1. **Introduction**

The Hume Region Health Planning Guide provides a common guide to health planning practice. Health planning covers a range of various planning approaches that aim to improve the health system and health outcomes of the population. Health planning involves a range of stakeholders including health services, primary care partnerships, divisions of general practice, local governments, communities and consumers.

The Health Planning Guide includes a Health Planning Cycle that identifies the key steps involved in health planning practice; Health Planning Approaches that identify how health planning is applied in Hume Region and seven Critical Success Factors to support successful planning.

The Health Planning Guide is supported by a range of planning tools in the Hume Region Health Planning Toolkit that assist varying phases in the planning process. The tools provide planning frameworks, direct links to websites, health planning policies, plans, data, evidence and resources.

2. **Health Planning Cycle**

The Hume Region Health Planning Cycle provides a general guide to health planning practice and can be adopted for a range of health planning needs. Hume Region Health Planning Cycle is non-linear and progresses through a range of actions from identifying the planning context to evaluation of the planning process. The planning cycle provides a standard planning methodology to ensure robust planning with a defined method for managing change that seeks to improve service development and health outcomes.

Specific planning frameworks have been developed for some health program areas and can be sourced through the Department Health, Hume Regional Office. The program planning frameworks include service planning, aged care and health promotion. The general health planning cycle is illustrated below with definitions overleaf:
2.1 Set Context

Establishing the planning context includes identifying the issue, having a clear planning purpose and scope for the health planning process. It is also necessary to establish what type of approach the planning activity takes - e.g., service planning, population health planning (refer to section 3 of this guide).

2.2 Develop Leadership and Partnerships

This phase involves the establishment of clear leadership and implementation of a governance structure to ensure the direction of the health planning process. This phase also includes identifying key stakeholders who are critical partners to the health planning process. Partners may include the Board of Management, other health services, local government, Department Health, general practice divisions, Primary Care Partnerships and community. It is also essential to develop a clear communication plan to establish the role and ongoing involvement of stakeholders in the planning process.

2.3 Survey Environment

Surveying the environment is a detailed phase that includes the collection of relevant data and evidence to inform the decision making in the health planning process. Different health planning exercises require different combinations of data and evidence and could include:

- Current health policy - to establish the planning environment and key directions (refer to the Health Planning Toolkit - Policies Guide)
- Health planning data – including health determinants, health status and/or health system data (refer to the Health Planning Toolkit Health Planning Data and Evidence Framework and Guide)
- Needs Analysis
  - comparative need - comparing health planning indicators, resources, levels of health between services or areas
  - expressed need - what can be inferred about by analysing service utilisation
  - felt need - what people say they want/need
  - normative need - expert opinion or advised standards on levels of service of health status
  - met and unmet need
- Service mapping - may include an analysis of the current services available, distribution of services, hours of operation, eligibility criteria, coordination of services, staffing, funding and a range of other indicators in the health system.
- Community consultation - provides community and consumer needs and perspectives

2.4 Analyse Data

The qualitative and quantitative data collected provides the basis for the evidence-informed health planning analysis. The analysis process includes the identification of strengths, gaps, issues, needs and opportunities.

2.5 Establish Options

This phase involves establishing options to address the gaps and issues identified by the evidence.

2.6 Set Priorities

This phase involves evaluating the planning options and having an agreed approach to establishing planning priorities that form the basis of the implementation plan.

2.7 Implement

This phase includes the development of a clear implementation plan that identifies governance, actions against agreed priorities, resources, performance indicators, timelines, reporting and an evaluation plan against the objectives. This phase also moves from planning into the implementation of the agreed actions.

2.8 Evaluate

This phase includes the evaluation of the results of the implementation to determine if the actions and solutions implemented achieved the goals of the health planning process. It can form the first step in updating a plan or restarting the planning process.
3. Health Planning Approaches

There are a range of approaches to Health Planning in Hume Region that seek to improve both health service delivery and population health outcomes. The different approaches are illustrated below and include integrated area-based planning, service planning, program planning, health system planning and population health planning.

