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 April 2013

Working together for a healthier ***country WA***

Our Values: *Community | Compassion | Quality | Integrity | Justice*

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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 accompany service plans and business cases as an attachment as it details the intention of the relevant service reform policies and government commitments.

These policies and commitments aim to reform health services to meet future demands and provide the strategic direction for service development at a local level. Overall, the policies acknowledge that meeting future demand is not purely 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 context policies and commitments highlighted in this document include:

National

- Australian Health Care System - funding, provision and regulation
- National Health Reform Agreement
- National Indigenous Reform Agreement
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
- National Primary Health Care Strategy
- National Aged Care Strategy and Reform
- National Safety and Quality Standards

State

- WA Health Strategic Intent 2010-2015
- WA Safety and Quality Strategic Planning 2008 – 2013 and 2013 - 2017 (under development)
- WA Local Health Networks and Medicare Locals
- WA Health Clinical Service Framework 2010 – 2020
- WA Health Redundancy and Disaster Planning in Health's Capital Works Programs, January 2012
- WA Health Activity Purchasing Intentions 2010 - 2011
- WA Health Retention Framework 2012-2015
- WA Health Network Policies and Models of Care (various)
- WA Health, Greening Health, Building and Renovations
- WA Health Telehealth Strategic Direction
- WA Health Act 1911

- WA Primary Health Care Strategy (under development)
- WA Health Promotion Strategic Framework 2012-2016
- Mental Health 2020;
- Stokes review 2012
- WA Mental Health Act 1996, Review 2012
- WA Suicide Prevention Strategy 2009 – 2013;
- Putting the Public First: Partnering with the Community and Business to Deliver Outcomes
- WA State Election 2013 – Election commitments overview
- Southern Inland Health Initiative;
- Super Towns
- Rural Cancer Units

WACHS

- WACHS Strategic Priorities 2013-2015, Towards Healthier Country Communities
- Primary Health Reform in Country WA 2010 - 2012
- WACHS Aboriginal Employment Strategy 2010 – 2014
- WACHS Mental Health Strategic Directions (2010)
- WACHS ICT Strategy
- WACHS Human Resources Strategic Directions Framework; and
- WACHS Renal Dialysis Plan
- Northam Hospital Emergency Department Review

A description of each of these policies and commitments is provided in the following pages.

2 COMMONWEALTH GOVERNMENT POLICY

2.1 Australian Health Care System – funding, provision and regulation

Australian health care system

The Australian health system encompasses 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

