

Adelaide PHN Strategic Plan 2023 - 2026

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An Australian Government Initiative



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Language Disclaimer

The term 'vulnerable' has been used widely across government and the health sector to describe individuals and groups who experience health inequities. Adelaide PHN acknowledges that prioritising the health of those who are 'worse off' in society can be a valid step in securing fair and equitable allocation and distribution of health services or resources. But recognises that using terms like 'vulnerable' promotes deficit terminology which may further impede social and economic determinants of health and may in fact lead to racial profiling and creating racialised narratives, especially when describing health disparities for Aboriginal and Torres Strait Islander communities.

Adelaide PHN seeks to challenge ourselves and others to think about the factors that put the individual or population 'at risk' or that have made their health so inequitable that we reach for the convenient term, 'vulnerable'. We recognise words are powerful and seek to introduce language that affirms, benefits, respects and values all people. We must remain attentive to the needs of individuals and groups experiencing health inequities and seek to create greater clarity and visibility of the needs of specific groups resulting in their intentional inclusion.

Acknowledgement

We acknowledge the Kurna peoples who are the traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kurna Country.

Marni Naa Pudni "Welcome"

From the Board Chair and CEO

The Board, Executive and staff of Adelaide PHN are pleased to present our Strategic Plan for 2023–2026. Developed through an extensive program of engagement and discussion with our stakeholders and partners, the plan is our blueprint for activities over the next three years to improve the health and wellbeing of our communities across the Adelaide metropolitan region.

Adelaide PHN has been growing and evolving over the past few years through our focus on governance, leadership, and culture. We now have the right skills and environment to re-assert our goals, the steps for achieving our goals and a solid roadmap to guide and support effective decision making.

We acknowledge the challenges and opportunities facing our local health system, specifically that of our primary health care services. Health care reform is at the top of the agenda for both national and state governments. We have confidence in that we can, and should, use this opportunity to shape primary health care locally and to build a deeper understanding of how we connect with and support primary care.

Our Strategic Plan has been developed on the premise of the Quintuple Aim for improving health care by creating a stronger focus on health equity. The Quintuple Aim adds health equity to the existing Quadruple Aim, improving the individual experience of care for patients, improving the health of populations, reducing the per capita cost of care, and improving the experience of health care professionals.

Adelaide PHN has approached the development of our Strategic Plan through this lens as we recognise health inequities are complex and diverse affecting many of our local communities. In response to addressing the health inequities, Adelaide PHN recognises our responsibility in shaping the market through partnerships, co-creating integrated care pathways and commissioning services that are people-centred.

We encourage you to read our Strategic Plan to understand the opportunities that lie ahead for Adelaide PHN, our partners and commissioned service providers. If you would like to comment on our plan, or ask any questions, please email enquiry@adelaidephn.com.au.



Our Strategic Plan

Our Strategic Plan 2023-2026 is a major step in our commitment to shaping the health system to deliver better outcomes for vulnerable people. Adelaide PHN works to ensure that all people living across our region have access to effective and integrated health services, delivering the right care to people where and when they need it. To achieve this, we endeavour to create practical solutions that deliver local results. Partnerships and networks are at the centre of this work.

Adelaide PHN

Adelaide PHN is a not-for-profit organisation predominately funded by the Commonwealth. We are one of 31 Primary Health Networks (PHNs) established across Australia.

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of primary health care services for individuals, particularly those at risk of poor health outcomes. They also aim to improve coordination of care to ensure people receive the right care, in the right place, at the right time.

Adelaide PHN prepares a comprehensive needs assessment to identify the key population health and service needs of people in our region. We use this information as the basis for our consultation with our Advisory Councils to inform the commissioning of programs and services to deliver better health outcomes.

Adelaide PHN commissions services to meet population health needs and reduce barriers to access for communities with the highest needs by:

- Identifying and addressing health service gaps based on careful planning and analysis
- Providing support services so health care providers are better placed to care for patients
- Supporting workforce development through training and education
- Assisting health care services to implement and use digital health systems
- Working with others to commission health services for priority populations.

Our 2023-2026 Strategic Plan sets the foundation for us to address health inequities and inequalities by working with our partners to shape the health system to deliver better outcomes for vulnerable people.

