



Government of Western Australia
Department of Health
WA Country Health Service

Summary of National and State Government Policies for WA Country Health Service Planning

Revised October 2015

Working together for a healthier country WA

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1 OVERVIEW

The purpose of this document is to:

1. Summarise the key Commonwealth Government, Western Australian (WA) State Government policies and Government commitments that inform the way the *WA Country Health Service (WACHS)* plans for and delivers services to rural and remote areas of Western Australia.
2. Be a reference document for WACHS service plans and business cases. Service plans and business cases summarise the implications of these service reform policies, where necessary for health regions and district. This document should be referenced within service plans and business cases as it provides detail on relevant service reform policies and government commitments aim to reform health services to meet future demands and provide the strategic direction for service development at a local level.

Meeting the future demand for health services is not only about increasing staff numbers and bed capacity of health facilities. Meeting demand also requires reconfiguring service delivery across the continuum of care with consideration to population demographics, epidemiology, technology and medical advancements.

The policies and commitments highlighted in this document include a range of:

- National health (and related sectors) funding, policy direction and system reforms
- State health funding arrangements , legislation, policy direction and system reforms
- Other State based policy and reform that impact on health service provision
- Other State level commitments to health funding and/or services; and
- WACHS strategic priorities, reform agendas and recent service review recommendations.

This document is not intended to be a comprehensive review, but provides a brief outline of the selected policies, directions and other commitments. Where possible links are provided for the reader to access greater detail if required. Please note that while checked for accuracy at the time of publication, the information and links within the document may be superseded over time.

2 COMMONWEALTH GOVERNMENT POLICY

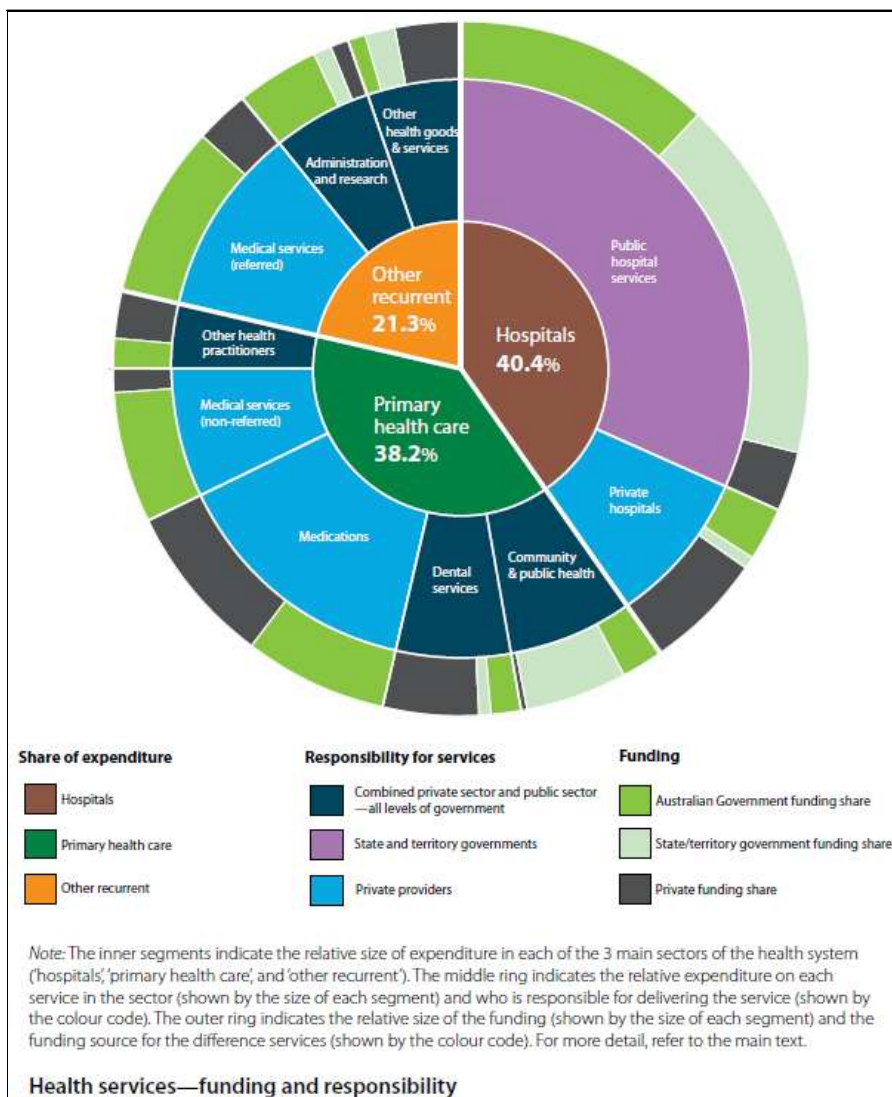
2.1 Australian Health Care System – funding, provision and regulation

2.1.1 Australian health care system

The Australian health system encompasses a wide range of public, non-government and private service providers including medical practitioners, nurses, allied health and other health professionals, and services within hospitals, clinics, and government and non-government agencies.

'Health' is a complex system supported by a range of legislative, regulatory and funding arrangements, which involves three levels of government, non-government organisations, health insurers and individual Australians (refer to Diagram 1 below).

Diagram 1 Australian health care funding and responsibilities



Source: Australia's Health 2014, Australian Institute of Health and Welfare (AIHW)

Note: Excludes the Aged Care Sector which is categorised 'welfare' by AIHW. Community and Residential aged care services are funded primarily by the Commonwealth government and provided by either the public system (e.g. WACHS) or private or non-government provider.

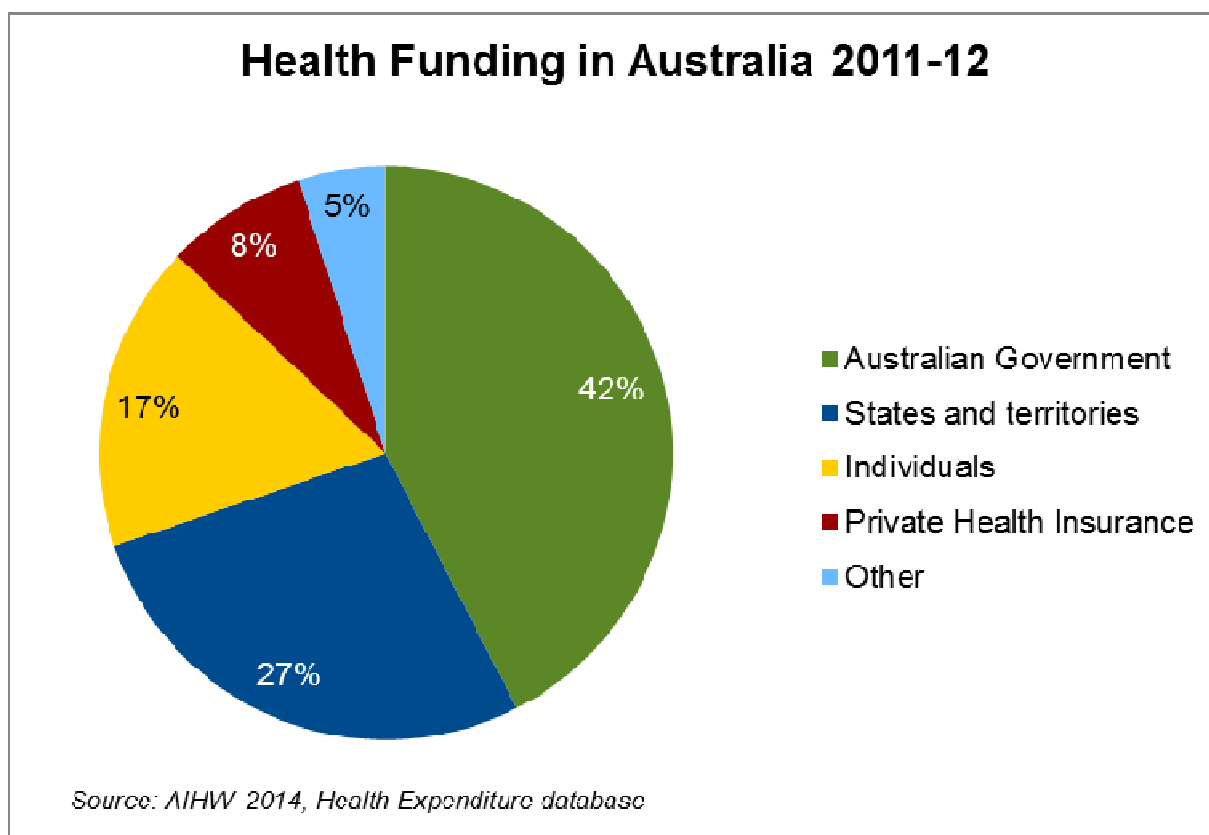
2.1.2 Who funds the health system?

In 2011-12, total Australian health expenditure was \$140.2 billion, accounting for 9.5% of National gross domestic product (AIHW 2014). This amount is 1.7 times the \$89.9 billion expenditure in 2001-02, with health expenditure growing faster than population growth. (AIHW, 2014) The growth in expenditure can be largely attributed to the increased prevalence of chronic conditions and also the introduction of new health technologies (AIHW, 2014).

The Commonwealth Government is the largest contributor to health funding primarily through the two national subsidy schemes, the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). The Australian Government and state and territory governments also jointly fund public hospital services. Overall more than almost seventy per cent of total health expenditure in Australia is funded by government (national 42.4%, state/territory 27.3% (refer to Figure 1 below).

Individuals community members fund seventeen per cent of the total funding in 2011-12), with private health insurers contributing eight per cent, and accident compensation schemes contributing further five per cent toward health funding (AIHW, 2014).

Figure 1 Health Funding in Australia



Please note that since 2008 there has been an extensive program of health system reform within Australia. This will impact on the way in which services are both delivered and funded. The *National Health Reform Agreement 2011* (discussed further at 2.2) contains a list of 'Schedules' outlining various health reform funding arrangements between the Commonwealth and State.

2.1.3 Aged care in Australia

While the Australian Institute of Health and Welfare does not include the provision of aged care within health expenditure, it is well recognised that the provision of community and residential aged care services can and does occur via state health services and within health facilities across the country.

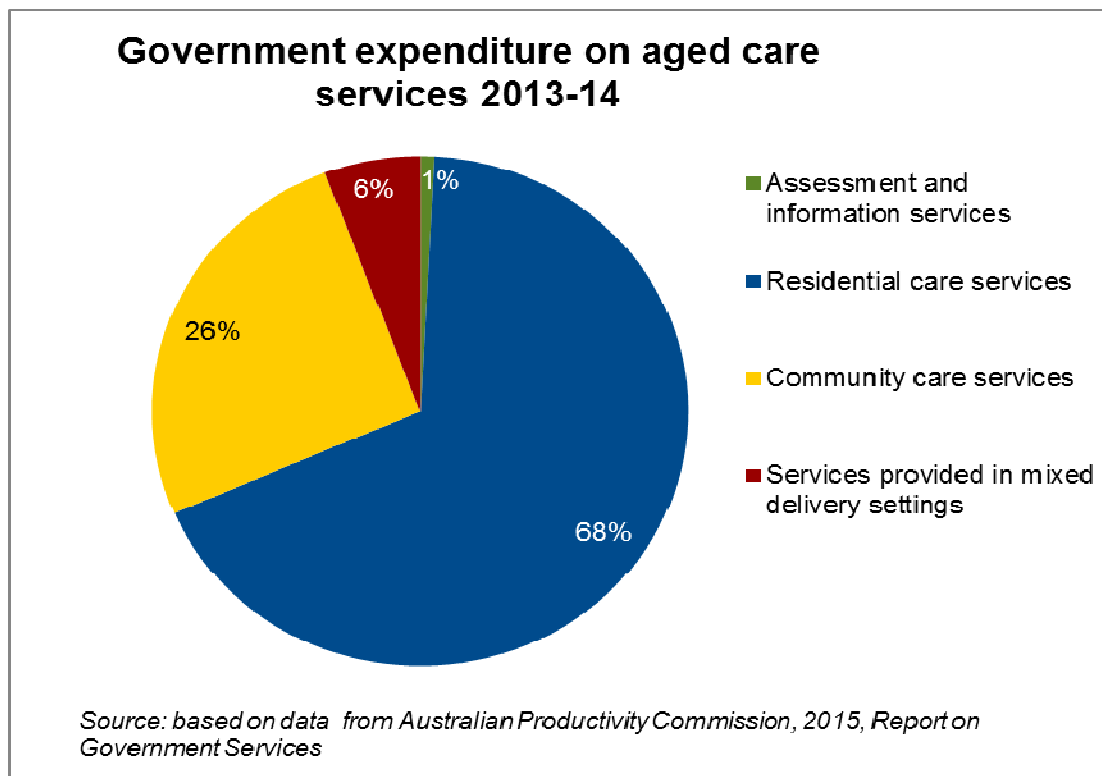
The Australian aged care system has evolved in an ad-hoc response to the needs and demands of older people in the community. The formal ‘aged care system’ (Residential Aged Care; Consumer Directed Home Care Packages; and Home and Community Care (HACC); and Commonwealth Home Support Programs) is funded and regulated by the Australian Commonwealth Government. The Australian Government has full financial and operational responsibility for HACC services for older people, except in Victoria and WA where it is a joint Australian and State governments’ program administered under the *Home and Community Care review Agreement 2007*.

