Clinical Service Planning Policy

1. Introduction

An agreed set of planning principles (refer Appendix 1), processes (refer Appendix 2) and supporting documentation enables health planners, analysts, clinicians, managers and support staff to utilise consistent approaches to regional health/clinical services planning across the WA Country Health Service (WACHS).

A separate supporting service planning guideline will be developed to provide more detailed guidance on the processes and skill set required for regional planning across some or all service types (e.g. cancer or renal) or population (e.g. Aboriginal[1] or child health) planning.

This policy:
- · defines what is a service strategy, a service planning and why plan?
- · provides an outline of the service planning context
- · describes the cycle of strategy and planning through to review or evaluation
- · outlines the governance and accountabilities for service strategy development and service planning
- · describes the key principles underpinning services planning
- · outlines the service planning process.

This document is not a guide on how to write a health service plan. Various templates are available through contacting the WACHS Planning and Evaluation team, or through referring to the endorsed service plans on the WACHS internet publications page, or through researching publically available service plans from other jurisdictions.

2. Policy Statement

Health or clinical services planning provides clear direction for service development and resource investment to deliver on the WA Clinical Services Framework (CSF)[2] high level WA Country Health Service (WACHS) clinical/service strategy or organisational strategy, in the local context. It is required when medium to long term changes (between five to 10 years) are needed to deliver modern, contemporary service models which better meet the changing needs, demand and cultural mix of populations.

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[1] Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

[2] http://www.health.wa.gov.au/hrit/docs/publications/Clinical_Framework_2014-2024.pdf

2.1 What is a Service Strategy document?

WACHS has been governed by a Health Service Board since July 2017. The Board is responsible for developing and progressing organisational and service focussed strategies for identified priority areas. WACHS is developing a range of Strategy documents for various priority clinical and service areas (e.g. cancer, stroke, chronic conditions, renal, aged care, maternity and newborn, and child health strategy documents).

These are high level documents that provide the WACHS and Board vision, strategic directions, intended outcomes and key actions to improve service delivery and access for the speciality area. These service strategy documents guide regional planning for the speciality area.

2.2 What is health service planning and why plan?

Health/clinical service planning is a comprehensive process of matching future health service delivery with changing populations, their health status and needs, their cultural mix, and their requirements (demand) for various types and levels of complexity of healthcare within the context and resources available[3].

The service planning timeframe is the medium to longer term i.e. five to 10 years. It is difficult to reliably forecast service demand beyond ten years due to rapidly changing technologies, population growth, social, political and economic factors, and the changing health status of populations.

The majority of service plans consider current and future services across the continuum of health care as shown in Figure 1 below, recognising that other health providers may provide some of the services, particularly in the primary care area.

Figure 1: Continuum of Health Care

Well population	At Risk population	Early identification and intervention	Acute consequences and conditions	Chronic consequences and conditions
Promotion, protection and prevention				
	Primary health care[4]			
		Ambulatory care[5]		
			Acute care	
			Subacute, rehabilitation and extended care	
				Palliative care
	Mental Health Care			

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[3] Adapted from Eagar K, Garrett P and Lin V. Health planning: Australian perspectives. 2nd ed. Sydney: Allen and Unwin; 2001

[4] Primary Health Care is first level health care and includes health promotion, illness prevention, treatment and care of the sick, community development and advocacy and rehabilitation. It can be provided by GPs, community health nurses, pharmacists, dentists, allied health professionals working for public or private health services or other nongovernment organisations.

[5] Ambulatory care crosses over with primary health care to a certain extent and is a broad term that captures any health care intervention that is planned and is provided within one day (23 hours). The services could be provided in hospital as a same day admission (e.g. chemotherapy, renal dialysis or day procedures) or in other health service facilities or in a person's home or other local environment. Examples include outpatients, wound care, dental care, population health, community, maternal and child health, allied health, community mental health and other primary health care type services.

2.2.1 Heath infrastructure planning

Health facility developments and the design or re-modelling of health facilities are informed by service planning. However, a service plan should not attempt to define exactly what is to be built and where, beyond broad bed numbers, statements about an appropriate environment to support service delivery and functional relationships between different service elements or hospital units. Detailed facility considerations occur throughout the later stages of facility planning and design.

