SA Health – Health and Wellbeing Strategy 2019-2024

System Wide Workshop
“Tomorrow’s healthcare – creating value where it’s needed the most”

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Purpose

A Statewide system-level strategy, to guide:

• Clinical service and system improvements, innovations and developments undertaken by the system
• Strategic planning to inform future infrastructure and equipment requirements for the SA Health system
• Strategic planning regarding future workforce requirements
• Budget discussions with Government and DTF
The Health and Wellbeing Strategy 2019-2024

Population health need demand and supply assessment
Service data informing decisions about our current priorities
Input from strengths-based consultation

What will healthcare in SA look like in 10 – 15 years?

Priorities identified through consultation → Key Themes

Population health need, demand and supply assessment
Strength based consultation
Futuristic areas of Health
Value Proposition (inc. planning principles)
Co-design Workshops
Targeted
Tailored
Timely
Trusted
Together

Draft Strategy and Consultation
Vision 2030

Aligning our immediate priorities to the future vision of healthcare
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>November 2017</td>
<td>Population health need, demand and supply analysis + Strengths based consultation and theming</td>
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<tr>
<td>April 2018</td>
<td>Investigate future state for health</td>
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<tr>
<td>September/October 2018</td>
<td>Clinician and consumer workshops re future vision</td>
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<td>Develop and document emerging themes into a draft Health Strategy</td>
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<td>Seek wider feedback from the SA Community</td>
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<td>December 2018</td>
<td>Health Strategy 2019-2023</td>
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Data and evidence
Sources

Health Needs and Priorities in South Australia  May 2018
(SAHMRI and TACSI for Fay Fuller Foundation)

- Literature, research and data review
- Health Omnibus Survey
- Structured Interviews

SA Health data sources
- Demand analysis
- Supply analysis
- Public health data
Health Needs and Priorities in South Australia May 2018

Literature, research and data review findings include:

- SA defining features that influence health needs & priorities
- Identified particular health needs requiring prioritisation for;
  
Adults, adult men, adult women, children and young people, older people, Aboriginal people, People from CALD backgrounds, LGBTIQ community, people living in rural and remote communities, and people leaving the justice system
Key issues and priorities for population groups

- Adult men - suicide, skin cancer, liver disease, lung cancer and blood cancers. Older men have highest smoking rate, men in lower ses groups higher levels of risky alcohol consumption, obesity
- Adult women - breast cancer, dementia, hypertensive disease, cardiac arrhythmia, stroke and heart failure, perinatal mental health, maternal health programs in rural areas
- Children and young people – rate of child death decreasing 11% on average per year. Three leading causes of child death: injuries, cancer, diseases of nervous system.

Children living in most socially disadvantaged areas have higher death rates which were not declining in the same way as others. SA recorded above average proportions of children ‘developmentally vulnerable’ (close to 25% vulnerable in one or more domain)
Key issues and priorities for population groups

- Older people – socioeconomic gradient associated with prevalence of self reported chronic conditions, diabetes, respiratory conditions, behavioural and mental health issues, and cancer rates peak at 80+ years. By 2020 substantial increases in dementia-multiplied added burden as known to have multiple co-morbidities, 5% of population 25% of overnight occupied bed days.

- Aboriginal people – cardiovascular disease most frequent cause of death. Heart disease and stroke experienced at much younger age (peaking between 45-59, compared to 85 for non Aboriginal) lifetime risk of alcohol consumption lower among both men and women than non Aboriginal.

- CALD community – mental health issues and trauma are priorities. Resilience is lower in adolescent refugee population, associated with depression and emotional and behavioural problems
Key issues and priorities for population groups

• LGBTIQ community – issues relating to violence, discrimination and homelessness. Health conditions include: specific cancers, STIs, issues relating to hormone therapy and surgical interventions in transgender people.

• People living in rural and remote areas - have worse health and at greater risk of poor health than metro counterparts. Poorer health outcomes relating to chronic disease and associated risk factors than general population. Higher incidence of smoking, high risk alcohol user, overweight or obesity, physical inactivity. Mental health proportionally greater burden and help seeking behaviours are reduced.

• People leaving justice system – at risk of poorer physical and mental health than general population. No specific SA data published.
Health Omnibus Survey analysis

- 35% of people rated physical health as biggest issue, 11% cited mental health
- 25% said health limited participation in work and moderate activities
- 17% said depression or anxiety meant they accomplished less than they would have liked
- 1 in 5 rated issues related to ageing as one of the biggest health or wellbeing concerns for SA.

- Strong agreement between literature and survey results in 6 areas – Prevention, Mental health, Ageing and dementia, Obesity, health service access and physical health.

