

DHS BSW Area Based Planning - Health and Aged Care 2020

Key questions

The following questions have guided the development of BSW Regions' area-based planning process for health and aged care.

Focus	Questions
Population health & wellbeing	<ul style="list-style-type: none"> ▪ What are the key population health and wellbeing issues facing the BSW region in the coming decade? ▪ Are there specific populations and places that require significant attention? ▪ Where health inequalities are evident in the region? ▪ What are the strategic priorities for the BSW region, its PCP catchment areas and LGA's? ▪ How can primary prevention programs best be planned and implemented? ▪ Who are the key stakeholders inside and outside the health system that BSW needs to engage to assist it achieve the desired population health and wellbeing outcomes?
Health & Aged Care Service system	<ul style="list-style-type: none"> ▪ How self sufficient are the different area based services? ▪ How well integrated are health and aged care services in the PCP catchment areas and regionally? ▪ What are the key health and aged care service system issues facing the BSW region in the coming decade? ▪ What are the strategic priorities for re-positioning and strengthening the system? ▪ How can chronic disease be managed better? ▪ How can a complementary public / private / not for profit system be developed in the longer term?
Area-Based Planning Process	<ul style="list-style-type: none"> ▪ What is the best way to plan given current capacity and readiness in different parts of the region? ▪ How do we align the ABP process with the 3-year funding cycle and other planning processes eg Municipal Public Health Planning? ▪ What are the first steps to making the ABP process ongoing and sustainable?
Measuring achievements and outcome evaluation	<ul style="list-style-type: none"> ▪ What are the current baselines for BSW population health and wellbeing and its health and aged care service system? ▪ Can we use existing national and state policy frameworks to develop the baselines eg AIHW frameworks, DHS Rural Directions for a Better State of Health frameworks? ▪ How can we best measure achievements and evaluate outcomes as the process unfolds?

Aims and objectives

The aim of the planning process is to tackle the local BSW area health and aged care system continuum issues in two ways using a policy driven and wherever possible an evidence based approach. The objectives are to:

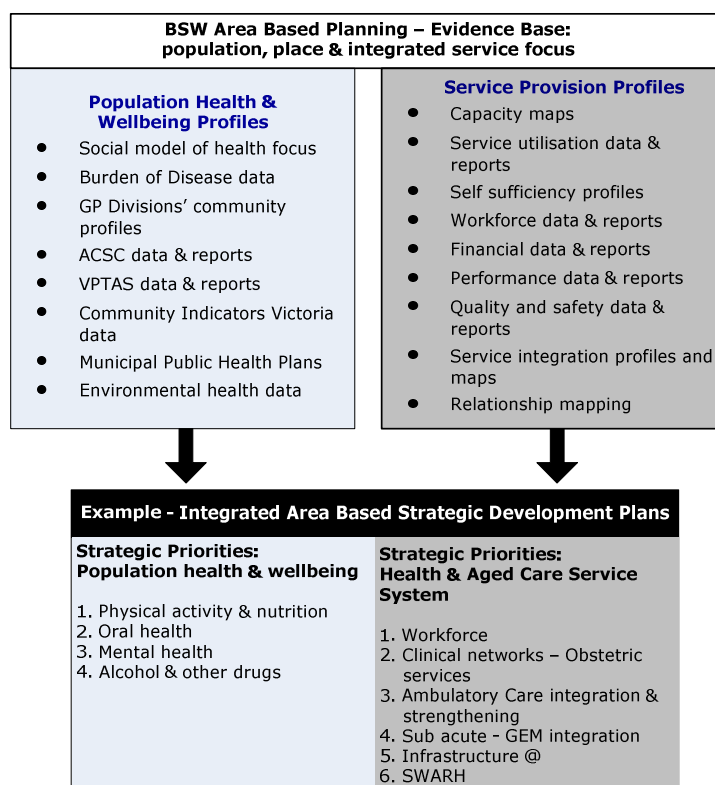
- a) Produce medium term early intervention and prevention strategies and plans aimed at **improving population health and wellbeing outcomes** by:
- Reducing the incidence of preventable chronic diseases in the local area populations
 - Taking a health equity approach and narrowing the gap between disadvantaged and advantaged groups
 - Participating actively in a whole of government Healthy Liveable Region initiative sponsored by the BSW Regional Management Forum (RMF)
- b) Produce medium term service system re-orientation and strengthening plans aimed at **improving health and aged care service system performance outcomes** by:
- Developing accessible, appropriate, responsive, safe and continuous integrated area based service networks
 - Ensuring integrated area based service networks are efficient, effective and sustainable
 - Focusing on the need to strengthen primary, community and home based service networks to better support people being discharged from hospital and / or living in the community
 - Producing strategies and plans to reorient and/or strengthen bed based service networks

