NSW Health

NSW GOVERNMENT

Guide to Service Plans

Informing Local Health District / Specialty Health Network Capital Planning

Contents

Introduction

Purpose

The Ministry of Health (the Ministry) is required to review and endorse Service Plans (SPs) underpinning approved NSW Health capital projects or programs valued at $10 million and above[1].

The purpose of the Guide to Service Plans informing Local Health District (LHD) / Specialty Health Network (SN)[2] Capital Planning (the Guide) is to:

- Articulate the key considerations and content requirements of SPs submitted to the Ministry.
- Promote a collaborative approach to the development of the SP.
- Incorporate NSW Treasury requirements and recommendations relating to options analysis, use of a logic model and theory of change analysis, and evaluation planning to build the case for change.

Previously known as clinical service plans, SPs have evolved to reflect broader considerations beyond clinical services. Clinical and non-clinical support service requirements, resource implications, and sustainability (workforce, financial and environmental) are elements that must be included in all future SPs.

The key considerations are detailed in Tables 5A-D under the Exploration Phase. The content requirements and checklist for the SP is provided in the Documentation Phase.

The Guide replaces the *NSW Health Services Planning Guide for Health Services and Infrastructure Development and Investment 2018*.

1. Capital funding appropriated to approved capital projects or programs can be identified in the NSW Budget Paper
2. References to LHDs/SNs in the Guide exclude Justice Health and Forensic Mental Health Network

Policy and Planning Context

Commonwealth and state government health policy directions and service priority areas provide a framework for delivering services in NSW. A comprehensive environmental scan of relevant national, state and local frameworks, policies, plans and redesign initiatives should be undertaken prior to commencing the service planning process to ensure consistency and a contemporary approach. An overview of some of the key strategies, plans and guidelines is provided in Appendix A.

The following are especially relevant to capital projects or programs:

The **NSW Health 20-Year Health Infrastructure Strategy** sets a number of new directions for future health infrastructure investment in NSW including:

- what planning for future capacity and improvements should focus on;
- changing what we invest in;
- changing how we invest; and
- moving from volume-based care towards value based, patient centred care.

The **NSW Health State-wide Investment and Prioritisation Framework** is an overarching guidance document that aligns the investment directions set out in the NSW Health 20-Year Health Infrastructure Strategy with LHD/SN service and/or asset planning and prioritisation. It also sets out the methodology that the Ministry uses to assess and prioritise capital investment proposals received from LHDs/SNs, as part of the annual capital investment planning process. The investment principles and strategic alignment test criteria in this framework should be used to guide the development of the SP.

The **NSW Health Facility Planning Process** provides a framework for prioritising, planning, delivering and evaluating capital infrastructure across the NSW public health system. LHDs/SNs are required to use the NSW Health Facility Planning Process for capital investment projects valued at $10 million and above.

Background

Target audience

The Guide is targeted at LHD/SN service planners with experience in developing or coordinating the development of a SP. Less experienced service planners should refer to the Clinical Services Planning and Analysis (CaSPA) portal for information about the Health Service Planner Capability Development Strategy and the NSW Health Service Planners Community of Practice.

Scope of the Guide

LHD/SN service planners may use the Guide to coordinate the development of the SP and to ensure the elements required to guide decision making and enable an informed review are documented in the SP.

The Guide is not intended to be prescriptive and does not provide step-by-step instructions on how to plan for services. It should be read in conjunction with current NSW Health policies, planning guidelines or frameworks relevant to services in the SP.

Knowledge of NSW Treasury policies and guidelines for building evidence across the investment lifecycle[3] is essential in understanding the Guide.

Service Plan

The SP describes how a service, or services, will need to be delivered in the future to reflect the changing health needs of the community and ways of providing care. It provides clear direction for the provision of health services to achieve measurable health improvements and outcomes and is undertaken within a broader framework of system-wide goals, objectives and priorities.

LHD/SN Health Care Services Plan

Any SP prepared by the LHD/SN and submitted to the Ministry is expected to be consistent with the LHD/SN Health Care Services Plan. The Health Care Services Plan considers the particular characteristics of the communities being served, the availability of resources, emerging system-wide trends and technologies, and identifies the priorities for developing services in the LHD/SN over the medium to long term to achieve the health improvement goals.

The SP links the strategic direction in the LHD/SN strategic plan to the service development priorities in the Health Care Services Plan and identifies the changes required for a specific service, catchment or target population. Where there is a need for a capital response, the subsequent capital planning process will translate the service requirements in the SP into the infrastructure response.

3. Further information about NSW Treasury requirements is available at https://www.treasury.nsw.gov.au/projects-research/centre-evidence-and-evaluation

LHD/SN Capital Investment Proposal

All LHD/SN capital investment proposals submitted to the Ministry as part of the annual capital investment planning process must be underpinned by a current and robust SP.

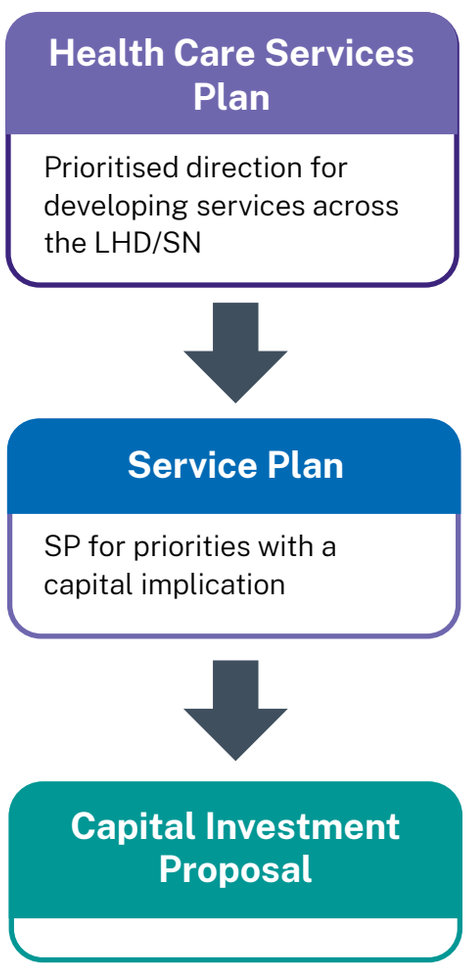
The SP underpinning capital planning synthesises the information gained through the service planning process, develops the case for change, and provides a summary of the key issues or opportunities and service options to meet the required health outcomes for the target population over a five to ten year planning horizon.

The case for change is the argument for change and describes what can be achieved by implementing the initiatives in the SP. The SP builds on the initial case for change in the Health Care Services Plan and becomes the foundation from which to develop the capital investment proposal.

As models of care, technology and workforce will change over time, the detail of the strategies in the completed SP may evolve. Therefore, it is essential the SP and related capital investment proposal is reviewed and updated at appropriate intervals.

The link between the LHD/SN Health Care Services Plan, SP, and Capital Investment Proposal is illustrated in Figure 1.

Figure 1: Link between the SP, Health Care Services Plan and Capital Investment Proposal



NSW Health Facility Planning Process

The NSW Health Facility Planning Process (FPP) comprises five interconnected stages. The five stages are illustrated in Figure 4 in Appendix A.

SPs provide the level of detail that will enable the project scope to be defined and informs the options, costings and case for change in the capital investment proposal (FPP Stage 0), Investment Decision Document (FPP Stage 1) and Final Business Case (FPP Stage 2). The SP also informs relevant reviews during Implementation (FPP Stage 3) and outcome/benefit measures and performance indicators in the Evaluation Report (FPP Stage 4). Table 1 outlines the key information sourced from the SP.

Table 1: Information in SPs informing capital planning

SP information	
Problem or opportunity	Service needs to address the health needs of the target or catchment population.
Objective	Outcomes and benefits sought based on the problem or opportunity.
Service options	Early options analysis, preferred option and strategic alignment.
Proposed scope	Service scope and model informed by data, evidence-based practice, value based healthcare.
Outcomes and benefits	Outcomes/benefit measures and performance indicators (qualitative and quantitative).
Sustainability	Workforce, financial and environmental sustainability considerations.

Stakeholders and level of stakeholder involvement

Active and inclusive stakeholder engagement is key to planning, developing and delivering services. It provides the opportunity to explore a diverse range of views and enables stakeholders with knowledge of, and experience in, providing and receiving care to confirm or identify service priorities and participate in developing, testing and/or implementing service delivery options. Stakeholder engagement also helps build consensus and mandate for proposed solutions in the SP.

