



HUNTER NEW ENGLAND
NSW  HEALTH

Setting the Scene

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April 2010

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Hunter New England Health

- Provides care for approximately 840,000 people
- Covers a geographical area of over 130,000 square kilometres - the size of England!
- Has approx. 14,500 staff (or 10,500 FTE)
- Has 1500 medical officers
- Has 1600 volunteers
- Provides health services to 12 per cent of the State's population
- Provides health services to 20 per cent of the State's Aboriginal population
- Spans 25 local council areas
- Spends \$919 million per annum
- Hunter New England Health is unique, in that it is the only Area Health Service with a major metropolitan centre (Newcastle/Lake Macquarie) as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders.

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Factors driving change - 1

(Key issues and trends affecting our health system)

- A growing, ageing, culturally diverse population concentrated along the coastline; many inland areas have shrinking populations
- Changing social structures and living arrangements; I&CT revolution is redefining our notion of "community" and transforming our social and business relationships
- Increasing life expectancy overall, but rising levels of health risk factors and preventable chronic illness, including in younger people
- Persistent health inequalities – *especially for Aboriginal people*
- Constant advances in medical technologies = new benefits, new health care demands and new costs

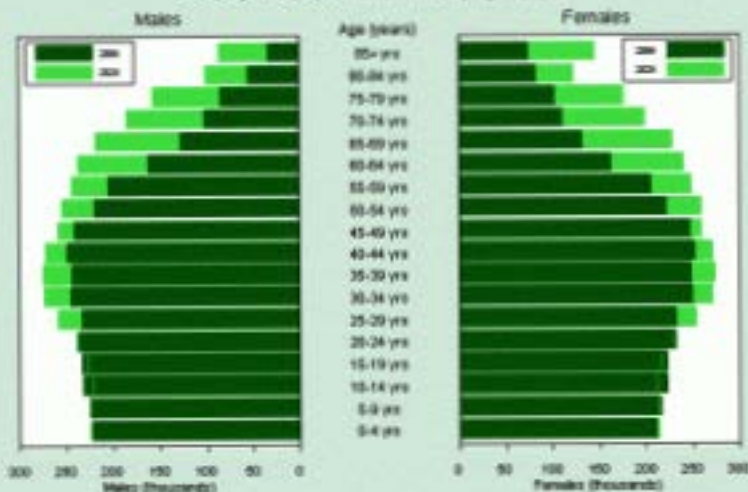
Factors driving change - 2

(Key issues and trends affecting our health system)

- Increasing consumer knowledge and high expectations of the health system; more active consumer role – *particularly for “digital natives”*
- Undersupply and mal-distribution of the health workforce
- Federalism – Shared and separate responsibilities of Commonwealth and State/Territory governments
- Historical emphasis on and long-term investment in hospitals
- Growth in the private health sector
- Rising costs of health care – increasing proportion of total government expenditure and increasing consumer co-payments

A GROWING AND AGEING POPULATION

NSW population, estimated residential population 2005
and projected population in 2026, by age and sex



Centre for Epidemiology and Research, NSW Department of Health

By 2026, there will be nearly twice people aged 65 years and over in NSW

(Source: by the light green in the chart)

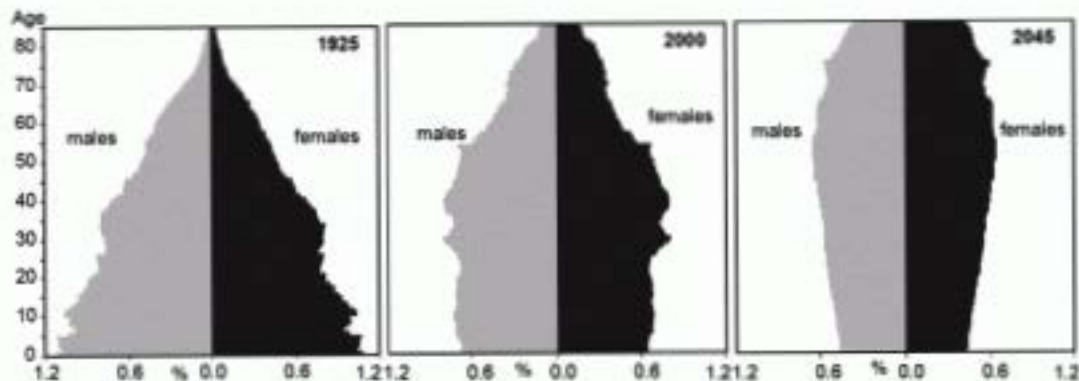
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AN AGEING POPULATION

