

South Australian Health and Wellbeing Strategy 2019-2024

Summary framework
for consultation



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Message from the Chief Executive



I am pleased to release the South Australian Health and Wellbeing Strategy 2019 – 2024 Summary Framework for consultation.

Health and Wellbeing is important to us all. We are all health consumers and our interactions with health services influence our ability to manage our own health and wellbeing. We trust that the health services and programs we need will be available when we need them and delivered by well trained, highly competent and dedicated people.

The Department for Health and Wellbeing routinely conducts system wide strategic planning every five years to ensure health services meet community needs. Health system planning is primarily concerned with developing and supporting our health system to deliver high quality services to the community. Underpinned by data and consistent with contemporary evidence it specifically aims to improve the health status of the South Australian population while safeguarding equity, fairness of access and responsiveness.

The development of the South Australian Health and Wellbeing Strategy 2019 – 2024 provides the opportunity to set a new direction of health service delivery. The Health and Wellbeing Strategy will focus on the statewide health priorities for South Australia over the next five years and also look to adopt a longer term perspective (to 2030), to enable the system to be better prepared for the future. The Strategy provides the framework for the more detailed service level planning undertaken by each Local Health Network.

The South Australian Health and Wellbeing Strategy Summary framework for consultation incorporates the election commitments made by this Government, many of which have commenced implementation. It also incorporates where appropriate, priorities from the recently released Public Health Plan 2019 – 2024.

I strongly encourage you to read the information, provide feedback and be involved in ensuring that the things that matter to you, and how you manage your health, are considered.

Dr Chris McGowan

Chief Executive
SA Health

Introduction

Health and wellbeing is an asset for us all. Protecting and promoting good health and preventing illness is vital for individuals and the community. When people are supported to live healthy lives they can participate and be productive as individuals, carers and family members, as well as in their workplaces and communities.

The Department for Health and Wellbeing (DHW) and the Local Health Networks (LHNs) together have a very significant role in supporting South Australians to be as healthy as possible and are committed to protecting and improving the health and wellbeing of all South Australians.

We recognise that there are multiple providers of health and wellbeing support services in South Australia (SA) and that our services are part of a broader system. The multiplicity of providers and funders creates a complex system which at times can be difficult for individuals and families to understand, navigate and access.

Conversations with individuals from a wide range of backgrounds have provided us with an understanding of how people view their health and wellbeing and what is needed to deliver the support they need. We have heard that the health system's current focus on ill health is short sighted and inconsistent with the approach people take in their everyday lives. We know that over time some people have lost trust in the system and that regaining this trust is imperative. We also know that while our population is not growing as quickly as some other Australian states we have significant growth in certain parts of the state, and our population is ageing. We know that dementia, cancer, cardiovascular disease, mental illness and chronic diseases like diabetes and respiratory conditions are significant challenges for many individuals and that the system must be designed to provide the support needed.

Health is privileged to be at the forefront of science with new research findings and knowledge emerging continuously. Identifying relevant findings and incorporating them into practice requires health care delivery to constantly evolve and our workforce to consistently learn, increase their knowledge base and implement new ways of working. We have seen how incorporating research outcomes in the implementation of new models of care can result in improved patient outcomes.

The innovative use of technology, especially to deliver services to people living in rural and remote South Australia, has also been a feature of improvements adopted over the last 10 years. This now needs to be expanded across the metropolitan area and include an extended range of clinical speciality areas. It is important that development of the health system is thoughtfully planned and informed by evidence and advice from experts including community members and current consumers.

This summary framework for consultation provides an opportunity for feedback from a wide range of people and organisations. Input and feedback received as part of this engagement will be provided to the Health and Wellbeing project team and taken into consideration when drafting the South Australian Health and Wellbeing Strategy 2019 – 2024 (the Health and Wellbeing Strategy).

A Health and Wellbeing Strategy

The Health and Wellbeing Strategy will provide a guide for positioning South Australia's health system towards achieving the future we want for South Australian residents. It will assist individuals and organisations to focus and work together effectively even while addressing the daily issues our complex system routinely faces.

Developing the Health and Wellbeing Strategy 2019-2024

Health system planning

Clinical planning in healthcare is complex, multi-dimensional and dynamic. Health system planning is future oriented and usually adopts a 5 to 10 year perspective. This longer term approach supports organisations to better prepare for emerging health trends and other factors central to contemporary healthcare. These include evolving health needs of the population, emerging clinical evidence and changes in technology, projecting future service need, prioritising the allocation of resources, benchmarking and improving efficiency as well as providing safe and sustainable services.

The health system planning process is cyclical as shown in Figure 1.

Health system planning is primarily concerned with developing and supporting a health system that delivers high quality services to the community. It specifically aims to improve the health status of the population while safeguarding equity, fairness of access and responsiveness. Health system planning should achieve this goal through the provision of efficient and effective health services, taking into account available resources and means and methods of health care.

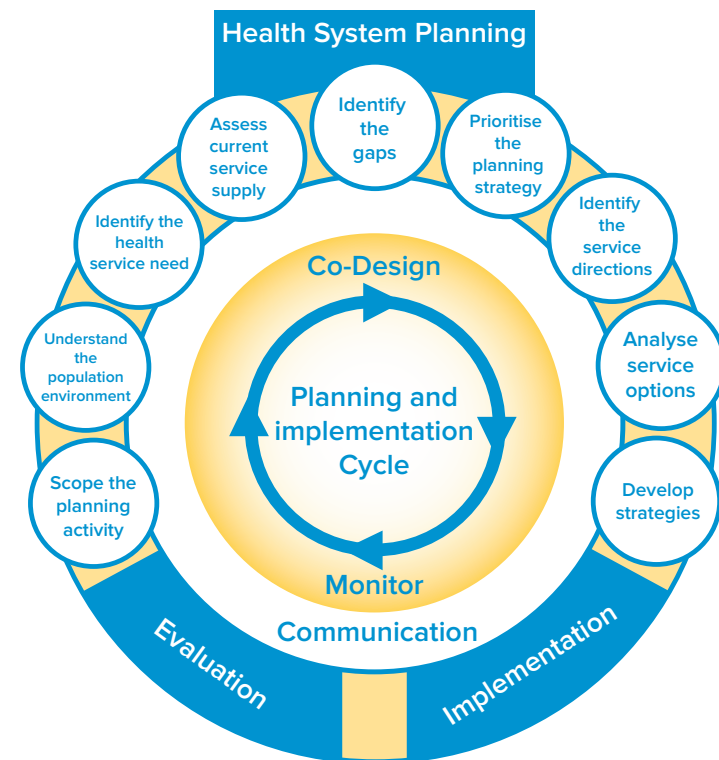


Figure 1 - Health Service Planning Process. Adapted from Guide to health service planning: version 3 (p. 15), by Queensland Health, 2015, Queensland. Copyright 2015 by the State of Queensland (Queensland Health).