The BSW area based planning process is being conducted taking a helicopter view of a geographical area's

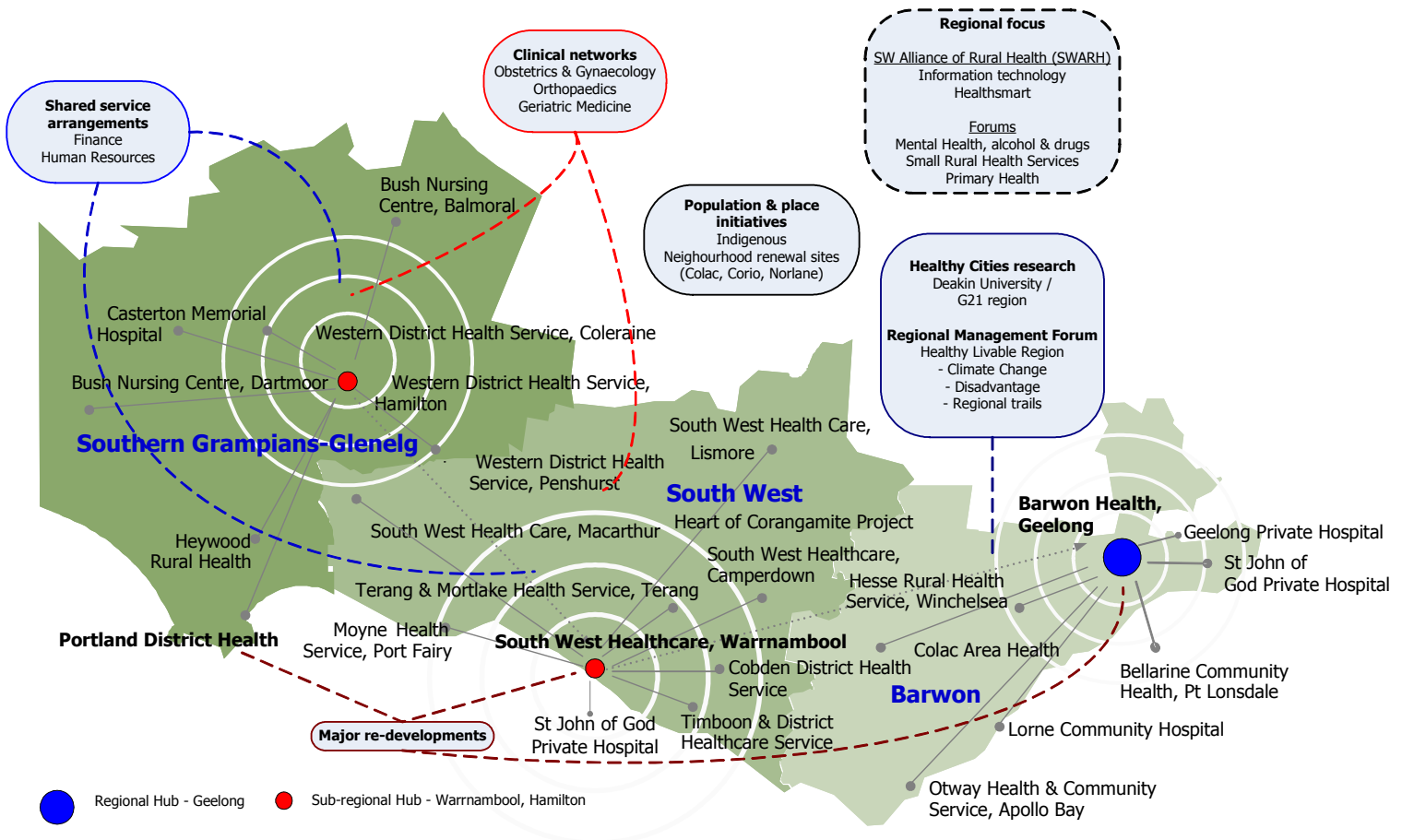
- population health and well being and
- health and aged care service system