The number and proportion of older people in Australia is increasing
...with far-reaching consequences

Changing age structure of the Australian population, 1925 - 2045



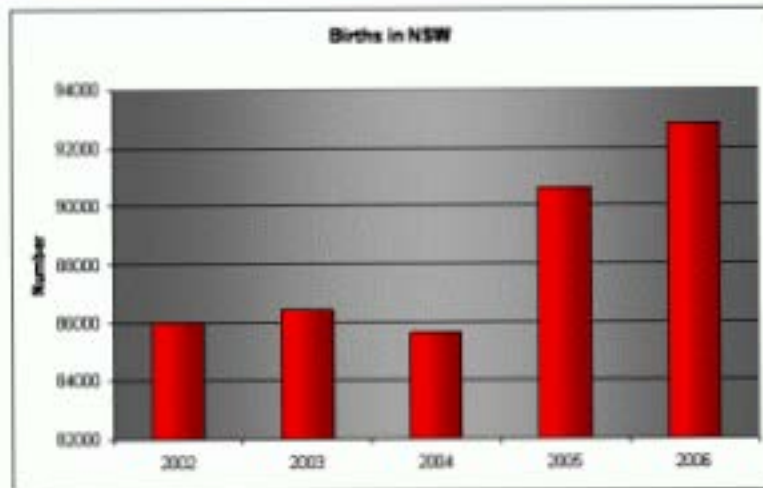
Source: Productivity Commission Research Report, Economic Implications of an Ageing Australia, 2003

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MORE PEOPLE ... MORE DEMAND

e.g. the annual number of births in NSW has increased significantly over the last couple of years



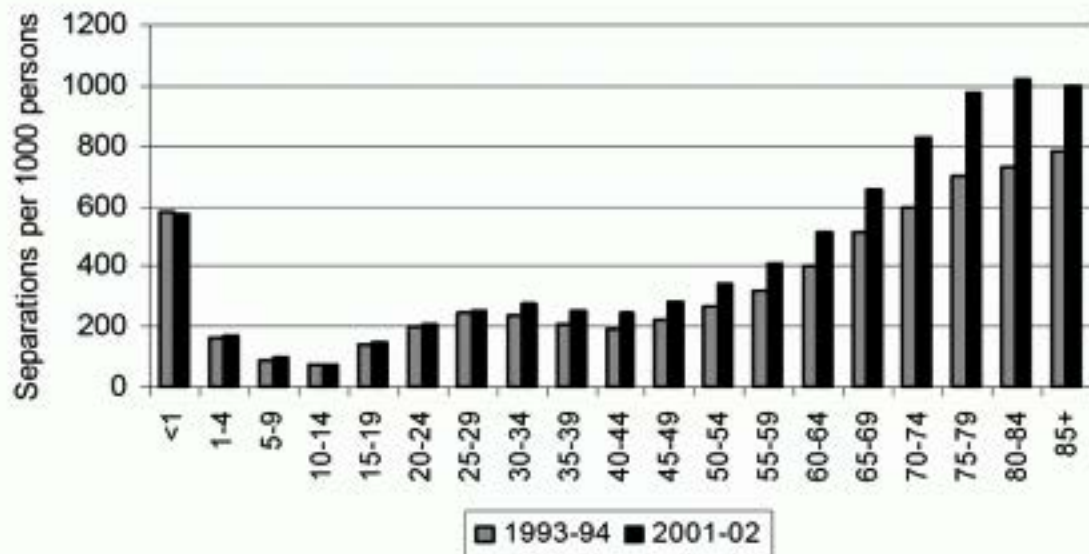
Source: NSW Midwifery Data Collection

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HOSPITAL UTILISATION INCREASES WITH AGE