Our planning principles

The planning principles used to guide the Health and Wellbeing Strategy development are:

- > Our people and partners are actively engaged in improving the health and wellbeing of all South Australians
- > Consumers and communities are at the centre of our decisions and inform the design and provision of health and wellbeing services
- > Evidence and need informs clinical service design and delivery
- > Innovation, research and teaching is valued and supported
- > Diversity is recognised, planned for and catered to
- > Value considerations drive decisions and investment is sustainable
- > Outcomes are measured and responded to
- > Services are designed to deliver access and opportunity for all
- > Our current and future workforce is motivated and supported to provide excellent services to their community.



Vision

**South Australians
experience the best
health in Australia**

To achieve this we will:

- > Improve the health literacy of the population
- > Prevent chronic disease, communicable disease and injury, and exacerbation of established chronic disease
- > Partner with individuals, families and communities to enhance their health and wellbeing
- > Support individuals and their families through recovery
- > Create healthier neighbourhoods and communities
- > Respond when needed to manage acute conditions and injuries
- > Assist individuals and families to adapt to changes in their health and wellbeing overtime, including at end of life
- > Protect against public and environmental health risks and adapt to climate change
- > Ensure services are culturally appropriate.

We envisage a future where South Australia's health system is:

- > Trusted and highly valued by all South Australians
- > Recognised and respected for excellence in Australia and around the world
- > A preferred work destination for local, interstate and overseas clinicians
- > A source of learning and inspiration for health systems and workers everywhere.

Aim

Improve health and wellbeing for all South Australians

Our commitment to performance and value

In achieving this aim for our community we will:

- > Provide treatment reflective of best evidence and tailored to individual circumstances by well trained and supported staff
- > Deliver tailored approaches to treatment and care designed in partnership with each person based on their expressed wishes about their goals for their health and wellbeing
- > Design services and systems which acknowledge the time commitment of individuals seeking care and the disruption this causes to their lives, seeking to minimise time spent waiting to access and receive care
- > Commission services in accordance with need and evidence, supporting prevention and self-management programs, targeting the most effective treatment modalities, rewarding innovation and high quality and supporting the community based services in a sustainable manner
- > Construct systems, services, processes and procedures that minimise risks to patients, their carers and staff in the delivery of services
- > Provide support for outstanding research, teaching and training opportunities for developing a strong existing and future health workforce.

Approach to Development of the Health and Wellbeing Strategy 2019-2024

The Health and Wellbeing Strategy 2019 – 2024 uses a combination of population health need, demand and supply assessment analysis as well as a variety of consultation approaches to determine the key system-wide priorities for the next five years.

With regards to population needs, the following will be considered:

What are the health and wellbeing needs of South Australians?

Much of the pressure on future health systems will result from the ageing population and increasing prevalence of chronic disease, so it is vital that SA's population profile is understood. By identifying the prevalence of chronic conditions, and the risk factors that contribute to various health issues, services can be designed to reduce the risk for affected groups.

The focus will be on:

- > Population – Current and projected population, age profile, demographics
- > Wellbeing, quality of life and mortality rates
- > Risk factors and chronic disease.

What is the demand for health services?

It is well recognised that there is growing demand for health services both nationally and in SA. This rapid growth poses a challenge to the SA health system as it strives to provide high quality services which meet the population's health needs. Taking a population health perspective,

this section primarily focuses on the place of residence (LHN catchment), whilst acknowledging the health services to which patients flow (place of treatment).

This includes:

- > Demand for public health services – Trends in admitted and non-admitted Emergency Department (ED) activity over the past five years
- > Factors that influence demand – Socioeconomic status, health literacy, physical and digital access, utilisation of primary care including General Practitioner, SA Ambulance Service (SAAS) and Royal Flying Doctor Service (RFDS), private health insurance coverage and activity.
- > Insights into future demand.

What is the current supply of services?

In reviewing the supply of our health services in SA, alongside the population health needs and demand, there are several components to consider.

These include:

- > The way we deliver care including indicators of quality such as SAAS early interceptions and diversions, hospital acquired complications, re-admissions, as well as feedback from patients and staff
- > Physical capacity and activity projections based on activity projections across the range of services provided
- > System efficiency including indicators relating to workforce use, hospital and service utilisation and throughput as well as expenditure.

Purpose of this Document

The purpose of this document is to present a summary framework for consultation for the Health and Wellbeing Strategy 2019 – 2024 and provide an opportunity for stakeholders to provide feedback on its structure and content as well as develop more specific actions under goals and priority areas.

The summary framework for consultation provides the rationale to our approach, guidance and supporting information for DHW and its partners to identify priorities and the approach to design of future services. It also identifies the key focus areas for the development of health service programs and clinical services for the next five years to ensure services provided by DHW and the LHNs meet the current and future needs of the residents of South Australia.

Our early consultation involved working with consumers through the Health Consumers Alliance, senior health service managers (clinicians and other executives) in LHNs and senior managers with DHW to identify strengths and opportunities for improvement. The responses from this consultation demonstrated significant consistency regarding the areas requiring focus and informed the development of this summary framework for consultation.

In addition, a system wide workshop was held on 6 November 2018 at Flinders University, Victoria Square involving a diverse group of 136 participants including clinicians, consumers, senior and the LHNs managers and executive, DHW Leading Clinicians Alumni, representatives from the research and education sector, Non-Government Organisation service providers, as well as government partner agencies from police, energy and mining, environment and water, education and the Auditor General's Department. The state wide workshop focussed on key areas identified through our early consultation with a particular focus on the topics, *Better use of Technology* and the relationship between the consumer and health care provider, through new directions in the *Culture of Care*.

The information gleaned from these consultation processes combined with the analysis of health needs, demand for services, supply of services and emerging issues informed the development of this summary framework for consultation.