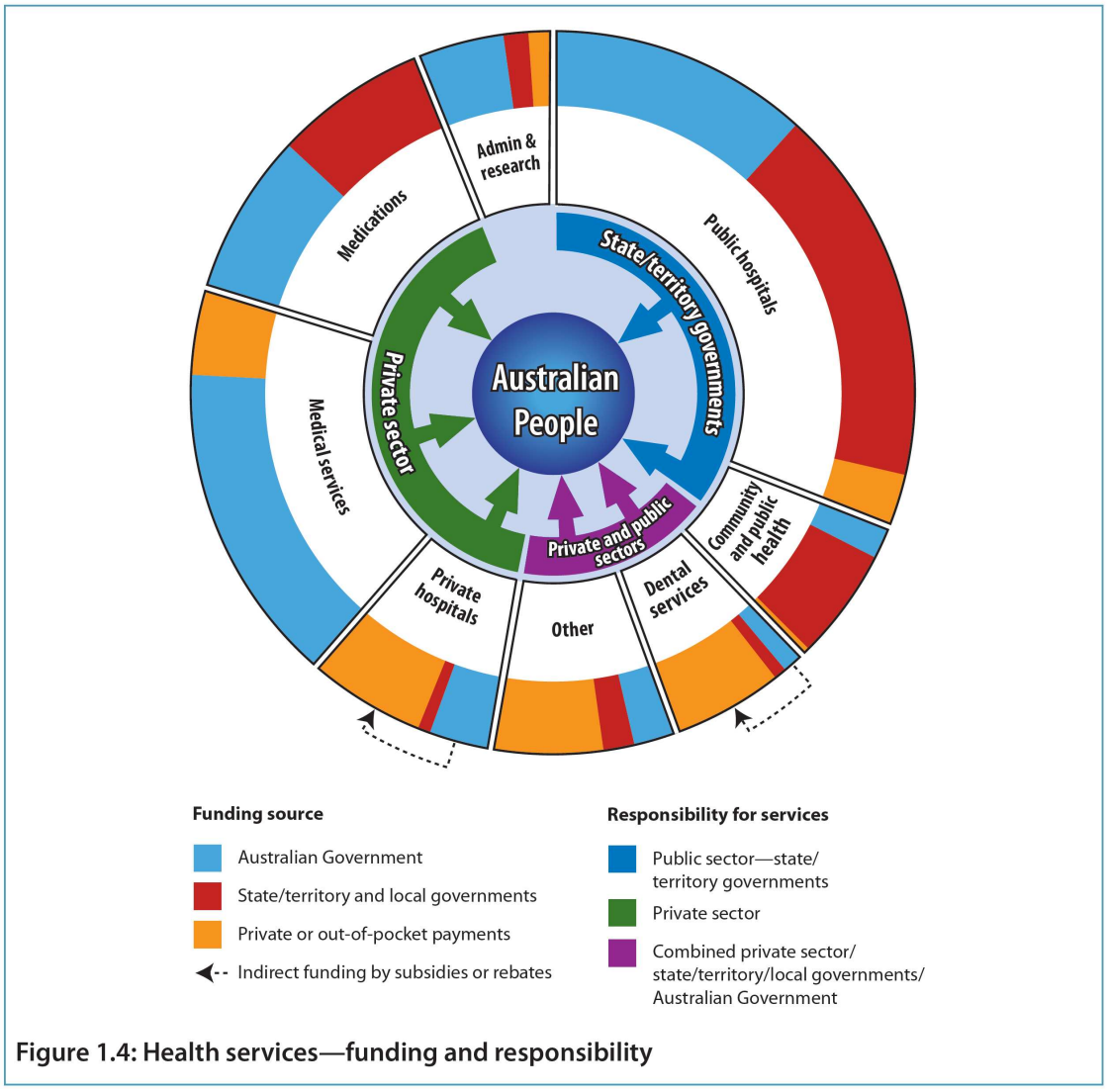


Figure 1.4: Health services—funding and responsibility

Source: Australia's Health 2012, 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.

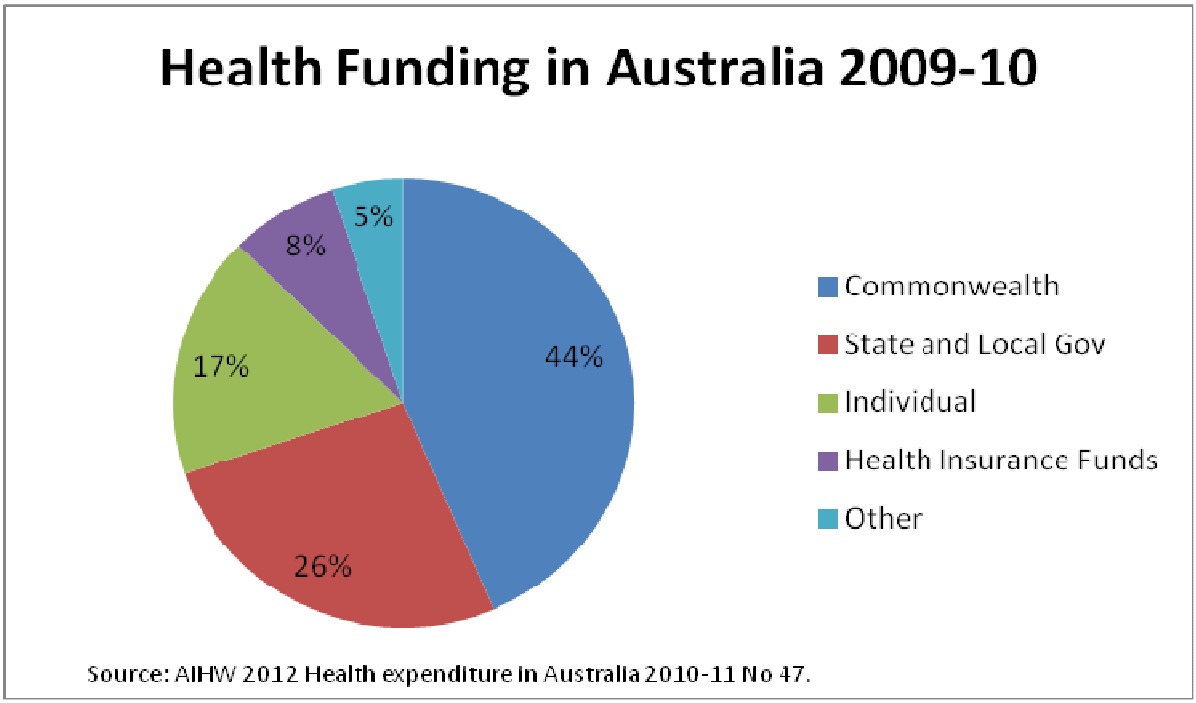
Who funds the health system?

In 2009–10, total Australian health expenditure was $121.4 billion, accounting for 9.4% of National gross domestic product (AIHW 2012).

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 two-thirds of total health expenditure in Australia is funded by government (national, state/territory and local) (refer to Figure 1 below).

Individuals community members fund 17 per cent of the total funding in 2009–10), with private health insurers contributing 8 per cent, and accident compensation schemes contributing further 5 per cent toward health funding.

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.

Sources:
AIHW 2012.Austraia's Health 2012. Canberra: AIHW.
AIHW 2012. Health expenditure Australia 2010-11. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra: AIHW.

Aged care in Australia

The aged care system has evolved in an ad-hoc way in response to the needs and demands of older people in the community. As noted above at Diagram 1, 'Aged Care' is not considered a component of Australian Health expenditure by the Australian Institute of Health and Welfare , however 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 formal 'aged care system' (Residential aged care and Home and Community Care services) are funded and regulated by the Australian Commonwealth Government.

