Strategic Priorities in Healthcare Delivery to 2021
South Western Sydney Local Health District
Attachment A: Scoping Paper
Executive Summary

This scoping paper frames a Strategic Planning process to meet the needs of the SWSLHD Board, the Minister and the Ministry. It will update and expand on previous planning processes for the South West and build on the vision and strategic directions outlined in the Strategic Response provided to the Minister in May 2011.

Integral to the planning process will be engagement with core stakeholders - the communities of the South West, clinicians and other SWSLHD staff and partners in healthcare provision. The goal is to identify gaps/deficiencies in current healthcare service delivery, enhance models of care to meet future demands, strengthen clinical networks, confirm service developments required by 2021 and identify the impact on facility clinical profiles and infrastructure development needs.

The process involves early community engagement through the Consumer/Community Council to identify community perceptions of current gaps/deficiencies in healthcare service delivery and priority areas for future development. These issues will also be explored with key partner health provider organisations. This information will inform Clinical Stream consideration of models of care required to meet future demands and clinical network service developments required. Clinical Council will have a key role in shaping the service developments identified into an integrated and coherent service development strategy for SWSLHD.

The core service development directions identified will be incorporated in a Summary Paper for widespread stakeholder consultations, exploring opportunities for use of social media. The finalised documentation arising from this process will provide the framework for healthcare service delivery developments over the next decade and the infrastructure requirements to sustain these models of care.

Strategic Imperative

The population of South Western Sydney is characterised by its diversity, multiculturalism, rapid growth in new residents and marked increase in the aged cohorts of existing residents. There are significant pockets of disadvantage and associated health need within its communities. All these factors contribute to a projected significant increase in demand for health services over the next decade.

The previous Sydney South West Area Health Service (SSWAHS) had identified service development directions for Clinical Streams and facilities some 5-6 years ago, developed in the context of a draft Area Healthcare Services Plan (not released publicly), with the infrastructure development implications reflected in the Asset Strategic Plan. These were the documents outlining projected future service delivery frameworks.

SSWAHS also developed a Health Service Strategic Plan Towards 2010, a 5-year high level identification of key programs and initiatives to meet broad objectives mapped under the 7 Strategic Directions that had been adopted by NSW Health. This provided the “corporate” plan for SSWAHS and the impetus for population and clinical services planning.

In May 2011 SWSLD provided a Strategic Response addressing specific issues requested by the Minister for Health including Vision for the future; Opportunities to become a national or international leader in a particular field; Problems or issues to address to achieve best practice and become comprehensively patient-centric; and Plans to eliminate bullying and
harassment. It also identified critical issues and broad level goals, strategies and actions to address these issues. This document was seen as the first step towards developing a Strategic Plan in close consultation with clinicians, managers, communities, staff, other stakeholders and the Governing Board.

The SWSLHD Planning Unit has developed a preliminary draft Healthcare Services Plan outlining the current policy, planning and demographic context in which clinical and corporate services operate and the previously identified strategic directions for development of clinical services and facilities. This is seen as the base document from which senior managers and clinicians can draw information to review current strategies and develop future strategies to improve the health of local communities and deliver efficient and high quality services.

It is proposed that strategic planning for health service delivery use a planning horizon of the decade to 2021, reflecting the NSW Ministry of Health endorsed projections of population and health services activity for that time.

A process of consultation with senior clinicians and managers from SWSLHD clinical streams, facilities and services is required to review and refresh previously identified strategic directions for the next ten years and to consider the implications of these directions for the network of services within SWSLHD. These strategic directions will also be reviewed through comprehensive consultation with the internal community of SWSLHD staff and external communities of South West residents facilitated through the SWSLHD Community Participation Networks and Health and Human Services and other delivery partners operating in the South West (including NGOs, Universities etc.).

The draft Healthcare Services Plan will be refined to reflect the refreshed Healthcare service delivery directions identified through this consultation process and will serve as a living document outlining planned future service delivery frameworks. A summarised version could be made available for community information and discussion, opening the prospect for moderated social media discourse on service planning issues.

Policy and Organisational Context

National Health Reform and the reforms of the Coalition State Government provide a changed context for strategic planning. National reform focuses on improving the access and equity of the health systems through addressing: Aboriginal health; mental health; rural and regional health; dental health; and, improving the quality of care in public hospitals (ensuring adequate beds, improving waiting times for surgery). Reform also entails a single national health system funded through activity based payments (from July 2012) strengthened community engagement, education and training and data and enhanced information technology.