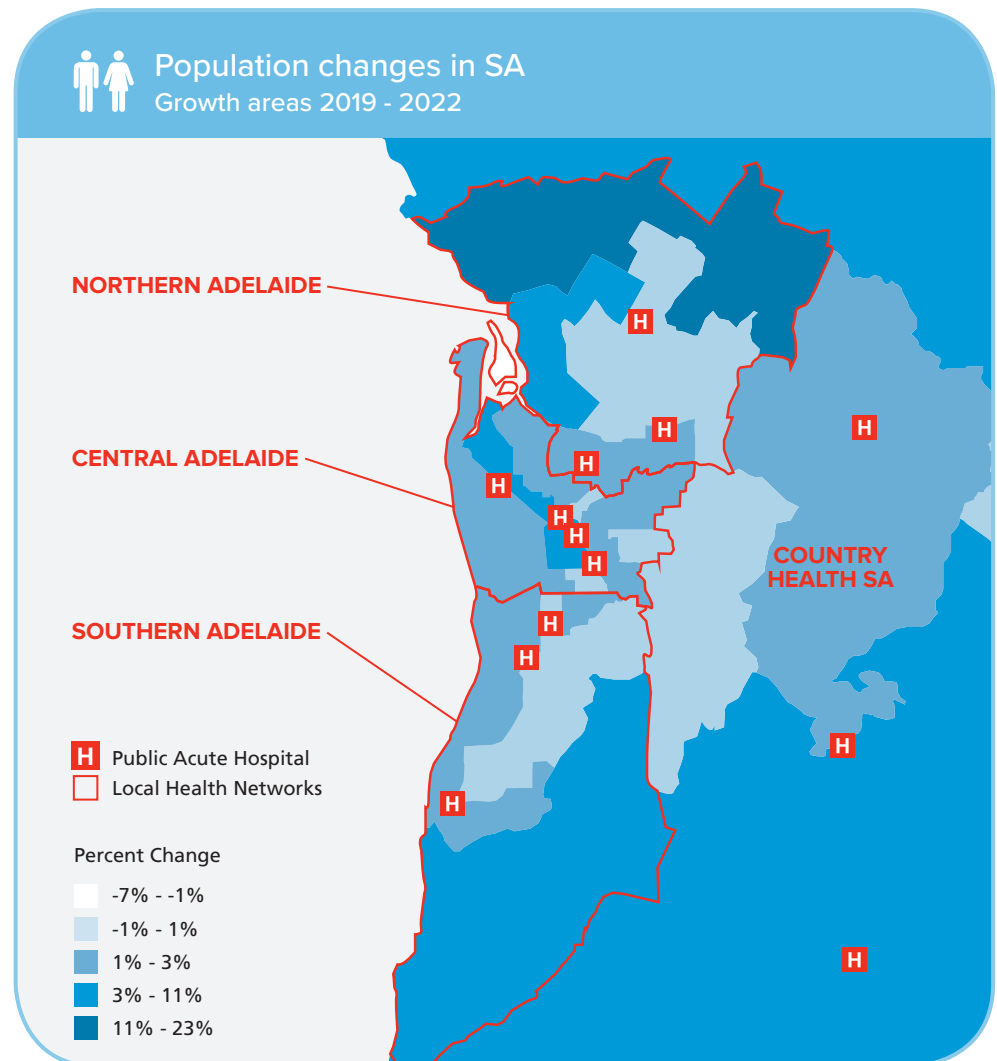
Setting the Scene

Future health needs

Changes in the population and age profile are indicators of future health needs. As people age, their health often deteriorates and their use of the health system increases. Although population growth in SA is slower than the national average, in the next few years increases in population numbers are expected, particularly in the outer northern metropolitan area, peri-urban areas and the thoroughfare between the Adelaide CBD and Port Adelaide.

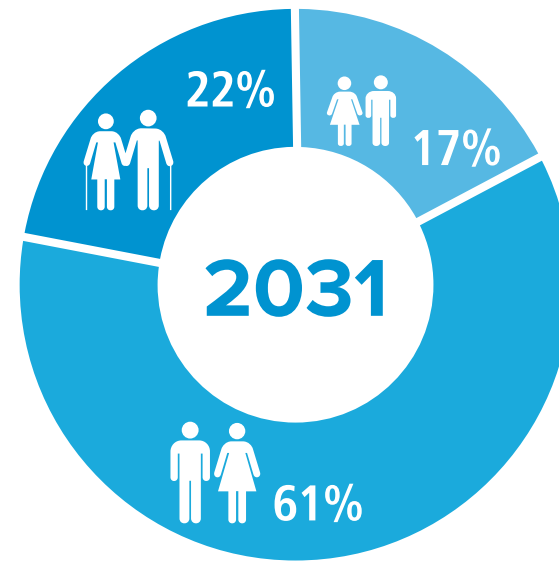
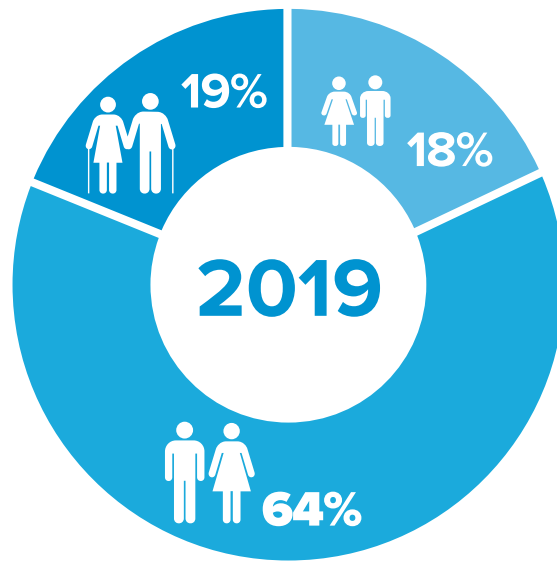
Planning future services to meet the needs of the growing population in areas in the outer metropolitan areas will be a key feature of the Health and Wellbeing Strategy.

Population projections indicate that the age profile of the SA population will change significantly between now and 2031. As the baby boomers age, there is an expected increase of nearly 100,000 people aged more than 65 years; an increase of 29%. We expect an increase in the number of children (0-14 years) and working adults (15-64 years) although the growth in these age groups is much smaller at 5% and 6%, respectively. Focussed strategies on both the first and last 1,000 days of life have been shown to deliver positive health outcomes for both of these population groups.

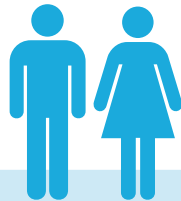




Age structure 2019 - 2031



0 - 14 yrs
+5%
+15,387



15 - 64 yrs
+6%
+64,022



65+ yrs
+29%
+96,223

The age profile for our Aboriginal population differs significantly from the non-Aboriginal population with more than 33% under the age of 15 compared to 17.8% of the non-Aboriginal population for the same age group. Planning services for Aboriginal populations requires a specific focus and understanding of the variations in health outcomes experienced by different groups and the service models and programs that are shown to achieve best outcomes.