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).

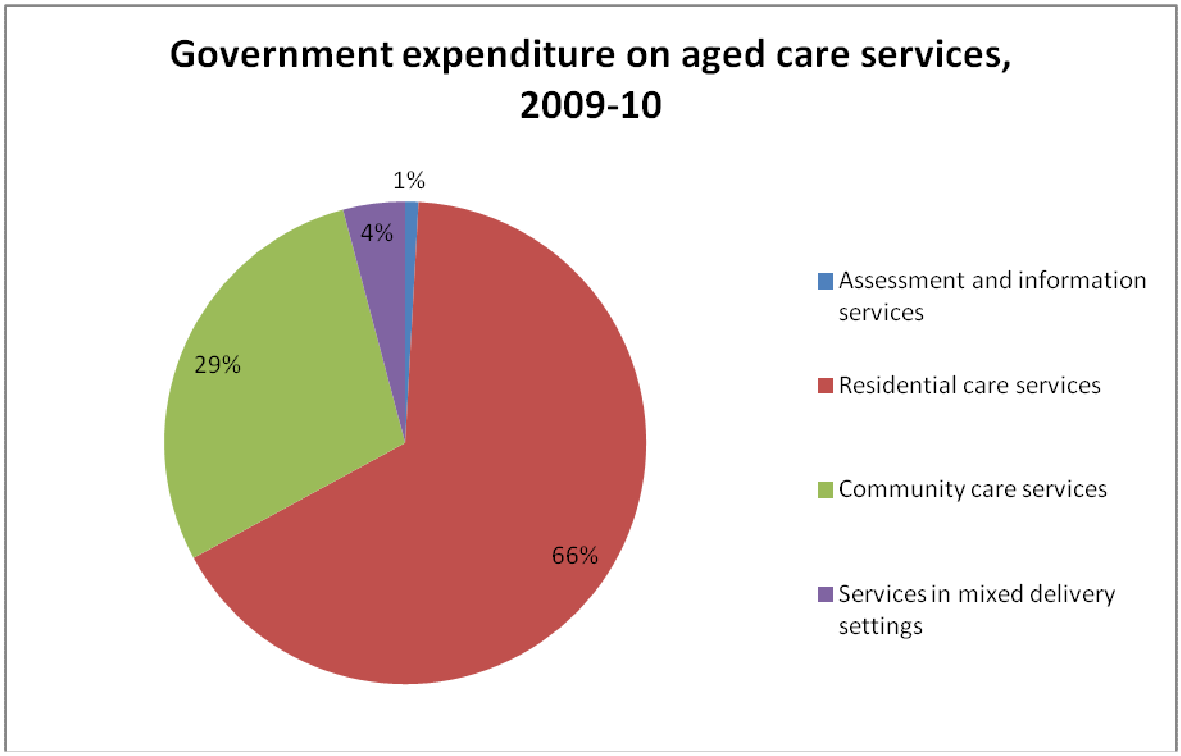
Who funds Aged Care?

In 2009–10, total Australian aged care expenditure was $11 billion. (Caring for Older Australians 2011)

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 can not be overlooked. Refer to Figures 2 and 3 for further funding details.

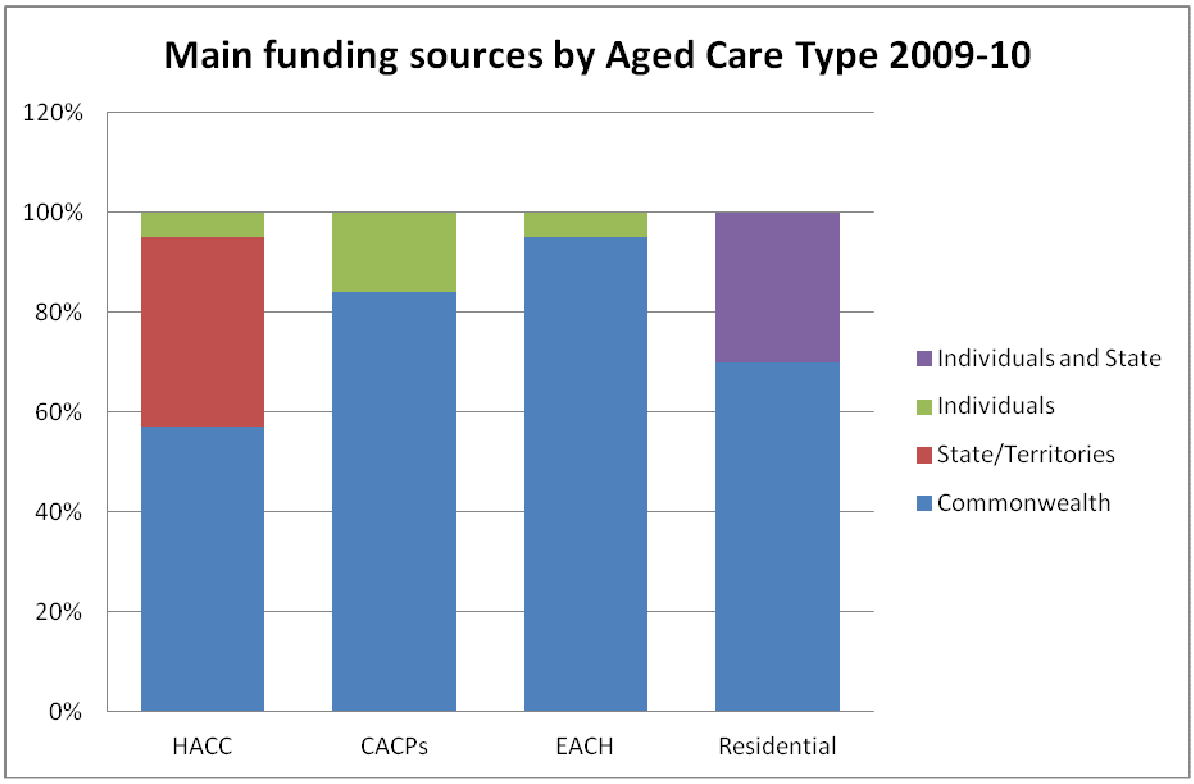
Figure 2 Government Expenditure on Aged Care in Australia