2.3 The planning context

In WA, health service planning is guided by the high level WA CSF. This provides the current and future role levels of all service types provided in WA hospitals, and is underpinned by detailed hospital activity projections which are updated annually.

Planning must consider the wider context of health service provision. This includes:
- **WA Clinical Services Framework**
- **WACHS' current Strategic Plan/ Strategic Directions**
- **WA and WACHS' clinical/service strategy or plans or frameworks** (e.g. the WACHS Cancer Strategy 2017 – 2022)
- **the prevailing and future economy**, which affects health funding levels
- **the regional context, challenges and opportunities**
- **current and future workforce availability and training** of doctors, nurses, allied and Aboriginal health practitioners, managers and administrators
- **new workforce types** such as Nurse, Aboriginal and Allied Health Practitioners, Regional Aboriginal Health Consultants.
- **rapidly changing technology** that can improve access to health care for people living in more remote regions or who have trouble leaving their homes.
- **environmental health and social issues** impacting on remote communities and vulnerable groups.
- **relationships between health care providers** across the whole, complex health system for the benefit of patients or clients, and to maximise limited resources. This includes working collaboratively with:
  - **first level or primary health and social care** services provided by General Practitioners (GPs), Aboriginal community controlled health organisations, non-government and community organisations
  - **other government health and hospital, family, social, education, justice and well-being services** within the same WACHS region and with metropolitan health services
  - **private health** and hospital services in country and metropolitan areas.

2.4 The strategy and service planning cycle

Service planning is part of an ongoing cycle commencing with high level policy and strategy (organisational and clinical), within the wider context outlined above.

