



SA Health

# GUIDE TO PLANNING

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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.

# INTRODUCTION

## PURPOSE OF THIS GUIDE

The Department of Health and Wellbeing (DHW) as system leader, supports the delivery of health services to the South Australian population both now and into the future. These services are designed to improve health outcomes that matter to consumers; consumers' experience of receiving care; care team experience of providing care and the effectiveness and efficiency of care. A strategic, innovative, evidence-informed and collaborative approach to improving or developing health services, is required to achieve this aim.

The [SA Health Planning Framework 2021](#) has been developed as a system wide resource to strengthen and align the process of planning across the system and define the governance, roles and responsibilities in planning.

The [SA Health Planning Framework 2021](#) was developed within the context of the strategic directions identified in the [SA Health and Wellbeing Strategy 2020 – 2025](#) which is the guiding document to position the SA Health system for the future, in response to the health needs of the South Australian population.

The [SA Health Guide to Planning](#) (the Guide) supports the [SA Health Planning Framework 2021](#), by exploring in greater detail the following:

- why we plan
- the planning environment
- the core components of the SA Health planning approach
- factors which should be considered when undertaking health system or health service planning
- the connection between planning, commissioning, workforce and infrastructure planning.

The Guide provides a theoretical framework for health service planning in SA. It will support SA Health planners, service providers and system partners in planning for public sector health services. However, while this is the focus, planning should always consider the broader health system context.

The Guide is not intended to provide a step-by step manual on how to plan and should be read in conjunction with the [SA Health Planning Framework 2021](#).

DHW gratefully acknowledges the extensive contribution of Queensland Health whose core content and structure were used as the basis for this guide to planning.

## WHAT IS HEALTH SERVICE PLANNING?

Health service planning explores and challenges the existing health and service delivery state. 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.

Health service planning is predominantly driven by the strategic directions identified through the [SA Health and Wellbeing Strategy 2020 – 2025](#). This document enables setting the scene for health system planning in SA.

## WHY DO WE PLAN?

Health service planning aims to improve health service delivery and/or system performance to better meet the health need of a population. It is the process of aligning the delivery of existing health services to meet the changing patterns of need and use of services. This aims to make the most effective use of available and future health resources (funding, staff and infrastructure).

Health service planning is future orientated and usually adopts a medium-long term (5 – 10 years) perspective supporting healthcare providers to respond to the following:

- health improvement for targeted populations
- increasing or changing demand for health services
- improved health service delivery models
- emerging trends in health service delivery
- new policy initiatives and directions.

Health Service Planning may also be based on the specific health needs of South Australians and may be targeted towards:

- specific geographical area (e.g. metro, statewide or regional)
- particular population groups (e.g. ageing population or Aboriginal and Torres Strait Islander peoples)
- specific clinical or service stream/s (e.g. renal or cancer services).

When undertaking health services planning it is essential to consider the capabilities that assist in responding to evolving changes in order to meet the needs of the community, with consideration given to:

**Changing populations and health needs** - population characteristics such as growth, distribution, age, cultural diversity and socio-economic health status will guide the most appropriate service response. Similarly, identifying population risk factors that contribute to various health issues can inform the design of services to reduce these risks for targeted population groups, and to reduce inequity within our communities.

Defining need for health services can be challenging, as it is not something that is easily observed from health care data. Population 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 healthcare.

Emerging clinical evidence, best practice and advancements in technology - Understanding and assessing the potential impacts of advances in clinical evidence and technologies helps inform how future services could be organised and delivered. This includes being aware of changes in the knowledge and understanding of diseases and disease trends, treatment techniques and service delivery models that challenge existing methods and assumptions.

Horizon scanning should be incorporated into the planning process, as well as developing a culture of continuous innovation, learning and improvement.

**Projecting future service need** – Understanding and challenging future service demands, influenced by factors such as population changes, disease patterns etc. In assessing increased and decreased demand, future decisions regarding health services, commissioning priorities, strategic asset management and workforce requirements are better informed. Planning health services should consider a 5 to 10 year period to support sustainable service delivery models.

**Prioritising allocation of resources now and into the future** – health service resources are finite therefore, assessing priorities and identifying opportunities for improvement in the way that services are delivered to the South Australian population, is essential. A thorough planning process supports resources to be directed to the areas of greatest need (e.g., a particular geographical catchment, a particular population group or a specific clinical condition).

*The SA Health Commissioning Framework, and The SA Health three-year Commissioning Plan link with the Wellbeing Strategy 2020 - 2025, creating a joined up commissioning approach.*

The SA Health Commissioning Framework, as part of the broad Commissioning Strategy, supports and guides planning components and activity. It can be used to guide the commissioning activities of any division or agency within the SA Health portfolio which commissions health and wellbeing responses. Commissioning is represented as a cycle of activity that is continuous and iterative, with each stage feeding into the next. (see: SA Health Commissioning Framework March 2020 for further information)

The SA Health three-year Commissioning Plan provides detail of funding commitments and priorities over the life of the Plan as well as forward planning opportunities to highlight how funding will likely be provided in future years.

**Improving service efficiency** - New flexible ways of working need to be implemented to ensure the effective and efficient utilisation of resources that are sustainable and value-based service models. Health service planning should explore alternative service options that can optimise service delivery arrangements to manage increasing demand. For example, advances in treatment options and the delivery of services close to home in a range of settings (e.g., Hospital in the Home) allow for substantial flexibility in future health service delivery.

Meaningful consumer and clinician engagement should also be considered inclusive of strong communication strategies, which assist in providing opportunities to improve health outcomes and the efficiency of our health system.

**Providing high quality, safe and sustainable services** - Health services must be capable of sustaining the provision of high-quality care that continues to meet, or exceed required minimum standards. The National Safety and Quality Health Service Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. Furthermore, provision of safe, high quality health services, focussed on the prevention and proper management of disease, illness and injury is one objective of the Health Care Act 2008.