Aged care delivery (both community and residential) is provided by a range of not-for-profit (religious, charitable and community groups), private sector operators as well as state, territory and local governments (Caring for Older Australians, 2011). The not-for-profit sector delivers approximately 65% of the county's residential aged care services, with the balance provided by the private sector and governments (Health Directory Australia).

2.1.4 Aged Care Funding

In 2013–14, total Australian aged care expenditure was \$14.8 billion Report on Government Services 2015). The largest proportion of current funding for both residential and community based aged care is through the Commonwealth government, although there is significant capital investment by both private, local government and not-for-profit sectors. Additionally the contribution by family members, carers and community organisations in caring for older people cannot be overlooked. Refer to Figure 2 for further detail.

Figure 2 Government Expenditure on Aged Care in Australia



The Commonwealth Government contributes the largest component for aged care services, in comparison to other sectors, funding approximately seventy per cent of residential care, with individual community members providing the next largest contribution. However it is difficult to determine the exact proportion of the expenditure by individuals and also those of the state and local government towards residential aged care. Further details of age care expenditure can be accessed via the Report on Government Services 2015 by the Australian Productivity Commission.

In recent years there has been movement away from residential type aged care, and increased government support for home-based care. Additionally there is currently an extensive reform agenda within Aged Care which will see significant changes to the future of Aged Care provision with Australia. Further information about the changes to the Aged Care system can be accessed from the Department of Social Services website: www.dss.gov.au

2.1.5 National Hospital and Health Service Pricing

The allocation of funding to WA public hospitals and health services is dependent on the established price of service provision, historical and projected activity levels, capacity to deliver services and the budget. Price setting is largely influenced by health activity and costing data.

The pricing of health service provision will be discussed further at point 3.4 WA Health Purchasing Intentions, however an awareness of the functions of the Commonwealth *Independent Hospital Pricing Authority* (IHPA) and an understanding the national efficient price, national adjustments and national weighted activity units (major factors influencing the outputs of the Activity Based Funding / Activity Based management (ABF/ABM) operating model) is recommended for health service staff.

Further information can be accessed at the website: www.ihpa.gov.au

2.2 National Health Reform Agreement (2011)

In February 2011, the Council of Australian Governments (COAG), COAG agreed to a revised range of initiatives documented in the paper *Heads of Agreement – National Health Reform* that formed the basis for the development of a new National Health Reform Agreement.

In August 2011 the National Health Reform Agreement was signed between the Commonwealth and *all* States and Territories. Under the 'Agreement', the Commonwealth is providing an additional \$16.4 billion, through to 2019-2020, for public hospitals.

The Agreement aims to deliver a nationally unified, locally controlled health system that will ensure future generations of Australians enjoy world class, universally accessible health care through the:

- introduction of new financial and governance arrangements for the Australian public hospital system and new governance arrangements for primary health care and aged care
- recognition of the State's role as system managers of the public hospital system including:
 - system-wide public hospital service planning and performance
 - purchasing of public hospital services
 - planning, funding and delivering capital; and
 - planning, funding (with the Commonwealth) and delivering teaching, research and training
- confirmation of the State's role in public health

- recognition of the Commonwealth has full funding and program responsibility for aged care (except where otherwise agreed) and has lead responsibility for general practitioners (GP) and primary health care; and
- by building on and affirming the Medicare principles, and high level service delivery principles and objectives, outcomes, outputs and measures agreed by COAG.

The following key principles underpinning the implementation of the reform are supported in delivering WACHS services to rural and remote areas:

- an effective health system, that meets the health needs of the community, requires coordination between hospital care, GP and primary health care and aged care to minimise service duplication and fragmentation
- Australians should be able to access transparent and nationally comparable performance data and information on hospitals, GPs and primary health care, aged care services and other health services
- governments should continue to support diversity and innovation in the health system, as a crucial mechanism to achieve better outcomes
- reforms should be delivered with no net increase in bureaucracy across Commonwealth and state and territory governments, as a proportion of the ongoing health workforce
- all Australians should have equitable access to high quality health care, including those living in regional and remote areas; and
- Australia's health system should promote social inclusion and reduce disadvantage, especially for Aboriginal Australians.

The Heads of Agreement – National Health Reform can be viewed at: http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf

2.3 COAG National Indigenous Reform Agreement (2008)

Overcoming Aboriginal disadvantage is a national priority and a major focus for WA and WACHS.

Background to 'Closing the Gap'

In 2008, COAG agreed to a *National Indigenous Reform Agreement (NIRA)* focussing on six key targets, as outlined in Figure 3. In support of this work, COAG has agreed to the \$1.6 billion *National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes*.

The 2008 NIRA provided an overarching framework tasking all levels of government with addressing Aboriginal disadvantage. The framework set out objectives, outcomes, outputs and performance indicators as agreed by the COAG.

The Commonwealth contributed \$805.5 million *Indigenous Chronic Disease Package* to be implemented over 4 years, with WA investing the allocated \$117.4M over 4 years in:

- tackling smoking (\$6.9M)
- providing a healthy transition to adulthood (\$44.78M)
- making Indigenous health everyone's business (\$9.78M)
- delivering effective primary health care services (\$35.35M); and
- better coordinating the patient journey through the health system (\$20.58M).

Figure 3: Council of Australian Governments National Indigenous Reform Agreement



Source: Department of Indigenous Affairs

The *Healthy Transition to Adulthood* funding was divided between two mental health initiatives:

- Social and Emotional Well-being Services and Primary Care for Aboriginal people (\$22.3M) for early intervention; youth engagement; sexual health; education; men's health; women's health; and drug and alcohol awareness.
- To establish the Statewide Specialist Aboriginal Mental Health Service (\$22.47M) for Aboriginal people with serious mental illness or mental disorders.

For WA Health, there were two aspirational targets through the NPA's on *Closing the Gap in Indigenous Health Outcomes* (CtG) and *Indigenous Early Childhood Development* (IECD):

- closing the gap in life expectancy within a generation; and
- halving the gap in mortality rates for Indigenous children under five within a decade.

The NPA on *Closing the Gap in Indigenous Health Outcomes* can be viewed at: http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/ctg-health-outcomes/national_partnership.pdf

Further information can be found at www.health.gov.au

2.4 National Aboriginal and Torres Strait Islander Health Plan 2013-2023

In 2003 the Commonwealth released a 10 year *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013* with the following three aims:

- Increase life expectancy to a level comparable with non-Indigenous Australians
- Decrease mortality rates in the first year of life and decrease infant morbidity
- Strengthen the service infrastructure essential to improving access by Aboriginal and Torres Strait Islander peoples to health services

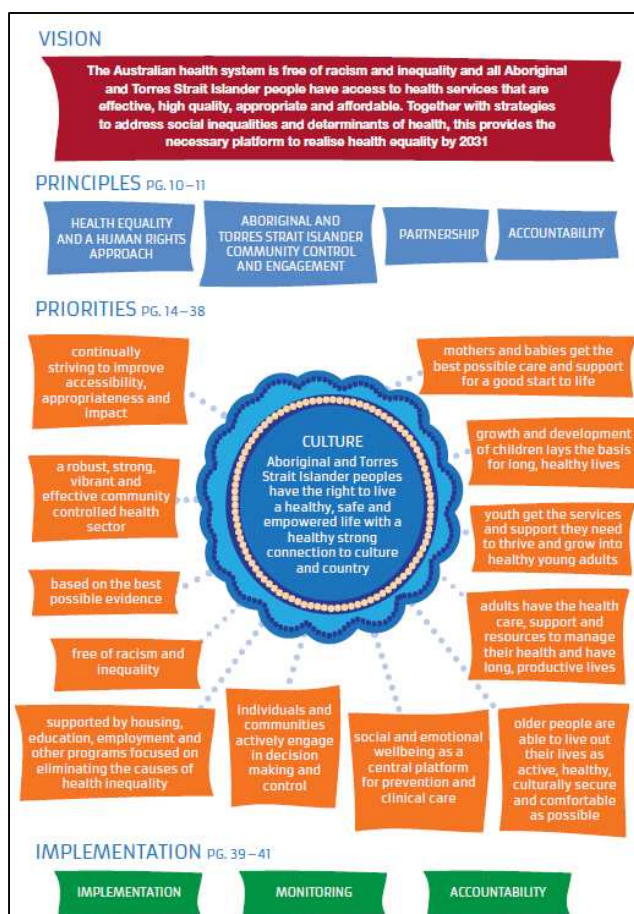
Following a 2006 progress report, the Commonwealth Department of Health and Ageing, developed the Australian Government Implementation Plan (2007-2013) which identified the following priority areas of focus:

- Smoking, nutrition, alcohol, physical activity, overweight and obesity
- Chronic disease management (including uptake of Medicare health checks)
- Access to primary health care (including mainstream GPs) and secondary/tertiary care
- Sexually transmissible infections (including HIV and blood borne viruses)
- Oral health
- Social and emotional well-being (including substance use and mental health)
- Urban areas (accessibility, appropriateness and affordability of health services)
- Health determinants – education, employment, economic development, housing and environmental conditions

Building on these efforts, the Australian Governments worked in partnership with Aboriginal and Torres Strait Islander people to develop the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, which sets out along-term, evidence-based policy framework supporting the achievement of the Closing the Gap in Indigenous disadvantage targets, set out in 2008.

The Health Plan builds on the United Nations Declaration on the Rights of Indigenous Peoples. It adopts a strengths-based approach to ensure policies and programs improve health, social and emotional wellbeing, and resilience and promote positive health behaviours. It emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people and the rights of individuals to a safe, healthy and empowered life.

For more information refer to:



[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

2.5 National Primary Health Care

In 2010 the Commonwealth Government released the *Building a 21st Century Primary Health Care System – Australia’s First National Primary Health Strategy*, which provided the first National strategy to guide future primary health care policy and planning in Australia.

The Commonwealth subsequently developed a framework the *National Primary Health Care Strategic Framework (April 2013)* to support strategy implementation. The Framework is endorsed by the Standing Council on Health and presents an agreed approach for creating a stronger, more robust primary health care system in Australia.

The vision for primary health care in Australia is to:

- improve health care for all Australians, particularly those who currently experience inequitable health outcomes;
- keep people healthy;
- prevent illness;
- reduce the need for unnecessary hospital presentations; and
- improve the management of complex and chronic conditions.
-

The Framework focuses on four strategic outcomes:

- building a consumer focused and integrated primary health care system;
- improving access and reducing inequity;
- increasing the focus on health promotion and prevention, screening and early intervention; and
- improving quality, safety, performance and accountability.

The Commonwealth in partnership with each state and territory will develop state-specific bilateral plans to implement the Framework. These plans will specify the actions to be undertaken to address the issues of most importance within each jurisdiction and where collaborative action can make the greatest gains.

Further details of the state roll out of health reform are noted at Section 3.

