

## STRATEGIC INTENTION 1

### DEVELOP PRIMARY HEALTH CARE NETWORKS IN THE SOUTH EAST

#### 1.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
SERHS commence work towards strengthen and re-orient resources towards prevention, early intervention and primary health care	Health Planning Committee	June 2004	<ul style="list-style-type: none"> <li>A Regional Business Case and Implementation Plan in the South East for Primary Health Care has been developed and endorsed.</li> </ul>
SERHS will give Primary Health care a clear mandate backed up by sufficient authority for primary health care to lead reforms for better-integrated care across South East hospital and community services.	Regional General Manager	June 2004	<ul style="list-style-type: none"> <li>SERHS acknowledges the DHS Primary Health Care Policy and adapts the policy to suit the South East environment.</li> </ul>
SERHS Board recognises the importance of primary health care and make available resources for the SE Primary Health Care Network	Finance Committee	December 2003	<ul style="list-style-type: none"> <li>SE Primary Health Care Network is recognised as one of the peak groups in SERHS and resourced accordingly</li> </ul>
Re-develop Regional Strategic Plans and Health Units Memorandum of Understanding to accommodate Primary Health Care activities	Regional Planner	June 2004	<ul style="list-style-type: none"> <li>SE Memorandum of Understandings are signed by each health unit</li> </ul>
Capital Planning to be incorporated into SERHS planning processes and included in any initial funding for the establishment of Primary care networks.	ASSET Manager	June 2004	<ul style="list-style-type: none"> <li>Capital planning needs and processes have been developed and incorporated within budget setting strategies required for SE Primary Health Care network requirements</li> </ul>

## 1.2: Interaction with other key areas

<b>Initiative</b>	<b>Responsibility</b>	<b>Completed By</b>	<b>Performance Indicators</b>
SERHS to strengthen primary health care services.	SE Primary Health Care Network	June 2004	<ul style="list-style-type: none"> <li>SE Primary Health Care Network has been extended to include general practitioners, public health, outside agencies, local government and private providers</li> </ul>
To brief SE Local hospital Boards and staff and Community Health on the role of and expected outcomes of Primary Health Care.	Health Promotion and Community Development Officer	December 2003	<ul style="list-style-type: none"> <li>Briefs have been completed and outcomes documented</li> </ul>
All SE health units have Primary Health Care and Health Promotion and Prevention Plans in Place	MAG	June 2004	<ul style="list-style-type: none"> <li>Plans have been endorsed by SERHS</li> </ul>
Ensure integrated local community planning focuses on primary care, prevention and promotion	MAG	June 2004	<ul style="list-style-type: none"> <li>There is evidence of stronger links between acute care services and SERCHS</li> </ul>

## STRATEGIC INTENTION 2

### IMPROVE SOUTH EAST REGIONAL HEALTH SERVICE GOVERNANCE

#### 2.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
Sustain the current system while Generational Health Review reforms are developed and implemented	SERHS Board	Ongoing	<ul style="list-style-type: none"> <li>A SERHS Health Performance Monitoring Group is in place</li> </ul>
SERHS half yearly performance will be measured against DHS Health Service Agreement	SERHS Board	December 2003 June 2004	<ul style="list-style-type: none"> <li>Performance indicator in DHS Service Agreement have been met</li> </ul>
SERHS to work with local Boards towards achieving an integrated system in the South East.	SERHS Board	June 2004	<ul style="list-style-type: none"> <li>Consultations have been conducted</li> <li>Regional Clinical governance process is established</li> <li>Region wide Policies are in place and been actioned</li> <li>Regional deliverables, resources, milestones and timeframes are clearly defined</li> <li>Regional and local responsibilities are distinguished</li> <li>All SE provider health units endorse their SERHS Memorandum of Understanding annually.</li> <li>SERHS Board Members Annual reviews and Induction and ongoing education are conducted</li> </ul>

Develop and implement efficient and effective Regional business support services within the South East.	Regional General Manager	June 2004	<ul style="list-style-type: none"> <li>• Reviews have been completed and recommendations actioned for regional services in:               <ol style="list-style-type: none"> <li>1. Supply and Procurement</li> <li>2. Human Resource</li> <li>3. Information Technology</li> <li>4. Staff Development</li> <li>5. Claims and Risk Management</li> </ol> </li> </ul>
SERHS meet the essential requirements for Accreditation	Quality Improvement Coordinator	October 2003, and ongoing	<ul style="list-style-type: none"> <li>• Accreditation process was successful</li> <li>• Ongoing process</li> </ul>

