



Strategy for Planning Country Health Services in SA

December 2008



**Government
of South Australia**

SA Health

Table Of Contents

Foreword – John Hill MP	4
Foreword – Peter Blacker	5
Foreword – Barbara Hartwig	6
Introduction	7
Country health services for the future	8
Principles For Country Health Service Planning	11
South Australia’s Country Health Care challenges	15
> Ageing population	15
> Growing demand on health services	16
> Chronic disease	16
> Mental health	17
> Population health	17
> Impact of distance	17
> Impact of climate change and seasonal and economic changes	17
> Community expectations	18
> Infrastructure	18
> Safety and Quality	18
Workforce challenges and opportunities	19
> Current workforce trends	20
> Aboriginal workforce	20
> Supporting attraction and retention	21
> Education and training of the potential and current workforce	21
Improving Aboriginal Health Status	23
A New Way Of Working Together	26
> Primary health care service expectations	26
> Hospital services	27
> Service delineation framework	27
• Acute inpatient care	27
• Emergency services	28
• Surgical services	28
• Maternity and birthing services	29
• Services for children and their families	29
• Services for older people	29
• Community health and outpatient services	30
• Enhanced palliative care services	31
• Respite services	31
• Clinical support services	31
• Medical specialist services	31
• Cancer services	31
• Increased rehabilitation services	32
• Mental health services	32
• Oral health services	33
> Research and evaluation	34

Key Enablers For Improving Health Care For Country South Australians	35
> Better transport and improved coordinated care (the patient journey)	35
> Information Technology	35
> Statewide services and partnerships	36
> Country communities	36
> Helping country residents to choose a healthy lifestyle	37
> Helping clinicians to work together	37
• Local clinical networks	37
• GP Plus Health Care Networks	37
• Statewide Clinical Networks	37
The Way Forward	39
Glossary	41
Appendices	44
> Appendix A - Country Health Care Plan Taskforce Service Delineation Framework for Country Health Services	44
> Appendix B - Role of Health Advisory Councils	53
> Appendix C - South Australia's Strategic Plan 2007 Targets	54
> Appendix D - Other Strategic Plans	60

Foreword

The *Strategy for Planning Country Health Services in South Australia* (the Strategy) has been developed following extensive discussions and consultation with rural and regional residents and health professionals over a period of six months. It is clear that there is a real need to improve health outcomes for country people. We know that country residents tend to have worse health outcomes than their city counterparts and this Strategy will address this disadvantage.

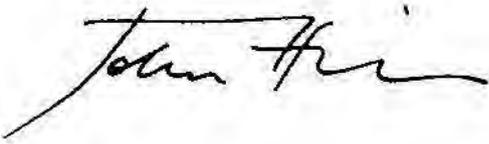
The State Government of South Australia is committed to working with country communities and their doctors to improve health outcomes for country people. Funding for country health has already increased by 55 per cent since 2002, ensuring the continued delivery of acute medical and primary health care services, the provision of more elective surgery closer to where people live and sustaining the health workforce. In partnership with the Rural Doctors Workforce Agency, new ways will be developed to attract more doctors to the country and replace General Practitioners who retire or leave country communities. Our recruitment strategies will be refocused to ensure we can attract the nurses and midwives and allied health professionals needed to deliver improved services.

This Strategy is intended for use by local communities to develop long-term service plans for their hospitals and health services. This ground up approach will ensure communities have their say in how health care is delivered in their towns and regions. Health Advisory Councils will play a pivotal role by engaging and consulting with local people and health professionals to ensure their wishes are considered in wider health planning.

I would like to commend the Country Health Care Plan Taskforce for its work and commitment in the development of this Strategy.

I also commend the Country Health SA Board Health Advisory Council and local Health Advisory Councils for their role in analysing feedback from the community and look forward to receiving their ongoing advice on health service needs and priorities for country communities.

I look forward to working with all country communities to continue strengthening health services in rural, regional and remote South Australia.



John Hill MP
Minister for Health

Foreword

The Country Health Care Plan Taskforce (the Taskforce) was established by the Minister for Health in July 2008 and was comprised of the following members:

- > Mr Peter Blacker (Chair)
- > Dr Peter Rischbieth, Rural Doctors Association of SA
- > Dr Alison Edwards, Rural Divisions Group of General Practice SA
- > Dr Peter Sharley, Australian Medical Association – SA
- > Ms Lyn Poole, Rural Doctors Workforce Agency
- > Ms Elizabeth Dabars, Australian Nursing Federation (SA Branch)
- > Ms Dolly Costello, Public Service Association – SA
- > Ms Mary Buckskin, Aboriginal Health Council of South Australia
- > Mr James Maitland, Local Government Association of SA
- > Mr David Panter, SA Health
- > Dr Peter Joyner, Country Health SA Board Health Advisory Council
- > Mr George Beltchev, Country Health SA Hospital Inc

The Taskforce members endorsed a draft *Strategy for Planning Country Health Services in South Australia* that was released for public consultation on 6 November 2008. Following this period of public consultation, the Taskforce has analysed the feedback received and subsequently made recommendations to amend the Strategy. Country Health SA has accepted the recommendations of the Taskforce and updated the Strategy.

The Taskforce commends the *Strategy for Planning Country Health Services in South Australia* to the Minister for Health, the Government and the community.



Peter Blacker

Chairperson – Country Health Care Plan Taskforce

Foreword

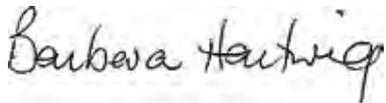
The role of the Country Health SA Board Health Advisory Council is to act as an “umbrella body” to provide advice to the Minister for Health from a whole of country health perspective, and to ensure that the strong link between communities and their health services is maintained.

The Country Health SA Board Health Advisory Council has contributed to the development of the *Strategy for Planning Country Health Services in SA*.

The *Strategy for Planning Country Health Services in SA* establishes a process for local health service planning and again this will be effectively led by the local Health Advisory Councils and Country Health SA Directors.

I commend the Taskforce and the staff of Country Health SA for the considerable work involved in producing this Strategy.

Finally, I encourage all country residents to consider this important Strategy for country health services. Country hospitals and health services are part of the backbone of rural living and we must continue to strengthen our health services in order to meet future challenges and opportunities.



Barbara Hartwig

Presiding Member – Country Health SA Board Health Advisory Council

Introduction

*South Australia's Health Care Plan 2007-2016*¹ included a commitment from the South Australian Government to develop a plan for country health services to improve the provision of and access to health services for country residents.

*South Australia's Strategic Plan*² also sets out health targets that can only be attained by ensuring country health services respond in different ways to the changing health care needs of country residents.

Aboriginal health is everyone's business and the *SA Health Aboriginal Cultural Respect Framework* brings together the critical directions for health services in country South Australia.

This document aims to build on the vision in these important documents and set out how to achieve an integrated country health care system so that a greater range of services are available in the country, meaning fewer country residents need to travel to Adelaide for health care.

South Australia's Country Health Care Plan (the Plan) was released on 5 June 2008 for public consultation. On 31 July 2008, at the end of eight weeks of consultation, the Minister for Health announced that the Government had listened to community feedback and would change the approach of the Plan based on the feedback received.

Throughout the consultation period an enormous amount of feedback was received from a broad range of people across the community. The Country Health Care Plan Taskforce undertook a detailed analysis of all the feedback and this is presented in the *Country Health Care Plan Taskforce Discussion Paper*, released publicly on 23 September 2008.

Following the release of this Discussion Paper, the Minister for Health announced that a new plan would be developed by Country Health SA, in liaison with the Taskforce and the Country Health SA Board Health Advisory Council.

The *Strategy for Planning Country Health Services in SA* has been prepared to set out the broad policy commitments, priorities and key enablers. It incorporates:

- > The deliberations of the Country Health Care Plan Taskforce, including the important planning principles and service delineation framework
- > Components received positively from South Australia's Country Health Care Plan released in June 2008
- > Feedback received during the public consultation period of the draft *Strategy for Planning Country Health Services in SA*.

This document does not attempt to describe services at each hospital and health service across country South Australia. Ten-year service plans for each country hospital and health service will define specific services, taking into consideration the important local and statewide needs.

This document becomes a manual for country hospitals and health services to develop local health service plans. It provides local Health Advisory Councils with broad parameters to support their leadership role.

Country communities have long provided solid support and advocacy for their local health services, and their continued involvement remains vital. Country residents will be able to provide direction through the Health Advisory Councils, allowing them to have local input into health planning. The Country Health SA Board Health Advisory Council will have a statewide role, and Health Advisory Councils will have a specific local voice. This will include the Country Health SA Aboriginal Health Forum and Aboriginal Health Advisory Committees.

The role of the Health Advisory Councils will be critical in supporting local service planning and defining a service profile that meets local needs. Through the new *Health Care Act 2008*, the Health Advisory Councils are responsible for a range of advisory, advocacy and fundraising functions and will give local country communities continued direct input into their health priorities and planning (see Appendix B). Country Health SA Hospital Inc is responsible for the planning and delivery of health services in the country region and all country hospitals are sites of Country Health SA Hospital Inc.

¹ SA Department of Health: '*South Australia's Health Care Plan 2007-2016 – The South Australian Government's plan for health care over the next 10 years*', SA Department of Health, Adelaide, 2007

² Government of SA: '*South Australia's Strategic Plan 2007*', Government of South Australia, Adelaide, January 2007

Country Health Services for the future

A *Strategy for Planning Country Health Services in SA* aims to achieve an integrated country health care system in which all health care facilities across country South Australia play an important role in supporting the health of their local communities. Country Health SA Hospital Inc is responsible for providing country public health services, and overseeing multiple campuses and hospital sites to deliver services and coordinate health care across country South Australia.

Health Advisory Councils will be supported to ensure that the strong link between country communities and their health services is maintained.

A new approach to the delivery and coordination of health care services in country areas is needed. The Government will establish a new model of care for the country where health services of different sizes work together to ensure a wide range of services is available within a "local clinical network".

A local clinical network is a group of health services that work together because they are closely located geographically and have close clinical connections. These networks also offer the opportunity to link resident medical specialists, doctors, nurses and midwives, allied health professionals and community representatives to better work together across hospital health service sites. This collaboration supports the development of expanded services over and above what would be possible by acting independently. By supporting health services within the local clinical network to work together, services to the community will be optimised and issues such as workforce shortages, safety and quality, and recruitment and retention can be addressed collectively. This will be achieved through a clear collaborative and consultative approach with staff, supported by appropriate information and communication technology.

Country hospitals and health services at all levels will be supported and have strengthened capacity to maintain, at a minimum, existing levels of care for both the local community and broader district. Emergency medical and inpatient care, primary and community care, intermediate and acute care, and aged care operate in collaboration in country hospitals. The detailed service profile for each country hospital will consider local issues and conditions. Transport, accommodation and referral pathways for patients and carers will also be important to support access to more complex health services outside of the local community.

Health services will be provided as close to home as possible while maintaining the highest level of safety and quality. Some activity currently delivered in metropolitan hospitals will increasingly be available in country hospitals along with the appropriate resources. It is important to acknowledge that health services in Adelaide will continue to be an option for care, recognising personal networks, historic connections and individual choice.

The **Country General Hospitals** at Berri, Mount Gambier, Port Lincoln and Whyalla will be developed to manage the majority of health care needs so that only patients requiring highly specialised or complex care will need to access this in Adelaide. Specialist services will be provided through Country General Hospitals by resident medical specialists as a priority for provide core services, supplemented by a range of other visiting specialist services consistent with the health needs of the local community. Country General Hospitals will have an increased capacity, a higher complexity of services and a range of enhanced and new health services.

The Government is pleased to announce that work will start immediately on the building up of the Country General Hospitals. The process of capital upgrades has commenced and will continue across these sites. A recruitment campaign for health professionals (whether salaried or visiting) will commence, where required, in consultation with relevant local health professionals. The aim will be to strengthen the sustainability and the level of support provided to local health professionals.

The completion of detailed service profiles for each Country General Hospital will include the repatriation of activity from metropolitan Adelaide, which will mean fewer country people will have to travel to Adelaide. It is anticipated that positive changes for Country General Hospitals, such as increased access to services for country patients who would prefer access in the country rather than in metropolitan hospitals, will continue to be demonstrated over the next two years.

Country Community Hospitals will have close links to Country General Hospitals and/or metropolitan hospitals for the provision of more complex care. Recognising that not all country residents reside in the catchment of the Country General Hospitals, Country Community Hospitals will provide an enhanced range of services, including primary health care services most suited to the health care needs of the local population. This will be in addition to enhanced community-based services for rehabilitation, palliative and aged care.

The development of detailed service profiles for each of the Country Community Hospitals will soon commence, concentrating on building up the service delivery needs of the broader geographical area. It is anticipated that the detailed planning work for the Country Community Hospitals will commence in 2009, with implementation prioritised.

Peri-Urban Health Services are located in areas in close proximity to Adelaide – including Mount Barker, Victor Harbor and Gawler – that are subject to urban growth, and have a rural mode of service delivery. These services' catchment areas extend into designated country areas and services will be jointly planned across both metropolitan and country areas taking into consideration the planning principles of the Strategy. This approach aims to support the services to expand as their rural catchment grows, with the advantages of being relatively close to metropolitan services.

Local Area Hospitals and Health Services, of which there is a vast continuum, will support the agreed minimum health services described for every facility through to additional services at some sites with appropriate capacity. The future development of Local Area Hospitals and Health Services will have a strong emphasis on strengthening the workforce, including examining ways to improve the recruitment and retention of health professionals in country South Australia.

Efforts to improve the health of Aboriginal people will be significantly boosted by the development of a **Centre for Excellence in Aboriginal and Torres Strait Islander Health**. The Centre will focus on demonstrating, modelling and teaching best practice in Aboriginal health by working closely with local communities and health service providers across the state. Services everywhere will be strengthened to deliver access to better services for Aboriginal people across country South Australia to improve their health and wellbeing. The Centre will be based at Port Augusta, which has the largest population of Aboriginal people in country South Australia, and will be a resource advising other communities on Aboriginal health issues. By establishing the Centre for Excellence in Port Augusta, the model can build upon the existing achievements by local agencies including the Port Augusta Hospital, Pika Wiya Health Service, Division of General Practice, Royal Flying Doctor Service, health practitioners and the community.

Along with the development of the Centre, the Port Augusta Hospital will be strengthened to meet the service needs of the entire community. This Strategy recognises the hospital's special role in servicing the catchment to the remote north and west, its link to the local Royal Flying Doctor Service base, and existing specialist services such as renal dialysis and paediatrics. With the mining developments anticipated in the north of South Australia, the Port Augusta Hospital must have the capacity to develop as the population grows both locally and within the broader catchment area.

A steering committee has been engaged to undertake detailed planning and will consider important principles identified by the Country Health Care Plan Taskforce, the Aboriginal Health Council of South Australia and other key stakeholders.

The Centre for Excellence is one component in an integrated health system for South Australia which features the development of innovative service delivery models. In an integrated system, clinical networks across country South Australia and the health sector will enable coordinated care for Aboriginal people and the general South Australian population. Navigation of clear pathways may be assisted through the establishment of integrated services providing a one-stop shop including outreach services for remote communities. Specific attention will be given to individuals and families with chronic disease conditions and co-morbidities to ensure care planning, provision of coordinated services and referral to services as required.

The **development of Centres for Excellence in other areas of country health** will be further explored, recognising that there is great value in demonstrating, modelling and teaching best practice in country health whether that be in workforce development or care for an ageing population.

Remote Area Services provide fundamental primary health care services and also support stabilisation and care within the community or at home, with identified transfer arrangements and enhanced telehealth capacity. Aboriginal health services in remote and isolated areas will be supported to provide vital comprehensive primary health care, including early intervention and prevention of illness, particularly chronic diseases, working closely with other services.

Small Rural Health Clinics will support fundamental primary health care services and a coordinated patient journey strategy including enhanced telehealth capacity. These clinics will work closely with hospitals and health services across country South Australia, in partnership with local General Practitioners and local Divisions of General Practice.

Hospitals and health services located in country South Australia are shown on the map.



Principles for country health service planning

Planning health services for the future is a complex exercise with many factors to be considered. The following principles were developed by the Country Health Care Plan Taskforce and will be used to guide planning of country health services at all levels.

The relationship between *South Australia's Strategic Plan (SASP) 2007* objectives and targets, and the principles for country health service planning, is correlated below. Objective 2 relating to "Improving Wellbeing" is of particular relevance along with targets relating to early childhood, education, attaining sustainability, and building communities, although all targets should be considered. Specific objectives and targets are provided in Appendix C.