For more information: www.health.gov.au and www.yourhealth.gov.au

2.6 National Aged Care Strategy and Reform

2.6.1 Living Longer Living Better

Commencing in 2012/13, the Living Longer Living Better policy paper set out a blueprint of reform in the aged care sector. These reforms were designed to be rolled out in three phases over a ten year period. The second round of reforms provide a key focus on significantly improving access and choice for consumers, and strengthening system sustainability. The 2015 changes build on those already achieved, including:

- Greater consumer choice and flexibility:
 - All Home Care Packages to be delivered on a Consumer Directed Care basis. Consumer Directed Care will introduce the concept of individualised budgets thus providing clients with choice and control over the way their funding is spent.
 - The My Aged Care website will provide consumers with access to details in relation to all aged care providers including their specific services, fees, charges and any other information of relevance to their services. Aged people in all states, except

WA, will be able to use the My Aged Care website as an initial point of contact for access to aged care services. WA will continue to use the Regional Assessment Services and Aged Care Assessment Teams as the points of contact for aged care service referrals.

- Implementation of the national voluntary quality indicators for aged care. Quality indicators for aged care are indicators that measure aspects of service provision and contribute to the quality of care and services given by the provider, and consumers' quality of life and experiences. These are being rolled out from May 2015 on a voluntary basis although all providers are asked to participate in the project.
- Growing the sector
 - Creation of the Commonwealth Home Support Program. (CHSP). The CHSP blends the existing programs of HACC, NRCP, ACHA and DTU to create a single program – the Commonwealth Home Support Program. This will commence on 1 November 2015 in all states except WA. In WA the HACC program will continue to be funded jointly by State and Commonwealth. Programs such as NRCP DTU ACAH will however be combined in WA and will be jointly referred to as CHSP.
 - Regional Assessment Services will be implemented in all states to bring them in line with WA (where they have been in operation since 2010). In all states except WA, the regional assessment services will be available to consumers via the My Aged Care website.
- Public and private funding
 - Introduction of a national fees policy for the Commonwealth Home Support Program. - this will include means testing for all aged care services, and is based on the principle that all aged care recipients should make some contribution to the cost of their care.

2.7 National Disability Insurance Scheme (NDIS)

Whilst not health sector funding, funding support within the disability sector does have an impact on the health sector (directly and indirectly). In recent years, there have been increasing calls for the introduction of a new mechanism for funding support for people with disability.

In 2011, a Australian Productivity Commission (APC) Disability Care and Support report found that *'the current disability support system is underfunded, unfair, fragmented, and inefficient. It gives people with a disability little choice, no certainty of access to appropriate supports and little scope to participate in the community'*.

The APC proposed that the Commonwealth, state and territory governments would establish a single agency, the National Disability Insurance Agency (NDIA), to administer and fund the new National Disability Insurance Scheme (NDIS). The NDIS aims to enables people with disability to exercise greater choice and control in the pursuit of their goals and the planning and delivery of their supports.

The implementation history and current status of NDIS within WA is detailed below:

- On 7 December 2012 COAG signed the Intergovernmental Agreement Disability Insurance Scheme Launch, following recommendations of the 2011 APC Report
- The National Disability Insurance Scheme Act 2013 received Royal Assent on 28 March 2013
- On 5 August 2013 the former Prime Minister and the Premier of Western Australia signed the Agreement between the Commonwealth and the Western Australian Governments for disability reform in Western Australia.

- On the 31 March 2014 two additional agreements were signed between the Commonwealth and Western Australia.
 - Bilateral Agreement for NDIS Trial between the Commonwealth Government and Western Australia, relating to the NDIS NDIA Perth Hills trial site
 - National Partnership Agreement (NPA), relating to the Disability Services Commission (DSC) My Way trial sites in Lower South West and Cockburn/Kwinana

Under these agreements the Commonwealth and Western Australian Governments will contrast and evaluate the two NDIS approaches for the delivery of disability services in different locations over a two year period.

- The Bilateral Agreement and the NPA with the Commonwealth articulates the funding contributions by parties for the pilot approaches. The Commonwealth will contribute 40 per cent of package costs in cash or direct service provision (in-kind). WA State government will provide 60 per cent of package costs in cash or direct service provision (in-kind). WA's in-kind funding was drawn from a range of existing service programs for people with disability.
- An independent comparative evaluation of services and outcomes between the approaches will be undertaken throughout the period of the trial to inform determine and inform the national roll-out of disability reform.
- The Commonwealth model is being implemented in the Perth Hills (Shires of Kalamunda, Mundaring and Swan) and will be administered by the NDIA.
- The WA model is being implemented by the DSC in the Lower South West (LSW) region (July 2014) and will be expanded to include the Cities of Cockburn and Kwinana (July 2015). The WA model will be referred to as WA NDIS My Way.
- The Commonwealth and WA share a responsibility to continue to provide their respective services for people with disability who are not receiving support through the My Way trial or NDIS trial sites. This includes those people with disability residing in a trial site catchment but not eligible for registration with My Way/NDIS.

Further information can be sourced at: www.ndis.gov.au or www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/.

2.8 National Safety and Quality Standards and EQiP National

The Australian Commission on Safety and Quality in Health Care leads and coordinates improvements in a number of areas relating to safety and quality in health care across Australia.

The Commission's vision is set out in the Australian Safety and Quality Framework for Health Care which was endorsed by the Australian Health Ministers in 2010. The Framework describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision. The Framework specifies three core principles for safe and high-quality care. These are that care is consumer centred, driven by information, and organised for safety. The Commission has developed the National Safety and Quality Health Service (NSQHS) Standards to drive the implementation of safety and quality systems and improve the quality of health care in Australia. The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services. The NSQHS Standards are mandatory for health services from 1 January 2013.

In response to the NSQHS standards the Australian Council on Healthcare Standards has developed EQiP National, a four-year accreditation program for health services that will ensure a continuing focus on quality across the whole organisation, for organisations required to be accredited to the NSQHS Standards. The Australian Council of Health Care Standards (ACHS) is

one of many NSQHS endorsed accreditation agencies and is currently contracted by many WA health services to undertake hospital and health service accreditation, including WACHS. ACHS adds a further five focus areas in addition to the 10 NSQHS Standards (refer to the overview below) and their accreditation framework is called EQUiPNational.

Table 1 NSQHS Standards (1-10) plus EQUiP Areas (11-15) – Quick Overview

	Standards	Criterion
1	Governance for Safety and Quality in Health Service organisations	<ul style="list-style-type: none"> Governance and quality improvement system Clinical practice Performance and skills management Incident and complaints management Patient rights and engagement
2	Partnering with Consumers	<ul style="list-style-type: none"> Consumer partnership in service planning Consumer partnership in designing care Consumer partnership in service measurement and evaluation
3	Preventing and Controlling Healthcare Associated Infections	<ul style="list-style-type: none"> Governance & systems for infection prevention, control and surveillance Infection prevention and control strategies Managing patients with infections or colonisations Antimicrobial stewardship Cleaning, disinfection and sterilisation Communicating with patients and carers
4	Medication Safety	<ul style="list-style-type: none"> Governance and systems for medication safety Documentation of patient information Medication management processes Continuity of medication management Communicating with patients and carers
5	Patient Identification & Procedure Matching	<ul style="list-style-type: none"> Identification of individual patients Processes to transfer care Processes to match patients and their care
6	Clinical Handover	<ul style="list-style-type: none"> Governance and leadership for effective clinical handover Clinical handover processes Patient and carer involvement in clinical handover
7	Blood and Blood Products	<ul style="list-style-type: none"> Governance & systems for blood & blood product prescribing & clinical use Documenting patient information Managing blood and blood product safety Communicating with patients and carers
8	Preventing and Managing Pressure Injuries	<ul style="list-style-type: none"> Governance & systems for the prevention & management of pressure injuries Preventing pressure injuries Managing pressure injuries Communicating with patients and carers
9	Recognising & Responding to Clinical Deterioration in Acute Health Care	<ul style="list-style-type: none"> Establishing recognition and response systems Recognising clinical deterioration and escalating care Responding to clinical deterioration Communicating with patients and carers
10	Preventing Falls and Harm from Falls	<ul style="list-style-type: none"> Governance and systems for the prevention of falls Screening and assessing risks of falls and harm from falling Preventing falls and harm from falls Communicating with patients and carers
11	Service Delivery	<ul style="list-style-type: none"> Information about Services Access and Admission to Services Consumer / Patient Consent Appropriate and Effective Care Diverse Needs and Diverse Backgrounds Population Health
12	Provision of Care	<ul style="list-style-type: none"> Assessment and Care Planning Management of Nutrition Ongoing Care and Discharge / Transfer End-of-Life Care

13	Workforce Planning and Management	<ul style="list-style-type: none"> • Workforce Planning • Recruitment Processes • Ongoing Employment and Development • Employee Support and Workplace Relations
14	Information Management	<ul style="list-style-type: none"> • Health Records Management • Corporate Records Management • Collection, Use and Storage of Information • Information and Communication Technology
15	Corporate Systems and Safety	<ul style="list-style-type: none"> • Strategic and Operational Planning • Systems and Delegation Practices • External Service Providers • Research Governance • Safety Management Systems • Buildings, Plant and Equipment • Emergency and Disaster Management • Physical and Personal Security • Waste and Environmental Management

Sources: <http://www.safetyandquality.gov.au/> and <http://www.achs.org.au/achs-equipnational/>

2.9 Child Health and Early Years

2.9.1 National Child and Youth Strategic Framework for Health (in development)

The National Child and Youth Strategic Framework for Health identifies key strategic priorities for child and youth health in Australia. The Framework will guide the collective efforts of governments and professionals towards a shared national vision to improve child and youth health outcomes. It will assist in developing national service strategies that delineate roles and responsibilities and set priorities, so that action can be taken where it is most needed and within the context of current policy initiatives.

Consultation was held between June and November 2014 to inform the development of the draft Strategic Framework. This consultation included face-to-face forums in every State and Territory. In addition, a large number of written and online survey responses were received from stakeholders across Australia.

The Strategic Framework is receiving final revision prior to submission to the Australian Health Ministers' Advisory Council.

Further information is available at: www.health.gov.au

2.9.2 Commonwealth Foetal Alcohol Spectrum Disorder Action Plan (May 2014)

The Commonwealth has identified five priority areas for action to reduce the impact of FASD across Australia. A range of specific actions for the Commonwealth to lead have also been identified under each of these priorities. The main aims are to:

- support a whole of government approach to the issue of FASD
- take a whole of population approach to the issue, whilst noting that targeted approaches should be pursued for populations at greatest risk
- recognise the preventable nature of FASD and support continuation of existing activities
- support access by children and families to services based on need and level of functional impairment; and

- support the health and broader workforce to prevent FASD and to better respond to the needs of families.

This Action Plan builds upon the existing investment to date in gaining a better understanding of FASD and aims to improve outcomes for FASD affected infants as well as reducing the incidence of this preventable disorder. The categories for actions are:

- enhancing efforts to prevent FASD
- secondary prevention targeting women with alcohol dependency
- diagnosis and management
- targeting measures supporting prevention and management of FASD within Indigenous communities and families in areas of social disadvantage; and
- National coordination, research and workforce support.

Other policy documents relevant to child and youth health and early development include:

- National Framework for Universal Child and Family Health Services 2011
- National Breastfeeding Strategy 2010-2015
- National Safe Schools Framework
- National Strategic Framework for Rural and Remote Health
- Protecting Children is Everyone's Business, National Framework for Protecting Australia's Children 2009 – 2020
- National Framework for Secondary and Tertiary Child Health Services (in development)
- Australian Childhood Immunisation Register (ACIR)

Further information is available at: www.health.gov.au

2.9.3 The Child Dental Benefits Schedule (CDBS)

The CDBS commenced on 1 January 2014 and replaced the Medicare Teen Dental Plan. The Schedule provides access to benefits for basic dental services to around 3.4 million children aged 2-17 years (deemed eligible via means testing). The total benefit entitlement is capped at \$1,000 per child over a two calendar year period. Once assessed as eligible, a child is eligible for the calendar year regardless of changes in eligibility criteria.

The range of basic services includes examinations, x-rays, cleaning, fissure sealing, fillings, root canals and extractions. Orthodontic, cosmetic dentistry and services provided in a hospital are excluded.

Child Dental Benefits Schedule is administered through the Department of Human Services.