## 2.2: Interaction with other stakeholders.

Initiative	Responsibility	Completed By	Performance Indicators
SERHS broaden the involvement of health practitioners, general practitioners, local government, public health and the community in health planning and policy decision making Clinical Services Plan	Health Planning Committee  Regional Board	June 2005  December 2003	<ul style="list-style-type: none"> <li>• Evidence of regular forum and planning groups throughout the Region</li> <li>• Clinicians, CEO/DON and other Regional representatives have been involved in the reviews</li> </ul>
Communicate Regional policies, deliverables, services, resources and timeframes throughout the South East.	Regional General Manager	Ongoing	<ul style="list-style-type: none"> <li>• Marketing and media strategies are in place</li> </ul>

## STRATEGIC INTENTION 3

### COORDINATE AND CLARIFY SOUTH EAST CLINICAL SERVICES

#### 3.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
SERHS to endorse and implement the Core Clinical Services Working Group recommendations for the role and delineation for each South East health unit	SERHS Board	January 2004	<ul style="list-style-type: none"> <li>There is clear delineation of services and roles by health unit and priority of services for South East Health Units</li> </ul>
SERHS to form a South East Clinical Services Senate	SERHS Board	January 2005	<ul style="list-style-type: none"> <li>RGM is advised on clinical standards and clinical governance and clinical services in the South East.</li> <li>SE Clinical Services Plan is completed</li> <li>Ongoing feedback on the implementation of the Clinical Services Plan is provided</li> </ul>
Develop and implement hospital avoidance programs.	Management Advisory Group	January 2004	<ul style="list-style-type: none"> <li>Hospital in the home plan has been developed and implemented</li> </ul>
Determine the capacity to provide specialists' services at a local level.	Clinical Services Working Party	On -going	<ul style="list-style-type: none"> <li>Level of consumer satisfaction with services</li> </ul>
Reorient clinical services to give a greater emphasis on prevention, early intervention and health promotion	Group to be established	June 2005	<ul style="list-style-type: none"> <li>Possibilities for collaboration, partnership and the pooling of resources to provide optimal support for specialists, general practitioners and allied/community health workers have been examined.</li> <li>Development of Clinical networks</li> </ul>
Clinical Services Plan to drive South East capital infrastructure investment.	CEO's, EO/DON's and RGM	June 2004	<ul style="list-style-type: none"> <li>Clinical Services Plan is informing               <ol style="list-style-type: none"> <li>Minor works</li> <li>Compliance</li> <li>Sustainment</li> <li>Major capital Investment</li> <li>Biomedical investment</li> </ol> </li> </ul>

SERHS to plan for: 1. Networked primary health care services and centre 2. Establish integrated community services and centre.	SERHS SERCHS	June 2004	<ul style="list-style-type: none"> <li>Regional Business Case and Implementation Plan are in place</li> </ul>
SERHS to support and assist Kingston Soldiers Memorial Hospital in their bid for a Multi-Purpose Service.	Regional Planner CEO Kingston	June 2004	<ul style="list-style-type: none"> <li>SERHS and Kingston Soldiers Memorial Hospital Inc Working Group has been formed</li> </ul>
Workforce Planning recruitment and retention strategies to influence Clinical Service planning	Regional Planner, Division of GP's, Clinical Services Working Party	December 2003	<ul style="list-style-type: none"> <li>Clinical Services Plan has acknowledged the SE Workforce Plan</li> </ul>
SERHS to work towards improving telecommunications and information technology.	Regional General Manager	December 2003	<ul style="list-style-type: none"> <li>There is emphasis on Telehealth as a part of the infrastructure for Clinical services in the South East</li> <li>SERHS Web is up and running</li> </ul>
To have a transition phase in the South East from an acute care focus to a Primary Health Care focus	MAG	June 2005	<ul style="list-style-type: none"> <li>Two acute care services have been identified for reorientation</li> <li>Two demonstration projects have been completed</li> </ul>