New independent regional organisations, termed Medicare Locals, assume responsibility for co-ordinating primary health care services. The South Western Sydney Medicare Local will commence operations from July 2012. Community aspects of Aged Care services increasingly become the full responsibility of the Commonwealth. The National Health Performance Authority (NHPA) and the Independent Hospital Pricing Authority (IHPA) will produce reports on the performance of hospitals and primary health care services and IHPA will set the efficient price for services provided by public hospitals under activity based funding.

New performance and monitoring frameworks are being established for hospitals and healthcare services, including a four-hour target for emergency waiting times, a 95 per cent within clinically recommended time elective surgery target and a National Access Guarantee to ensure that no Australian experiences extremely long waits for elective surgery.

The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, the Garling Report had an organisational model for reform based on “four pillars” - Clinical Innovation and Enhancement Agency, using clinician networks to implement evidence-based best practice; Bureau of Health Information, providing data on quality and safety of
patient care; Institute of Clinical Education and Training, training health professionals; and an enhanced role for the Clinical Excellence Commission. Operationally, Garling’s recommendations included: more careful supervision of junior staff; multidisciplinary teamwork; evaluation of clinical processes; performance management of staff; regular ward rounds; structured handover of clinical information; improved organisational cultures; greater engagement with patients and carers; improved “after-hours” staffing; a focus on staff hand washing; a strategy for dealing with workplace bullying and enhanced information technology.

The Coalition State Government policies have emphasised - a renewed focus on the patient to improve access to timely, quality health care; preventative healthcare; better management of people with chronic disease; and a strengthening of the public health system. The government has made commitments to local decision-making; more hospital beds; more nurses; reductions in Emergency Department blockages; transparency in the management of waiting lists and operating theatres for elective surgery; improved facilities, equipment, treatment and medical retrieval; and honouring commitments made to capital works expenditure.

Also, the Ministry of Health is implementing the report Future Arrangements for the Governance of NSW Health. The detail of Head Office structural arrangements is still being worked through. The directions include – LHDS will have clear responsibility and accountability for governing hospital and health service delivery; responsibilities and funding required to deliver a specified volume of activity to be articulated in a Service Agreement; the Ministry of Health to focus on providing Westminster function support to the Minister, regulatory functions, public health functions (disease surveillance, control and prevention) and system manager functions in state-wide planning, purchasing and performance monitoring of hospitals and health services.

Aim

To provide a ten year Strategic Healthcare Service Delivery framework for SWSLHD, outlining development directions for Clinical Streams, clinical networks and facilities to meet projected demand.

Auspice of the Plan

A Strategic Planning process has been requested by the SWSLHD Board and is required by the Minister and the Ministry. A Steering Committee is proposed to direct the planning process. The core members of this Steering Committee could include Board member(s); SWSLHD Executive; Clinical Stream leadership representation; Senior SWSLHD staff representation – general manager, nursing, allied health professional etc; Community representation; Partners in health e.g. Medicare Local.

Scope

The SWSLHD Strategic Priorities in Healthcare Delivery will provide a framework and blueprint for service developments required over the coming decade. Specifically it will document:

- Policy and organisational context
- Vision, values and principles of healthcare provision
- Current profile of communities in the South West
- Current profile of healthcare service delivery – activity, capacity, partners in care, clinical service enablers e.g. workforce, IT etc.
- Significant gaps/deficiencies in the current healthcare service delivery matrix
- Critical strategic developments for the immediate future
- Profile of South West communities in 2021 – impact on demand for healthcare provision
- Profile of healthcare service delivery in 2021 with continuation of current models of care and healthcare service delivery patterns
• Clinical stream models of care and priority clinical networking developments to be implemented through to 2021 - addressing the spectrum of inpatient care; outpatient, privately referred non-inpatient and ambulatory care; community and primary care; and population health including intersectoral activities and relationships with partners in care (public and private funded)
• Projected facility profiles in 2021 to implement clinical stream models of care and networks - facility profiles, roles and capacity