2016 Census: Aboriginal and/or Torres Strait Islander Peoples in SA



Aboriginal and Torres Strait Islander People:

TOTAL NUMBER
OF PEOPLE

34,192

FEMALE

49.4%

MALE

50.6%

MEDIAN
AGE

23



Aboriginal and Torres Strait Islander Households:

AVERAGE
PEOPLE PER
HOUSEHOLD

3

MEDIAN WEEKLY
HOUSEHOLD
INCOME




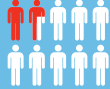
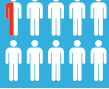
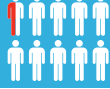

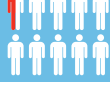



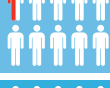
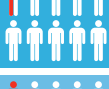
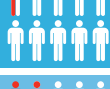


\$1,014

UNEMPLOYED

19.9%

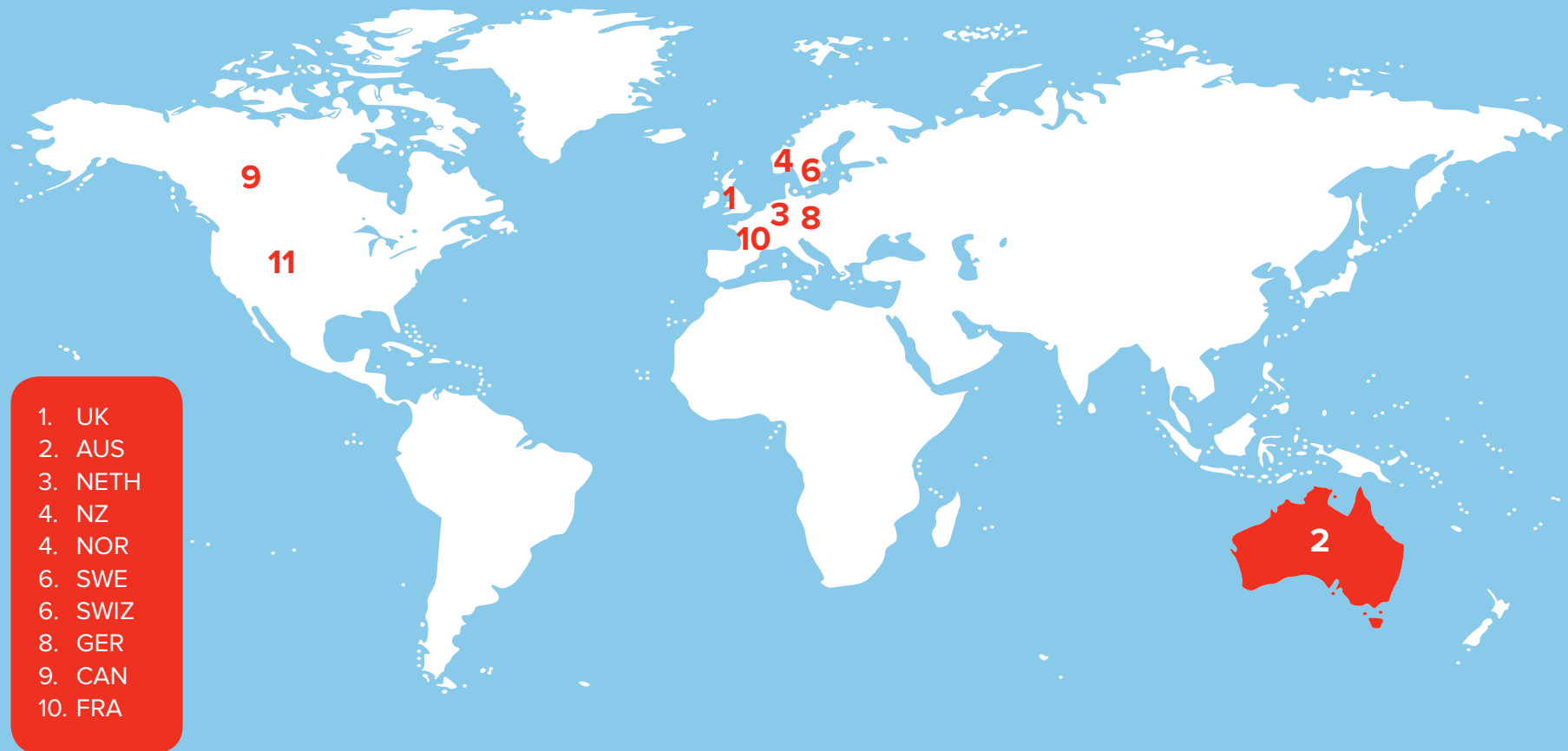
Chronic disease prevalence

Many South Australians continue to live with one or more chronic diseases, while many others are at risk of developing these conditions. Risk factors typically increase with age and low socio economic status. The lifestyle that many of us choose is leading to increases in the risk factors for developing chronic disease. For example, good nutrition based on eating a healthy is diet is an important aspect for healthy living, yet less than 50% of the SA population eat the recommended daily intake of fruit and only 7.3% of the population consume the recommended daily intake of vegetables. When compared to other states, South Australia has a high overweight and obesity rate, where nearly two-thirds of adults (62.7%) and 23.5% of children are living in the unhealthy weight range and this proportion is increasing. Subsequently, South Australians also have higher rates of high blood pressure and high cholesterol than the national average.