1. Focusing on the needs of patients, carers and their families utilising a holistic care approach. [SASP Objective 2]

This means:

- > Having the health of patients and communities as the primary objective of all health service planning.
- > Developing models of service delivery that identify and support carers and families.
- > Enabling patients, carers and their families to understand and be partners in the planning and delivery of their health care by providing information as to where and how to effectively access required support.
- > Facilitating access to services as close as possible to patients' support networks (family and friends).
- > Providing culturally sensitive services based on the needs of Aboriginal people.
- > Recognising the needs of people from culturally and linguistically diverse backgrounds.
- > Encouraging greater self-responsibility for health care.
- > Improving the coordination and integration of services so as to present a complete system of health care to the patient.
- > Achieving an appropriate balance of in hospital/out of hospital primary and preventative health care services.
- > Increasing the focus on wellbeing and the development of primary health care strategies.
- > Improving the level of population health initiatives such as early intervention and illness prevention services.

2. Ensuring sustainability of country health service provision. [SASP Objectives 5 and 6]

This means:

- > Defining and ensuring essential levels of service delivery for all country hospitals and health services, in consultation and agreement with local communities.
- > Facilitating adequate and timely staffing of health care teams within all country hospitals and health services so that agreed service levels can be provided.
- > Actively recruiting, expanding and retaining a skilled resident general and specialist medical, nursing and midwifery, allied health and ancillary health workforce.
- > Recognising the important social and economic contribution hospitals and health services make to their local communities.
- > Recognising the important contribution of volunteers.
- > Developing, supporting and evaluating innovative models of care to meet the changing needs of local communities.
- > Resourcing of infrastructure (facilities and equipment) of all country hospitals and health services so that agreed service levels are provided and maintained within local communities.

3. Ensuring effective engagement with local communities and service providers. [SASP Objective 5]

This means:

- > Supporting communities to be involved in consultation processes by ensuring they are provided with necessary information and given an understanding of the issues they are considering.
- > Supporting the understanding and development of "health literacy" in communities.
- > Supporting the development of community participation strategies including engagement, education and awareness.
- > Changing health service profiles will only occur following open, formal and documented community consultation and agreement.
- > Engaging and consulting with Health Advisory Councils, Aboriginal Health Advisory Committees and other relevant local community networks.
- > Identifying, engaging and consulting with all parts of the health workforce in rural communities, e.g. private practice clinicians, visiting service providers and staff.
- > Engaging and consulting with the Aboriginal Health Council of South Australia and Aboriginal Community Controlled Health Services.
- > Engaging and consulting with peak rural health professional organisations including RDWA, RDASA, AMA (SA), ANF (SA Branch), GPSA and rural Divisions of General Practice, PSA, Adelaide to Outback GP Training, Greater Green Triangle GP Education and Training, Sturt Fleurieu GP Education and Training, CRANA, the RFDS, SARRAH and others³.

4. Improving Aboriginal health status. [SASP Objectives 4,5 and 6]

This means:

- > Closing the gap in Aboriginal health life expectancy.
- > Recognition of self-determination as a key social determinant of health.
- > Recognition of and respect for Aboriginal Community Controlled Health Services (ACCHS) as a major partner in improving the health of Aboriginal people in South Australia.
- > Local partnerships, accountability and shared responsibility.
- > Engaging communities in the design and delivery of services, including the development of community capacity. Aboriginal community participation (and service delivery to Aboriginal people) should be developed in accordance with the principles established at the Virru Wimila kidney meeting on the Iga Warta homeland in May 1999, and consequently known as the Iga Warta Principles. Aboriginal Elders play a critical role in communities and this role will be respected in maintaining community engagement.
- > A holistic approach across the life cycle, using family-centred models.
- > Flexible and accessible models of Aboriginal health that are based on need and equity to all South Australians, including Aboriginal Australians.
- > Evaluation of programs on overall capacity to achieve measurable outcomes in the standards and quality of programs, community engagement and leadership.
- > The need for adequate and sustainable funding to provide a secure context for setting goals, particularly in aligning resources with the specific disadvantages faced by Aboriginal people.
- > Better communication with other health providers including AHCSA⁴ and Aboriginal Community Controlled Health Services.
- > Recognition of the important role that symbolism contributes, such as "welcome to country" ' and "acknowledgement of country" at events or flying the Aboriginal flag.

³ RDWA – Rural Doctors Workforce Agency; RDASA – Rural Doctors Association of SA; AMA (SA) – Australian Medical Association (SA); ANF (SA Branch) – Australian Nursing Federation (SA Branch); GPSA – General Practice SA; PSA – Public Service Association (SA); CRANA – Council of Rural Area Nurses of Australia; RFDS – the Royal Flying Doctor Service; SARRAH – Services for Australian Rural and Remote Allied Health

⁴ AHCSA - Aboriginal Health Council of South Australia

5. Contributing to equity in health outcomes. [SASP Objectives 2 and 6]

This means:

- > Providing health services as close to patients' homes as possible without compromising safety and quality of health care.
- > Facilitating adequate and appropriate transport and accommodation, enabling efficient and effective access to health services and improving the "patient journey".
- > Having effective and efficient patient care facilitated through integrated communication and information technology systems.
- > Developing service delivery profiles that are culturally appropriate, specifically for Aboriginal people.
- > Facilitating the needs of people from culturally and linguistically diverse backgrounds.
- > Enabling those who are most in need to utilise appropriate services.
- > Facilitating access by patients and locally-based health care teams to specialist advice and services.
- > Supporting appropriate access to general practice and primary health care services.

6. Strengthening the IT infrastructure. [SASP Objectives 2, 4 and 6]

This means:

- > Facilitating the provision of clinical and business services and clinical decision-making supports.
- > Improving access to remote services through audio, visual and data transmissions.
- > Facilitating the application of IT for diagnostics and treatment
- > Strengthening support for local clinicians in emergency and chronic disease management.
- > Facilitating the sharing of clinical information.
- > Facilitating communication and information technology systems to enable transfer of patient information to assist in partnerships in care, including electronic record sharing and broadband connectivity between designated and approved country and/or metropolitan health providers.
- > Quality training for clinicians and consumers will be adequately resourced to ensure the effective use of information technology.

7. Providing a focus on safety and quality. [SASP Objective 2]

This means:

- > Providing safe and high-quality health services.
- > Utilising best practice and evidence-based planning in decision-making and service planning, wherever possible.
- > Collecting accurate health service data to assist in workforce and service planning.
- > Providing resources to seek and identify evidence-based practice to consider future innovative clinical developments and changing workforce practices.
- > Analysing performance against appropriate national indicators and benchmarks.
- > Sustaining staff skill levels and supporting professional development (including procedural skill development).
- > Including teaching, research and training in planning processes to provide greater opportunities for students, academics and researchers to learn and add to the body of health knowledge.
- > Promoting the unique opportunities for teaching and learning in rural environments.

8. Recognising that each health service is part of a total health care system. [SASP Objectives 2 and 4]

This means:

- > Enabling integration and coordination of services to support links between Country General Hospitals, Country Community and Local Area Hospitals and Health Services, metropolitan hospitals, aged care facilities, medical, nursing and midwifery and allied health practitioners, statewide clinical networks and other community-based services.
- > Enabling integration and coordination between local Health Advisory Councils.
- > Exploring opportunities with health organisations in both the public and private sectors, non-government organisations and the Commonwealth to further develop and enhance health services.
- > Ensuring clarity of roles and responsibilities of health care providers to enable a partnership approach between all stakeholders, providing the patient with a statewide integrated system to service their needs.

9. Maximising the best use of resources. [SASP Objectives 1 and 2]

This means:

- > Enhancing effective relationships with other clinical and non-clinical services to ensure coordinated service delivery, maximising patient health outcomes and sharing of resources.
- > Ensuring efficient and effective patient pathways for patients to access the most appropriate health services.
- > Ensuring resources are used effectively and efficiently, including infrastructure and human resources, and balanced with the provision of services as close to home as possible.

10. Adapting to changing needs. [SASP Objectives 1, 2, 4, 5 and 6]

This means:

- > Identifying and informing future health trends by accurately measuring current and historical health data, and considering current and future demographic trends, such as growth in communities associated with developments in mining, retirement and tourism.
- > Providing practical and supported opportunities for flexible employment arrangements.
- > Ensuring flexibility in health delivery systems allowing for future clinical and technological advances.
- > Allocation of sufficient time for planning, participation and execution of implementation processes.

South Australia’s Country Health Care challenges

The area covered by country health care services in South Australia is almost one million square kilometres, making up approximately 99.8% of the state, and containing almost one third of South Australia’s residents. The challenges of supporting access to safe and high-quality health care are as wide and varied as the country landscape itself.

In recent times, there has been rapid population growth in some areas as a result of retirees seeking a lifestyle change or economic growth, such as the mining boom. These developments will be taken into consideration in the planning of future services.

Ageing population

Australia has an ageing population, and South Australia has the highest proportion of older people in the nation, with one in six people over the age of 65. In the next 15 years that population will nearly double and as the “baby boomer” generation ages, the over 65s will further increase. In the country there are more older people and the percentage of the population living beyond the age of 65 is expected to rise from the current 15% to 22% in 10 years’ time.

As we age, we are more likely to need health care. People aged between 65 and 75 are twice as likely to be admitted to hospital as the rest of the population – and those aged over 85 years are more than five times as likely to need hospital care.

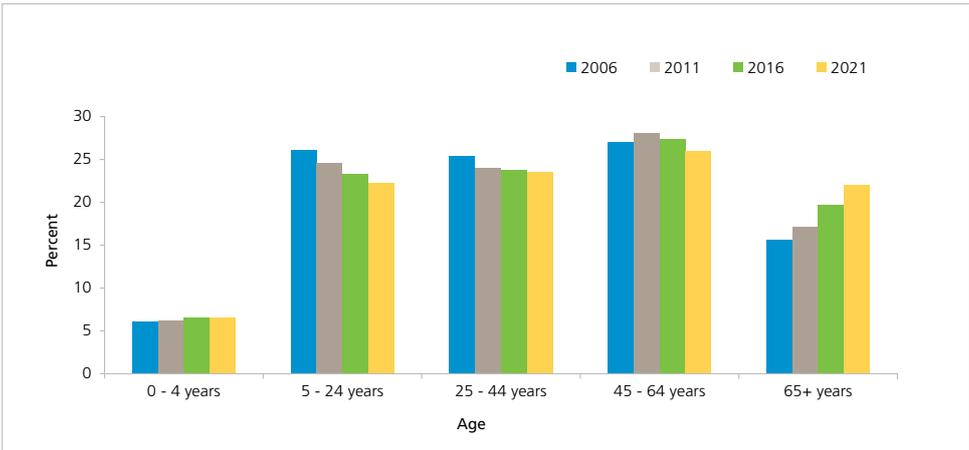
Older people have particular health care needs. A total of 15% of South Australians are aged over 65 years. However, those aged over 65 years make up 65% of all people hospitalised for injuries caused by falls, 71% of all hip replacements and 64% of all knee replacements. The demand for rehabilitation and palliative care services is also higher in the older population.

While an ageing population presents particular challenges for country health services, changes in the age profile and growth patterns of other age groups must also be taken into account. By 2016 high growth is expected in the 0-4 age group in the peri-urban areas (21%), Eyre (20%) and northern (18%) areas of the state compared with a 15% increase overall.

Health services will need to be supported to adapt to population shifts with the development of innovative models to meet local health needs.

Projected population growth for country South Australia

Figure 1 - Age Profile - Projections



Source: SA Health Dept

Growing demand on health services

In some instances, country people are waiting longer before seeking treatment and as a result become sicker and need to access more critical treatment in the bigger centres including Adelaide.

More than 45% of the public hospital acute inpatient costs spent on country residents are spent on accessing health care services in metropolitan areas. In 2006-2007 there were approximately 40,000 admissions of country residents to metropolitan public hospitals, with an estimated cost of \$193 million. Another \$30 million is spent providing country people with access to outpatient services in metropolitan public hospitals.

Chronic disease

The increasing burden of chronic disease is limiting the quality of life for an increasing number of South Australians. Chronic diseases cannot be cured, but some can be prevented from developing in the first place, or managed so they do not get worse. While our hospitals are very effective in treating and stabilising chronic diseases, maintaining a healthy lifestyle and managing chronic disease effectively can prevent admissions to hospital.

Chronic diseases account for more than 70% of disease in Australia. Forty percent of South Australians have at least one of the following chronic conditions: arthritis, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and osteoporosis. An estimated 15% of South Australians suffer two or more chronic diseases.

The number of years of life lost prematurely per 1000 people is 64 years in the city compared with 71 years in the country.

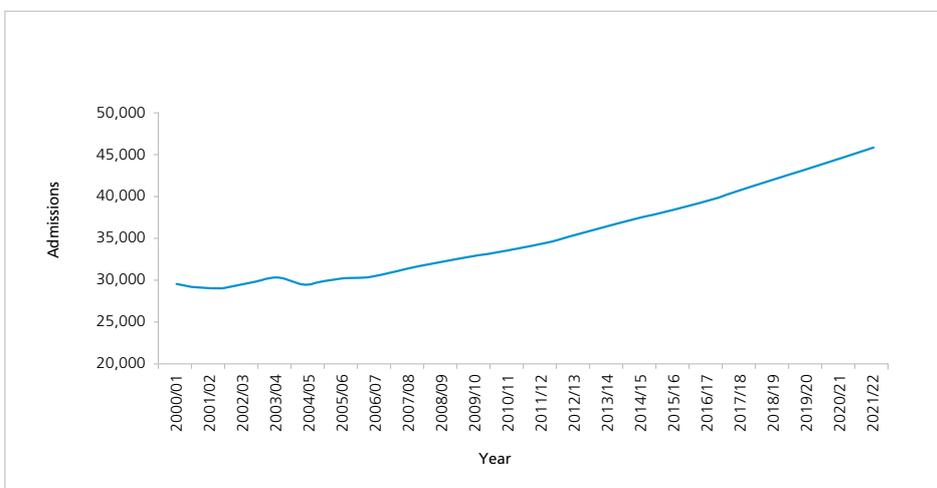
Diabetes is one of the fastest growing chronic diseases in Australia. In 2003, more than 83,000 South Australians were diagnosed with the condition. This is predicted to almost double by 2016, increasing to more than 150,000. People with diabetes are more likely to have cardiovascular disease and renal failure and more likely to need acute hospital care in the later stages of the disease. In many cases, diabetes is preventable by maintaining a healthy weight and regular exercise.

A regular self-reporting survey undertaken by the SA Health Department shows that one in 11 people living in the country have been diagnosed with diabetes, compared with one in 15 in metropolitan Adelaide. The unequal burden of disease and poorer health outcomes in country areas is recognised, but it is also important to note that improved screening practices in country areas are identifying chronic disease that would have remained undiagnosed in the past.

The rate of injuries through road trauma or in the workplace is higher in country areas. Nationally in 2004-05, people in all regional/remote areas were significantly more (1.2 times) likely to report an injury and/or a long term condition due to injury than those in major cities.⁵

Chronic diseases account for a significant number of hospital admissions. The following graph shows the expected growth in hospital demand for country residents with chronic disease if we do not take steps today to prevent or better manage them.

Figure 2 - Growth in chronic disease



Source: SA Health Dept

⁵ Australian Institute of Health and Welfare, 31 March 2008. *Rural, regional and remote health: Indicators of Health Status and Determinants of Health*, Canberra: Australian Institute of Health and Welfare

Mental health

The South Australian Burden of Disease Study 2001-2003 shows that people with a mental health illness suffer the greatest burden in terms of years of life lost to disability, when compared with other chronic disease conditions.

Nationally, males in other areas (outer regional and remote) were significantly more (1.2 times) likely to show high to very high levels of psychological distress as those in major cities. Also, Aboriginal people are significantly more likely to report depression than the general Australian population.⁶

Population health

The obesity epidemic among children will exacerbate the prevalence of chronic disease in the future as it is a major factor causing heart disease, diabetes and some cancers. Similarly, early childhood intervention, such as programs to reduce child abuse and domestic violence, will reap benefits in the future.

The number of South Australians who are obese has almost doubled – increasing from 15.8% in 1996 to 22% in 2006 – and obesity is ahead of tobacco as the number one preventable cause of death in South Australia⁷. In the country, the obesity rate is nearly 6% higher than in metropolitan Adelaide – 25% compared with 19% in the city.

Smoking is a major cause of illness and disease in our community. In 2007, smoking prevalence in metropolitan Adelaide was 18.2%, but in country South Australia it was 6% higher at 24.2%.⁸

The proportion of women who smoke during pregnancy is also higher in country South Australia than in metropolitan South Australia. In 2005-2006, 24% of country women were smoking at their first antenatal visit compared with 16.5% for women in the city.⁹

Country residents experience a higher rate of injury and accidents, and face challenges related to drought and other factors such as natural disasters and isolation which can put people under extra pressure and may lead to mental health problems.

Impact of distance

Health services in country South Australia provide health care for almost 430,000 people living in 1200 cities, towns and small communities across almost one million square kilometres. Distance, remoteness and isolation impact on service delivery and are important considerations in our commitment to recruit and retain medical, nursing and midwifery, and allied health staff, and support people to access the most appropriate health care services.