- Variances between literature and survey responses in 3 areas – needs of children and maternal health not highlighted in survey responses, drug and alcohol issues raised by only a few in survey responses, people living in R&R areas rated their health higher than the literature suggested.
Semi structured interview responses

Themes

- Wellbeing and wellness are integral to health
- Mental health is a growing concern in the health system
- Racism and low levels of cultural competency remains an issue in the health system
- Evaluation of the health system remains focused on activity rather than outcomes
- Funding distribution needs better integration
- Community managed health is essential but often undervalued
- Finding and accessing appropriate support remains difficult
Need

Population and Demographics

- Low population growth, but 25% increase in 65+ years by 2022.
- Highest growth expected in NALHN catchment (1.1%) and peri-urban (1.5%)
- Proportion of Aboriginal and Torres Strait Islander people has reduced from 2.3% (2011) to 2.0% (2016)

Quality of Life and Mortality rates

- SA has second lowest self-assessed health status.
- Mortality rate is equal to national average but perinatal mortality is significantly lower than national

Risk Factors and Chronic Disease

- Above average rates for most risk factors, except smoking rates.
- High rates of chronic disease, particularly diabetes, arthritis and cancer.
Demand

Patterns and trends in use of health services

- Inpatient growth of 1.6% per year since 2012/13 (Overnight 0.7%, Sameday 2.2%).
- Highest growth from CHSALHN catchment (esp SD).
- ED growth of 2.1% per year since 2013/14

Factors that influence / drive demand

- Private health coverage has increased year on year, but now declining.
- Income and remoteness a barrier for internet access
- Low SE groups have higher rates of hospitalisation

Insights into future demand

- Overnight activity growth will be highest in metro catchments, but Peri-urban has highest % growth.
- 80% of growth attributed to adult medical and surgical (Gen Med, Respiratory, Gen Surgery)
Supply

The way we deliver care

- Relatively high rate of HACs and unplanned readmissions

Physical Capacity & Activity Projections

- Supply of inpatient beds forecast to increase by an average of 2.0% per year
- Highest % growth at NALHN and Peri-urban sites

Workforce

- SA has a relatively high number of medical practitioners and nurses per population, but a low number of Allied Health, Diagnostic and Admin FTE.

Costs

- SA’s Average cost per NWAU is higher than national average.
- Overspend per encounter in critical care and operating rooms
Gaps between need, demand and supply

Relative Utilisation
> South Australia has a relative utilisation rate similar to the national average
> The highest utilisation of public hospitals is in the NALHN and CHSALHN catchment

Self-Sufficiency
> NALHN has the lowest self-sufficiency for both ED and inpatient activity

ED patients seen on time
> The number of ED patients seen on time is declining at a rate of 5% per annum

Elective Surgery
> Elective surgery numbers are reducing at 2.2% per annum
> The number of people seen within the recommended clinical time has deteriorated since 2013-14.
Strength Based Consultation
Strength Based Consultation

• Strength-based consultation with LHNs and DHW staff resulted in the collection of 152 statements and comments.

• These statements and comments have been collated into four key themes that will form part of the Health Strategy.
Strength Based Consultation Themes

1. Improve the health of the South Australian population by implementing health prevention, health literacy and disease prevention programs.

2. Rebalance the health system by expanding and enhancing community-based programs to assist people to stay healthier longer and provide appropriate alternatives to hospital based care.

3. Improve tertiary-based services by including comprehensive population-based planning to develop end-to-end Models of Care.

4. Employ innovative practice that links prior learning, research and partnerships to improve patient outcomes and population health.
System Planning Principles
System 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 and inform the design and provision of health and well-being 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
Futuristic Areas of Health
Futuristic Health

- Wearables
- 3-D printing
- Digital Health Platforms
- Virtual Healthcare
- Robotics
- Stem cell Therapy
- Artificial Intelligence
- T-Cell therapy
- Genomics
Wearables - VitalPatch®

• Usability
  – Cleared for home and hospital use (USA)
  – Single use and wearable for 5 days (120 hours)
  – Live, stored and continuous data

• Form Factor
  – Wireless and wearable
  – Smallest and lightest biosensor available
  – Water resistant
  – Multiple placement positions possible for patient comfort

• Data Breadth and Quality
  – 8 measurements in one device, including ECG
  – Fall detection for ambulatory patients, improving safety
  – Minimised motion artefacts, reducing signal to noise ratio
  – Raw data from sensors available
  – Microprocessor optimised for vital sign monitoring

https://vitalconnect.com/
Timeframes
Draft Strategy Consultation

Themes from data analysis and evidence

Consolidation of themes to Draft Strategy

Incorporation of feedback

Themes from strength based consultation

Launch Health Strategy 2019 - 2023

Themes from Co-design Workshops