More information can be sourced at: www.health.gov.au and www.humanservices.gov.au

2.10 National Mental Health Reform

Since 1992 Australia has had a National Mental Health Strategy and Policy, and successive four years plans to action them. However, Australia continues to struggle to respond to the challenges in delivering better mental health and suicide prevention services, and recent health reform has seen the introduction of several initiatives focussed on improving sector and service coordination, and mental health outcomes.

2.10.1 Roadmap for National Mental Health Reform 2012-22,

Roadmap for National Mental Health Reform 2012-22, was endorsed by COAG in December 2012 and outlines the mental health reform directions for the ten year period. The Roadmap also re-commits the Australian Government and states and territories to working together towards real improvements in the lives of people with mental illness, their families, carers and communities. As part of the new governance and accountability arrangements a new working group on mental health reform was established, with assistance from an expert reference group chaired by the National Mental Health Commission.

2.10.2 National Mental Health Commission

The **National Mental Health Commission** was established in January 2012, and is the first national whole-of-government body with a focus on all aspects of mental health as an issue for people, families, communities; and national economic and social prosperity. The Commission recognises that many factors contribute to recovery, including access to good clinical treatment, a safe home, strong relationships and financial security, and provides advice to the Australian Government and others, and works to build and maintain relationships across levels of government, international agencies, the private and non-government sectors and the wider community.

2.10.3 National Mental Health Review 2014

The Commonwealth tasked the National Mental Health Commission (NMHC) with conducting a national review of mental health programmes and services. The final report was provided to the Commonwealth Government on 1 December 2014 and fulfils a Coalition election commitment. The Review is framed on the basis of making changes within existing resources and it makes recommendations for Government to consider, to create a system that supports the mental health and wellbeing of individuals, families and communities to lead a contributing life and to engage productively in the community.

This included programmes and services which have as a main objective:

- prevention, early detection and treatment of mental illness
- prevention of suicide
- mental health research, workforce development and training; and/or
- reduction of the burden of disease caused by mental illness.

To achieve the required system reform, the Commission recommends changes to improve the longer-term sustainability of the mental health system based on three key components:

1. person-centred design principles
2. new system architecture
3. shifting funding to more efficient and effective 'upstream' services and supports.

These principles underpin the Commission's 25 recommendations across nine strategic directions which guide a detailed implementation framework of activity over the next decade. Together they form a strong and practical plan to reform Australia's mental health system.

Further information can be found at: www.mentalhealthcommission.gov.au

2.10.4 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013

The **National ATSI Suicide Prevention Strategy - May 2013** encompasses the Aboriginal and Torres Strait Islander peoples' holistic view of mental health, physical, cultural and spiritual health and has an early intervention focus on building strong communities through more community-focused and integrated approaches to suicide prevention.

The National Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group provided guidance in the development of the Strategy, which commits the Government to genuine engagement with Aboriginal and Torres Strait Islander peoples to develop local, culturally appropriate strategies to identify and respond to those most at risk within our communities. The Strategy has been informed by extensive community consultation with 14 community meetings held across Australia attended by 446 people, a national expert workshop, and a website that received 48 contributions directly from the community.

The Key Action areas outlined in the Strategy are:

- 1: Building strengths and capacity in Aboriginal and Torres Strait Islander communities
- 2: Building strengths and resilience in individuals and families
- 3: Targeted suicide prevention services
- 4: Coordinating approaches to prevention
- 5: Building the evidence base and disseminating information
- 6: Standards and quality in suicide prevention

Further information can be found at: www.health.gov.au

2.11 National Electronic Health Records (eHealth)

Within Australia patient health information is recorded by a wide range of systems, across a wide range of locations including general practices, hospitals, imaging centres, specialists, and allied health practices, which can make it difficult for both health providers and patients to access relevant information in a timely manner.

Electronic health records contain a summary of patient health information, while more detailed patient information remains available in health information systems held at other locations.

The eHealth record system aims to slow the growth of healthcare costs and improve the health of Australia's population through the better access to more health information, more efficient use and management of patient information, making continuity of care easier and improving treatment decisions.

While people seeking health care in Australia can now choose to register for an eHealth record, there are more benefits will be gained in the future as:

- more features become available in the system
- more people register and ask their healthcare professionals to start using their record; and
- more healthcare organisations upgrade their systems to be able to participate in the eHealth record system.

Further information can be found at: <http://publiclearning.ehealth.gov.au/hcp/what-will-it-mean/patient-journeys/>

WA Health Policies

2.12 WA Health Strategic Intent 2015-2020

The WA Health Strategic Intent document outlines the vision, values and priorities for WA Health and WACHS. The Strategic Priorities are:

1. Prevention and Community Care Services
2. Health Services
3. Chronic Disease Services
4. Aboriginal Health Services

The seven Enablers for 2015-2020 are: Workforce, Accountability, Financial Management, Partnerships, Infrastructure, ICT and Research and Innovation.

Further information can be found at: www.health.wa.gov.au

2.13 WA Health Operational Plan 2015-2016

The WA Health vision is to deliver a safe, high quality and sustainable health system for all Western Australians is underpinned by four strategic priorities, which are supported by a number of enablers, as outlined in the Strategic Intent 2015-2020

Strategic Intent Priorities	Strategic Intent Enablers
Defines WA Health priority business focus	Areas through which the Priorities are achieved, supported and/or delivered by WA Health
Priority 1: Prevention and Community Care Services	Enabler 1: Workforce
Priority 2: Health Services	Enabler 2: Accountability
Priority 3: Chronic Disease Services	Enabler 3: Financial Management
Priority 4: Aboriginal Health Services	Enabler 4: Partnerships
	Enabler 5: Infrastructure
	Enabler 6: ICT
	Enabler 7: Research and Innovation

Source: The WA Health Operational Plan 2015-2016

The WA Health Operational Plan 2015-2016 does not provide details of the work that is underway across WA Health, rather it provides an overview of the priorities for the year ahead.

The milestones listed in the Operational Plan are subject to a quarterly and annual reporting process to monitor progress and achievement. This accountability process acts not only as a catalyst to continually improve our health service, but also to benchmark WA Health services against other jurisdictions.

The Operational Plan is a working document and may be revised each quarter to reflect updated priorities or new initiatives.

Further information can be found at: www.health.wa.gov.au

2.14 WA Health Reform – Better health, Better health care, Better value

The WA Health Reform Program 2015-2020 is a coordinated and integrated program of work focusing on the building blocks that underpin the essential health services delivered to the community.

The WA health system is too large and complex to continue to be run on the existing centralised governance structure with decision-making and accountability concentrated solely with the Director General. Changes are required to clarify roles, responsibilities and accountabilities at all levels and allow decision-making to be allocated more fairly across the WA health system and therefore, better meet the health needs of our communities.

Under the new model, the Director General of Health will be established as a system manager with powers to set the parameters for State-wide health service planning and delivery, the clinical roles of hospitals, procurement and monitoring in addition to the department's regulatory functions.

As System Manager, the Department of Health will become responsible for the strategic and systemwide direction and leadership of the WA health system. The role of the system manager will involve:

- ensuring the delivery of quality care in public hospitals and health services in WA
- developing, with Health Services and other partners, state wide clinical services, workforce, infrastructure and other plans as necessary to enable service delivery
- allocating resources and setting performance expectations in relation to funds provided to Health Services
- developing and issuing system wide standards, Health Service directives, and performing system-wide regulatory functions
- promoting the efficient and effective use of resources across the system
- monitoring the performance of Health Services and working with them to determine, agree and implement improvements where required.

2.14.1 Establishing Health Service Boards of Governance

In 2012 Governing Councils were established for each health service (two for WACHS). While the councils provided an important first step in supporting greater community and clinician engagement and performance monitoring and assessment at the local level, the governance changes will include the replacement of the council structure with the establishment of four Health Service Boards of Governance as separate statutory authorities from 1 July 2016.

Health Service Boards will have greater authority and opportunity to build innovative relationships and partnerships with an array of local primary, community and aged healthcare providers. The roles of Boards will include:

- overseeing delivery of hospital and health services, teaching, research and other services
- ensuring that services continue to be safe and of high quality, and are delivered efficiently and effectively
- monitoring and improving the quality of hospital and health services
- listening to clinicians, consumers and members of the community in health service planning and delivery
- working with other stakeholders, notably local primary health care services, in the planning and delivery of health care services to the communities they serve; and
- contributing to, and implementing statewide plans for clinical services, workforce, infrastructure and other system enablers.

Each Health Service Board will comprise six to ten members and it will be the Minister for Health's responsibility to make recommendations for the appointment of members, including the Chair.

Boards Chairs will provide transparency and governance assurance to the Minister of Health and Director General.

2.14.2 District Health Advisory Councils

District Health Advisory Councils (DHACs) will continue to function to ensure communities have a strong voice and engagement with local health service planning and delivery. Community input will be enhanced by direct linkages between the District Health Advisory Councils and Governing Councils. A DHAC consists of a group of people – health consumers, carers, community members and service providers who actively seek to improve service planning, access, safety and quality. DHAC composition intends to reflect a cross-section of community health interests.

For more information: <http://www.health.wa.gov.au>

2.14.3 WA Primary Health Networks

Between 2011 and 2012, over sixty 'Medicare Locals' were established around Australia as part of the National Health Reform Agreement of 2010 to improve the coordination and integration primary health care at the local level.

In 2014 the Commonwealth committed to a Review of Medicare Locals to provide independent advice on the effectiveness of the Medicare Locals and also options for future directions. The Review found:

- many patients were continuing to experience fragmented and disjointed health care that negatively impacted on health outcomes and increased health system costs; and
- identified a need for an organisation to link up the parts of the health system to improve outcomes and productivity.

The Review recommended replacing Medicare Locals with a smaller number of Primary Health Organisations. These new organisations will be called Primary Health Networks (PHNs). The establishment of the PHNs from 1st July 2015 is an opportunity to integrate primary care services across organisations and across boundaries. The WA Primary Health Alliance provides a single, state-wide organisation for a group of PHN's: WA Country Health Network, Perth North Health Network and Perth South Health Network.

For further information: www.wapha.org.au

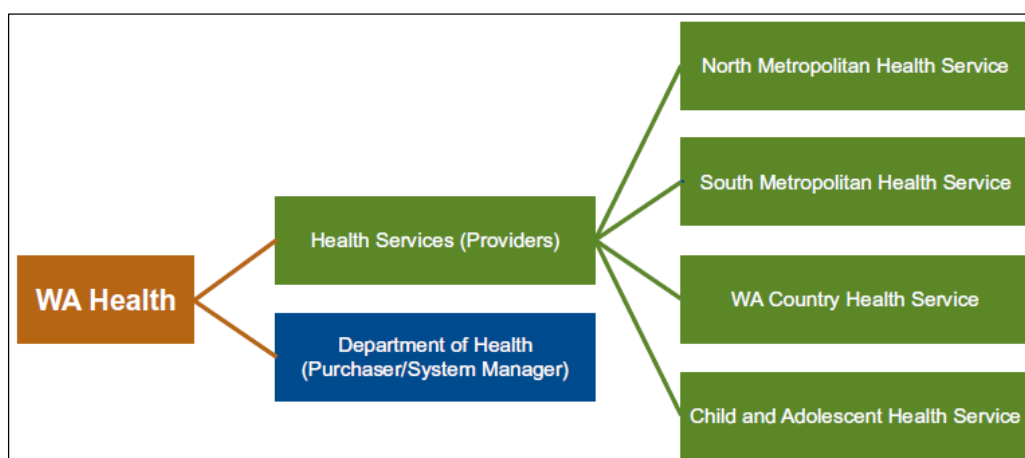
2.15 Activity Based Funding and Management

The terms Activity Based Funding (ABF) and Activity Based Management (ABM) relate to the way health services are funded by Government.

Traditionally health services in WA were funded on a historical basis. ABF means that health service providers are funded on the basis of **expected** activity (what we do for, with and to consumers, residents, clients, their families and carers).

ABF is based upon the principle of clear delineation between the role of purchaser (the Department of Health) and the provider (Health Services), with the purchasing of services from providers based on the level of activity they undertake (multiplying a unit price by the volume of activity to determine the quantum of funds for the purchase).

Figure 3 WA Health Purchaser: Provider Structure for ABF/ABM Implementation



Source: WA Health, Health Activity Purchasing Intentions 2013-14

ABM is the way WA Health plans, budgets, allocates and manages activity and financial resources to deliver safe high quality health services for the WA community.