There is a lack of suitable public transport options across country South Australia, particularly for those residing in the remotest parts of the state.

There is a growing diversity of health services provided in terms of accessibility and availability. There needs to be a common goal of achieving consistent high-quality service across all country communities while meeting individual local needs.

Impact of climate change and seasonal and economic changes

There is growing evidence of the impact of climate change, both globally and locally, that must be taken into consideration across country communities. This includes potential long-term changes to agriculture, infrastructure, biodiversity and ecosystems along with potential health and social implications.

Country communities are impacted by seasonal events, such as floods and bushfires, which place additional economic and psychological stresses on rural communities.

Large swings in population numbers are associated with holiday visitors, rural festivals and variations in seasonal employment opportunities that place extra demands on rural health services in many towns. As a result, country hospitals and health services must have the capacity to adapt swiftly and effectively to these unique challenges.

⁶ Australian Institute of Health and Welfare, 31 March 2008. *Rural, regional and remote health: Indicators of Health Status and Determinants of Health*. Canberra: Australian Institute of Health and Welfare

⁷ South Australia's Health Care Plan, 2007

⁸ Hosking, J & Hickling, J 'Progress against 'the South Australian Tobacco Control Strategy 2005-2010': Report 3: January - December 2007, TCRE, Adelaide, May 2008

⁹ SA Health Department SAMSS data

Community expectations

Country communities in South Australia rightly expect access to high-quality health care as close as possible to where they live.

Rural communities are passionate and committed to their local hospitals which support the area's identity and morale and these communities need clarity about what types of health services are available and how and where they can access them.

The level of volunteering in country hospitals is strong and highly regarded, however anecdotally a decline in the number of new volunteers is being experienced more broadly as the employment conditions and demographic profile changes.

Infrastructure

Hospital and community health facilities in South Australia have served us well and there has been significant investment by both the Government and local communities in country health facilities in recent years. The Government now needs to plan for future growth in health care requirements to meet the changing needs of the coming generations, capitalise on efficiencies to strengthen services and our workforce and identify opportunities to share resources.

A modern health care system relies on timely access to information about the health of an individual. The current system requires the patient to provide the relevant information about their health to each health care provider every time and doesn't allow easy communication between health services to meet the needs of the patient. It is noted that in some country locations the speed and capacity of network systems is insufficient to support existing and emerging technology such as telehealth and sharing electronic records.

Safety and Quality

There is an increasing expectation of high-quality, safe clinical services, and hospitals and health services are always considering ways to improve. Modern health care is a complex and dynamic process which needs processes and systems to deliver high-quality services. Safety and quality is linked to a range of factors, such as adequate staffing, education and training, appropriate infrastructure and equipment.

In order to provide health services in a safe environment, the Government must support adequate levels of clinical staff, facilities and equipment to meet the current health care standards. Staff will be supported to have appropriate access to training, facilities and equipment to ensure skills remain at a high level.

The potential for workforce gaps is acknowledged and the Government will consider options to ensure continuance of services.

Workforce challenges and opportunities

The workforce is our most valuable asset and the Government recognises that the ability to provide safe, quality health services to South Australian rural and remote communities is dependent on having “the right people, with the right skills, in the right place, at the right time.” To achieve this we not only need to value and retain our highly skilled workforce, we need to address our current workforce shortages and issues, and plan for future workforce development and growth.

The deliberations of the Country Health Care Plan Taskforce determined the approach for workforce development outlined in this Strategy. Peak health professional bodies expressed strong interest in addressing the workforce challenges, seeing this as an opportunity to strengthen services. The Government will continue to maintain this close working relationship with these groups to achieve this.

The efforts of the current workforce in providing quality health services to country South Australians are second to none. Attracting and retaining a strong medical, nursing and midwifery, and allied health workforce is one of the greatest challenges in sustaining health services in country areas. The provision of sustainable health care service delivery for all of South Australia’s country communities into the future is dependent on adequate resourcing and improved health workforce planning.

The workforce is constantly changing and it is expected that in the future people will spend less time in one occupation/profession and will instead take up opportunities for career changes over their working lives. The workforce will comprise a mixture of traditional workers who remain in one place and a younger, more mobile workforce. Ways to embrace and accommodate both will be considered, including the development of new employment models.

Numerous strategies have been successfully implemented and more innovative solutions will be developed to address the challenges and opportunities facing the changing workforce.

A workforce strategy will be developed that encompasses workforce planning in each of the professional disciplines and employee categories involved in the delivery of services – including nurses and midwives, allied health staff, General Practitioners and medical specialists, Aboriginal staff, managers, administrative and support staff – and is reflective of the local service requirements. The workforce strategy will be developed in collaboration with all key stakeholders and will address issues including:

- > Attraction, recruitment and retention
- > Workforce shortages
- > Incentives for the workforce and their families
- > Cultural competency (using the *SA Health Aboriginal Cultural Respect Framework*)
- > Support for an ageing workforce
- > Development of new employment models
- > Education and training
- > Teaching and research
- > Local geographical diversity and challenges
- > Encouraging Aboriginal people to take up careers as health professionals
- > Comprehensive country orientation systems.

Our first priority in building the Country General Hospitals will be to attract required resident medical specialists, and nursing and midwifery, and allied health staff as soon as possible. This will be done in consultation with existing providers who service these locations.

The Government is pleased to announce the expansion of the undergraduate scholarship program undertaken in partnership with country Health Advisory Councils. This will build on the existing undergraduate scholarship program and encourage greater ties between communities and scholarship holders.

Current workforce trends

Country Health SA currently employs approximately 5500 full time equivalent employees (8500 head count) in diverse roles, including nursing and midwifery, medicine, allied health, care workers, Aboriginal Health workers, cooks, cleaners, orderlies and administration staff. There is a high percentage of part time employees. General Practitioners working in private practice provide the majority of inpatient medical care while nursing and midwifery staff comprise the largest portion of the workforce.

Just as the general community is ageing, so too is the workforce. More than 60% of nurses and midwives working in country South Australia are aged 45 and over. This is similar for resident rural doctors.

This age profile means that we will lose a substantial number of highly qualified and experienced health professionals from the workforce in the coming years. Replacing them will present challenges to the health system as a whole, particularly the imminent retirement of many doctors. Addressing the issues associated with an ageing workforce servicing an ageing population will also be an important consideration for the future and opportunities to provide support for an ageing workforce will be further explored.

Some of the younger generation of doctors are now choosing to work shorter hours, and are less willing to work and live in areas where they are often the sole practitioner providing a range of services including primary health care, hospital-based acute care and emergency care. Therefore, there is a need to build on contemporary conditions that are already in place in some disciplines, including flexibility around working hours, family friendly work practices and excellent professional support and mentoring.

The number of overseas trained professionals – including doctors, nurses and midwives, and allied health staff – is expected to continue to increase to meet workforce requirements. Nationally consistent processes for assessment and registration of International Medical Graduates (IMGs) have been established and this will impact on the supply of IMGs, at least in the short-term, while the new processes are developed and implemented

The roles and the skill mix of the workforce are also changing. The quality, safety and related considerations that arise from adjustments to the skill mix will require consideration.

Allied health professionals have an average age of about 36 years and more than 85% of this workforce is female. National and international workforce shortages exist in allied health professions, which is evident in country South Australia where vacancy rates of up to 50% are experienced in some disciplines at certain times. Supporting co-workers and creating assistant roles, building multi-professional teams, developing effective career structures and allowing a wider range of experience will be critical in attracting and retaining allied health professionals to meet the models of care into the future.

Shortages of dentists, dental assistants and oral surgeons and effective relationships with existing private dentists in country South Australia must be considered in planning for the future. The dental workforce is ageing at a similar rate to the General Practitioner workforce, and this effect is magnified in rural areas.

General Practice clinics have traditionally been owned by General Practitioners operating in a small business model. This is changing, with trends showing that younger doctors and IMGs are less likely to continue this tradition. The emerging medical workforce has a tendency to prefer to work in bigger practices where they have more support from other health professionals and less practice ownership responsibilities. Alternative methods of practice ownership and management will continue to be explored to ensure that services are maintained in communities that would otherwise have no GP practice or resident doctor.

Aboriginal workforce

Recognising that a strong Aboriginal workforce will be critical to improving health services for Aboriginal people into the future, a specific Aboriginal Employment Strategy will be developed. This will build on existing strategies, such as the *SA Health Aboriginal Workforce Strategy*, and be done in partnership with key government and non-government agencies whose core business is focussed on the health and wellbeing of Aboriginal people and improving employment and retention opportunities for Aboriginal people.

Opportunities for career advancement and the implementation of selection processes that are culturally suitable are also important. The underlying principles for promoting Aboriginal employment across the health system include access and equity, responsiveness, cultural suitability and respect, effective service responses and accountability.

Programs which provide assistance for Aboriginal students to obtain Aboriginal specific and rural undergraduate and postgraduate scholarships will continue. The *Aboriginal Nursing and Midwifery Strategy 2008-2011* has established key result areas including community engagement, attraction and recruitment, workplace culture, pathways to employment, building the profile for sustainability, career progression, education and lifelong learning, statewide partnerships and data and information systems.

Establishment of new and emerging Unique Centres of Learning across country South Australia in partnership with the education/tertiary sector will also provide a strong platform for enhanced recruitment. Unique Centres of Learning will play a key role in increasing future employment for Aboriginal people by continuing to develop industry-based training and mentoring opportunities in Aboriginal health. This work will be done in partnership with a variety of health services that support to Aboriginal people.

Supporting attraction and retention

Consideration will be given to incentives that attract health care staff and their families to rural locations, with particular attention being paid to locally-based strategies, career opportunities, suitable accommodation, professional support for partners, accessible child care and education for their children. Research indicates that the choices and preferences for type and location of practice are strongly influenced by partners. Therefore, it is also important to demonstrate potential career pathways for partners in rural settings.

The creation and sustainability of service environments where the overseas trained workforce and their families are supported professionally and personally will significantly increase their attraction to South Australia and results in them staying longer in rural communities.

It is crucial that all sections of the rural workforce have the business acumen and contemporary management skills to provide the leadership required in their respective fields. Business skills contribute to the effective management of practices, support the development of practice staff, assist in establishing contemporary employment models and supportive contractual arrangements, and enable strategic and succession planning to be put in place.

Additional strategies for increasing rural attraction and retention will be explored and these may include:

- > Working with health professional associations and other relevant service agencies to develop appropriate incentives to assist with the attraction and retention of the health workforce in country South Australia.
- > Enhancing existing programs to support country doctors, including rural locum services, workforce support, recruitment, and professional and business development activities in partnership with the Rural Doctors Workforce Agency.
- > Enhancing existing development and mentoring opportunities that are accessible to the rural workforce.
- > Developing innovative solutions for communities that have traditionally encountered difficulties in recruiting health care staff to their areas.
- > Ensuring effective consultation and engagement mechanisms are in place to attract staff.
- > Exploring further opportunities for the provision of accommodation to attract and retain health professionals.
- > Ensuring that work/life balance is considered from the outset of a health professional's working life in rural communities so that workloads across disciplines are managed effectively.
- > Developing strategies to assist with succession planning.
- > Involving the workforce in decisions about their future.
- > Overcoming distance and support impediments by providing improved mechanisms through strong networks within disciplines, and improving information technology to facilitate clinical decision-making.
- > Promoting that rural practice provides the unique opportunity to maximise development and application of clinical skills.
- > Building on the goals established in *Delivering the Future: Building a valued and sustainable nursing and midwifery workforce 2008-2011*.

Education and training of the potential and current workforce

There are currently more students studying to become doctors, nurses and midwives, and other health professionals than has been the case for the past decade. This may improve the chances of Country Health SA meeting the immediate workforce demands in some professional areas.

Experience and research has shown that students whose families are from rural locations are more pre-disposed to return to the country as professionals. It is recognised that increased opportunities for South Australian rural origin students to study health-related courses in South Australian training institutions will support their return to rural communities and to the rural workforce. Support strategies to assist young people from rural origins to succeed in further education will be explored, such as orientation to independent living and student mentors, along with maximising existing incentives such as student rental schemes. In addition, local refresher and re-entry programs may attract experienced nurses and midwives to country hospitals and health services.

Country General Hospitals will be recognised as key teaching hospitals and provide a combination of undergraduate, postgraduate, internship and specialist rotations linked to metropolitan health services. Country Community Hospitals and Local Area Hospitals and Health Services will also provide opportunities for teaching and training across many health disciplines, both undergraduate and postgraduate. Metropolitan hospitals will continue to provide tertiary level teaching and skills laboratories and the development of separately identified Procedural Rural General Practice Training positions within metropolitan facilities will be explored. It is anticipated that the Statewide Clinical Networks will play an important role in facilitating an integrated teaching system.

Support, including infrastructure support, will also be provided to public and private practitioners in rural communities for the ongoing teaching and training of health professionals and graduates in rural hospitals and health services. This will lead to more opportunities to attract and retain doctors, nurses and midwives, and allied health staff in many country towns. Access to continuing medical education will enable doctors to meet and exceed the credentialing requirements set out by Country Health SA and thus maintain the standards of the medical profession.

Within country health services there are currently opportunities for training for medical, nursing and allied health staff. It is envisaged that the Country General Hospitals will provide a higher level of training and research capacity. With the exception of the Mount Gambier District Health Service, the Country General Hospitals do not currently have the level of infrastructure necessary for them to fulfil their enhanced role and function as teaching hospitals. Opportunities will be explored for the establishment of a funded teaching stream for rural South Australia.

The Country Health SA workforce will be enhanced through improvement of the cultural competence of all staff and service providers through training and development to ensure they are effective and responsive to the needs of Aboriginal families and communities, and by embedding the principles of the *SA Health Aboriginal Cultural Respect Framework*.

Additional strategies for education and training will be explored and these may include:

- > Continuing to advocate with tertiary education institutions about the needs of the rural workforce.
- > Developing pathways to ensure maximum opportunities for rural exposure which actively promotes rural health care and supports rural students.
- > Ensuring appropriate locally or regionally-based refresher and re-entry programs for health professionals to assist in returning people to the workforce following absences.
- > Supporting and remunerating those involved in rural teaching and training in rural hospitals and health services.
- > Promoting country centres in general as opportunities for teaching and training.
- > Developing a competent and confident workforce through country simulation training facilities.
- > Exploring ways to increase the involvement of the community and the private sector in training for all health disciplines, and developing networks to provide training opportunities across communities and health services.
- > Increasing the number of training places and adequately resourcing training centres.
- > Continuing to advocate for generalist roles across all disciplines.
- > Supporting opportunities for simulation exercises both within the country health system and externally.

Improving Aboriginal health status

There is an unacceptable gap in living standards, life expectancy, education, health and employment outcomes between Aboriginal people and the general South Australian population. The Government is committed to the priority of closing the gap in Aboriginal health life expectancy and will adopt strategies to make improvements across country South Australia.

For Aboriginal people, concepts of health and illness differ from those of the general South Australian population in many ways. This holistic view of health and wellbeing is not only appropriate to improve health outcomes for Aboriginal people; it is also valuable in achieving further improvements for the general South Australian population. Differences in the development, implementation and evaluation of health and wellbeing plans that affect Aboriginal people will be taken into consideration.

There are just over 25,500 Aboriginal people in South Australia, of which 52% reside in country South Australia. More than 50% of the Aboriginal population in country South Australia is aged under 25 years. While hard to believe, it is impossible to deny that Aboriginal people live nearly 20 years less than other Australians.

Aboriginal babies are three times more likely to die in their first year than the general South Australian child population. They are more likely to suffer from poor maternal nutrition and be of low birth weight, contributing to chronic disease later in life. There is a significantly higher prevalence of diseases such as diabetes, hypertension and a range of communicable diseases. Rates of non-fatal injury and self-harm, mental illness and harmful substance use are also higher.

The deliberations of the Country Health Care Plan Taskforce determined the approach for Aboriginal health outlined in this Strategy. SA Health is responsible for the provision of a range of health services in primary health and acute care settings which must meet the needs of Aboriginal people as a core responsibility. *South Australia's Strategic Plan 2007* will be supplemented by the Aboriginal Strategic Plan for South Australia in which the Government should address the key priorities affecting the individual and community wellbeing of Aboriginal people.

Mainstream hospital and health services will be supported to enable them to deliver culturally safe and competent services to Aboriginal people and a key enabler in this process is the implementation of the *SA Health Cultural Respect Framework* and the whole-of-government *Cultural Inclusion Framework*. There will be greater integration of Aboriginal health workers with other members of the health service delivery team to maximise health outcome for rural patients.

The development of dedicated Aboriginal-focused health services for Aboriginal people, such as country step down units, will be developed in collaboration with AHCSA, AHACs, Aboriginal Community Controlled Health Services and local communities. In association with AHCSA, Country Health SA will work closely with Pika Wiya Health Service and Ceduna Koonibba Aboriginal Health Service in their transition to community control over the next two to three years and will continue to work with and support these services after the transition period.

