

South East Regional Health Service Inc

Business Plan

2003-2004

SOUTH EAST REGIONAL HEALTH SERVICE

The South East Regional Health Service Inc (Regional Board) is the body responsible for planning and funding the provision of State funded health services in the South East Region of South Australia. The Regional body is the administrative responsibility of the Regional General Manager.

South East Regional Health Service Inc (SERHS) provides a diverse range of services and develops strategies that are directed towards achieving *"better health for everybody"* and better health care outcomes in the South East.

The Generational Health Review (GHR) has outlined the way forward for SERHS in the next 20 years. This Business Plan covers the way forward for the next 12 months, (2003 – 2004) with a focus on the critical key themes that were outlined in the GHR as being instrumental in the health reform agenda. These themes underpin this Plan:

- Primary Health Care
- Health Service Governance
- Clinical Services Planning
- Community Participation and Consultation
- Workforce Planning
- Business and Financial systems
- Health Inequalities

This plan is built on the understanding that clarity and transparency will encourage our team effort and will support increased outcomes and capacity for the South East. The Strategic intent of this plan will be underpinned by these important guiding principles:

1. Partnership
2. Respect
3. Commitment
4. Integration
5. Coordination
6. Equity

The following six priority areas for reform highlight the emphasis that will be given to:

1. Clinical Services Reform
2. Aboriginal Health
3. Senior Care
4. Mental Health
5. Children and Youth
6. Men's Health

Clinical Services Reform

The GHR 2003, Brennan Report 2000, Neilson Report 2001 and the South East Community Participation review recommendations and SERHS reports and feedback have influenced clinical services reform over a period of time. There is a need to clearly define delineation roles for each health unit and a clear base for clinical services at individual sites before current and future planning can move forward.

Aboriginal Health

There have been many significant changes in the delivery of Aboriginal health care in the South East over the past four years. However, more work is still required.

The lack of public transport, substance abuse, family violence, diabetes, asthma, cardiac, mental health problems and the reluctance of the older community members to use mainstream health services were identified as the major health issues for Aboriginal people in 1995 and in 2003 still remain health issues. Greater support is required for children and adolescents caught up in family violence and drug abuse. More locally specific Aboriginal services are required to overcome these problems.

Aboriginal People consider the current processes of the health system and the structure of the health bureaucracy do not fit with how Aboriginal communities work. Access to the service is limited for Aboriginal people who live outside of Mount Gambier. Health services and programs need to be provided by people who have received training in Aboriginal culture and preferences for service delivery and this should be applied in both clinical and community settings.

Seniors Care

While SERHS has been committed to the delivery of aged care services since the inception of the service; there is still a long way to go; particularly with the projection in the ageing population in the South East.

There is still a long waiting list for nursing home and hostel beds in the South East. People may have to travel outside their home town to access a bed and may possibly be re-located to an area within a 160-KM radius from home. This can be distressing for the patient and families. Not all people return to their own town, due to their decrease or their wish to remain where they are.

There are groups of older NESB (non English speaking background) people living in the small timber towns and this may need to be recognised in planning for services.

Dementia Services have increased for the aged and other people, but still not enough to cover need.

Respite Care is an important support service for carers and includes community based day care; in-home services and short-term care in residential aged care facilities. There are limited services and waiting lists in the South East for respite care for adults and disabled children. More education is required to encourage the carers to use respite services.

Increasing aged populations in the South East necessitate a sharper focus on issues such as social inclusion, Alzheimers, Osteoporosis, carer support and the availability of mental health support for older people.

Mental Health Services

Mental health is still a key issue in the South East. Access to locally based services for clients and carers is still urgently needed, as is better 'discharge planning' from both Regional and Metropolitan hospitals. Services provided locally will include mental health promotion, prevention and early intervention, community assessment and treatment services.

Children and Youth

While there has been recognition of the importance of early life as a stage of development there is now unequivocal evidence that 'early life' health is the basis of health in adult life.

There are limited dedicated services for children outside Mount Gambier eg Occupational Therapy service, Paediatrician, respite care and home help. Children and their parents usually have to travel to Mount Gambier for services. There is limited public transport to get children into health services and this is a big problem for women living in the Upper South East.

There is a lack of counselling services, foster care, affordable childcare and family violence programs. There is nowhere for South East mothers to stay overnight or days to seek long term advice and assistance on caring for a new born child except for 'Torrens House' in Adelaide.

Early intervention has great potential to influence the health outcomes of populations. Delays in identification of problems can adversely affect the severity of the problem and exacerbate the costs associated with latter treatment.

Young people living outside of Mount Gambier reported a lack of youth services, apart from sporting activities. They suggested that this has led to increased emphasis on the use of recreational drugs and alcohol, and other risky behaviour.

Homelessness also appears to be a major issue in the 12-16 age group, mainly in Millicent and Mount Gambier.

Young people expressed a preference for information and assistance around sexual health to be provided by a Family Planning Clinic, rather than a community health centre and at school.

Early intervention is considered a priority for children and youth in the South East.