Figure 2: The Strategy and Service Planning Cycle
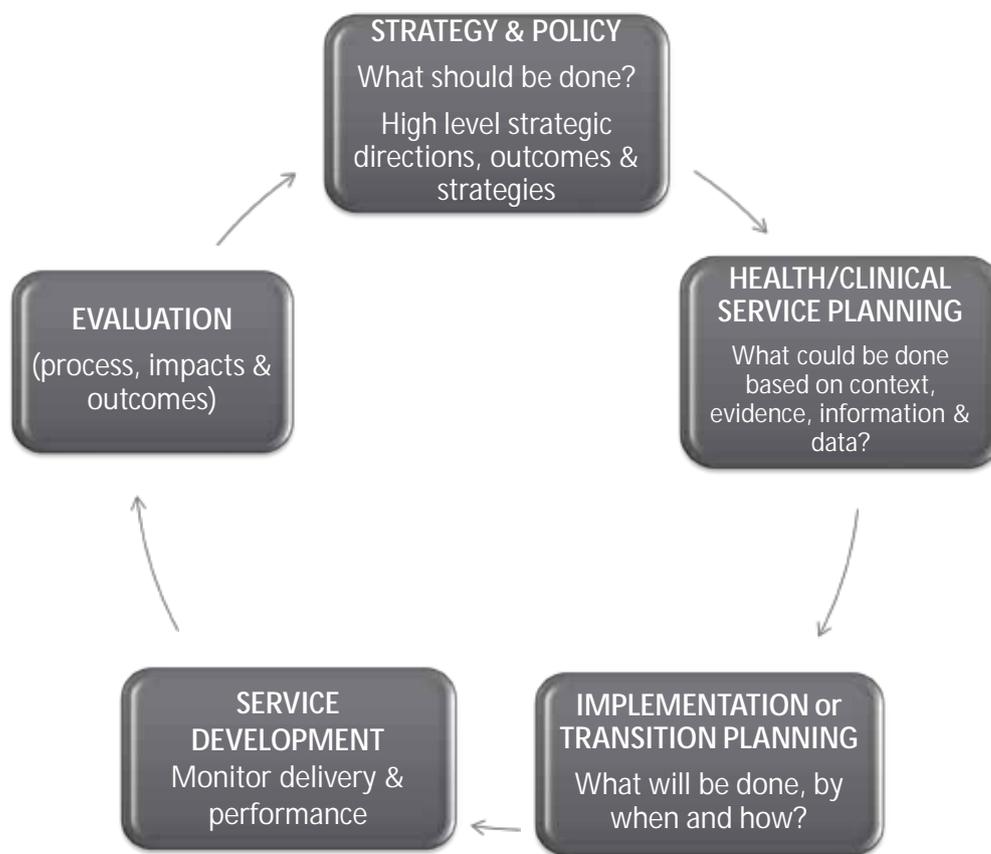
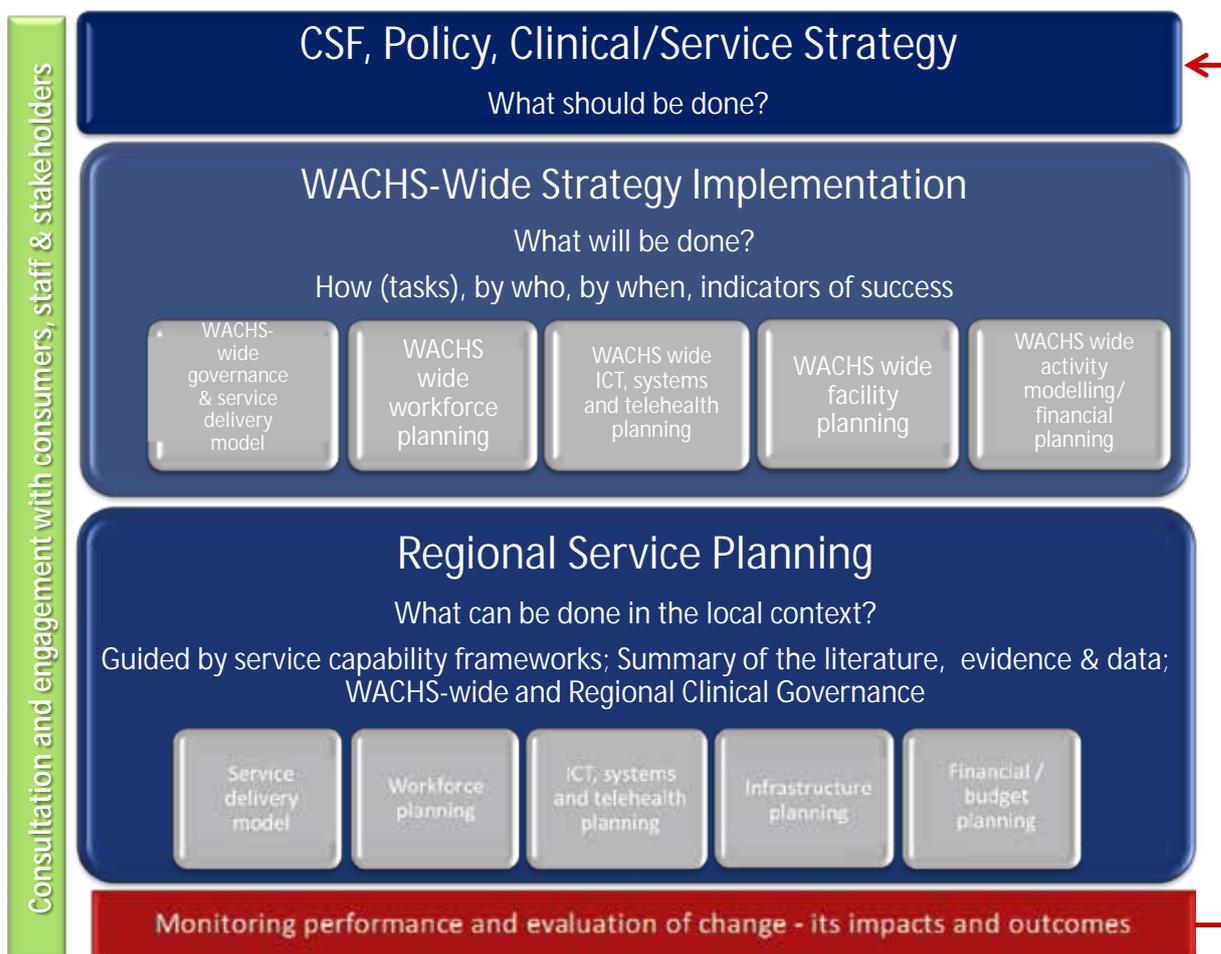Policy, strategy, and service planning are closely linked but not interchangeable.

