

Doors swing freely in Southern New South Wales Local Health District

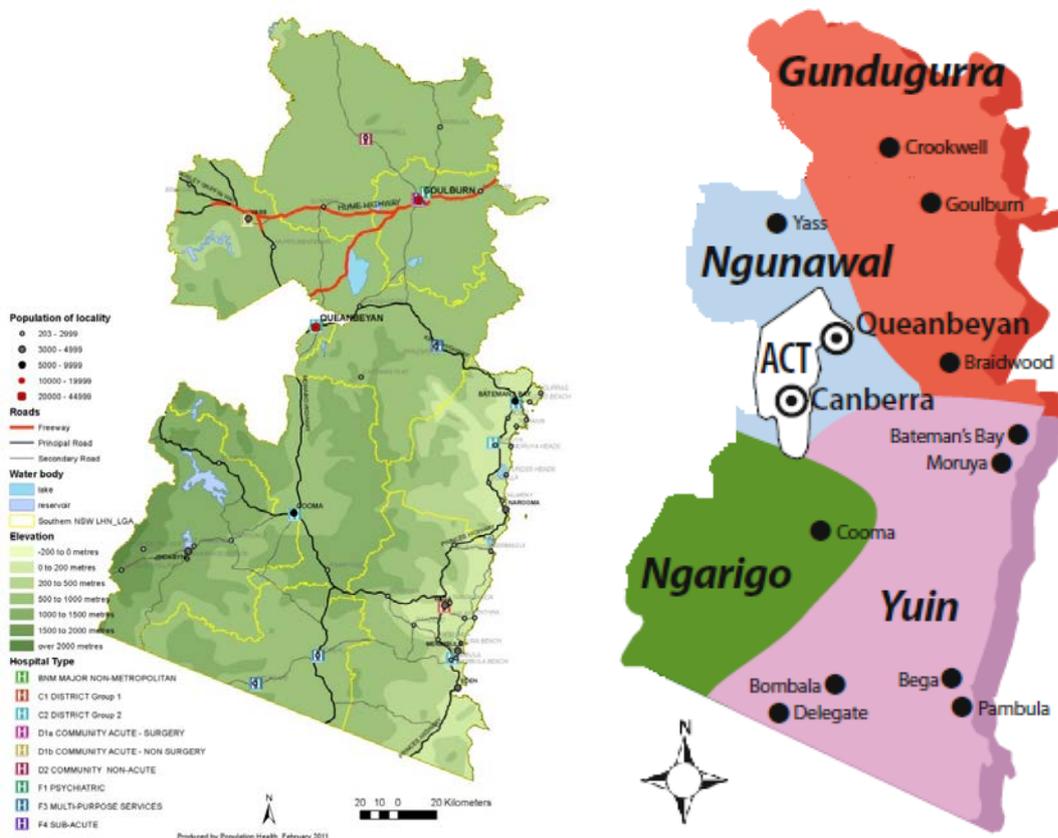
Zoe Harris, Karla Calleja, Ingrid Evans

Southern NSW Local Health District, NSW

This paper outlines the planning process the Health Service Planners in Southern NSW Local Health District (SNSWLHD) use to develop Clinical Service Plans; at the same time asking the question, do Health Service Planners make a difference or do Planners produce paper bundles that are used as doorstops?

Description of SNSWLHD

The SNSWLHD extends in NSW from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and almost surrounds the Australian Capital Territory (ACT). There are 10 Local Government Areas (covering an area of 44,534 km with a population density of 4.5 residents per square km), the largest being Queanbeyan (about 40,000 people) and the smallest being Bombala Shire (about 2,500 people). Much of the local industry is related to agriculture, government administration, hospitality and tourism. SNSWLHD contributes significantly to communities, employing around 1,800 full time equivalent staff.



The estimated resident population of SNSWLHD at 30 June 2013 was 200,068. The region's population is growing: by 2021, the population is projected to grow by about 23,200 (11.8%) to 220,050 people. The population profile is typical of many rural areas, with an increasing proportion of older people (due to increasing life expectancy and internal migration of retirees), and fewer young adults aged 20-39 years (due to outward migration to capital cities).

The SNSWLHD population has varying levels of socio-economic advantage and disadvantage, as measured by the ABS SEIFA indices, with some areas near the ACT being in the most advantaged deciles in Australia, and some areas on the coast and in rural towns being in the most disadvantaged deciles in Australia.

The SNSWLHD is covered by the traditional lands of four large Aboriginal Nations – the Gundugurra, Ngunawal, Ngarigo and Yuin Nations, as shown in the map (note that the map is not exact as the Nations extend beyond the LHD).