Older people have the highest rates of (public and private) hospital admission, and those rates are increasing



Source: Productivity Commission Research Report, Economic Implications of an Ageing Australia, 2005

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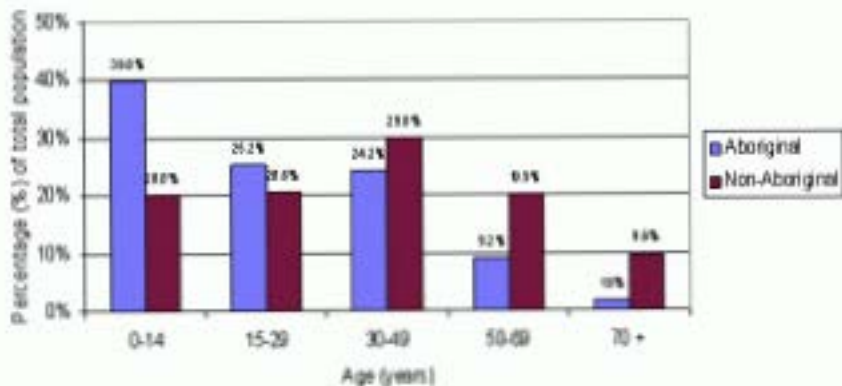
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People aged 65 years +

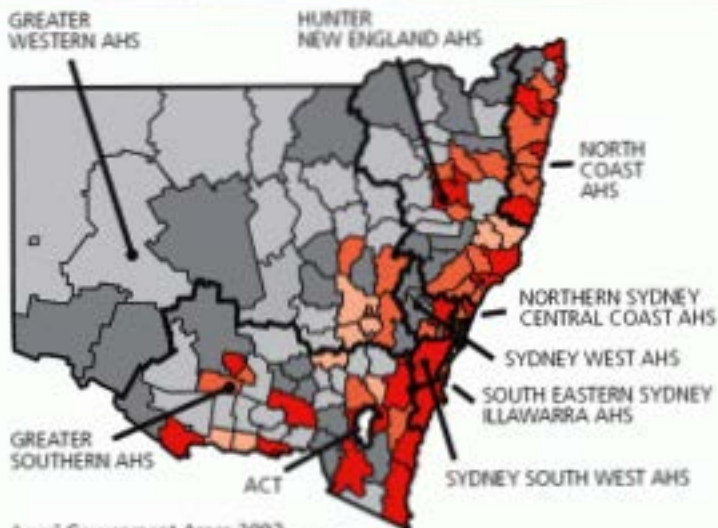
- **In 2006:**
 - **14%** of NSW population
 - **19%** of all Emergency Department presentations
 - **48%** of all acute bed days
- **Percentage of total NSW population:**
 - 2006 – 14%
 - 2016 – 17%
 - 2026 – 21%

"Ageing" does not describe the Aboriginal population

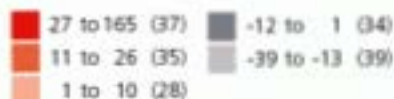
- In NSW the age group 0-14 years makes up approximately 40% of the Aboriginal population compared with 20% of the non-Aboriginal population



POPULATION GROWTH - concentrated along the coast



Local Government Areas 2003
by % population change 2001-2026



Where the population is
expected to grow in
NSW,
2001 to 2026

(red represents high
growth areas)

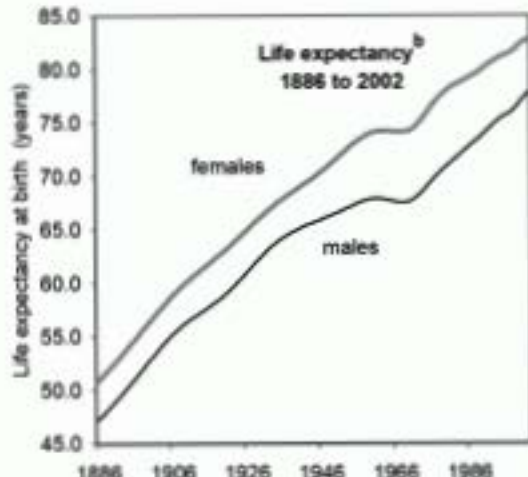
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LONGER AND HEALTHIER LIVES