The Government will respond to the health needs of today while also concentrating on improving the health of future generations. The important priorities for improving health and wellbeing and in closing the gap in healthy life expectancy for Aboriginal people over the next 10 years include:

- > Ongoing partnerships with AHCSA and Aboriginal Community Controlled Health Services
- > Enhanced primary health care
- > Improved chronic disease management
- > Tackling the social determinants of health including environmental health
- > Community engagement
- > Enhanced patient journey
- > Emphasis on healthy birthing
- > Early childhood interventions including improved protection from child abuse
- > Improved social and emotional wellbeing
- > Improved access to oral health services
- > Improved access to domestic violence services.

The Aboriginal Health Council of SA, representing Aboriginal Community Controlled Health and Substance Misuse Services and Aboriginal Health Advisory Committees (AHACs), is recognised as the peak body for Aboriginal health in South Australia. The Country Health SA Aboriginal Health Forum and AHACs are recognised as the primary advisory bodies on Aboriginal health to Country Health SA. These advisory bodies ensure that the expertise of Aboriginal people is recognised and that they can effectively engage with Country Health SA services to improve Aboriginal health outcomes. Formal ties between AHACs and local Health Advisory Councils will be critical as we move forward in our planning.

Health care services for Aboriginal people in country SA are built on a strong partnership with local communities and Aboriginal Community Controlled Health Services. Improved partnerships with Aboriginal Community Controlled Health Services will occur through strengthening the relationship with the Aboriginal Health Council of SA at a whole-of-country level and with Aboriginal Community Controlled Health Services at a local level. Along with the Commonwealth Government, the State Government is committed to ongoing cooperative and collaborative health system reforms and linkages with other sectors responsible for economic, social and environmental initiatives.

The formation of strong and effective partnerships across the whole health system is critical to closing the gap in life expectancy between Aboriginal people and the general South Australian population. We will work closely with the Aboriginal Health Council of SA and its members, Aboriginal Health Division, the Office of Aboriginal and Torres Strait Islander Health, the SA Aboriginal Health Partnership, other key stakeholders and the Aboriginal community, with an emphasis on Aboriginal health as everyone's business.

Country Health SA will support the expansion of services in the existing Aboriginal Community Controlled Health Services through integration of primary health care and chronic disease management initiatives. Aboriginal Community Controlled Health Services play a key role in the provision of primary health care to Aboriginal people, supporting the objective of providing care as close to home as possible. The experience and expertise that already exists within the Aboriginal community controlled sector is also recognised.

Access to quality primary health care is a key priority for Aboriginal people. The goal in "closing the gap" in life expectancy is to provide coordinated clinical care, population health, health education and promotion activities to facilitate illness prevention, early intervention and effective disease management. Implementation of holistic service delivery models which identify models of best practice in country that are across the life cycle and are family centred is important. The concept of "closing the gap" recognises that the early years of a child's life, including time prior to birth, determine their future health and wellbeing. Increased access to paediatric and early intervention services from the Country Community and Country General Hospitals will enhance early childhood development in Aboriginal communities. Country maternity services will also provide culturally appropriate care for Aboriginal women, through implementing Aboriginal Family Birthing Programs across country South Australia.

Aboriginal people suffer an unequal burden of chronic disease. Improved awareness and understanding among Aboriginal people of the risk factors for chronic disease and opportunities for early detection to prevent onset in the future provide a step in the right direction.

Tobacco smoking is a major risk factor for chronic conditions including cardiovascular disease and cancer, which are the cause of so many premature deaths in Aboriginal communities. The considerable change in diet over time has led to new diseases such as diabetes, obesity, hypertension and renal disease becoming prevalent in Aboriginal communities. The poor rates of oral health may have contributed to increasing incidence of cardiovascular disease.

There will continue to be a need for access to effective chronic disease management and chronic disease self-management approaches will be tailored to the needs of Aboriginal people. The establishment of an Aboriginal Health Clinical Network to support coordinated care will be explored. The establishment of day centres, along with the integration of programs such as the Australian Better Health Initiative, Healthy for Life, Healthy Ways and the Aboriginal Primary Health Care Access Program, will contribute to the development of a healthy lifestyle culture in Aboriginal communities, particularly around drugs, smoking, alcohol misuse and nutrition.

The social determinants of health including land rights, self-determination, freedom from discrimination, cultural respect, access to appropriate education, employment, economic development, housing and environmental conditions are critical to improving health and wellbeing for Aboriginal people. Health services may contribute through community development initiatives, combining the efforts of government, non-government and private organisations within and outside the health sector and other enabling approaches. The State Strategic Plan has set targets to improve equality for Aboriginal people which the Government will continue to actively pursue in partnership with all Government agencies.

Community participation in the design and delivery of health services will have an immediate impact on the health and wellbeing of Aboriginal people. Public health services should strengthen partnerships and engagement mechanisms at a local level with Aboriginal communities, including Aboriginal Health Advisory Committees. Some of the positive achievements that are possible through community engagement include practical solutions such as language flipcharts, Cultural Competence Awards, cultural awareness workshops and the design of projects such as the Anangu Bibi Family Birthing Project. The World Health Organisation also has effective guiding evidence in strengthening community-based and sustainable responses.

The Government will explore ways to increase transport options which can incorporate the existing Patient Assistance Transport Scheme, particularly to reduce barriers for Aboriginal people from remote and isolated areas accessing specialist and hospital treatment. Greater use of step down services will be explored, particularly for Aboriginal people, which can provide short-term accommodation, meals and monitoring from medical, nursing and midwifery staff for patients who do not need hospital care, but need some support before they return home. Opportunities for tertiary hospitals to provide more appropriate care to people from rural and remote communities, through better coordination, flexibility and communication in scheduling appointments, admission and discharge, will be explored.

The Government will improve capacity and implement integrated promotion, prevention and early intervention approaches to social and emotional wellbeing across the system for Aboriginal people. Public health services will meet the social and emotional wellbeing needs of Aboriginal people, particularly those living with severe mental illness and chronic substance use. The Government will aim to improve access and equity of outcome in priority areas of depression, grief and trauma, self-harm, suicide, substance abuse and domestic violence.

A key enabler in closing the gap in Aboriginal life expectancy is the concept of health for Aboriginal people being holistic, and encompassing mental, physical, social, cultural and spiritual health, with self-determination central. The role of Ngangkari (Traditional Healers) must be explored in strengthening the holistic care model.

A new way of working together

Country communities vary considerably and it is extremely difficult to produce a definitive framework which accurately describes in detail the service profile for each facility. To support planning, the Government has adopted a basic framework as developed by the Country Health Care Plan Taskforce (refer Appendix A). This framework identifies a continuum of services, with individual community characteristics then determining what additional services are required.

The framework identifies the minimum level of hospital and health services that the Government will provide in each category of facility across country South Australia, from Local Area Hospitals and Health Services, to Country Community Hospitals and Country General Hospitals. A number of Local Area Hospitals and Health Services and Country Community Hospitals will continue to be supported to provide a service profile which delivers a level of service greater than the minimum identified in the framework as being necessary to meet community needs. The framework also indicates the services available for all South Australians, including country residents in metropolitan facilities.

The framework will be used in conjunction with the planning principles to guide local planning. For example, a focus on safety and quality is a critical component in planning sustainable health services.

System change that strengthens health services is important and includes:

- > Improvements to the way decision-making is undertaken
- > Community engagement in planning
- > A systematic approach to considering future needs
- > A logical way to determine the work that will be repatriated from metropolitan hospitals, and the workforce, facility and equipment requirements needed to support the repatriation
- > A way of identifying the Government's commitment to each community in relation to what level of service it is aiming to achieve, what the minimum is and what additional level is being aimed for over time.

The Government will develop appropriate and sustainable networks of health services across local clinical networks for the delivery of effective high-quality services. Country residents will continue to have access to health services in Adelaide, recognising personal networks, historic connections, individual choice and access to high level tertiary services.

With the changing demographics of country communities and the workforce, and advances in clinical practice and technology, models of health service delivery that exist now may be different in the future. We will provide clarity of roles and responsibilities, as well as a partnership approach with all stakeholders in developing an integrated system. The Government will make every effort to recruit and retain the required workforce to deliver the planned services.

In all cases the aim is to provide a system which delivers health promotion and prevention services, primary health care, general practice services and specialist services both in hospital and community settings, and health maintenance services for all communities. How this is organised and managed will differ depending on the needs of the community, its size and location.

Primary health care service expectations

Everyone wants to enjoy good health and a long life, with health and wellbeing influenced by numerous societal and individual factors. Primary health care services will continue to be focussed on providing a range of services that meet the most common, daily health care needs of communities. This Strategy will ensure that fundamental primary health care services will be available to every person in country South Australia, including services provided through GP practices.

Improving the health and wellbeing of the South Australian community will require us all to take responsibility to develop a combined approach from individuals, community groups, government and non-government sectors, and will involve working closely with General Practice and other private health care providers.

Primary health care services may be provided by a range of public health services from small rural health clinics through to Country General Hospitals and will include:

- > Public health services such as immunisations and early childhood services.
- > Healthy Living programs that support individuals, families and communities to take responsibility for their own health and wellbeing. For example, Lifestyle Advisors and Lifestyle Support Officers and Healthy Weight Coordinators.
- > Health prevention programs such as smoking cessation initiatives, physical activity programs, and falls prevention and active ageing programs to help keep older people active and prevent injury through falls.
- > Population health initiatives that assist in improving the health and wellbeing of Aboriginal people, people from culturally and linguistically diverse backgrounds and gender health.
- > A range of services provided in clients' homes and community locations (where clinically appropriate) such as chronic disease management or health check assessments. These services provide effective interventions that help prevent the onset of chronic conditions and assist people to effectively manage their chronic condition.
- > A range of outreach and visiting community services including relevant allied health services, domiciliary care and drug and alcohol services.
- > Access to a General Practitioner.

Remote Area Services and Small Rural Health Clinics provide fundamental primary health care services supported by local, visiting and telehealth services. Service provision would be enhanced by the provision of adequate IT infrastructure. Aboriginal health services in remote and isolated areas will be supported to provide vital comprehensive primary health care, including early intervention and prevention of illness, particularly chronic diseases, working closely with other services.

Hospital services

Many country communities have a local hospital which has strong ties with community identity and enjoys ongoing local support.

Whether it be Country General Hospitals, Country Community Hospitals, Peri-Urban Health Services or Local Area Hospitals and Health Services, this Strategy will aim to support and strengthen the capacity to maintain at least existing levels of care for both the local community and broader district. Emergency medical and inpatient care, primary and community care, intermediate and acute care, and aged care operate in collaboration in country hospitals. Transport, accommodation and referral pathways for patients and carers will also be important to support access to more complex health services external to their community.

Metropolitan hospitals will continue to provide complex care for country residents while increasingly focussing on providing professional support and advice to their country colleagues. Opportunities to improve access to a range of visiting specialist services in the country will be explored.

The relationship between metropolitan hospitals and health services and those in the country is vital. Service structures for country South Australia will be constructed with a focus on services and supports for country patients and service providers, thus avoiding potential access restrictions.

Service delineation framework

The service delineation framework recognises the fundamental level of services at every country hospital and how they are integrated at all levels. These include emergency services, acute inpatient care, surgical, maternal and birthing, aged care, community health and outpatient services, palliative care, respite services, clinical support services, medical specialist services, mental health, rehabilitation and oral health. Teaching and research is also integral and should be a component of all levels of service delivery.

Acute inpatient care

Clinical evidence from around Australia and other parts of the world is helping shape changes to the way we deliver a range of health services, including emergency care and acute inpatient services. These changes will impact on the length of stay in hospital and the type of health care provided.

There is a strong clinical trend towards decreasing the length of acute inpatient hospital stays, which is likely to continue over the next decade. This is true for both surgical inpatients, where the trend is towards increasing use of day surgery for elective cases, as well as for medical inpatients where greater use of resources such as community nurses and midwives is enabling earlier supported discharges and in many cases avoiding admissions completely.

At a minimum, all hospitals and health services across country South Australia will support inpatient admissions for management of minor (lower risk) assessments and treatments, and recuperative care, with access to General Practitioner services.

Emergency services

The Government is committed to maintaining and providing efficient, high-quality emergency services including its partnerships with local emergency service providers and with the SA Ambulance Services, the Royal Flying Doctor Service and the SA Retrieval Service.

Work will continue on developing a Rural Emergency Response Framework that takes into consideration the need to support country General Practitioners and nurses, providing an emergency response to better utilise their skills in this role, including appropriate access to support and training needs.

Hospitals and health services across country South Australia will provide a fundamental level of emergency services including:

- > 24 hour emergency triage and assessment
- > 24 hour emergency trauma and resuscitation, initial management
- > 24 hour emergency mental health service
- > Treatment for/management of appropriate (non-life threatening) conditions.

These services will be provided in a facility appropriately staffed and supported by medical and nursing staff with access to telehealth facilities.

Surgical services

Improvements to the way health care services are provided in metropolitan Adelaide and the upgrades to metropolitan hospitals like Flinders Medical Centre, Lyell McEwin Hospital, The Queen Elizabeth Hospital and the development of the new Marjorie Jackson-Nelson Hospital will benefit all South Australians. Country residents will continue to use metropolitan health and hospital services, particularly for conditions or illnesses that have a higher level of complexity and need to be treated in one of the major metropolitan hospitals, or where personal networks exist.

However, in the future, fewer country residents will need to travel to Adelaide for treatment. The Government will continue to improve the timeliness of elective surgery procedures in country hospitals that support operating theatres, increase the capacity for surgery and consolidate expertise in the areas of:

- > Orthopaedics
- > Gastrointestinal/Endoscopy
- > General Surgery
- > Ear, Nose and Throat
- > Ophthalmology
- > Urology.

Resident and visiting medical specialist service models will vary across country South Australia, taking into consideration local circumstances, while there will continue to be strong ties between services in country and metropolitan hospitals. The sustainability of resident medical specialist services in country South Australia will be enhanced through the development of systems that support clinicians and their practice.

The opportunity to increase this capacity in some country hospitals close to Adelaide will be further explored in conjunction with planning for both metropolitan and country hospitals.

At a minimum, all hospitals and health services across country South Australia will have the capacity to undertake procedures for minor musculoskeletal injuries, removal of skin lesions or lacerations, and increased access to telehealth for pre- and post-operation consultation.

Maternity and birthing services

A range of maternity services will be available in the country, including pre-conception, antenatal and postnatal care and birthing services. Ante and postnatal care, access to community midwifery services, and parenting services supported by shared care arrangements will be provided in communities including remote and isolated, and small communities. Services will be matched to each woman's individual needs and birthing will occur in the safest location.

Country maternity services will:

- > Provide community-centred care for women and families
- > Provide culturally appropriate care for Aboriginal women, through implementing the Aboriginal Family Birthing Programs across country South Australia
- > Ensure best practice services based on evidence appropriate to the individual rural environment
- > Develop collaborative workforce models using the skills of the maternity service team
- > Develop models of care appropriate to local needs, such as GP shared care, midwifery-led care and networking practitioners in metropolitan and country services
- > Measure maternal care outcomes and benchmark standards of care.

Local doctors, nurses and midwives, and other health professionals will work with the Maternal and Neonatal Clinical Network to develop the most appropriate services to meet the needs of the community.

Services for children and their families

Resident and visiting paediatric services will be better coordinated between country and metropolitan areas. Paediatric specialist and early intervention services in Country General Hospitals and Country District Hospitals will be increased and out of hospital and primary health care services will be enhanced through all hospitals and health services. Partnerships will be strengthened with other government providers including Disability SA and the Department of Education and Children's Services to deliver coordinated outreach paediatric and support services.

The promotion of healthy lifestyles (particularly during pregnancy), healthy eating, breastfeeding, smoking cessation and physical activity will be enhanced.

Specific population groups will be targeted, including Aboriginal families, children with a disability and/or developmental delay and families experiencing violence or abuse.

We will:

- > Extend coordinated family and children's services that support children with complex needs.
- > Work with Children, Youth and Women's Health Services to expand the Family Home Visiting Program which assists families identified through the Universal Home Visiting Program who may need additional support.
- > Increase access to community-based culturally appropriate peri-natal programs, particularly for vulnerable pregnant women.
- > Develop a diverse and flexible Aboriginal workforce to support Aboriginal families, including the provision of culturally appropriate birthing programs.
- > Expand early childhood development programs such as Healthy for Life.
- > Provide countrywide, paediatric specific professional development for relevant medical, midwifery and child and family health staff.

The "Closing the Gap" statement recognised that the early years of a child's life, including time prior to birth, determine their future health and wellbeing. Increased access to paediatric and early interventions services will enhance early childhood development in Aboriginal communities.

Services for older people

Older people are considered an essential focus for all country health services. To meet the future health needs of an older population, services to provide more appropriate care for older country South Australians will be enhanced.

In line with *South Australia's Health Service Framework for Older People 2008-2016*, health care in country South Australia aims to:

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- > Optimise health and wellbeing
 - > Provide better care within the health sector
 - > Provide integrated care across the community, health and aged care continuum.