The WA activity based health model ensures ABF tailored to the WA context. WA Health's initial ABF modelling included:

- development of weighted activity units for emergency and in-patient care (eWAU & iWAU)
- funding flow drivers for safe high quality care; and
- incentives for efficient use of public resources

In July 2010 the ABF system commenced with the use of inpatient and emergency department activity. Over time, the intent is to apply ABF to as many health activity groupings as possible.

Table 2 Activity Based Funding - Health Activity Classifications

Health Activity Group	Classification System
Inpatient Services	Australian-Refined Diagnosis Related Group (AR-DRG)
Emergency Department Services	Urgency Related Group (URG) Urgency Disposition Group (UDG)
Outpatient Services	Tier 2 Non-admitted Services Version 2.0
Subacute Care Inpatient Services	Australian National Subacute and Non-Acute Patient (AN-SNAP)

For further information go to: www.health.wa.gov.au and www.coag.gov.au

2.16 WA Health Funding and Purchasing Policy Guidelines 2015-2016

The WA Health Funding & Purchasing Policy Guidelines 2015-16 inform stakeholders of how governing frameworks, strategic policy and service delivery planning influence WA Health budget settings and funding allocations for 2015-16. The aim is to describe the Department of Health treatment (as 'System Manager') of the budget and resource allocation process for the WA's health system. The Guidelines act as a reference tool, underpinning the Service Agreements that are signed with each Health Service Provider at the beginning of the financial year.

There is a suite of underlying 2015-2016 WA Health Service Agreements including:

- Child and Adolescent Health Service (CAHS) Health Service Agreement, 2015-2016
- North Metropolitan Health Service (NMHS) Health Service Agreement, 2015-2016

- South Metropolitan Health Service (SMHS) Health Service Agreement, 2015-2016
- WA Country Health Service (WACHS) Health Service Agreement, 2015-2016

Further information can be located at: www.health.wa.gov.au

2.17 Budget & Resource Allocation (B&RA) Process for 2015-16

Setting and Distribution of WA Health Budget

For 2015-16, WA Health's total approved expense limit for the WA public health system is over \$8 billion, accounting for over a quarter of the State's total expenditure for general government services.

As part of the 2015-16 budget submission, WA Health provided the State Government with advice as to the likely volume of weighted inpatient activity, Emergency Department (ED) activity, hospital based outpatient activity and block services expected for 2015-16 and for each year of the forward estimates. This approach allows the State Government to make informed decisions through the annual budget process about the quantum of activity to be delivered by WA Health within the available State resources.

Method for Distributing the WA Health Budget

For 2015-16, the Department will continue to use an activity based allocation methodology for Health Service Providers. In broad terms, this methodology includes:

- activity based allocations based on the IHPA 2015-16 model with adjustments applied to suit WA Health specific funding requirements.
- activity based allocations for 2016-17 onwards are based on the established growth outlined in the CSF and its demand and capacity modelling.
- adjustments for circumstances such as budget constraints as well as contracted privately-provided public hospital services, post-CSF arrangements, and/or other relevant factors.
- Block funded services are cost escalated and grown by an expected population growth factor.

Further information can be located at: www.health.wa.gov.au

2.18 WA Health Clinical Services Framework 2014-2024

The WA Health Clinical Services Framework (CSF) is the principal, government endorsed clinical service planning framework document for the WA public health system. The CSF is designed to inform and guide short and long term health services planning, statewide infrastructure development, technology and workforce planning, budget forecasts and funding submissions across the public health system.

The WA CSF was first released in 2005, and is revised at intervals of approximately five years. The WA CSF 2014-2024 was released in November 2014 and was developed collaboratively via extensive and targeted consultation with a wide range of stakeholders including private hospital service providers, Medicare Locals, Governing Councils and service planners and other groups with an interest in clinical service planning.

The review has occurred a year earlier than planned in response to:

- greater than anticipated growth in the volume of demand for services
- a change in the economic environment; and
- recent and imminent adjustments to the configuration of services, including new facilities.

The WA CSF 2014 scope has been expanded to include:

- all country hospitals
- private hospital providers (those with 50 or more beds)
- outpatient services
- a more detailed community and integrated services matrix; and
- updated service definitions
- expansion of paediatric services definitions

In contrast to previous versions, the CSF 2014 explicitly acknowledges the importance of including health promotion, prevention, hospital avoidance and hospital substitution measures, and the integration of community and hospital based services.

For more information go to www.health.wa.gov.au/HRIT/docs/clinicalframework.pdf

2.19 The Department of Health – Aboriginal Health Policy

2.19.1 *WA Footprints to Better Health Strategy 2014-2018*

To build on the successes and lessons learnt from the previous Aboriginal investment by the State, the Premier announced the establishment of an Aboriginal Affairs Cabinet Sub-Committee (AACSC) in April 2013. The AACSC is tasked with increasing access to services in order to make better use of WA's investment in Aboriginal health outcomes.

In July 2013, following the establishment of the AACSC the Minister for Health announced a further \$31.41 million to support the delivery of existing Closing the Gap services and programs for the 2013/14 period while a strategy for continued investment into Aboriginal health outcomes was developed. The *WA Footprints to Better Health Strategy 2014/18* (WAFBH) outlines six evidence based WA health priorities that provide a mechanism through which WA Health will continue to support achievement of the WA Government's goal – a reduction in the life expectancy gap between Aboriginal and non-Aboriginal Western Australians. These are:

- Improve child and maternal health outcomes
- Promote a healthy transition to adulthood
- Encourage healthy lifestyles
- Prevent or reduce the impact of chronic disease
- Improve the continuity of care across the life course
- Improve mental health *

State funding of \$49.4 million has been allocated to continue implementation of the WAFBH Strategy the strategy from 2015/16 through to 2017/18. This funding will further facilitate progress towards closing the life expectancy gap through the continuation of a suite of established clinical services and patient care across WA, thus ensuring continuity and positive clinical outcomes and patient experience for the Aboriginal population (WA State Budget Estimates 2015/16). The WAFBH is administered by the Aboriginal Health Improvement Unit (AHIU) based within WACHS.

* *'Improve mental health' is being addressed separately by the WA Mental Health Commission.*

2.19.2 *WA Health - WA Aboriginal Health and Wellbeing Framework 2015-2030*

The WA Aboriginal Health and Wellbeing Framework 2015–2030 has been developed to ensure Aboriginal people in Western Australia have access to high quality health care and services, while assisting community to make good health a priority through a focus on prevention. It is a high level conceptual framework with a clear vision '*Aboriginal people living long, well and healthy lives*' and strategic directions to improve Aboriginal health and wellbeing outcomes for the next 15 years.

The Framework has been developed for Aboriginal people by Aboriginal people and acknowledges the importance of:

- culture as a determinant of health and wellbeing of Aboriginal people
- Aboriginal people's definition of health and the strength of community; and
- partnerships between services and community to encourage new ways of working.

Priority areas with the Framework include:

- addressing risk factors
- managing illness better
- building community capacity
- better health systems
- Aboriginal workforce development
- data, evidence and research; and
- addressing the social determinants of health

2.19.3 WA Health Aboriginal Cultural Learning Framework 2012-2016

The WA Health *Aboriginal Cultural Learning Framework 2012-2016*, builds on the past efforts and activities to improve the development and management of health services for Aboriginal people, to encourage all areas of WA Health to work together to make Aboriginal health everyone's business.

The Framework is underpinned by the following principles:

- every person in WA has the right to receive high-quality health care, regardless of cultural background
- a workforce that understands and addresses cultural links, will provide improved health care for Aboriginal people
- embedding cultural learning within WA Health is a practical strategy to close the gap in Aboriginal health outcomes; and
- increased Aboriginal consumer, carer and community involvement will enhance the delivery of health services.

Cultural learning will assist WA Health to:

- increase access to health services for all Western Australians
- improve consumer knowledge of the health system and reduced delays in seeking health care and treatment
- better compliance with recommended treatment
- clearer expectations and improved patient journey
- reduce medical errors and adverse events
- improve attendance at follow-up appointments
- improve consumer satisfaction; and
- reduce hospitalisation rates.

Key focus areas within the Framework are:

- Aboriginal workforce
- Cultural learning
- Leadership.

2.19.4 WA Health Aboriginal Leadership Strategy 2013-2016

The Aboriginal Leadership Strategy (2013–2016) has been developed to:

- acknowledge and respond to Aboriginal voices in WA Health
- inspire Aboriginal leadership opportunities; and
- address an essential component to improving health outcomes for Aboriginal people.

In achieving this purpose, the Strategy is underpinned by the following guiding principles:

- embracing diversity and Aboriginal ways of working
- engaging the support of WA Health leaders
- working in partnership; and
- building personal responsibility to reach goals and aspirations

2.19.5 Aboriginal Men's Health Strategy 2012-2015

The Aboriginal Men's Health Strategy draws together three key objectives in which to prioritise activity:

- To promote Aboriginal men's health as a priority issue for the health sector, communities and individuals.
- To empower Aboriginal men to prioritise their health needs; and
- To work with service providers to engage Aboriginal men to use their services.

Further information can be sourced at: www.aboriginal.health.wa.gov.au

2.20 WA Early Years Policy

Within WA there are several state departments with responsibility for ensuring child health and wellbeing including the Commission for Children and Young People, the Department of Child Protection, Department for Local Government and Communities, Department of Education and Department of Health. Each department has a range of policy directions and information available.

Key publically available health related policy includes:

2.20.1 Our Children Our Future A Framework for Child and Youth Health Services in Western Australia 2008-2012 (Most recent public strategic document)

There are many aspects of the health and wellbeing of Australian children that indicate the need to more effectively address their health-related issues. The Framework highlights the key priorities for Western Australian children and youth and proposes strategies to improve their overall physical and mental health, development, and wellbeing. The Framework Objectives include:

- Improve the health and wellbeing of all children and youth through perinatal and early childhood intervention and prevention strategies which address the determinants of health.
- Improve child and youth health and wellbeing through the early diagnosis, acute care and ongoing treatment of current key health issues.
- Improve child and youth health and wellbeing by encouraging self-management and addressing key health-related and risk-taking behaviours.
- Improve the health and wellbeing of specific population groups through improved access and cultural sensitivity.
- Improve child and youth health and wellbeing by improving child and youth health service provision.

2.20.2 WA Immunisation Strategy 2013-2015

Robust immunisation services need a coordinated effort and resources from many stakeholders. While not only focussed on children's immunisation, the WA Immunisation Strategy clearly identifies maintaining high levels of childhood immunisations as a core component of maintaining overall high community immunity.

In rural and remote areas, the WACHS provides the full range of community and school-based immunisation services. Given its scope, it is not surprising that WACHS is one of the largest immunisation providers for children and adults in WA.

2.20.3 Child and Adolescent Health Service. Aboriginal Child Health in WA Strategic Intent 2012, CAHS - Goals:

- All partner agencies endorse the Strategic Intent as a document that will underpin current and future Aboriginal child health service delivery across Western Australia.
- Ensure Aboriginal families receive high quality evidence based child health services.
- Ensure information sharing between agencies supports the needs of the Aboriginal family.
- Support the empowerment of Aboriginal people to monitor, change and improve Aboriginal child health service delivery.
- Increase the Aboriginal workforce involved in delivering Aboriginal child health services across Western Australia.
- Increase the cultural competency of the Aboriginal child health workforce across Western Australia.

Also refer to the Commission for Children and Young People Policy Briefs such as *Regional and remote Areas; the impact on the wellbeing of WA children and young people* Policy Brief, May 2015 and *Adolescent health* Policy Brief, June 2015.

For further information: www.health.wa.gov.au and www.ccyp.wa.gov.au

2.20.4 New Perth Children's Hospital

A major change to the way in which hospital based services for children will be delivered in WA will result from the construction of the new Perth Children's Hospital on the QEII Medical Centre site in Nedlands. The new hospital will replace Princess Margaret Hospital as the State's dedicated children's hospital.

As the leading paediatric hospital in WA, it will provide the specialty medical treatment required for the most serious medical cases, as well as secondary services including inpatient and outpatient care and day stay care. Perth Children's Hospital is planned to open to the public in the first half of 2016.