Premature mortality rates are declining and life expectancy is increasing ... to date



Source: Productivity Commission Research Report, Economic Implications of an Aging Australia, 2005

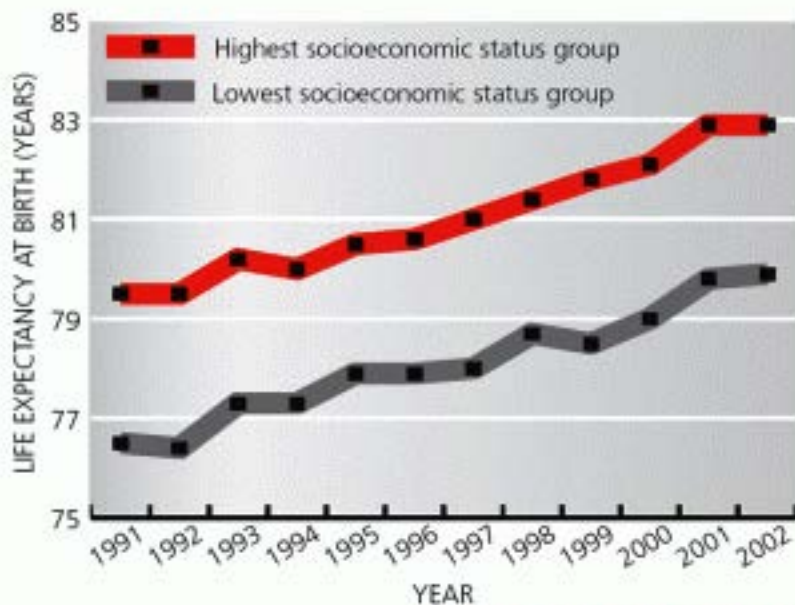
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There is a persistent health gap between the “have’s” and the “have not’s”

HEALTH INEQUITY

Overall, NSW residents are living longer, but some groups have a shorter average life expectancy (i.e. a higher premature death rate) than others)



YEAR

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Rural residents have poorer health

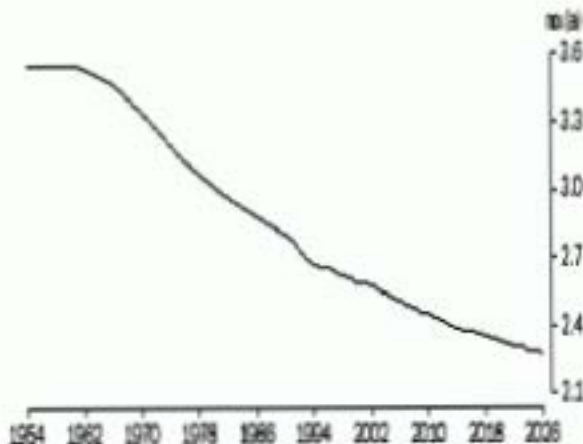
Compared with NSW residents of major cities, people who live in remote or very remote areas:

- have shorter life expectancy - just under 4 fewer years in remote areas and 11 fewer years in very remote areas;
- are at greater risk of dying prematurely, and from causes classified as 'avoidable';
- report greater difficulties in getting health care when they need it;
- are more likely to be hospitalised for conditions for which hospitalisation can be avoided through prevention and early management;
- are at greater risk of being overweight and obese, if female;
- are more likely to die in motor vehicle crashes;
- are at greater risk of suicide.