A major component of health care provided in country South Australia is care for older people in the community and in residential aged care facilities (nursing homes). Local communities across country South Australia have generously supported the growth of aged care services. These facilities have generally been based at local hospital sites, and country health services will continue to work with communities to maintain that support for aged care.

At a minimum, all hospitals and health services across country South Australia will support inpatient admissions for the elderly, including respite care, in-home and community-based domiciliary care, and access to aged care assessment.

As people age, many will experience at least one chronic disease and most will experience an acute illness of some sort. To ensure all our health services are able to respond to the particular needs of elderly people we will:

- > Implement specialist programs to help our staff understand the special needs of elderly people who become ill.
- > Establish systems to improve collaboration between health professionals to ensure elderly people get the best care in the most appropriate place at the right time.
- > Further develop dementia care services.
- > Explore options to provide care as close to home as possible while people regain independence following an acute illness or surgery.
- > Explore options to improve access to health services for older people including transport, outreach services and environments which are older people friendly.
- > Ensure health care provided to older people is based on evidence with a focus on maximising health and quality of life while slowing the process of deterioration and minimising functional decline.
- > Recognise carers, both formal and informal, as an integral part of care provision.
- > Develop Multi-Purpose Services (a joint Commonwealth – State Program to deliver integrated residential aged care services and acute care services) in a number of country locations.

Community health and outpatient services

Community health services will help South Australians take control of their health care, stay healthy and keep out of hospital by delivering fundamental primary health care services. These centres will ease the pressure on our emergency departments and relieve some of the workload of our busy doctors and nurses. They will provide advice on how to manage chronic diseases, provision of support for more in-home care and guidance for those who want to stay healthy.

Community health services in country South Australia provide an integrated model of service delivery, supporting the provision of one-to-one, group and community development services, with the aim of increasing equity of access in the early detection and intervention of risk factors to poor health.

Community health services will be critical in achieving the level of fundamental primary health care expected in all country communities, working in partnership with private, local government and non-government service providers in health and across sectors.

The services offered at each community health and outpatient service will vary, depending on the needs of the local communities, but will include:

- > Chronic disease self-management programs
- > Domiciliary care
- > Aboriginal health
- > Health education
- > Community nursing and midwifery services
- > Children and youth health services
- > Drug and alcohol services
- > Community mental health (adult and child)

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- > Allied health – podiatry, physiotherapy, occupational therapy, speech pathology, nutrition and dietetics, social work, orthotics
 - > Specialist clinics.

Enhanced palliative care services

South Australia has excellent inpatient and community-based palliative care services. The options available in country South Australia will be enhanced, with a reduction in the number of people who will need to travel to Adelaide for services. We will:

- > Increase the focus on specialist palliative care in-hospital services at the four Country General Hospitals.
- > Support broader access to specialist palliative care services throughout country South Australia.
- > Expand palliative care services to make it easier for all country people at the end of life to receive palliative care either at home or in hospital.
- > Improve the focus on providing palliative care services for cancer sufferers and people suffering from renal failure, respiratory disease, cardiac disease and other end stage illnesses.
- > Provide timely information to patients and their families to assist them to make choices about care needs at the end of life (e.g. advance directives).

At a minimum, all hospitals and health services across country South Australia will provide access to hospital beds or in-home support for people requiring palliative care.

Respite services

At a minimum, all hospitals and health services across country South Australia will have access to services including domiciliary care, residential/hospital respite, and transitional care packages. This may extend to day centres, volunteer programs, organised in-home respite or respite for higher level acuity/disability care.

Clinical support services

Increased availability of digital radiology in country hospitals will allow greater use of remote radiology reporting. Support for country radiographers, General Practitioners and nurses who provide local imaging services will be enhanced and where reporting cannot be delivered locally, access to remote radiologist reporting will be expanded.

Systems to allow the sharing of patient information between metropolitan and country hospitals and local General Practitioners will be further developed and rolled out.

At a minimum, all hospitals and health services across country South Australia will have access to expanded point-of-care testing and access to pathology testing facilities, pharmacy services and basic X-ray capabilities. All Country General Hospitals will have a pathology laboratory on site, with 24 hour access to pathology staff.

Medical specialist services

In order to provide high-quality, safe services while making the best use of the valued health workforce, specialist services will be more coordinated to ensure wider service delivery. Consistent ways for specialists to provide services, and to make and receive referrals will be developed, in conjunction with resident and visiting specialists and country and metropolitan health providers. The integrated model for services will assist in coordinating the delivery of specialist services and increasing the capacity of Country General Hospitals will allow the provision of more specialist services in country South Australia. Improvements to information technology will allow increased access to specialist services via telehealth, to complement the resident specialist services.

We will work with Country General Hospitals, clinical networks, the professional bodies and metropolitan health services to assess the provision of specialist care and identify the best way to provide services in country hospitals, taking into account available workforce and service quality and safety. This will aim to strengthen access to visiting specialist services in smaller country communities.

Cancer services

A safe and effective cancer service incorporates infrastructure and workforce key elements including but not limited to systemic treatments such as chemotherapy.

Currently some cancer services in the country are provided by local general practices which have a special interest in managing low risk cancer treatments. The process for medical and psycho-social review and monitoring of patients before, during and after treatment in the rural setting is currently inconsistent.

Rural communities have strongly indicated their desire to receive cancer care close to home if at all possible.

A process to develop precise delineation of levels of safe and high-quality cancer services along with agreed levels of staffing, skills, infrastructure and systems/protocols will be undertaken by Country Health SA in partnership with CanNET¹⁰ SA (a Cancer Australia initiative, funded by the Australian Government).

Increased rehabilitation services

A considerable number of residents from country areas receive specialist rehabilitation services in metropolitan facilities. By increasing rehabilitation services in country regions, fewer people will have to travel to Adelaide for treatment. Community-based rehabilitation options can reduce the burden on hospitals.

As well as inpatient rehabilitation and day rehabilitation at Country General Hospitals, community-based rehabilitation services will be available through all hospitals and health services. Some Country Community Hospitals will also provide day rehabilitation services to assist in repatriating outpatient activity from Adelaide and other country-based rehabilitation services.

Mental health services

South Australia's mental health services are undergoing significant reform, and the Strategy will redesign services in line with the State Government's response to the recommendations in the Social Inclusion Board's *Stepping Up* report.

The proposed new Mental Health Bill will provide an improved legislative framework for the provision of safe and high-quality mental health care in South Australia.

For Country Health SA this will also mean improved access to specialist mental health services in rural locations that should, in time, reduce the need for transport to metropolitan hospitals for their care. Specifically this will include the ability to detain, admit and provide short-term treatment for acute illness in the designated Limited Treatment Centres that will be prescribed under the proposed new Mental Health Bill.

Mental health services are also being refocused on early intervention, illness prevention and care in the community to ensure consumers can live independently with appropriate supports. In country South Australia, services will:

- > Ensure consumers have continuity of care when being admitted to and discharged from metropolitan and local services.
- > Provide a stepped model of care to prevent unnecessary admissions and support consumers returning to community or home following admission for acute care by providing them with short-term home assistance, accommodation support and independent living skills.
- > Increase the availability of individual psychosocial rehabilitation support service options in country locations.
- > Ensure appropriate attention is paid to the particular needs and circumstances of country consumers who receive part of their care in Adelaide and that appropriate arrangements are in place between treatment centres and clinical staff.
- > Provide services that are recovery oriented and consumer centred.
- > Make the needs of consumers and carers central to a comprehensive service network and ensure their participation and involvement in designing and implementing the network.
- > Give priority to development and provision of appropriate workforce resources and staff to ensure provision of safe and effective mental health services to the rural sector.
- > Take into account the cultural needs of Aboriginal people accessing services in mental health.

Country Health SA will implement local mental health networks in geographically defined areas that will provide services for that population. Detailed service profiles and partnerships will be developed and implemented within each of these networks. Collectively, these networks will be linked to form a comprehensive country mental health clinical network. The local mental health networks will be further strengthened by the integration of the tertiary level services within the overall system of care.

¹⁰ CanNet = Cancer Service Networks National Demonstration Program

Services accessed within or through the local mental health networks will include tertiary, secondary and primary mental health care. This approach will enable services to the community to be optimised and will support better solutions to key issues around workforce skills and shortages, safety and quality, and connection with other sectors and services involved in the provision of mental health care, including General Practitioners.

Transport remains a critical barrier to access and Country Health SA will continue to improve the transition to home for rural residents who need to receive care in metropolitan hospitals.

Within these local mental health networks, all country hospitals will provide a level of acute mental health care admissions. In addition, the mental health networks within the four Country General Hospitals will provide designated intermediate mental health care, acute care beds, short stay options, and a range of other services in the community for people experiencing mental illness as prescribed in the proposed new Mental Health Bill. Over time, consumers and their families will have access to services that they could previously only access in Adelaide.

The current tertiary specialist mental health inpatient, distance consultation and liaison service and the Aboriginal mental health services provided remotely by Rural and Remote Mental Health Services are highly regarded in country South Australia. Telehealth and improved IT infrastructure will further improve safety and quality of care, access to specialist clinical support and advice for consumers, staff, General Practitioners, South Australian Police and other providers on a 24 hour basis. The integration of all aspects of the current Rural and Remote Mental Health Service within the country mental health networks will be a critical component of the overall mental health system design for Country Health SA.

Primary mental health services will be provided within the local mental health clinical networks with specialist community and inpatient mental health staff available to support:

- > Specialised assessment for low complex, voluntary patients where brief admission may be necessary.
- > Voluntary admission to general wards in country hospitals for short periods of time for stabilisation if required.
- > Shared care management in partnership with a General Practitioner.
- > Ongoing support to maintain consumer independence locally with occasional respite admissions to a local hospital.
- > Consultation and liaison psychiatry support from the Rural and Remote Mental Health Service.
- > Psychosocial support services in partnership with the non-government sector.
- > Access to broader mental health training to assist all staff to care for consumers.

We will improve capacity and implement integrated promotion, prevention and early intervention approaches to social and emotional wellbeing for Aboriginal people across the system. Country hospitals and health services will meet the social and emotional wellbeing needs of Aboriginal people, particularly those living with severe mental illness and chronic substance use, by improving access and equity of outcome in the priority areas of depression, grief and trauma, self-harm and suicide, substance abuse and domestic violence.

The current and ongoing impact of the drought on rural families and communities is recognised. Mental health services and programs focussed on the social, emotional and mental health impacts of the drought have been well received and will continue to be supported. Programs in drought affected areas will include community counselling services, peer support networks for farmers and young farmers, and increased access to specialist mental health care when needed.

The role of Rural and Remote Mental Health Services is recognised and acknowledged as an integral component of country mental health services in order to:

- > Provide continuity of clinical care management across local mental health services, acute care and metropolitan services.
- > Ensure that there is a comprehensive clinical governance structure based in Country Health SA for country mental health consumers, and specialist support for country mental health practitioners, General Practitioners and consumers.

Oral health services

The continuum of oral health care in country South Australia covers primary dental care and early intervention strategies through to high complexity inpatient oral surgery. Primary dental services are currently provided as close to people's homes as possible, balancing accessibility and affordability. Where possible, public dental services will be integrated with other primary health services.

It is anticipated that the four Country General Hospitals will have local access to visiting specialist outpatient consultation and inpatient low technology specialist services (e.g. extraction of wisdom teeth under general anaesthesia).

The priority population groups for dental services are Aboriginal people, older people, residents of aged care facilities and early childhood. Where there are inequities, such as in Aboriginal health, a greater priority is placed on accessibility, including a range of strategies that focus on transport, environment, health promotion, education and development of the Aboriginal dental workforce.

Dental Services will work with the range of health professionals who interact with pregnant women and mothers of young children to ensure that parents have the information they need at key stages in their child's development to maintain their oral health. This may include working with other service providers, including General Practitioners and others to undertake oral health assessments for very young children.

Research and evaluation

The Government recognises the importance of research and evaluation in determining the priorities for investment. Priorities for research and evaluation include:

- > Evaluation of the evidence base and public health impact of new proposals
- > Clinical guideline development
- > Evaluation of country programs/outcome analysis
- > An Internal Auditor for Clinical Governance
- > Clinical trials for country-based research.

The concept of the Centre for Excellence model is to promote research and evaluation, and share best practice. The Centre for Excellence in Aboriginal and Torres Strait Islander Health is currently developing a research strategy to support the demonstration, modelling and teaching of best practice in Aboriginal health. The opportunities to develop Centres for Excellence, including research agendas in other areas of country health, will be further explored.

Key enablers for improving health care for country South Australians

Better transport and improved coordinated care (the patient journey)

Transport and accommodation support will be developed to help country people access the health care services they need. Health services will be provided as close to home as possible but it is important to acknowledge that health services in Adelaide will continue to be available, recognising personal networks, historic connections and individual choice

The Patient Journey Initiative has already improved coordination of care and appropriate discharge planning for patients who need to access health services in other locations to ensure a smooth transition of care between services and locations. This initiative uses Patient Liaison Network members, Rural Liaison Nurses, Patient Transport Coordinators and local Practice Nurses to support rural people to access health services.

We will provide clarity on patient journey systems (including transport and accommodation) prior to any service changes, including:

- > Exploring ways to increase and advocate for transport options which can incorporate the existing support to the Patient Assistance Transport Scheme. This will include increased flexibility; utilising broader transport options in the absence of other suitable choices, such as the community passenger networks; developing accommodation options, and reducing barriers for Aboriginal people from remote and isolated areas accessing specialist and hospital treatment.
- > Improving access to transport and accommodation subsidies and options when using both metropolitan and country services.
- > Improving information flow between health units/services in Adelaide and in the country.
- > Ensuring timely, effective coordinated admissions, outpatient consultation times and discharge planning between Adelaide health services, country health services, country General Practitioners and home.
- > Improving awareness of the needs of country people within metropolitan health units.
- > Exploring a greater use of step down services, particularly for Aboriginal people, which can provide short-term accommodation, meals and monitoring from medical, and nursing and midwifery staff for patients who do not need hospital care, but who need some support before they return home.
- > Supporting tertiary hospitals to provide more appropriate care to people from rural and remote communities, through better coordination, flexibility and communication in scheduling appointments, admission and discharge.
- > Supporting specialists and other health professionals to visit smaller communities for pre- and post-care consultations, where clinically appropriate.

Partnerships between doctors, nurses and midwives, and allied health professionals, country health hospitals and services like the SA Ambulance Service, the Royal Flying Doctor Service, the SA Retrieval Service and other relevant services will be enhanced.

Information Technology

It is critical to the success of this Strategy that services in country South Australia have access to information technology which supports and facilitates the patient journey through enhancing:

- > Support for public and private service providers, particularly country doctors, to strengthen and coordinate primary health care services.
- > Transfer of patient information to assist in partnerships in care.
- > Access to decision-making support.
- > Access to specialist support for both planned and unplanned care.
- > Access to research and other evidence assisting in patient care.
- > Professional development of personnel.
- > People's capacity to access the best possible information to support prevention, simplify access to services and to self-manage care.
- > Collaborative service delivery and policy initiatives.
- > Relationships between health professionals and their patients.
- > Complementary service delivery options like telehealth for consulting and diagnostic services.

Telehealth is the transmission of images, voice and data between two or more health providers supporting clinical advice, consultation, education and training services.

This technology must be available in all locations where care is provided, particularly smaller health services, and have a focus on inter-connection between all providers, including General Practitioners, acute and community-based public services, residential aged care and metropolitan hospitals. The essential infrastructure, operating systems and applications must support the provision of health services, and the management and accountability of the health system.

Country health services must adopt technological advances, in alignment with the *SA Health Information Management & Technology Strategy 2006- 2010*, to increase capacity for the delivery of services. SA Health needs to undertake a staged approach to the delivery of enhanced video-conferencing across Country Health SA. The Government will work collaboratively with the Commonwealth to resolve gaps in infrastructure.

We will continue to explore and implement specialist consultant support using technology to link metropolitan and Country General Hospital services as a platform for enhancing local access to services. Existing examples include the Rural & Remote Mental Health Service and the iCCnet¹¹ that can provide models to build upon.

A key enabler in the effective use of information technology is to ensure that our clinicians and consumers have access to quality training in the use of telehealth and other applications. Training and development is considered as equally important as access to the infrastructure.

Statewide services and partnerships

Statewide services like Drug and Alcohol Services SA, Breastscreen SA, SA Dental Service, Child and Adolescent Mental Health, Yarrow Place, and Child and Youth Health will continue to provide services in the country, and will continue to work in collaboration with Country Health SA to better meet the needs of country residents. The key focus is to ensure continuity of care for the patients, carers and families.

Building on the collaboration demonstrated by the Country Health Care Plan Taskforce, important partnerships will continue with peak rural health professional organisations, non-government organisations, rural Divisions of General Practice, the Aboriginal Health Council of SA, private providers in rural settings (General Practitioners, allied health and pharmacy), local government, consumers and community, and emergency service providers such as SA Ambulance Service, Royal Flying Doctor Service, and SA Retrieval Service.