Adelaide PHN recognises the contribution partnering makes to the achievement of our key strategies.

Partnering allows us to facilitate a sustainable primary health care system characterised by innovative care pathways by improving coordination, efficiency, and effectiveness of and between health and relevant community services. We work with a broad range of partners including non-government organisations, state government departments including SA Health and Local Health Networks, Universities, local councils, and peak bodies.

We co-create with our Advisory Councils and others to improve health equity and access through planning, designing and commissioning of inclusive, culturally sensitive, and structurally appropriate services across all levels of the health system.



Adelaide PHN Region

71%

of the total South Australian population live in our region

1.9%

of the population in our region identify as Aboriginal and Torres Strait Islander people

77%

of adults in our region are satisfied with their health

29%

of people in our region were born overseas

98%

of those over 70 years have seen a GP

62%

have private health insurance



Over 9 million

primary health care services were accessed by 88% of the population

Over 1 million

allied health services were provided to 39% of the population

39

median age of people in our region

29%

of people have a mental health condition

13%

of people have asthma

12%

of people are diabetic

1. Australian Institute of Health and Welfare, 2021, Medicare-subsidised GP, allied health and specialist health care across local areas: 2019-20 to 2021-21 AIHW, Australian Government, accessed November 2021'. 2. Australian Bureau of Statistics, 2022, Census of Population and Housing 2021. Data tables extracted from TableBuilderPro October 2022'. 3. Wellbeing SA, 2022, South Australian Population Health Survey, 2022 4. Adelaide PHN CRM.

Local Key Trends, Challenges and Opportunities

This strategy has been developed in response to key external trends that have been identified through local health needs research and extensive stakeholder engagement with cross-section representation of our diverse catchment.

Fragmented Health System

There is an increased desire to challenge the current structure of the health system to focus on health and wellbeing which will aid in significantly reducing the volume and severity of preventable chronic disease, mental illness and injuries, and ensuring people receive appropriate care. This will not only reduce the physical, mental, emotional, social, and financial impacts of chronic disease on individuals and families, it also helps build an economically viable and sustainable health system.

The Australian health care system faces ongoing challenges including the provision of effective, equitable and coordinated care, an ageing population, workforce pressures, rising prevalence of disease risk factors in an environment of considerable challenges in the social determinants of health such as education, housing and employment.

Health Expenditure

Over the past two decades, health expenditure in Australia has grown faster than inflation and population growth. In the 20-year period to 2017-18, total health expenditure in Australia increased from \$77.5 billion to \$185.4 billion in real terms, and spending per person increased from \$4,189 to \$7,485. Based on this data we determine Adelaide PHN's allocation to be \$46 per person.

As a proportion of Gross Domestic Product (GDP), health expenditure increased from 7.6% in 1997-98 to 10% in 2017-18. Current health funding arrangements are not sustainable, prompting the need for a dramatic shift in thinking about how health care is funded if government finances are not to be overwhelmed by increased demand for health services.



Aboriginal Population

The Aboriginal and Torres Strait Islander community experience many difficulties in accessing the right services at the right time. The impact of the social and cultural determinants of health in people's lives, combined with a life free of discrimination, are constant challenges which impact the health and wellbeing of these communities.

The Aboriginal population in northern Adelaide equates to 2.6% of the total population in the region. Among the Aboriginal population 57% are under the age of 25 years. The total Aboriginal population living in northern Adelaide is expected to increase by 25% over the next decade.

This requires consideration with regard to health services planning, and highlights the importance of health promotion, early detection and quality child and maternity services. Additionally, there is a high demand for health care for Aboriginal people in older age groups, who experience the largest burden of disease in the Aboriginal community. In particular, the onset of chronic conditions, including diabetes, cardiovascular disease, and cancer, requires an integrated health system response.

Place Based Care

Adelaide PHN is well positioned to take a leading role in developing place-based care through supported joint planning, collaborative commissioning and health service integration between Commonwealth and state funded health services, with the intent of targeting specific locations and particular population groups to respond to health inequalities.