For further information is available at: www.newchildrenshospitalproject.health.wa.gov.au and www.getthebiggerpicture.health.wa.gov.au

Other relevant early years health related information can be found with the Aboriginal Health (Indigenous Early Years Program) and Mental Health sections.

2.21 Redundancy and Disaster Planning in Health's Capital Works Programs 2012

The Redundancy and Disaster Planning in Health's Capital Works Program and Hospital Development guidelines have been applied since 2003 to all new capital works and must be considered in the planning and building process for all capital redevelopments.

All WA hospitals have been role delineated to align with the WA CSF 2014 service descriptions for *Disaster Preparedness and Response Services (levels 3-6)*. This is determined by each facility's clinical service delineation and the risk of response required to terrorism determined by the presence of significant infrastructure within the hospital's geographic catchment area.

WACHS Regional Resource Centres and selected towns identified as 'high risk critical infrastructure sites' (e.g. Nickol Bay) are/are planned to become level 4 or 5. Most of the WACHS' integrated district health services' and 'small hospitals/health centres are classified as Level 3.

Please note the levels were amended in January 2012 so that they now increase in complexity from Level 3 (lowest) to Level 6 (highest).

The guidelines were most recently updated January 2012. For more information go to <http://www.public.health.wa.gov.au/>

2.22 WA Health Workforce Retention Framework 2012-2015

To enable WA Health to provide a quality health service to our community, we need appropriately skilled and engaged employees.

Workforce retention has a direct, costly and significant impact on service delivery capacity and quality. It has an impact on all employees with regard to their sense of safety, support and value, and ultimately their motivation to be part of the WA Health team. Environmental factors such as the ageing population, increased competition in the labour market and the skills shortage in the health sector mean that WA Health must focus on improving retention levels.

The purpose of the Workforce Retention Framework (the Framework) is to identify the essential strategies WA Health needs to have in place to ensure that employee retention is optimised. The Framework contains six key elements which drive workforce retention:

1. Attract, select and engage the right people
2. Provide and encourage a positive, safe and healthy workplace
3. Encourage and expect good performance
4. Support and develop leadership
5. Strengthen the capability of our people
6. Maintain accurate, consistent and reliable information.

Department of Health employees can access further information at:

www.intranet.health.wa.gov.au/policies/docs/Retention_Framework_Booklet.pdf

2.23 WA Health Networks

Health Networks in WA were established after a major review of health services in 2003 with the aim of enabling a new focus across all clinical disciplines towards prevention of illness and injury and maintenance of health.

The major functions of Health Networks are to plan and develop:

- Models of care
- Evidence based policy and practice
- Statewide clinical governance
- Transformational leadership and engagement
- Strategic partnerships

The models of care provide the potential to bring about vast improvements in the support available to clinicians and specialists and in the coordination of patient treatment across the State and within regional areas.

Network membership is drawn from key stakeholders and clinical experts from within Western Australia. WACHS, including the representatives from the regional areas, is actively involved in the establishment of these clinical networks.

For further information and an outline of the key networks and models of care, go to www.healthnetworks.health.wa.gov.au/home/

2.24 WA Strategic Plan for Safety and Quality 2013 – 2017: Placing Patients first

The Western Australian Strategic Plan for Safety and Quality in Health Care 2013–2017 (the Strategic Plan) articulates the vision and system-wide priorities for safety and quality improvement in WA Health and provides a focus for detailed discussions, planning and action at all levels of the health system. Annual action plans produced by Health Services and the Department of Health will outline the detail of work which will be undertaken each year to move the system closer to achieving the vision.

For further information: www.health.wa.gov.au

The link to the current plan and other resources around WACHS Safety and Quality can be accessed at [WACHS Intranet: Safety & Quality](#)

2.25 WA Health, Greening Health, Building and Renovations, (2010)

WA Health is committed to developing health services and capital projects in the most environmentally safe and energy efficient way to assist to address climate change issues and support actions to reduce health's environmental footprint. This includes a focus on how hospital waste is managed, general recycling, strategies for sustainable procurement and using best practice research to develop 'healthy hospitals, health planet and healthy people'.

WA health employees can view additional information on the WA Health Intranet site, http://greeninghealth/1/31/2/building_and_renovations.pm

The World Health Organisation (WHO) website contains more information. Go to www.who.int/globalchange/publications/healthcare_settings/en/index.html

2.26 WA Health Telehealth Services for Western Australia Strategic Plan (2012-2014)

Telehealth is “the use of information and communication technology applications to provide health and long-term care services over a distance” (World Health Organisation – Policy Brief 13 – How can Telehealth help in the provision of integrated care (2010))

Telehealth can enhance health service delivery across Western Australia (WA). A quarter of the state's population (587,250 people) live in rural WA across a land mass of 2,529,880 square kilometres. The challenge of providing health services to such a dispersed population with a low population density across a large geographical area is significant.

Many country residents do not have the same access to health services taken for granted by those living in metropolitan areas. The majority of specialist health services in WA are located within metropolitan Perth and a rural patient may travel up to 3200km to attend a medical appointment.

Access to healthcare for country residents living in remote areas, those who are Aboriginal or from other cultural backgrounds and those who have disabilities is often complicated by vast travel distances, issues with accommodation and communications.

The five service components of Telehealth include:

- clinical telehealth service provision
- emergency telehealth
- training and education (including scope for administration and supervision)
- secure 'store and forward' applications
- home monitoring

Telehealth service development will be undertaken in alignment with the following WA Health strategic directions:

- Caring for individuals and the community
- Caring for those who need it
- Making the best use of funds and resources
- Supporting our team

The fully operational telehealth service will improve patient access to care, reduce patient waiting times for treatment, reduce the costs of providing treatment, dramatically reduce patient travel times for outpatient care, reduce rural and remote health service staff 'road' travelling time and optimally provide the enabling technology to ensure 24/7 critical medical/clinical advice and support is provided to small rural and remote settings when it is needed in real time. This would include electronic linkages to tertiary hospital outpatient and emergency departments, pre-admission clinics and other service providers, such as ambulance services, general practice and other private and non-government service providers.

Further information can be found at: <http://wachs.hdwa.health.wa.gov.au/index.php?id=7803>

2.27 WA Health Act 1911 Review

The existing Western Australian Health act 1911 is over 100 years old, and by 2011 the Act had been amended 112 times. The Public Health Division has the new Public Health Act as a key initiative for the division. Legislation to replace the Health Act 1911 has been drafted, but has not yet been passed through Parliament. This new legislation will remove outdated laws and enable the inclusion of laws focussed on modern health issues and concerns.

Further information can be found at the State Law Publisher and Department of Health sites:

www.slp.wa.gov.au

www.public.health.wa.gov.au/2/1237/1/where_is_the_public_health_division_heading.pm

2.28 Western Australian Primary Health Care Strategy 2011

In the context of primary health care, WA Health has three important roles: (1) providing primary health care services; (2) partnering with other primary health care providers to promote a seamless transition of care; and (3) facilitate quality health service delivery. WA Health also has key statutory responsibilities for health services delivery in the state.

Following a comprehensive consultation process WA Health published the *WA Primary Health Care Strategy* in December 2011. The purpose of the Strategy is to describe the role of WA Health within the primary health care setting of WA and provide a policy framework for WA Health to undertake statewide reform initiatives, in partnership with all primary health care stakeholders.

The Strategy aligns with the five key reform areas of the Commonwealth Government's National Primary Health Care Strategy (*regional integration; information technology including eHealth;*

skilled workforce; infrastructure; and financing and system performance) and includes six additional reform areas for particular focus within primary health care in WA:

- Aboriginal health
- Healthy ageing
- Mental health and drug and alcohol services
- Maternal and child health
- Oral Health
- Chronic Conditions

For further information go to:

www.healthnetworks.health.wa.gov.au/docs/1112_WAPrimaryHealthCareStrategy.pdf

2.29 Western Australian Health Promotion Strategic Framework 2012-2016

The most recent version of the WA Health Promotion Strategic Framework (HPSF) was published in December 2012, and sets out the strategic directions and priorities for the prevention of chronic disease and injury for WA for 2012–2016. The overarching goal of the HPSF is ‘to lower the incidence of avoidable chronic disease and injury by facilitating improvements in health behaviours and environments’, with a focus on the well population and those at risk of becoming unwell.

The HPSF includes discussion on the ‘determinants of health’ and the importance of understanding how these are often the underlying ‘causes of the causes of ill-health’, and recognises that complex health issues require ‘comprehensive solutions; inter-sectoral collaboration beyond the immediate health sphere; and a long term vision.

The HPSF highlights the main lifestyle risk factors which contribute most to the burden of disease and injury in WA, and encourages a comprehensive approach to health promotion action through a broad range of intervention “levers” which closely align to health promotion foundation methodology. The risk factors have been developed into key action areas (see below) which align closely to existing State and National priorities and targets

Table 3 WA HPSF 2012-2016 - Key Risk Factors and Action Areas

Risk Factor	Key Action Area
overweight and obesity	eating for better health
nutrition	a more active WA
physical activity	maintaining a healthy weight
tobacco use	making smoking history
harmful levels of drinking; and	reducing harmful alcohol use
injury prevention	creating safer communities

3 OTHER WA GOVERNMENT POLICIES

3.1 The WA Mental Health Commission and Mental Health 2020

The WA Mental Health Commission was established in March 2010 as a separate department of State reporting to the Minister for Mental Health. This model, the first of its kind in Australia, enables the Commission to have both the mandate and the resources to lead reforms of the mental health system throughout the State.

In 2011, the Mental Health Commission launched its first strategic document, *Mental Health 2020*. This document outlines the future intentions for mental health reform in WA, is based on a process of consultation with the community and key stakeholders, along with feedback received on the draft WA mental health policy *WA Mental Health Towards 2020* (distributed for feedback in July 2010).

For further information go to <http://www.mentalhealth.wa.gov.au/Homepage.aspx>

3.2 WA Mental Health Act 1996 - Under Review

In 2011 the Government conducted a public consultation process and review of the 1996 Mental Health Act. The resulting Green Bill was tabled in Parliament on 8 November 2012 and was been available for community comment with feedback period closing February 2013, with the Mental Health Bill 2013 introduced to the Legislative Assembly on 23 October 2013

The Mental Health Bill 2013 aims to do the following:

- to provide for the treatment, care, support and protection of people who have a mental illness; and
- to provide for the protection of the rights of people who have a mental illness; and
- to provide for the recognition of the role of carers and families in providing care and support to people who have a mental illness

Following this extensive consultation on the Mental Health Bill 2013, the Minister for Mental Health is proposing to table an amendment to the Bill primarily around Clause 25 which sets out the criteria for a person to be made subject to an involuntary treatment order. It refers to circumstances in which a person has 'unreasonably refused treatment'. The proposed amendment is to delete reference to unreasonable refusal. The consequence of this is that a person will only be able to be made an involuntary patient if they do not have capacity to make a treatment decision, in addition to meeting the other criteria for an involuntary treatment order.

Information regarding the legislative review is available at:

www.mentalhealth.wa.gov.au/mentalhealth_changes/mh_legislation.aspx
www.mentalhealth.wa.gov.au/Homepage.aspx

3.3 'Stokes Review' of Mental Health

In November 2011, the Minister for Mental Health requested three reviews about the suicides of people who had been discharged from mental health services in WA including:

1. the Chief Psychiatrist's examination of four cases of patients who died unexpectedly following presentation at Fremantle Hospital
2. the Chief Psychiatrist's review of the clinical decisions made around the admissions and discharges at Fremantle Hospital over the past 12 months in which people have died subsequent to their discharge; and
3. the independent statewide review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in WA.

The *Review of the admission or referral to and the discharge and transfer practice of public mental health facilities/services in Western Australia* was published in July 2012. The review was led by Professor Bryant Stokes and is also referred to as the 'Stokes Review'.

The Stokes Review included recommendations for the refinement and improvement to the admission and referral practices for public mental health patients to public hospital EDs and/or authorised mental health facilities/services and the discharge or transfer of public mental health patients from the public hospital EDs, mental health facilities or services.

The principal recommendation of the Stokes Review is:

That as a matter of urgency the Department of Health and the Mental Health Commission jointly develop a Clinical Service Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.