The approaches can be applied together at varying degrees to address a planning need and are not necessarily separate processes – eg. an agency service plan may incorporate elements of area planning and population health planning approaches while also addressing some elements of a program plan; a population health approach may be applied in an integrated area-based setting; or a program plan may incorporate population health approaches. The definition of the planning approaches is overleaf.
3.1 Health Service Planning

Service Planning is a defined planning process undertaken by health services in conjunction with the Department of Health Regional Office. Service planning is undertaken at an agency level and includes identifying community needs; improved quality of services, service reorientation and service accessibility. Service planning can include the range of health programs that may be delivered by the health service (e.g., acute, aged care, dental, emergency services, mental health, primary health and sub-acute). Capital Planning involves the development of facilities and may be an outcome a service planning process.

Examples: Agency Service Plans


3.2 Health System Planning

System planning is an approach applied across the health system and the broad range of health programs to enhance outcomes across the sector.

Examples: Service Coordination; Workforce Planning; Workforce Development

3.3 Integrated Area-Based Planning

Victorian Health policy highlights a new direction in health planning at the area-based level. Area-based planning is undertaken within a specified planning catchment and includes four planning elements – population health planning, integration planning, community-based service configuration and regional/state-wide planning. Area-based planning features the full complement of health service stakeholders, Primary Care Partnerships, Local Government and GP services.

Resource: Victorian Health Priorities Framework

3.4 Program Planning

Program planning is a strategic planning process undertaken by specific programs – e.g., Acute, HACC, Mental Health - to enhance the service system and/or health outcomes of the population. Program planning generally occurs at State or Regional levels.

Examples: Hume Region Integrated Aged Care Plan  Hume Region Integrated Oral Health Plan

Resources: These plans and other regional plans can be accessed on Hume Region Health Planning Toolkit website.

3.5 Population Health Planning

Population Health planning focuses on improving the health and wellbeing of whole populations, reduce inequities in among and between specific population groups and address the needs of the most disadvantaged. Effective population health requires community, inter-sectoral and whole of government engagement and collaboration to address the broad range of determinants that shape health and wellbeing. A broad range of health planning data may be analysed and can include health determinants, health status and health system indicators.

Examples: Hume Region Closing the Health Gap Plan; Integrated Health Promotion Plans

Resources: Hume Region Health Planning Toolkit website - Data and Evidence Framework & Guide  Victorian Healthcare Association – Population Health Approaches to Planning
4. **Health Service Planning Critical Success Factors**

As described above, health service planning is defined as planning that is undertaken at the agency level and is designed to address development and implementation of changes in the provision of health services by that agency.

Recent preliminary research with health services in Hume Region identified a number of factors that may be associated with successful outcomes in health service planning. These “Critical Success Factors” (defined as the things that must go right to achieve business success) can be used to support successful development and implementation of a health service planning process. The 7 Critical Success Factors are described below:

4.1 **Having a Clear Purpose**

A health service plan should be completed when there is a need to review an agency’s current service delivery and consider changing those services, or the way in which they are delivered, to ensure that they better match the needs of the community. A health service planning process may not be effective if it is used solely for the purpose of achieving capital outcomes, or to identify organisational strategic direction or business planning.

4.2 **Strong Leadership**

Completion of a health service plan requires strong leadership from CEO, Board members and senior health service staff to ensure that there is commitment to due process and an appropriate authorising environment to support delivery of change.

4.3 **Involvement of Key Stakeholders**

Key stakeholders may include any/all of the following: the Board, senior management and staff, local government, local and regional health services, Department Health Regional Office, other government departments and consumers. There should be clear governance structures to support the development of the plan and clear communication with all stakeholders.

4.4 **Having the Right Information to Inform the Plan**

The plan should be informed by current policy, relevant data, evidence regarding best practice and an understanding of the health needs of the community.

4.5 **Being Realistic and Relevant**

Recommendations in the health service plan should be able to be delivered – they should be realistic and relevant and provide honest advice to the community regarding the services that can be provided. If recommendations are realistic and relevant then the health service plan is more likely to result in changes to the way in which services are provided.

4.6 **Allocation of Resources for Implementation**

It is more likely that service plan recommendations will be implemented if resources have been identified to support their implementation. This may include allocation of new funding, realignment of existing funding, allocation of staff time or an increased focus on a particular action.

4.7 **Implementation and Review Processes**

Having an implementation plan, with regular review by the health service Board and/or Executive, increases the likelihood that health service plans are implemented and result in changes to the ways services are provided.

HEALTH PLANNING TOOLKIT