Stakeholders should be engaged and collaborated with early on and throughout the planning process. The scope of the SP will determine the people or groups to be engaged, the level of involvement and the method of engagement. Those leading the engagement process must manage expectations of what the health service can or cannot reasonably and safely deliver. Examples of stakeholders include patients, carers, staff, service providers, local community members and consumer advisory groups.

Examples of the levels of stakeholder involvement are provided in Table 2[4].

Table 2: Level of stakeholder involvement

	Inform	Consult	Involve	Collaborate
Purpose	Inform or educate stakeholders	Gain information and feedback from stakeholders to inform decisions made internally	Work directly with stakeholders throughout the process to ensure issues and concerns are understood and considered	Partner with stakeholders for the development of mutually agreed solutions and joint plan of action
Nature of involvement	One way communication with no invitation to respond	Limited two-way communication e.g., stakeholder asked to respond to LHD/SN questions	Two-way or multi-way communication where learning takes place on both sides	Two-way or multi-way communication where learning, negotiation and decision making occur on both sides
Stakeholders	Stakeholders who are unlikely to be affected by the proposed service changes, or influence the development or implementation of the SP	Stakeholders who are unlikely to be affected by the proposed service changes but whose activities may influence development or implementation of the SP	Stakeholders who will be affected by the proposed service changes but would not otherwise affect its development e.g., stakeholders who should be targeted to help prioritise outcomes	Stakeholders who will be affected by or could influence the planning and implementation of services

4. Adapted from https://www.nhmrc.gov.au/guidelinesforguidelines/plan/engaging-stakeholders and https://www.health.gov.au/sites/default/files/stakeholder-engagement-framework.pdf

Collaborating with system-wide stakeholders

Collaboration with system-wide stakeholders such as relevant branches in the Ministry, shared services (HealthShare NSW, eHealth NSW, Health Infrastructure) and statewide health services (NSW Health Pathology) provides opportunities to leverage statewide investment plans, expertise and lessons to better inform options analysis as part of service and/or asset planning.

The NSW Health State-Wide Investment and Prioritisation Framework[5] provides information about the collaborative planning approach. The desired outcomes of the collaborative planning approach include:

- Ensure system-wide outcomes are integrated into health organisation led planning and prioritisation.
- Leverage lessons learned across the NSW Health cluster network.
- Leverage planned system-wide investments (e.g., information and communication technology), identify network synergies and minimise service duplication.
- Assist health organisations to demonstrate use of investment principles throughout the clinical service and asset planning process.
- Facilitate predictable outcomes of investment prioritisation and funding decisions

Early options analysis

It will be a requirement to demonstrate options analysis as part of the LHD/SN capital investment proposal process from 2023. Early options analysis helps LHDs/SNs analyse the options to meet a specific service need before submitting the preferred option as an investment proposal.

LHDs/SNs should use A Guide for Early Options Development and Analysis in Service Planning[6] (EOA) to inform assessment of options in the SP. The EOA guide outlines steps and key principles to support analysis of the long list and short list of options. It also provides guidance on how to document the evidence for choosing the preferred option(s) over the viable alternatives to support the preferred option.

Resource implications - LHD/SN roles and responsibilities

In the *Corporate Governance and Accountability Compendium for NSW Health*, LHDs/SNs are responsible for undertaking detailed service and workforce planning to ensure a sound foundation for investment decisions, both capital and recurrent.

Previously, a significant amount of local planning for capital proposals occurred before the workforce and financial implications were considered. All future SPs submitted to the Ministry are expected to demonstrate that the LHD/SN has assessed the workforce and financial impact of the proposed service changes and provide reassurance that the LHD/SN has the capacity and capability to deliver the initiatives proposed in the SP.

5. Refer to the NSW Health State-wide Investment and Prioritisation Framework for further information.
6. A Guide for Early Options Development and Analysis in Service Planning is available in CaSPA

To incorporate the resource implications in the SP, service planners will need to engage and collaborate with LHD/SN stakeholders such as finance, workforce and training staff. The Agency for Clinical Innovation and Clinical Excellence Commission should be consulted about the models of care. Statewide health and shared services impacted by the planning should also be engaged to assist with the assessment of service requirements and resource implications.

New services and proposals for services with a statewide impact

Planning for new services or an increase in the role delineation of clinical services should be robustly assessed by the LHD/SN including clinical governance. Any proposed change in the role delineation of clinical services must be mapped to ensure minimum core services have been planned at a level that safely supports the new role level of the service.

Considerations may include for example:

- Availability of appropriately skilled clinicians to provide the service in a safe and cost-effective way to achieve the best outcome for the patient.
- Ensuring there is an adequate population base to provide sufficient patient numbers to maintain a safe service, acknowledging the relationship between patient throughput, maintaining specialist skills and competencies, and safety and quality.

Proposals for services with a statewide impact or substantial service enhancements are subject to additional planning and approval requirements through the relevant Ministry branch and aligned with existing funding processes.

Monitoring and evaluation

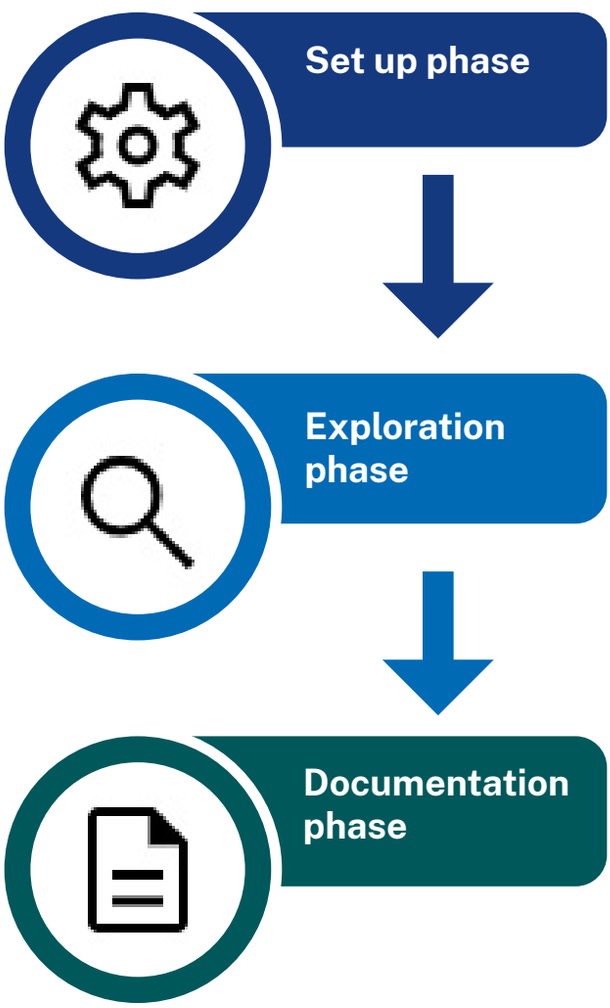
SPs should consider the requirements in *NSW Treasury Policy and Guidelines: Evaluation (TPG22-22)*. Monitoring and evaluation are key components of continuous improvement and for determining the extent to which the expected outcomes are being met. To meet the requirements in TPG22-22, all general government sector agencies should plan for evaluation and are mandated to proactively and publicly release the findings of evaluations, unless there is an overriding public interest against disclosure of the information, in line with the *Government Information (Public Access) Act 2009*. A logic model is used as a foundation to consider what will be evaluated as well as when and how it will be evaluated. Further information about the logic model is provided under the exploration phase.

Service planning process

Service planning processes are generally non-linear, iterative, and mutually dependent, with several activities proceeding concurrently. Each LHD/SN will have its own processes and governance for service planning. As such, the Guide is not intended to revise any specific processes already used by LHDs/SNs.

An outline of common phases in service planning is provided in Figure 2.

Figure 2: Phases of Service Planning



Set up phase

At the start of the planning process, ensuring the LHD/SN governance committee has a clear understanding and endorsed the boundaries of the SP assists in maintaining the SP focus and lessens the likelihood of 'scope creep'. Throughout the planning process, there is an ongoing need to confirm the SP development aligns with the agreed objective and scope. The key considerations given in Table 3 are not intended to be exhaustive.

Table 3: Set-up phase key considerations

The set-up phase may include establishing the following:	Key considerations:
Governance committee	• Local governance steering committee or reference group to oversight the development of the SP. • LHD/SN executive level and clinical representatives who can make decisions and are responsible for corporate and clinical governance.
SP development team	Staff required to support the development of the SP e.g., • Service planner, workforce planner, virtual care manager, chief information officer, finance and performance staff, environmental and sustainability leads, capital works, asset management staff, and strategic communication staff.
Project initiation or reasons for the SP	• Key drivers warranting change • Health Care Services Plan service development priorities • State Government election commitment (if applicable) • Linked initiatives e.g., staged developments • Previous planning including appraisal, evaluation history, lessons learned • If updating a previous SP, achievements since the last SP • Related environmental factors arising from other planning processes.