### 3.2: Interaction with other stakeholders.

Initiative	Responsibility	Completed By	Performance Indicators
Continue to involve internal and external stakeholders in the Clinical Services planning process.	Clinical Services Working Party	November 2003	<ul style="list-style-type: none"> <li>Forums have been conducted in:               <ol style="list-style-type: none"> <li>Adelaide</li> <li>South East</li> </ol> </li> </ul>

## STRATEGIC INTENTION 4

### INCREASE SERHS ROLE IN COMMUNITY PARTICIPATION AND CONSULTATION

#### 4.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
<p>SERHS to provide greater opportunities for inclusion and community participation and involve the community in SERHS ongoing decision-making, planning and priority setting within 12 months.</p>	<p>RGM, Regional Planner, Director SERCHS and MAG</p>	<p>June 2004</p>	<ul style="list-style-type: none"> <li>• SERHS has developed a Planning Framework that community participation in the planning, organisation, operation and control of health care services is promoted.</li> <li>• SERHS Community Participation Schedule for 2003 – 2004 is in place.</li> <li>• Where appropriate Local Health Advisory Committee have been formed</li> <li>• Aboriginal and Torres Strait Islander Representatives are on all the SERHS Advisory Groups</li> <li>• Workforce capacity in consumer and community participation has been developed.</li> <li>• SE Health Units have been briefed on Community Participation and its role in health.</li> <li>• SE Memorandum of Understanding has Community Participation involvement included.</li> <li>• Where appropriate SERHS staff Job and Person Specifications to include involvement in community participation</li> <li>• Improve processes to engage Aboriginal health services providers, individual consumers and advocates in South East Planning Processes</li> </ul>

SERHS supports the establishment of Community Advisory groups and Councils.	Regional Planner	June 2004	<ul style="list-style-type: none"> <li>• SERHS endorses and supports the Tatiara Health Service Advisory Committee potential role.</li> <li>• Evidence of other Advisory Groups being supported</li> </ul>
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#### 4.2: Interaction with other stakeholders.

<b>Initiative</b>	<b>Responsibility</b>	<b>Completed By</b>	<b>Performance Indicators</b>
SERHS to work in partnership with local Boards and their consumers and ensure that their services are tailored to meet the needs of the local communities	RGM	On-going	<ul style="list-style-type: none"> <li>• Evidence Community partnerships have been formed</li> <li>• Evidence Services are tailored to suit service communities needs</li> </ul>

## STRATEGIC INTENTION 5

### ESTABLISH SOUTH EAST WORKFORCE PLANNING

#### 5.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
SERHS recognise the need to invest in a planned workforce and develop a sustainable SE workforce with the right skill balance and competencies to support the new system.	Regional Planner	December 2003	<ul style="list-style-type: none"> <li>SERHS five year Workforce Plan completed for and endorsed by SERHS and DHS</li> </ul>
SE Workforce Plan recommendations are actioned.	Regional General Manager	June 2005	<ul style="list-style-type: none"> <li>SERHS Recruitment and retention Officer has been appointed</li> <li>SERHS Recruitment and Retention Advisory group is in place</li> <li>Evidence of a valued and skilled workforce is in place</li> <li>Evidence of staff friendly working environments</li> <li>SERHS and all provider units have up to date Occupational and Safety policies and procedures in place</li> <li>All SE health units have quality management plans in place</li> </ul>
Maximise the effectiveness of staff development opportunities across SERHS to ensure the workforce can deliver high quality services in a climate of change.	Regional General Manager	June 2005	<ul style="list-style-type: none"> <li>Develop a region wide Staff Development Plan for staff, forming a strong alliance with outside agencies.</li> <li>On-going staff education opportunities and up-skilling for staff strategies are in place.</li> </ul>

