



# **Health Services Planning and Service Reform**

**Principles and Practice**

**A WACHS Position Paper  
December 2012**

## Contents

<b>Purpose</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>2</b>
Strategic Context .....	3
<b>Principles</b> .....	<b>4</b>
Planning and Reform:.....	4
1. With our communities, consumers and partners.....	4
2. Patient or client focused .....	4
3. Delivering safe, high quality services.....	4
4. Achieving sustainable, value for money services.....	5
5. With our health partners .....	5
6. Improving the health of the population.....	6
7. Accessible safe services closer to home .....	6
8. Provide culturally appropriate and secure services.....	6
9. Developing the right workforce and workforce models .....	6
10. Utilising the right and innovative technology .....	6
<b>A Model for Services Planning and Service Reform</b> .....	<b>7</b>
Service Redesign .....	8
<b>Governance</b> .....	<b>8</b>

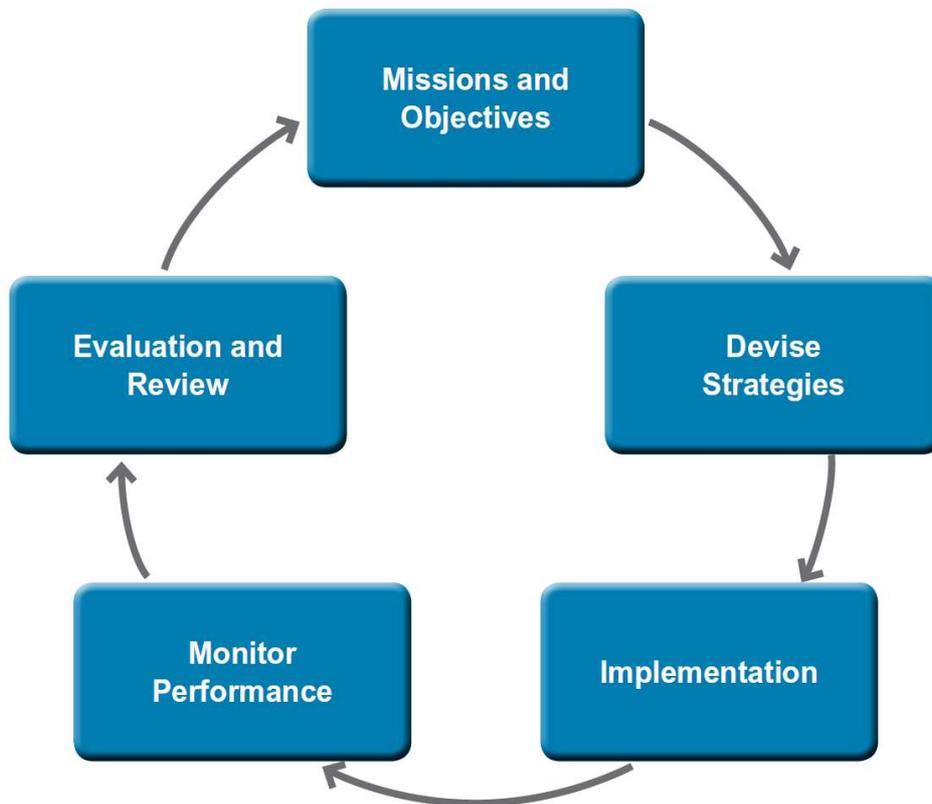
# Purpose

The purpose of this document is to succinctly and clearly document the WA Country Health Service (WACHS) principles underpinning service planning and service reform. These principles will guide the directions for future service delivery for clinical, non clinical and support services. This position paper removes any ambiguity about what is expected in relation to planning processes, infrastructure design and delivering service reforms.

# Introduction

Health services planning, service reform and performance are an integrated and cyclical process that informs and is informed by a variety of external and internal influences and stakeholders. The figure below describes this process.

