in the community. Attachment C illustrates the projected growth in demand for inpatient care at SWSLHD hospitals by Service Related Group, a combination of DRGs that align with clinical specialties. Aspects of projected demand of particular importance for the Clinical Stream include:

South Western Sydney Local Health District is one of the fastest growing areas in NSW, with a population in 2011 of over 850,000. By 2026, the population is expected to increase to approximately 1.17 million.

The projected increase in the number of women to 2036 in SWSLHD highlights the increase in the demand for Women’s Health Services within the District from both a maternity and gynaecological viewpoint. In particular, the main growth areas for women’s health services within the District will be in Bankstown, Camden and Liverpool, see Graph 1.

GRAPH 1: Projected births according to local government area 2011, 2016 and 2021



Delivering on priority strategic directions in service development

The SWSLHD Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021* identified eight priority strategic directions to underpin service development, enhancing the way health care is delivered and organizations partner for better health in local communities. The following identifies priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions.

Build capacity to effectively service growing demands for health care

- Capital Redevelopment at Campbelltown and Bankstown
- Collaborative High risk models of care for high risk women including GDM women
- Appointment of a Urodynamic and gynaecology specialist position at Bowral

Redesign of services bringing them closer to people and their communities

- Expansion of midwifery continuity models of care
- Increasing service capability at Campbelltown to take higher risk women and neonates

Integrated action with primary care providers and regional primary health organisations

- Ongoing funding and support for Aboriginal women through the Aboriginal Maternal Infant Health Service (AIMHS) service
- Families NSW

Partnering with external providers to deliver public health care

- Continuation and representation on the Medicare local Women's Health committee

Enhancing service networks and growing centres of excellence

- Engaging PSN networks and PSN representation at facility departmental meetings

Shared access to unified information for all the health care team

- Development of a women's health website
- District policy development
- Implementation of electronic psychosocial referral and support plans for improved handover of care for child family health nurse team

An integrated focus on primary prevention for patients and communities

- Improve links with GPs who participate in Antenatal Shared-Care
- Improve links with GPs around preventative strategies pertaining to women's health targeting women from high risk groups

Embedding education and research within service delivery

- Engage with Universities
- Early years research group
- Research Project by District Social Work Perinatal Evaluation

Working with facilities on corporate enabling strategies

The SWSLHD Corporate Plan 2013 – 2017 *Directions to Better Health* identified eight areas of corporate action where organizational values and vision can be included in the day to day operation of health services. The corporate areas of action are underpinned by the eight priority strategic directions identified in the SWSLHD Strategic and Healthcare Services Plan. Implementation of the corporate actions is primarily the responsibility of facilities and the way this will be achieved is outlined in each facility's Operational Plan.

Clinical streams will work with facilities on corporate actions which have close alignment to the areas of focus of the Streams. The earlier identification of priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions also identifies the Stream's contribution to three corporate action areas – seamless networks; research and innovation; and enhancing assets and resources. Clinical Streams will also contribute to delivering on the remaining five corporate areas of action – providing high quality health services; community partnerships; developing our staff; supporting business; and efficiency and sustainability. The following identifies priority areas where the Clinical Stream will contribute to delivering on these five areas of corporate action.

Providing high quality health services

- Breast feeding Friendly accreditation at Bowral and Liverpool
- Support for essentials of care projects in maternity

Community partnerships

- Maintaining relationships with Medicare local
- Women & Child Health Social Work representation on The Liverpool Green Valley Domestic Violence Liaison committee

Developing our staff

- Continuing multidiscipline training including FONT
- Leaders of the future program - Midwifery managers and senior staff
- Continuation of the CEWD 'Responding to Domestic violence' by Women & Child Team Social Work

Supporting business

- Asset replacement plan

Efficiency and sustainability

- Review antenatal clinic waiting times and report bi-annually quality as a KPI
- Regular Review of length of stay, birth rates , birth outcomes