Scope and objective of the SP	• Planning parameters
	• Depth and breadth of the data and information analysis
	• Focus of the SP e.g.,
	  ○ specific facility or catchment
	  ○ particular category of services such as surgery, emergency, or maternity
	  ○ particular type of service such as subacute or ambulatory care
	  ○ particular service delivery approach to support networking of services
	• Outcomes/benefits sought

Planning principles	• Identification of the planning principles to guide the outcomes e.g.,
	  ○ Consultative and collaborative
	  ○ Value based healthcare quadruple aim
	  ○ Patient safety and quality of care
	  ○ Keeping people healthy and well
	  ○ Evidence based, data and research informed
	  ○ Outcomes focused, equitable, sustainable, effective, and efficient
	  ○ Measurable outcomes and benefits.

The set-up phase may include establishing the following:	Key considerations:
Policy and planning context	• Appendix A strategies, plans, and guidelines • National, State, NSW Health policies, priorities, or targets applicable to services in the SP • LHD/SN strategic plans and other relevant plans.
Monitoring and evaluation	Early consideration of the impact of initiatives in the SP and how the intended outcomes/benefits can be evaluated e.g., • Logic model for the preferred service option • Activities, outputs, outcomes, and benefits that should be monitored • Measures and indicators to track performance • Indicators that are relevant, reliable, unambiguous, understandable and useable • Intended timeframes for realising outcomes and benefits and when these can be evaluated • Other information that should be collected to address evaluation questions • Data collection before an initiative starts, ensuring baseline conditions are understood, and that data will be available to track the impact of an initiative.
Stakeholder engagement	• Patients, carers, consumers, staff, community groups • Aboriginal people and vulnerable populations - refer to Table 5A • Statewide health services or shared services impacted by the initiatives in the SP e.g., NSW Health Pathology, eHealth NSW, HealthShare NSW • NSW Health stakeholders e.g., relevant branches in the Ministry, NSW Health agencies, pillars and organisations • LHDs/SNs or cross border services impacted by the planning • Relevant health and care service providers in the catchment • Health place or precinct partners • Level of stakeholder involvement - refer to Table 2 • Stakeholder engagement and communication strategy • Planning deliverables and how findings will be shared with stakeholders.
How expectations will be managed	• Development of a SP does not indicate funding commitment to any specific capital investment proposal. • Ministry endorsement of the SP does not indicate the full scope of the SP will necessarily be delivered within the capital funding committed to a project, this is determined during the FPP. • Recurrent budget allocations and activity purchased from an LHD/SN in a particular year remain determined by the annual Service Agreement negotiation process and are subject to both the purchasing model considerations and State government budget parameters in that year. • LHD/SN consultations including any publication and dissemination of information relating to the SP should not foster expectations about project funding and/or future service scope.

The set-up phase may include establishing the following:	Key considerations:
Key deliverables	• Key milestones or dates to inform decision making • NSW Treasury timeframes relevant to approved, funded projects • Planning resources to achieve the deliverables and timeframes.
LHD/SN obligations (engagement of consultants)	If consultants are engaged, LHD/SN obligations include, but are not limited to: • Defining the responsibilities and use of data and information provided to/by consultants • Validating consultant data handling, storage/access and security arrangements meet requirements • Ensuring support and oversight is provided by LHD/SN staff • Supporting consultants to close out issues identified in SP reviews.

Exploration phase

The exploration phase involves an analysis of the health needs of the target population, current service profile and future health service requirements, service options, and resource implications.

The exploration phase should be predicated on the following directions:

- People experience an integrated and seamless health system, regardless of who provides the services.
- Recognise the importance of partnership with the community and patients to make shared decisions about their care.
- Strengthen the role of partners in delivering safe care across all settings and addressing the social determinants of health.
- Increase virtual care and community care where appropriate to support more personalised care, better outcomes and experiences.
- Stronger investment in wellness, early intervention, and delivery of care in community settings.
- Emphasis on equitable health outcomes for rural, regional, remote and vulnerable populations.

Analysis of data and information

The exploration phase requires a comprehensive analysis of a wide range of data and information to provide a good understanding of how existing resources are utilised and what can be achieved with those resources. The analysis should:

- be informed by consultations, evidence-based practice, and data
- synthesise data and information to draw out the primary relationships, causations, trends and insights
- highlight the issues and opportunities that need to be addressed, and
- consider and document a structured assessment of a range of service options including non-infrastructure solutions to meet service requirements.

While the analysis can be extensive, only the key information and evidence supporting the case for change should be included in the submitted SP.

Broader service delivery framework

Initially it is useful to identify the broader framework in which the services are delivered, or how the relevant population accesses services:

- across the continuum of care (delivered by private and community-based providers as well as the public health system)
- across the lifespan (antenatal to older persons' health), and
- identify the boundary of services or populations that are the focus of the SP.

Key questions relating to the focus or objective of the SP include:

- How does the service interact with other services or initiatives to achieve the objectives?
- What other activities does the service support to achieve the objectives?
- What other activities may the service duplicate?
- What activities may undermine the service achieving its objectives?
- Does the initiative undermine the objectives of any other activities?

This framework will help focus the plan and identify where there are duplications and gaps in service delivery, opportunities to link with other services and providers, and local, state or national activities that may affect how the objectives are achieved.

Innovation and designing solutions

If the analysis indicates a problem, opportunity or desired outcome is not being addressed using current practice, a decision will need to be made whether to continue to invest valuable finite resources in business as usual or explore innovative, transformative or consolidation models.

Consideration should be given to move from analytical to creative to allow innovation. New ideas can be generated through literature reviews, searches for best practice and conducting workshops with clinicians, consumers, operational, data and managerial staff. Potential solutions can then be refined based on the aim and scope of the SP and impact.

Developing a new model of care[7]

The Agency for Clinical Innovation should be engaged to support the development of new or innovative models of care. When designing a new model of care, the aim is to bring about improvements in service delivery through effecting change. As such creating a model of care must be considered as a change management process.

The context of activity based funding and constraints in health funding mean that models of care should define how existing healthcare resources can be better used to meet the needs of the population. Resourcing strategies and economic assessments of the new model of care will need to take disinvestment into account and consider resource reallocation options. This may include avoided future costs, increased bed capacity as the result of care moving to different settings (acute admitted to non-admitted) or resources such as people, space and time being allocated differently to enable the new model of care.

7. Information sourced from the Agency for Clinical Innovation Understanding the process to develop a Model of Care An ACI Framework https://aci.health.nsw.gov.au/__data/assets/pdf_file/0009/181935/HS13-034_Framework-DevelopMoC_D7.pdf

Factors for consideration when developing a model of care are that:

- it is based on the best available evidence
- it links to strategic plans and initiatives (local, national, state)
- it is developed in collaboration with clinicians, managers, health care partners, the community, and with patients, their carers, and or organisations that represent them
- costing, funding and revenue opportunities for the model of care are identified, and assessed
- it extends across the patient journey through different care providers
- specialty and priority populations of patients have been considered.

Theory of change and logic model

Throughout the exploration phase, consideration must be given to NSW Government investments that are undertaken to deliver outcomes that benefit the people of NSW, improve wellbeing, and contribute to State Outcomes. This requires all proposals seeking government resources to identify the evidence that has informed the development of the submission, and to plan for evaluation. *NSW Treasury Policy and Guidelines: Evaluation (TPG22-22)*[8] recommends building this evidence using a theory of change and logic model.

The theory of change is a summary narrative that explains how and why the activities of an initiative are intended to achieve the initiative objectives based on evidence, logic, or theory. The narrative includes the key assumptions about how outputs will lead to the expected level of outcomes and how the outcomes will support the realisation of benefits, and any barriers or risks to achieving the causal links.

A logic model is a summary diagram that presents how an initiative is intended to work. It complements the theory of change by illustrating the key activities and causal links of an initiative. Logic models can take several forms, are adaptable to the needs of the analysis, and can be further developed or refined throughout the FPP. An example of categories in a logic model is provided in Table 4.