Source: Australian Productivity Commission 2011. *Caring for Older Australians*. Australian Government.

Figure 3 below demonstrates that large contribution by the Commonwealth Government for aged care services, in comparison to other sectors. With regard to residential care, the Commonwealth funds 70 per cent, 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.

Figure 3 Aged Care Funding by Type



Source: Australian Productivity Commission 201. *Caring for Older Australians*. Australian Government.

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.

2.2 National Health Reform Agreement

In April 2010, the Council of Australian Governments (COAG), with the exception of Western Australia, agreed to a range of health reform initiatives to be implemented under the *National Health and Hospitals Network (NHHN)*. In February 2011, 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.

On the 2nd August 2011 the National Health Reform Agreement was signed between the Commonwealth and *all* States and Territories.

The key aim of the National Health Reform Agreement is to deliver a nationally unified and 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 in 2008 and amended in July 2011
- 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: *www.coag.gov.au/coag_meeting_outcomes/2011-02-13/index.cfm?CFID=1346501&CFTOKEN=10935147*

2.3 COAG National Indigenous Reform Agreement

In 2008, COAG agreed to a *National Indigenous Reform Agreement* focussing on six key targets, as outlined in the

Figure 4 below. 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*.

Figure 4: Council of Australian Governments National Indigenous Reform Agreement

Source: Department of Indigenous Affairs

The Agreement is centred on five priority areas: tackling smoking; providing a healthy transition to adulthood; making Indigenous health everyone's business; delivering effective primary health care services; and better coordinating the patient journey through the health system.

The Commonwealth's contribution is an $805.5 million *Indigenous Chronic Disease Package* to be implemented over 4 years ($117.4M for Western Australia). This provides:

- significant new funding for preventative health
- support and funding for more coordinated and patient-focused primary health care in both Aboriginal community controlled health services and mainstream general practice
- an expanded Indigenous health workforce

Go to www.health.gov.au/tackling-chronic-disease *for more detailed information about the package.*

Western Australia is investing $117.4M over 4 years *(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*).

Healthy Transition to Adulthood funding has been divided between two initiatives:

- Initiative 1 is a $22.3M investment in Social and Emotional Well-being Services and Primary Care for Aboriginal people to provide early intervention; youth engagement; sexual health; education; men's health; women's health; and drug and alcohol awareness.

Mental health problems being addressed include depression and anxiety, alcohol and substance abuse, and self-harming behaviour experienced at a personal and community level.

- Initiative 2 provides $22.47M to the WA Mental Health Commission for the establishment of a Statewide Specialist Aboriginal Mental Health Service for Aboriginal people with serious mental illness or mental disorders such as, schizophrenia and bipolar disorders.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes can be viewed at:
www.federalfinancialrelations.gov.au/content/national_partnership_agreements/indigenous/closing_the_gap/Closing_the_Gap_indigenous_health_outcomes.pdf

2.4 National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

In 2003 the Commonwealth Government released a strategic framework for Indigenous health to 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

For more information refer to:

www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-imp2

2.5 Building a 21st Century Primary Health Care System – Australia's First National Primary Health Strategy

In 2010 the Commonwealth Government released the first *National Primary Health Care Strategy*, providing a national road map to guide future primary health care policy and planning in Australia. It sets out key priority areas and essential building blocks that need to be in place to provide the foundation for an integrated high performing primary health care system fit for the future.

The Strategy takes a broad view of comprehensive primary health care, extending beyond the 'general practice' focus of traditional Australian Government responsibility. It includes consideration of services which until now have been predominantly the responsibility of the states and territories, and those services entirely delivered through private providers, including those supported by private health insurance.

The Strategy identifies the following **Five Key Building Blocks** that are considered essential system-wide underpinnings for a responsive and integrated primary health care system for the 21st century:

- Regional integration
- Information communication and technology, including eHealth
- Skilled workforce
- Infrastructure
- Financing and system performance

Drawing from the building blocks, are the following **Four Priority Areas for Change**:

- Improving access and reducing inequity
- Better management of chronic conditions
- Increasing the focus on prevention
- Improving quality, safety, performance and accountability

These key priority areas have been identified through consultations as the areas where change is most needed to set up the system of the future.