Public health services are delivered in line with service agreements and the [SA Health Clinical Service Capability Framework \(CSCF\) 2016](#).

The CSCF sets out the planned structure of public health services across SA. It is an important tool for state-wide strategic planning and defines the criteria and capabilities required for health services to achieve safe, high quality clinical service delivery.

**Service enablers in planning** - Service enablers may include capital infrastructure/non-capital assets, information and communication technology, clinical support services (e.g., pathology, pharmacy), workforce, funding and partnerships. Between each service enabler, there is a need for a level of interconnectivity.

Consideration of translation into practice, including resources required for implementation, and identification of the roles and responsibilities of appropriate stakeholders, is critical to ensuring planning recommendations can be implemented successfully.

At a minimum, health service planning must consider the impact of any planning recommendations on service planning enablers. In doing so, it must articulate what the likely service enabler requirements for future service delivery may be. However, the health planning process does not necessarily involve detailed planning for service enablers.

# SOUTH AUSTRALIAN CONTEXT

**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.**

## THE PLANNING ENVIRONMENT

The health system in South Australia (SA) is multidimensional and complex with constant increasing pressure and demand on the public health system. Delivery of health services occurs in an increasingly dynamic environment, where expectations from, and the needs of:

- our population changes including:
  - vulnerable and at risk priority population groups
  - regional and remote communities,
- government priorities and commitments may change,
- advances in clinical evidence and digital technology continue to improve
- resources to support the provision of health services are limited
- a changeable workforce availability demographic.

In this context, it is essential that services are planned according to identified and targeted population health need, that follow the appropriate governance arrangements and have the capability to respond to evolving community needs.

Health system planning in SA adopts a population health focus, using data and trends to predict future health needs. It also works to balance programs that protect and promote good health and prevent illness, and the services required to meet the health needs of our population.

Health service planning in SA is predominantly driven by the strategic directions identified through the SA Health and Wellbeing Strategy 2020 – 2025, the Wellbeing SA Strategic Plan 2020-2025 and the State Public Health Plan 2019-2024.

Local Health Networks (LHN's), SA Ambulance Service (SAAS), state-wide services and attached offices may specify local or geographic planning priorities through their own tailored plans or strategies. However, localised plans or strategies should all be consistent with the SA Health and Wellbeing Strategy 2020 – 2025.

## HEALTH SERVICE PLANNING RESPONSIBILITIES

SA Health is the brand name for the health portfolio of services and agencies responsible to the Minister for Health and Wellbeing. The DHW is system leader. As system leader, DHW complements and supports the portfolio of services and agencies (e.g. LHNs and SAAS) by providing high-level system direction and performance management functions. Further, to achieve the outcomes within the *SA Health and Wellbeing Strategy 2020 – 2025*, SA Health must strategically plan future health service needs by:

- identifying service needs, service directions, service options, objectives and strategies
- projecting future service demand for inpatient hospital services at a state-wide, LHN and facility level.

Undertaking strategic planning as a whole for SA Health will support the process of informing and integrating key planning documents and strategies. Service planning identifies the population health needs and strategies that inform commissioning priorities and development of commissioning plans. Service and commissioning plans impact strategic asset and infrastructure planning and reports on identifying and prioritising gaps in current asset performance and availability, against long and short term demands. This may include infrastructure, workforce or digital health planning.

Statewide planning does not replace local planning, which is essential in identifying the needs of the LHN and community at a local level. This enables a platform for negotiation with the DHW on particular health needs and issues not addressed in state-wide planning.

## HEALTH SERVICE PLANNING PRINCIPLES

SA Health has developed planning principles that underpin planning activity across the health system. These principles are listed below and are further referenced in the SA Health Planning Framework 2021:

- our people and partners are actively engaged in improving the health and well-being 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 needs inform 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.

# TYPES OF HEALTH SERVICE PLANNING

Health system planning adopts a population health focus and can provide the strategies to inform the principles to plan at a health services level. Where an LHN has responsibility for the provision and/or coordination of a state-wide health service, it must be designed 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.

Health Service planning is based on the needs of the consumers (or potential need) of services and can take place in various forms.

## THREE MAIN TYPES OF PLANNING

**Planning for a particular geographical catchment** relates to health service planning for a defined population. Geographical catchments can vary substantially and may include one as large as the entire state (as would be the case for a state-wide health service planning activity), a particular LHN or the statistical area(s) surrounding a particular health facility.

**Planning for a particular population group** relates to planning for a health issue (or issues) for a specific population cohort (e.g., Aboriginal people). This type of planning may also target a particular geographical catchment (e.g., for Aboriginal people residing in a specific LHN).

**Planning for a clinical service or stream(s)** relates to planning for a specific service (e.g., mental health, cardiac, disability) or stream (medical, surgical) to provide evidence-informed safe, high quality and appropriate clinical services. This type of planning could also target a particular population group or geographical catchment as part of planning for the clinical service (e.g., cardiology services for Aboriginal people residing in regional and remote SA). Planning of this type may also be conducted at various levels within a service/stream (e.g., interventional cardiology).

For each of these types, a particular planning activity may focus on one or more of the following key service areas that make up the health system in SA:

- prevention, promotion and early intervention
- acute care
- sub-acute care
- primary health care
- ambulatory care
- mental health
- veterans' health.

A range of service planning activities may be undertaken to improve how public health services are delivered, operated and evaluated. For example, planning that occurs at LHN level, is designed to support a bottom up compared to a top down planning environment, where innovative operational practice and models of care drive strategic planning directions rather than where strategic plans and policy inform operational practice.

All health system and service planning activities should consider evaluation measures and performance management. For more information in relation to evaluation or performance management processes, please refer to the [SA Health Evaluation Framework](#) and the [SA Health Performance Framework 2022 – 2023](#).