Develop strategies that support an increase to the number of and improve the status, support arrangements and training of Aboriginal and Torres Strait Islander workers in the South East	Director Community Health Services	June 2004	<ul style="list-style-type: none"> <li>• SERHS has adopted a “Talking Circles” style of management with Aboriginal health workers</li> <li>• SERHS has developed a stronger working relationship with ASD and the SE Aboriginal community</li> </ul>
Ensure workloads of clinical staff falls within acceptable industrial guidelines.	Management Advisory Group	June 2004	<ul style="list-style-type: none"> <li>• South East Feasibility Studies are completed to             <ol style="list-style-type: none"> <li>1. Assist General Practitioners and Registered Nurses</li> </ol> </li> </ul>
Increase the skills of acute care providers in mental health	Director Community Health Services	June 2005	<ul style="list-style-type: none"> <li>• Number of education sessions conducted</li> <li>• Increased number of acute care staff with mental health skills</li> </ul>
Increase SERHS staff skills in Primary Health Care and how to detect and respond to a high prevalence disorders e.g. mental illness, depression, and anxiety.	Regional General Manager	June 2005	<ul style="list-style-type: none"> <li>• Increase level of SERHS Staff with primary health care skills</li> </ul>

## 5.2: Interaction with other stakeholders.

<b>Initiative</b>	<b>Responsibility</b>	<b>Completed By</b>	<b>Performance Indicators</b>
Where appropriate to involve inside and outside stakeholders in the Workforce Planning process.	Workforce Planning Working Group	November 2003	SERHS Workforce Planning Working Group has been extended to include outside agencies.

## STRATEGIC INTENTION 6

### DEVELOP COMMON BUSINESS AND FINANCIAL SYSTEMS

#### 6.1 Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
SERHS will work towards understanding and adopting a population based funding approach	Regional Finance Officer, RGM and CEO's	June 2004	<ul style="list-style-type: none"> <li>SERHS Board has been briefed on Population Based Funding and what it will mean for the SE</li> <li>Population based funding strategies for the SE are in place</li> </ul>
SERHS to influence DHS Population Based Funding Committee via appointment to committee and suitable briefings.	SERHS Board	September 2003	<ul style="list-style-type: none"> <li>SERHS Board members or staff are represented on GHR Committees and working groups</li> </ul>
Develop a range of initiatives to provide for the management of risk.	Asset Manager	December 2003	<ul style="list-style-type: none"> <li>South East Health Units have been briefed on Risk Management</li> <li>SERHS Risk Management Plan is in place</li> <li>SE health units have risk management strategies in place</li> <li>SE contract documents and Memorandum of Understanding have risk management included.</li> </ul>
Ensure linkages between clinical reviews, demand management, facilities accreditation and services planning inform SERHS asset and equipment priorities	Asset Manager	December 2003	<ul style="list-style-type: none"> <li>Regional Asset Management Plan is developed</li> <li>Health units, service plans have asset management plans incorporated into them.</li> <li>SE contract documents and Memorandum of Understanding have asset management included</li> </ul>
SERHS is positioned to manage its assets effectively and deliver capital programs and projects to meet service delivery targets.	Asset Manager	December 2003	<ul style="list-style-type: none"> <li>Ongoing review of Capital works within the context of clinical service plans</li> </ul>

Pilot Energy Minimising Project to reduce energy consumption and comply with Government requirements	Asset Manager	June 2005	<ul style="list-style-type: none"> <li>• Lower consumption Electricity and Gas in Millicent, Bordertown and Mount Gambier health units.</li> <li>• Later expansion of project to include all health units</li> </ul>
Ensure ongoing appropriate maintenance of existing facilities, to support the current service delivery	Asset Manager	ongoing	<ul style="list-style-type: none"> <li>• Regional and individual health units maintenance plans are developed</li> </ul>

## STRATEGIC INTENTION 7

### ADDRESS HEALTH INEQUALITIES IN THE SOUTH EAST

#### 7.1: Core Functions

Initiative	Responsibility	Completed By	Performance Indicators
Improve the health services for the most vulnerable populations in the South East, in particular Aboriginal people, children and young people, people with a mental illness and the frail aged	Regional General Manager	June 2004	<ul style="list-style-type: none"> <li>SERHS has determined health inequalities within the South East.</li> </ul>
SERHS is to provide an effective means to ensure accessibility for people with disabilities to all programs, services and infrastructure	Health Planning Committee	December 2003	<ul style="list-style-type: none"> <li>SERHS Disability Action Plan has been endorsed</li> </ul>
Determine SERHS ability to influence and participate in the Reform processes and projects.	Director Regional Community Health Service	June 2004	<ul style="list-style-type: none"> <li>Plans are in place for Aboriginal health, Mental Health and Early intervention</li> </ul>
<ul style="list-style-type: none"> <li><b>Senior Care</b></li> </ul>			
In collaboration and partnership with other agencies SERHS to develop best practice models for Healthy Ageing in the South East	Project Leader SE Healthy Ageing Framework	June 2005	<ul style="list-style-type: none"> <li>SE Healthy Framework Working Groups are in place</li> <li>Regular briefs are submitted</li> <li>Regular media briefs are released</li> </ul>
Develop effective regional responses to home based care for older people and people with a disability	Director Regional Community Health Service	Ongoing	<ul style="list-style-type: none"> <li>Accommodation options for people leaving institutional care are in place such as:               <ol style="list-style-type: none"> <li>Community Care Packages</li> <li>Community Support in homes</li> <li>Ambulatory Care</li> </ol> </li> </ul>

