



SA Health

PLANNING FRAMEWORK

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SA Health

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge and respect the traditional custodians on whose ancestral land SA Health provides services. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country.

The term 'Aboriginal' is used in this document as an all-encompassing term for Aboriginal and Torres Strait Islander people and culture.

CONTEXT

BACKGROUND

In July 2019, the South Australian Government established ten Local Health Networks (LHN) across metropolitan and regional South Australia (SA), devolving decision making in the public health system to metropolitan and regional Governing Boards, placing responsibility and accountability at the local level. Subsequently, the Department for Health and Wellbeing (DHW) commenced a revised role as 'system leader', to complement and support the LHNs and the SA Ambulance Service (SAAS) through high level system direction and performance management functions, as well as assisting and advising the Minister for Health and Wellbeing in the development and implementation of planning for the health system statewide. In addition to this, Wellbeing SA and the Commission on Excellence and Innovation in Health (CEIH) were established as attached offices to the DHW, in January 2020.

A key strategic outcome determined from these governance arrangements is a re-balancing of the state's public healthcare system. This means re-focussing our health system toward prevention, promotion and early intervention, to support our population to remain well. This will involve co-designing and developing better integrated high quality and safe services, tailored to communities and targeted to risk factors and our priority population groups. We will also build capacity and capability with our health system planning partners to deliver more community based services, closer to people's homes.

To achieve this vision, we must strategically plan future health and wellbeing services informed by population health need, evidence and advice from experts. We must enable consumer voice and patient outcomes to influence our decision making as well as deliver services which empower consumers to actively participate in their care. The *SA Health and Wellbeing Strategy 2020 – 2025* is the key driver of the directions of the SA Health system and is informed by the priorities identified in the [National Health Reform Agreement](#).

The *SA Health Planning Framework* (the Framework) closely aligns with the *SA Health Commissioning Framework March 2020*, both having been developed within the context of the priorities identified in the *SA Health and Wellbeing Strategy 2020 - 2025*. The *SA Health Performance Framework 2020 - 2021* provides an integrated process for performance review and assessment that supports the strategic objective of improving access to timely, high quality, patient centred health care along with driving sustained improvement across the system.

PURPOSE AND SCOPE

The Framework has been developed to strengthen and align the process of planning across the system, from ideation of a long term vision through to implementation and evaluation.

Supporting documentation such as the *SA Health Guide to Planning* and the *SA Health Evaluation Framework* will provide a comprehensive understanding of the process which applies to planning, and how planning across SA Health is assessed.

The Framework will:

- > Support planning concepts to align with identified key focus areas of population health need
- > Provide a high level understanding of the SA Health approach to planning, including the governance, roles and responsibilities
- > Provide an understanding of how planning activities are prioritised
- > Support the increase of efficiencies through improved decision making and appropriate planning
- > Provide a high level explanation of the connection between planning, commissioning and strategic asset management planning
- > Support a collaborative and integrated approach to planning, to aid in the provision of safe, high quality services.

The Framework applies to all planning activities undertaken across the system. For example, the *SA Health and Wellbeing Strategy 2020 - 2025* or a LHN specific Clinical Services Plan can be developed utilising the same planning approach.

SA Health planners, service providers and system partners (where relevant or appropriate) all have a role in the successful implementation of the Framework.

SA Health's commitment to formalise and standardise a planning approach will support the achievement of broader strategic ambitions and will act as a key enabler of system reform.

STRATEGIC POSITIONING

The Framework exists within a suite of other related policies, plans and resources including:

- > [Aboriginal Health Impact Statement Policy Directive](#)
- > [Asset Management: Property, Plant and Equipment Lifecycle Policy Directive](#)
- > [Asset Management: Strategic Asset Management Plan Policy Directive](#)
- > [Capital Works Policy Directive](#)
- > *Clinical Governance in Contracted Services Framework (to be developed)*
- > [Commissioning Framework March 2020](#)
- > [Consumer and Community Engagement Governance Model](#)
- > [Consumer, Carer and Community Engagement Strategic Framework 2021 - 2025](#)
- > [Risk Appetite Statement for the DHW](#)
- > [SA Health and Wellbeing Strategy 2020 - 2025](#)
- > [SA Health Charter of Responsibility](#)
- > [SA Health Corporate Governance Framework Summary](#)
- > *SA Health Evaluation Framework (to be developed)*
- > *SA Health Guide to Planning (to be developed)*
- > [SA Health Performance Framework 2020 – 2021](#)
- > *SA Health Workforce Strategy (to be developed)*
- > [Statewide Clinical Networks Framework](#)



OVERVIEW OF PLANNING

WHAT IS PLANNING?