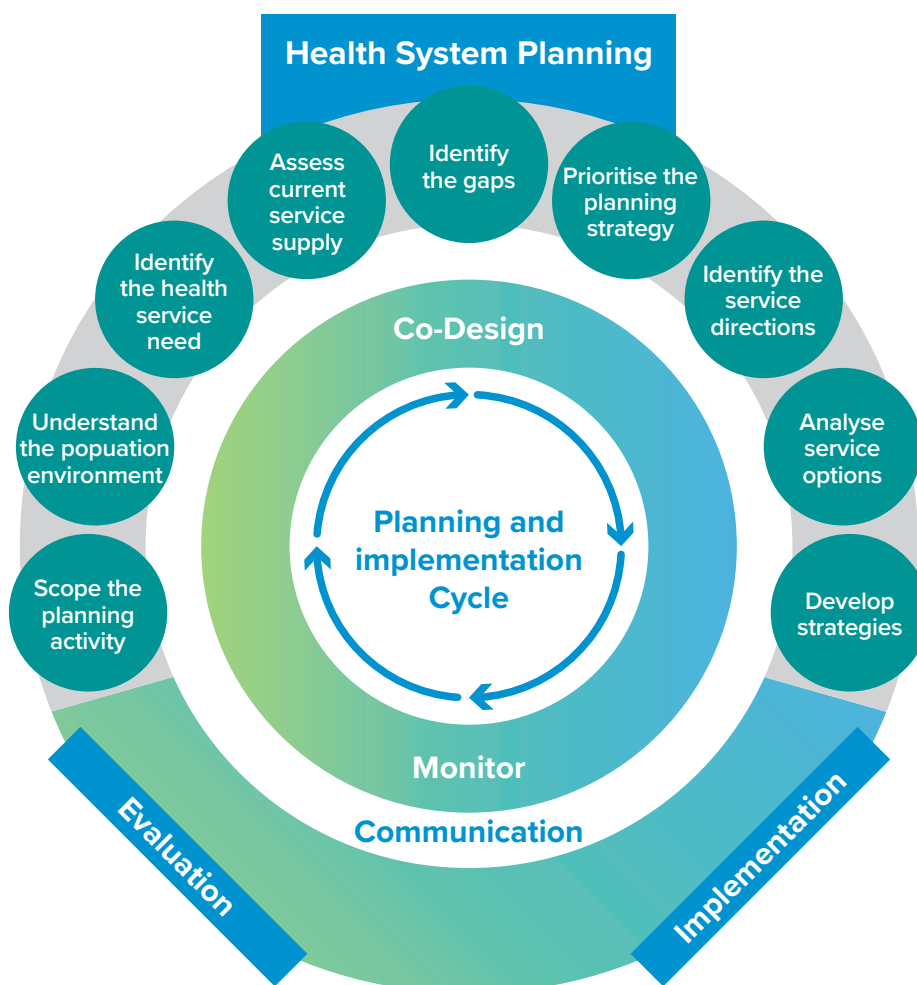


# SA HEALTH PLANNING APPROACH

The SA Health planning approach applies to both health system and service planning. Represented as a cycle of activity, it is continuous and iterative, with each stage feeding into the next. It consists of a planning and implementation cycle, an evaluation phase and processes spanning the full planning approach cycle.

In this section, each of the components within the below diagram will be discussed in further detail. The diagram depicts the key components of health system planning and incorporates a planning, implementation, evaluation and review phase.

Although this approach is usually undertaken in sequential steps, it may deviate between steps, or steps may happen in parallel. Government priorities or commitments may impact on the ability to commence the planning process from the first of these components however, all planning activities must undertake this process.



# THE PLANNING CYCLE

The key components of this phase are:

Component	Tasks Involved
<b>Scope the Planning Activity</b>	<ul style="list-style-type: none"> <li>Define the planning parameters</li> <li>Manage changes to the scope</li> </ul>
<b>Understand the population and service environment</b>	<ul style="list-style-type: none"> <li>Scan the policy and service environment</li> <li>Profile the population and current service delivery</li> </ul>
<b>Identify the health service need</b>  (This section incorporates:  assess current service supply and identify gaps)	<ul style="list-style-type: none"> <li>Identify the health needs and service needs/issues</li> <li>Develop an approach to the categories needs/issues</li> <li>Identify the services currently supplied including location and current and future demand</li> <li>Determine current service gaps inclusive of current and ideal state</li> </ul>
<b>Identify the service directions</b>	<ul style="list-style-type: none"> <li>Develop the service strategies</li> <li>Develop criteria for measuring the success</li> </ul>
<b>Research Best Practice Options</b>	<ul style="list-style-type: none"> <li>Develop the service options and analyse feasibility</li> <li>Identify the indicative resource implications</li> </ul>
<b>Develop objectives and strategies</b>	<ul style="list-style-type: none"> <li>Develop the objectives and strategies</li> <li>Understand the impact of service change</li> </ul>

Each component builds on the previous one to ensure the process is based on needs and evidence. The planning process is seldom linear; some components occur concurrently or the output from one component may require the review of another.

## SCOPE THE PLANNING ACTIVITY

The purpose of this component is to identify the scale of and the parameter for the planning activity. This assists in identifying service needs, their prioritisation and developing service directions, service options, objectives and strategies.

### Define the planning parameters

Each health service planning activity will have a different focus. Planning may be for a specific service; a particular geographical area; an identified population; the services provided at a particular location or site; or the services for a specific part of the health need continuum. These are not mutually exclusive and many planning activities are likely to focus on more than one planning parameter.

Due to the complexity of the health service setting, clearly defining the scope of the work is critical. This should extend to detailing how the planning could impact upon other health services, consumers and clinical engagement.

Health service settings are complex. Clearly defining the scope of actions to improve these settings is vital. This definition extends to detailing how planning activity may impact upon other health services, consumers and clinical engagement. It is also vital to articulate or define, why certain components of the health service setting are excluded from the scope of these activities.