Policy and Strategic Plans establish *what should be done*
to ensure that an organisation fulfils its mission and is oriented towards future health system goals. They are generally more conceptual, providing broad directions for service planning (e.g. the WA CSF or the current overarching WACHS Strategic Plan or a service development strategy such as the *WACHS Cancer Strategy, 2017 - 2022*).

Health service or clinical planning focuses on *what can be done*
to translate policy, strategic directions and the CSF into WACHS service capability frameworks (e.g. the WACHS Emergency Care Capability Framework) and service delivery plans. Consultation, research and analysis identifies the changes required in a particular area and develops the priority strategies, initiatives, actions and broad service models and capabilities required to achieve these changes within the planning context and resource constraints.

Implementation, transition or operational planning focuses on *what* will be done and *how*
using program and project management methods to translate health/clinical service plans and service capability frameworks into deliverable actions on the ground i.e. the key tasks, activities, processes, resources and timeframes to operationalise the service developments or undertake the service redesign or reconfigurations. They set out what will be done, when, how, by whom and at what cost, with what equipment and ICT, and who is accountable.

The following graphic takes the strategy and planning cycle and summarises into a framework for service planning.

Figure 3: A Framework for Strategy, Planning and Implementation

2.5 Types of clinical or service strategy and plans

There are different types and levels of health service planning. The types of service planning are highlighted below and described in more detail in Table 1. Each type and level of planning is informed by the other levels of planning.

- **WACHS service strategy documents** – the high level strategic plans and priorities for a program/Speciality area (e.g. WACHS Stroke, Cancer, Chronic Disease, Pharmacy or Telehealth Strategy)
- **Program or speciality focussed regional service plans** (e.g. cancer, renal, mental health regional service plan that plans in more detail for future services within the regional context in line with high level service strategy and CSF).
- **Regional, district or site specific service plans** (includes all clinical and non-clinical support services within a geographic area or health campus.)
- **Planning for specific age groups or populations** (e.g. Aboriginal Health planning, child health, maternal and newborn, or aged care planning)
- **Planning for health support services** (e.g. pharmacy, medical imaging, telehealth, transport, ICT, disaster preparedness).

2.5.1 Service Capability Frameworks

The enabling support functions or capabilities required to implement regional service plans in line with the CSF levels, include:

- Workforce
- Telehealth
- Pharmacy
- Imaging
- Sterilising
- Medical equipment
- ICT
- Technology
- Patient transport.

These can be documented in a Clinical Service Capability Framework (refer WACHS' Emergency Care Capability Framework[6]. Queensland Health has developed state-wide clinical service capability frameworks[7] for all clinical specialities which are useful reference tools for other jurisdictions.

2.6 The results of a service planning process

The service planning process occurs in consultation with key staff, health partners, consumers and community representatives; with reference to strategic policy and contemporary literature; and to relevant health data and information to:

- summarise the context8 within which the planning is occurring (i.e. identify the strategic drivers, policies and directions informing future health service delivery)
- identify the priority health issues/needs for the targeted population
- forecast future hospital and outpatient service activity (demand) for this population
- collate, synthesise the issues, gaps and themes from the data, literature, consultation and other information gathered
- propose contemporary, evidence based service delivery models and key initiatives to address the identified issues and the future need and demand
- consider the capabilities (resources, workforce, IT, telehealth, equipment) required to deliver future services
- consider current and future service viability
- determine the service development priorities
- set an agenda for change with recommendations.