A brief overview of the nine (9) specific recommendations from the review are:

1. **Governance** - That the Department of Health establish an Executive Director of Mental Health Services reporting to the Director General of Health and working with the MHC to respond to the recommendations of the Stokes Review.
2. **Patient-focussed services** - Development of patient-focused services, with all patients (and carers where appropriate) involved in care planning and discharge planning, especially in potentially life threatening situations. This include individual advocacy services, comprehensive assessment for adolescents and young people; two-way communication about psychiatric drugs, medication regimes and medication side effects, and addressing patients physical wellbeing (including dental) as a key indicator.
3. **Carers and Families** - While the patient is the primary focus of care, the views of the carer must also be involved in care planning and most significantly in a patient's discharge plan, including the place, day and time of discharge. Carers need education, training and information about the 'patient's condition' as well as what are the signs of relapse and triggers that may cause relapse (a carer should have equal status with the patient in reporting triggers). The carer of a patient should be guided and supported to navigate the mental health system in seeking advice and support, particularly in crises.
4. **Mental Health Clinicians** - All mental health clinicians must:
 - work actively to assist in workforce planning and service development.
 - ensure the service does not deviate from the standards and set protocols.
 - ensure their service is patient centred
 - comply with reporting requirements and electronic information systems.
 - maintain links between community mental health services and inpatient facilities
 - ensure equal service access, care planning and support for residents of psychiatric hostels and other mental health facilities
 - be trained to recognise and treatment of co-morbid alcohol and drug disorders.
5. **Mental Health Beds** - The current acute bed configuration can only be adjusted when there appropriate step-down rehabilitation and supported accommodation beds are established. Adolescent beds need to be increased, and rural child, adolescent and youth beds should be considered a priority in forward planning and attended to immediately.
6. **Office of the Chief Psychiatrist (OCP)** functions align most closely with service provision and is appropriately placed to communicate with both to clinicians and the proposed Executive Director of Mental Health Services The Office should be entirely

independent and report to both the Minister of Health and the Minister of Mental Health with access to the Office by both the Director General of Health and the Commissioner of Mental Health.

7. **Acute issues and self-harm** – Respond to the recommendations of the Deputy State Coroner and those of the Office of the Chief Psychiatrist, which include a best practice risk-screening process when patients present with suicidal intent and comprehensive assessment where indicated. Comprehensive discharge planning with patient and carer involvement, appropriate availability of care plans to support provision of services.
8. **Children and Youth** - A central referring position is established to receive referrals for children and youth services, which will then direct the referral to the correct services in the patient's locality; establish an after-hours services are established for children and adolescent and youth services in rural and remote communities, where possible; develop a comprehensive youth stream with a range of services, supports the implementation the recommendations submitted by the Commissioner for Children and Young People (submission 2012).
9. **Judicial and criminal justice system**- ensure collaborative planning processes between the Department of Health, the Mental Health Commission and the Department of Corrective Services (and other relevant stakeholders) undertake to develop a 10-year plan for forensic mental health in WA. (This plan will form the forensic mental health component of the State Mental Health Clinical Services Plan).

The Stokes Review can be found at:

www.health.wa.gov.au/publications/mental-health-review-2012.cfm

Current progress on implementation of the Stokes review recommendations include:

- The establishment of the Office of Mental health in January 2013 and the appointment of Executive Director of Mental Health appointed in April 2013.
- The Mental Health Commissioner and the Director General of Health are co-sponsors of the development of a Mental Health Services Plan 2015-2025. Planning commenced in August 2013 and the outcome is yet to be released.

3.4 Suicide Prevention 2020: Together we can save lives

In 2009 State Government released the inaugural Western Australian Suicide Prevention Strategy 2009-13 and invested \$21 million over six years. The Strategy closely reflected the national Living is for Everyone framework, with six action areas spanning a wide range of activities requiring community, government, private sector and community managed sector participation.

The 'Suicide Prevention 2020: Together we can save lives' aims to reduce the number of suicides in Western Australia's by 50 per cent over the next decade. Suicide Prevention 2020 is strongly evidence based and is informed by the latest research and the recommendations from recent reviews. It seeks to balance investment in community awareness and stigma reduction, mental health and suicide prevention training and coordinated services for high risk groups.

There are six key action areas:

1. Greater public awareness and united action across the community.
2. Local support and community prevention across the lifespan.
3. Coordinated and targeted responses for high risk groups.
4. Shared responsibility across government, private and non-government sectors to build mentally healthy workplaces.
5. Increased suicide prevention training.
6. Timely data and evidence to improve responses and services

The State Government has committed \$26 million over four years to implement initiatives and programs aligned with the six key action areas. A comprehensive overarching implementation plan, as well as a specific Aboriginal Implementation Plan and Youth Engagement Strategy, will be developed to ensure that activity is developed and implemented in a coordinated and collaborative manner and with community input.

More information: www.mentalhealth.wa.gov.au

3.5 Putting the Public First: Partnering with the Community and Business to Deliver Outcomes

The Economic Audit Committee was established in October 2008 in fulfilment of an election commitment of the Liberal-National Government. The purpose of the Economic Audit Committee was to conduct a wide-ranging review of the operational and financial performance of the WA public sector.

The Committee's final report – *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes* – was released in October 2009. This report contains 43 recommendations directed toward achieving the vision of a more collaborative and innovative public sector. More specifically the Committee envisaged that in five to ten years:

- The Government will be supported by frank and well-informed advice
- Collaboration will be a standard approach
- Community and public sector organisations will be genuine partners in the delivery of human services
- People will have greater opportunities to exercise choice and control over how services are designed and delivered. Outcomes achieved for all Western Australians will be among the best in the nation and will continually improve

The report calls for a consistent transformation where more and more community services delivered by government are provided through the non-government sector.

The full report and updates on the implementation can be found at
www.dpc.wa.gov.au/Publications/EconomicAuditReport/Pages/Default.aspx

4 EXISTING GOVERNMENT COMMITMENTS

4.1 2013 State Election – Election commitments impacting on WA Health

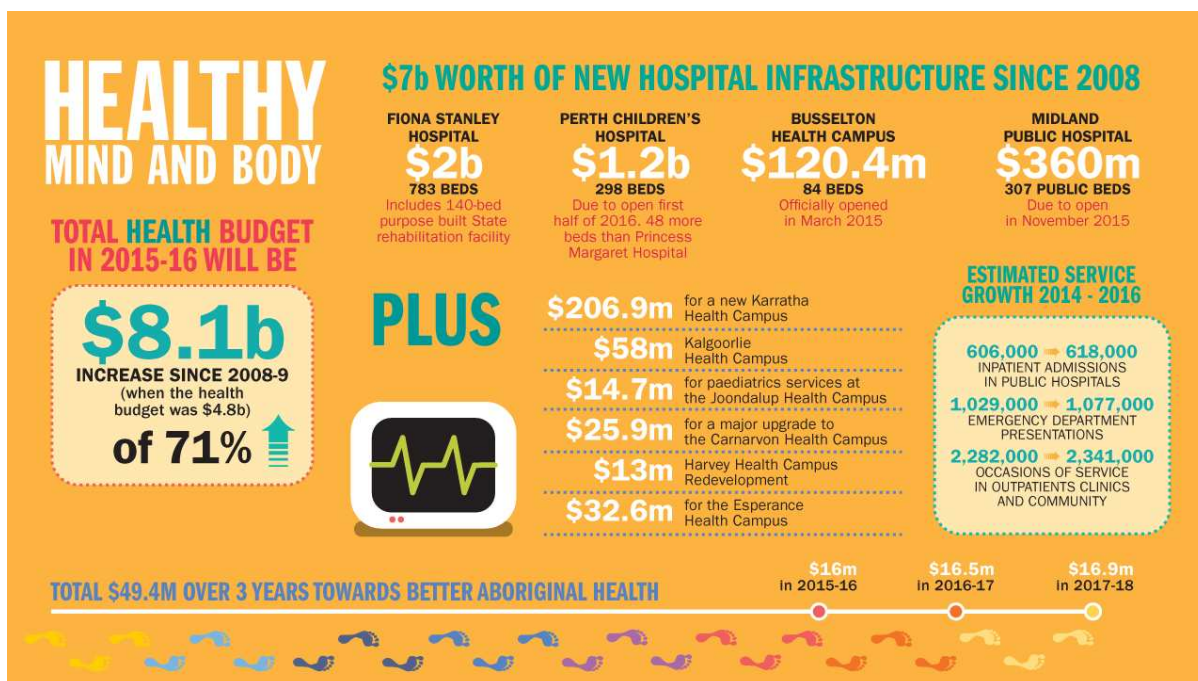
On March 9 2013, the Liberal- National Coalition was successful in returning to government. During the course of the election campaign the following commitments were made that impact on health care services on regional WA:

- Additional School Health Nurses equivalent to 45 full time staff for regional WA and funding for three regional clinical nurse managers to enable all children to receive health and development assessments
- WA North West Health initiative
- Additional funding for Health and Medical Research
- Mental Health – new sub-acute facilities in Karratha and Bunbury, a new Mental Health Bill and review of the Criminal Law (Mentally Impaired Accused Act), Build a Dual Purpose Centre in Carnarvon (AOD and MH)
- Increase funding for Regional Palliative Care (\$3.8 million over 4 years)
- Wheatbelt home or community based dialysis (\$4.2 million)
- Goldfields Emergency Telehealth Service (\$7.2 million over 4 years)
- Indigenous Ear Health (\$8 million over 4 years)
- Better Health in Fitzroy Valley –children and families (\$474,000 over 3 years)

4.2 2015/2016 State Budget impacting on WA Health

The Infographic below provides an overview of the budgeted items impacting on health service provision for the 2015/2016 financial year. This and additional infographic for other areas are available for download at www.ourstatebudget.wa.gov.au

Figure 4 State Budget 2015/2016 Infographic Health Mind and Body



4.3 Southern Inland Health Initiative

The \$565M SIHI project aims to work with the Commonwealth to reform and improve access to health care for all residents of the Southern Inland area of WA. This area encompasses the Wheatbelt, Midwest, South West, Great Southern and Goldfields health regions.

This Service Plan and accompanying service planning process is a direct outcome of the SIHI announcement by State Government. The Service Plan aims to inform the SIHI Implementation Plan which will recommend the best strategy for investing funds from the State Government's Royalties for Region Scheme which includes:

- \$240 million investment in health workforce and services over four years.
- \$325 million in capital works over five years.

The Department of Health (2011) states, the SIHI will dramatically improve medical resources and 24 hour emergency coverage, whilst boosting primary health care service delivery via the implementation of six streams of work. The streams are highlighted below with the allocations made for the SWHD to achieve the intention of the Stream.

Table 4: SIHI overview and related details

Stream (Total Southern Inland Area)
1. District Medical Workforce Investment Program (\$182.9 million) to significantly improve medical resources and 24 hour emergency response across the districts.
2. District Hospital and Health Services Investment Program (\$147.4 million) to provide major upgrades at Northam, Narrogin, Merredin, Katanning, Manjimup (Warren Hospital) and Collie. Recurrent funding of \$26 million will also be provided under this program to boost primary health care services across each district.
3. Primary Health Care Demonstration Program (\$43.4 million) will provide communities with the opportunity to re-examine how health services are delivered in their districts. Funding will be made available to boost primary health services for communities that opt in.
4. Small Hospital and Nursing Post Refurbishment Program (\$108.8 million) will provide a capital works program for small hospitals and nursing posts to be refurbished or, if required, rebuilt to enable delivery of health care services that will match the needs of their communities.
5. Telehealth Investment (\$36.5 million) will introduce innovative "e-technology" and increased use of telehealth technology across the region, including equipment upgrades.
6. Residential Aged Care and Dementia Investment Program (\$20 million) will provide incentive for private providers to expand options for residential aged care and dementia care across the Southern Inland area.

4.4 Northern and Remote Health Initiative

Royalties for Regions is considering funding a major health investment in the North West Health Initiative, which will improve health and aged care facilities in key towns across the North-West.

Further information will be made included once the business case and concept briefing documents are endorsed by State Treasury.

4.5 Regional Development Plans – ‘Regional Blueprints’

Every region (there are nine in total compared with the seven regions for health) in WA now has access to a \$292 million fund over five years to develop major economic, social and community development projects through their Regional Investment Blueprints.