**Figure 1: Planning, Reform and Performance Cycle**



*Source: Managing in an Activity Based Funding Environment, 2012, Performance, Activity and Quality Division, Department of Health WA*

Health services planning is the first phase of clinical and non clinical reform following review of current services, models, gaps and issues. A service plan provides high level direction and strategies for service development, service reform and resource investment. Planning is required when medium to long term changes are needed to service delivery models or processes to better meet the changing community need, and strategic government priorities and policies. Health services planning informs the redesign or re-modelling of health services and facilities to deliver safe, contemporary, effective and efficient service models.

The implementation of proposed service delivery strategies and models identified within services plans is where the reform of services, processes, values and behaviours occur. It is where real improvements and positive changes to the patient or health consumer's journey through the health care system can occur.

Conversely, if implementation and reform do not proceed, consumers, community members, our health partner agencies and our health service staff become cynical and disillusioned. The benefits of reform for patient outcomes, staff attraction and retention, effective budget management and improved performance are not realised.

## Strategic Context

Services planning and service reform need to align to national, state and WACHS strategic health priorities and policies including but not limited to those shown in Table 1.

**Table 1: Examples of strategic informants of health service planning and reform**

POLICY LEVELS	STRATEGIC POLICIES AND FRAMEWORKS
<b>National</b>	National Health Care Agreement National Health Reform National Health, Mental Health, Oral Health and Aboriginal Health Policies and Frameworks COAG National Partnership Agreements National Primary Health Care Framework National Rural Health Policy and Frameworks National Safety and Quality Health Care Standards
<b>State</b>	WA Health Strategic Intent 2010 - 2015 WA Health Clinical Services Framework 2010 – 2020 WA Health Networks Models of Care and Planning Frameworks Health Activity Purchasing Intentions Mental Health 2020 (Mental Health Commission) WA Health Safety and Quality Plan Delivering Community Services in Partnership Policy, 2011 Putting the Public First, 2009 Stokes Review of Mental Health Services, 2012
<b>WACHS</b>	WACHS Strategic Priorities, 2013 - 2015 WACHS Indigenous Employment Strategy 2010 – 2014 WACHS Primary Health Care Plans (in development)

# Principles

The key principles outlined below provide a foundation for planning and implementing service reforms. These principles are based on international, national and statewide trends for health service delivery<sup>1</sup>.

**It is expected that WACHS and its planning or service redesign consultants will adhere to ALL of these principles when planning and reforming clinical, non clinical, support and enabling services.**

## Planning and Reform:

### 1. With our communities, consumers and partners

- In line with the National Safety and Quality Health Service Standards (National Standards), there will be mechanisms in place to enable health service staff, health partners, key stakeholders, local citizens, consumers and carers to be meaningfully involved in and engaged in health service planning, implementation and review processes.
- The extent and focus of the consultative process depends on the level at which the plan is being developed. In general, as the scope of the plan broadens, the number of people and agencies consulted increases and the focus of the consultation becomes more general and strategic. Plans for smaller districts or individual services or sites are likely to involve more detailed/focused consultation with a narrower group of stakeholders.

### 2. Patient or client focused

- Planning and implementation of contemporary service models will:
  - promote family, consumer and community centred care
  - develop and foster collaborative partnerships within and across the public, private, non-government and other health sectors to facilitate a smooth patient journey, continuity of care
  - support greater consumer self-management of their own health and well-being including chronic or enduring health issues.

### 3. Delivering safe, high quality services

- All service planning and service reform will be focussed on the delivery of safe and appropriately supported health services.
- New and innovative clinical practice and models of service delivery will be consistent with contemporary, evidence based, good practice, clinical standards and policy directions.
- Service planning and service reform will be based on strong quantitative and qualitative evidence from a range of data and information sources.

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<sup>1</sup> Adapted from Queensland Health *Guide to health service planning version 2* (2012).

- Service improvements and service redesign will use established methodologies to effect change and build in successes and learnings.
- Evaluation methodologies such as process and outcome evaluation, action learning and action research approaches will be used when new and innovative service models are implemented.