### Manage changes to the scope

Changes to the scope of a planning activity may sometimes be needed in response to changing circumstances. However, there may be instances where undesirable scope change takes place which can often be prevented or minimised through:

- A carefully considered, defined and documented scope (including obtaining stakeholder agreement on the parameters early in the planning process)
- Establishing a formal process for any proposals in change of scope that allows for careful consideration of the costs and benefits of scope revision
- Maintaining clear and effective communication between stakeholders

Scope creep refers to uncontrolled or unexpected changes in the scope of planning activity. It poses a significant threat to the successful completion of planning.

**In developing the scope of the planning activity, the following should be articulated:**

- **purpose for undertaking the planning activity**
- **parameters of the planning activity (e.g., geographical boundaries, population cohorts, scope of health services and timelines)**
- **policy and strategic directions that may impact on the planning activity**
- **key deliverables (e.g., report, health service plan) and outcomes**
- **potential risks/threats to the scope and mitigation strategies to address these.**

## **UNDERSTAND THE POPULATION SERVICE ENVIRONMENT AND THE WORKFORCE**

This component aims to understand the population, their health status, the services they access and the workforce providing the service. It is important to understand the population and the adequacy of existing services (public sector, private sector and other) in supporting health care needs.

Undertaking a comprehensive data gathering and analysis process ensures that all relevant information informs the development of strategies to address the issues for which the planning activity is being undertaken. These strategies may include profiling the workforce; is it aging or is it supported through the placement of locums?

Future health needs are determined through changes in the population and age profile within South Australia. This assists in planning for future projected needs by informing:

- the current organisational and policy context and the system-wide challenges and opportunities relevant for planning future clinical services
- analysis of projected demographic changes for the South Australian population
- a description and analysis of current clinical service provision
- projected demand for clinical services by the South Australian population
- scenario modelling of future capacity requirements for clinical services to meet the needs of the South Australian population.

### **Scan the environment**

Horizon scanning is the gathering, analysing and dispensing of information for strategic purposes. It aims to consider all the factors that may influence the design of the service directions, objectives and strategies and their implementation.

The environment in which planning is undertaken is affected by multiple factors and will be different for all discrete planning pieces. The reasons and factors that triggered the need for the work should be understood.

#### **Examples of scanning information:**

- **existing policies, strategies, plans and commitments to which the planning should align**
- **strategic directions or goals related to the provision of particular services**
- **known issues that may impact the delivery of the health services in scope**
- **the status of implementation of previous plans (including lessons learned)**
- **general service trends in the literature (e.g., latest clinical evidence, guidelines).**

### **Profile the population**

Describing the population profile is a key component in identifying the health needs of communities and population groups. It is necessary to draw a clear picture of the demographic characteristics within the target population group.

There are a number of data sources that can be applied in describing the makeup and composition of the target population.

DHW has developed - An Evaluation of Population Health Needs, Demand and Supply in South Australia 2018. This document provides a review and assessment of South Australia's population health needs; the demand for services; the way these services are currently delivered and considers the potential impact of projected future population growth on key hospital services.

#### Examples of population profiling information:

- **estimated current and projected population, including identification of Aboriginal and Torres Strait Islander residents and culturally and linguistically diverse residents**
- **significant trends for the planning catchment or population in scope**
- **socio-economic status and social disadvantage of the community (health determinants)**
- **transient/itinerant population (non-resident workers, visitors)**
- **implications of population characteristics on health needs.**

#### Profile the geographical context

An analysis of the geographical catchment will highlight challenges and opportunities the physical area presents in delivering health services.

#### Examples of geographical profiling information:

- **size, boundaries and major centres of the planning area**
- **key economic, environmental and social factors that impact the health of the population**
- **areas within the catchment that may have difficulties accessing services**
- **geographic conditions or infrastructure that present challenges for service delivery**
- **remoteness of the region.**

#### Profile the health status

Analysis of health status and health indicators informs the identification of health needs, which is essential to any planning process. Epidemiological data – used to describe the distribution of disease – is available at national and state levels but not necessarily for localised smaller catchments. Epidemiological information may help to identify causes of health burden (significant diseases and health conditions), causes of illness and death, risk factors and potentially preventable factors and comparative health status of those in the focus population.

#### Examples of health status profile information:

- **self-reported health status**
- **population at risk identification (e.g., incidence and prevalence)**
- **mortality data (e.g., rates and causes of death, life expectancy)**
- **morbidity data (e.g., rates of illness, hospitalisations)**
- **burden of disease and injury (e.g., disability adjusted life years).**

#### Profile the current service arrangements

The purpose of describing current service arrangements is to understand the type and magnitude of service provision in the planning area. Profiling may look at services currently provided (public sector, private sector and others) and the planned future services of a range of service providers.

The scope of the planning activity will determine the breadth and detail of service profiling required. A broad scope may suggest a general description of services is appropriate. In other cases, a particular focus may require detailed and comprehensive description of service arrangements (e.g., service delivery models and models of care).

#### Examples of service profile information:

- **information on service types, capability levels and modes and models of delivery**
- **information on how services work together (e.g., service and referral networks, visiting services, transfer and retrieval arrangements).**
- **For each service, consider information on:**
  - **hours of service, location and target population**
  - **service delivery models (and effectiveness of these)**
  - **clinical support and service enabler requirements.**

## Profile the service activity

A description of historical service patterns will contribute to understanding the service environment. It is recommended to use a profile of service activity over the most recent five years to support a robust statistical analysis.

There are several data indicators commonly used to illustrate patterns of service activity. The two broad indicator categories are health service demand (service utilisation by a permanent resident of the LHN catchment of interest) and health service supply (how health services have responded to the needs of all people accessing services, regardless of their place of residence).

### Examples of health service demand information include:

- **volumes of activity between the public sector, private sector and other services**
- **rates of service utilisation compared to other regions (known as 'relative utilisation')**
- **levels of 'self-sufficiency' (an indicator of how local services meet local needs).**

### Examples of health service supply information include:

- **volumes of procedures, hospital separations, bed days and occasions of service**
- **volumes of same day and overnight admissions and average lengths of stay**
- **transfers and referral patterns for particular services.**

## Project future service demand (base case)

Depending on the type of planning activity, another element of profiling may involve projecting future service utilisation. SA Health utilises an endorsed projection methodology that is used for estimating future hospital inpatient and emergency services activity (including bed and treatment spaces)

The tool projects activity based on historical trends (utilisation, referral patterns) and projected population growth across SA. The Department of Infrastructure and Transport (DIT) medium series population projections are input into the tool.