SNSWLHD Clinical Service Plans

Structural changes to the NSW health system since 2011 mean that fewer plans are now mandated by the NSW Ministry of Health. However, SNSWLHD has the view that planning for the future is a key function to take us forward, to avoid what is often called 'crisis management'. The SNSWLHD has an overarching Health Care Services Plan that sets the directions for the District as a whole. The District is planned around five groups of Local Government Areas which relate to each other; each region has an individual Clinical Service Plan which takes the overarching directions and sets out recommendations that take into account the different local demographics and cultures.

The Planning Unit

The Planning Unit is a small team with one full time Manager, a part time Service Planner and a part time Epidemiologist. The Epidemiologist provides data and analysis for the District and as such, not all time is spent on planning.

The 'Unit' does not sit together in one office but is spread over the District, with the Manager in Bega, the Service Planner in Goulburn and the Epidemiologist in Queanbeyan. Face to face meetings are infrequent, but the Unit works as a close-knit team with regular phone and email contact to compensate for the remote working arrangements.

What the Planning Unit does

The Unit has many roles as the Planning Department for the SNSWLHD; however this paper concentrates on the development of Clinical Service Plans.

The Planning Unit's role in developing a Clinical Service Plan is to facilitate a process, rather than impose a view. The Unit:

- Provides in-depth analysis of demographics, population health, activity, trends and flows, relevant policies, guidelines and frameworks to lead discussion for change
- Provides a platform to facilitate the development of new clinical service models
- Provides the avenue for all staff and community to be involved in decision making
- Articulates the ideas of staff and community into a written document.

Clinical Service Planning Process

A Steering Committee is formed to oversee the development of any Plan. Members are determined by the Sponsor. A Sponsor is usually a region's Health Service Manager or service Executive Director and has the responsibility of guiding the development of the plan. The core of a Steering Committee consists of: members of the Planning Unit, the Sponsor, the Sponsor's Director (if applicable), medical staff and community members (usually the chair or member of the relevant Community Consultation Committee). The Sponsor and the Steering Committee members determine other invitees. The membership aims to provide views from a broad cross-section of stakeholders.

SNSWLHD has ten Community Consultation Committees (CCC) made up of community members who meet monthly with the relevant Health Service Manager. The CCC members provide an important community leadership role in connecting with local networks and identifying local health needs. They ensure the input of community views to health service planning and delivery, and play an important role in developing and evaluating community engagement strategies.

A Clinical Service Plan consists of two parts:

Part One: A background document to inform decision-making. This is developed by the Planning Unit with input from relevant directorates. It outlines:

- The context for the Plan. An overview of why the plan is being developed and the relevant National, NSW and SNSWLHD plans, policies and frameworks.
- Demographic and population health profiles, and activity trends and projections, using NSW Ministry of Health approved data sets. Data analysis highlights particular areas of interest and concern in the local community.
- Current profile of service/s. Developed by the Planning Unit in conjunction with the Sponsor and relevant Directorates within SNSWLHD. Provides an overview of services, level of services and models of care currently in place.
- Challenges/gaps. Developed by the Planning Unit from feedback throughout the planning process.

Part Two: Recommendations outlining the Way Forward. The Way Forward is guided by National, State and SNSWLHD plans, policies and frameworks, and further developed from information received throughout the consultation process. The Planning Unit draws together information from the Steering Committee, consultations and health service data, with particular care taken to ensure that the Way Forward is supported by the data.

Communication/consultation strategy

The communication and consultation strategy is adapted for each Plan based on the Sponsor's and community members' knowledge of the community. Advice from the CCC often drives this process. The Planning Unit will make suggestions (as outlined below) but the strategy will be expanded or contracted depending on the Steering Committee's views. Effort is made to reach different sections of the community to ensure that those wishing to have input have the opportunity to do so.

The CCC members on the Steering Committee are responsible for ensuring fellow CCC members are aware of the planning process and relay information from the Steering Committee for discussion in the community. The CCC members provide their own opinions as well as those of their community.

Initial consultation forums provide an overview of the demographic and population health features of the community, outline what services are currently in place and their constraints, followed by a discussion on gaps, challenges and possible solutions. This initial stage helps to provide focus for the Plan. Initial consultation forums are held with:

- Staff (including medical staff). Generally, multiple sessions are held. If particular staffing groups are not available for general staff meetings, separate, additional consultation will be conducted.
- Community Consultation Committees
- Invited stakeholders: the Steering Committee decide on the list and invite stakeholders to attend a forum
- An open forum for the general public
- Aboriginal Network Groups
- Councils
- General Practitioners

Following initial consultation, general themes are developed by the Planning Unit for discussion and endorsement by the Steering Committee. The Draft Plan is taken to a public forum to ascertain if the community are in agreement with the general direction setting and to gather further feedback.