Attachment A: Models of care, service development directions and partners

It is projected that demand for Women's Health Services will grow steadily into the future. The projected population growth and high birth rates underpinning growing demands for maternity services and ageing of populations will also impact on demand for gynaecology service needs. In particular, the main localities for growing demand in women's health services will be in Bankstown, Camden and Liverpool,

Models of Care for the future

Antenatal service

A range of models of care will need to be available in Women's Health to reflect clinical needs, safety factors and woman's choice, and reflect the complexity of care required. Across SWSLHD the aim is to provide safe, responsive and integrated models of care. This will be achieved through collaboration with key stakeholders in service models that offer women:

- Community based models of care for women with low risk pregnancies e.g. shared care with general practitioners, outpatient clinics
- Expansion of models of care that provide women with continuity of carer i.e. Midwifery-led models of care
- Obstetric-led models of care for women with high risk factors
- New collaborative Shared Care models between midwives and general practitioners for women without risks

The overall approach to these models should emphasise safety and advocate towards normal birth where possible. The models will aim to ensure continuity of care for the woman whilst reducing the traditional fragmented approach to care. This will include clear criteria for assessing risk and selection of the appropriate pathway of care and model according to risk factors.

Intrapartum service

Collaborative practices will aim to enhance the quality of care provided to the woman and her family by utilising a variety of skilled professional groups including obstetricians, midwives, allied health, neonatologists and general practitioners to improve birthing plans that emphasise the normality of pregnancy and birth, where possible. The multidisciplinary team with clear delineation of role will work together to ensure an improved health outcome for women and children presenting to maternity services within SWSLHD.

There will be a move towards low risk women being managed in the community rather than at an acute facility. The management of moderate to high risk pregnancies will be provided by obstetric teams.

Postnatal service

Expansion of the Midwifery Support Program home visiting services across SWSLHD will help facilitate the early transition back into the community following birth, which will be a necessary strategy to respond to demands on services as the population grows.

Developing healthier babies initiatives are also a priority and a focus on increasing the low percentage of women breastfeeding their babies across SWSLHD. The focus will be on providing more lactation support and developing a culture of acceptability of breastfeeding in the community, particularly young women.

Facility models of care

In particular future planning will need to consider the following models of care for each facility:

- **Bowral** and District Hospital – The models of care for this facility will focus on a combination of midwifery led models of care and shared care models with an emphasis on GP/midwifery led care managing women and children with low risk pregnancies. This is a key initiative for Bowral and across Wingecarribee due to the difficulties in recruiting obstetric personnel to the region. This model will be reliant on the continuing partnership with Campbelltown Hospital for transfer of moderate to high risk obstetric women for ongoing management and care, with antenatal and postnatal care provided at Bowral
- **Campbelltown** Hospital – to offer a range of models of maternity care including midwifery and obstetrics. It also reflects the enhanced networking with Bowral and District Hospital with outreach community antenatal clinics for moderate to high risk women. There is a need for increased participation in GP shared care programs; an improved model of care for Aboriginal women; and expanded Midwifery Group Practice models to deliver innovative services to meet the needs of local women. Opportunities to upgrade the maternity service to a role delineation level 5 will be explored, along with the establishment of a four bedded birthing centre
- **Camden** Hospital – The model of care will continue to extend outreach antenatal care programs and work in collaboration with birthing and postnatal services at Campbelltown Hospital with early discharge into the community
- **Liverpool** Hospital – The model of care will focus on expanding tertiary services e.g. the Fetal Medicine Unit. In addition, there will be a focus on continuity of care for women by expansion and development of midwifery led models of care, GP shared care program, and community based antenatal models of care; as well as improved models of care for Aboriginal and other vulnerable populations including for women with mental health and drug health issues
- **Fairfield** Hospital – the model of care will continue to maintain the facility as a low to moderate risk obstetric facility with expansion in the GP shared care program; midwifery clinics; and community outreach antenatal services. There will be further enhancement of the affiliation with Liverpool Hospital to support woman with higher obstetric needs from the Fairfield LGA
- **Bankstown-Lidcombe** Hospital – the focus will be on increased participation in the GP shared care program and establishing a community based antenatal outreach service. Opportunities will be explored to develop a birth centre or increase birthing rooms to assist with the policy towards normal birth and implementation of Midwifery Group Practice to provide women with another option of care. Moreover, an upgrade of the maternity service to a role delineation level 5 will be explored. This may be indicated due to the presence of a high level of supporting services from medical subspecialties, ICU, anaesthetics and radiology; that would be helpful to meet maternity needs in general and rising complexity and risk factors reflecting particular needs of the growing population in the area i.e. diabetes, renal, hypertension and genetics issues