We have already established intra-government relationships on important Aboriginal health initiatives and it will be imperative that all statewide health services undertake planning, community engagement and service delivery in a consistent manner which integrates and strengthens other services and community initiatives.

Outside of the health sector there are other important partners such as local government, non-government and community-based organisations that support recreation, education, economic development and families across country South Australia. Country hospitals and health services will continue to develop meaningful partnerships with these partners to build the social determinants of good health.

Country communities

Country hospitals are more than service providers and continue to be a vital part of their communities, generating broader community, social and economic benefits. Hospitals are central to perceptions of community wellbeing and their presence supports local initiatives to attract and retain community residents and bring people together to raise funds, volunteer and enhance social capital. The Government celebrates and strongly supports the pivotal role that country hospitals play as one of the mainstays of rural communities. The extensive volunteer investment, directly and indirectly associated with country hospitals, is highly regarded. Communities have also contributed significant resources through fundraising and the Government is equally committed to ensure that this effort is strengthened. Rural communities are striving to attract and retain residents and grow the local economy through investment in tourism and retirement/lifestyle villages.

Health system change is important and the section of this document entitled *The Way Forward* describes a process to plan for enhanced health services in country South Australia. Health service planning will support the goals of building rural and regional communities in terms of population and industry growth, recognising that hospitals are important economic drivers for their communities.

¹¹ iCCnet = integrated Cardiovascular Clinical Network

Helping country residents to choose a healthy lifestyle

A shared approach between individuals, communities and the health service sector will be required to support healthy lifestyles.

For country South Australia, an important priority is to assist country South Australians to develop their ability to maintain a healthy lifestyle and obtain information about access to services.

Programs that focus on maintaining a healthy lifestyle include:

- > Lifestyle Advisors and Lifestyle Support Officers working with General Practitioners in country South Australia to help people manage their own health and wellbeing, and prevent them from becoming ill or developing chronic conditions. They are located in Port Pirie, Murray Mallee, Port Lincoln, Northern Yorke Peninsula, Kangaroo Island, Mount Gambier, the Riverland, Whyalla and Port Augusta
- > Healthy Weight Coordinators based in Mount Gambier, Riverland, Clare, Port Pirie, Whyalla and Port Lincoln to coordinate activities that promote good nutrition and physical activity for children and families.
- > Public health campaigns educating the community to lead a healthier lifestyle, including smoking cessation, healthy weight, nutrition and physical activity programs.
- > Healthy weight, nutrition and physical activity programs being increased in schools and childcare centres.
- > Falls prevention programs and active ageing programs to help keep older people active and prevent injury through falls.
- > Access to *healthdirect* call centre 24 hours a day, 7 days a week to provide timely health information to connect people to the right care at the right time by calling 1800 022 222.

Helping clinicians to work together

Local clinical networks

While many are already in place, local clinical networks will bring together service providers in a local geographic area. These networks link doctors, nurses and midwives, allied health professionals, General Practitioners and community representatives to better work together across hospital sites and Local Area Hospital and Health Services.

Team-based care is strongly encouraged and is a key component in supporting clinical networks at local and statewide levels. This includes care management arrangements between hospitals across local clinical networks to establish an integrated system.

GP Plus Health Care Networks

As identified in South Australia's Health Care Plan, GP Plus Health Care Networks will be established across country areas to enable health services, Divisions of General Practice, General Practitioners, other health professionals and the community to work together to plan services.

Statewide Clinical Networks

A series of Statewide Clinical Networks have been established to increase the level of clinician involvement in the planning of health services, to find ways to better coordinate the delivery of those services, to ensure better health outcomes for all South Australians, and to ensure a strong, sustainable health workforce. For example, the Cancer Clinical Network is exploring ways in which country people can receive the majority of their cancer care closer to home, that build on existing local chemotherapy services, perhaps through receiving chemotherapy at home or visiting their local specialist.

Statewide Clinical Networks and the SA Clinical Senate will have an important role in planning an integrated system that provides care as close to home as possible, supporting systems to increase the provision of health services locally.

There are eight Statewide Clinical Networks each with a focus on country health services:

- > Renal
- > Cancer
- > Mental health
- > Maternal and neonatal health
- > Child health
- > Cardiology
- > Rehabilitation
- > Orthopaedics.

Statewide Clinical Networks will also have a key role in improving the performance of our hospitals by improving safety and quality, reducing the length of hospital stays to national benchmarks, reducing emergency department waiting times and working with community-based services to allow patients to be discharged from hospital where appropriate and receive care at home.

The Way Forward

The Country Health Care Plan Taskforce has provided the Government with a framework for moving forward which encompasses effective community consultation and the development of local service plans, guided by the development of overarching principles for planning and delineation of services.

With the release of *A Strategy for Planning Country Health Services in SA*, the Government is committed to implementing a local hospital and health service planning process.

A planning process that allows important local circumstances to be considered in developing local service plans and not a "one size fits all" model for country hospitals is necessary. Each community requires a well defined and understood service profile and service plan for its community which is reflective of its local needs. It is important that sufficient time and resources are allocated to enable extensive consultation to be undertaken with key stakeholders (communities, health professionals, Health Advisory Councils).

The planning principles must underpin all planning process. The service delineation framework is a guide for determining profiles for all individual health services.

This process will enable the Government to achieve the objective of an integrated health system for country South Australians with services as close to home as possible. As new statewide clinical plans are released, local country hospitals and health services will be advised.

The Government supports the implementation of a series of steps as identified by the Country Health Care Plan Taskforce, which provides a logical process for moving forward.

The term "local" may be interpreted as a single health service or a cluster of health services, according to local circumstance. Milestones and key actions are provided as a guide for 10-year local health service planning recognising that planning processes are underway in some locations.

The 10-year local health service planning will integrate with other important plans such as South Australia's Health Care Plan, Statewide Clinical Network Plans, SA Health Strategic Plan and South Australia's Strategic Plan.

The development of detailed service profiles for country hospitals and health services will now commence in a staged approach with completion dependent on local circumstances.

Milestones for 10-year local health service planning

Country Health SA, in partnership with local Health Advisory Councils, will:

1. Establish locally determined community and stakeholder advisory structures to support and manage the planning process.
2. Engage with local communities and key stakeholders to identify key issues, gaps and needs in the local community, including addressing the needs of both Aboriginal people and the general South Australian population.
3. Analyse the current external and internal health service environment including existing plans and the assessment of existing service capacity, workforce, population, accessibility and capacity for change and technology.
4. Identify future needs of local communities by understanding risk factors associated with chronic disease, forecasting scenarios and considering the needs of local clinical networks and taking into consideration the countrywide perspective.
5. Consider the current service profile and application of the agreed minimum service level for all country hospitals and health services (these will reflect existing service profiles, unless changes are supported by local communities).
6. Analyse current strategies to determine specific service goals, objectives, priorities and effective strategies to reach desired outcomes incorporating best practice interventions.
7. Develop detailed and understood local hospital and health service plan for all country hospitals and health services.
8. Analyse resource implications of strategies for the purpose of developing business cases as appropriate.

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9. Release draft plan for consultation and analyse feedback.
 10. Release and implement final plan.
 11. Monitor progress and outcomes.
 12. Undertake a review process.

Country Health SA is responsible for driving the planning process as well as developing and approving local health plans. Part of this responsibility is to include the advice of Health Advisory Councils which by legislation have a key advisory role in the planning process. Country Health SA will be responsible for providing the background information needed to properly inform local plans and to provide resources and support for the Health Advisory Councils to actively engage and consult with their communities to contribute appropriate local input into the planning.

Country Health SA will present an annual report to the Country Health SA Board Health Advisory Council on progress in the development of local health service plans.

The Government has announced:

- > No hospital will be closed and no hospital will lose its emergency services. Current service level provision will be maintained in country hospitals. Increased services will not be the result of "downgrading" of small hospitals.
- > Improved infrastructure and service commitments outlined in *South Australia's Health Care Plan*, *South Australia's Country Health Care Plan* released in June 2008, and in budget provisions will proceed, including the capital infrastructure for Ceduna, Port Pirie, Berri and Whyalla.
- > Services such as elective surgery, primary health care, acute care and out of hospital strategies will be expanded.
- > Work will start immediately on developing detailed service profiles to strengthen the four Country General Hospitals. This will include the repatriation of activity from metropolitan services and a move to become training hospitals, in the style of the Mount Gambier District Health Service. The aim is, where possible, to provide more elective surgery closer to where people live. The process of capital upgrades has started and will continue.
- > A recruitment campaign for health professionals (whether salaried or visiting) will commence, where required, in consultation with relevant local health professionals to ensure sustainability of the local health workforce.
- > The development of detailed service profiles for the Country Community Hospitals will commence immediately, concentrating on increasing acute services for the region. It is anticipated that the first detailed planning work for the Country Community Hospitals will commence in 2009.
- > Port Augusta will be developed as a Centre for Excellence in Aboriginal and Torres Strait Islander Health.
- > A business plan for the development of the Barossa Hospital will be undertaken in 2009.
- > Work will commence immediately on the development of a workforce strategy, which will be guided by the Country Health Care Plan Taskforce's recommendations.
- > The newly established Health Advisory Councils will have a major role advising SA Health on the planning work.

The Government will work with communities and regions in developing local 10-year plans for their workforce and services, and wants to work with communities to develop local solutions to local challenges.

Glossary

Aboriginal Community Controlled Health Service (ACCHS): An Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).¹²

Aboriginal Health Advisory Committee (AHAC): Aboriginal Health Advisory Committees are a group of experienced and knowledgeable Aboriginal people who inform and monitor Country Health SA's performance as a provider of culturally appropriate health services for all Aboriginal people.

Aboriginal Health Council of South Australia (AHCSA): AHCSA is the peak body representing Aboriginal health and substance misuse services, and Aboriginal Health Advisory Committees in South Australia at a state and national level. Its primary role is to be the 'health voice' for all Aboriginal people in South Australia through advocating for the community and supporting workers with appropriate Aboriginal health programs.¹³

Acute inpatient care: Admissions for diagnosis, monitoring and treatment of acute medical and surgical conditions, intermediate care for recuperation, respite and step down care with appropriate capacity. It also includes admissions for mental health acute inpatient care at all hospitals. In addition, Country General Hospitals will provide designated intermediate mental health care as prescribed in the proposed new Mental Health Bill.

Allied health: When considering the Country Health SA allied health workforce, the definition of allied health endorsed by Services for Rural and Remote Allied Health (SARRAH) is used as a guide. This is as follows: *"SARRAH recognises that allied health professionals are: Tertiary qualified health professionals who apply their skills to restore optimal physical, sensory, psychological, cognitive and social function. They are aligned to each other and their clients. Professions may include, but are not limited to: Audiology; Nutrition and Dietetics; Occupational Therapy; Optometry; Orthoptics; Orthotics; Pharmacy; Physiotherapy; Podiatry; Psychology; Radiography; Social Work; Speech Pathology."*

Country hospitals:

Aside from the Country General Hospitals in Berri, Mount Gambier, Port Lincoln and Whyalla, individual health services have not been categorised to enable this process to occur as part of the development of 10-year local health service plans.

- > **Country General Hospitals:** These regional centres will be developed to manage the majority of health care needs so that only patients requiring very highly specialised or complex care will be required to travel to Adelaide. Specialist services will be provided through country hospitals by resident and visiting specialists, supplemented by a range of other specialist services consistent with the health needs of the local community. This will include chemotherapy, dialysis and mental health services. Country General Hospitals will have an increased capacity, a high complexity of services and a range of enhanced and new health services.
- > **Country Community Hospitals:** Country Community Hospitals will have close links to Country General Hospitals and/or metropolitan hospitals for the provision of more complex care. Community Hospitals will provide an enhanced range of services, including primary health care services, most suited to the health care needs of the local population, as well as enhanced community-based services for rehabilitation, palliative and aged care.
- > **Peri-Urban:** Peri-Urban areas are centres in close proximity to Adelaide – including Mt Barker, Victor Harbor and Gawler – that are subject to urban sprawl, and have a rural mode of service delivery. The catchment area extends into designated country areas and services needs to be jointly planned across both metropolitan and country.
- > **Local Area Hospitals and Health Services:** Local Area Hospitals and Health Services support a vast continuum of hospital and community health services from the minimum described for every facility to include some additional services at some sites with appropriate capacity.

¹² National Aboriginal Community Controlled Health Organisation - <http://www.naccho.org.au/aboutus/aboutus.html>

¹³ Aboriginal Health Council of South Australia - <http://www.ahcsa.org.au/>

Country Health SA: Country Health SA Hospital Inc is the entity, formed under the *Health Care Act 2008*, responsible for providing country health services, and overseeing multiple campuses and hospital sites to deliver services and coordinate health care across country South Australia.

Cultural competence: Refers to the relationship between the helper and the person being helped in a cross-cultural context. While cultural safety centres on the experiences of the patient, cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context. The last point is fundamental and demonstrates the importance of moving beyond cultural awareness. Recognition of culture is not by itself sufficient rationale for requiring cultural competence; instead the point of the exercise is to maximise gains from a health intervention where the parties are from different cultures.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of health services thereby producing better health outcomes. Cultural competence is an important vehicle to increasing access to quality care for all patient populations, by tailoring delivery to meet patients' social, cultural and linguistic needs.¹⁴

Cultural safety: Is based on the experience of the recipient of care, rather than from the perspective of the health practitioner. It involves the effective care of a person or family from another culture by a health practitioner who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice.

Cultural safety aims to enhance the delivery of health services by identifying the power relationship between the health practitioner and the patient, and empowering the patient to take full advantage of the health care service offered. Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Patients who feel unsafe and who are unable to express degrees of felt risk may subsequently require expensive and often dramatic treatment. Cultural safety gives Aboriginal people the power to comment on the care provided, leading to reinforcement of positive experiences. It also enables them to be involved in changes to any service experience they view as negative.

Cultural safety recognises that inequalities within health care interactions represent in microcosm the inequalities in health that have prevailed through history and within our nation more generally. It accepts the legitimacy of difference and diversity in human behaviour and social structure. It recognises that the attitudes and beliefs, policies and practices of health practitioners can act as barriers to service access, and is concerned with quality improvement in service delivery and consumer rights.¹⁵

Emergency services: A range of services provided in a designated emergency section of a hospital, including:

- > Life threatening presentations and trauma involving triage, assessment, resuscitation, stabilisation and treatment
- > Triage, assessment and treatment for non-life threatening conditions.

Presentations to the designated emergency section will usually be triaged by nursing staff, with the cooperation of after hours GP services (services provided in a hospital by General Practitioners outside of regular hours).

Health Advisory Councils (HACs): Operating from 1 July 2008 under the *Health Care Act 2008*, HACs allow for community members to participate in the planning of future health services and provide a specific local voice and direct input into the health priorities for their communities. The Country Health SA Board HAC acts as the "umbrella body" for other country HACs, providing advice from a whole-of-country health perspective. Incorporated HACs continue to hold hospital assets and property, and manage testamentary gifts and trusts for the provision of health services in their area.

Limited Treatment Centres (LTCs): As proposed in the Mental Health Bill 2008 there will be a small number of health units in country South Australia that will be approved as LTCs. The role of these centres is to assess and provide short-term treatment and mental health care to consumers who are subject to detention as proposed under the Mental Health Bill. All of the LTCs will be staffed by appropriately trained mental health staff.

¹⁴ Aboriginal Mental Health Team, Rural & Remote Mental Health Service

¹⁵ Aboriginal Mental Health Team, Rural & Remote Mental Health Service

Local clinical networks: A group of health services that work together because they are closely located geographically and have close clinical connections. This collaboration supports the development of expanded services over and above what would be possible by acting independently.

Out of hospital care: Health care provision outside of a hospital aimed at preventing hospital admissions, decreasing length of hospital stays, and focusing on chronic diseases.

Primary health care services: A range of services that meet the most common every day health care needs of communities, including public health programs such as immunisation, healthy living programs, illness prevention programs, health promotion programs, programs to support daily living activities, and access to General Practitioner consultations.

Rural: Pertaining to the country and generally relates to people living outside the Adelaide metropolitan area. Country Health SA provides services for people who reside in the country and for people who utilise services in the country.

Rural and remote health services:

- > **Remote area services:** Provide fundamental primary health care services, stabilisation and care within the community or at home, with identified transfer arrangements as appropriate providing people from remote and isolated communities with better access to specialist and hospital services. Improved service priorities in remote and isolated Aboriginal communities are in supporting and enhancing community capacity building and responding to priorities identified by local Aboriginal Community Controlled Health Services.
- > **Rural health clinics:** Provide fundamental primary health care services and are supported by Local Area Hospitals and Health Services, Country Community Hospitals and Country General Hospitals, in partnership with local General Practitioners and local Divisions of General Practice.