8. For more detailed information including workbooks, technical notes, and training refer to https://www.treasury.nsw.gov.au/finance-resource/evaluation-policy-and-guidelines

Table 4: Example of categories in a logic model[9]

Category	Description
Objective	The fundamental aim(s) of the initiative, based on the problem or opportunity identified. It often provides the basis for determining success.
Input	The financial, human, material, technological and information resources used to implement and deliver the initiative.
Activities	The actions and processes of an initiative that transform inputs into outputs.
Outputs	The products, services and infrastructure that result from the initiative activities.
Outcomes	The changes that are attributable to the initiative outputs. Changes may be in economic, social, environmental or cultural conditions and may occur in the short, medium or long term. They may include changes in lives, status, health, surroundings, knowledge, attitudes, values, behaviours or satisfaction levels.
Benefits	An increase in welfare associated with an initiative's outcomes (including economic, social, environmental or cultural outcomes). Benefits need to be first understood as changes in conditions, i.e., as outcomes. In Cost Benefits Analysis, benefits are a measure of the value of the outcomes of an initiative to the NSW community – they may be monetary or non-monetary (methods exist to monetise non-market benefits). Benefits reported in an evaluation should be evidence-based.
State Outcome[10]	The primary purpose for which Budget funding is being expended, which clearly explains to the public the goal that a subnational government is seeking to achieve for its people. NSW State Outcomes are accompanied by Outcome Indicators.

Key considerations in the exploration phase

Figure 3 and Table 5 outline the key considerations that may assist with the logic model and theory of change analysis to develop the case for change in the SP. The key considerations are not intended to be exhaustive.

9. Sourced from NSW Treasury Evaluation Workbook https://www.treasury.nsw.gov.au/finance-resource/guidelines-program-evaluation/workbooks

10. For further information, refer to TPP18-09 Outcome Budgeting https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf

Figure 3: Elements informing the case for change

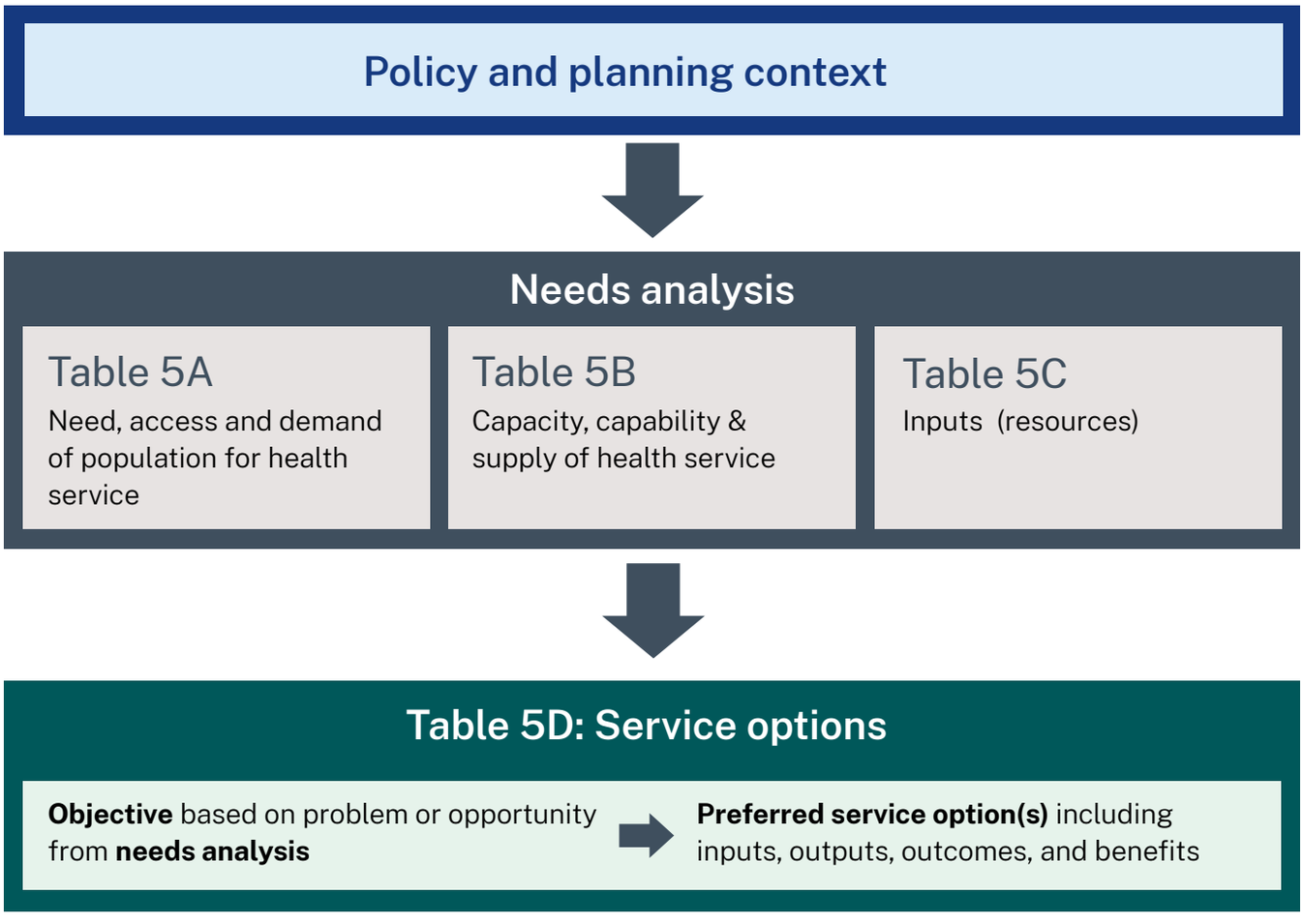


Table 5: Key considerations in relation to the needs analysis and service options

Needs analysis	
Table 5A: Need, access and demand of population for health service	
Analysis	Health care needs of the target population informed by the geographic profile, demographic profile, determinants of health and health status.
Geographic profile	• Catchment e.g., location, local government areas, key population centres, density of settlement (isolated or dense) • Health service access e.g., borders, transport networks, distance, travel times to and between health services • Environmental factors having consequences on population health e.g., heatwaves, drought, air pollution • Other factors e.g., Accessibility/Remoteness Index of Australia Plus (ARIA+), industries that may impact on the health of the population

Needs analysis

Table 5A: Need, access and demand of population for health service

Demographic profile	• Current and projected population • Population distribution e.g., between local government areas or towns • Age distribution • Vulnerable populations e.g., Aboriginal and Torres Strait Islander people[11], people from culturally and linguistically diverse ethnicity, people from non-English speaking backgrounds, refugees, people with a disability, remote populations
Determinants of health and health status	• Socioeconomic indicators e.g., socio-economic indexes for areas, income, unemployment, education, welfare assistance • Health status indicators e.g., life expectancy, mortality rates, obesity, immunisation rates, burden of disease • Health related behaviours e.g., smoking, alcohol use, physical activity • Prevalence of long-term health conditions e.g., chronic disease and disability • Health differentials between population groups

Table 5B: Capability, capacity and supply of health service

Analysis	The elements below are considered in light of the patient journey, integration of services, care across the continuum of care, and: • Supply overlaps and gaps • Unmet or overserviced demand • Gaps between supply and demand • Focus of the SP and priorities for action • Table 5C Inputs (Resources)		
Spectrum of care	Health and Wellbeing • Public health protection • Health promotion • Early detection and care • Chronic care management • Self-management	Intervention • Primary care • Hospital care • Rehabilitation	Palliation • Palliative care • End of life care
	Well population and at-risk population	People with health conditions	People with life limiting or terminal illness

11. The Aboriginal Health Impact Statement (PD2017_034) should be used as a tool to incorporate the health needs and interests of Aboriginal people, assist with appropriate consultation and engagement with Aboriginal stakeholders and ensure that any potential health impacts (of the initiatives in the SP) to Aboriginal health and health services are adequately identified and addressed early in the planning process.

Table 5B: Capability, capacity and supply of health service	
Service settings	Public and private settings/facilities • Hospital • Ambulatory care • Multipurpose service • Community health facility • Mobile unit • Other community based settings/facilities • Home environment
Focus of the Service Plan	
Facility profile	• Facility (LHD/SN owned or leased) • Location and primary catchment area • Service configuration • Infrastructure built capacity[12] • Key worker accommodation onsite • LHD/SN budget allocation to the facility or service (refer to Table 5C) • Potential political, economic, social, technological, legal and environmental (PESTLE)[13] events and trends that may impact the service(s) delivered by the facility into the future
Service profile	• Service objectives • Patient cohort or target group • Policy and service delivery framework • Model of care and service governance • Role delineation of clinical services • Staffing profile, workforce model (refer to Table 5C) • Teaching, training and translational research activities
Service networking	Structure, organisation and networking of services: • within the LHD/SN • with other LHD/SNs • with clinical networks that operate across LHD/SN boundaries • with other states or cross border services
Service delivery method	Patient interactions, care planning and coordination: • Face to face • Virtually e.g., remote care and monitoring, asynchronous services, clinical collaboration and innovation, patient self-management and autonomy

12. For example, number of medical and surgical beds, emergency treatment bays, outpatient consult rooms or treatment spaces

13. PESTLE analysis is a simple and widely used tool that assists in the understanding of the macro environment in which an organisation or service operates.