Health planning explores and challenges the existing state of health and wellbeing service delivery. Central to most definitions of planning is the concept of extending legislation, policy and the strategic directions of a healthcare organisation into meaningful service provision. The *Health Care Act 2008* and *Health Care (Governance) Amendment Act 2021* determine the responsibilities of the public health system, to enable the provision of an integrated health system that provides optimal health outcomes for South Australians. The *SA Health and Wellbeing Strategy 2020 - 2025* provides the strategic intent to deliver on this responsibility, setting the scene for health system planning in SA.



HEALTH SYSTEM PLANNING in SA adopts a population health focus, using data and trends to predict future health needs, and works to balance between programs that protect and promote good health and prevent illness, and the services required to meet the health needs of the community. It specifically aims to improve the health and wellbeing of our population while safeguarding equity, fairness of access and responsiveness.

Defining need for health services is challenging, as it is not something that is easily observed from health care data. Composite Health Need Indices can assist in identifying unmet need by combining measures of disease indicators or health outcomes, health care utilisation and the social determinants of health that give rise to the need for health care.

Health system planning has the ability to:

- > Provide strategies to inform the principles to plan at a health services level
- > Identify health service resources / assets required to meet health and wellbeing needs. A thorough planning process will highlight the priorities and support resources to be directed to the areas of greatest need, for example:
 - A particular geographical catchment (for a defined population)
 - A particular population group (a particular health issue/s for a specific population group e.g. Aboriginal people)
 - A specific clinical condition (e.g. mental health, disability, cardiac) or stream (medical, surgical)

- > Predict, as accurately as possible, what we will need in the next five to ten years and what has to happen now to be prepared for that future
- > Inform the way that future health and wellbeing services should be designed, in alignment with best practice, emerging clinical evidence and technologies
- > Consider issues of service viability when planning future services.



HEALTH SERVICE PLANNING is predominantly driven by the strategic directions identified through the *SA Health and Wellbeing Strategy 2020 - 2025* and the priority actions for planning clinical services identified in the *SA Health Strategic Clinical Services Plan 2021 – 2031*.

LHNs, SAAS and other stakeholders may specify local or geographic planning priorities through their own tailored plans or strategies. However, localised plans or strategies must all be consistent with the *SA Health and Wellbeing Strategy 2020 – 2025* and *SA Health Strategic Clinical Services Plan 2021 – 2031*, to ensure that planning directly targets prioritised areas of identified population health need.



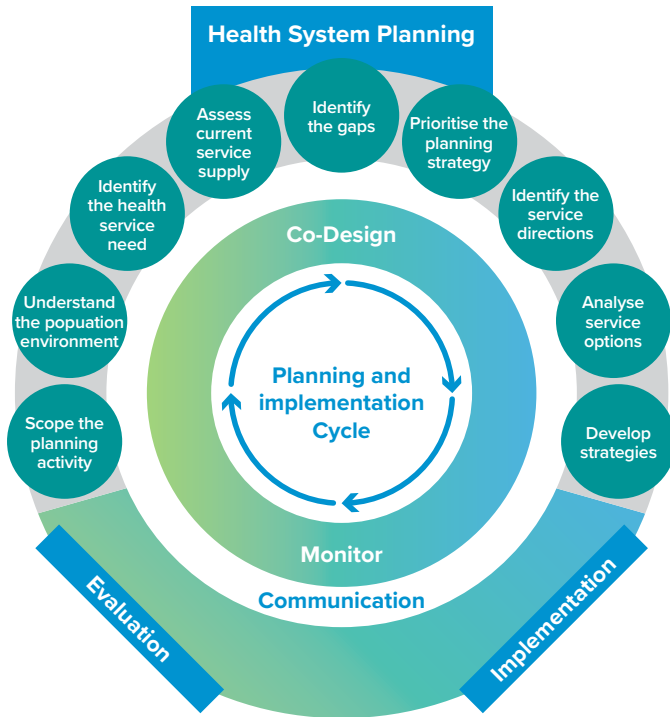
POPULATION HEALTH PLANNING reflects a broader planning perspective than health service or health care planning, taking into consideration the social determinants of health (including access to health services) which influence the health and wellbeing of the population. A population health planning approach requires engagement and intersectoral collaboration across a range of government departments and jurisdictions, to holistically address inequity of health outcomes.