LIVING ARRANGEMENTS

The average size of households is declining with a greater number of people living alone

Family structures are changing, and there is a growing number of single parent families and single occupant households

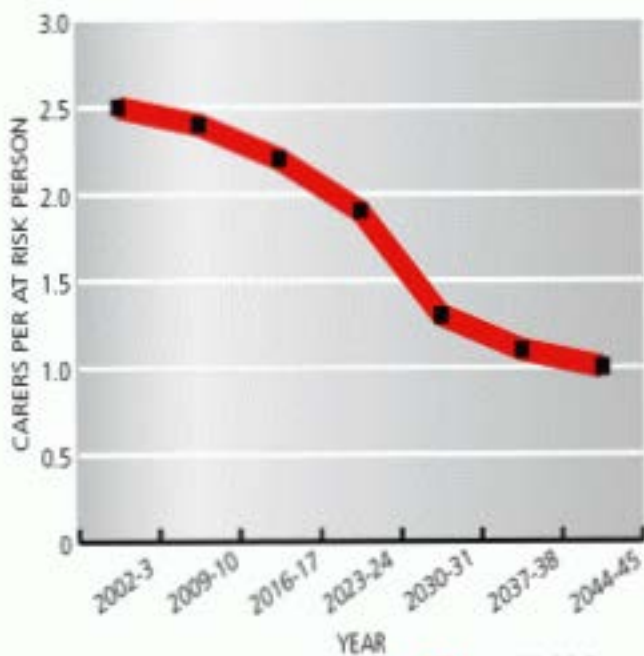


(a) Persons per household.

Source: Household and Family Projections, Australia (32363); ABS data available on request, Censuses of Population and Housing, 1954-1982.

The ratio of informal carers to people requiring care is expected to decline in the future

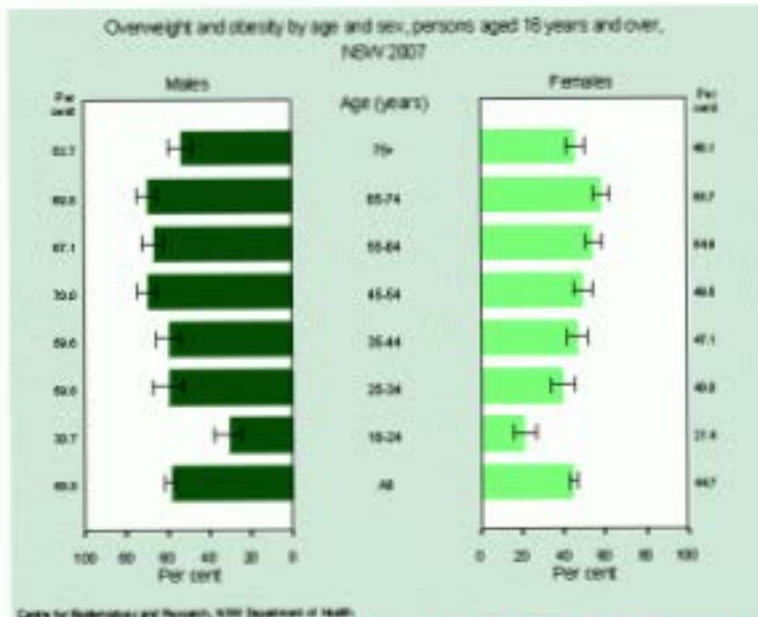
The growing need for informal care by an ageing population will put increasing pressure on the supply of carers