Chronic Disease	Rate in Australia	Rate in SA	SA Trend in Rates (Absolute increase 2012-13 to 2016-17)	More prevalent for Male/Female	Increase with Age	Increase with low socio-economic status
Asthma			↑ 2.0%	♀	NO	YES
Arthritis			↓ 0.5%	♀	YES	YES
Diabetes			↑ 0.4%	♂	YES	YES
Osteoporosis			↑ 0.6%	♀	YES	YES
Cancer			↑ 0.6%*	♂	YES	information not available
CVD			↑ 0.6%	♂	YES	YES
COPD			↑ 1.2%	♀	YES	YES
Mental Health Conditions			↑ 1.6%	♀	NO	YES

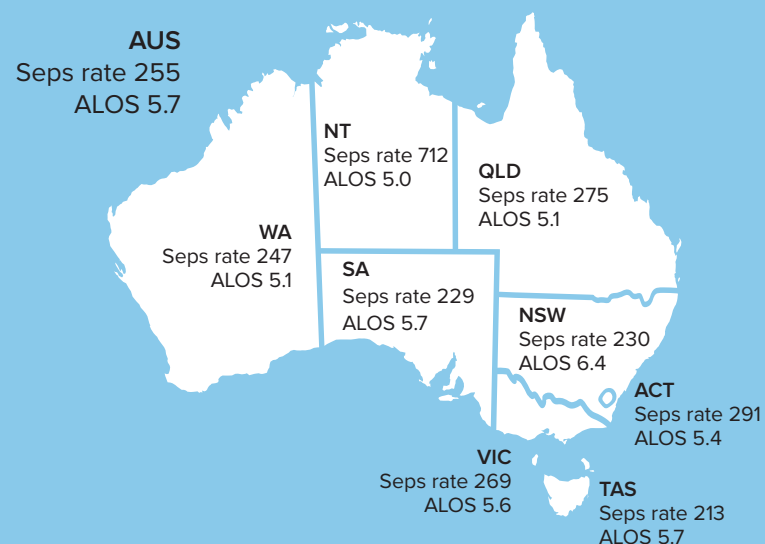
*note: Absolute increase in cancer rate is calculated from cancer rates for 2010-11 and 2014-15

Healthcare system performance rankings : Commonwealth fund



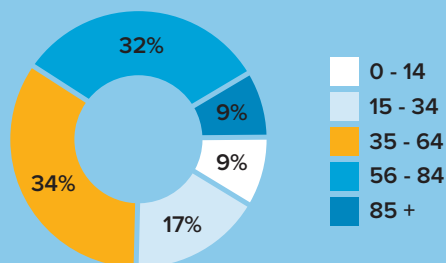
Compared to other first world health systems Australia ranks second for health care system performance behind the UK

Separation rate per 100,000 population and overnight ALOS by jurisdiction (2016-17)

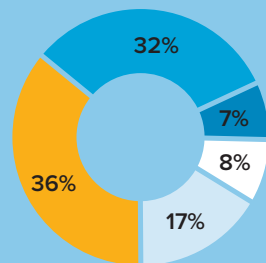


SA has the second lowest separation rate of any jurisdiction in 2016-17
Overnight ALOS for SA in 2016-17 was the same as the Australian rate

Separation from Public Hospital in SA, by age group (2016 - 17)



Separation Public Hospital in Australia, by age group (2016 - 17)



Separations by age are consistent with SA population age profile

How we compare

Health care systems are relatively data rich and comparisons across a range of indicators are routinely prepared, providing useful context.

A comparison of how first world health systems perform across a range of metrics is conducted regularly by the Commonwealth Fund. These metrics include care process, access, administrative efficiency, equity and health care outcomes. This research indicates Australia has one of the best performing health systems in the world, ranking second overall behind the United Kingdom (UK) when all metrics are considered.

In fact, Australia ranks first for a number of the metrics analysed, including health care outcomes and administrative efficiency and second only to the UK for the care process. Australia ranks relatively poorly for access (fourth) and equity (seventh) which may be partly due to the geography of the country creating issues particularly for rural and remote people¹.

A comparison of how South Australia (SA) performs relative to the other states and territories provides an indication of where the health system ranks in context of all first world health systems. SA, in comparison with other jurisdictions has the second lowest hospitalisation utilisation rate at 229 admissions per 100,000 people compared to the national average of 255 admissions per 100,000 people in 2016/17. Our separation rate is similar to New South Wales (NSW) with only Tasmania (Tas) having a lower rate at 213 admissions per 100,000 people. The age profile of admissions is similar to the national average and is consistent with the age profile of the state.

The average length of stay in hospital for an overnight admission in SA is 5.7 days consistent with the national average, equal to Tasmania and ranked as the equal second highest behind NSW.

The issues and future challenges identified through this information led to the identification of emerging themes for our Strategy which are detailed in the next section. Possible responses to these issues are also provided for consideration.

Emerging Themes

Through the review of population needs, demand and supply, a number of emerging themes have been identified. Possible responses to address these themes are outlined in the Action Areas on page 21.

Keeping people healthy

Preventable illness and injury is a major issue nationally, with almost one third of these conditions considered to be potentially avoidable, either by preventing problems before they occur or finding problems early and treating them². Risky, but alterable, behaviours, such as poor diet, low exercise levels and smoking (still a major concern) all contribute to the burden of chronic disease³.

In South Australia almost two thirds (63%) of adults, and more than one quarter (27%) of children are overweight. Small changes in lifestyle are known to result in significant health gains. Disease burden due to obesity could be cut by 6% if people maintained their current weight or 14% if people who are overweight lost 3kg⁴.

Injury also has a major impact on our health and wellbeing. Of the 1.5 million hospital admissions in South Australia for the period July 2014 to June 2016, 13% of these were for an injury, and around half of those were accidents⁵.

Better connected health system and integrated care

It is well recognised that the demand for health services is increasing both nationally and in SA. This growth poses a challenge to the health system as it strives to provide high quality services which meet the population health needs, within the context of rising health care costs. Since 2013/14 the number of ED presentations in SA increased on average 2.1% each year, whilst inpatient activity increased on average 1.4% each year. This is compared to the South Australian population which is growing at a slower rate of 0.9% per year.

Integrated care relies on a connected health system that puts the patient first and is organised around their needs⁶. It is about connecting people to the right parts of the health system at the right time. To achieve integrated care the system must strengthen partnerships between service providers, and across sectors, to help address the underlying causes of ill health and create supportive environments. This will in turn help address the rising demand for health services.

Priority populations

As stated in the SA Public Health Plan 2019-24, the state of our health is not the same for everyone⁵. There are disparities in health status for some population groups such as Aboriginal people, people living in rural and regional areas, people experiencing socioeconomic disadvantage and people from culturally and linguistically diverse backgrounds⁵.

Population need and demand

Over the next five years population growth in South Australia will be highest in the peri-urban and Northern Adelaide Local Network (NALHN) catchments. This will require ongoing commitment across the system to invest in, and/or realign services, to ensure that people can access care close to their homes.

The impact of ageing, and a higher proportion of people living alone, will continue to place greater demand on health services. People aged between 65 and 75 years are twice as likely to be admitted to hospitals as the rest of the population, while those aged over 85 years are more than five times likely to be admitted to hospitals⁷. Those aged over 85 years account for less than 3% of population but 15% of bed days. The relationship between high levels of disadvantage and hospital admissions is also well established.