Table 5B: Capability, capacity and supply of health service	
Coordination of care	• Continuity of care • Case management • In-reach and outreach services • Packages of care • Shared care • Transition of care
Interactions or relationships with other health and care service providers	• Referral pathways • Primary care e.g., general practice, primary health networks, NSW Rural Doctors Network, Aboriginal Community Controlled Health Organisations • Other private service providers e.g., private hospitals, private medical specialists • Other sectors e.g., social care services, disability sector and aged care sector
Service arrangements, partnerships or agreements	• Outsourced services • Partnerships with other service providers • Managed contracts for provision of services • Place based arrangements e.g., in a health place or health precinct
Interactions with clinical and non-clinical support services and supporting facilities	• Services supported or delivered by the LHD/SN, other health organisations or other service providers e.g., NSW Health Pathology, eHealth NSW, HealthShare NSW, NSW Ambulance • Services and supporting facilities relating to, for example: ○ Pathology ○ Pharmacy ○ Sterilisation services ○ Medical imaging ○ Major medical equipment, special equipment, consumables ○ Hotel services (linen, food, cleaning) ○ Porterage services ○ Security services ○ Administration services ○ After hours support ○ Patient flow unit ○ Patient, carer support and volunteer services ○ Key worker accommodation ○ Mortuary ○ Waste management ○ Biomedical engineering ○ Facilities maintenance ○ Asset management ○ Logistics and supply chain ○ Dock services ○ Information and Communication Technology (ICT) services and facilities (refer to Table 5C) ○ Ambulance services ○ Non-emergency patient transport ○ Community based transport ○ Loan equipment/medical equipment

Table 5B: Capability, capacity and supply of health service

Activity and performance	Service volumes and indicators of how the service performs across locations, over time, and compared to peers, benchmarks, and internal and external targets such as:
	• Trends in activity and activity projections:
	  ○ Historical activity and activity trends
	  ○ Base case activity projections[14]
	  ○ Scenario modelling (if applicable)[15]
	  ○ Patient flow patterns[16]
	• Performance and clinical outcomes:
	  ○ Patient and staff experience and feedback
	  ○ Key performance indicators and outcome measures
	  ○ Potentially preventable hospital admissions
	  ○ Avoidable emergency department presentations
	  ○ Unwarranted clinical variation

Table 5C: Inputs (Resources)

Analysis	Inputs include workforce, financial, technology and information resources. Planning for these inputs are beyond the role of service planners and need to be undertaken by the relevant staff within the LHD/SN.
Workforce	Key considerations may include for example: • Budgeted workforce establishment • Workforce profile, age profile, skill mix, succession planning • Workplace environment and culture • Workforce availability, capability and capacity • Workforce gaps and reasons • Factors impacting retention and attraction of staff • Use of assistants, peer workers, locums, visiting medical officers, agency staff and other temporary staff arrangements Future workforce or change in workforce[17] required to: • Open new services / implement new model of care • Deliver new or expanded virtual care services • Support any change in role delineation of clinical services • Support the size and type of development intended • Implement a new workforce model e.g., staff required, roles and method of working • Work differently across sites or teams

14. Unadjusted projections using the recommended tools and methodologies provided in CaSPA where it is assumed there are no major changes to existing service profiles.
15. Scenario modelling builds on base case projections to include possible actions or events in the future e.g., strategies that involve a change in business as usual.
16. Patient flow patterns within the LHD/SN, and to/from other LHDs/SNs, interstate, and private facilities/services.
17. Refer to the Data Workbook (FIS Workforce) tab for categories used in the Financial Impact Statement.

Table 5C: Inputs (Resources)

	Workforce model, strategies, and opportunities for expanded scope of practice • Workforce availability, capability and capacity risks and likelihood of risks[18] • Skills shortages and future workforce demand • Workforce diversity and inclusion and relevant targets e.g., Aboriginal workforce targets • Staff training • Key worker accommodation • Role of multidisciplinary community health services in meeting current and future demand • Integration with local primary care and non-government organisation services Workforce planning guidelines and resources are available in the Workforce Collaborative SharePoint site to authorised LHD/SN users[19].
Financial (recurrent budget)	LHDs/SNs can assess the financial impact by considering it in relation to changes in workforce requirements and activity in the SP or Data Workbook. Examples of factors for consideration include, but are not limited to: • LHD/SN budget allocation to the facility/service • Service agreements • Other funding sources • Forward budget and fiscal outlook • Impact of proposed service changes on LHD/SN resources • Redistribution of funding within the LHD/SN to support internal flow reversals (if included in the activity modelling) • Location/proximity of back of house services (e.g., kitchen), impact on recurrent costs, and consultation with the relevant service provider e.g., HealthShare NSW
Technological and information resources	Current and future ICT requirements, support and management, and alignment with relevant State eHealth policies, plans or initiatives. For example: • Information and Data Management (including archiving) • Staff Management • Care Management • Clinical Systems • Consumer facing services • Business/Corporate Management • Logistics Management • System and Information Integration Management • IT operations • Smart Buildings • ICT Infrastructure including Cloud, local and wide area networks, and integration/interoperability • Transmural information e.g., other LHDs/SNs, general practitioner systems, non-government organisations, including associated information privacy requirement

18. LHDs/SNs may use the NSW Enterprise Risk Management Framework to assess likelihood of risk https://internal.health.nsw.gov.au/cgrm/rmra/risk_management/1_risk_matrix.pdf

19. Contact Workforce Planning and Talent Development Branch (moh-wppu@health.nsw.gov.au) for further information.

Service Options

Table 5D: Service options

Analysis	Service options that address the problem/opportunity and objective from the Needs Analysis (Tables 5A, 5B and 5C).
Analysis of long list of options and short-listed service option(s)	Planning informed by 'A Guide for Early Options Development and Analysis in Service Planning' • Identify all solutions (long list of options) that could address the identified problem or opportunity • Develop the criteria to assess and shortlist a realistic range of options to address the identified problem or opportunity • Document the outcome of the options analysis in the SP including a logic model and theory of change analysis for the short-listed preferred service option(s).

Base case versus scenario modelling (if applicable)	Future infrastructure requirements underpinned by the activity modelling.
	• Base case activity projections or scenario modelling (if applicable)
	• Consider:
	  ○ What is changing from business as usual?
	  ○ What is the impact of the new or changed arrangements?
	  ○ What is the difference between the base case and scenario? e.g., infrastructure requirements, benefits/outcomes, workforce and financial implications.
	• Flow reversals:
	  ○ If internal flow reversals are proposed, the LHD/SN is responsible for internal redistribution of resources/budget associated with the flow reversals.
	  ○ If external flow reversals are proposed, the LHD/SN will need to provide evidence of agreement from the impacted LHD/SN of arrangements that will be in place to implement the flow reversals and agreement of recurrent funding redistribution.

Documentation phase

The submitted SP builds on the exploration phase of service planning, with LHD/SNs synthesising the information gained through the service planning process, providing a concise yet rigorous assessment of the underlying community health need or gap in service provision, summarising the analysis of service options and identifying the preferred future service option(s) that will address the required health outcomes for a specific population over a five-to-ten-year planning horizon.

Service plan template

To complement the Guide, a SP template will be available in the CaSPA portal for approved or authorised users from LHDs/SNs for service planning purposes.

The SP template is a generic format for a SP consistent with the content requirements outlined in this Guide. Use of the SP template is not mandatory. SPs that follow the Guide and/or use the format in the SP template may assist with the Ministry's review process.

It is acknowledged that the format of the SP needs to suit the type of plan and there is no single "correct" format. LHDs/SNs may use an alternative format if the information presented is clear, succinct, structured, user friendly, easy to update and addresses the key considerations and content requirements outlined in this Guide and SP template.

Service plan overview

The 'Service Plan Overview' can be found combined with the SP template.

Completion of the 'Service Plan Overview' by the LHD/SN is mandatory and must be attached to the SP, whether the SP template is used or not. The Service Plan Overview will be used by the Ministry to streamline internal reviews and for quality assurance.