Statewide Clinical Networks: Formal statewide networks established to increase the level of clinician involvement in the planning of health services to achieve better coordination of the delivery of those services and to ensure better health outcomes for all South Australians and the creation of a strong, sustainable health workforce. The networks link doctors, nurses and midwives, allied health professionals, General Practitioners and community representatives to better work together. There are currently eight clinical networks, each with a focus on country health services: renal; cancer; mental health; maternal and neonatal health; child health; cardiology; rehabilitation; and orthopaedics. Additional Clinical Networks are to be developed over time. For further details visit <http://www.health.sa.gov.au/Default.aspx?tabid=212>

Appendix A

Country Health Care Plan Taskforce Service Delineation Framework for Country Health Services

This Service Delineation Framework describes components of a continuum of care, from services available locally to country and statewide. The Framework can be used by all communities in designing local services including services accessed from outside the community.

The intention is to provide an inclusive and flexible guide that supports local planning for the future.

Service	Local Area	District	Region	Country	Metropolitan
Emergency Service	<ul style="list-style-type: none"> • 24 hour, 7 day/week emergency triage and assessment • 24 hour, 7 day/week emergency trauma and resuscitation, initial management e.g. heart attacks, strokes, car accidents • Appropriately staffed and supported by medical and nursing staff • 24 hour, 7 day/week emergency mental health service • Treatment for/management of appropriate (non-life threatening) conditions e.g. skin disorders, asthma, gastroenteritis, pneumonia, musculoskeletal injuries • Inpatient diagnosis, monitoring and treatment of appropriate conditions. As described in detail in the following sections • Telehealth facility in emergency rooms <p>Additional:</p> <ul style="list-style-type: none"> • Minor surgical procedures e.g. simple fractures, removal lesions 	<p>Includes service levels described for Local Area plus:</p> <ul style="list-style-type: none"> • 24 hour, 7 day/week emergency surgical procedures e.g. appendicectomies, caesarean sections, fractures 	<p>Includes service levels described for District plus:</p> <ul style="list-style-type: none"> • 24 hour, 7 day/week emergency surgical procedures of higher complexity 	<ul style="list-style-type: none"> • Access to clinical networks, e.g. iCCnet¹⁶ 	<p>Includes service levels described for Region plus:</p> <ul style="list-style-type: none"> • Most specialised emergency and intensive care, including trauma, major burns and spinal injuries
	<p>Statewide Services</p> <ul style="list-style-type: none"> • Rural and Remote Mental Health Services • SA Retrieval Service 			<ul style="list-style-type: none"> • SA Ambulance Service • Statewide clinical networks e.g. stroke guidelines, cardiac guidelines • The Royal Flying Doctor Service 	

Service	Local Area	District	Region	Country	Metropolitan	
Acute Inpatient Care	<p>Key Enablers</p> <ul style="list-style-type: none"> • 24 hour, 7 day/week on-call advice • Rural Emergency Skills Program (RESP) • Support integration of teams of nurses and midwives, doctors and paramedics 	<p>Key Enablers</p> <ul style="list-style-type: none"> • IT infrastructure to support consultations and procedures • Safe mental health transfer transportation 	<p>Key Enablers</p> <ul style="list-style-type: none"> • Admissions for more complex and higher risk treatment and procedures for medical, surgical, birthing, mental health beds, renal dialysis, paediatrics • High Dependency Unit 	<p>Key Enablers</p> <ul style="list-style-type: none"> • Admissions for surgical, birthing, chemotherapy Additional: <ul style="list-style-type: none"> • High dependency • Renal dialysis 	<p>Key Enablers</p> <ul style="list-style-type: none"> • Admissions for minor (lower risk) assessments and treatments, e.g. pneumonia, gastro, maintenance of chronic conditions • Intermediate care including recuperative care e.g. post-transfer from District, Region or Metro • Access to General Practitioner practice service to provide both acute illness management and General Practitioner consulting for less severe illnesses <p>Additional:</p> <ul style="list-style-type: none"> • Admissions for low risk acute medical, same day or overnight surgery, mental health, birthing, chemotherapy 	<p>Key Enablers</p> <ul style="list-style-type: none"> • 24 hour, 7 day/week on-call advice • Rural Emergency Skills Program (RESP) • Support integration of teams of nurses and midwives, doctors and paramedics
	<p>Statewide Services</p> <p>Key Enablers</p> <ul style="list-style-type: none"> • Various models of acute care both in hospital and in the community, with clinically appropriate workforce, equipment and infrastructure to support the level of service • Integrated system with statewide services 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Rural and Remote Mental Health Services 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Statewide clinical networks 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Information technology support • Development of culturally respectful practice – Centre for Excellence is an enabler • Aboriginal Step Down Units 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Rural and Remote Mental Health Services 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Information technology support • Development of culturally respectful practice – Centre for Excellence is an enabler • Aboriginal Step Down Units
	<p>Statewide Services</p> <p>Key Enablers</p> <ul style="list-style-type: none"> • Information technology support • Development of culturally respectful practice – Centre for Excellence is an enabler • Aboriginal Step Down Units 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Rural and Remote Mental Health Services 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Statewide clinical networks 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Information technology support • Development of culturally respectful practice – Centre for Excellence is an enabler • Aboriginal Step Down Units 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Rural and Remote Mental Health Services 	<p>Statewide Services</p> <ul style="list-style-type: none"> • Information technology support • Development of culturally respectful practice – Centre for Excellence is an enabler • Aboriginal Step Down Units

Service	Local Area	District	Region	Country	Metropolitan
Elective Surgical	<ul style="list-style-type: none"> Minor procedures, such as minor musculoskeletal injuries, removal of skin lesions or lacerations Increase access to telehealth for pre- and post-operation consultations <p>Additional:</p> <ul style="list-style-type: none"> Minor surgery such as carpal tunnel releases, vasectomies, reduction dislocations for low risk patients Low risk lower segment caesarean sections and other surgery 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Operating theatre staffed and equipped to support a range of lower risk and appropriate surgeries/ lower segment caesarean sections and carpal tunnel releases, arthroscopes, plastics, urology, gynaecology, ENT General Practitioner and visiting specialist surgical services Residential obstetric, general surgery or anaesthetic specialist services 	<p>Includes District plus:</p> <ul style="list-style-type: none"> More complex, resident and/or visiting surgical specialist services 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Full range of major complex surgery and high risk patient required for the treatment of cancer, cardiac disease, neurosurgery, trauma, vascular surgery
Statewide Services					
Key Enablers					
<ul style="list-style-type: none"> Support to meet requirements set out in Safety and Quality accredited guidelines IT infrastructure to support consultations and procedures The workforce models will vary to support the level of surgery (i.e. General Practitioner proceduralists and specialist surgeons) Integrated system with statewide services Statewide clinical networks 					

Service	Local Area	District	Region	Country	Metropolitan
Maternal and Birthing Services	<ul style="list-style-type: none"> Antenatal and postnatal care Shared care programs Access to community midwifery services and parenting programs <p>Additional:</p> <ul style="list-style-type: none"> Low risk, single births, theatre and staffing for caesarean sections 24 hour, 7 day/week 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Low risk, single births, theatre and staffing for emergency and elective caesarean sections 24 hour, 7 day/week 	<p>Includes District plus:</p> <ul style="list-style-type: none"> All birthing, except for high risk pregnancies transferred to tertiary centres, and including pregnancy-related illnesses that remain stable 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Full range of major complex, obstetric, paediatric and support services
	<p>Statewide Services</p>	<ul style="list-style-type: none"> CYWHs¹¹ programs including Every Chance for Every Child initiative, and Universal Home Visiting Program 			
	<p>Key Enablers</p>	<ul style="list-style-type: none"> Support to meet requirements set out in Standards for Maternal and Neonatal Services in South Australia 	<ul style="list-style-type: none"> Integrated system with statewide services, access to maternity network Aboriginal Family Birthing project 		
Aged Care	<ul style="list-style-type: none"> Domiciliary care in home and community Inpatient admissions for elderly, including respite care Residential aged care, where currently provided Access to aged care assessment <p>Additional:</p> <ul style="list-style-type: none"> Transitional and community care packages <p>Statewide Services</p>	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Provision of aged care assessment 	<p>Includes District plus:</p> <ul style="list-style-type: none"> Gerontology, including psycho-geriatric support 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Specialist rehabilitation, aged care and palliative care services Acute mental health care services for elderly
	<p>Statewide Services</p>	<ul style="list-style-type: none"> Mental health services for older people 			

¹¹ Children, Youth and Women's Health Service

Service	Local Area	District	Region	Country	Metropolitan
Community Health and Outpatient Services	Key Enablers	<ul style="list-style-type: none"> MPS¹⁸ Service framework support flexible models to meet aged care requirements Countrywide ILEP¹⁹ equipment program 	<ul style="list-style-type: none"> Partnership with Commonwealth Government 		
	<ul style="list-style-type: none"> Access to chronic disease self-management programs, domiciliary care, Aboriginal health, community nursing and midwifery services, children and youth health services, drug and alcohol services, community mental health (adult and child), counselling and allied health services <p>Additional:</p> <ul style="list-style-type: none"> Allied health services Specialised chronic disease practitioners e.g. diabetes educators, chemotherapy 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Allied health services Specialised chronic disease practitioners e.g. diabetes educators, chemotherapy 	<p>Includes District plus:</p> <ul style="list-style-type: none"> Orthotics 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Specialist allied health
	Statewide Services	<ul style="list-style-type: none"> Drug and Alcohol Services SA Child and Adolescent Mental Health Services 	<ul style="list-style-type: none"> Child and Youth Health Services Yarrow Place (Rape and Sexual Assault Service) 		
	Key Enablers	<ul style="list-style-type: none"> Partnerships with Commonwealth and Department for Families and Communities ACCHSs, AHACs and local Aboriginal communities Relationships with NGOs²⁰ and local government New health promotion programs, Australian Better Health Initiative, physical activity and lifestyle programs 	<ul style="list-style-type: none"> Enhanced programs to support GP practices including practice nurses, chronic disease management and allied health services Development of culturally respectful practice – Centre for Excellence is an enabler 		

¹⁸ MPS – Multi Purpose Service

¹⁹ ILEP – Independent Living Equipment Program

²⁰ ILEP – Independent Living Equipment Program

Service	Local Area	District	Region	Country	Metropolitan
Palliative Care	<ul style="list-style-type: none"> • Palliative care beds • In-home support Additional: <ul style="list-style-type: none"> • Special interest GP palliative care 	Includes Local Area plus: <ul style="list-style-type: none"> • Palliative care support teams 	Includes District plus: <ul style="list-style-type: none"> • Palliative care beds supporting more complex medical care 		Includes Region plus: <ul style="list-style-type: none"> • Specialist palliative care services for cancer sufferers and people suffering from renal failure, respiratory disease, cardiac disease and other end stage illnesses
	Statewide Services	<ul style="list-style-type: none"> • Cancer clinical network, including establishing some integrated specialist palliative care teams in country 			
	Key Enablers	<ul style="list-style-type: none"> • Development of culturally respectful practice – Centre For Excellence is an enabler 			
Respite Service	<ul style="list-style-type: none"> • Access to domiciliary care services • Access to residential/hospital respite • Access to transitional care packages Additional: <ul style="list-style-type: none"> • Day centres • Volunteer programs • Organised in-home respite • Respite for higher level acuity/disability care 	Includes Local Area plus: <ul style="list-style-type: none"> • Respite for higher level acuity/disability care • Domiciliary care service • Transitional care packages 			
	Statewide Services				
	Key Enablers	<ul style="list-style-type: none"> • Integrated system with statewide services 			

Service	Local Area	District	Region	Country	Metropolitan
Clinical Support Services	<ul style="list-style-type: none"> Point-of-care testing expanding in the future Access to pathology testing facilities Access to pharmacy services Access to basic X-ray capabilities <p>Additional:</p> <ul style="list-style-type: none"> Enhanced radiology capability e.g. ultrasound Access to emergency O negative blood as appropriate Helpad as appropriate for locality 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Access to general X-ray and ultra sound capacity More advanced point-of-care testing Access to pathology testing 7 days/week Improved blood service Helpad as appropriate for locality 	<p>Includes District plus:</p> <ul style="list-style-type: none"> 24 hour, 7 day/week pathology laboratory Extensive clinical pharmacy service Access to a range of diagnostic services to support medical, surgical and emergency service profile e.g. access to CT scanning in light of best practice advancements in treatment of stroke 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Medical imaging/CT/MRI, complex pathology, nuclear medicine, angiography, hyperbaric medicine
	Statewide Services	<ul style="list-style-type: none"> Pathology SA Access to radiologist advice through networked support 24 hour, 7 day/week 			
	Key Enablers	<ul style="list-style-type: none"> Increased capacity for digital transfer of X-ray and other images to enable enhanced external support 		<ul style="list-style-type: none"> Integrated system with statewide services. Equipment to meet standards and local service profile 	
Medical Specialist Services	<ul style="list-style-type: none"> Access to medical specialist via visiting or through remote access <p>Additional:</p> <ul style="list-style-type: none"> Visiting medical specialist providing general treatment and procedures 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> Visiting medical specialist providing treatment and procedures <p>Additional:</p> <ul style="list-style-type: none"> Resident medical specialist services 	<p>Includes District plus:</p> <ul style="list-style-type: none"> Resident services e.g. physicians, anaesthetists, paediatricians, psychiatrists Resident specialists in Country General Hospitals provide outreach to other country hospitals 		<p>Includes Region plus:</p> <ul style="list-style-type: none"> Full range of resident medical specialist services
	Statewide Services	<ul style="list-style-type: none"> Statewide clinical networks that support country practitioners 			

Service	Local Area	District	Region	Country	Metropolitan
	<p>Key Enablers</p> <ul style="list-style-type: none"> • Primary mental health care • Access to specialist clinical support • Shared care management in partnership with a General Practitioner • 24 hour, 7 day/week emergency mental health service • Individual Psychosocial Rehabilitation support • Community counselling services <p>Additional:</p> <ul style="list-style-type: none"> • Local admissions for mental health 	<p>Includes Local Area plus:</p> <ul style="list-style-type: none"> • Specialised assessment for low complex, voluntary patients • Voluntary admission to general wards • Respite admissions to a local hospital 	<p>Includes District plus:</p> <ul style="list-style-type: none"> • Limited Treatment Centres • Specialist mental health services • Ability to detain, admit and provide short-term treatment for acute illness • Intermediate mental health care • Acute care beds • Short stay options 	<p>Rural & Remote Mental Health Service</p> <ul style="list-style-type: none"> • Includes Region plus: <ul style="list-style-type: none"> • Glenside Hospital – acute mental health services 	<p>Metropolitan</p> <ul style="list-style-type: none"> • Increase access to telehealth for consultations • Development of culturally respectful practice – Centre for Excellence is an enabler
	<p>Statewide Services</p>	<ul style="list-style-type: none"> • Mental Health Transport Committee • Child & Adolescent Mental Health Services 	<ul style="list-style-type: none"> • Psychosocial support services in partnership with the non-government sector 	<ul style="list-style-type: none"> • Needs of consumers and carers central to a comprehensive service network and ensure their participation and involvement in designing and implementing the network • Local mental health clinical networks for mental health services in geographically defined areas • Country mental health service clinical network • Telehealth and improved IT infrastructure • Safe mental health transfer transportation 	
	<p>Key Enablers</p>	<ul style="list-style-type: none"> • New Mental Health Bill • Transport • Continuity of care when being admitted to and discharged from metropolitan services and local services • Appropriate arrangements between treatment centres and doctors in place • Services that are recovery oriented and patient centred 			

Service	Local Area	District	Region	Country	Metropolitan
Rehabilitation	<ul style="list-style-type: none"> • Admissions for recuperative care • Community-based rehabilitation options • Access to transitional care packages Additional: <ul style="list-style-type: none"> • Geriatric orthopaedic step down services 	Includes Local Area plus: <ul style="list-style-type: none"> • Post-surgical rehabilitation • Transitional care packages Additional: <ul style="list-style-type: none"> • Day rehabilitation services • In-hospital allied health and rehab care 	Includes District plus: <ul style="list-style-type: none"> • Specialist rehabilitation services • Inpatient rehabilitation • Day rehabilitation • In-hospital allied health inpatient and rehabilitation care 	<ul style="list-style-type: none"> • St Margaret's Hospital 	Includes Region plus: <ul style="list-style-type: none"> • Hampstead Rehabilitation Centre • St Margaret's Hospital
Statewide Services <ul style="list-style-type: none"> • Hampstead Rehabilitation Centre 					
Key Enablers <ul style="list-style-type: none"> • Statewide Rehabilitation Clinical Network 					
Oral Health	<ul style="list-style-type: none"> • Primary dental care • Early intervention • Oral health assessments 	Includes Local Area plus: <ul style="list-style-type: none"> • Oral surgery 	Includes District plus: <ul style="list-style-type: none"> • Visiting specialist outpatient consultation • Inpatient low technology specialist services (e.g. extraction of wisdom teeth under general anaesthesia) 		Includes Region plus: <ul style="list-style-type: none"> • Specialist outpatient consultation • In-patient high technology specialist services
Statewide Services <ul style="list-style-type: none"> • SA Dental Service 					
Key Enablers <ul style="list-style-type: none"> • Public dental services will be integrated with other primary health services • Priorities in Aboriginal people, older people and early childhood • Engaging with the local private dentists 					

Appendix B

Role of Health Advisory Councils

1. Country Health SA Board Health Advisory Council

As identified in the constitution, the role of the Country Health SA Board Health Advisory Council is to:

- > Advise the Minister, the Chief Executive and Country Health SA Hospital Incorporated on the health service needs of the people of country South Australia.
- > Ascertain the health service needs of the people of country South Australia and their attitude to the development of health services within country South Australia.
- > Advocate on behalf of the people of country South Australia with the Country Health SA Hospital Incorporated to support the planning and provision of health services as part of an integrated statewide health system for the benefit of the people of country South Australia.
- > Hold property for the benefit, purposes or use of Country Health SA Hospital Inc, including at particular health unit or health units, on terms and conditions determined or approved by the Minister.
- > Undertake such other activities as the Advisory Council may determine for the benefit or support of health services within country South Australia.