AND

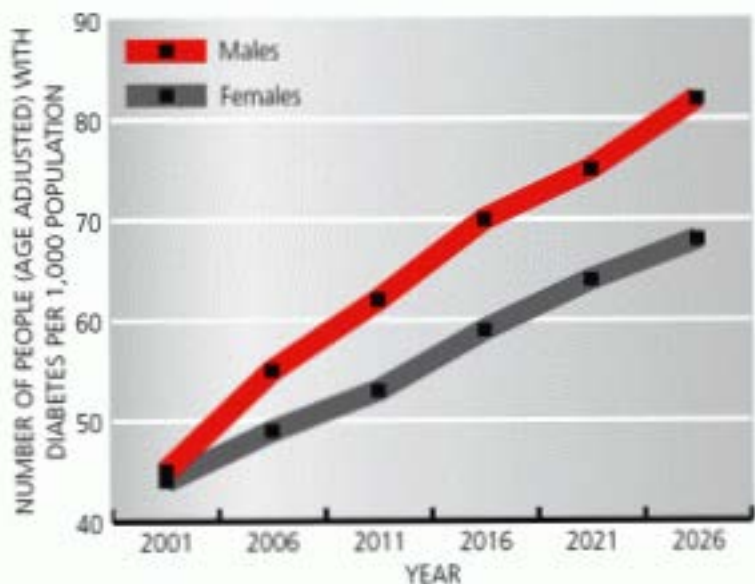
RISK FACTORS ARE MORE PREVALENT

NSW population: 60% of males and 45% of females are overweight or obese



ISING LEVELS OF CHRONIC DISEASE

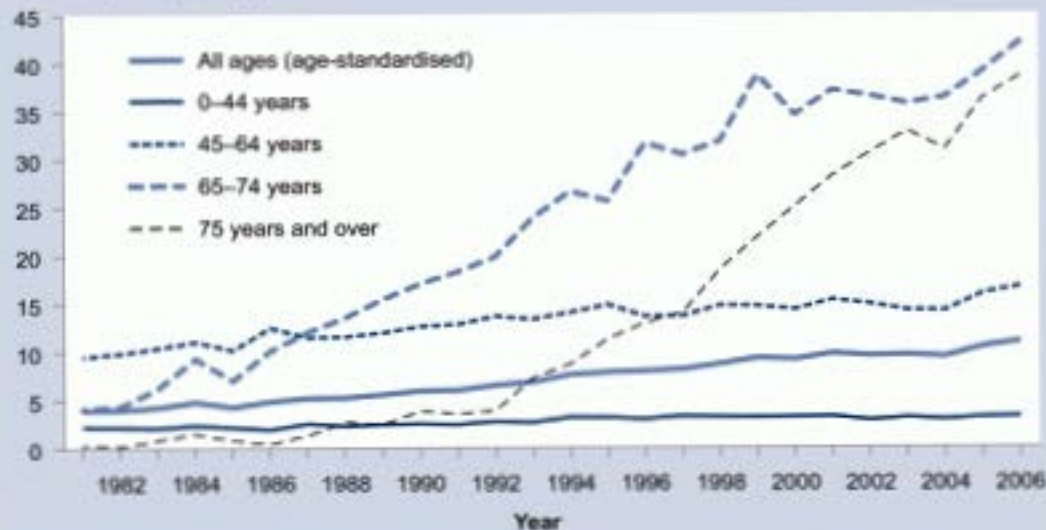
The proportion of the NSW population with diabetes is expected to increase markedly over the next 20 years



Trends in new cases of kidney replacement therapy (dialysis or transplant) for treating end-stage kidney disease, 1981 to 2006



Number per 100,000 population



Note: Age-standardised to the Australian population at 30 June 2001.

Source: AIHW analysis of ANZDATA Registry data.

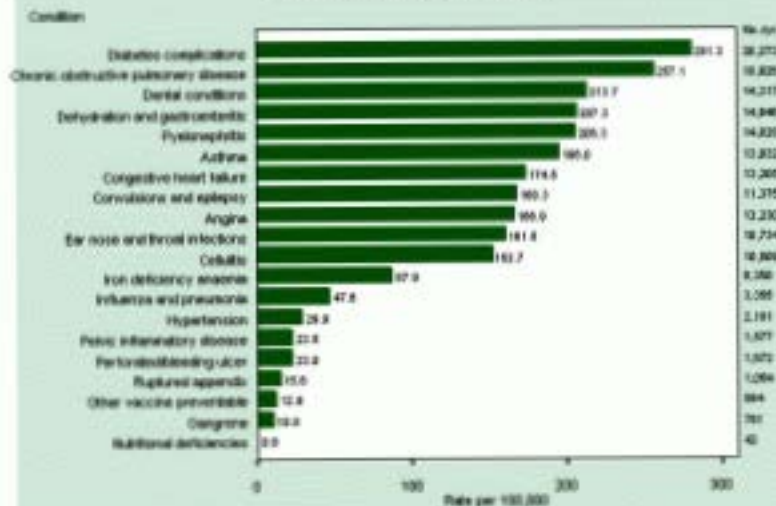
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AVOIDABLE ADMISSIONS - These people could have been managed by expert community-based health services



Ambulatory care sensitive conditions, hospitalisations by condition type,
NSW 2004-05 to 2006-07 combined



