Health
South Western Sydney
Local Health District

HEALTH SERVICE PLANNING: A GUIDE FOR HEALTH PROFESSIONALS AND MANAGERS IN SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

This guide has been developed to help clinicians and other health staff and consumers understand planning for health services. It provides a comprehensive planning approach that could be utilised if resources allow. The guide outlines the key steps required however where there are resourcing or time constraints a modified approach to each component may be indicated.

There are a range of plans which may be developed to improve the way health services in SWSLHD be developed, operated and evaluated. The following is a list of plans commonly developed.

- **District Corporate/Strategic Plan** - provides the strategic direction for all the activities of the local health district.
- **Operational Plan** - uses 5 year and 10-year health service activity forecasts to project facility, service, bed, technology, staff and other resources required to meet population need. It also includes strategies to improve the health status of the local community.
- **Service, Clinical and Population Health Plans** – seeks health status improvement and provides a blueprint for what is to be achieved in terms of service developments, important strategies, health outcomes and resource investment.
- **Asset Strategic Plan** – identifies the health assets such as facilities and equipment required to meet future service delivery needs.
- **Capital Plans** – including site specific Clinical Services Plans (CSP) are required by the NSW Government and NSW Ministry of Health for all major capital redevelopments prior to starting a more detailed facility planning process. The CSP identifies community and service needs and once endorsed, a Service Procurement Plan (SPP) is required to identify capital and non-capital options to meet the service and project objectives identified by CSP. The SPP provide preliminary assessment of costs and benefits. The Project Development Plan (PDP) which is also required at this stage identifies the services required for the facility and how they will operate.
- **High Cost or Specialised Technology Plans** - outline the rational development of technology across the District and consider the purchase of high technology equipment or specialised services such as MRI, PET or linear accelerators.
- **Intergovernmental Liaison and Action –** where District staff work with senior officers from other Government Departments to develop joint action plans or agreements, whole of Government strategies, regional strategies, submissions for funding and to monitor the outcomes of projects. This can include planning for new urban developments such as the South West Growth Centre and urban renewal projects.
- **New Initiative Plans -** include submissions, expressions of interest, grant applications, tender documents, or assisting others to do this.
- **Business Plan** – is a management tool to help determine the decisions required to develop a service and outlines the objectives, outcomes and strategies required.

The following provides an outline of the steps involved in developing a services plan.

Developing a Service Plan

1. Develop the Planning Scope

The planning process scope should provide a written outline of the major tasks and key timeframes for the planning process. The process should be agreed by the key service provider/manager. A planning scope would typically include:

- The membership and development of the Steering Committee/Service Development Group that will oversee the process. Key meeting dates of this group
- The Terms of Reference of the Steering Committee. The Chief Executive or senior manager "signing off" the Terms of Reference
- The meetings and consultations with key stakeholders
- The needs assessment methodology and timing e.g. data collections, community consultations, focus groups, surveys, etc.
- Timeframes for all key processes including notional dates for first, second and final drafts, dates for presentations to community groups, service providers, senior executives and Board committees.

All senior staff and key stakeholders should be advised in writing or by e-mail of the service planning process and the rationale for the plan. The planning scope should be broadly outlined and the approach to consulting and involving stakeholders in the planning process clearly detailed. Provide contact details.

2. Establish the Steering Committee

Ensure appropriate representation from senior staff, academics, clinicians, different locations/divisions/units, community health/hospital staff, nursing/allied health/medical/support staff and community members/groups/consumers. Dependent on the plan, it may not be necessary to include all these groups.

Issue terms of reference and membership lists, estimate numbers of meetings and establish draft meeting dates.

You may consider advising the NSW Ministry of Health of the process.

3. Review any Previous Plans and their Evaluation/Monitoring

Determine if an evaluation of previous plans is required as a part of the current service planning process.

Review major recommendations from previous plans and their implementation. Ensure recommendations from evaluations are addressed in the new plan.

4. Collect and Review Relevant Policy, Literature and Evidence

Collect relevant National, State, District and local plans and reports. For some planning exercises, international plans and reports may be useful.

Check major websites to see if new policies have been developed. Speak to relevant policy advisers and service providers.

Ask key service providers for relevant evidence, best practice guidelines, etc.

Seek out planning or clinical guidelines which may be relevant e.g. NSW Health Guide to Role Delineation, Guidelines for the Hospitalisation of Children, Guidelines for Patient Management and Planning Principles for Rural Health Services.

Undertake a literature search.

5. Consult Key Stakeholders and Visit Services

Interview a broad range of key stakeholders to determine their views of current services/strategies and their views on the issues raised by the terms of reference. This consultation process may be undertaken by the planner alone or in conjunction with service providers dependent on the aims of the planning process. The latter collaborative approach is usually preferable as it actively engages the key stakeholders in the process. A broad range of stakeholders may be consulted. A list of Potential Stakeholders is included in Appendix A.

Visit service sites and meet service providers.

Document key issues arising from the consultations.

Present and discuss issues and their implications at the Steering Committee Meeting(s).

6. Collect and Analyse Quantitative Data

Select and access data relevant to the service plan – geographic, demographic, epidemiological and utilisation data. Where a great deal of data is available, it is important to establish which data provides strategic information.