By their very nature PHNs play an important role in bringing the community and primary health care providers together through their deep understanding of community needs, local constraints, and opportunities. PHNs are well versed in analysing relevant health data; prioritising local health needs; working with providers, clinicians, and communities to co-design services to meet those needs; and monitoring and evaluating service delivery to inform future needs.



Equitable Access to Primary Health Care

Adelaide PHN is focused on supporting people living in the Adelaide PHN region to access affordable, appropriate, and high-quality health care irrespective of background or personal circumstance.

Australia's health system is hard to navigate, particularly for parents with young children, people with complex chronic conditions, people from culturally and linguistically diverse backgrounds (CALD), people identifying as LGBTIQ+, people who identify as Aboriginal and/or Torres Strait people, and people in socioeconomically disadvantaged circumstances. Poor access has the potential to increase reliance on the use of secondary and tertiary care.

Based on the available evidence of quantitative and qualitative data, we can identify that some populations or communities are consistently demonstrating the poorest health outcomes, experiences, or reduced access to services. For example:

- Aboriginal and Torres Strait Islander people continue to have less equitable access to appropriate, culturally safe care and therefore significantly poorer health outcomes than other Australians.
- Older Australians, particularly people living in residential aged care facilities, can struggle to access quality health care, as highlighted by the Royal Commission into Aged Care Quality and Safety.
- People from CALD backgrounds face language, cultural and other barriers to accessing appropriate health care.
- People with disability experience higher levels of chronic and preventable diseases, face barriers to accessing appropriate care and die younger than other Australians.
- Socioeconomic factors remain important determinants of health, with people in socioeconomically disadvantaged circumstances experiencing poorer access and health outcomes.
- LGBTIQ+ people continue to face attitudinal and other barriers to accessing quality, appropriate care.
- People experiencing mental illness also experience poorer overall health outcomes and can experience challenges seeking and obtaining care for physical health conditions.

Equality

The assumption is that everyone benefits from the same supports. This is equal treatment.



Equity

Everyone gets the supports they need, thus producing equity.



Justice

No supports because the cause of inequity was addressed. The systemic barrier was removed.



Our Strategic Plan in Detail

Adelaide PHN is committed to developing strategic directions through a health equity lens based on delivering services where communities are identified as 'at risk' of poor health outcomes. Identifying community disadvantage combined with good planning will guarantee resources are used most effectively and efficiently to achieve real and long-lasting improvement in the health outcomes of people living in Adelaide. The details of our strategy can be found on the following pages.

Our Vision

Shaping the health system to deliver better outcomes for vulnerable people, and a healthier Adelaide.

Our Signature Behaviours

At Adelaide PHN we believe that true organisational success comes from creating the right conditions for our staff so they can succeed by focusing on what really matters.

Adelaide PHN's Stepping 4ward is our culture change initiative - aiming to support all of us to work together in healthier and more effective ways in a spirit of mutual support and collective achievement. Essentially, our focus Stepping 4ward is three-fold. We want to transform our culture whilst at the same time improving performance across the whole of our organisation and making the Adelaide PHN a great place to work.

At the heart of Stepping 4ward are our four signature behaviours. Our aim is to have all our people positively demonstrating these behaviours and working collectively to achieve our shared performance goals and celebrating our successes. Our signature behaviours are:



Our Key Focus Areas, Key Strategies and Success Measures

Focus Area	Key Strategies	Success Measures
<p>Health equity</p> <p>Prioritise better support for those who need it most.</p>	<ul style="list-style-type: none"> Increasingly demonstrate the inclusion of vulnerable people in our governance, engagement, and co-design processes. Increase access, whilst improving the experience of vulnerable people in primary health care services by developing local pathways that lead to improved primary care engagement and ensure people receive the right care in the right place. Commissioned activities are monitored, evaluated, and reported on through a health equity lens. 	<ul style="list-style-type: none"> Increase % of funding to services operating in socio-economically disadvantaged areas, as identified by SIEFA. Our commissioning process reflects input from lived experience and vulnerable populations. Equity and diversity focused tools and resources are embedded into the commissioning processes to ensure increased access of service by vulnerable people.
<p>Partnerships</p> <p>Connect the health system to deliver better care.</p>	<ul style="list-style-type: none"> Build local service capacity, capability, and resilience through place-based partnerships with relevant stakeholders. Collaborate nationally to strengthen primary health care and the PHN program. 	<ul style="list-style-type: none"> Increase in the number of partnerships and co-design ventures with ACCHO's and ACCO's. Increase in the number of place-based partnerships Improved patient journeys of care through alliances and partnerships with key primary care stakeholders.

