

Overview of the Program

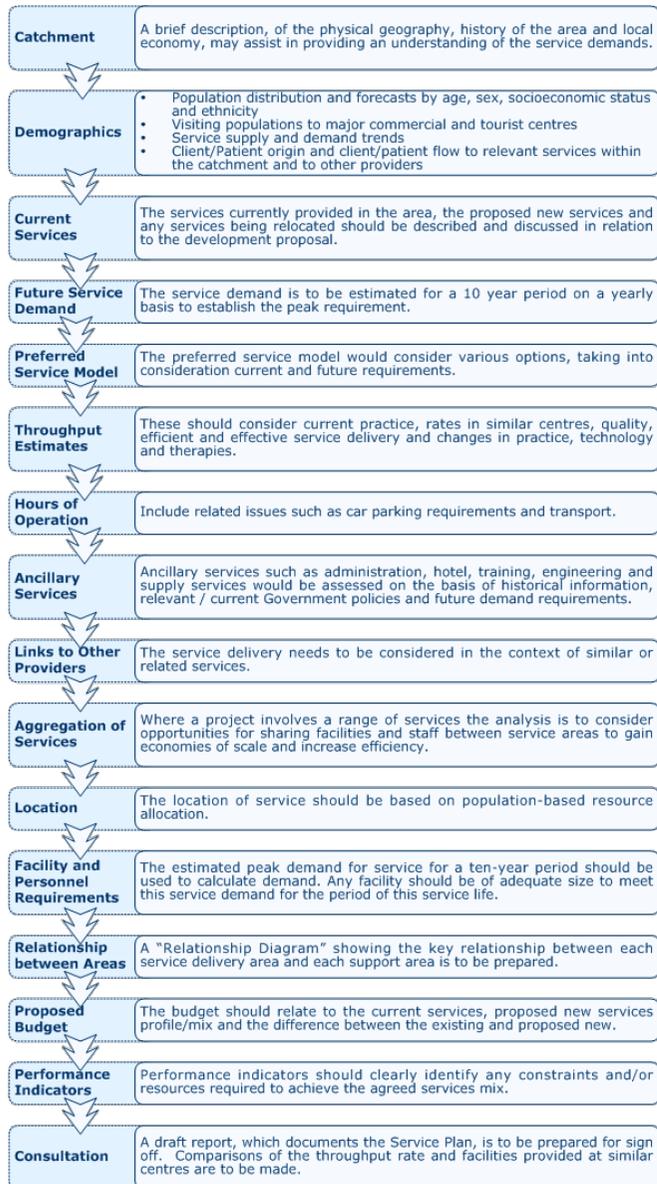
- Overview of health and social care service planning
- Health service plan types and characteristics
- Health service plan development process
- Data and information used in health service planning
- Equity considerations in health service planning
- Stakeholders in health service planning
- Health service planning facilitators and barriers
- Different provider approaches to health and social care service planning
- Prevailing political and policy impacts on health service planning
- Evaluation strategies and methods for health and social care planning
- Acute, primary and social care planning environments

Guide to health service planning

Version 3

2015

Queensland
Guide to
Health
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Developing the Service Plan DHSS Victoria Example

http://www.capital.health.vic.gov.au/Project_proposals/Service_planning/Developing_the_service_plan/

Three main types of planning

- **Planning for a particular geographical catchment** relates to health service planning for a defined population. Geographical catchments can vary substantially and may include one as large as the entire state (as would be the case for a statewide health service planning activity), a particular HHS or the area surrounding a particular health facility.
- **Planning for a particular population group** relates to planning for a health issue (or issues) for a specific population cohort (e.g. Aboriginal and Torres Strait Islanders). This type of planning may also target a particular geographical catchment (e.g. planning of services for Aboriginal and Torres Strait Islander residents of the North West HHS).
- **Planning for a clinical service or stream/s** relates to planning for a specific service (e.g. cardiac, renal) or stream (e.g. medical, surgical) to provide evidence based, safe, high quality and appropriate clinical services. This type of planning could also target a population or geographical catchment as part of planning for the clinical service (e.g. cancer care services for children across Queensland). Planning of this type may also be conducted at various levels within a service/stream (e.g. interventional cardiology).

Key Points

- Health service planning usually adopts a **short-medium-long term (3-5 years) perspective** – except for health facility (infrastructure planning where future proofing is a key consideration)
- **One size never fits all in health service planning** – must plan to the local context and level of service – refer to and use the NSW Health Role Delineation of Clinical Services: <https://www.health.nsw.gov.au/services/Pages/role-delineation-of-clinical-services.aspx>
- **Health service planner skills** = data collection, consultation, analysis, interpretation, graphing/mapping, evidence reports, briefing papers, plans and technical report development.
Note: Health planners have been sacked and taken to court over poor planning and subsequent financial losses for the public health system. Two have been sued.
- **Essential knowledge** - differentiate between planning, health care planning and health service planning when introducing the subject
- **Essential knowledge** - the very broad range of health service planning types, levels and continuum (wellness-illness) when introducing the subject.
- **Essential knowledge** - alignment of government (national, state and local) health plans and policies when introducing the subject.
- **Essential knowledge** - challenges in HS planning e.g. Health sector often more social, ethical, practical complexity than other sectors and planning decisions often include judgements on access and capacity within limited funds - can be considerable compromises. Unforeseen and constantly changing health sector priorities.
- Use **PLANNING CYCLE** as the key planning framework to develop student knowledge and skills (see Guide to HS Planning).

Key Points from Carla Saunders 2020

- **Essential knowledge** - health service planning data and information e.g. population environment (risk, disease rates, age, etc.); current and projected local health service utilisation (seps and bed days, occupancy rates, patient flow; surge capacity, direction of service provision etc.); prevailing public policy; available internal and external support resources, partnerships, organisations and structures; management and provider consultation data; evidence based/informed interventions, systems, service delivery approaches and models of care.
- **Essential knowledge** - health service planning data limitations e.g. population diversity, demographics, movement and transient nature; lack of real-time/stable, reportable data for small areas and a number of population groups; lack of information in many domains of social inequity and cultural norms, beliefs etc. utility i.e. the information necessary to inform local context and complexities.
- **Essential knowledge – available data sources** e.g. ABS, HealthStats NSW, PHIDU, NDSS, Planning NSW population projections, health service and hospital/PHC utilisation data etc.
- **Essential knowledge – Health care context is central** - must understand the following aspects within the prevailing (and ideally future) context e.g. current services and their capacity and effectiveness; formal and informal links between services, sectors; funding and ability to ‘share’ resources; population ‘coverage’; healthcare workforce skills and capacity; health system realities (e.g. competing programs); existing partnerships; costs