Service Development Directions

Priorities for service development in the Women's Health clinical stream to facilitate the implementation of enhanced models of care include:

- Developing collaborative models of care that emphasise a woman centred approach that increases choice and moves towards increasing normal births and reducing caesarean operations
- Matching services to clinical needs and staff numbers to services including one to one midwifery care in labour for first time mothers and women who are attempting a vaginal birth after a previous caesarean operation
- Improve triaging of woman on the correct pathway according to risk i.e. low risk encouraged towards midwifery models or GP shared care options in community settings
- Establishing integrated service networking for outlying hospitals i.e. Bowral/Campbelltown and Fairfield/Liverpool/Bankstown

Attachment B: Projected population of SWSLHD communities 2016 and 2021

Population projections	SWSLHD			Bankstown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	63,172	73,317	80,383	14,291	15,979	16,546
5 - 14 yrs	125,198	133,606	149,714	26,276	27,861	30,526
15 - 44 yrs	371,889	400,104	428,701	79,512	81,425	84,949
45 - 69 yrs	246,607	274,788	298,218	51,713	55,762	59,348
70 - 84 yrs	57,062	68,380	87,866	15,071	15,663	18,409
85+ yrs	11,835	15,942	19,065	3,988	4,834	4,971
All ages	875,763	966,137	1,063,947	190,851	201,523	214,749

Population projections	Camden			Campbelltown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	4,678	6,110	8,585	11,118	13,499	15,095
5 - 14 yrs	9,326	12,974	15,932	21,558	22,983	26,739
15 - 44 yrs	25,499	38,139	47,235	65,809	71,687	77,402
45 - 69 yrs	15,115	21,298	27,282	44,008	47,798	50,674
70 - 84 yrs	3,045	4,685	7,030	7,307	10,037	14,549
85+ yrs	776	1,204	1,614	1,373	1,830	2,310
All ages	58,439	84,409	107,680	151,173	167,834	186,768

Population projections	Fairfield			Liverpool		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	12,736	14,680	15,085	14,407	17,017	18,882
5 - 14 yrs	26,337	26,318	28,653	28,611	30,359	34,330
15 - 44 yrs	84,114	84,237	86,146	84,603	92,302	100,482
45 - 69 yrs	56,978	61,545	64,396	49,085	56,654	63,815
70 - 84 yrs	13,826	15,627	19,228	9,809	12,367	16,091
85+ yrs	2,488	3,527	4,367	1,573	2,512	3,353
All ages	196,479	205,933	217,875	188,088	211,212	236,953

Population projections	Wingecarribee			Wollondilly		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	2,696	2,482	2,510	3,246	3,551	3,680
5 - 14 yrs	6,171	5,997	5,864	6,919	7,114	7,669
15 - 44 yrs	14,361	14,211	13,966	17,991	18,103	18,522
45 - 69 yrs	16,229	16,928	16,997	13,479	14,803	15,706
70 - 84 yrs	5,490	6,690	8,123	2,514	3,311	4,436
85+ yrs	1,179	1,433	1,675	458	603	776
All ages	46,126	47,741	49,134	44,607	47,485	50,789

Source: NSW Department Planning and Infrastructure, New South Wales State and Local

Government Area Population Projections: 2014 Final

Attachment C: Growth in demand for inpatient care at SWSLHD hospitals to 2016 and 2021