Actions in all four key priority areas are underpinned by the five key building blocks and are linked to key reform initiatives being implemented under the Australian Government's health reform agenda.

Building a 21st Century Primary Health Care System – Australia's First National Primary Health Strategy can be viewed at:

www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-primaryhealth

2.6 National Aged Care Strategy and Reform

In April 2012, the Commonwealth Government released its response to the Australian Productivity Commissions Report 'Caring for Older Australians'. The *Living Longer Living Better* aged care reform package will provide $3.7 billion over five years to strengthen the interface between the health and aged care systems. This investment includes funding for:

- strengthening residential aged care
- Care Packages
- 'Carer Support Centres'
- older Australians from diverse backgrounds
- Workforce development
- Dementia services
- strengthening connections between the health and aged care sector:
  - promoting better practice and partnerships
  - supporting better palliative care and support in the aged care system
- support and encouragement for aged care providers to collaboratively develop short term, more intensive health care services
- dissemination of research findings and supporting translation in to better practice; and
- increased multidisciplinary care.

The current Commonwealth planning benchmarks are for the provision of 44 high care beds and 44 low care beds and 20 to 25 places for community care (with 4 for high level community care and

21 for low level community care) for every 1,000 people aged 70 years and over (non-Aboriginal) and aged 50 years and over (Aboriginal). The Commonwealth aged care reform agenda will see these benchmarks changing from July 2014 when there will be no distinction between high and low care approvals and the approval being based on need.

More information can be sourced at:
www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cald-national-aged-care-strategy

2.7 National Safety and Quality Standards and EQuIP 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 EQuIPNational, 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 by 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
	Governance for Safety and Quality in Health Service organisations	• *Governance and quality improvement system* • *Clinical practice* • *Performance and skills management* • *Incident and complaints management* • *Patient rights and engagement*
2	Partnering with Consumers	• *Consumer partnership in service planning* • *Consumer partnership in designing care* • *Consumer partnership in service measurement and evaluation*
3	Preventing and Controlling Healthcare Associated Infections	• *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	• *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	• *Identification of individual patients* • *Processes to transfer care* • *Processes to match patients and their care*
6	Clinical Handover	• *Governance and leadership for effective clinical handover* • *Clinical handover processes* • *Patient and carer involvement in clinical handover*
7	Blood and Blood Products	• *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	• *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	• *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	• *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	• *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	• *Assessment and Care Planning* • *Management of Nutrition* • *Ongoing Care and Discharge / Transfer* • *End-of-Life Care*
13	Workforce Planning and Management	• *Workforce Planning* • *Recruitment Processes* • *Ongoing Employment and Development* • *Employee Support and Workplace Relations*
14	Information Management	• *Health Records Management* • *Corporate Records Management* • *Collection, Use and Storage of Information* • *Information and Communication Technology*
15	Corporate Systems and Safety	• *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/our-work/accreditation/nsqhss/safety-and-quality-improvement-guides-and-accreditation-workbooks/

http://www.achs.org.au/achs-equipnational/

WA Health Policies

2.8 WA Health Strategic Intent 2010-2015

The WA Health Strategic Intent document outlines the vision, mission and values for WA Health and WACHS. The Strategic Intent aims to improve, promote and protect the health of Western Australians by:

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

Refer to www.health.wa.gov.au/about/strategicintent.cfm

2.9 Roll out of 2011 National Health Reform in WA

Local Hospital Networks (Health Services) and Medicare Locals are fundamental elements of the Commonwealth Government's *National Health and Hospitals Network* which will build on the strengths of the current health system, while encouraging more locally responsive and flexible services, better supporting health practitioners and patients, and improving integration and accountability across the system.

2.9.1 Local Health Networks and Governing Councils

On the 2nd August 2011 the National Health Reform Agreement was signed between the Commonwealth and all States and Territories. In response to this new agreement the WA Minister for Health announced the formation of new Health Services (Local Health Networks) from 1 July 2012 which will be managed by Governing Councils and will replace the existing four WA Area Health Services. The five new health services are:

- North Metropolitan Health Service
- South Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service (WACHS) comprised of 'Northern and Remote Country' (Kimberley, Pilbara, Midwest and Goldfields regions) and 'Southern Country' (South West, Wheatbelt and the Great Southern regions).

Each health service has a Governing Council and WACHS has two Governing Councils, with members selected by the Minister for Health. Membership includes health clinicians, corporate representatives and also a community representative.

The Governing Councils support the Minister for Health by taking responsibility through the Health Service Chief Executive Officer (CEO) for defined governance functions, including local service planning; performance monitoring and evaluation; and engagement with community and clinical stakeholders. Day to day management of each Health Service will be carried out by the CEOs, who will work to Governing Councils and to the Director General of Health to deliver responsive, accountable, quality health services. The regional structure for WACHS remains intact with seven regions, each with a Regional Director and management group.

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.