Centre for Epidemiology and Research, NSW Department of Health

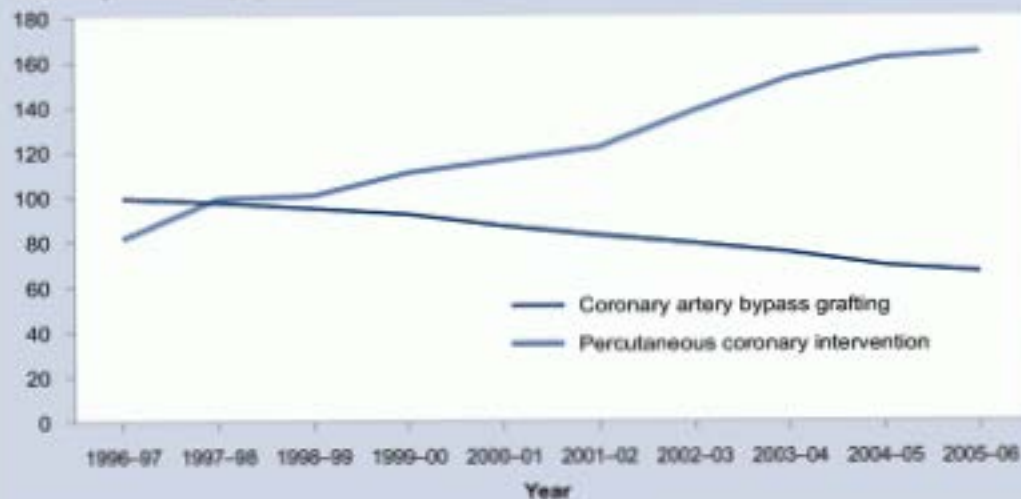
Source: Chief Health Officer's
Report, NSW Health, 2008

Health technology and information technology as major drivers of change

- Decentralisation of care
 - Miniaturisation of componentry - ↑ portability (e.g. near-patient diagnostics, biosensors woven into clothing to monitor vital signs)
 - enhanced capacity for remote health monitoring, diagnosis, treatment and continuing care
- Blurring of boundaries between biological systems, and physical and engineering designs (eg artificial organs)
- Improved capacity for disease prediction and prevention (gene therapy)
- Increased automation of diagnosis and treatment

Trends in cardiovascular procedures, 1996-97 to 2005-06

Number per 100,000 population

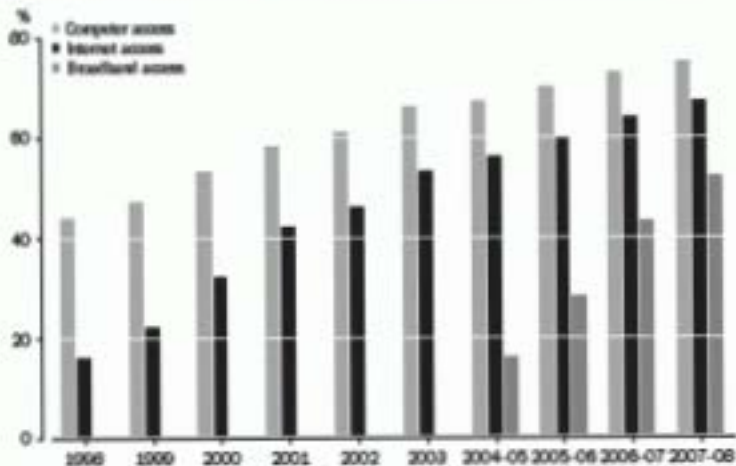


Note: Age-standardised to the Australian population as at 30 June 2001.

Source: AIHW National Hospital Morbidity Database.