#### 4. Achieving sustainable, value for money services

- Investment in health services will seek to maximise the effect of the limited health dollar through:
  - building the capacity of individuals and communities to contribute to their own health improvement and well being,
  - developing collaborative resource and service partnerships to increase service efficiency and the effective use of scarce resources,
  - utilising and evaluating a variety of demand management strategies. These may include the following depending on resource availability:
    - reducing average length of stay
    - establishing post acute care services
    - establishing hospital or rehabilitation in the home
    - chronic disease self management services
    - early intervention, illness prevention and health promotion services.
  - modernising and centralising regional support services,
  - maximising all available funding sources including:
    - Medicare and Pharmaceutical Benefits Schemes
    - Commonwealth funding programs
    - Council of Australian Governments (COAG) funding
    - State funding sources
    - Philanthropic funding sources
    - Innovative funding and resource partnerships.

#### 5. With our health partners

- WACHS will abide by the WA *Delivering Community Services in Partnership Policy, 2011* policy when reforming service models. This policy supports a new approach to funding and contracting services by:
  - acknowledging the importance of partnering with the not-for-profit sector in the planning, design and delivery of health services,
  - exploring every opportunity to invest in and contract with other health and related providers,
  - promoting flexibility, innovation and community responsiveness in the funding or contracting of services, to better meet community needs,
  - clarifying when services are to be put out to open tender and when a more targeted non - market based approach is more appropriate,
  - focusing on the achievement of outcomes and improving services and support for vulnerable and disadvantaged Western Australians,
  - ensuring services are funded and procured in a sustainable manner.

## **6. Improving the health of the population**

- Investment in health services will seek to achieve the greatest health gain for the greatest number of people.
- Planning processes and implementation of service reforms will focus on improving the health and wellbeing of target populations and vulnerable groups, especially Aboriginal and Culturally and Linguistically Diverse people, those who are socio-economically disadvantaged and those with mental health issues and alcohol and drug issues.

## **7. Accessible safe services closer to home**

- Planning and reform will deliver services as close to patients' homes as possible, supported by resident, visiting and telehealth services, while preserving the safety, quality and sustainability of health services.
- To preserve the safety, quality and sustainability of health care, service planning and reform will recognise that different levels and types of services (their role delineations) will be provided at local, district, regional and state-wide hospitals and health centres to preserve the safety, quality and sustainability of health care.

## **8. Provide culturally appropriate and secure services**

- Consultation, engagement, planning, implementation of reforms, service redesign and service delivery will consider cultural diversity in communities, the health needs of specific cultural groups and be sensitive to, welcoming and appropriate for different cultures.

## **9. Developing the right workforce and workforce models**

- Optimising the use of specialist and professional services to provide efficient and effective services and to support and upskill generalist staff.
- Planning and implementation of reform will consider alternative and innovative workforce models and types of health practitioners (e.g. nurse practitioners, Aboriginal Liaison Officers, Therapy and Activity Assistants, Nursing Assistants, Aboriginal community development workers, counsellors) including contracting out these services to private or the not-for-profit sector, to deliver services, particularly when attraction and retention of staff continues to be a significant challenge to service delivery.
- Planning will consider the strategic workforce planning that occurs centrally within the Department of Health.
- Leadership within WACHS is values based and managers will strive to engage with and develop the health service staff to support, develop and maintain our workforce to deliver service reform and redesign.