Our Strategic Plan includes strategies that will be further detailed in our annual Business Plan and priorities for the next three years that build and improve upon the work we have already done.

Focus Area	Key Strategies	Success Measures
<p>Co-creating solutions</p> <p>Encourage new thinking and more local approaches to care.</p>	<ul style="list-style-type: none"> ▪ Address service gaps by working with our partners, people with lived experience and our advisory councils to plan, co-design and commission services that address the needs of the local community. 	<ul style="list-style-type: none"> ▪ There is evidence of regular and effective engagement in co-design and delivery of activities by people with lived experience, advisory council members and partners. ▪ There is regular and effective participation in Adelaide PHN activities by Clinical and Community Advisory, and Aboriginal Community Advisory Council members.
<p>Data insights and stories</p> <p>Track and share our impact.</p>	<ul style="list-style-type: none"> ▪ Measure provider performance against the quintuple aim. ▪ Through our alliances, use practice and provider data to improve people's access and experience of the health system through improved secure data sharing to better understand and address local health needs. ▪ Collaborate with researchers, universities and other partners to improve understanding of local population health data which informs the design, delivery and evaluation of primary health care services. 	<ul style="list-style-type: none"> ▪ Improved use of data and technology to support providers to deliver high quality coordinated care. ▪ Adelaide PHN has a clear understanding of the current and future health needs of the region. ▪ Increase in research collaborations that contribute to Adelaide PHN's evidence-based commissioning.

Our Strategic Enablers

This section outlines the elements of good practice and highlights those approaches identified during consultations as essential to supporting the Adelaide PHN achieve our Strategic Plan.

1. System Leadership

System leadership offers a potentially valuable tool for addressing the complexity, dynamism and scale of the multi-dimensional challenges underlying the health system through greater alignment and collaboration among relevant organisations, health experts, practitioners, and community members.

Focused on driving efficiency and effectiveness across the health service, Adelaide PHN is well positioned to activate our diverse stakeholders around a shared vision for systemic change. We empower widespread collaboration, innovation, and action to transform the individual systems components and dynamics across the health care continuum through improved alignment with health service needs, system redesign, and transformational change.

2. Authentic Engagement and Partnering

Meaningful engagement occurs when organisations, who are aware of the changes in the wider society and how they relate to organisation performance, choose to establish relations with stakeholders as a means to manage the impact of those changes.

We are clear about the process for partnering and have three pillars for partnering success - purpose, system and people - to meet health population needs.

Purpose: We partner with others to facilitate a sustainable primary health care system characterised by innovative care pathways by improving coordination, efficiency, and effectiveness of and between health and relevant community services.

System: We partner with others to improve health equity and access through planning, designing and delivery of inclusive, culturally sensitive, and structurally appropriate services across all levels of the health system.

People: We partner with others to improve the experience of care in pursuit of better health outcomes.

3. Cultural Respect

We recognise that by fostering a culture that supports diversity, inclusion and respect and consequently building a workplace where everyone feels valued and empowered to bring their full selves to work, we achieve stronger outcomes for our organisation and the community.

We seek to address inequalities by building trust, understanding and being genuinely curious about cultural diversities and challenging any personal bias, negative stereotyping and discrimination. We aim to create conditions for positive and constructive everyday encounters with people and the health system by taking a strength-based approach to diversity and promoting a culturally safe, responsive, and equitable work environment.

4. Quality Data and Evidence Informed Approaches

Adelaide PHN has a sophisticated understanding of the local population health needs of the Adelaide region through its detailed and systematic assessment, consultation and engagement with local health care services, stakeholders and community to inform regional health planning. This process identifies service gaps, key issues, and sets the regional priorities. As an insight driven organisation we rely on our data, analysis and insights to inform our decision-making processes.



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