The approach is to develop a baseline profile of both problems and take a "helicopter view" to identify the top priority strategic issues in the three BSW sub regional (PCP) catchment areas.

The following diagram provides a simplified example of a set of ten (10) evidence based strategic priorities for an area:



Taking the "helicopter view"



Planning context

A process of establishing a baseline for evaluation and measurement of the outcomes of the plans is also underway with a view to incorporating the three tiered Australian Institute of Health and Welfare's (AIHW) "Rural, regional and remote health information framework and indicators" which focuses on:

1. Health status and outcomes (Tier 1)
2. Determinants of health (Tier 2)
3. Health system performance (Tier 3)

Thought is also being given to how to design into the process some proper consideration of other significant factors affecting population health and wellbeing such as:

- local transportation options – car, public transport and active transport and
- the impact of the built environment and associated role of local government.

The Rural, Regional and Remote Health Information Framework and Indicators, Tiers 1 & 2 (AIHW)

Health status and outcomes			
How healthy are BSW residents? Is it the same for everyone? Where is the most opportunity for improvement?			
Health conditions	Human function	Life expectancy and wellbeing	Deaths
<p>Prevalence of disease, disorder, injury or trauma or other health-related states</p> <p><i>Chronic diseases, injury, mental health, oral health, communicable diseases and birth outcomes</i></p>	<p>Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).</p> <p><i>Disability and days away from usual activity sick.</i></p>	<p>Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as disability-adjusted life expectancy (DALE).</p> <p><i>Disability-adjusted life expectancy, life expectancy, disability-adjusted life years, self-assessed health status and self-assessed happiness</i></p>	<p>Age- and/or condition-specific mortality rates.</p> <p><i>Perinatal mortality, age-specific mortality, overall death rates, premature mortality, burden in each area.</i></p>
<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Victorian Burden of disease study 1996 & 2001 Ambulatory Care Sensitive Condition Dataset Births Australia, ABS (Cat no. 3301.0) Victorian Admitted Episodes Dataset Dental Health Services Vic GP Division Community Profiles (being explored) 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Disability counts 2006, Association for Children with a Disability ABS Census of Population & Housing 2006 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Life Expectancy at birth, Victoria 2001-2005 Victorian Burden of disease study 1996 & 2001 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Mortality data, ABS

Determinants of health				
Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?				
Environmental factors	Socioeconomic factors	Community capacity	Health behaviours	Person-related factors
<p>Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.</p> <p><i>Water, sewerage, food availability, housing, recreational and cultural facilities, the workplace, environmental hazards.</i></p>	<p>Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.</p> <p><i>Education, employment, aftertax income.</i></p>	<p>Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.</p> <p><i>Population characteristics, social issues and social capital, services, health literacy, perception of risk, housing, transport, cost of living, regional business health.</i></p>	<p>Attitudes, beliefs, knowledge and behaviours, e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.</p> <p><i>Smoking, alcohol consumption, illicit drugs, physical activity, nutrition, sexual practices, driving practices.</i></p>	<p>Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.</p> <p><i>Genetically determined diseases, specific birth defects, blood pressure, cholesterol and body weight.</i></p>
<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Community Indicators Victoria Rural adjustment data, DPI Other sources under development 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> ABS Census of Population & Housing 2001 & 2006 Victoria Police crime statistics 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> ABS Estimated Resident Population by sex and age Population projections by age and sex (DSE, ID.com) ABS Census of Population & Housing 2001 & 2006 ABS Index of Relative Socio-economic Disadvantage Community Indicators Victoria 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Victorian Population Health Survey 2006 (Regional level only) QUIT Victoria (Tobacco smoking) Community Indicators Victoria Local Govt Municipal Public Health Plans PCP Priorities Regional & Vic Health Promotion Priorities 	<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Data gap