## IDENTIFY THE HEALTH SERVICE NEEDS

This component of the health service planning process builds on the findings from the previous two components. **Health service need** refers to the gap between what services are currently provided to a given population, and what will be required in the future to improve the health status of a community. Health service needs are identified by analysing the information collected from earlier stages of the planning process.

Health service need is difficult to determine. No single indicator of need can be considered a definitive measure; however, single issues or themes emerging across multiple indicators will support a higher level of confidence in validity.

An assessment of need may require reviewing information from a range of data sources, both qualitative and quantitative. This will assist in identifying patterns of converging evidence – where similar issues/needs are supported by multiple indicators or sources.

In this process, it is important to consider what evidence there is to substantiate unmet needs of the population. For example, expressed need may be influenced by several factors such as health literacy levels and local resource constraints. Substantiation of need can be difficult, and opinions may vary. Consultation with stakeholders is a critical method used in this planning component and good stakeholder management is critical to achieving success.

Once needs are identified, it can be useful to group similar service needs that may require similar service responses. This can assist in providing some structure for the prioritisation process that follows the planning component.

**Analysis of health service need requires the current service supply to be identified as well as to highlight the service gaps that may exist. This considers infrastructure requirements and should consider funding parameters such as the impact on the commissioning of services. Health service needs can be grouped into various categories or themes such as those associated with:**

- **population growth (e.g., emerging communities or groups within the community)**
- **particular clinical health issues (e.g., chronic disease, communicable disease)**
- **service organisation and relationship (e.g., service networks and partnerships).**

## PRIORITISE THE HEALTH SERVICE NEEDS/PLANNING STRATEGY

The purpose of this component is to guide the development of future health service solutions. The delivery of health services occurs within a resource constrained system so, service needs/plans, and their solutions require prioritisation. Prioritising service needs and plans relies on analysis of resource and information collected during previous components to determine the nature and extent of the specific needs.

### Determine the criteria for prioritisation

Prioritising health service needs/planning strategy requires the development of criteria against which the identified needs will be assessed. Involving key stakeholders in the selection of criteria should ensure the process is clear, transparent and has local relevance. The table below is provided as an example of possible need prioritisation criteria.

### Examples of health service need prioritisation criteria:

Element	Questions
<b>Validation of need</b>	Has the need been identified using more than one method (e.g., consultation, community profile, literature review, data analysis)
<b>Magnitude of need</b>	How widespread is/what is the extent of the need? Is it associated with the greatest historical growth?
<b>Risk of unmet need</b>	What are the potential consequences if the need is not addressed? For example, will existing health inequalities/inequities persist or exacerbate over time if not addressed?
<b>Planning principles</b>	Does the potential solution for this need align with the health service planning principles detailed in the SA Health Planning Framework?
<b>Government direction</b>	Does the potential solution for this need align with government strategic directions, targets, election promises other commitments or formal obligations?
<b>Corporate consistency</b>	Does the potential solution for this need align with the identified organisational strategic directions or targets?
<b>Urgency</b>	Does the potential solution for this need have to be put in place immediately, or are longer term solutions possible?
<b>Feasibility</b>	Can the potential solution for this need to be implemented within available resources? Can it be implemented within the particular geographical, political, social and financial conditions?
<b>Sensitivity</b>	Is the potential solution for this need likely to be accepted by stakeholders? If not, why not?
<b>Innovation</b>	Can the potential solution for this need be implemented via a new service delivery model?

## IDENTIFY THE HEALTH SERVICE DIRECTIONS

The purpose of this component is to form an agreed to strategic approach to the future in order to address health needs. Activities focus on developing future service directions from the prioritised health service needs. Identifying service directions will guide the development of service options (the following component in the process).

Service directions should clearly and succinctly describe the directions for the organisation to take to address the issues/needs that the planning is seeking to address. The benefit of having clearly defined service directions is that it assists stakeholders to be clear about the intent for the future (i.e., a common focus on what needs to be achieved). It will also support the development of service strategies that are targeted to meeting prioritised needs.

The prioritised health service needs (identified previously) will provide the platform for determining the service directions. This process will be simplified if the needs have been grouped into emerging themes. Using the prioritised health service/planning needs as a foundation for developing service directions should facilitate a meaningful direction that accomplishes the ultimate aim of planning: ***to improve the health status of a population by aligning service delivery arrangements with changing patterns of need.***

### Well written service directions should provide:

- a vision for the future
- a clear picture of intent
- realistic aspirations
- explicit and transparent goals
- an achievement horizon
- alignment with government, DHW and LHN strategies and objectives
- clear outcomes including PROMs and PREMs.

## Measure the success of planning

An important element of this component is developing criteria for evaluating the recommendations from the planning activity. Measures of success are used to determine achievement of the planning recommendations in the implementation and review phase. These should be identified before developing the service options (the next component of planning).

Measures of success should be quantifiable, evidenced by the delivery of a specific outcome and related to higher level strategic directions. It may be useful to develop criteria against the established planning principles (see SA Health Planning Framework).

The chosen criteria should also be developed based on the SMART principles (Specific, Measurable, Achievable, Realistic and Time-limited). They should also align with the SA Health planning and commissioning requirements and performance management frameworks.

## DEVELOP & ANALYSE SERVICE OPTIONS

This is the point at which a range of potential service solutions are developed. All work in this component should be directly informed by the prioritised needs, identified service directions and criteria developed in the previous components.

Service options describe the most appropriate service arrangements and configurations proposed to address future health service needs sustainably. This may include system redesign or changes to current models of care. Service enabler requirements must also be considered within this component.