Projected separations of SWSLHD residents at all hospitals by Service Related Group

Service Related Group	2010-11	2016-17	% Δ to 10-11	2021-22	% Δ to 10-11
Acute Care					
11 Cardiology	10,655	11,897	11.66%	13,769	29.23%
12 Interventional Cardiology	4,346	5,219	20.09%	6,176	42.11%
13 Dermatology	783	820	4.70%	915	16.89%
14 Endocrinology	1,154	1,376	19.27%	1,586	37.43%
15 Gastroenterology	18,573	21,836	17.57%	25,079	35.03%
16 Diagnostic GI Endoscopy	14,184	16,345	15.24%	19,089	34.58%
17 Haematology	1,645	1,958	19.02%	2,199	33.66%
18 Immunology and Infections	2,067	2,252	8.96%	2,537	22.73%
19 Oncology	1,573	2,155	37.02%	2,565	63.04%
20 Chemotherapy	2,396	3,200	33.55%	4,021	67.80%
21 Neurology	6,695	7,536	12.57%	8,634	28.97%
22 Renal Medicine	2,383	2,666	11.87%	3,201	34.34%
23 Renal Dialysis	42,543	53,799	26.46%	64,444	51.48%
24 Respiratory Medicine	12,471	13,878	11.28%	15,769	26.45%
25 Rheumatology	1,032	1,368	32.57%	1,587	53.81%
26 Pain Management	1,380	1,362	-1.27%	1,559	12.98%
27 Non Subspecialty Medicine	10,686	12,256	14.69%	14,257	33.41%
41 Breast Surgery	1,615	1,833	13.47%	2,047	26.77%
42 Cardiothoracic Surgery	936	981	4.76%	1,094	16.89%
43 Colorectal Surgery	4,585	5,209	13.60%	5,823	27.00%
44 Upper GIT Surgery	4,486	4,862	8.39%	5,433	21.11%
46 Neurosurgery	4,129	4,617	11.82%	5,299	28.35%
47 Dentistry	3,098	3,607	16.45%	4,150	33.94%
48 ENT & Head and Neck	8,485	9,511	12.10%	10,676	25.82%
49 Orthopaedics	18,859	21,466	13.82%	24,743	31.20%
50 Ophthalmology	9,314	12,210	31.10%	15,496	66.37%
51 Plastic and Reconstructive Surgery	5,446	6,101	12.02%	7,023	28.95%
52 Urology	9,662	11,015	14.00%	12,665	31.08%
53 Vascular Surgery	2,669	2,781	4.20%	3,245	21.59%
54 Non Subspecialty Surgery	14,553	15,876	9.09%	17,819	22.44%
61 Transplantation	56	49	-12.73%	53	-4.86%
62 Extensive Burns	52	68	31.06%	75	44.15%
63 Tracheostomy	342	444	29.71%	519	51.81%
71 Gynaecology	10,690	11,634	8.83%	12,771	19.47%
72 Obstetrics	17,434	19,566	12.23%	21,132	21.21%
73 Qualified Neonate	2,739	2,981	8.83%	3,342	22.01%
74 Unqualified Neonate	10,623	12,145	14.33%	13,300	25.20%
75 Perinatology	617	578	-6.33%	657	6.47%
81 Drug and Alcohol	1,828	1,975	8.04%	2,126	16.31%
99 Unallocated	413	413	0.00%	413	0.00%
Total Acute all Hospitals	267,197	309,846	15.96%	357,288	33.72%
Sub and Non Acute Care					
84 Rehabilitation	12,153	17,395	43.14%	22,580	85.80%
85 Psychogeriatric Care	142	133	-6.46%	160	13.00%
86 Palliative Care	1,477	1,835	24.26%	2,095	41.87%
87 Maintenance	583	888	52.35%	1,106	89.77%
Total Sub and Non Acute all Hospitals	14,355	20,252	41.08%	25,943	80.72%
Grand Total all Hospitals	281,552	330,097	17.24%	383,231	36.11%



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