<b>• Aboriginal and Torres Strait Islander People</b>			
Strengthen the commitment to reconciliation and positive social health outcomes for SE Aboriginal people and communities	Director Regional Community Health Service	December 2003	<ul style="list-style-type: none"> <li>• Evidence of stronger partnerships between SERHS and SE Aboriginal communities</li> <li>• SERHS SE Aboriginal Health Plan is completed and involves A&amp;TSI in their planning &amp; Development of services</li> </ul>
Build and support the skills of SE community so they have increased capacity to develop local solutions.	Director Regional Community Health Service	December 2003	<ul style="list-style-type: none"> <li>• A&amp;TSI owned and controlled service is in place in the South East</li> </ul>
Support AHAC'S to inform policies and programs for SE Planning	Director Regional Community Health Service	On Going	<ul style="list-style-type: none"> <li>• Memorandum between AHACS and SERHS has been signed</li> </ul>
Increase the skills of Aboriginal Health Workers to provide primary mental health services including promotion prevention and early intervention.	Director Regional Community Health Service	June 2004	<ul style="list-style-type: none"> <li>• Number of education sessions conducted</li> <li>• Aboriginal Health Workers satisfaction levels</li> </ul>
Improve the responses of mainstream services including mental health and disability services to meet indigenous people needs.	Director Regional Community Health Service	June 2004	<ul style="list-style-type: none"> <li>• Increased number of SE Aboriginal and Torres Strait Islander people using mainstream services</li> <li>• Services are culturally appropriate</li> </ul>

<b>Children and Youth</b>			
Ensure children and youth in the South East receive care which promotes their development, health and wellbeing	Director Regional Community Health Service	December 2003	<ul style="list-style-type: none"> <li>• SERHS structures and policies support prevention and early intervention for children and youth.</li> <li>• To appoint SERHS Coordinator for Early Intervention.</li> <li>• Early Childhood Intervention Team in place</li> <li>• Service Delivery Plans for SE children and youth are completed and recommendations are actioned</li> <li>• Implement early intervention services and reforms for children with developmental delays.</li> <li>• There is an adequate and skilled workforce for children and youth services</li> <li>• Services are culturally appropriate</li> </ul>
<b>• Mental Health</b>			
Identify opportunities to improve the provision of regionally-based mental health services in the South East	Director Regional Community Health Service and Director of Nursing Mount Gambier Hospital	June 2004	<ul style="list-style-type: none"> <li>• Improve early detection of mental health issues in children and adolescents</li> <li>• Focus mental health promotion to target children and youth</li> <li>• Improve the capacity for local inpatient care</li> <li>• Investigate options for recovery and rehabilitation for South East consumers</li> </ul>
<b>Men's Health</b>			
Regional Men's Health Service Model is being investigated	Health Promotion Community Development Officer	June 2004	<ul style="list-style-type: none"> <li>• South East Men's Health Feasibility study is completed</li> </ul>

## 7.2: Interaction with other stakeholders.

<b>Initiative</b>	<b>Responsibility</b>	<b>Completed By</b>	<b>Performance Indicators</b>
Support proposed community consultation in the SE Healthy Ageing Framework	Project Leader SE Healthy Ageing Framework	June 2008	<ul style="list-style-type: none"><li>• Regular Community Forums have been conducted</li></ul>
Conduct Public Debate on Aboriginal health in the South East	Director Regional Community Health Service	June 2004	<ul style="list-style-type: none"><li>• Regular Community Forums have been conducted</li></ul>