Men's Health

In 2003, the SERHS' Health Planning Committee rated Men's Health as a high priority in the South East Region. A Men's Health program is still to be developed and more resources are needed (eg male Aboriginal health workers and research around men's needs, issues and priorities).

This Business Plan addresses:

- The way forward for the South East in the next 12 months.
- Funding, governance and planning systems that integrate incentives to achieve affordability within the context of health outcomes.
- A reorientation of funding models and clinical planning to prioritise service delivery for maximum clinical outcomes.
- Sustainable links and partnerships with DHS Country Health, SE Local health units, service providers.
- Attracting and maintaining, and/or providing adequate access to clinical services
- Attempting to address inequalities in the health care in the South East.

Priority areas for the South East health will focus on:

- Early Intervention, Health promotion, prevention and primary health care
- Promoting community participation
- Ensuring patient safety and quality

This will be supported and informed by:

Workforce Planning

South East region is faced with an ageing workforce and shortage in specific areas such as Physiotherapy and Midwifery nurses. This plan provides direction for workforce planning that focuses on identified skills, abilities, gap analysis, supply and demand and recruitment and retention strategies. This will allow SERHS to have evidence-based approach to workforce planning and recruitment and retention strategies now and in the future.

Business and Financial systems

There will be a change in DHS funding system from historical funding to Population based model of funding. Population based funding is based on demographic information such as socio-economic disadvantage, remoteness, Aboriginality etc to allocate funds.

The outcome of population based funding will have an impact on the way SERHS will do business after 2005.

Capital and Information Systems

Over the past two years SERHS has recognised the need to have a clinical services plan in place to assist in the planning of services now and in the future.

The clinical services plan will also drive capital infrastructure investment. This will mean that minor works, Compliance, Sustainment, Major Capital and Biomedical investment will be informed by the Clinical Services Plan.

Information and Technology will have a major role to play in delivering services in the South East. Videoconferencing (Telehealth) will be an important working tool for the smaller units outside Mount Gambier. It can be used for client care, staff education and administrative activities and reduce the time spent on travelling. It is essential that SERHS has a WEB Site to assist in recruitment of staff and informing the staff and consumers about services and activities.

This Business Plan has been informed by the following:

1. SE Clinical Services Plan 2003
2. SERHS Way Forward Planning Forum 2003
3. Department of Human Services Strategic Directions 2003 – 2006
4. DHS Draft Business Plan 2003 - 2005
5. Generational Health Review and First Steps Forward DHS 2003
6. South Australian Country Mental health Commitment 2001 – 2005
7. Action Plan for Mental health Services 2002 – 2005
8. Neilson Report 2001
9. Health Promotion and Prevention framework Country Primary Health Care Forum 2001
10. Brennan Report 2000
11. SE Community Participation Review 2000
12. DHS Statement of Reconciliation
13. Aboriginal Services Division Journeys Paper
14. Recruitment and Retention Strategic Directions Plan 2002 – 2005
15. Funding and Service Agreements
16. Healthy Horizons A Framework for improving the health of Rural, Regional and Remote Australians 2003-2006.
17. Iga Warta Principles
18. Moving Ahead A Strategic Plan for Older People in South Australia June 1999.

Action Areas

- Developing a Regional Service
- Primary Health Care Focus
- Adopt a whole of life approach to health
- Improved Governance
- Maintain a skilled and responsive health workforce
- Strengthen approaches to recruitment and retention
- Population based funding
- Focus on early intervention and preventative approach
- Incorporate local communities into decision making and planning processes
- Delineation of services and roles for health units

SERHS will engage in business according to the following principles:

Partnerships By:	Respect For:	Commitment to:
<ul style="list-style-type: none"> • Engagement and empowering consumers and communities • Local health units and individual participation • Improved communication across the region. • Coordination of activities 	<ul style="list-style-type: none"> • Process • Confidentiality • Diversity • Tolerance • Culture • Colleagues • Honesty • Knowledge 	<ul style="list-style-type: none"> • Regional service • Client Focus • Population Based Funding • Clinical Services Plan • Better health outcomes for South East • Accountability

<p>with other agencies both private and public.</p> <ul style="list-style-type: none"> • Developing a work culture of trust • Working in Multi-disciplinary teams • Shared support systems • Resources aligned with local planning • Identifying population needs 	<ul style="list-style-type: none"> • Experience • South East Culture • Unique Aboriginal history and ways of working 	<ul style="list-style-type: none"> • Initiative • Maintaining a sense of humour and perspective • Creative problem solving • Improved communication and info. technology • Sustainable programs • Planning for the longer term • Improved strategies • Common systems and adoption of common standards
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Abbreviations

ASD	Aboriginal Services Division
CEO/DON	Chief Executive Officer & Director of Nursing
DHS	Department Human Services
EO	Executive Officer
GHR	Generational Health Review
Health Units	South East Hospitals and South East Community Health Centre
MAG	South East Regional Health Service Management Advisory Group
RGM	Regional General Manager
SE	South East
SERCHS	South East Regional Community Health Service
SERHS	South East Regional health service