Discuss data usefulness with service providers.

Analyse the data in collaboration with service providers.

Assess the best way to present the data (e.g. tables, graphs, written text).

Present and discuss the data and its implications at the Steering Committee Meeting(s).

7. Collect and Analyse Qualitative Data

Undertake and analyse community/other agency or staff surveys.

Undertake focus groups/community meetings.

Present and discuss findings and implications at the Steering Committee Meeting(s).

8. Describe and Analyse the Current Approach to the Issue/Service

Distribute a service pro-forma/survey to all/key providers and from District/local sources. The purpose is to gather and analyse information on the current supply of services. Collect information on staffing numbers and types, budgets and allocation of resources and assets (facilities and equipment). Evaluate the current and future adequacy of resources.

Gather and analyse service utilisation information.

Assess the interrelationship with other services.

Gather information on similar services for the purpose of benchmarking.

Assess adequacy of service against any best practice guidelines/planning standards.

Discuss gaps, overlaps and deficiencies at the Steering Committee Meeting(s).

9. Forecast Changes

Use quantitative data, qualitative data and evidence to assess future changes in demand.

For major service planning exercises, liaise with the SWSLHD Planning Unit and if necessary the Ministry of Health to ensure that the methodology is robust.

Present and discuss findings and implications at the Steering Committee.

10. Develop Strategies

Clearly articulate issues. A SWOT analysis or stakeholder analysis may be useful. Alternatively

issues may be quite clear from the needs assessment processes undertaken, the historical trends, data analysis or consultations.

Generate alternative strategies to resolve/deal with issues, having regard to best practice, evidence and benchmarks. Strategies should seek to improve health and improve outcomes.

Discuss issues and strategies at the Steering Committee.

Discuss/brief Senior Managers about contentious issues and their strategic resolution. Senior management may wish to brief Ministry of Health staff regarding these issues.

11. Set Priorities

Cost all strategies. Recurrent costs can be costed using: casemix activity (using casemix average costs to estimate recurrent cost); zero-base (assessed by determining staffing required and costing the profile with the appropriate on-costs, goods and services and RMR); or derived from benchmarking the current or a similar service. You may consider Activity Based Funding (ABF) benchmarks.

For many plans, additional resources are not available, and thus, a plan must be achieved within existing resources or with internal reallocation of resources. Efficiencies related to overall decreased costs or increased throughput should be identified.

Capital costs can usually be broadly estimated within a service plan or alternatively the plan may recommend that a capital planning process be undertaken.

Establish a process for prioritising strategies. Such a process could include community participation. Alternatively it may be undertaken by the Steering Committee. The process may simply establish whether strategies are high, medium or low priority. (For many plans any strategy that is not a high priority would not be included in the plan). Alternatively the process might include a Kepner Tregoe analysis which would seek to establish, weight and score strategies against agreed criteria. A modified nominal group technique can also be used (each participant records their preferred strategy(ies), after discussion each person has (say) 5 votes to allocate to strategies. The strategies with the most votes are adopted).

12. Develop a Draft Plan for Comment (see outline attached Appendix B)

Develop a draft plan. A draft should usually be a professional and well written document. For example: spelling and grammar should be correct; formatting should be consistent; data should be consistent and well organised (e.g. the same years); all tables, graphs and figures should be sequentially and clearly numbered; all pages should be numbered; the document should be marked as a draft with the relevant date.

Distribute to the Steering Committee for initial discussion and comment.

Where the draft plan is contentious or requires significant resource allocation, senior staff may wish to see the draft plan first.

Amend and then distribute to the Steering Committee, senior managers, key stakeholders and community groups. Provide a format for providing comment

Document comments, assess comments and document whether the comment has been incorporated, rejected or has resulted in amendments. Discuss at the Steering Committee meeting.

E-mail/write a list of comments and the results of comments to all respondents.

Provide a second draft to the Steering Committee. Distribute again to key stakeholders.

Re-draft until the plan is approved. Ensure at each step that respondents and key stakeholders are notified of changes.

13. Print and Issue the Plan for Implementation and Evaluation

Issue the plan. If appropriate develop a communications and change management strategy. Publish the plan on the intranet, offer to present it at key meetings, community forums, etc. Determine if the plan should be formally launched.

Ensure that important strategies are incorporated into Performance Agreements, enhancement proposals, capital works estimates, key related plans, etc.

Establish the Evaluation mechanisms to ensure that the plan and its strategies can be evaluated in terms of process, impact and outcomes.

Acknowledgements

A version of this guideline was produced for use by rural health planners in association with NSW Health. This guide was further developed by Dr Pam Garrett, Senior Planner of the former Sydney South West Area Health Service (SSWAHS) and subsequently amended to respond to current planning needs within this District.