The Rural, Regional and Remote Health Information Framework and Indicators, Tier 3 (AIHW)

Health system performance How well is the health system performing in delivering quality health actions to improve the health of all BSW residents? Is it the same for everyone?		
Effective	Appropriate	Efficient
<p>Care, intervention or action achieves desired outcome.</p> <p><i>Effectiveness of retrieval for victims of trauma, sexual health education, immunisation, breast cancer and cervical screening and of medical/ surgical intervention.</i></p>	<p>Care/intervention/action provided is relevant to the client's needs and based on established standards.</p> <p><i>Female GPs, surgical procedure, specialist consultations, postsurgical care and rehabilitation, aged care, accreditation, waiting times for elective surgery, reasons for visiting a GP.</i></p>	<p>Achieving desired results with most cost-effective use of resources.</p> <p><i>Cost of providing services in each area, cost of providing services to service people from each area, cost of screening in each area, ratio of expenditure to positive outcomes.</i></p>
Responsive	Accessible	Safe
<p>Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.</p> <p><i>Culturally appropriate, confidentiality, choice of GP, waiting times for elective surgery, response time in hospital emergency departments, bulk billing, waiting times to consult allied health workers and test results, closed books and level of satisfaction of the population.</i></p>	<p>Ability of people to obtain health care at the right place and right time irrespective of income, physical location, cultural background, age and sex.</p> <p><i>Physical distance to health services, reduced access due to discrimination, lack of access because of cost, ratio of health workers and health facilities to population, occasions of service per person per year, times when health services are not available.</i></p>	<p>The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.</p> <p><i>Rate of medical and surgical misadventure, survival rates in intensive care units.</i></p>
Continuous	Capable	Sustainable
<p>Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.</p> <p><i>Rate of case-care conferencing.</i></p>	<p>An individual's or service's capacity to provide a health service based on skills and knowledge.</p> <p><i>Accreditation and rates of admission for surgical medical misadventure (also covered under 'safe' dimension).</i></p>	<p>System's or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).</p> <p><i>Health students from rural areas, recruitment and turnover of GPs, hours worked and time on call.</i></p>
<p><u>Key datasets</u></p> <ul style="list-style-type: none"> Victorian Admitted Episodes Dataset Hospital Inpatient Forecasting tool (Acute) Victorian Emergency Minimum Dataset Victorian State Trauma Reporting System Home & Community Care Minimum Dataset Alcohol & Drugs Information System Victorian Patient Transport Assistance Scheme Rural Ambulance Victoria (being explored) Medicare data (being explored) Other datasets as identified through the Portfolio Analysis being undertaken currently (ie Primary Care, Mental Health etc) 		<p><u>Key reports</u></p> <ul style="list-style-type: none"> Southern Grampians Glenelg Rehabilitation Evaluation report Portland District Hospital Service Plan and Model of Care SW Model of Care Sub Acute Ambulatory Care Services report SRHS Forum (Nov 07) outcomes Mental Health, A&OD, Child and family services – Intersections Forum outcomes

Status to date

Catchment	Start	Finish	Notes
Southern Grampians/ Glenelg	Nov-07	Nov-08	<ul style="list-style-type: none">○ Considerable progress in sourcing/analysing a variety of data on Health status & Outcomes <i>and</i> Determinants of Health for SGG○ Acknowledge data gaps but where do you stop?○ Initial focus group to identify key strategic priorities around population health and wellbeing○ Initial work to profile service system commenced – focus on program layers
South West	Sep-08	Sep-09	<ul style="list-style-type: none">○ Local Planning Advisory Committee established○ First meeting scheduled for early Sep○ Considerable progress in sourcing/analysing a variety of data on Health status & Outcomes <i>and</i> Determinants of Health for SW
Barwon	Late-08	Late-09	<ul style="list-style-type: none">○ Scheduled to commence late 2008

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