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[6] http://wachs.hdwa.health.wa.gov.au/index.php?id=12129

[7] https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf

[8] PESTEL - political, economic, social, technological, environmental and legislative/policy context
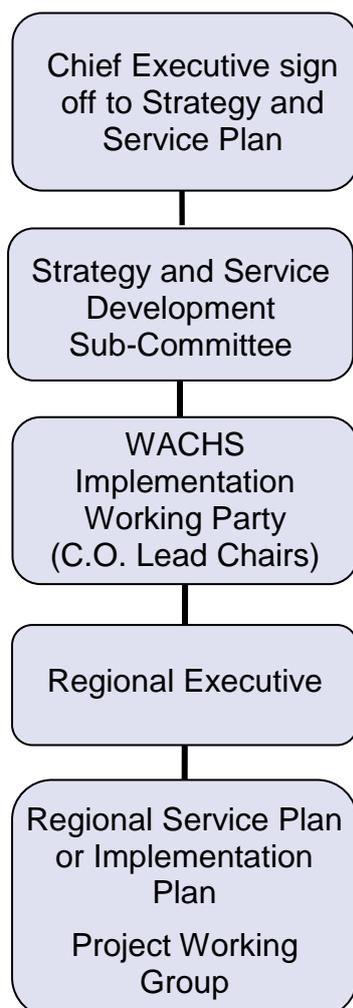
3. Governance of service planning

Health service planning and evaluation must have a well-defined and documented governance structure so that accountabilities, roles, responsibilities, decision-making and reporting relationships are clear. All types of service plans require formal endorsement by the WACHS Chief Executive via the Regional Director and the relevant Executive lead.

The governance structure must include:

- a governance committee structure (Refer Figure 4 below)
- a project lead
- a project team or at least a health planner or planning project officer reporting to the governance group.

For complex planning, there may be several working groups reporting to a Planning Project Working Group.

Figure 4: Governance Structure for Services Planning or Implementation

Chief Executive sign off to Strategy and Service Plan

Strategy and Service Development Sub-Committee

WACHS Implementation Working Party (C.O. Lead Chairs)

Regional Executive

Regional Service Plan or Implementation Plan

Project Working Group

The roles and responsibilities for each of these entities must be clearly articulated in the project work plan and signed off or approved by the project lead.

- For regional or district service and implementation plans the project lead will be the Regional Director (RD). The RD chairs Regional Project Working Groups and Operations Managers may chair Health District Project Working Groups.
- For WACHS-wide clinical strategy and resulting service plans and implementation plans, the project lead and Chair of the planning project governance group will be the relevant Executive Director.

Table 1 outlines the roles, responsibilities and governance for each of the levels of health services planning and related activities including approval to commence planning, endorsement of the final service plan and implementation of the plan.

3.1 Managing a Service Planning Process

Good project management as well as good governance is essential in managing any health service planning activities. While the complexity and scope of the service plans will vary there are certain fundamental minimum requirements to managing any planning process.

1. **Service planning scope** – a clear definition of what the plan will cover and what it will not including the planning project governance.

2. **Service Plan Project / Work Plan** - a breakdown of the key tasks and sub components required to undertake the planning specifying timeframes, milestones, deliverables and who is responsible for the tasks.

3. **Consultation and engagement plan** identifying key stakeholders including staff, consumers and other health partners, and consultation and engagement strategies.

4. **Governance structure** - a clear description of the roles, responsibilities, decision making, terms of reference and reporting relationships including planning project lead, Project Working Party or Group, Executive Sub Committee(s), project team and any other sub working or advisory groups.

5. **Evidence and data from a variety of sources** - quantitative and qualitative - to establish health need of the population of concern, the demand for services now and into the future and contemporary, efficient service models.

6. **Service mapping and identifying gaps** in local services to meet the identified need and demand.

Table 1: Types, Levels and Accountabilities for Strategic and Health Service Planning

Planning Activity		Planning Process: Accountability and Responsibility				
Strategic Planning	**Description and Purpose of Plan**	**Approval to Commence Planning and Scope of a Plan**	**Planning Process**	**Endorsing a Plan/ Strategy**	**Implementing a Plan**	**Monitoring and Review of a Plan**
Service / Clinical Strategy documents	The systematic process of envisioning a desired future, taking into account the wider context and environment, and translating this vision into broad goals/outcomes for three to five years and key actions/initiatives. **Purpose**: · To provide priority service development directions and priorities for the organisation or a specific program, speciality or population area. · To inform and guide specialised WACHS-wide service delivery technologies or services. · To inform service planning at regional, district and health campus/site level.	WACHS Executive informed by the Strategy and Service Development Sub Committee via relevant Executive or Area Director	Led by relevant WACHS Central Office Executive Lead and Clinical lead with support from Planning Team and possibly contracted Health Planners/ consultants.	CEO and Board Chair	WACHS Area Program Leads for WACHS wide strategies/ actions. Regional Directors for regional focussed initiatives	Executive and Board informed by Program / Clinical leads