Developed by each of the nine Regional Development Commissions, the Blueprints are plans for investment, outlining transformative strategies, priority actions and investment opportunities. They are plans for growth.

Through consideration of local issues and conditions the Regional Investment Blueprints will develop strategies to grow the region's economic base through the development of its competitive advantages, workforce and community.

The Blueprints will guide the types of investment and inform the strategic allocation of Royalties for Regions funding into infrastructure and services for regional communities.

Further information can be found on the Regional Development Commissions' website www.drd.wa.gov.au/projects/Economic%20Development/Pages/Regional-Blueprints.aspx

5 WA COUNTRY HEALTH SERVICE POLICIES

5.1 WACHS Strategic Directions 2015-2018: 'Healthier Country Communities through Partnerships and Innovation'

WA Country Health Service (WACHS) is a strong, diverse, high-performing health service that puts the health of country people first. Over one in five Western Australians rely on WACHS services when they need health care or urgent medical attention.

Government funding and industry investment have brought about a once-in-a-generation transformation of country health care. More towns now have 21st century health campuses, expanded hospitals, greater emergency service capacity and modern facilities and equipment.

The strategic directions focus on the health needs of country Western Australians in the context of competing priorities and the requirement to make responsible decisions with finite resources.

Partnerships with communities, consumers, staff and service providers are key to improving health and wellbeing alongside evidence based services.

The WACHS Strategic Directions 2015–2018 build on the achievements of the last decade and align to the WA Health Strategic Intent 2015–2020 and WA Health Reform program Better Health, Better Care, Better Value. Importantly, they also recognise that people living in rural and remote areas remain in poorer health than their metropolitan counterparts and that Aboriginal health and life expectancy is significantly less than that of non-Aboriginal people.

WACHS Vision

Healthier country communities through partnerships and innovation

The WACHS Strategic Directions:

1. Improving health and the experience of care
2. Valuing Consumers, Staff and Partnerships
3. Governance, Performance and Sustainable Service

More information can be found at www.countryhealth.wa.gov.au

The WACHS Strategic Directions are operationalised through annual WACHS wide and regional operational plans.

5.2 Primary Health Reform in WACHS

In 2010, a draft and unpublished document, *Primary Health Reform in Country WA 2010-2012*, proposed reform to the way in which primary health care services are funded and delivered in rural and remote WA. A WACHS reform Plan was developed which aimed to be consistent with the intentions of the National Health and Hospital Reform Commission. It included:

- two different regional funding models for the north and south of the State
- a strong governance and engagement framework
- workforce development and reform
- integrated service models suited to regional needs
- better use of technology and e-health and
- six key health priorities: maternal and child health; chronic disease primary mental health; communicable disease; environmental health; dental health and aged care.

5.2.1 WACHS Public and Primary Health Directions Strategy (under development)

The WACHS Public and Primary Health Directions Strategy, under development in 2015, is based on a contemporary population health and primary health care framework and identifies three key priority action areas: early childhood development; public health and disease control; and chronic disease; as well as the system-wide pre-requisites which are essential for effective performance.

The Strategy aims to establish a shared vision for the future and outline the foundations for achieving health outcome parity across the State by addressing the existing health inequities between the rural and urban populations in WA.

In 2015, a series of workshops with population health representatives from the regions (Directors, Physicians, Tier 5 Managers and Senior Nurses) were held to finalise the strategy and the supporting WACHS Public and Primary Health Performance Framework which provides overarching guidance to measure progress of the Strategy in a consistent and transparent manner through the development of meaningful performance indicators.

Further information is available through the WACHS Population Health Unit

5.3 WACHS Aboriginal Employment Strategy 2010-2014

Developed to deliver the vision for Aboriginal health for WACHS, the *Aboriginal Employment Strategy 2010 – 2014* works to 'improve health outcomes for Aboriginal people by providing culturally respectful and competent services throughout the WACHS'.

Employment of Aboriginal people in the health sector is seen as a key way to deliver this vision, providing not just work for Aboriginal people, but also other benefits that include improvements in individual's and the broader Aboriginal communities sense of self-esteem and worth, plus improve Aboriginal peoples access to health services by assisting to bridge the cultural differences between Aboriginal people and the mainstream health service.

Five priority areas for action were identified.

- Increase employment opportunities to attract and retain Aboriginal staff, including the shaping of an Aboriginal health workforce profile across all professions, occupations and regions to one that better matches that of the Aboriginal client group.
- Focus on workforce skill development to include a variety of skill level entry points for Aboriginal employees and opportunity for Aboriginal employees to develop new skills through professional training and leadership development.
- Develop a workforce culture and environment that supports the employment and retention of Aboriginal people by developing a workplace culture that is culturally respectful and secure for Aboriginal employees.

- Redesign the workforce to enable employment and new work roles by developing new roles and workplace design.
- Plan for workforce needs and evaluation of initiatives by ensuring all workforce strategies are evidence based and best practice.

5.4 WACHS Mental Health Planning

In response to the 2012 'Stokes Review' (previously outlined in section 4.3), the WA Mental Health Commission is developing a 10 year *Mental Health Clinical Services Plan* for WA. This Plan will also be informed by the National Mental Health Framework and will provide the blueprint for the WA mental health system.

The 'Stokes Review' recognised the need for consistent, quality mental health care to be available to all Western Australians, and also that the delivery of consistent, quality public mental health services to the rural and remote communities of Western Australia is a significant challenge.

5.4.1 WACHS Mental Health Service Plan 2013-2015 – Guiding Document

To inform future planning of country mental health services, WACHS compiled the document *WACHS Mental Health Services Plan 2013 – 2015*, intended for use by WACHS Mental Health as an internal guiding document, which identifies clinical and corporate reform priorities including

- Remodel country child, adolescent and youth mental health services
- Culturally secure mental health services for Aboriginal people
- Improve mental health emergency and hospital liaison and after hours response
- Establish an intermediate acute inpatient mental health care model in country hospitals
- Implement integrated mental health and alcohol and other drug services
- Specialist mental health services for older adults
- Improved formal communication strategies and processes including GP liaison

5.4.2 WACHS Mental Health Program Service Directions Work Plan 2013-2015

WACHS has utilised the Stokes Review, National Mental Health Framework and the guiding document (outlined above) to develop the *WACHS Mental Health Program Service Directions Work Plan 2013-2015*.

The Service Directions document clearly articulates WACHS intentions to work closely with the Executive Director of Mental Health (EDMH) in addressing priority areas for country services.

While it is anticipated that initial focus of the EDMH will be on a number of high priority statewide issues such as data systems, policy framework and governance structure in WA mental health services, WACHS will continue to address the following aspects of the Stokes Review and recommendations that can be achieved internally:

- Development of an integrated governance framework to mental health care in WACHS
- Development of a comprehensive workforce plan for mental health WACHS
- Delivery of high quality innovative solutions to address growing demand for services.
- Development and implementation of a robust performance monitoring and reporting system for mental health services WACHS

Further information on mental health within WACHS can be found by contacting the WACHS Area Director, Mental Health.

5.5 WACHS Information Communication Technology (ICT) Strategy

WACHS has developed its ICT strategy following extensive consultation with users of information and communications technology systems. Future service delivery models and facility design will need to take into account the emerging technologies and the strategic ICT directions as these are a key enabler of service delivery.

The key objectives of the ICT strategy are:

- align ICT systems and infrastructure with WACHS clinical and business needs; and
- to improve the ICT function with regional health care at their base.

In general WACHS is planning for wireless and Local Area Network (LAN) systems connected to new fibre optic communications systems. The ICT system across WACHS will be capable of transmitting CT scans and other test results to a tertiary ICU 'hub' facility and maintain the integrity of the high quality images.

Video conferencing facilities will be provided and require ISDN lines and connection to the LAN.

Dual flat screen computers will be provided in the acute clinical areas to enable efficient use of the Picture Archiving and Communication System (PACS) images.

Personal Computers (PCs) will continue to be provided in ergonomically designed office areas. Efforts will be made to maximise both flexible work options and maximum capacity for desk top cabling. Over time, all offices will have flat screens for computers.

Data Linkage

Outcome data and statistical data will need to be exported to tertiary 'hub' facilities and regional centres using the WA Health Morbidity System as well as other State registers and data collection systems.

Health Information Network

The WA Health Department's Health Information Network (HIN) must be involved in all ICT planning for any capital planning project across WACHS. This will include HIN preparing a project needs analysis that will be considered as part of the facility planning for any project.

5.6 WACHS Human Resources Strategic Directions Framework

An independent review was conducted to assess the Human Resources (HR) Service within WACHS. The framework identifies key opportunities for change primarily focusing on governance, leadership, capability, capacity, and key strategic focuses to better support WACHS in moving beyond its current operational stressors. Adequate attention is required in the areas of workforce planning, culture, work environment, learning and development.

The framework proposes a new HR Structure which will enable HR services to more flexibly respond to a changing environment and be much more responsive to customer needs with increase governance and monitoring of HR outcomes.

The report can be accessed from WACHS Director HR Services - 92238549

5.7 WACHS Renal Dialysis Plan

A comprehensive WACHS renal dialysis strategy is being prepared which will consider the continuum of care from primary to end of life care for renal health, disease and chronic kidney failure.

5.8 Northam Hospital Emergency Department Review 2013

In 2013 the Minister for Health announced a review by Chief Medical Office, Professor Gary Geelhoed, of selected clinical cases seen at Northam Hospital Emergency Department. The review found that, of the cases reviewed, some patients did not receive the best level of care possible when they were seen at the Northam Hospital Emergency Department (ED).

There are seven recommendations contained with the Review's report.

1. A medical leadership model be established in Northam Hospital ED with the appointment of a Fellow of the Australasian College of Emergency Medicine (FACEM) or equivalent, giving consistency of approach with appropriate setting and auditing of ED practices.
2. The medical model should be built on the current general practitioner workforce with opportunities for up-skilling, clinical governance and multi-disciplinary team training.
3. Utilisation of new Emergency Telehealth Service is embedded in Northam Hospital protocols to escalate a referral to the ED Specialist Clinician for the more difficult and high risk cases.
4. Appropriate support be given to both medical and nursing Staff in Northam Hospital to have access to ongoing education and training, as well as comprehensive appropriate clinical protocols and guidelines.
5. Formal links be established between Northam and metropolitan EDs, the obvious candidate being Swan District Hospital, with possible sharing of staff and shifts.
6. WACHS establishes an emergency clinical leadership model throughout all its facilities that deliver emergency services.
7. With regard to the three doctors whose professional conduct was thought to be below accepted standards of care, consideration be given by WACHS to refer them to the Medical Board of Australia and withdrawal of their clinical privileges from the Northam Hospital ED.

Further information can be found at:

www.health.wa.gov.au/publications/documents/Northam_report_Executive_Summary.pdf

6 SERVICE PLANNING IMPLICATIONS

All WACHS regional and district service plans will need to assess the implications of the above policies to local planning. Specifically, service planning should:

- Determine the overall service delivery models for clinical services at each site in line with their role delineation as described in the WA Health Clinical Services Framework 2014
- Consider the development of Activity Based Funding and management strategies
- Align service planning and facility planning with WACHS Strategic Intent and Operational Plan and other strategic policies outlined in this document
- Promote the development of culturally appropriate service delivery models
- Promote coordination between hospital care, GP, primary health care, mental health care and aged care to facilitate the provision of a seamless continuum of care where service duplication and fragmentation are avoided
- Develop and facilitate strategic and service delivery partnerships
- Considers the development of ambulatory care services, illness prevention and health promotion strategies to address local health needs and issues
- Focus on workforce development and reform, including strategies for increasing Aboriginal workforce participation
- Focus on improving the health status and access to services for local Aboriginal people and disadvantaged groups
- Consider the use of telehealth and e-health technologies for service delivery, specialist consultation and advice, and education and peer support
- Ensure planning considers the directions highlighted in relevant policies and commitments (e.g. the WACHS ICT Strategy, Renal Plan and Cancer Units Initiative)

For further information please contact WACHS Central Office Planning and Evaluation Unit by phone on (08) 6145 4147, or via email at WACHSPlanning@health.wa.gov.au

For WACHS Employees further information can be found on the WACHS Planning Intranet page at <http://wachs.hdwa.health.wa.gov.au>