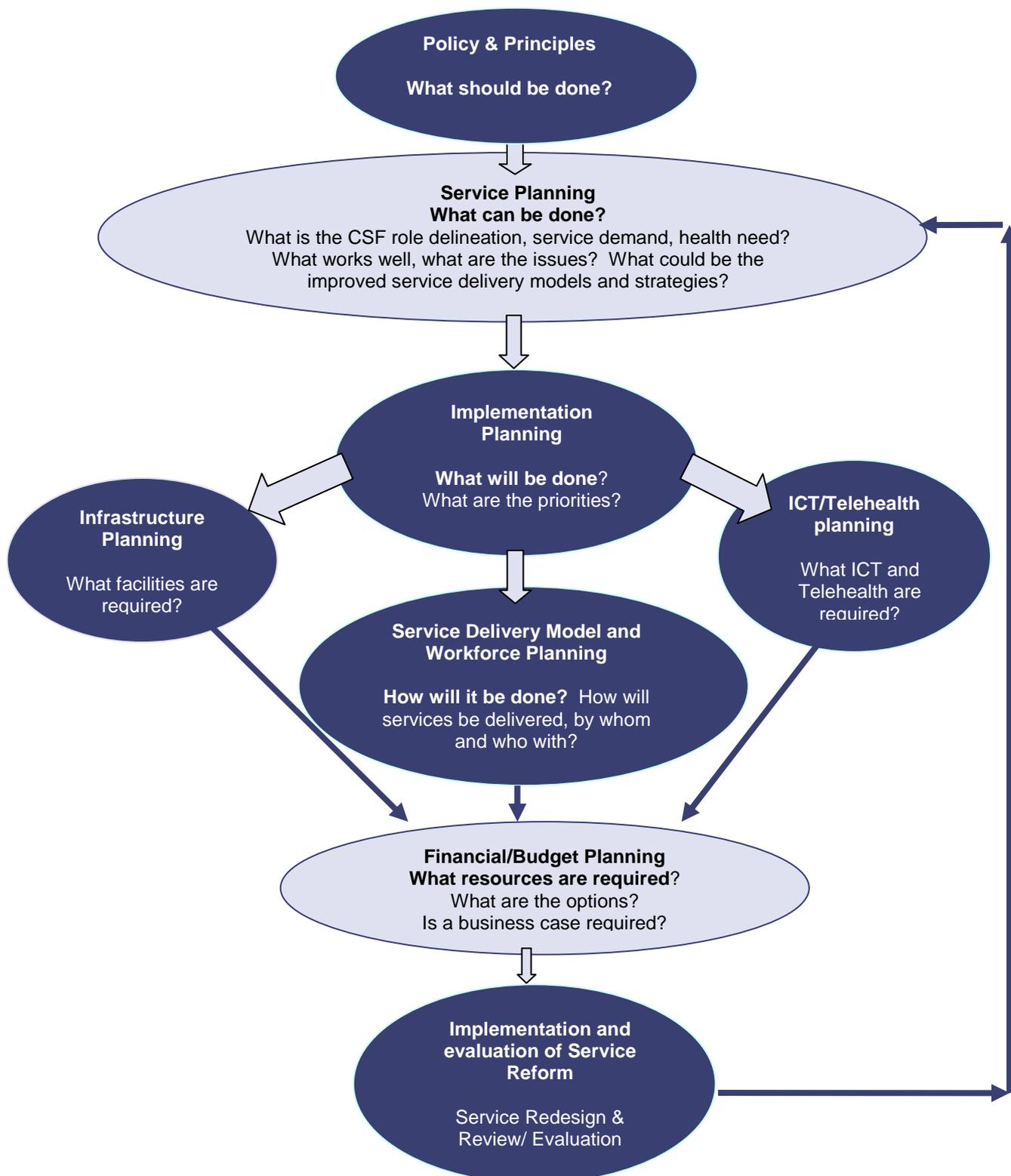
## **10. Utilising the right and innovative technology**

- Planning will consider the information and communications technology required to deliver service reform and contemporary models of care.
- Service reform will maximise the use of Telehealth and other e-health, medical and imaging technologies to facilitate safe, appropriate and quality care closer to home as well as optimising the use of professional capacity and expertise.