Chronic disease

In Australia, half of the Australian population has at least one chronic disease, and 29% of people aged 65 years and over have three or more chronic diseases⁸. Almost half (47%) of the potentially preventable hospitalisations in Australia in 2014-15 were due to five chronic conditions – chronic obstructive pulmonary disease (COPD), heart failure, cellulitis, kidney infections and urinary tract infections, and diabetes complications⁸. South Australia has the highest prevalence of diabetes, second highest prevalence of cardiovascular disease and third highest prevalence of COPD nationally, creating greater burden⁹.

Safety and Quality of Care

South Australia has consistently had a high rate of adverse events in hospital over recent years. South Australia has also had higher re-admission rates for most surgical procedures. The first step to improving safety and quality in our hospitals is to publish the data, and provide clinicians and managers with the information they need to deliver better patient outcomes. In 2018 the Quality Information and Performance (QIP) Hub was launched as an interactive platform for users to track clinical performance and consumer experience. An expanded suite of quality, performance and ED dashboards are currently being developed to build upon this work.

Timely treatment – Emergency Department and Elective Surgery wait times

In 2017/18 only 53% of patients were seen on time in South Australian metropolitan EDs, whilst the average wait time has increased from 38 minutes to 57 minutes over the last five years.

For Elective Surgery 91% of cases were treated within the clinically recommended time. However, only 89% of category 1 cases were treated on time, which is lower than all other states except Tasmania.

Mental Health

In any 12-month period, almost one in five South Australians aged over 16 years are likely to experience symptoms of one of the common forms of mental illness (anxiety, depression, mood or substance use disorders). Statistics indicate that almost half of all South Australians are likely to have experienced symptoms of mental illness at some point in their lives¹⁰.

Mental illnesses are the third leading cause of disease burden in SA, behind cardiovascular disease and cancer. However, for South Australians 24 years and under, mental illnesses are estimated to be the leading cause of burden of disease in our community⁹.

The South Australian Mental Health Strategic Plan 2017-22 includes three core strategies which promote community education and early intervention, improved services and care, and the provision of strong leadership and governance. Development of the SA Health Mental Health Services Plan (2019-2024) will build on these strategies in an integrated way to guide the commissioning and delivery of state government funded mental health and wellbeing services in the state. This outcomes based plan will benefit service users and enable a skilled and dedicated workforce to deliver best practice treatment, care and services.

Cancer

Overall, the top five cancers recorded among people in SA during 2014 were breast, prostate, colorectal, melanoma and lung. These five cancers accounted for 57% of all cancers. Breast cancer became the most common cancer recorded, representing 14.0% of all cancers, followed by prostate cancer 13.9% and colorectal cancer 12.6%¹¹.

Cancer is predominantly a disease of the elderly in South Australia, with 74% occurring in the 60 years and over age group. The five year survival rate in South Australia has increased from 48% in 1984-88 to 68% in 2009-13. However, cancer is one of the leading causes of death in children with 10 children per year dying of the disease¹².

Dementia

Dementia, including Alzheimer's disease, remains the second leading cause of death in 2016, with 13,126 deaths. Dementia accounted for 8.3% of all deaths in 2016, up from 5.3% of all deaths in 2007 and is predicted to be the leading cause of death in the future.

There were an estimated 26,500 people with dementia in 2011. This is predicted to increase to 33,500 by 2020, which is 2.9% increase per annum from 2011 to 2020.

End of Life Care

The ageing population, and rising rates of cancer and other conditions such as dementia, has led to a rise in demand for palliative care services. Over the past four years palliative care provided in Australian hospitals increased by 28%⁴.

Domestic Violence

Domestic violence is a significant issue within our society. Across Australia, 1 in 6 women and 1 in 16 men have experienced physical and/or sexual violence by a current or previous partner since age 15. Violence results in 8 women and 2 men being admitted to an Australian hospital each day, with 1 woman killed per week and 1 man killed— per month⁴.

Participatory health approaches

Participatory health envisages engaged and fully participating patients as equal partners with clinicians in designing the approach to managing their health and wellbeing. The availability of low cost, fast mobile connectivity and smart devices helps equip people to manage their health and engage with the system with much more confidence than they have had in the past. This changes the patient-provider relationship as individuals work with, and are recognised by their health service providers as equal and responsible partners. This represents a cultural shift for some clinicians in the way they engage and work with individuals and their families. Our consultations to date have expressed strong support for our workforce to adopt these approaches.

A focus for the health system to place more value on patient's time will provide alternative ways to provide and deliver healthcare while creating efficiencies in the way we work. The opportunities for digital technology to infiltrate healthcare include the use of wearables and biosensors that could be used for doctors to measure lifestyle choices, detect disease sooner and monitor chronic disease. Tools and applications (apps) can track personal health while digital platforms can provide opportunity for telemedicine and care coordination.

The use of telehealth allows diagnosis, treatment and follow up to occur remotely which saves travel time for patients, especially those living in rural and remote areas. Telehealth also provides greater access to specialist care in the event that expert clinical advice is required urgently. The use of artificial intelligence will allow for early diagnosis and more thorough diagnostics through reviews of medical notes. This technology will assist in improved automation, decision-support-pathways and personalised medications.

The advantages for patients could potentially include the ability to:

- > Make appointments on line at a time convenient for them
- > Complete doctor or hospital administration details prior to their visit
- > Use at-home diagnostic kits and electronically send results to their doctor
- > Communicate electronically with clinicians, via SMS, videoconferencing etc.
- > Order prescription repeats using mobile apps
- > Use a wearable device that connects to their smartphone, which also sends information to their doctor.

DHW is proposing to invest and use technology that supports best clinical practice and use these advances to improve organisational connectivity and the patient interface. This will allow patients to access information such as computer-based literacy, self-management and treatment programs, app-based support care and also offer them the convenience to schedule their own appointments. It will improve system access and provide alternative options for diagnosis, treatment and ongoing follow-up while potentially reducing duplication of tests and assessments. In addition, remote monitoring and surveillance will allow people to receive some treatments in their own homes.