The following represents a checklist of information for documentation of the SP.

Service plan content requirements and review checklist

- [ ] **Service plan overview:** The 'Service Plan Overview' is completed and attached to the SP.
- [ ] **Succinct plan:** The SP synthesises the information gained through the service planning process and describes a clear and succinct case for change supported by evidence.
- [ ] **Key considerations:** The SP provides sufficient information to enable an informed review and reflects the key considerations and content requirements outlined in this Guide and the SP template.
- [ ] **Planning horizon:** The SP describes how the service(s) will evolve over a five-to-ten-year horizon to address the health needs of the target population.
- [ ] **Stakeholder engagement and feedback:** The SP is developed in consultation/collaboration with relevant stakeholders. The SP outlines the stakeholders engaged, feedback received, and the outcomes of the stakeholder engagement.
- [ ] **Aboriginal stakeholders:** The planning includes engagement with Aboriginal stakeholders. An Aboriginal Health Impact Statement is completed and attached to the SP.
- [ ] **Statewide health services and shared services stakeholders:** The planning for clinical and non-clinical support services is developed in collaboration with stakeholders who will be affected by or could influence the planning and implementation of services e.g., NSW Health Pathology, HealthShare NSW, and eHealth NSW.
- [ ] **Service options:** The SP identifies and analyses a broad range of service options (including non-infrastructure solutions) to address the problem or opportunity and details the criteria used to short list option(s). The analysis is structured and demonstrates evidence for the preferred option(s) over the viable alternatives. Planning is informed by 'A Guide for Early Options Development and Analysis in Service Planning'.
- [ ] **Partnerships:** The SP demonstrates consideration of opportunities to develop partnerships or collaborate with other health and care service providers as part of robust options analysis.
- [ ] **Preferred service option(s):** The preferred option represents optimal translation of population health needs (Table 5A), service needs (Table 5B) and resource needs (Table 5C) into sustainable and integrated services.
- [ ] **NSW Health policies, planning guidelines and frameworks:** The SP accurately interprets and applies current NSW Health policies, planning guidelines and frameworks.
- [ ] **System-wide objectives and priorities:** The SP describes how the preferred service option(s) will contribute to achieving system-wide objectives and priorities outlined in Appendix A, and other National, State, NSW Health priorities or targets applicable to the services proposed in the SP.

- [ ] **NSW Health State-wide Investment and Prioritisation Framework:** The SP documents how the planning considers the investment principles and strategic alignment test criteria in the NSW Health State-wide Investment and Prioritisation Framework and the applicable outcome/benefit measures.

- [ ] **Climate risk and net zero**: The SP describes how the initiatives in the plan will contribute to achieving a modern, low carbon, low waste, climate resilient health system.

- [ ] **Case for change, logic model and theory of change:** The case for change follows a logic model and theory of change analysis to illustrate and describe the problem or opportunity, objective, inputs, outputs, and intended outcomes/benefits from implementing the preferred service option(s). The logic includes how and why the preferred service option(s) will achieve the intended outcomes and benefits.

- [ ] **Outcome and benefit measures:** Key performance indicators or outcome measures identified for evaluation are relevant, reliable, unambiguous, understandable, and useable.

- [ ] **Clinical and non-clinical support services:** The SP identifies the range of clinical and non-clinical support services required in the future (refer to Table 5B for examples) and considers the feedback received from relevant service providers about the service delivery model, capacity to provide the services, and resources required.

- [ ] **Workforce and financial implications:** The full resource and service delivery implications of the preferred service option(s) are identified and assessed by relevant LHD/SN executives. The workforce and financial impacts are described in the SP including the planning assumptions. The LHD/SN has the capacity and capability to deliver the services proposed.

- [ ] **Proposals for services expected to have a statewide impact or substantial service enhancements:** Supplementary information is provided in the SP appendix to address additional information or requirements requested by the relevant Ministry branch.

- [ ] **New technology:** The SP considers health technologies that are new to the NSW public health system, in accordance with the processes outlined in the Guideline for New Health Technologies and Specialised Services (GL2022_012).

- [ ] **Supporting data:** The SP provides data supporting the case for change and details the relevant data sources, data inclusions/exclusions, methodology and assumptions underpinning activity modelling. A summary can be included in the SP with the accompanying Data Workbook providing the detail.

- [ ] **Accounting for other projects or proposals (planning assumptions):** The data in the SP is robust and does not double count activity between services and/or patient flows/activity contributing to another SP, capital investment proposal, or project.

- [ ] **Flow reversals and impact:** The SP identifies the impact of the preferred service option(s) on other parts of the health system including within the LHD/SN and on other LHD/SNs e.g., flow reversals proposed that need to be balanced by decreased projected activity elsewhere in the system.

- [ ] **Internal flow reversals:** Internal redistribution of resources associated with internal activity flow reversals has been discussed with the impacted service/facility in the LHD/SN.

- [ ] **External flow reversals:** External activity flow reversals have been discussed and agreed with the affected LHD/SN. Evidence of agreement from the impacted LHD/SN is attached to the SP of arrangements that will be in place to implement the flow reversals and agreement of recurrent funding redistribution. The impact is reflected in relevant activity data in the SP and relevant plans submitted to the Ministry by the affected LHD/SN.

- [ ] **Role delineation:** The SP includes a summary table identifying the current and proposed role delineation of clinical services for the facility and networked facilities in the LHD/SN. The summary table is generated using the 'Proposed RD Report' in the Role Delineation Application in CaSPA. Minimum core services are planned at a level that safely supports the role delineation of all clinical services in scope of the SP. Models of care have been supported by LHD/SN clinical governance.

- [ ] **Consistency of information:** The SP is reviewed prior to submission to the Ministry to ensure there is no inconsistent or ambiguous information relating to the service scope, activity projections, service requirements, and alignment with NSW Health policies, planning guidelines and frameworks.

- [ ] **Australasian Health Facility Guidelines (AusHFGs):** The SP focuses on future health services and models of care (not building and design requirements). Where a capital response is required, the subsequent capital planning process will translate the service requirements in the SP into the infrastructure response. AusHFG variations are not within the scope of the SP.

Appendix A. Strategies, plans and guidelines

Key documents include but are not limited to the following:

Corporate Governance and Accountability Compendium for NSW Health

The Corporate Governance and Accountability Compendium for NSW Health provides a summary of the key governance requirements of NSW Health agencies at both a system and local level. It outlines strategic and service planning responsibilities, key documents governing the operation of the NSW public health system and individual agencies, as well as expectations around the development of planning documents. The Compendium encompasses information from legislation, directives issued through the NSW Department of Premier and Cabinet and the NSW Treasury, NSW Health policy directives, guidelines and best practice instructions.

Source: https://www.health.nsw.gov.au/policies/manuals/Pages/corporate-governance-compendium.aspx

Service Agreements

The Ministry negotiates an annual service agreement with each LHD and SN to underpin the devolution of decision-making, responsibility and accountability to the LHD/SNs to promote the provision of safe, high quality, people-centred healthcare. This agreement is a key component of the NSW Health Performance Framework and sets out the services to be provided, the performance expectations and outcomes to be achieved along with the funding this activity attracts for a particular year. Service agreements are negotiated contingent on the services being delivered in accordance with the core values and priorities of NSW Health. It is essential that a SP includes relevant LHD/SN obligations and outcome measures as described in the current service agreement.

NSW Health Outcome and Business Plan

Outcome Budgeting is an approach to decision-making that recognises that allocation of public resources should be based on the outcomes achieved, not just the amount spent. It seeks to improve the oversight of total expenditure, and ensure there is a sustained focus on:

- Outcomes and service levels to be achieved
- Evidence of the effectiveness of programs to deliver these outcomes
- Transparency of performance in achieving the outcomes
- Continuous improvement in how services are delivered, and outcomes achieved

Introduced as part of the 2017-18 State Budget, Outcome Budgeting transformed the way budget decisions are made and resources managed in the NSW public sector. The overarching objective of Outcome Budgeting is to deliver better outcomes for the people of NSW with increased transparency, accountability, and value for taxpayer dollars.

The NSW Health Outcome and Business Plan is a key deliverable in the implementation of the NSW Treasury Policy and Guidelines Paper – Outcome Budgeting TPP18-09. From the 2023-24 State Budget, the Health Cluster Outcome Structure will reflect the outcomes below and include relevant Outcome indicators that align with Future Health.