Key Questions to be addressed

• What will be the demand for healthcare service provision in 2021, across all sectors of care?
• How will models of care need to change by 2021 to keep pace with contemporary clinical practice?
• How will clinical networks need to be developed/enhanced to effectively meet increased demand within performance benchmarks?
• How will the healthcare delivery distributional matrix need to change by 2021 and what will the impact be for the clinical profile of facilities and the role levels of services provided?
• Have the priority issues in healthcare delivery for the communities of South West Sydney been addressed?
• How can equity principles be maintained and enhanced for healthcare service delivery across emerging and existing communities in the context of accelerating demand?
• What are the priorities for healthcare service delivery development through to 2021?
• What are the implications for clinical enablers including workforce from the healthcare service delivery developments to 2021?
• How will effective ongoing engagement with partners in care (public and private) be maintained through to 2021?
• What opportunities exist for working with the private healthcare sector in meeting the health needs of South west residents?

Conduct of Planning

A Steering Committee is proposed to direct the planning process, the potential membership as outlined above. The temporal sequence for the major steps in planning is as follows.

1. Board and Steering Committee endorsement of scope. Confirm Steering Committee membership. Map out Consultation strategy consistent with SWSLHD Consumer and Community Participation framework.
2. Preparation and revision of background data and information to inform discussion by participating clinicians, other SWSLHD staff, community participants and partners in care on healthcare service delivery requirements for 2021.
3. Clinical Streams meet to:
   • Identify significant gaps/deficiencies in the current healthcare service delivery matrix
   • revise and refine the models of care required to meet identified demand in 2021 reflecting contemporary and expected clinical practice in the future
   • identify the clinical network service developments required by 2021 and the impact on facility clinical profiles

Meetings would also be held with clinical organisational structures operating across the LHD that are not separately identified as a “Clinical Stream” e.g. community health, population health and allied health. Ideally the Clinical Stream meetings would include appropriate representation from medical, nursing and allied health professionals, consumers and general practice. Planning Unit staff will be available
to provide support to clinical streams in this process, which could include participation in meetings and summarisation of outcomes.

4. **SWSLHD Consumer and Community Participation Framework** utilised to identify community perceptions of current gaps/deficiencies in healthcare service delivery and priority areas for future development, through discussion at Consumer/Community Council.

5. Discussions on current gaps/deficiencies in healthcare service delivery and priority areas for future development will also be held with key partner health provider organisations e.g. South Western Sydney Medicare Local, Community Controlled Aboriginal Health Care Organisations.

6. Clinical Council considers the models of care, clinical network arrangements and the implications for facility profiles in 2021 as proposed by Clinical streams, informed by Consumer/Community Council views and those of partner health provider organisations on priorities.

7. Steering Committee considers the consensus coming from Clinical Council.

8. Planning Unit refines existing documentation to reflect agreed healthcare service delivery development priorities and prepares Summary Paper outlining the challenges/drivers for change and proposed directions.

9. Stakeholder consultations on the Summary Paper including staff, community (facilitated through SWSLHD Consumer and Community Networks) and Partners in Care e.g. NGOs, Local Councils, Education, ADHC, Ambulance Service, Disability and Carers associations etc.

10. Finalisation and endorsement of Plan through Governing bodies.

11. Release of finalised Plan, possibly summarised Plan, publically through Web and potentially through Social Media.

**Resourcing Issues**

The majority of this process would be progressed within the in-house resources of the SWSLHD Planning Unit. However, the timeframe identified for this planning process is tight and given the time constraints it may be necessary to consider contracted assistance for some aspects of the process. This could include:

- The clinical consultation process identified at point 3 above
- Preparation of the Summary Paper identified at point 8 above, to be used for the broader stakeholder consultation process
- Facilitation of the stakeholder consultations identified at point 9 above

