

Significant issues

The *WA Health Strategic Intent 2015–2020* underpins the requirement for people in Western Australia to receive safe, high quality and accessible health services. The Strategic Intent outlines the key direction that the health system will undertake. It aims to support operational planning that will take into account necessary health service demand management, sustainability and improvement, with a key focus on:

1. Prevention and Community Care Services
2. Health Services
3. Chronic Disease Services
4. Aboriginal Health Services.

The *WA Health Reform Program 2015–2020* is an integrated program of work aligned to the Strategic Intent. It comprises a series of projects across four key areas of reform:

1. Governance
2. Performance
3. Support Services
4. Procurement.

The reform will enable decision-making and health service delivery that supports local community needs. It will also allow policy and standards to be aligned to national and international best practice. This will ensure the quality and safety of health services is maintained.

WA Health reform

In 2015–16, the governance of WA Health was concentrated centrally, with all authority and accountability resting with the Director General of the Department of Health. With an annual budget of more than \$8.6 billion, approximately 42,000 staff and more than 90 hospitals, WA Health has been deemed too large and complex to operate under this model of governance. For WA Health to be more responsive and innovative in meeting the health needs of local communities, changes to the governance of WA Health were necessary.

On 1 July 2016, the *Health Services Act 2016* will replace the *Hospital and Health Services Act 1927*. This will allow for the implementation of WA Health governance reform to support the ongoing sustainability and performance of the health system.

The establishment of WA Health Service Boards is part of the governance reform. There are five Health Service Boards – North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, Child and Adolescent Health Service and WA Country Health Service. Each will be legally responsible and accountable for the oversight of hospital and health service delivery by Health Service Providers in their geographical area. Health Support Services will also exist as a Health Service Provider, accountable for the delivery of technology, supply, workforce and finance services to support staff in improving patient care.

The *Health Services Act 2016* also establishes the Department of Health, led by the Director General, as the System Manager. The System Manager will be responsible for the overall management, performance and strategic direction of WA Health.

Clear delineation of roles and responsibilities will enable decision-making at a service delivery and patient care level. It will also allow for more robust systemwide policy and standards that will be aligned to national and international best practice. This will ensure the quality and safety of health services and reduced duplication of resources.

In 2015–16, to support implementation of the *WA Health Reform Program 2015–2020* including the transition to the new governance arrangements, the Department of Health:

- progressed the *Health Services Act 2016* to be passed by WA Parliament
- created five Board-governed Health Service Providers
- appointed Interim Boards made up of Chairs and Members selected following an open, skills-based recruitment process
- amalgamated the Health Corporate Network, Health Information Network and Health Support Network under the banner of Health Support Services
- completed a Functional Review and Readiness Assessment of non-clinical functions
- implemented the *WA Health Information and Communications Technology Annual Implementation Plan 2015–2016*, to support the improvement of information and communication technology across WA Health
- implemented the *Procurement Development and Management System and Procurement Policy Framework* to support Health Services Providers in the acquisition of good and services and the contracting of health providers
- developed the *Performance Management Policy 2016–17* to support transparent and accountable reporting of health care system performance.

Demand and activity

The Department of Health supports health services in addressing the challenges of health service inpatient, emergency and outpatient demand and activity. This has included the development and implementation of innovative strategies to:

- improve patient flow through specific service areas to reduce patient wait times
- develop more targeted performance measures for emergency and elective activity
- encourage patients to seek appropriate treatment in the primary care sector rather than in hospital emergency departments.

With the advancement in medical technology coupled with an increase in consumer expectations, the demand for health technologies has increased. To ensure that new and high cost health technologies are safe and cost effective, governance processes have been established. Also in 2015–16 the development of a 10-year system-wide plan for medical imaging technology was completed.

The demand for advanced technological genetic testing has increased. Detection of rare diseases acts to support accurate and early diagnosis that can improve health outcomes for patients and reduce unnecessary hospital admissions and specialist care. The *WA Rare Diseases Strategic Framework and Implementation Plan 2015–2018*, the first in Australia, was developed to aid the coordination of WA Health initiatives for rare diseases. Under the Framework, a new patient-centric diagnostic pipeline has been implemented to support the patient's journey to diagnosis. This has resulted in a threefold increase in molecular disease confirmation.

The demand for health services can be managed through the prevention, promotion and implementation of public health initiatives to improve the overall health and wellbeing of Western Australians. The Department of Health has continued to purchase the delivery of evidence-based population-wide health promotion programs, and contributed to the development of effective and strategic state and national policy.

The Department of Health is active in communicable disease control. For new and emerging infectious disease threats, such as Zika virus, there is a need to maintain effective response frameworks and programs. This also applies to re-emerging infectious disease threats including drug resistant tuberculosis, pertussis (whooping cough) and pandemic influenza. In 2015–16, a public health response framework for Zika virus was developed. Also, a new state-funded program to provide pertussis vaccine to pregnant women is now available to protect infants from whooping cough in the first months of their lives.

More than 9,500 Western Australians are hospitalised each year for preventable dental conditions. In addition, there has been an increase in demand at hospital emergency departments for preventable dental conditions. In response the:

- Chief Dental Officer led the development of the *National Oral Health Plan 2015–2024*, which was approved by Australian Health Ministers Advisory Council and publicly released in February 2016
- *State Oral Health Plan 2016–2020* is in its final stages of development
- State Oral Health Advisory Council was established in November 2015.

Workforce challenges

A key priority for the Department of Health is to identify, monitor and manage workforce issues that may affect health care service delivery. This incorporates workforce planning, development and reform. In 2015–16, the *WA Health Workforce Strategy 2016–2020* was completed to ensure the adequate supply of an appropriately skilled, diverse and flexible workforce.