- Outcome 1: People are healthy and well
- Outcome 2: Safe care is delivered within our community
- Outcome 3: Safe emergency care is delivered
- Outcome 4: Safe care is delivered within our hospitals
- Outcome 5: Our staff are engaged and well supported
- Outcome 6: Research and innovation, and digital advances inform service delivery

Source: NSW Treasury Policy and Guidelines Paper – Outcome Budgeting TPP18-09:
https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf

Future Health

Future Health provides the strategic framework and priorities for the NSW Health system from 2022 to 2032. Aligning infrastructure and service planning around the future care needs is key objective 2.5.

Future Health - Key Objective 2.5: What does success look like?

- People are given choices for the setting in which they receive healthcare services to best suit their needs in a clinically appropriate way.
- The health system is set up to deliver increasing volumes of care in community, home and virtual settings in a safe, high quality reliable manner.
- People are receiving a more coordinated care experience from NSW Health and its partners in care.
- Hospitals are continuing to achieve timely access and quality of care outcomes compared to benchmarks.
- Infrastructure and service planning is aligned to changing demand in particular supporting digitally-enabled care settings.
- Priority populations have increasingly more equitable outcomes and access to care.

Source: https://www.health.nsw.gov.au/about/nswhealth/Pages/future-health.aspx

NSW Health 20-Year Health Infrastructure Strategy

The NSW Health 20-Year Health Infrastructure Strategy sets a number of new directions for future health infrastructure investment in NSW. Planning for future capacity and improvements should provide an emphasis on:

- A network of infrastructure that supports the complete patient journey and delivers a full spectrum of care in the home, community and hospital
- A culture of innovation where learnings are shared across the state
- A capital investment framework that supports flexibility and network sharing, and flexible ways of managing growth
- A places framework that defines health's places, precincts and approach to place based planning, and includes a framework for strategic partnerships and investments
- Accelerating virtual and digitally enabled care where cyber security and privacy remain foundational
- Making better use of existing assets
- Advancing whole of system digitisation
- Moving from volume-based care towards value based, patient centred care
- Continually striving to deliver care that improves:
    - Health outcomes that matter to patients
    - Experiences of receiving care
    - Experiences of providing care
    - Effectiveness and efficiency of care

Source: https://www.health.nsw.gov.au/priorities/Pages/his-overview.aspx

NSW Health Workforce Plan

The NSW Health Workforce Plan provides a delivery framework to guide the implementation of the workforce-related strategies across the health system. As the delivery roadmap for Future Health Strategic Outcome 4, the priorities and outcomes in the NSW Health Workforce Plan should be reflected in local planning to ensure staff are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences.

The priorities include:

- Build positive work environments that bring out the best in everyone
- Strengthen diversity in our workforce and decision making
- Empower staff to work to their full potential around the future care needs
- Equip our people with the skills and capabilities to be an agile, responsive workforce
- Attract and retain skilled people who put patients first
- Unlock the ingenuity of our staff to build work practices for the future

Refer to the NSW Health Workforce Plan for outcomes sought under each priority.

Source: https://www.health.nsw.gov.au/workforce/hpwp/Pages/hwp-2022-2032.aspx

NSW Regional Health Strategic Plan

The NSW Regional Health Strategic Plan details the strategic priorities and objectives when planning for health services for regional, rural and remote communities. Aligning infrastructure and sustainable service planning around the needs of staff and communities to enable virtual care is strategic objective 2.6.

Strategic objective 6.6 includes:

- Infrastructure development: deliver program of infrastructure development including regional hospitals, extensions, digital infrastructure, refurbishments; implement infrastructure for innovative new models of care where evidence is supportive.
- Engage with communities and Aboriginal Community Controlled Health Organisations on infrastructure needs: identify and address barriers to infrastructure upgrades.
- Improve useability and accessibility for people with disability: ensure usability and accessibility of facilities for people with disability.
- Infrastructure planning for flood and bushfire impacted services: invest in critical repairs and rebuilding.
- Address minimum needs: identify the minimum viable service needs for staff and communities through outcomes focussed services planning (e.g., local imaging solutions, car parking, active transport and public transport connectivity).

Source: https://www.health.nsw.gov.au/regional/Pages/strategic-plan.aspx

Value based healthcare

Value based healthcare aims to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care

Statewide priority programs include:

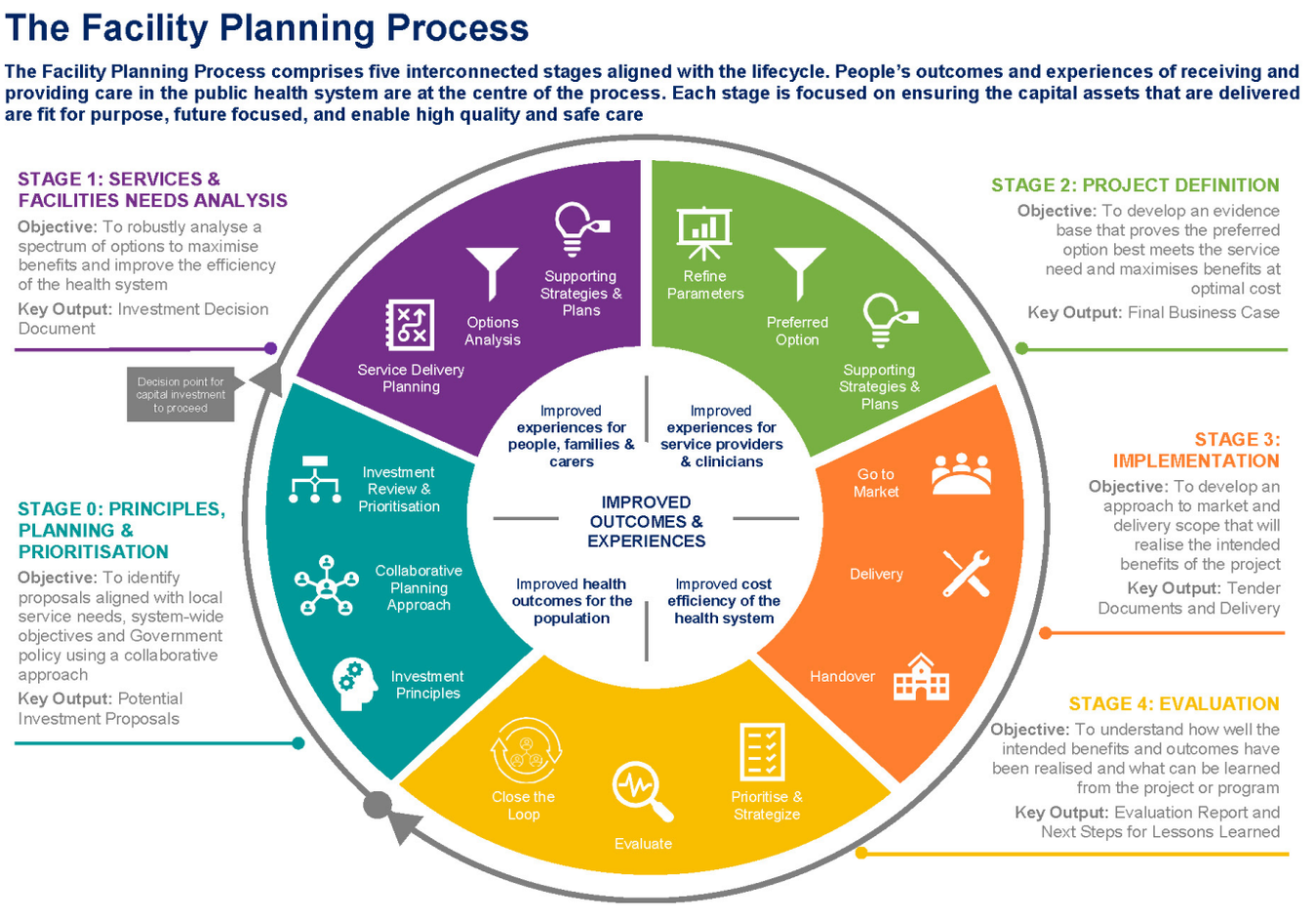
- Leading Better Value Care
- Integrated Care
- Commissioning for Better Value
- Collaborative Commissioning

Source: https://www.health.nsw.gov.au/Value/Pages/default.aspx

NSW Health Facility Planning Process

The NSW Health Facility Planning Process (FPP) provides a framework for prioritising, planning, delivering and evaluating capital infrastructure across the NSW public health system. LHDs/SNs are required to use the FPP for capital investment projects valued at $10 million and above. The stages in the FPP are illustrated in Figure 4.

Figure 4: NSW Health Facility Planning Process



Source: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2021_018.pdf

NSW Health State-wide Investment and Prioritisation Framework

The State-wide Investment and Prioritisation Framework sets out the methodology that the Ministry uses to assess and prioritise the capital investment proposals received from LHDs/SNs, as part of the annual capital investment planning process.