2.9.2 Medicare Locals

The Australian Government is establishing Medicare Locals, a network of primary health care organisations funded by the Commonwealth to be the general practice and primary health care partners of the LHNs. Their role is broadly to commission (purchase) and plan for primary health care services and engage communities and stakeholders in these processes. They may provide services if there is no alternative. Medicare Locals will support health professionals to provide more co-ordinated care, while maintaining the important role of general practice in the primary health care sector. Medicare Locals are designed to facilitate improved service access and encourage greater integration between the primary health care, hospital and aged care sectors. Improvement in primary health care is critical to improving the overall health care system.

Western Australian Medicare Locals:

- Perth North Metro (Joondalup, Wanneroo and most of Stirling LGA)
- Fremantle
- East Metro
- Rockingham – Kwinana – Peel
- Bentley – Armadale
- South West also known as the SW Health Alliance (South West, Great Southern and Wheatbelt regional areas)
- Kimberley – Pilbara
- Goldfields – Midwest

While many Medicare Locals have evolved from high functioning divisions of general practice, a major point of difference is that Medicare Locals have a broadened primary health care scope beyond general practitioners and practice.

2.10 Activity Based Funding and Management

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

ABF means that health service providers will be funded on the basis of expected activity. Previously, health services in WA have been funded largely on a historical basis. Activity is everything that we do for, with and to consumers, residents, clients and their families and carers.

ABM is the way WA Health will plan, budget, allocate and manage activity and financial resources to deliver safe high quality health services for the WA community. It will ensure that the community, clinicians, public servants and Government can access the information they need to make decisions about how and where we deliver healthcare across WA.

Western Australia's ABF system commenced operation on 1 July 2010, with the introduction of a basic system for inpatient and emergency department activity. Over time, Activity Based Funding will be extended to every aspect of the WA public health system.

For further information go to: www.health.wa.gov.au/activity/home/

The COAG recently agreed to commence ABF nationally in July 2012.

The National Agreement can be viewed at:

www.coag.gov.au/coag_meeting_outcomes/2011-02-13/docs/communique_attachment_20110213.pdf

2.11 WA Health Clinical Services Framework 2010-2020

Service and facility planning should align with the new WA Health Clinical Services Framework 2010-2020 and the latest demand modelling that underpins and informs the Framework which projects future demand based on ABS Series B+ population projections. The framework:

- describes the role delineation for metropolitan and WACHS hospitals (excluding WACHS small hospitals);
- outlines National, State and bi-lateral policies pertinent to service and facility planning in WA.

Modelling that is updated each year defines the future activity and bed requirements at each of the facilities within the prescribed role delineation of the services.

The Framework clearly defines the role delineation of services to be delivered at WACHS regional resource centres and integrated district hospitals. The services to be delivered at small hospitals are not included in the Framework and at these smaller sites it is anticipated that current business and service models will continue.

The Framework will be reviewed in 2013.

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

2.12 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. WA hospitals have been role delineated into six distinct levels to align with the WA Health Clinical Services Framework. This is determined by their clinical service delineation and the risk of response required to terrorism determined by the presence of significant clinical infrastructure within the hospital's catchment area.

WACHS Regional Resource Centres and towns identified as 'high risk critical infrastructure sites' (Esperance, Nickol Bay, Northam and Ravensthorpe) are level 5 for Disaster and Redundancy Planning. Most of the WACHS' integrated district health services are classified as Level 3, whereas smaller hospitals that have changed their focus from providing acute inpatient care to a stronger role in providing residential aged care are classified as Level 2 and 1 depending on the number of acute inpatient discharges per year.

Please note the levels were amended in January 2012 so that they now align with Levels of the CSF with the scale 1 (lowest) – 6 (highest).

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

2.13 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

2.14 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/

2.15 WA Safety and Quality Strategic Plan 2008 – 2013 and 2013 - 2017 (under development)

WA Health's Safety and Quality Strategic Plan is currently being reviewed and updated to reflect the National Safety and Quality Health Service Standards and better reflect Activity Based Management.

The link to the current plan and other resources around WACHS Safety and Quality can be accessed at *WACHS Intranet: Safety & Quality*

2.16 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

2.17 WA Health Telehealth Strategic Directions (Awaiting endorsement April 2013)

WACHS is finalising the strategic directions for a Statewide Telehealth service. The aim is to provide patient care that links smaller hospitals, health services, integrated district health campuses and regional health campuses (or 'hub' hospitals) across the regions/districts and to other health services. This would include electronic linkages to tertiary hospital outpatient and emergency departments, pre-admission clinics and other service providers, such as the Royal Flying Doctor Service or the St John Ambulance service.

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.

A telehealth service will also be used for staff training, professional supervision and to reduce staff road travel time to attend a range of corporate and administrative meetings.

A key component of a telehealth service will include supporting health service staff through the workplace and workforce changes required to introduce the new technology/systems.

Any telehealth service will include 'state of the art' telehealth equipment and expertise including electronic booking systems and patient to clinician linkage/communication systems.