The development and analysis of service options has a dual purpose:

- to provide clear identification of the implications, benefits, limitations and risks of each possible service option (including service enabler requirements)
- to provide decision makers with evidence to make an informed decision on the option to progress to implementation.

The scale of this component will be determined by the size and scope of the planning activity. In many cases, there will be a range of possibilities to consider. In some, there may be only one viable option for service delivery, in this instance, this planning component can be shortened. For example, this may occur when planning for services in a remote community, with limited providers, workforce and constraints on service viability, or a planning activity with a narrowly defined scope.

Where a range of possibilities can be considered, an analysis of at least three service options should be developed, including in each an analysis of associated risks. One of the three options should represent a no service change scenario (or status quo scenario). Service options should be based on feasibility and effectiveness to avoid wasting time, rather than resources and effort on unlikely achievable options.

**In developing service options, the following should be considered:**

- **ability of the option to provide a solution to the health service needs**
- **sustainability of the option in the long term**
- **extent to which the option can be implemented within existing resources**
- **need for additional resources for the option and where the resources could be sourced**
- **need for approvals from government for the option (e.g., proposal to divest services)**
- **impact of proposed changes in the option on service enablers**
- **implementation challenges and risks for the option.**

In this component, the interrelationships between proposed service changes (including how each service change and all changes combined will meet identified needs) should be articulated. An indication of the future resource implications of service changes will also be required at this point in order to determine the preferred service option.

Key stakeholders should select a preferred service option before the planning activity proceeds to the next component.

## DEVELOP OBJECTIVES AND STRATEGIES

This is the point at which the steps to achieving the preferred service option are fully developed. The purpose of developing service objectives and strategies is to provide the basis for operationalising the desired outcomes for services.

Effective health service planning requires strategies and objectives to be developed using the prioritised health service needs, the service directions and the preferred service option.

**Objectives** are statements of achievement or, specific statements about what services and the service system need to work towards to realise the future state as identified in the service directions.

Objectives should narrow the focus of the service directions and describe the desired future service changes. It may be appropriate to develop a suite of objectives that dissect the service directions into a series of achievement statements. Therefore, there may be several objectives associated with one service direction.

**Strategies** are statements of action or how services may work toward meeting the statements of achievement set out in the objectives. Strategies need to provide sufficient information for all stakeholders to implement them successfully.

The selection of strategies should be carefully considered to ensure they contribute to achieving the related objective, and for how feasible they are within current and future resource constraints.

Assigning each objective a time frame for successful achievement can be helpful. It can also be helpful to assign each strategy a time frame and confirm the person/office responsible for strategy implementation.



**Well written service objectives should provide:**

- a clear statement of achievement
- a logical connection to at least one service direction.

**Well written service strategies should provide:**

- a clear statement of action – ‘how’ a service will be provided in the future
- a logical connection to at least one objective and one service direction
- sufficient detail for stakeholders to fully understand and implement the action.

**Understand the impact of service changes**

At this stage of the planning process, a much more comprehensive understanding of the nature of future service changes is required. This means being clear about what services are expected to be provided in the future, who is expected to access them and what activity is anticipated/ being planned.

Depending on the scale of the planning activity, it may be necessary to model possible future service scenarios in order to understand the implications of the proposed future changes. This can help guide final decisions regarding the objectives and strategies to implement.

**Identify the resource implications**

Consideration of resources is important throughout the entire planning process. As the planning phase concludes, resource implications of the selected strategies and the associated costs are required. Resource implications of planning activities may include:

- assets and Infrastructure: such as a new or re-developed building, equipment for the provision of clinical services and non-clinical infrastructure
- clinical Support Services: such as imaging, pathology and pharmacy
- funding and Commissioning Requirements: including levels of funding required and potential sources
- information and Communication Technology
- workforce: including clinical and non-clinical staff.

**Strategies for implementation will have two basic types of resource implications:**

- strategies that can be implemented within current resources (i.e., no additional resources are required to implement changes in service delivery) or via resource re-allocation
- strategies that will require additional resources.

The extent to which strategies can be implemented within existing resources should be assessed before determining the need for additional resources.

The possibility of using existing resources differently should be fully explored. This could include re-orienting existing services and or changes in service investment, where appropriate.

# IMPLEMENTATION, REVIEW AND EVALUATION PHASE

In this section the components that make up the implementation, review and evaluation phase are discussed in further detail.

These components are:

Component	Tasks involved
<b>Conclude the planning phase</b>	<ul style="list-style-type: none"> <li>Document and communicate the recommendations</li> <li>Transition to implementation and review phase</li> </ul>
<b>Conduct additional planning to support implementation</b>	<ul style="list-style-type: none"> <li>Conduct additional planning to support the full implementation of the recommendations</li> <li>Particular focus on detailed service enabler planning</li> </ul>
<b>Monitor, evaluate and review</b>	<ul style="list-style-type: none"> <li>Collect data to evaluate against service directions</li> <li>Review ongoing relevance of recommendations</li> </ul>

Each of these components builds on the previous one to ensure the planning is evidence based. The component, 'conduct additional planning to support implementation' is only necessary if the planning phase identified the need for significant additional resources (such as service enablers) to fully implement the planning recommendations.

The outcomes of this phase of the health service planning process are used to inform future planning activity.

This section describes the components that make up the implementation, evaluation and review phase of the planning and implementation cycle in further detail.

## CONCLUDE THE PLANNING PHASES

### Document and communicate the planning recommendations

The planning cycle concludes with key stakeholders and a governing authority formally endorsing the final planning recommendations. These recommendations require clear documentation to support those accountable for leading and driving service changes.

Health service planning documents may include organisational accountabilities and time frames for meeting objectives and delivering strategies. Documents may also describe how implementation of the recommendations will be progressed, monitored, evaluated and reviewed.

Planners should consider the best format for presenting planning recommendations to stakeholders. The key is to ensure the planning recommendations (including service directions, objectives and strategies) are clearly documented and communicated.