While there has been an incremental increase in medical graduates entering the workforce, it has not been sufficient to meet growing health care service requirements. WA is also experiencing a shortage of suitably trained and experienced doctors. By 2015–25 it is expected that there will be a shortfall in some specialist doctors that will not be able to meet demand in those specialties. To address these workforce shortages:

- *The Specialist Workforce Capacity Program* continues to map the medical specialty workforce to inform strategic statewide medical workforce planning
- commencement of the *Integrated Registrar Reform Project* to identify the vocational and non-vocational medical registrar workforce, identify gaps in education and training, and streamline recruitment and selection
- implementation of the *Competent Authority Pathway* to recruit suitably qualified junior doctors from overseas
- provision of community rotations for junior doctors in metropolitan and in rural WA.

Increased demand for hospital, primary and preventative health care has created challenges in providing an adequately skilled nursing and midwifery workforce. Programs and strategies to accelerate nurses and midwives to transition to areas of need have included:

- a *Perioperative Intensive Graduate Nurse Transition Program*
- refresher pathways for experienced nurses and midwives transitioning back to acute care practice
- upskilling programs for nurses to move into new areas of speciality practice
- continued transition support funding for graduate nurses and midwives entering the workforce including mental health services.

A strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles is important. A variety of career pathways and employment opportunities for Aboriginal people will be used to increase Aboriginal health workers. Currently, training is being conducted to improve the numbers of Aboriginal allied health assistants in rural and remote communities. A pilot to introduce Aboriginal health practitioners to the health system has commenced, and cadetships are in place to support Aboriginal nursing and midwifery students.

Recruitment and retention of a well-trained and rural-ready workforce are key requirements of sustainable and effective health care services in rural and remote communities. The Department of Health is currently collaborating with the health and education sector to support health students to seek employment in rural areas following graduation. Planning for ongoing skill development training for rural and remote allied health generalists.

Managing funding reform and cost efficiencies

The WA health system provides high quality health services to almost 2.6 million people and leads innovative reforms to enhance the health and wellbeing of our population. However, influencing factors such as changing community health needs and expectations, and increasing health care costs are placing more complex demands on the WA health system. Continued reform and innovation by WA Health are essential to ensure the quality and performance of our health system is sustained.

In response to the impact of these factors, WA Health is undergoing a significant reform to achieve greater efficiency in the delivery of services and the management of health resources including:

- health service reconfiguration
- movement towards a more devolved governance model
- increasing transparent resource allocation and setting performance expectations in relation to funds provided to the Health Service Providers
- implementation of key national Activity Based Funding reform initiatives.

In 2015–16, the Department of Health achieved the following funding reform initiatives:

- implementation of phase one of the *WA Health Strategic Asset Plan 2015–25* that outlines outputs and future priorities concerning WA Health infrastructure requirements
- completion of the *WA Health Funding and Purchasing Policy Guidelines 2015–16* that provides information on budget development, resource allocation and service performance and accountability
- active engagement with the Mental Health Commission in examining and implementing strategies for managing funding reform
- commencement of a two-year initiative focusing on the licensing of private health care facilities to enable licensing fees to more closely align to the cost of the provision of services
- provision of a costing Quality Assurance and reasonability analysis tool to improve the quality, consistency, and timeliness of data related to Activity Based Funding
- implementation of ongoing strategies to efficiently manage costs associated with procurement and contract management, including a coordinated approach to health service pharmaceutical procurement and post-hospital care for older people.

Health inequalities

WA Health is actively involved in addressing inequities through targeted interventions to prevent and manage disease, and the provision of, and accessibility to, appropriate health services.

The Department of Health continues to support and invest in the delivery of services and programs that seek to close the gaps in the health and wellbeing of Aboriginal people. The *Aboriginal Health and Wellbeing Framework 2015–2020* aims to ensure Aboriginal people in WA have access to high quality health care and services, while assisting the community to make good health a priority through a focus on prevention.

A key priority of the Framework is to ensure WA Health employees are equipped to serve the needs of Aboriginal people and to ensure services are provided in a culturally appropriate manner. Cultural education and training opportunities have been introduced for all WA Health staff.

The Framework also supports prevention and promotion activities. One area in which this is occurring is to address the higher rates of vaccine preventable diseases and the lower rates of immunisation coverage of Aboriginal children immunised at 12 months and two years, compared to non-Aboriginal children. To address this Aboriginal health workers are being trained to vaccinate via the Aboriginal Health Workers Immunisation Competency Training Program.

To combat the high rates of communicable diseases among Aboriginal people in WA, the Department of Health has commenced the implementation of the *WA Aboriginal Sexual Health and Blood-borne Virus Strategy 2015–18*.

The Department of Health, in partnership with the WA Country Health Service, is also planning to implement a Fluoride Varnish Program as part of the State Government's Improving Ear, Eye and Oral health of Children in Aboriginal, Rural and Remote Communities Program.

Chronic disease prevention among Aboriginal, and culturally and linguistically diverse populations and rural and remote population groups is supported by the Department of Health via policy development and purchasing of community services.

An increase in the proportion of people who are ageing combined with increased levels of chronic disease and co-morbidities, has required expansion of sub-acute and community care services. In response the Department of Health has:

- expanded the South West Subacute Care Program
- employed a geriatrician to service the Great Southern Region based at the Albany Hospital Campus
- commenced a trial of a two-year integrated care program via a public-private partnership, with direct involvement of the patient's GP.

Under the *Mental Health Act 2014*, established standards and a series of eight statutory guidelines have been improved to enhance the treatment, care, support and protection of people who have a mental illness and are consumers of mental health services.