Planning Activity		Planning Process: Accountability and Responsibility					
Service Planning	**Description and Purpose of Plan**	**Approval to Commence Planning and Scope of a Plan**	**Planning Process**	**Endorsing a Plan**	**Implementing a Plan**	**Monitoring and Review of a Plan**
Regional **Health District** **Health campus or Hospital or health facility**	Plan for services (all) or a program (e.g. cancer) or a health campus/hospital within a regional or Health District geographic area. **Purpose**: · to improve health outcomes for regional or district populations in response to national, state and local health priorities. · to align services with WACHS and state-wide service plans and the WA Health Clinical Services Framework · to set regional service priorities. · to improve the delivery of and access to services for a geographic region for whole or targeted regional populations. · To plan for patient flows and linkages between the larger 'hub' and smaller sites, and between the region and metropolitan secondary and tertiary services.	Strategy and Service Development Sub Committee via the Regional Director and Chief Operations Officer	Regional Directors and local Operations Managers with support from the WACHS Planning and Evaluation team and, if required, contracted Health Planners	WACHS Chief Executive	Regional Directors with support from relevant Area Program leads	Regional Directors

Appendix 1: Service planning principles

The key principles outlined below provide a foundation for services planning. These principles are based on international, national and statewide trends for health service delivery with particular acknowledgement to Queensland Health[2].

Planning with our communities
- In accordance with the National Safety and Quality Health Service Standards, there must be mechanisms in place for our consumers, carers, staff, health partners, other key stakeholders and local citizens to be meaningfully engaged in health service planning and evaluation processes, including Aboriginal and other culturally diverse groups.
- The extent and focus of the consultative process depends on the level at which the plan is being developed (refer Table 2). 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.

Planning to improve population health outcomes
- Planning will focus on improving the health and wellbeing of target populations such as Aboriginal communities, and vulnerable groups, such as those with mental health and/or drug and alcohol issues, those that are experiencing poverty or have poor access to education.
- Available evidence collected from several rather than unique sources.

Planning that is patient or client focused
- Service models that promote family, patient/client and community centred care.
- Coordinate the patient journey through partnerships and collaboration within and across the public, private, non-government and other health sectors.
- Supporting greater health self-management.

Planning for safe, high quality services
- New and innovative approaches to clinical practice and models of service delivery consistent with contemporary, evidence based practice, clinical standards, policy directions and emerging technology.
- Planning will be based on quantitative and qualitative evidence from a range of data and information sources (not just a single source).
- Implementation of new service developments, service improvements and clinical service redesign to effect change will be via established methodologies and be monitored and evaluated for impacts.

Planning for sustainable services

- Investment in services will seek to maximise the limited health dollar through:
    - Seeking the greatest health gain for the greatest number of people
    - 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, including contracting out services to private and NGO partners
    - Utilising a variety of demand management strategies which may include:
        - 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.

Planning for accessible services

- Delivering 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.

- Recognising that different levels and types of services (their role delineation) will be provided at local, district, regional and state-wide levels to preserve the safety, quality and sustainability of health services.

Planning for culturally appropriate services

- Considering cultural diversity in communities and the health needs of specific Aboriginal and other cultural groups.

- Ensuring consultation, engagement, planning and service delivery are sensitive to, welcoming and appropriate for different cultures.

Planning for the right workforce to deliver services

- Considering alternative and innovative workforce models and types of health practitioners (e.g. nurse practitioners, Aboriginal Liaison Officers, Therapy and Activity Assistants, Nursing Assistants) to deliver services into the future particularly when attraction and retention continues to be a significant barrier to service delivery.

- Ensuring values based leadership, engagement and development of staff to support, develop and maintain our workforce.

Planning for the right technology to support service delivery

- Considering how emerging Telehealth and other e-health and medical technologies can be used to enable safe, appropriate and quality care closer to home.