INTEGRATED PLANNING is a process which links independent planning activities and other key organisational functions, such as policy and commissioning, to achieve alignment with strategic visions and improve organisational performance. Integrated planning supports the implementation of strategy and the mechanism to deliver change.¹ It is a way of working collaboratively as a whole system, across agencies and the health sector to create a targeted, safe, high quality, sustainable and value based health system for our community.

¹ Information from the Queensland Guide to Health Service Planning https://www.health.qld.gov.au/_data/assets/pdf_file/0025/443572/guideline-health-service-planning.pdf

THE SA HEALTH PLANNING APPROACH



The SA Health planning approach applies to both health system and health service planning.

Represented as a cycle of activity, it is continuous and iterative, with each stage feeding into the next. The planning cycle is divided into nine core phases, each with a distinct purpose. Although this process is usually undertaken in sequential steps, it may deviate between steps, or steps may happen in parallel. Government priorities and commitments may impact on the ability to commence the planning process from the first of these core components however, all planning activities must undertake this process, even if part of continuous improvement or to inform the evolution of health services.

Our approach to planning is evidence-informed and supports implementation and evaluation, to allow for continuous improvement and ongoing system learning.

Through all stages of the planning cycle, it is best practice to engage, consult and communicate with all stakeholders (e.g. clinicians, consumers, carers and the community). This assists in enabling an end result that is agreed, thoroughly explored and well balanced to reflect the outcomes that matter to consumers and communities. Meaningful engagement and communication provides an opportunity to improve health outcomes and the efficiency of our health system.

The planning, implementation and evaluation phases are further explored and explained in the *SA Health Guide to Planning* and the *SA Health Evaluation Framework*.

Underpinning the SA Health planning approach are our planning principles, which define how we achieve our organisational vision and values. The SA Health planning principles underpin decisions which inform the design and provision of health and wellbeing services for our consumers and communities. A detailed explanation of the meaning and how these principles are applied in planning activities can be found on pages eight and nine of the Framework.

OUR PLANNING PRINCIPLES

- > 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 to 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.

OUR PLANNING PRINCIPLES	WHAT DOES THIS MEAN?	TRANSLATING INTO ACTION
<p>Our people and partners are actively engaged in improving the health and wellbeing of all South Australians.</p>	<p>The SA Health workforce and our partners in service delivery (e.g. non-government / not for profit organisations, private and primary health providers and volunteers) embrace a culture driven by the vision and purpose of the organisation.</p>	<ul style="list-style-type: none"> > Ensure our planning is focussed on improving health outcomes > Promote co-design of services with our partners in service delivery, consumers, carers and the community > Engage clinicians across the sector through the CEIH > Develop resources and provide evidence, research and best practice to foster collaboration with our planning teams and partners
<p>Consumers and communities are at the centre of our decisions to inform the design and provision of health and wellbeing services.</p>	<p>Decision making is informed by understanding the needs of our consumers and communities, and acting in the best interests of the people we serve. The consumer and community voice is heard and responded to.</p>	<ul style="list-style-type: none"> > Consider culture, diversity and priority population groups > Communicate clearly and effectively > Establish and develop engagement and co-design processes with consumers, carers and the community
<p>Evidence and need informs clinical service design and delivery.</p>	<p>Designing and delivering a well-balanced and sustainable health system to meet the needs of our population is informed by value, evidence, research, data and information.</p>	<ul style="list-style-type: none"> > Consider population health need as well as individual health need > Services are informed by evidence, best practice, safety and quality > Services are designed and delivered to address unmet health need as accurately as possible > Support improved availability of activity based management data and resources
<p>Innovation, research and teaching is valued and supported.</p>	<p>Our workplaces are supportive environments that encourage creative thinking which includes economic and social value from knowledge, to deliver new or improved services, systems and processes. Our work is well researched and we provide opportunities for learning and professional growth wherever possible.</p>	<ul style="list-style-type: none"> > Engage and consult with key partners (e.g. the CEIH and clinicians) > Initial planning is inclusive of defining measurable outcomes that will demonstrate success > Undertake horizon scanning > Enable innovation and teaching to be fostered in our service planning processes