The investment principles and strategic alignment test criteria in this framework should be used to guide the development of the SP e.g.,

- Places patient outcomes at the centre
- Improves long term financial sustainability of the system
- Enables innovative and transformative ways of delivering health care
- Makes better use of assets and considers non-asset solutions
- Takes a whole of portfolio approach
- Is adaptive, resilient and environmentally sustainable
- Maximises place-based synergies
- Facilitate greater integration of primary care and community based services and early treatment.
- Facilitate greater volumes of out-of-hospital care
- Cater for growth in non-acute outpatient care including same day surgery, diagnosis and community health
- Encourage diversion of avoidable emergency department presentations to lower cost settings/ facilities
- Facilitate greater volumes of virtual or telehealth models
- Optimise service delivery across the whole portfolio
- Demonstrate potential to reduce ongoing recurrent costs without compromising patient outcomes
- Consider adaptable flexible assets or innovative procurement models
- Limit or reduce the impact to the environment and adopt Climate Risk and Net Zero vision – "NSW Health is a leading modern, low carbon, low waste, climate resilient health system by focusing on quality, value, innovation and equity". NSW Health recognises that it cannot deliver high quality healthcare without responding to climate risk.
    - Mitigate: Take action to reduce environmental footprint (in either emissions or waste) e.g., decarbonising high-value care and developing low-carbon models of care or undertaking actions in clinical care transformation, travel and transport, energy and assets, procurement and waste, and pharmaceuticals and medicines.
    - Adapt: Take action to manage physical climate risks.

Source: *https://internal.health.nsw.gov.au/his/documents/his-investment-framework.pdf*

A Guide for Early Options Development and Analysis in Service Planning

Early Options Analysis (EOA) should be used to analyse the short-list of options that could meet an identified service need. The EOA Guide will improve the rigour, approach, consistency and application of EOA by LHD/SNs. Supporting the analysis of a broader range of investment options earlier in the planning process will ensure that LHD/SNs propose the most effective and sustainable solutions for funding approval. EOA will help align service and capital planning with the monitoring and evaluating expectations of NSW Health and Treasury.

Source: https://nswhealth.sharepoint.com/sites/CaSPA-MoH/Shared%20Documents/Resources/early-options-analysis/early-options-analysis-guide.pdf

eHealth Strategy for NSW Health 2016–2026

The eHealth Strategy establishes the direction for eHealth investment so that NSW Health organisations can harness innovations and solutions in clinical care, patient engagement, business services and smart infrastructure to meet future demands. The Strategic Framework provides an approach for LHDs and service providers to develop tailored eHealth plans to meet local needs while staying consistent with statewide eHealth goals, underpinning principles and priority ICT solution developments.

- Continuing the digital journey, while aligning to state and local health strategies, eHealth NSW is increasing its focus on:
- Virtual care and telehealth
- Integration and interoperability
- Future proofing existing systems and architecture
- Resilience and cybersecurity
- Advancing real-time analytics
- Supporting NSW Health's strategic initiatives including value based healthcare, and empowering consumers, patients and staff

Source: https://www.ehealth.nsw.gov.au/about/our-strategy

NSW Virtual Care Strategy

The NSW Virtual Care Strategy outlines the steps to integrate virtual care as a safe, effective, accessible option for healthcare delivery in NSW with six strategic focus areas:

- Patients' interactions
- Remote care and monitoring
- Care planning and coordination
- Clinical collaboration and innovation
- Self-management
- A digitally capable workforce

Source: https://www.health.nsw.gov.au/virtualcare/Pages/nsw-health-virtual-care-strategy-feb-2022.aspx

Elevating the Human Experience

Elevating the Human Experience – Our Guide to action for patient, family, carer and caregiver experiences (Guide to action) elevates NSW Health's ambition to ensure the people in our care as well as their carers have the best possible experiences when they interact with the NSW health system. Their experiences are of equal importance as their clinical outcomes.

There are seven focus areas:

- Focus area 1: Leadership, accountability and governance
- Focus area 2: Culture and staff experience
- Focus area 3: Collaborative partnerships
- Focus area 4: Innovation and technology
- Focus area 5: Information and communication
- Focus area 6: Measurement, feedback and response
- Focus area 7: Environment and hospitality

Source: https://www.health.nsw.gov.au/patients/experience/Pages/elevating-the-human-experience.aspx

Climate risk and getting to a net zero health system

Vision statement: NSW Health is a leading modern, low carbon, low waste, climate resilient health system by focusing on quality, value, innovation and equity. The NSW Health website contains practical information and resources to support NSW Health staff.

NSW Health Climate risk and net zero website
https://www.health.nsw.gov.au/netzero/Pages/default.aspx

HealthShare NSW 2020-2024 Strategic Plan
https://www.healthshare.nsw.gov.au/about/strategic-plan

Health Infrastructure's Sustainability Commitment and Strategy
https://www.hinfra.health.nsw.gov.au/WWW_Hinfra/media/SiteImages/Content/Sustainability-Commitment-and-Strategy.pdf

Clinical Services and Planning (CaSPA) Portal

The CaSPA portal provides a range of planning tools and resources for approved or authorised users from LHDs/SNs for service and capital planning purposes. For example:

- Service planning guides and templates
- Population projections
- Activity projection tools
- Data Workbook
- Role Delineation Application
- Early Options Analysis Guide and Template
- Preliminary Cost Benefit Analysis template, user guide and framework
- Links to other additional resources

Source: https://nswhealth.sharepoint.com/sites/CaSPA-MoH/SitePages/Home.aspx

Data Workbook

Various planning guidelines, tools and resources have been developed by NSW Health for LHD/SN service planners involved in data analysis and developing projections. These are available on the CaSPA portal and include a Data Workbook for LHDs/SNs to document the activity modelling, planning assumptions and methodology supported by the Ministry.

In addition to resources available in CaSPA planners may need to access a range of other data sets and reports when developing a SP, for example:

- LHD/SN data e.g., operating theatre data, key performance indicators
- Socioeconomic information e.g., Australian Bureau of Statistics
- Health status and epidemiological information e.g., HealthStats NSW, Australian Institute of Health and Welfare
- Other information e.g., data from local systems, ABM portal or the Clinical Variation App

These other data sets can be stored as additional worksheets in the Data Workbook for future reference.

The Data Workbook:

- Provides a template to collate, consolidate and present health planning data, workings and planning methodology that support the case for change.
- Outlines the minimum level of data and information required for the final projection to be replicated during assessment of the activity and facility requirements.
- Details the methodology for base case activity projections based on a set of assumptions (e.g., about population, service mix and level, occupancy, referral patterns) and allows for scenario modelling to adjust these assumptions to model the effects of changes to continuation of the 'status quo' where applicable.
- Provides a source of information for updates or refinement in line with the preferred option identified in facility planning (FPP Stages 0 to 2) to inform e.g., the preliminary cost benefit analysis and financial impact statement.

It is not intended that the Data Workbook will be circulated more broadly with the SP or published. Rather a summary of the outputs or key information will be included in the body of the SP.

Instructions on how to undertake data modelling is out of scope of this Guide. Given the nature and complexity of analysing and estimating future activity and associated facility requirements, and the implications for capital developments, it is recommended that for projects that require detailed scenario modelling across multiple service streams, the planning team should contact the Ministry Strategic Analysis Investment Unit (MOH-CaSPA@health.nsw.gov.au) to discuss the assumptions prior to finalisation.

NSW Health Policies, Guidelines and Plans

Policies and planning guidelines relevant to services in the SP and plans or guidelines published by the various Ministry branches, centres and offices.

NSW Health Policy Distribution System
https://www1.health.nsw.gov.au/pds/Pages/pdslanding.aspx

Health agencies, pillars and organisation websites
https://www.health.nsw.gov.au/about/nswhealth/pages/structure.aspx

Ministry branches, centres and offices
https://www.health.nsw.gov.au/about/ministry/pages/structure.aspx

NSW Treasury Policies and Guidelines

NSW Treasury policies and guidelines relating to establishing the case for change, planning for evaluation, and business case options analysis requirements.

Centre for Evidence and Evaluation
https://www.treasury.nsw.gov.au/projects-research/centre-evidence-and-evaluation

Evaluation workbooks
https://www.treasury.nsw.gov.au/finance-resource/guidelines-program-evaluation/workbooks

Infrastructure and Asset Management
https://www.treasury.nsw.gov.au/infrastructure-and-asset-management