#### A final planning product that is well-designed will:

- **communicate clear service directions to stakeholders**
- **provide feasible, cost-effective solutions to meet the identified need**
- **clearly articulate objectives and strategies to guide service provision**
- **prioritise strategies that best accommodate the changing health needs of the population**
- **guide changes in service delivery models in line with existing and emerging best practice**
- **articulate links between services and service providers to coordinate care, identify partnerships and collaborative approaches between service providers.**

### Transition to the implementation and review phase

At the point of transition from planning to implementation, a transfer of the responsibility for planning occurs. This usually involves a transfer from the planner/s to the custodian. The custodian is the individual or office accountable for implementing and reviewing the planning recommendations. Ideally, the custodian will be a stakeholder with close links to the planning phase. The first steps for the custodian to progress are to:

- widely communicate the outcomes of the planning activity (i.e., share with all stakeholders the planning recommendations and next steps in the process). This should include considering:
  - the use of various ‘media’ to support effective communication of the planning recommendations. For example, a written plan or report could be developed with visual presentations, posters or charts to maximise the reach and effectiveness of the key messages from planning
  - the need for detailed implementation planning to operationalise and monitor implementation of the recommendations (note the same outcome could be achieved through completing operational or business planning)
  - the need for any other additional planning (e.g., service enabler planning that may be required to fully support the implementation of the planning recommendations (this consideration is presented in the next section).

## CONDUCT ADDITIONAL PLANNING TO SUPPORT IMPLEMENTATION

Suppose the planning phase identified substantial resource (i.e. service enablers) implications to fully implement the planning recommendations. In that case, steps should be taken to conduct planning for each resource before proceeding to full implementation. If the planning phase identified no significant additional resource implications, then this planning component can be bypassed.

Planning in this context should extend the resources already identified during the planning phase and consider specific planning activities for the service enablers.

### Specific service enabler planning activities to consider include:

- **assets and Infrastructure – including capital infrastructure and non-capital assets**
- **clinical support services – including imaging, pathology, pharmacy and central sterilising**
- **funding and commissioning Impact– including funding for new or expanded services**
- **information and communication technology – including technology to facilitate communication between service providers and service users (e.g., Telehealth)**
- **workforce – including clinical and non-clinical staff.**

The outcomes of service enabler planning will determine the extent of the resources required and the options for sourcing these. For example, if the costs associated with obtaining the resources are substantial, then the custodian may need to consider the ways and means of procuring the resources. They may include funding submissions, contract negotiations with the DHW or re-orienting existing resources to align with planning.

Health service planning plays a key role in informing the service delivery purchasing intentions of DHW. For state-wide planning, the existing service agreement between the DHW and each LHN supports alignment of LHN services with state-wide service directions. For LHN planning, examining how planning recommendations affect service delivery will establish the platform for negotiating purchasing and commissioning of services in line with planning.

One of the greatest challenges in any planning activity involves reducing or re-align funding for existing services to enable the implementation of new and improved services. This may be another viable option to resource planning recommendations, especially if the implementation costs are estimated to be modest. An example of this is where recommendations lead to more efficient delivery of already existing services, thus freeing up resources to invest in new service delivery initiatives.

Prior to proceeding to full implementation, the availability of the required resources should be confirmed.

## MONITOR, EVALUATE AND REVIEW

Monitoring, evaluating and reviewing completes the planning and implementation cycle. These processes enable changes in direction during the implementation of planning recommendations and provide information on which future planning may be based.

### Monitor

Monitoring the implementation of planning recommendations may range from simple documentation of strategies implemented, to collecting and analysing detailed data sets before, during and after implementation.

It usually involves collecting both qualitative and quantitative information to provide a record of what was done and the measuring success of planning (see section: Identifying the health service directions). The amount and type of information to be collected depends on the scale of planning and should be identified when measures of success are being established.

### Evaluate

Evaluation involves comparing and interpreting the information collected on implementing planning recommendations. It converts the data collected through monitoring into meaningful information to inform future implementation and planning.

Evaluation processes are ideally developed in the planning phase so that information is collected before (and continued throughout) the implementation and review phase. Any evaluation should include the two sub-types: **process** (measuring the implementation process through indicators such as reach, satisfaction and quality) and **impact** (measuring the immediate effect of implementation on services).

### Review

The success of implementation should be reviewed at regular intervals to ensure the critical elements from planning (service direction, objectives and strategies):

- remain relevant
- continue to provide for the identified needs
- achieve the desired effect

If this is not the case, further analysis and review of the planning recommendations will be required.

#### Benefits of regular monitoring, evaluating and reviewing of planning

**Planning recommendations are the result of analyses at a point in time. It is sometimes necessary to adjust recommendations to reflect changes in assumptions or the environment as a result of changes over time. Strategies for implementation should be flexible enough to respond to changing circumstances.**

In addition to the phases of planning monitoring and review, several processes should be considered throughout a planning activity to make it successful. The following section details these processes further.

## Governance and leadership

All health service planning activity should have a well-defined and documented governance structure commensurate with the scale and complexity of the activity. Where a planning activity is likely to involve a high level of government commitment to expenditure, appropriate authority and probity must be exercised in the interest of public sector accountability.

Good governance and leadership are essential to successful health service planning. It is the building block that the other processes in this section are reliant on. Therefore, achieving clarity in the governance arrangements for a planning activity is a critical task.

This clarity is required in the roles, responsibilities, decision making and reporting relationships of all parties. This should include clarification of the project sponsor and owner including a steering committee/project board, as well as custodian roles and any reference or advisory groups established.

Some circumstances may lead to the use of external consultants to deliver a health service planning activity (e.g., if the necessary skills and expertise are not available to the organisation requiring the work).

In this case, governance arrangements should consider a range of factors pertaining to contract management for an external party.