Appendix 2: The service planning process

Service planning is a process of information gathering, analysis, consideration of alternatives and strategic decision making. Figure 5 below summarises the service planning process as it evolves, including the link between strategy/CSF, service planning, implementation, monitoring and review/evaluation functions as seen earlier in the service planning cycle and framework.

Figure 5: Service Planning Process
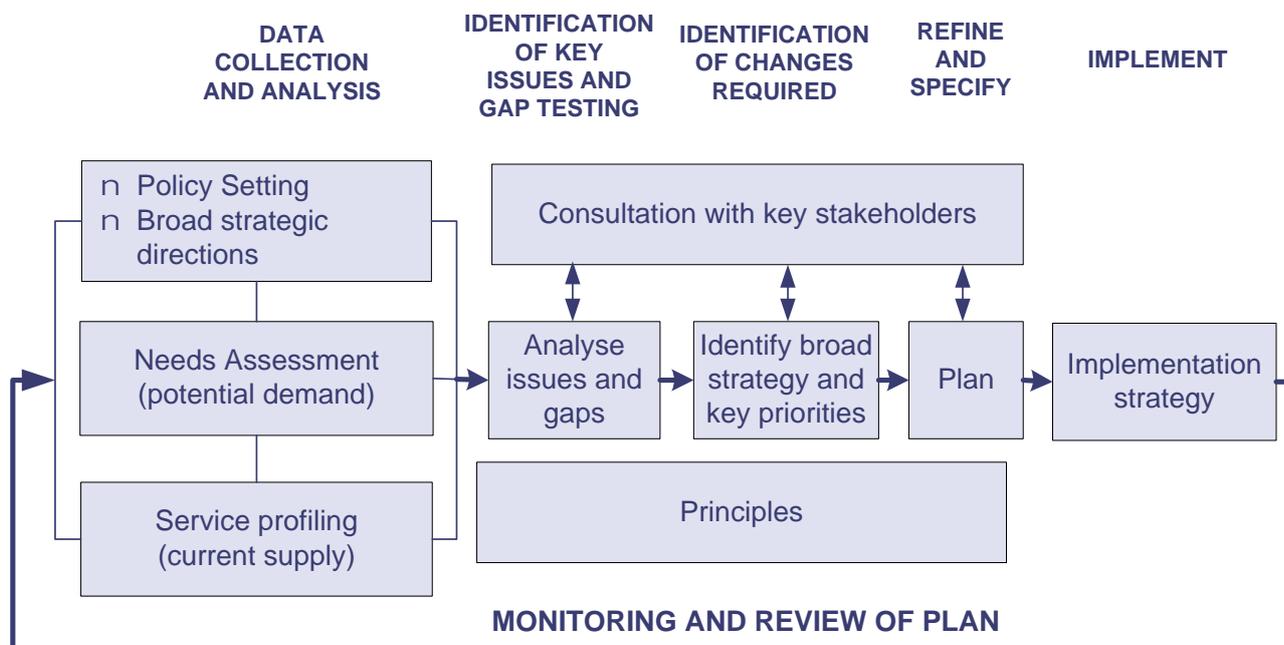
Service planning is not necessarily a linear process once the project scope and project work plan are endorsed. Some of the various components can occur concurrently and staff, consumer and other stakeholder engagement occurs throughout the process (refer earlier planning framework).

1. **Scope and plan the planning activity**
   i. Define the planning scope and parameters
   ii. Establish the governance structure
   iii. Identify the key stakeholders and prepare a consultation and engagement plan
   iv. Prepare a project work plan for the planning activity.

2. **Understand the planning context, service environment and health need**
   i. Understand the strategic policy and planning context including CSF role levels for service types by hospitals and regions
   ii. Understand the geographic/ socio-economic catchment
   iii. Profile the population now and into the future
   iv. Profile the health status now and into the future by Aboriginality
   v. Analyse service use (activity), patient flows, and activity projections
   vi. Describe current service arrangements and service models.

3. Identify the service gaps and service needs
i. Identify and describe the health service gaps, needs and issues now and into the future
ii. Identify the priority health needs
iii. Research and identify contemporary service delivery models, models of service delivery and strategies to address the priority health needs.