**Timeframes**

Major strategic planning processes of this order would normally be expected to take approximately 18 months for preparation of a comprehensive Plan. Preparation of the previous SSWAHS Healthcare Services Plan took in excess of 18 months although this was from scratch. Strategic planning for SWSLHD is more advanced, with continuing appropriate service development strategies already underway or planned. It is understood that expectations are for a more abbreviated timeframe for this process given the need to move quickly in the South West on service developments. The following timeframe has been developed reflecting these concerns and provides for completion by the second half of 2012.
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<th>Objectives</th>
<th>Strategies</th>
<th>Indicative Timeframes</th>
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| 1. Scope project | • Scoping paper developed  
• Scoping Paper considered by the SWSLHD Board | December 2011  
Revised Jan 2012 |
| 2. Consolidate planning process strategy | • Establish and hold the first meeting of the SWSLHD Strategic Priorities in Healthcare Delivery Planning Committee  
• Consult with the Manager Community Consultation and key CCC members about preferred consultation processes  
• Consult with the Director Aboriginal Health about the process for Aboriginal consultation  
• Consolidate and confirm detailed planning process and consultation approaches  
• Revise and refine the Preliminary Draft SWSLHD Healthcare Services Plan draft and  
• Preliminary consultation with the CCC about potential community issues and concerns | February 2012  
February 2012  
February 2012  
February 2012  
February 2012 |
| 3. Review and development of Clinical Stream Models of Care | • Information package comprising demographics, current clinical stream, previous clinical stream models of care and directions, and future challenges/drivers of change developed  
• Packages distributed to Clinical Stream Directors  
• Stream Directors convene Clinical Stream Planning Meetings with senior clinicians (Medical, Nursing and Allied Health), GPs, community members and planners to consider information package  
• Clinical streams review and develop models of care/service for 2021, identify service development priorities and implications for each facility | End February 2012  
End February 2012  
End March 2012 |
| 4. Consolidation of Preliminary District Wide Directions | • Presentation by Clinical Directors about proposed directions to a specially convened Clinical Council Meeting  
• Steering Committee reviews implications for District networks and facilities | Early April 2012  
By end April 2012 |
| 5. Development of the Draft Plan | • Detailed Strategic Plan developed  
• Consultation paper outlining the challenges/drivers for change and proposed directions developed | May 2012  
Mid June 2012 |
| 6. Consultation on the Draft Directions – Obtaining Information about the SWS community priorities | • Stakeholder consultations (staff, community and service partners) through forums across the District  
• Opportunities for formal feedback via online surveys, invitations to formally submit comments, social media  
• Meetings with targeted service partners e.g. Tharawal Aboriginal Medical Service, Medicare Local & universities  
• Outcomes from the Stakeholder consultations summarised into a single document | End June – early August 2012  
Mid August 2012 |
| 7. Finalisation of the Plan | • Steering Committee considers the Stakeholder feedback and identifies implications/changes required to healthcare service delivery development priorities  
• Draft Plan revised  
• Draft Plan reviewed by the Steering Committee | End August 2012  
Early September 2012  
Mid September 2012 |
| 8. Endorsement and Communication | • Plan endorsed by SWSLHD Clinical Council and Board  
• Finalise report and to printers for publication; consider placement on the SWSLHD Webpage | Early October 2012  
End October 2012  
Early November 2012 |
Objectives

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| • Formal Publication and launch  
• Plan distributed to key partners, facilities and streams  
• Implement governance arrangements for Plan implementation. | Early November 2012  
Early November 2012 |

Preliminary List of Stakeholders

- Board of SWSLHD
- SWSLHD Executive
- Facility Executive
- Clinical Stream Directors (including Allied Health, Community Health, Population Health, Mental Health, Oral Health and Drug Health)
- SWSLHD staff - Clinicians (e.g. medical, nursing and allied health) and non-clinical
- SWSLHD Consumer/Community Council and Networks and the broader South West Sydney community
- South West Sydney Medicare Local (currently Divisions of General Practice)
- Aboriginal organisations such as Tharawal Aboriginal Medical Service, Marumali and Gandangara Local Aboriginal Land Council
- Clinical Schools and key educational institutions e.g. University of NSW, University of Western Sydney
- Clinical Service Enablers e.g. Centre for Education and Workforce Development, Information Management and Technology Division
- Local non-government organisations (NGO’s) including health and other human services
- Local government councils
- Other government departments e.g. Education and Training, Community Services, Transport, Ageing Disability and Homecare
- Peak bodies e.g. NSW Carers Association, Council of Social Services of NSW (NCOS), Cancer Council

Conclusion

An intensive planning process is proposed. The goal is that at conclusion all stakeholders will have had the opportunity to participate, to have been listened to and to have areas of concern addressed. The final Plan will be informed by these consultations and will guide the service delivery directions for the next decade.

As for all planning processes flexibility in approach will likely be necessary in addressing issues that come to light through consultation and as fact finding proceeds. Over the course of the planning process the requirements of the SWSLHD Board, the Ministry of Health and the Minister may expand or change. The Planning Steering Committee proposed will be in a position to address the implications that arise from changes in the planning environment.