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Australians are wired



Source: Australian Bureau of Statistics

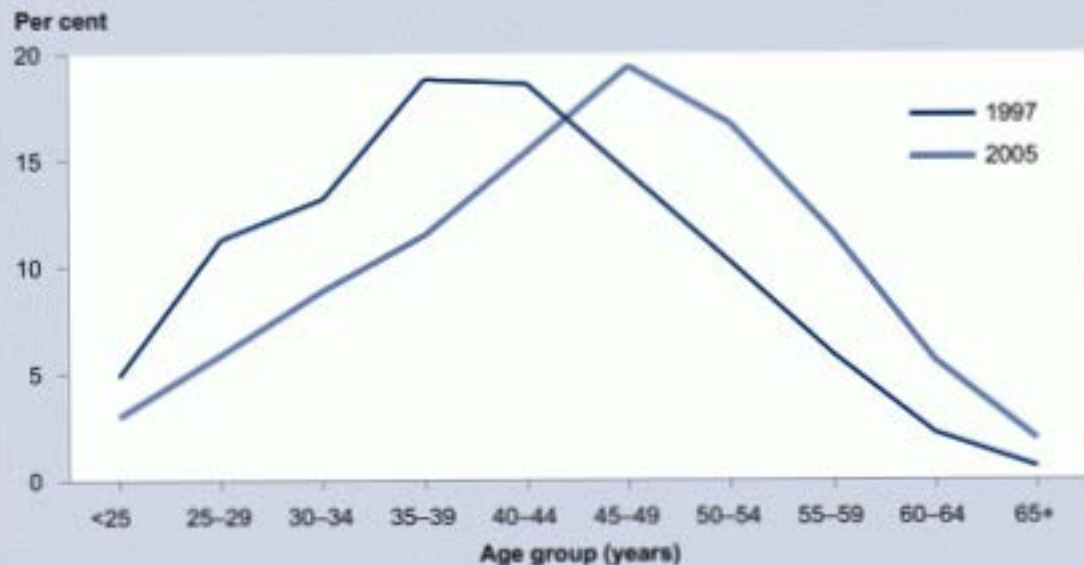
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Some implications for the future

- Diffusion of “control” with more consumers becoming proactive in using e-links to seek health information, triage, referral, and even treatment, and to take greater responsibility for managing or coordinate their own care
- The “health system” will be less geographically delineated: “access” will be redefined as location and distance become less significant
- New roles and work redesign for health care providers working with consumers as “co-producers” of health

AN AGEING WORKFORCE - The average age of employed nurses (shown here) is increasing as fewer young people enter or stay in the profession

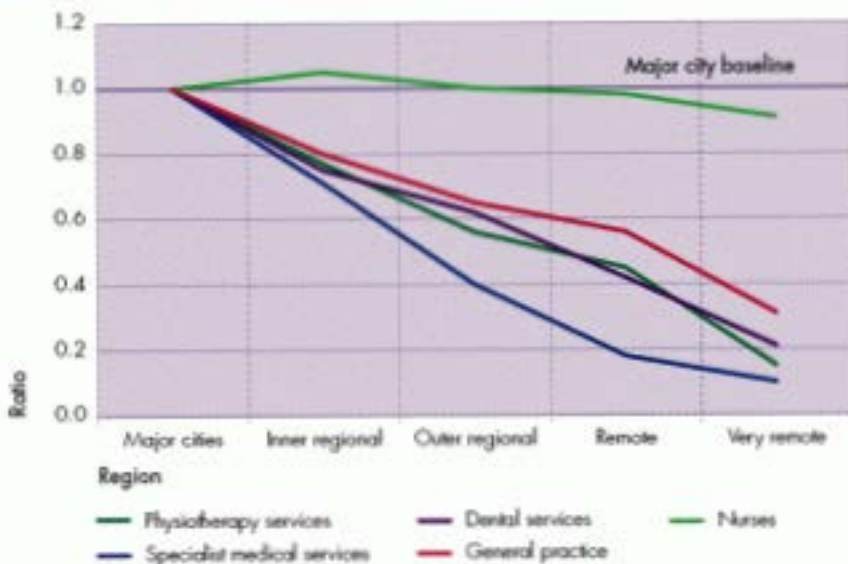


Sources: AIHW Nursing Labour Force Surveys, 1997 and 2005.

ACCESS TO SERVICE PROVIDERS

The distribution of health professionals is not well matched to the distribution of the population

Across Australia, except for nurses, the ratio of health professionals to population decreases with increasing geographical remoteness



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