Comments from the public forum are considered by the Steering Committee and the Plan is adjusted accordingly. Specific recommendations or actions aligned with the general themes are developed in conjunction with the Steering Committee.

The SNSWLHD Executive are asked to comment and endorse the draft. Once endorsed, stakeholders are advised by individual mail outs and media releases that the Plan is open for general community comment (four to six weeks duration). The SNSWLHD Media Unit has also begun using social media to inform the public of a Plan's release. The Draft Plan is available via the SNSWLHD website and printed copies are provided at health facilities.

Comments received are considered by the Steering Committee and the Draft Plan is again adjusted accordingly. The Steering Committee provides individual replies to the people who provide comment: this may be in the form of a letter, phone call or face to face, depending on who provided the comment and the nature of comments made (comments are often related to issues outside the role of SNSWLHD).

The final Draft Plan is presented to the SNSWLHD Board for endorsement. Once endorsed by the Board, the Planning Unit works with the Plan's Sponsor and their team to develop an Implementation Plan which spells out strategies to achieve actions in the Plan. The Implementation Plan is monitored and reviewed quarterly by the Director of Clinical Operations.

How the planning process is viewed

The first few meetings are always a struggle:

- Staff have been 'told' to do the Plan, the Planning Unit are not 'one of them', the 'Unit' is from the 'DISTRICT'
- Staff see the process as a nuisance and just want to tick the box
- Community members can be antagonistic and worried that SNSWLHD are coming to take services away.

However, this is viewed as the norm by the Planning Unit and the Unit works with all stakeholders to take them through the process, knowing that at some point the light will go on and the Unit will be seen as an asset to help improve their services - and enthusiasm to develop the Plan kicks in!

No planning process is perfect and what works on one occasion may be a complete failure elsewhere, depending on personalities, the culture of the community and what the region has a strong focus on at any one time. The Planning Unit is always open to suggestions and change and will continue to adapt the process to ensure SNSWLHD plans are documents that are referred to and used frequently.

A recent survey conducted in 2015 provided the following feedback on the process:

'Yes – definitely [feel ownership] and will do so even more when the recommendations have been implemented – we have a plan that is achievable.'

'The consultation part was the most difficult. It's not that we didn't try but the response from people & staff was disappointing. The public forums – a lot of work went into organising... and yet no more than 10 people turned up to each forum - their input however was really good.'

'With this plan the boundaries were set as to what could and wouldn't happen - brilliant it stopped the 'we want this service because...' very early on. Saved a lot of angst. All in all – I feel that our plan does encompass the community's perspective and that it was given due respect in the planning process.'

What SNSWLHD planning process really does

By facilitating a process that allows input from all staff and from all corners of the community, the Planning Unit enables health service providers and the community to be involved in decision making and to feel an ownership of a Plan, and importantly, to want to see it succeed.

The process:

- Allows staff to voice their concerns and ideas in a non-threatening environment, often away from their managers. The ideas that they have been carrying in their heads can be voiced, discussed and given an avenue for progression.
- Provides SNSWLHD with the opportunity to explain the need for change and the limitations that the District works within.
- Provides community members, groups and stakeholders the opportunity to question the need for change, SNSWLHD intentions and to question the proposed changes.
- Provides an opportunity for all to be involved in decision making.
- Breaks down some of the reluctance for change, as staff who have contributed and find their recommendations endorsed are enthusiastic to lead and implement the changes.

Does the Planning Unit make a difference?

YES they do. They give staff and the community the opportunity to be involved in decision making.

And all doors swing freely in SNSWLHD - not a doorstop in sight.

Presenter

Zoe Harris is the Manager of Health Service Planning for Southern NSW Local Health District. Working in Health Service Planning for over 14 years, Zoe has facilitated numerous Health Services Plans including the Clinical Service Plan for Bega Valley leading to a major \$170M redevelopment on a greenfield site. In rural areas, the location, level, size and models of care of services are critical decisions for future generations. Zoe considers it a Health Planner's key responsibility to provide the platform to facilitate the development of clinical service models for implementation, along with ensuring staff and community members are engaged in the decision making process. To plan services effectively and lead discussions on options for the future, it is critical to provide in-depth analysis of data and communicate this effectively to all stakeholders. When not 'planning', Zoe enjoys exploring the world and indulging in her crafts of pottery and warm glass.