Appendix A: Potential Stakeholders

- Clinical stream directors, clinical managers and personnel including medical specialists, nursing and allied health staff.
- Facility managers (hospital and community health) and staff and support services e.g. Information Management and Technology Division, Centre for Education and Workforce Development, etc.
- Medical Staff Councils
- Referral agencies
- South Western Sydney Medicare Local, general practitioners and other private providers
- NSW Ministry of Health and related organisations and advisory committees under the control of the Ministry e.g. Clinical Excellence Commission (CEC), other local health districts, the Ambulance Service of NSW, etc.
- NSW State or Australian Government agencies or local councils interested or directly affected by service planning.
- Non-government agencies interested or directly affected by service planning. This may include other health agencies such as Aboriginal medical services and other community controlled organisations, local organisations funded under the NSW Health NGO Program and peak health agencies, and community agencies which service specific groups within the community e.g. migrant community centres, Home and Community Care, etc.
- Universities, academics and other educational agencies
- Consumers and communities, including the SWSLHD Consumer and Community Council and Networks.
- Support groups
- Local private organisations.

Appendix B: Potential Layout of a Service Plan

Foreword

The Foreword is the endorsement of the plan by the District Chief Executive, Chairperson or Service Director. It explains the overall purpose of the plan and its relevance and importance to the organization's vision, mission, goals and strategic direction.

Executive Summary

This is a brief summary covering the major issues, strategies and recommendations of the service plan.

Glossary

The Glossary provides a list of key terms used in the plan and their definition. It is particularly important to define the key words which define the service and which are relevant to the service plan.

Abbreviations

A list of all abbreviations used in the plan with their full text e.g. ABS Australian Bureau of Statistics.

Introduction

A short outline of the reasons for the service plan, the process for developing the plan and the key issues considered in the plan.

Context/Operating Environment

The Context describes and analyses the environment for planning for improved health and improved services. The policy context should be briefly outlined. This may include Commonwealth, NSW and District policies. International studies and policies may be relevant.

The section should also include relevant information on the local geography, demography, and epidemiology. The implications of these features and issues for this service plan should be clearly articulated. District plans should be referenced and information should be consistent between plans.

Geography

A brief description of the service area, its environment and its key features.

Demography

Population age/sex, numbers and projections
Important demographic trends
Socio-economic information e.g. occupations, employment, social welfare recipients, Aboriginality, Cultural and Linguistic Diversity (CALD), Youth, Aged, etc.

Health Status

Mortality data e.g. life expectancy, death rates, etc.
Morbidity data (NSW Ministry of Health) - major causes of hospital admission and utilization
Relevant information may also be accessed from the National Health Surveys, Australian Institute of Health and Welfare and public health units. This section should clearly articulate the dimensions of the health issue in the community. It may, for example include information on health risks and risk conditions.

Current Services/Strategies for Health Improvement

This section should briefly describe the current approach to the issue or the current service or service network. It should also identify and analyse the resources currently used in terms of personnel, finances and assets.

A full description of the network of hospital (inpatient and ambulatory) and community health services, general practice services, specialist services, Aboriginal services, NGO services, residential aged care facilities, etc. will usually be required in a service plan. Detailed background information should be appended. Linkages between services should also be described e.g. common clinical assessment tools, record linkages and referral patterns.

Hospital services should be specifically described in terms of their role (using the *NSW Health Guide to Role Delineation of Health Services*), beds, services, activity levels and location. Similarly, community health services should be specifically described in terms of their role, location, type of service and occasions of service.

Service/strategy deficiencies, gaps or overlaps should be clearly identified and analysed. Current strategies that have positive outcomes/benefits should be noted.

Community Views of Services/Strategies

This section briefly outlines the views of community members on the service and current strategies e.g. outcomes of public meetings, focus groups, NGO consultations, etc. Detailed information can be appended. The inclusion of this section ensures that provider, management and other key stakeholder views are well considered within the document.

Forecasted Changes

This section provides a brief outline and analysis of the forecasted changes in demand. The implications of this forecast for the service should be analyzed in terms of the service structure, personnel, recurrent costs, assets etc. The timeframe for these changes should be outlined.

Planned Services/Strategies for Health Improvement

This section provides a clear philosophy and direction for improving the health and health outcomes of the catchment population. The strategies should be consistent with District and local objectives and service plans. Priorities may need to be set.

If a service is indicated, the required service response/change should be clearly identified. The appropriate auspice, service level, networks, mix, roles, volume and distribution of services should be outlined. The implications of the recommended changes should be clearly articulated e.g. staffing changes, recurrent budget changes, asset implications, flow pattern reversals, staff training needs, impact on support services. The health benefits (and outcomes of the changes) should be clearly identified.

Action Plan

The action plan provides specific, clear and concise steps for the implementation of the plan. Usually the action plan relates service goals to specific objectives/interventions, identifies particular personnel responsible for implementation, and specifies timeframes, resources, targets/performance indicators and expected outcomes.

The action plan is usually presented in tabular form. For example:

Goal 1: To					
Objective	Performance Indicator	Expected Outcome	Timeframe	Resources Required	Responsible Person/Group
That.....					

The action plan should indicate the approach to managing, monitoring and evaluating the plan.

References

All books, articles, reports and sources used in the text should be appropriately and fully referenced.

Acknowledgements

People who have been consulted or involved in the planning process should be listed alphabetically with their name and title.

Appendixes

All appendixes should be carefully labelled and numbered.