4. Prepare the Service Plan document
i. Bring all the information together into a WACHS Service Plan Template
ii. Seek feedback from stakeholders on the draft service plan document
iii. Seek endorsement for the final draft Service Plan (refer Table 2).

3.2 Implementation, Monitoring and Evaluation

In summary the following occurs after a service plan process is complete:

· **Endorsement**: It is essential that the service plan is reviewed and *endorsed* through the WACHS governance mechanisms. Once endorsed it can inform*:*

- **Implementation planning, delivery** and monitoring of prioritised service developments at the regional level and the WACHS wide initiatives (refer 4.2)
- **Re-design or reconfiguration** of existing services for improvement
- **Business cases** for:
    o new services and additional staff
    o health information management systems and training
    o new information, communications and telehealth technology and services and training
    o redeveloped or new health facilities[9].

In more detail the implementation process includes:

1. Project manage implementation of the strategy and service plan
Using project management methodology and tools:
i. **Establish the governance** overseeing implementation including terms of reference.
ii. **Prepare a high level implementation plan** for delivering the service plan recommendations – this may include a Gantt chart or similar. Prioritisation and phasing of implementation may be required.
iii. **If it is a complex change then detailed project or work plans** can be produced to set out the processes and tasks to deliver the **future service models**, and improved patient journeys through the system for care.
iv. The **workforce**, information systems, communication, medical and telehealth **technologies**, metropolitan-country partnerships and other service provider **partnership**s required to make the changes happen also need to be identified and mapped out in this phase.

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[9] A service plan should not attempt to define exactly what is to be built and where beyond broad bed numbers, statements about an appropriate environment to support service delivery and functional relationships between different service elements or hospital units. Detailed facility considerations occur throughout the later stages of facility planning and design.

     v. **Prepare a change management** plan – how the change will be progressed.

    vi. **Prepare a stakeholder engagement** plan – how and when you will consult and engage with those affected or contributing to the change.

   vii. **Assess the risks** for service change and implementation and prepare a risk management plan.

  viii. **Identify resource implications** (workforce, ICT, Telehealth, infrastructure, clinical/medical technologies) and an implementation budget.

    ix. **Monitor implementation regularly** through your governance structure.

It is these various implementation aspects and elements that enable a high level strategy service plan to be implemented effectively.

2. Develop a business case if capital or recurrent funding required

i. Develop a business case using a WACHS business case template or an external funding submission.

3. Prepare more detailed service delivery models

i. Document the new or changing service models in more detail

ii. Workshop the models with those staff and stakeholders affected by the change

iii. Develop any new policies, procedures or forms as required

4. Develop a Monitoring and Evaluation Framework and Project Plan

This will guide the regular monitoring of implementation through performance and process measures, and later evaluate the impacts of service developments for consumers, carers, staff, health partners and others.

i. Document and plan carefully for how you will regularly monitor the performance of the new or improved service and how you will evaluate the impact of the changes on consumers, staff and performance.

ii. Monitor using data from existing systems where possible and also, where possible, via simple but relevant consumer or staff satisfaction surveys.

iii. Evaluate the outputs, impacts and outcomes of the service changes a year or two after implementation. Analyse the trends seen in your regular monitoring data and by other methods such as focus groups, interviews, community or consumer surveys (e.g. quality of life, service satisfaction) – using surveys that are tested, valid and reliable.

iv. Seek guidance and templates from your regional research and evaluation officer if your region has this position, or from the WACHS Planning and Evaluation team.

More information on program or service evaluation can be found on the WACHS Monitoring and Evaluation intranet page or on the Department of Treasury's Program Evaluation website.

4. Roles and Responsibilities

Refer Table 1 for roles and accountabilities within the planning process.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Evaluation of this policy is to be carried out by the Manager Planning and Evaluation. The following means or tools are to be used:

·   Review through WACHS Strategy and Service Development Committee and other key stakeholders.

7. Standards

National Safety and Quality Health Care Standards - Standard 2
EQuIPNational Standards - 15.1.1
Aged Care Accreditation Standards - Standard 3
National Standards for Mental Health Services - Standard 2

8. References

WA Clinical Services Framework 2014-2024

9. Policy Framework

Clinical Services Planning and Programs Policy Framework

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

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