### Principles for sound project governance in planning include:

- **accountability – being answerable for decisions and having meaningful mechanisms in place to ensure the project adheres to all applicable standards, including implementation**
- **transparency/openness – having clear roles and responsibilities and clear procedures for making decisions and exercising authority**
- **integrity – acting impartially, ethically and in the interests of the department, and not, misusing information acquired through a position of trust**
- **stewardship – using every opportunity to enhance the value of the public sector assets and resources that have been entrusted to care.**
- **efficiency – ensuring the best use of resources to further the aims of the organisation, with a commitment to evidence-based strategies for improvement and sustainability**
- **leadership – achieving commitment to good governance through leadership.**

## Project management

Health service planning can be resource intensive and the process should be carefully considered. A fully developed health service plan may take a substantial period of time to complete. It involves collaboration with stakeholders; knowledge and expertise across the service delivery context; and written analytical, project and change management expertise.

Project management for health service planning involves effectively organising, monitoring and controlling all aspects of the process. Sound project management methodologies should be used, and the selected approach should reflect activity size and scope.

Ultimately the quality of the planning recommendations will be a reflection of how the work was managed. The success of the implementation and review phase will also be a reflection of this.

A project management process should begin with clear project governance coupled with carefully considered project planning. These, together with good communication and consultation, will provide a strong base for planning success.

# PROCESSES ACROSS THE CYCLE

**Project planning should occur early in the process and identify the following elements:**

- **purpose, benefits and expected outcomes**
- **scope (inclusions and exclusions)**
- **assumptions and constraints**
- **governance arrangements**
- **stakeholder engagement**
- **schedule (including critical milestones)**
- **risk analysis and management**
- **information management and reporting requirements**
- **resources required**
- **performance measures and evaluation.**

## Communication, Consultation and Engagement

Effective communication, consultation and engagement throughout a planning activity is critical to producing planning recommendations that are comprehensive, well informed and capable of implementation.

A successful planning activity is most likely to be achieved if key decision makers and those responsible for implementing planning recommendations are actively engaged through the process and positioned to take ownership in the implementation and review phase.

Communication, consultation and engagement are integral to every health service planning component. It refers to a range of processes that seek the input of stakeholders on major decisions relating to planning issues, needs and priorities; and keep stakeholders informed of the progress and outcome of planning.

Stakeholders include those groups, people or institutions likely to be affected by planning outcomes. They may include those in governance roles, service providers (public sector, private sector and other services), service users, governments, non-government agencies and communities.

When engaging stakeholders in planning, consultation is designed to enable a genuine exchange of information. It is not necessarily designed to bring agreement or consensus. It is focused on drawing together the most accurate current information, on a particular topic or aspect of planning, to inform decisions on future service delivery.

Consultation and engagement presents opportunities to engage stakeholders at every point in the planning cycle. The specific purpose of consultation will vary depending on the phase of planning and the purpose of that phase.

For this reason, it is essential that planning for communication, consultation and engagement occurs alongside project planning. This will determine when consultation should occur, its reasons, and its expected benefits. Planning for effective stakeholder consultation can begin by considering the following questions in the table below:

Question	What to consider
<b>Purpose of consultation</b>	<p>The purpose of the consultation will serve in the planning activity and how it will inform the planning outcomes.</p> <p>The benefits to the planning activity and/or the planning outcomes that could be realised through consultation.</p>
<b>When to consult</b>	<p>There are several points where consultation could be used to inform planning. Consideration should be given to which components of the planning cycle require stakeholder input.</p> <p>Planners should consider the information required for each component in the cycle and whether consultation is the best method for capturing or obtaining it.</p>
<b>Who to consult</b>	<p>The purpose of consultation will determine this.</p> <p>Consideration of relevant stakeholders to engage with (who) at each stage (when) will be required to maximise the effectiveness of the consultation activities.</p>
<b>How to consult</b>	<p>Consultation processes are varied and may include public meetings, focus groups, one-on-one meetings and surveys.</p> <p>Robust consultation processes ensure the 'how' of consultation is made as accessible as possible to all interested stakeholders.</p>

# CONCLUSION

## **There are several benefits to undertaking consultation as part of planning:**

- **it assists in producing planning recommendations that are comprehensive, well informed, evidence based and innovative**
- **it can add new information, confirm the accuracy of existing information, assist in interpreting information and inform decisions around services and priorities**
- **it can broaden the perspective of planners and present them with new ideas or options that would not be available through quantitative data analysis alone**
- **it facilitates engagement of consumers who can bring a unique perspective to the development of services through their experiences with the health system**
- **it facilitates communication with all stakeholders and provides opportunity to build trust, confidence and a clear understanding of the issues and priorities**
- **it can increase stakeholder satisfaction with – and eventual uptake of – the planning recommendations.**

## **Service enablers and functions**

Key enablers should be considered in the planning process and are critical in supporting the strategic direction to enable optimal service delivery. Service enablers that should be considered include:

- access to data and information enables effective strategic planning
- digital capability - Information and Communication Technology can contribute to service integration, improving equitable and affordable access to services
- robust and contemporary infrastructure which contributes to value based healthcare improving outcomes for patients and staff
- clinical support services will be impacted by service planning and are critical in planning and supporting changes in service delivery
- funding and performance focussed on value based commissioning and an effective SA Health Performance Framework
- workforce is a critical enabler for achieving health service planning objectives and improving service delivery outcomes.

To respond to the evolving and changing nature of managing health service demand, health services are required to focus on robust and continuous planning to develop and improve health services. This is a strategic, innovative, evidence-informed process requiring collaboration across the health care system.

To support the planning process, the System Design and Planning Branch, DHW, has developed the SA Health Guide to Planning as a supporting document to compliment the SA Health Planning Framework, 2021.

The Guide to planning provides further information on the process and relationship between planning, commissioning and strategic asset management, including the roles and responsibilities of each. It highlights:

- why we plan
- incorporating the determinants of health
- the planning environment
  - The core components of the SA Planning approach
  - Factors that should be considered when undertaking planning
  - The connection between planning, commissioning and infrastructure planning
- overall, it offers a consistent, formalised and standardised approach.

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For more information

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