Goals

Consultation undertaken to date has allowed the development of the following goals for the Health and Wellbeing Strategy:

1. Ensure higher community trust and excellent experience of the health system
2. Support and improve individual and community capability to enhance health and wellbeing
3. Reduce rates of preventable illness, injury and disability
4. Support system integration to streamline patient flow through health system
5. Promote innovative and evidence-based models of care to improve the management of acute and chronic conditions and injuries
6. Promote innovative and evidence-based models of care to improve the management of recovery, rehabilitation and end of life care
7. Support the health workforce to allow / provide a participatory approach to health care
8. Continually improve the consumer experience by positioning ourselves to develop and be early-adopters of emerging technologies and contemporary practice

A number of key themes emerged from early consultation as described in the table below. These themes have been used to group the proposed deliverable action areas for ease of understanding.

The DHW and the LHNs together have a very significant role in supporting South Australians to be as healthy as possible and are committed to protecting and improving the health and wellbeing of all South Australians. The quality of the working relationship between these agencies is a key driver of the outcomes achieved and DHW and the LHNs make the following commitment:

TOGETHER			
We work in partnerships to develop patient-centred solutions and service improvements			
We form strong partnerships, and our solutions and decisions are based on the collaborative feedback and agreement of properly informed health consumers, health professionals, local communities and broad health stakeholders			
TRUSTED	TARGETED	TAILORED	TIMELY
We are trusted to provide safe, reliable and high quality treatment and care	We target priority health needs and disparities with the right evidence, motivation and interventions	We tailor services to meet the diverse and complex needs of individuals	We optimise health and wellness outcomes; delivering timely and appropriate health promotion
We build the trust, respect & confidence of patients, carers, families & communities through proper engagement, consultation, relationship and accountability	We understand that the best measure of our performance is bridging the gap to ensure equal opportunity to access the best available standards of health care	We integrate and balance clinical management with the personal needs, preferences and lifestyle of our patients	We enable flexible systems, processes and practice that support patients, carers & families to access the right services, in the right place, at the right time

Trusted

South Australia's health system is trusted by the community to respond appropriately whenever they need care, treatment, advice, guidance and or support to optimise their health.

Supporting statement

Trust in our health system has been eroded in the eyes of the community by a number of serious issues that have occurred in recent years. Errors in chemotherapy prescribing, serious shortcomings in the quality of care provided to residents at the Oakden facility, ongoing examples of long waits for service or elective surgery and ambulance ramping at Emergency Departments have all contributed to the loss of trust in our system. Trust has been a particular issue for some groups and individuals including Aboriginal people, those experiencing mental illness, people living with disabilities, the homeless, the disadvantaged as well as people in prison. Specific focus is required to ensure every South Australian is comfortable seeking support when it is required.

Why is this important?

Lack of trust can cause people to delay seeking the care, treatment or advice they need, which puts their health and wellbeing at risk. Trust between the health system and the community it serves is fundamental to achieving the best outcomes. It is therefore essential that the issue of trust is addressed.

Deliverable action areas could include:

- > Establish the Commission on Excellence and Innovation to ensure effective and trusted

mechanisms to partner with clinicians, consumers and carers to ensure design, implementation and evaluation of quality, innovative and contemporary health services

- > Establish Governing Boards for LHNs and clear roles and responsibilities for LHNs and DHW
- > Ensure Service Level Agreements with LHNs require processes to engage local community in the planning, design and evaluation of local services
- > Explore innovative methodologies to increase health literacy in populations, communities and individuals
- > Develop innovative methodologies for ongoing dialogue between the community and health system.

Possible indicator groups (monitored for specific groups as well as the whole population) could include:

- > Emergency department wait times
- > Elective surgery wait times
- > Ambulance response times
- > Community engagement indicators
- > Patient experience and outcomes indicators (including not waiting to be seen in EDs and leaving against medical advice).

Targeted

South Australia's health system provides services and programs which are guided by evidence relating to population need, disease prevalence, service gaps, emerging challenges and variation in experience and outcomes at individual, family and community level.

Supporting statement

To achieve excellence, health systems need to remain at the forefront of relevant science and evidence, be aware of emerging challenges and changes in the quality of patient outcomes and experiences and be able to respond quickly and appropriately.

Why is this important?

The ability to continuously incorporate new evidence into practice and adopt emerging technologies will allow the health system to continue to improve the overall health and wellbeing of the population while addressing the very specific needs of those population groups who currently experience poorer than average health outcomes.

Deliverable action areas could include:

- > Develop services across the full range to meet the needs of expanding populations in northern Adelaide and outer metropolitan areas
- > Complete the realignment of services between regions to achieve agreed self-sufficiency levels

- > Develop strategies to better utilise country hospitals including improving capability through innovative use of workforce and technology, improving patient-flow between metropolitan and country facilities, and expanding cancer services
- > Establish Wellbeing SA to provide better integrated services and programs across the care continuum and life course including:
 - > Develop secondary and tertiary prevention/intermediate care services to achieve a balanced suite of services and programs in the health system
 - > Further target and enhance efforts in relation to health promotion, prevention, screening and early intervention activity
 - > Continue to provide, high value programs focussed on risk factors relating to the development of chronic disease and tailored to meet the needs of specific groups
- > Develop a comprehensive, fully integrated and individualised response to address being overweight and obesity
- > Develop a comprehensive data asset which supports the workforce and system to understand the value of services and programs to drive ongoing improvement in design and delivery of services and programs
- > Expand and enhance specialist palliative care and end of life services as part of an integrated ambulatory model of care

- > Develop a strategic plan for the development of mental health services in SA, including services targeting:
 - > Eating disorders including paediatric eating disorders.
 - > Personality disorders
- > Develop a child and maternal health plan to meet the future needs of the population
- > Develop integrated service plans targeting:
 - > Dementia
 - > Cancer
 - > Cardiovascular disease including stroke
 - > Diabetes.

Possible indicator groups could include those focussed on:

- > Access
- > Equity
- > Risk factor
- > Healthy life expectancy
- > Prevalence of chronic disease
- > Hospital utilisation indicators
- > Potentially preventable hospitalisation
- > Number of low birth weight babies
- > Quality and safety
- > Patient experience and outcome
- > Timely availability of clinical information
- > Patient pathway.



Tailored

South Australia's health workforce is informed by evidence and tailors the care, treatment, advice, guidance and support they offer in accordance with the expressed wishes of the individual, family and community with whom they are working.

Supporting statement

Rapid uptake by the community of advances in digital technology across a range of service industries including banking and air travel has generated an appetite in consumers for greater flexibility, convenience and control over their interactions with service providers. Tapping into this preference offers many opportunities to drive improvements in service, and as a consequence, experience and patient outcomes.

Why is this important?

It is important that the health system workforce recognises that health is an asset that helps individuals, families and communities meet their broader life goals. Care and treatment often have side effects and implications that must be carefully weighed against benefits. Patient goals provide the lens through which these decisions can be considered.