# A Model for Services Planning and Service Reform

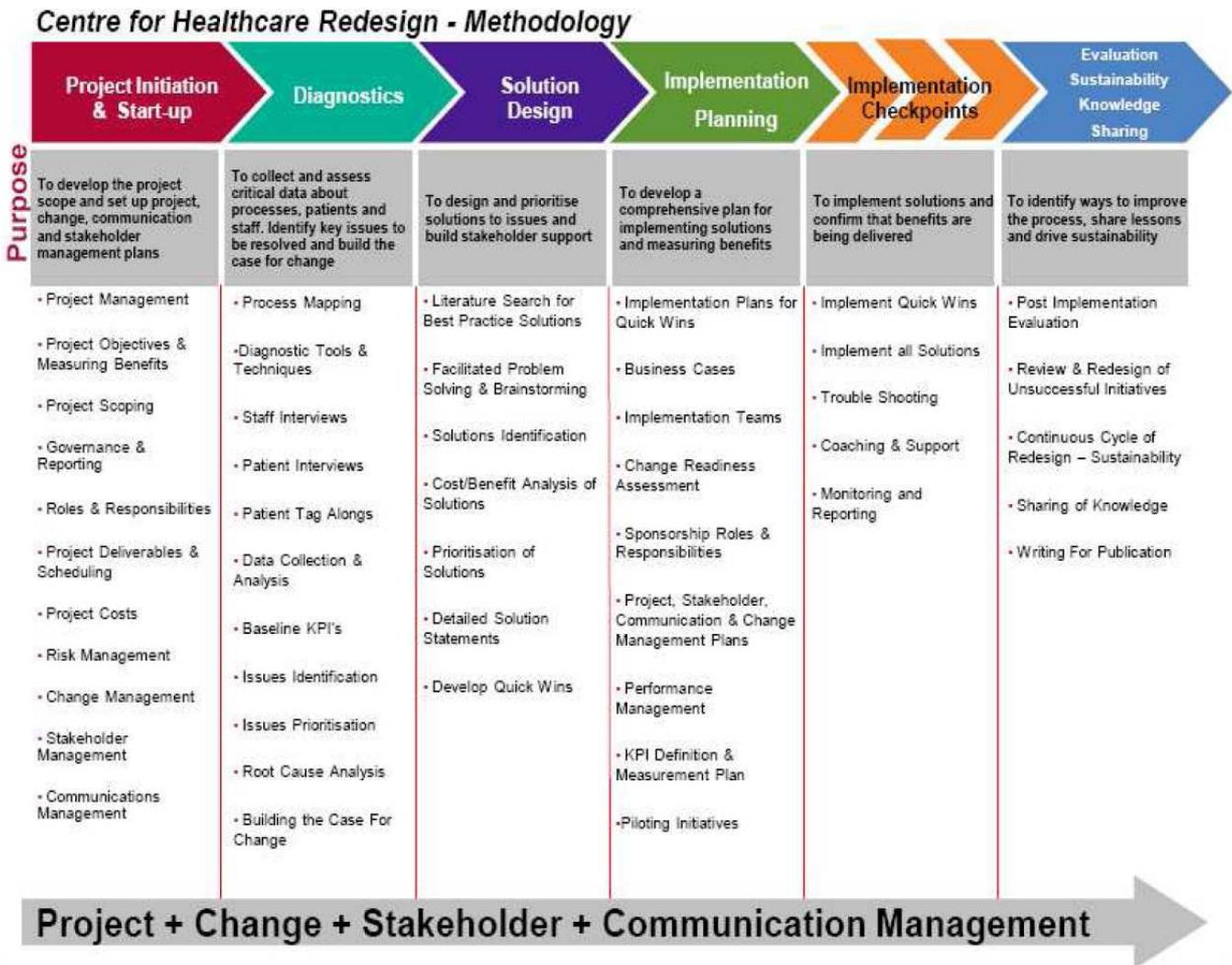
The figure below describes the WACHS model for planning for future health services, implementation of service reforms and review and evaluation of the reforms.

**Figure 2: The WACHS Health Services Planning and Reform Model**



## Service Redesign

There are several recognised service redesign methodologies that can be used to guide, manage and evaluate the implementation of service reforms for examples LEAN and Six Sigma, which all follow similar processes to the methodology below from the Centre for Healthcare Redesign in New South Wales.



## Governance

The executive governance of services planning and service reform is through the WACHS Service Reform and Planning Sub – Committee (RAPS) of the WACHS Executive which oversees implementation of the strategic service reform priorities of WACHS.

The purpose of RAPS is to provide effective governance of health services planning and service reform in WA Country Health Service and advise WACHS Executive and the CEO on service planning and reform matters.

This document can be made available in alternative formats on request for a person with a disability.

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