OUR PLANNING PRINCIPLES	WHAT DOES THIS MEAN?	TRANSLATING INTO ACTION
Diversity is recognised, planned for and catered to.	The SA Health system is inclusive, accessible, equitable, safe and supportive. It recognises the diverse communities and cultures we serve and the importance of diversity and inclusion in our workforce.	<ul style="list-style-type: none"> > Recognise diversity in community and culture > Build diversity, cultural appropriateness, inclusion, knowledge and capability within our workforce to deliver all-inclusive health services
Value considerations drive decisions and investment is sustainable.	A culture of shared decision making and consumer voice is embraced to promote positive health outcomes for our communities. Decision making is driven by patient experience and outcomes, while considering the cost to the community to deliver the outcomes.	<ul style="list-style-type: none"> > Evaluate the value of patient outcomes and experience > Consider long term sustainability and efficiency in the design of services > Undertake economic analysis of proposed service models > Enable consumer voice and patient outcomes to influence our decision making
Outcomes are measured and responded to.	Our processes and systems routinely monitor population health outcomes in a way that our planning can respond to, learn from and improve.	<ul style="list-style-type: none"> > Understand and respond to population health needs through the planning process > Define measurable outcomes at the start of the planning process > Ensure a mechanism to provide operational intelligence for system learning
Services are designed to deliver access and opportunity for all.	We work collaboratively with the shared intent that, where appropriate, localised self-sufficiency will be built, to deliver equitable care closer to home. Systems and services are designed that provide equal opportunities for our communities.	<ul style="list-style-type: none"> > Ensure our planning aligns to population health needs and links to the strategic intent of developed strategies (i.e. the <i>SA Health and Wellbeing Strategy 2020 – 2025</i>) > Services are planned to ensure consumers can access high quality, safe services in a timely manner, as close to home as possible > Barriers to services such as financial, geographical, cultural and workforce are considered
Our current and future workforce is motivated and supported to provide excellent service to their community.	Our system leaders create an organisational culture that is safe and a positive and transparent environment where we respect and listen to each other, share positive feedback and celebrate success. Our teams are provided with the right resources to work effectively.	<ul style="list-style-type: none"> > Foster a positive work environment and culture to retain and increase the required workforce to deliver services > Consider training and education requirements to adjust to new practice, technologies or devices > Provide feedback mechanisms to enable continuous safety and quality workforce improvements

HOW PLANNING INFORMS PRIORITISATION AND RESOURCE ALLOCATION DECISIONS

The DHW has a legislated responsibility to promote the effective and efficient use of available resources in the provision of public health services in the state. The SA Health planning approach will highlight health and wellbeing service priorities into the future and identify opportunities for improvement in the way services are delivered to our population.

The commissioning cycle subsequently takes the directions from system wide strategic plans (e.g. the *SA Health Strategic Clinical Services Plan 2021 - 2031*) into an actionable three year plan, and includes the following stages:

- > Assess readiness and capability of providers
- > Confirm a service delivery model
- > Procure services (if identified as the most appropriate approach)
- > Execute a Service Agreement or contract where relevant
- > Allocate activity and resources
- > Support transition
- > Assess provider performance.

Further information in relation to the SA Health commissioning approach can be found in the *SA Health Commissioning Framework March 2020* and related [supporting documentation](#).

The focus of any proposed resource allocation for an asset investment initiative must also link to the system wide strategic priorities and identified population health needs. This may involve:

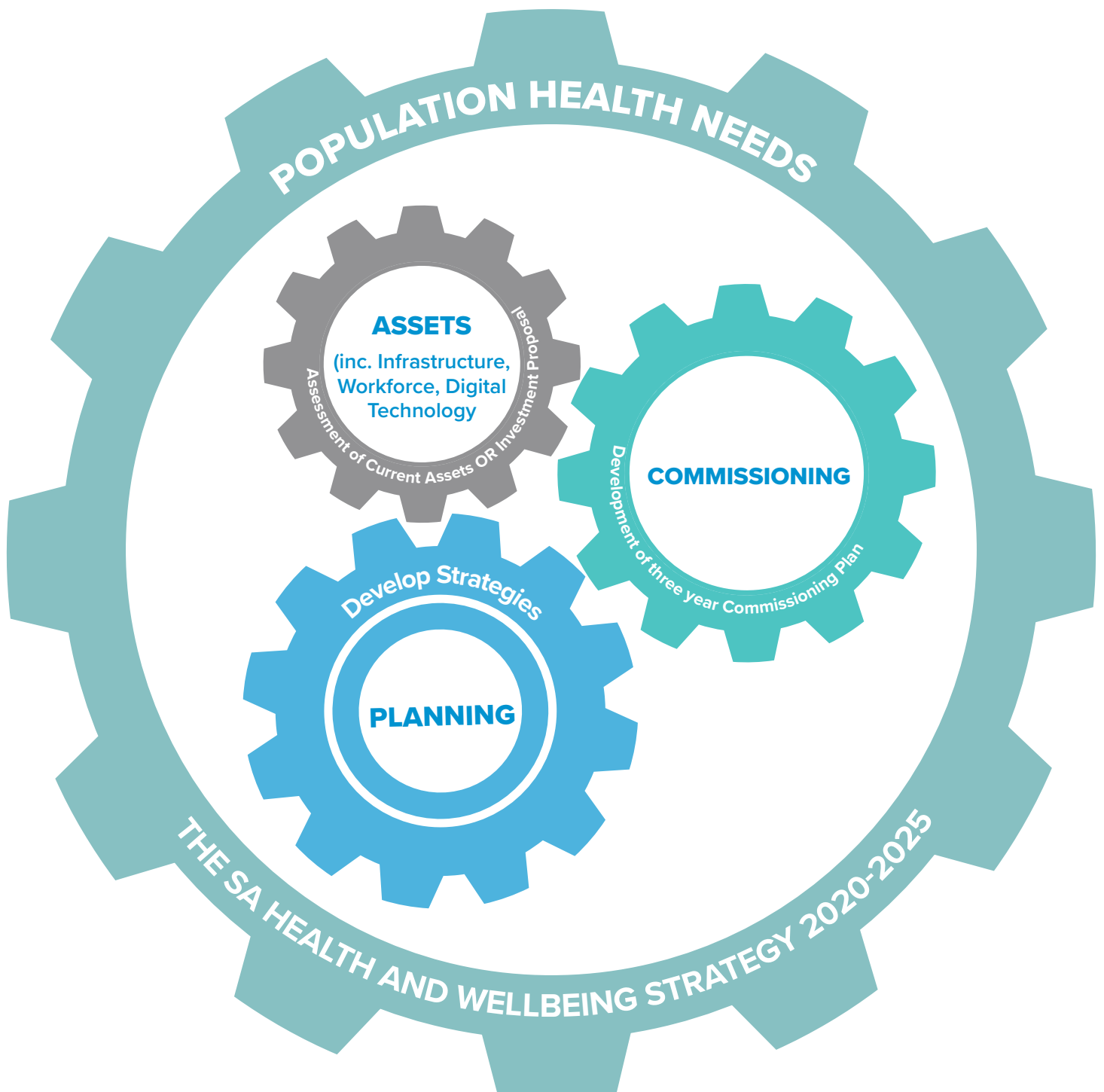
- > Analysis of SA Health priorities detailed in the *SA Health and Wellbeing Strategy 2020 - 2025* and the *SA Health Strategic Clinical Services Plan 2021-2031* against strategic asset management plans either by the LHN or the DHW
- > Assessment of current assets for suitability, capacity and condition to meet the specified and future service demand requirements, to identify operational or service model changes, asset replacement or renewal, or new assets
- > An investment proposal if it is determined that a capital solution to meet the identified priorities is required.

The relationship between planning, commissioning and strategic asset management should be comprehensive, with a structured approach to the roles and responsibilities within each area. Further information in relation to this process can be found in the *SA Health Guide to Planning*.



Planning drives commissioning by feeding the outputs of strategies and population health need into the development of commissioning plans.

Strategic asset planning is impacted by service and commissioning plans that inform the identification and prioritisation of gaps in current asset performance and availability against long and short term demands. This may include infrastructure, workforce or digital health planning.



GOVERNANCE AND ROLES IN PLANNING

GOVERNANCE OF PLANNING DECISIONS

The DHW has responsibility for the strategic leadership and direction for provision of public health services in SA. The *SA Health Charter of Responsibility* has been developed to reflect the redefined roles and responsibilities of the DHW, LHNs, SAAS and Statewide Clinical Support Services (SCSS) consistent with the relevant legislation.

Planning within SA Health is overseen by the Strategic Planning, Infrastructure and Investment Committee (SPIIC), which includes representation from the appropriate functions and teams across the system. The SPIIC has been established to lead in the provision of strategic advice, guidance and feedback for health system strategies and plans, including at commonwealth level. This structure supports the Minister for Health and Wellbeing and his delegates to deliver the requirements of the *Health Care Act 2008* and the *Health Care (Governance) Amendment Act 2021*, and to fulfil the role as system leader.

The SPIIC is responsible for strategic planning consistency and connectivity across SA Health, and provides a forum for collaboration on and prioritisation of planning activities. Major / statewide planning functions are overseen / endorsed by the SPIIC as the forum which can consider risks and any associated implications to ensure planning is sustainable into the future.