Further information can be found at:

Link will be include once endorsed

2.18 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

2.19 Western Australian Primary Health Care Strategy

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

2.20 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

HPSF 2012-2016 - Key Risk Factors and Action Areas

Risk Factor	Key Action Area
overweight and obesity	eating for better health a more active WA maintaining a healthy weight
nutrition	
physical activity	
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 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 '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 Stoles AM 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 recommendation s of the Stokes Review.

2. **Patient-focussed services** - Development of a 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 are appropriate step-down rehabilitation and supported accommodation beds 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

3.3 WA Mental Health Act 1996 - 2012 Review

The Government completed a review of the Mental Health Act 1996, and has proposed to introduce into Parliament the Mental Health Bill 2012 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

The green Mental Health Act 2012 was tabled in Parliament on 8 November 2012 and has been available since December 2012 for community comment. The feedback period closed on February 28th 2013.

Information regarding the legislative review is available at:
www.mentalhealth.wa.gov.au/mentalhealth_changes/mh_legislation.aspx

3.4 Western Australian Suicide Prevention Strategy 2009 – 201

The WA Government has developed a comprehensive suicide prevention strategy with a particular emphasis on young people, young men, Aboriginal people and people who live in rural and regional WA. The *WA Suicide Prevention Strategy* is aligned with the *National Suicide Prevention Strategy: Living is for Everyone (LIFE)*. It provides a framework and governance structure to guide initiatives in WA for the future. Suicide prevention is everybody's business and demands a comprehensive approach from Governments and the community.

The WA Government has committed $13M over 4 years to implement the Strategy. Centrecare was appointed in 2010 to attract support across sectors and work with individual communities, government, non-government and corporate agencies across WA to facilitate a coordinated agency and local response to communities experiencing early signs of a suicide crisis. Centrecare will implement initiatives to increase awareness, coordinate training, research and evaluation of suicide prevention strategies.

More information about the Centrecare initiative, known as one-life, can be found at
www.mcsp.org.au/one-life-strategy.html
The WA Suicide Prevention Strategy can be downloaded at
www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_Suicide_Prevention_Strategy.sflb.ashx

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 3 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 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 2: 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.

Stream (Total Southern Inland Area)	
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.

4.3 Regional Centres Development Plan (SuperTowns)

The Regional Centres Development Plan (SuperTowns) is a Royalties for Regions (RfR) initiative to encourage regional communities in the southern half of the state to plan and prepare for the future so they can take advantage of opportunities created by WA's population growth. Wheatbelt, Great Southern, Goldfields and South West towns have been selected based on their potential for population growth; economic expansion and diversification; strong local governance capabilities; and their potential to generate net benefits to WA.

Through RfR, $85.5 million is available to SuperTowns for transformational projects in the chosen communities. In addition, $5.5 million has been allocated to assist local governments in undertaking the necessary planning and revisiting their strategic plans, if needed. Funding is also available to relevant state government agencies to support local governments through this process.

Implementation of SuperTowns will be rolled out over three key phases, with the initial phase (Establishment Phase) focusing on establishing the program and the selection of Round 1 SuperTowns. Selection of a town qualifies it for strategic planning and transformative project funding (Strategic Planning Phase). The next phase will involve putting the strategic planning and implementation framework into place and delivering the projects (Implementation Phase). Selection of the next round of SuperTowns, and monitoring and review of this initiative will also occur at this phase.

Round 1 SuperTowns are currently in Phase 2, Strategic Planning.

5 WA COUNTRY HEALTH SERVICE POLICIES

5.1 'Towards Health Country Communities' - WACHS Strategic Priorities 2013 - 2015

WACHS strives to ensure that each and every one of our consumers experience high quality, compassionate care every time they use our health services. The priorities listed below focus our efforts to achieve this across all aspects of our work.

WACHS is building for better health care. Our $1.43 billion capital works program and our service reforms and service redesigns are bringing world-class health care closer to home for people living in regional and remote Western Australia.

WACHS are implementing many new services to improve the health of country people including new services for Aboriginal people, new primary health, child development, critical care and rehabilitation services. We continue to improve emergency care, including rolling out the new Emergency Telehealth Service and have achieved remarkable results in cutting waiting times and improving care in our emergency departments.

The Royalties for Regions funded Southern Inland Health Initiative is redesigning the way health services are delivered in a number of regional towns and the government has also committed to the North West Health Initiative which will redevelop hospitals and health services in the north west of WA.

WACHS vision

Healthier, longer and better quality lives for all country Western Australians.

WACHS purpose

To improve, promote and protect the health of country Western Australians.

WACHS values

- **Community**
  Making a difference through teamwork, generosity and country hospitality.
- **Compassion**
  Listening and caring with empathy and dignity.
- **Quality**
  Creating a quality health care experience for every consumer.
- **Integrity**
  Accountability, honesty and professional, ethical conduct in all that we do.
- **Justice**
  Valuing diversity with a fair share for all.

The WACHS Priorities 2013-2015 have been grouped into four categories:

- **Quality health services for all**

  WACHS aims to work closely with other health providers to deliver high quality, accessible and safe services for everyone, closer to home where possible, reducing the need for people to travel long distances.