2. Local Health Advisory Councils

The *Strategy for Planning Country Health Services in South Australia* is intended as a manual to assist in the development of 10-year local health service plans, taking into consideration the important local and statewide needs. The Strategy does not describe services at each hospital and health service; this will occur through the development of 10-year local service plans for each country hospital and health service.

Local Health Advisory Councils have been requested to play an important role in consulting with their local communities, consistent with their ongoing role and function.

As identified in the constitution, the role of the local Health Advisory Councils is to:

- > Advise on the health service needs, priorities and issues within their local area with particular emphasis on those issues in the context of consumers of health services, carers and volunteers.
- > Advise on health service needs and issues outside of the local area, with particular emphasis upon those issues in the context of consumers of health services, carers and volunteers.
- > Ascertain the health needs of the community and the attitude of the community to the development of health services within the community.
- > Advocate on behalf of the community with Country Health SA Hospital Inc to support the planning and provision of health services as part of an integrated statewide health system for the benefit of the community.

In addition, Health Advisory Councils which are incorporated have an ongoing role to hold assets for the benefit, purpose and use of the health unit or health units on terms and conditions determined or approved by the Minister.

Appendix C

South Australia's Strategic Plan 2007 Targets

South Australia's Strategic Plan 2007 was released by the Premier in January 2007 and this document has been vital for guiding Government actions and priorities, and in driving greater discipline and focus across Government. The plan gives all South Australians a positive focus on the future. It asks: "Where are we now, where do we want to be, and what do we have to do to get there?"

The South Australian Strategic Plan can be accessed via www.SAplan.org.au.

Objective 1: Growing Prosperity

Economic Environment

- T1.1 – **Economic growth:** exceed the national economic growth rate by 2014.
- T1.2 – **Competitive business climate:** maintain Adelaide's rating as the least costly place to set up and do business in Australia and continue to improve our position internationally.
- T1.3 – **Credit rating:** maintain AAA credit rating.
- T1.4 – **Industrial relations:** achieve the lowest number of working days lost per thousand employees of any state in Australia by 2014.
- T1.5 – **Business investment:** exceed Australia's ratio of business investment as a percentage of the economy by 2014.
- T1.6 – **Labour productivity:** exceed Australia's average labour productivity growth rate in trend terms by 2014.
- T1.7 – **Performance in the public sector – customer and client satisfaction with government services:** increase the satisfaction of South Australians with government services by 10% by 2010, maintaining or exceeding that level of satisfaction thereafter.
- T1.8 – **Performance in the public sector – government decision-making:** become, by 2010, the best-performing jurisdiction in Australia in timeliness and transparency of decisions which impact the business community (and maintain that rating).
- T1.9 – **Performance in the public sector – administrative efficiency:** increase the ratio of operational to administrative expenditure in state government by 2010, and maintain or better that ratio thereafter.

Employment

- T1.10 – **Jobs:** better the Australian average employment growth rate by 2014.
- T1.11 – **Unemployment:** maintain equal or lower than the Australian average through to 2014.
- T1.12 – **Employment participation:** increase the employment to population ratio, standardised for age differences, to the Australian average.
- T1.13 – **Employment in the defence industry:** increase defence industry employment from 16,000 to 28,000 by 2013.

Exports

- T1.14 – **Total exports:** treble the value of South Australia's export income to \$25 billion by 2014.
- T1.15 – **Tourism industry:** increase visitor expenditure in South Australia's tourism industry from \$3.7 billion in 2002 to \$6.3 billion by 2014.
- T1.16 – **Share of overseas students:** double South Australia's share of overseas students by 2014.
- T1.17 – **Minerals exploration:** exploration expenditure in South Australia to be maintained in excess of \$100 million per annum until 2010.
- T1.18 – **Minerals production:** increase the value of minerals production to \$3 billion by 2014.
- T1.19 – **Minerals processing:** increase the value of minerals processing to \$1 billion by 2014.

T1.20 – **Defence industry:** double the defence industry contribution to our economy from \$1 billion to \$2 billion by 2013.

Infrastructure

T1.21 – **Strategic infrastructure:** match the national average in terms of investment in key economic and social infrastructure.

Population

T1.22 – **Total population:** increase South Australia's population to 2 million by 2050, with an interim target of 1.64 million by 2014.

T1.23 – **Interstate migration:** reduce annual net interstate migration loss to zero by 2010, with a net inflow thereafter to be sustained through to 2014.

T1.24 – **Overseas migration:** increase net overseas migration gain to 8500 per annum by 2014.

T1.25 – **Population fertility rate:** maintain a rate of at least 1.7 births per woman.

Aboriginal Unemployment

T1.26 – **Aboriginal unemployment:** reduce the gap between Aboriginal and non-Aboriginal unemployment rates each year.

Objective 2: Improving Wellbeing

Preventative Health

T2.1 – **Smoking:** reduce the percentage of young cigarette smokers by 10 percentage points between 2004 and 2014.

T2.2 – **Healthy weight:** increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014.

T2.3 – **Sport and recreation:** exceed the Australian average for participation in sport and physical activity by 2014.

Healthy Life Expectancy

T2.4 – **Healthy South Australians:** increase the healthy life expectancy of South Australians by 5% for males and 3% for females by 2014.

T2.5 – **Aboriginal healthy life expectancy:** lower the morbidity and mortality rates of Aboriginal South Australians.

T2.6 – **Chronic diseases:** increase, by 5 percentage points, the proportion of people living with a chronic disease whose self-assessed health status is good or better.

Psychological Wellbeing

T2.7 – **Psychological wellbeing:** equal or lower than the Australian average for psychological distress by 2014.

Public Safety

T2.8 – **Statewide crime rates:** reduce victim reported crime by 12% by 2014.

T2.9 – **Road safety – fatalities:** by 2010, reduce road fatalities to less than 90 persons per year.

T2.10 – **Road safety – serious injuries:** by 2010 reduce serious injuries to less than 1000 per year.

T2.11 – **Greater safety at work:** achieve the nationally agreed target of 40% reduction in injury by 2012.

Work–Life Balance

T2.12 – **Work–life balance:** improve the quality of life of all South Australians through maintenance of a healthy work-life balance.

Objective 3: Attaining Sustainability

Biodiversity

- T3.1 – **Lose no species:** lose no known native species as a result of human impacts.
- T3.2 – **Land biodiversity:** by 2010 have five well-established biodiversity corridors aimed at maximising ecological outcomes particularly in the face of climate change.
- T3.3 – **Soil protection:** by 2014, achieve a 20% increase in South Australia's agricultural cropping land that is adequately protected from erosion.
- T3.4 – **Marine biodiversity:** by 2010 create 19 marine parks aimed at maximising ecological outcomes.

Climate Change

- T3.5 – **Greenhouse gas emissions reduction:** achieve the Kyoto target by limiting the state's greenhouse gas emissions to 108% of 1990 levels during 2008-2012, as a first step towards reducing emissions by 60% (to 40% of 1990 levels) by 2050.
- T3.6 – **Use of public transport:** increase the use of public transport to 10% of metropolitan weekday passenger vehicle kilometres travelled by 2018.

Ecological Footprint

- T3.7 – **Ecological footprint:** reduce South Australia's ecological footprint by 30% by 2050.
- T3.8 – **Zero waste:** reduce waste to landfill by 25% by 2014.

Water

- T3.9 – **Sustainable water supply:** South Australia's water resources are managed within sustainable limits by 2018.
- T3.10 – **River Murray – flows:** increase environmental flows by 500GL in the River Murray by 2009 as a first step towards improving sustainability in the Murray-Darling Basin, with a longer-term target of 1500 GL by 2018.
- T3.11 – **River Murray – salinity:** South Australia maintains a positive balance on the Murray-Darling Basin Commission salinity register.

Energy

- T3.12 – **Renewable energy:** support the development of renewable energy so that it comprises 20% of the state's electricity production and consumption by 2014.
- T3.13 – **Energy efficiency – government buildings:** improve the energy efficiency of government buildings by 25% from 2000-01 levels by 2014.
- T3.14 – **Energy efficiency – dwellings:** increase the energy efficiency of dwellings by 10% by 2014.

Aboriginal Lands

- T3.15 – **Aboriginal lands – access and management:** resolve 75% of all native title claims by 2014.

Objective 4: Fostering Creativity and Innovation

Creativity

- T4.1 – **Creative industries:** increase the number of South Australians undertaking work in the creative industries by 20% by 2014.
- T4.2 – **Film industry:** double the number of feature films produced in South Australia by 2014.
- T4.3 – **Cultural engagement – institutions:** increase the number of attendances at South Australia's cultural institutions by 20% by 2014.

T4.4 – Cultural engagement – arts activities: increase the number of attendances at selected arts activities by 40% by 2014.

T4.5 – Understanding of Aboriginal culture: Aboriginal cultural studies included in school curriculum by 2014 with involvement of Aboriginal people in design and delivery.

Innovation

T4.6 – Commercialisation of research: increase gross revenues received by South Australian-based research institutions from licences, options, royalty agreements, assignments, licensed technology and patents by 2010.

T4.7 – Business innovation: the proportion of South Australian businesses innovating to exceed 50% in 2010 and 60% in 2014.

T4.8 – Broadband usage: broadband usage in South Australia to exceed the Australian national average by 2010, and be maintained thereafter.

Investment In Science, Research And Innovation

T4.9 – Public expenditure: by 2010, public expenditure on research and development, as a proportion of GSP, to match or exceed average investment compared to other Australian states.

T4.10 – Australian Government resources: secure Australian government research and development resources to 10% above South Australia's per capita share by 2010 and increase this share to 25% by 2014, for both public and private spheres.

T4.11 – Business expenditure: increase business expenditure on research and development to 1.5% of GSP in 2010 and increase to 1.9% by 2014.

Venture Capital

T4.12 – Venture capital: South Australia's share of Australian Government-administered venture capital program funds to reach 7% by 2010, and be maintained thereafter.

Objective 5: Building Communities

Women In Leadership

T5.1 – Boards and committees: increase the number of women on all State Government boards and committees to 50% on average by 2008, and maintain thereafter by ensuring that 50% of women are appointed, on average, each quarter.

T5.2 – Chairs of boards and committees: increase the number of women chairing state government boards and committees to 50% by 2010.

T5.3 – Members of Parliament: increase the number of women in Parliament to 50% by 2014.

Political Participation

T5.4 – Enrolment to vote: increase the proportion of eligible young South Australians (18-19 years) enrolled to vote to better the Australian average by 2014.

T5.5 – Local government elections: increase voter participation in local government elections in South Australia to 50% by 2014.

Volunteering

T5.6 – Volunteering: maintain the high level of volunteering in South Australia at 50% participation rate or higher.

Aboriginal Leadership

T5.7 – Aboriginal leadership: increase the number of Aboriginal South Australians participating in community leadership and in community leadership development programs.

Multiculturalism

- T5.8 – **Multiculturalism:** increase the percentage of South Australians who accept cultural diversity as a positive influence in the community.

Regional Population Levels

- T5.9 – **Regional population levels:** maintain regional South Australia's share of the state's population (18%).

Objective 6: Expanding Opportunity

Aboriginal Wellbeing

- T6.1 – **Aboriginal wellbeing:** improve the overall wellbeing of Aboriginal South Australians.

Early Childhood

- T6.2 – **Early childhood – Year 1 literacy:** by 2014 achieve a 10% improvement in the number of children reading at an age appropriate level by the end of Year 1.
- T6.3 – **Early childhood – birthweight:** reduce the proportion of low birthweight babies.
- T6.4 – **Early childhood – AEDI:** improve South Australia's performance on the Australian Early Development Index.

Economic Disadvantage

- T6.5 – **Economic disadvantage:** reduce the percentage of South Australians receiving government benefits (excluding age pensions) as their major income source to below the Australian average by 2014.

Housing

- T6.6 – **Homelessness:** halve the number of 'rough sleepers' in South Australia by 2010 and maintain thereafter.
- T6.7 – **Affordable housing:** increase affordable home purchase and rental opportunities by 5 percentage points by 2014.
- T6.8 – **Housing stress:** halve the number of South Australians experiencing housing stress by 2014.
- T6.9 – **Aboriginal housing:** reduce overcrowding in Aboriginal households by 10% by 2014.

Disability

- T6.10 – **Housing for people with disabilities:** double the number of people with disabilities appropriately housed and supported in community-based accommodation by 2014.
- T6.11 – **Participation by people with disabilities:** increase by 400 the number of people with disability involved in day options program by 2014.

Education

- T6.12 – **Year 3:** by 2010, 93% of students in Year 3 to achieve the national benchmarks in reading, writing and numeracy.
- T6.13 – **Year 5:** by 2010, 93% of students in Year 5 to achieve the national benchmarks in reading, writing and numeracy.
- T6.14 – **Year 7:** by 2010, 93% of students in Year 7 to achieve the national benchmarks in reading, writing and numeracy.
- T6.15 – **Learning or earning:** by 2010 increase the number of 15-19 year olds engaged fulltime in school, work or further education/training (or combination thereof) to 90%.
- T6.16 – **SACE or equivalent:** Increase yearly the proportion of 15-19 year olds who achieve the SACE or comparable senior secondary qualification.
- T6.17 – **Science and maths:** by 2010 increase by 15 percent the proportion of students receiving a Tertiary Entrance Rank (TER) or equivalent with at least one of the follow subjects: mathematics, physics or chemistry.

Aboriginal Education

T6.18 – Aboriginal education – early years: increase yearly the proportion of Aboriginal children reading at age appropriate levels at the end of Year 1.

Workforce Development And Training

T6.19 – Non-school qualifications: by 2014, equal or better the national average for the proportion of the labour force with non-school qualifications.

T6.20 – Higher education: increase South Australia's proportion of higher education students to 7.5% of the national total by 2014.

T6.21 – VET participation: exceed the national average for VET participation by 2010.

Diversity In The Public Sector

T6.22 – People with disabilities: double the number of people with disabilities employed by 2014.

T6.23 – Women: have women comprising half of the public sector employees in the executive levels (including chief executives) by 2014.

T6.24 – Aboriginal employees: increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2% by 2010 and maintain or better those levels through to 2014.

Appendix D

Other Strategic Plans

SA Health has released a number of relevant strategic planning documents that need to be taken into consideration when planning country health services. In addition, a number of others are in various stages of development. The plans that have been released are available on the SA Health website (www.health.sa.gov.au).

Strategic plans released:

- > *South Australia's Strategic Plan*
- > *South Australia's Health Care Plan*
- > *SA Health Strategic Plan 2007-2009*
- > *Statewide Retrieval Services Plan*
- > *Country Health SA Strategic Directions*
- > *Country Health SA Elective Surgery Strategy*
- > *One Country, One System of Mental Health Care for Country South Australians*
- > *Standards for Maternal and Neonatal Services in South Australia*
- > *Country Health SA Emergency Services Steering Committee Report and Recommendations*
- > *Country Health SA Maternity Services Steering Committee Report and Recommendations*
- > *Cancer Statewide Clinical Network Plan*
- > *National Strategic Framework for Aboriginal and Torres Strait Islander Health*

Strategic plans in development:

- > *SA Health: Palliative Care Services Plan 2008-2016*
- > *SA Health: Health Service Framework for Older People 2008-2016*
- > *SA Dementia Action Plan 2008-2011*
- > *SA Health: Chronic Disease Action Plan for South Australia*
- > *SA Health: Stroke Services Plan for South Australia 2008-2015*
- > *Statewide Rehabilitation Service Plan 2008-2017*
- > *Statewide Clinical Network Plans*
 - Renal
 - Cardiology
 - Rehabilitation
 - Orthopaedics
 - Mental health
 - Maternal and neonatal health
 - Child health



For more information

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