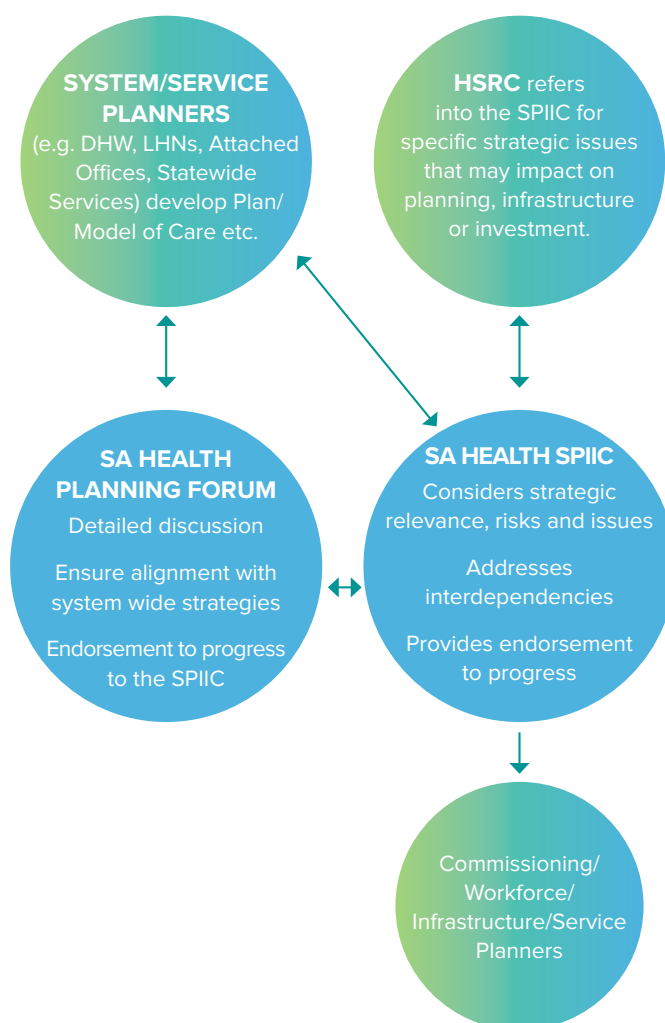
The SPIIC provides expert advice and recommendations in relation to proposed new or existing projects, plans and strategies addressing:

- > Relevance to the *SA Health and Wellbeing Strategy 2020 - 2025* and/or *SA Health Strategic Clinical Services Plan 2021 – 2031*
- > Interdependencies within the system
- > Significant changes or improvements proposed
- > Impacts for change management.

The SA Health Planning Forum has been established under the auspice of the SPIIC. The Forum supports detailed discussion in relation to planning and subsequently, provides advice and recommendations to the SPIIC on proposed system wide strategic planning activities.

The SPIIC is known to refer into the DHW Commissioning Committee and may be referred into by the Health Strategy and Reform Committee (HSRC).

Forums and committees structure



The [DHW Committees Structure](#), includes the senior decision making and information sharing forums that support the DHW to function as the SA Health system leader.

The guide below assists in determining when work will need to be considered by the SPIIC. If the answer(s) to one or more questions fall within the green columns, then the SPIIC should be engaged for the relevant purpose.

	NOT RELEVANT TO THE SPIIC	ENGAGE WITH THE SPIIC	
What is the geographic scope of the work?	Local	Multiple localities / LHNs	Statewide
Is the work scaleable / could it be replicated in other localities?	No	Possibly	Yes
Are there likely funding implications from the work? This could be a shift in resources not necessarily a budget bid.	No	Some local implications	Yes
Are there intergovernment impacts? e.g. commonwealth and state agreements.	No	Possibly	Yes
Are there infrastructure implications or a response to infrastructure changes?	No	Possibly	Yes
Could there be implications for service planning in the future?	No	Minor statewide or cross LHN implications	Yes statewide affecting multiple sites
Are there system wide safety and quality implications?	None / only local safety and quality implications	Possibly	Yes





ROLES IN PLANNING

It is important to highlight the individuals, groups and forums across the system who have a role in planning. Clarity regarding the respective roles enables system leadership, engagement and consistency.

Providers of health and wellbeing services are key stakeholders in the achievement of both system reform and adoption of a consistent and structured planning approach. New or different ways of working will positively impact processes and systems as well as the behaviours and mindsets of the DHW and service providers. These may include:

- > An integrated system with a mechanism to streamline planning activities appropriately, with the appropriate areas of the system engaged
- > Enhanced discussions between service providers and the DHW which are evidence-informed and iterative, that focus on planning to achieve the system wide strategic priorities
- > A clear understanding of the planning cycle, when to consider planning services and who to engage in the process
- > Consistent evaluation processes to enable system reflection and assist in the identification of potential future changes.