Patient experience and outcomes are improved when patients operate as equal and responsible partners in managing their own health and wellbeing.

Deliverable action areas could include:

- > Establish workforce development programs aimed at adopting a participatory health model
- > Explore the use of digital and associated technologies to improve the ability of the community to interact with the system. Improvements could include the ability for patients to make convenient appointment times, communicate through a variety of mechanisms with their health care providers/ teams, share information including biometric and other data gathered by wearable devices, have remote consultations and prescribed medicine delivered and access trusted information on condition specific management.
- > Develop and enhance models of care for patients with long term disabilities and improve links with the NDIS
- > Develop focussed responses for Aboriginal health priorities relating to cancer, diabetes, heart disease and stroke and injury with a particular focus on prevention and delivery of timely interventions guided by specific plans developed in partnership with South Australian Health and Medical Research Institute (SAHMRI).

- > Develop strategies to reduce the causes of ill health for people from culturally and linguistically diverse backgrounds
- > Develop focussed responses to address the impact of domestic violence against women and men.

Possible indicator groups could include:

- > Those related to access, equity, patient experience and outcomes for priority populations
- > Uptake of evidence based technology within service models
- > Treatment of patients in the community
- > Increased Advanced Care Directives
- > Wait times for services.



Timely

Everyone working in South Australia's health system recognises that time is valuable for all members of the community and seeks to minimise waiting in all interactions.

Supporting statement

Waiting for access to services, assessment of need, decisions about care or transfer between components of the system is frustrating, can adversely affect outcomes and is costly to the system.

Why is this important?

Reductions in waiting times at all points in the care pathway improves outcomes for patients and reduces cost, releasing funds which can then be allocated for other uses either in health or other government areas.

Deliverable action areas could include:





- > Develop integrated ambulatory care models in partnership with primary care providers, commencing with priority areas such as respiratory, diabetes, care for older people, child development, and the first 1000 days of life
- > Continue improvement projects relating to patient pathways through acute inpatient facilities to reduce incidents of ambulance ramping and unproductive stay in hospital days

- > Continue to focus effort on improving functioning and patient experience of outpatient clinics and other consultation services.

Possible indicator groups could include:

- > Wait times for services
- > Time spent in hospital
- > Ambulance response times
- > Patient experience and outcomes
- > System efficiency.

South Australian Health and Wellbeing Strategy 2019-2024 summary framework

Vision	Aim	Goals	Priorities	Deliverables	Indicators	Outcomes
South Australians experience the best health in Australia	Improve health and wellbeing for all South Australians	Ensure higher community trust and excellent experience of the health system	Trusted Regain community trust health system.		Healthy life expectancy	Wellbeing outcomes
		Reduced rates of preventable illness, injury and disability	Targeted Create services and programs which are guided by evidence relating to population need, disease prevalence, service gaps, emerging challenges and variation in experience and outcomes at individual, family and community level.		Years life lost to disability	Health outcomes
		Promote innovative and evidence-based models of care to improve the management of acute and chronic conditions and injuries			Public health indicators	
		Promote innovative and evidence-based models of care to improve the management of recovery, rehabilitation and end of life care	Tailored Embed a participatory approach to health services and program design and delivery.		Risk factor indicators (biomedical, behavioural and preventive)	Patient Experience Outcomes
		Support and improve individual and community capability in managing their health and wellbeing			Safety & quality indicators	Community Trust Outcomes
		Support the health workforce to allow / provide a participatory approach to health care	Timely Everyone working in South Australia's health system recognises that time is valuable for all members of the community and seeks to minimise waiting in all interactions.		National indicators (ED, ES and outpatient wait times)	Value Outcomes
		Continually improve patient experience with the health system by positioning ourselves to be early adopters of emerging technologies and contemporary practice.			Value indicators (patient)	
		Support system integration to streamline patient flow through the health system				

Enablers

Our workforce, digital and information assets, physical infrastructure and equipment are the core enablers for our system and each requires specific focus to ensure the priorities identified above can be delivered successfully.

Workforce support

More than 40,000 people work in the state funded component of the health system in SA with many more employed through the private and not for profit sectors. These people are our largest and most important asset and the long term sustainability of the system depends on ensuring the workforce are well trained and supported to deliver the services and programs required.

Deliverable action areas could include:

- > Develop a Health Workforce Plan to support ongoing effective supply for the system into the future
- > Design of a strategy to develop management and leadership capability for the workforce
- > Design a strategy to develop skills and capability in clinical practice improvement and design activities.

Digital and information asset

Availability of comprehensive clinical information is essential for care delivery, research and evaluation.

Deliverable action areas could include:

- > Develop a Digital and Information Strategy which identifies in detail the foundation steps required to position DHW to maximise capacity to utilise and share clinical information, adopt effective new technologies rapidly into clinical practice and adapt quickly as the future unfolds.

Physical infrastructure

The physical facilities within which services are provided can contribute positively to outcomes through the use of specific design features which support good health and thoughtful placement, to improve access for the community. An ongoing program of capital works continues to support the health system.

Planned works include:

- > New Women's and Children's Hospital
- > Sustainment work for the existing Women's and Children's Hospital
- > Metropolitan hospital redevelopments for:
 - > Lyell McEwin Hospital - emergency department expansion
 - > Modbury Hospital - expanded acute surgical unit, extended emergency care unit, acute short stay general medical unit, palliative care unit
 - > The Queen Elizabeth Hospital, - new emergency department, operating theatres and day surgery, medical imaging, outpatients and rehabilitation unit
- > New Specialist Older Persons Mental Health Facility
- > Reactivation of the Repat
- > Country hospital redevelopments
- > Upgrades to aged care facilities at Snowtown, Kingston
- > Improved dialysis services at Gawler, Whyalla, Mt Gambier
- > Upgrade to surgical facilities at Yorketown
- > New aged care facility at Strathalbyn
- > Construction of new ambulance station at Strathalbyn

Next Steps

Input and feedback received as part of the engagement will be provided to the Health and Wellbeing Strategy project team and taken into consideration in the drafting of the Health and Wellbeing Strategy 2019 - 2024. The final plan will be delivered to the Minister for Health and Wellbeing in June 2019.

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Figures

Figure 1 – Queensland Health. (2015). *Guide to health service planning: version 3*. Retrieved from https://www.health.qld.gov.au/__data/assets/pdf_file/0025/443572/guideline-health-service-planning.pdf

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