- **Improving the health of Aboriginal people and those who are most vulnerable**

  WACHS will continue working hard to close the gap in Aboriginal health and improve access to quality health care for those most in need in collaboration with our health partners and the public.

- **A fair share for country health**

  WACHS understands the importance of maintaining a fair share for country WA and are committed to using the resources entrusted to us to provide WA taxpayers, including our country patients, families and carers, with optimum services and value for money.

- **Supporting our team – workforce excellence and stability**

  Our workforce is our success. We aim to attract and retain staff who have the capability, skills, values and professionalism to deliver modern, high-quality health care. We need people who are resilient, take pride in their work, are team players and patient centred, so they can consistently deliver the best possible care.

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

5.2 Primary Health Reform in Country WA 2010-2012

The draft and unpublished document, *Primary Health Reform in Country WA 2010-2012*, outlines a proposal to reform the way in which primary health care services are funded and delivered in rural and remote WA.

The paper reports that the current models of funding and delivering primary health care services are failing rural and remote communities, leading to poorer health outcomes, extensive service inefficiency and fragmentation, ineffective use of public hospitals and inadequate funding for primary health care. New approaches are therefore required that address the barriers of multiple funders and providers and increase primary health care resources in communities where they are most needed.

A six-point Country Primary Health Plan, consistent with the intentions outlined in the National Health and Hospital Reform Commission, has been developed. The Plan, outlined below, is based on joint funding, evidence based regional planning, multi-disciplinary teams providing coordinated services across the care continuum and improved community to hospital linkage and care.

The six point Country Primary Health Plan includes:

- 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
- Addressing six key health priorities through primary health care. The six health priorities are maternal and child health; chronic disease primary mental health; communicable disease; environmental health; dental health and aged care.

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 have been 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 Service Plan (2013-2015)

Delivery of public mental health services to the rural and remote communities of Western Australia is a significant challenge. The 2012 'Stokes Review' recognised the need for consistent, quality mental health care to be available to all Western Australians.

As noted earlier the Stokes Review's first priority was the development of a Mental Health Clinical Services Plan for WA.

The government's response to this is to firstly develop a two year plan by the end of December 2012, to provide information about the range and configuration of clinical services for the period to 2015, with indicative costings. Following on from this the MHC will also develop a 10 year WA Mental Health Services Plan informed by the National Mental Health Framework which will be the blueprint for the mental health system.

The development of the two year WA Country Health Service (WACHS) Mental Health Services Plan represents an initial stage in aligning the planning and development of WACHS country specialist mental health services with State and National planning frameworks over the next five to ten years.

This WACHS Mental Health Services Plan 2013 – 2015, outlines rural and remote clinical and corporate reform priorities for specialist mental health services that support people with severe, persistent and enduring mental health issues including co-existing drug and alcohol issues. It describes the principles and key elements of rural and remote models for specialist mental health services. These priorities and principles will address needs and gaps identified in the Stokes Review and WACHS service planning.

The WACHS Mental Health Service Plan details seven **Clinical Service Priorities**.

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

Further information 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 plan is being finalised which has engaged all regions, relevant country and metropolitan clinicians and specialists and the WA Health Renal Network leads.

The plan identifies the need for renal satellite outreach dialysis or community supported dialysis services (small satellite services) to enable care closer to home. The below provides a summary of the proposed distributions of dialysis services for each Region:

Kimberley

- Increase the planned Derby Satellite Outreach Service (SOS) from 10 to 12 chairs
- Increase Kununurra SOS from 4 to 6 chairs
- Provide Fitzroy SOS with 4 chairs
- Provide Halls Creek Community Creek Home Haemodialysis (CSHD) with 2 chairs

Pilbara:

- Increase Port Hedland satellite from 8 to 11 chairs
- Provide Roebourne SOS with 4 chairs
- Develop Newman SOS/CSHD with 4 chairs

Midwest:

- Increase capacity of Geraldton by increasing the number of sessions
- Develop Carnarvon SOS with 4 chairs
- Develop Wiluna CSHD with 2 chairs
- Develop Meekatharra CSHD with 2 chairs

Goldfields:

- Develop Wiluna CSHD for 2 chairs
- Provide Kalgoorlie CSHD in BEGA AMS with 2 chairs
- Provide SOS in Laverton/Leonora with up to 4 chairs
- CSHD/SOS in Esperance with 4 chairs
- Warburton CSHD with 2 chairs

South West:

- Increase the capacity of Bunbury satellite from 6 to 12 chairs
- Develop a ‘shop front’ SOS service in Bunbury for 12 chairs
- Continue Services at Busselton as an outreach of Bunbury

Great Southern:

- Increase the capacity of satellite centre from 6 to 8 chairs

Wheatbelt:

- Provide Northam SOS dialysis with 4 chairs
- Provide Narrogin SOS dialysis with 4 chairs
- Provide Moora CSDC dialysis with 2 chairs
- Provide Merredin SOS dialysis with 2 chairs

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 2010 - 2020
- Consider the development of Activity Based Funding management strategies
- Align service planning and facility planning with the four directions of the WACHS Revitalising Country Health Service (2009 – 2012) Strategic Plan (2009) 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)