Service Agreements and/or contracts, commissioning and strategic asset management plans support the delivery of safe, value based and accountable high quality health care by formally setting out the performance expectations and funding arrangements between the DHW, attached offices (where appropriate), LHNS, SAAS and SCSS.

KEY PLANNING STAKEHOLDERS

The DHW

Develops the vision, direction and longer term strategy to sustain the health system into the future, identifying the system priorities for the following five to ten years and the planning principles which underpin the planning process.

The CEIH

Provides leadership and advice on clinical best practice with a focus on maximising health outcomes for patients, improving care and safety, monitoring performance, championing evidence-informed practice and clinical innovation and supporting clinical collaboration.

The CEIH brings together expertise from clinicians, consumers, health partners and other relevant stakeholders. As an example, this may be through Statewide Clinical Networks and their programs of work, which are selected using prioritisation criteria to ensure alignment with the system strategic priorities. This may include or result in health service planning activities.

Wellbeing SA

Drives the re-balancing of the health and wellbeing system from treating people when they become unwell, to one that promotes physical, mental and social wellbeing, prevents ill health and supports people to maintain wellbeing and lead healthier lives.

To support prevention and early intervention, Wellbeing SA will co-design and develop better integrated services and programs across the care continuum and life course. This includes increasing services delivered within the community as well as high value programs focussed on risk factors relating to development of chronic disease and for those living with chronic conditions.

Wellbeing SA is commissioned by the DHW to deliver a range of primary, acute and post-acute services in the community.

Statewide Services (e.g. SAAS, SCSS)

Statewide health services are responsible for providing services to the South Australian community, and providing specialist leadership, policy advice and information to the DHW.

Statewide service planning may be informed by national, state government or SA Health priorities and strategies and where appropriate, statewide service planning activities are reported to the SPIIC.

LHNs

Each LHN's Governing Board is responsible for the overall governance and oversight of local health delivery in a particular LHN catchment area. The Board also has responsibility for oversight of local strategy, performance and budget achievement, clinical governance, safety and quality, risk management and to promote consultation with clinicians, consumers and community members about the provision of health services.

The role of Governing Boards in planning is to ensure service delivery that addresses the needs of the local population, in alignment with system wide plans and policies issued by the DHW.

Where a LHN has responsibility for the provision and/or coordination of a statewide service (e.g. SA Dental Service, Centre for Disability Health, Drug and Alcohol Services SA, Child and Family Health Service) it must be planned and delivered in a way that meets the needs of the South Australian population, not only for the local community within the LHN catchment area.

Responsibility for the day-to-day operations of the LHNs remains with the Chief Executive Officers.

Cross Government

The way we collaborate, work internally and across agencies can impact our ability to use resources efficiently, to work with external stakeholders and to deliver public value through holistic and sustainable services. Effective population health planning requires community, inter-agency and whole of government engagement and collaboration to address the broad range of determinants that shape health and wellbeing. Working across agencies can offer opportunities for innovation by seeking and applying evidence about new and changing health needs and sharing data and information to make more informed decisions.

Cross government collaboration results in improved experiences for the community, with information accessible and joint decisions made to meet health and wellbeing needs and improve health outcomes.

Consumer and Clinician Engagement

To best meet the needs of South Australians, not only must we be informed by evidence and advice from experts, we must understand how good or poor a consumer's experience with the health system or service has been. Contribution from clinicians, consumers, carers and our community in planning, system and service design, monitoring and evaluation is crucial to delivering patient centred responses and improving health outcomes.

A strategic priority for our health system is to regain community trust, to build respect and confidence of patients, carers, families and communities through meaningful engagement, consultation, relationships and accountability.

Understanding our consumer's experiences with the health system enables system learning. SA Health is committed to robust consumer, carer and community engagement.

The Consumer and Community Engagement Governance Model outlines the consumer and community advisory groups involved in service planning, designing care, measuring and evaluating health and wellbeing services and is supported by the *Consumer, Carer and Community Engagement Strategic Framework 2021 – 2025*. The [SA Health Guide for Engaging with Aboriginal People](#) is a resource to support Aboriginal stakeholder and community engagement, providing possible ways to engage with Aboriginal people in a range of contexts in a culturally respectful and effective manner.

A legislated requirement of the LHNs is to develop a Clinician Engagement Strategy, promoting consultation with health professionals across the catchment area, to support the maintenance and improvement of standards of patient care and services.

The DHW maintains processes to consult with health care providers on health and wellbeing needs and service priorities within the public health system, including by engaging with clinicians through the CEIH.





CONSUMERS

The SA Health system aims to be an environment where those using and accessing public health services are actively engaged in improving our health and wellbeing collectively.

Health system and service planning should consider consumers and communities at the centre of decision making, and to inform the design and provision of services.

Health and wellbeing services will be planned recognising diversity and to deliver access and opportunity for all.

SYSTEM PLANNERS	SERVICE PROVIDERS	PARTNERS IN SYSTEM PLANNING
<ul style="list-style-type: none"> > Set the long term planning strategy and associated priorities and timeframes > Provide support / enable implementation plans to deliver the strategy > Lead implementation of system level actions including: <ul style="list-style-type: none"> - Developing policy, frameworks and guidelines - Informing commissioning directions and Service Agreement requirements - Informing negotiations with commonwealth government agencies and other key partners - Leading development of system level service plans, models of care and service design - Leading system level change processes relating to strategic asset management - Monitoring implementation of system level strategies including evaluation of outcomes 	<ul style="list-style-type: none"> > Contribute to the development of long term planning strategy and associated priorities and timeframes > Contribute to the development of implementation plans to deliver the strategy > Contribute to implementation of system level actions by providing input, advice and feedback > Lead implementation of service level actions including: <ul style="list-style-type: none"> - Developing local procedures and practices consistent with and guided by established contracts, policy, frameworks and guidelines to meet local population needs and preferences - Implementing commissioning directions and Service Agreement requirements - Leading development of local level service plans, models of care and service design - Implementing local level changes relating to asset management - Monitoring implementation of local level strategies including evaluation of outcomes 	<ul style="list-style-type: none"> > Contribute to implementation of system level actions by providing input, advice and feedback > Provide leadership and advice on clinical excellence and innovation > Enhance collaboration on ways to improve the health and wellbeing of South Australians, across public and private sectors > Provide support for evidence-informed outcomes in the development and review of policies, standards, guidelines, service capabilities and models of care > Provide support for education, deployment and development of the relevant clinical workforce > Set out the architecture of national health reform and major structural reforms > Provide timely and invaluable information relating to patient experience and cultural diversity

APPENDIX 1: DEFINITIONS

IN THE FRAMEWORK:

ASSET means a resource controlled by SA Health from which future economic benefits are expected to flow including land, physical infrastructure (buildings/facilities), plant and equipment, workforce or digital technology solutions.

ATTACHED OFFICE means an independent administrative unit which is attached to the DHW through the *Public Sector (Administrative Units) Proclamation 2019*, under sections 26, 27 and 28 of the *Public Sector Act 2009*. The Minister for Health and Wellbeing holds responsibility for these units.

CLINICAL SERVICES PLANS are strategic plans that identify service needs both now and into the future, their prioritisation and the development of service directions, service options, objectives and strategies. Clinical service plans inform commissioning plans and strategic asset management plans.

COMMISSIONING is a strategic, evidence-informed approach to identifying health and wellbeing outcomes that need to be achieved and then designing, implementing and managing a system to enable these outcomes to be delivered within available resources, as defined in the *SA Health Commissioning Framework March 2020*.

HEALTH SERVICE PLANNING means planning activities pertaining to a targeted population group, or a particular area of clinical specialty either on a statewide or geographic catchment area basis (e.g. the *Mental Health Services Plan 2020 – 2025* or a LHN specific clinical services plan).

HEALTH SYSTEM PLANNING means strategic planning activities pertaining to the health system as a whole (i.e. the *SA Health and Wellbeing Strategy 2020 – 2025* and the *SA Health Strategic Clinical Services Plan 2021 – 2031*).

INTEGRATED means various parts of the health care sector, South Australian health system or relevant agencies/organisations being linked or coordinated.

SA HEALTH means the South Australian public health system, services and agencies comprising the DHW, LHNs and attached offices, SAAS, and SCSS.

SERVICE PROVIDER means an individual or agency (e.g. public, private or non-government organisation) that delivers a particular public health service on behalf of SA Health.

SYSTEM LEADER means the Chief Executive responsible to the Minister for Health and Wellbeing for the overall management, administration and provision of health and wellbeing services within the Minister's portfolio, ensuring that the DHW undertakes a leadership role in the administration of health and wellbeing services.

SYSTEM PLANNING PARTNER means an entity (government or non-government) that through its core business affects or influences public health and wellbeing outcomes (e.g. LHNs, attached offices, other commonwealth / state government agencies, consumers and carers, Primary Health Networks, Universities).

VALUE-BASED CARE means decision making which has considered patient experience and outcomes while considering the cost to the community.

For more information

System Design and Planning Branch
Department for Health and Wellbeing
sahealth.sa.gov.au



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